

RUSH!

Contract #: 146-S0611. Amendment IV

CONTRACT ROUTING SHEET

Date Prepared: 08/16/10

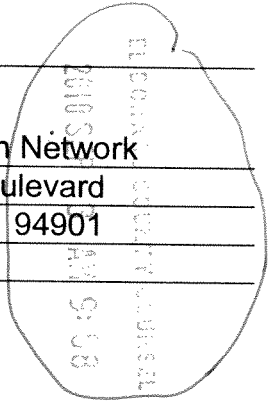
Need Date: 08/23/10

PROCESSING DEPARTMENT:

Department: Human Resources
Dept. Contact: Donna Mullens
Phone #: 6060
Department
Head Signature: *[Signature]*

CONTRACTOR:

Name: Managed Health Network
Address: 2370 Kerner Boulevard
San Rafael, CA 94901
Phone: _____



CONTRACTING DEPARTMENT: Human Resources-Risk Management

Service Requested: Mental Health and Substance abuse services to emp enrolled in self-insured BS plan

Contract Term: 07/01/07-06/30/11 Contract Value: \$450,000
Compliance with Human Resources requirements? Yes: x No: _____
Compliance verified by: Allyn Bulzomi

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: _____ Date: 9/7/10 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

① Conditional -> The Amendment is retroactive to 7/1/10. So long as the rates are NOT being increased we are okay. However, we cannot retroactively increase compensation for services already performed.

discuss 7/14/10 ok *[Signature]*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: Disapproved: _____ Date: 8/18/10 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____