

**AMENDMENT TO PURCHASING AGREEMENT
AGREEMENT NO. 18-81**

This Amendment to PA Agreement No. 18-81 is entered into this 13TH day of November, 2018, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and MAGELLAN HEALTH SERVICES OF CALIFORNIA, INC.-EMPLOYER SERVICES, hereinafter referred to as "CONTRACTOR".

WHEREAS, PA Agreement No. 18-81 was entered into on November 21, 2017; and

WHEREAS, upon execution of this document by the Chair of the Mendocino County Board of Supervisors and Magellan Health Services of California, Inc.-Employer Services, this document will become part of the aforementioned contract and shall be incorporated therein; and

WHEREAS, it is the desire of CONTRACTOR and COUNTY to extend the termination date set out in the original PA Agreement No. 18-81, from December 31, 2018 to December 31, 2019; and

WHEREAS, it is the desire of CONTRACTOR and COUNTY to increase the total amount of PA Agreement No. 18-81 by the amount of \$40,000 for EAP services that are provided in calendar year 2019, for a total Agreement amount not to exceed \$80,000.

NOW, THEREFORE, the parties agree as follows:

1. The termination date set out in the original PA Agreement No. 18-81 will be extended from December 31, 2018 to December 31, 2019.
2. To increase the total amount of PA Agreement No. 18-81 by the amount of \$40,000 for EAP services that are provided in calendar year 2019, for a total Agreement amount not to exceed \$80,000.

All other terms and conditions of PA Agreement No. 18-81 shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

DEPARTMENT FISCAL REVIEW:

Heidi M. Dunham 10/4/18
HEIDI DUNHAM, HR DIRECTOR DATE

Budgeted: ☒ Yes ☐ No

Budget Unit: EAP 4025

Line Item: 862189

Grant: ☐ Yes ☒ No

Grant No.: _____

COUNTY OF MENDOCINO

By: Georgeanne Groskey
DAN HAMBURG, Chair Georgeanne Groskey
BOARD OF SUPERVISORS

NOV 15 2018

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: Karla Van Hagen
Deputy

NOV 15 2018

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

CARMEL J. ANGELO, Clerk of said Board

By: Karla Van Hagen
Deputy

NOV 15 2018

INSURANCE REVIEW:

By: Carmel J. Angelo
Risk Management

EXECUTIVE OFFICE/FISCAL REVIEW:

APPROVAL RECOMMENDED

By: Jonelle Rau
Deputy CEO

CONTRACTOR/COMPANY NAME:

SIGNATURE PAGE

By: _____

NAME AND ADDRESS OF CONTRACTOR:

Magellan Health Services of California, Inc.-
Employer Services

3131 Camino Del Rio North

San Diego, CA. 92108

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

KATHARINE L. ELLIOTT,
County Counsel

By: Stacy Lin
Deputy

Signatory Authority: \$0-25,000 Department; \$25,001-50,000 Purchasing Agent; **\$50,001+ Board of Supervisors**

Exception to Bid Process Required/Completed ☐ _____

Mendocino County Business License: Valid ☐ _____

Exempt Pursuant to MCC Section: _____

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

DEPARTMENT FISCAL REVIEW:

SEE ATTACHED
SIGNATURE PAGE

HEID _____

DATE _____

Budgeted: ☒ Yes ☐ No

Budget Unit: EAP 4025

Line Item: 862189

Grant: ☐ Yes ☒ No

Grant No.: _____

COUNTY OF MENDOCINO

By: _____

DAN HAMBURG, Chair
BOARD OF SUPERVISORS

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: _____

Deputy

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

CARMEL J. ANGELO, Clerk of said Board

By: _____

Deputy

INSURANCE REVIEW:

By: _____

Risk Management

EXECUTIVE OFFICE/FISCAL REVIEW:

APPROVAL RECOMMENDED

By: _____

Deputy CEO

CONTRACTOR/COMPANY NAME:

By: _____

NAME AND ADDRESS OF CONTRACTOR:

Magellan Health Services of California, Inc. -
Employer Services

3131 Camino Del Rio North

San Diego, CA. 92108

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

KATHARINE L. ELLIOTT,
County Counsel

By: _____

Deputy

Signatory Authority: \$0-25,000 Department; \$25,001-50,000 Purchasing Agent; \$50,001+ Board of Supervisors
Exception to Bid Process Required/Completed ☐ _____
Mendocino County Business License: Valid ☐ _____
Exempt Pursuant to MCC Section: _____