

ORIGINAL

AGREEMENT FOR SERVICES 320-S1110 AMENDMENT II

Therapeutic Counseling

This Amendment II to that Agreement for Services 320-S1110, made and entered into by and between the County of El Dorado, a political subdivision of the State of California (hereinafter referred to as "County"), and Donelle Anderson, an individual, duly qualified to conduct business in the State of California, whose principal place of business is 1150 Suncast Lane, Suite 2, El Dorado Hills, CA 95762 (Mailing: 2711 Birch Avenue, Camino, CA 95709) (hereinafter referred to as "Contractor");

RECITALS

WHEREAS, Contractor has been engaged by County to provide therapeutic counseling services, therapeutic supervised visitations, and related services to address and treat social, psychological, chemical addiction, medical and/or other diagnosed or identified problems on an "as requested" basis for clients referred by Health and Human Services Agency ("HSSA") in accordance with Agreement for Services 320-S1110, dated January 26, 2011, and Amendment I to Agreement for Services 320-S1110, dated December 18, 2012; incorporated herein and made by reference a part hereof; and

WHEREAS, the parties hereto have mutually agreed to amend **Article I – Scope of Services, Article III – Compensation, and Article XXIX - Insurance**; and

WHEREAS, the parties hereto have mutually agreed to add **Article XXXIII- Release of Information, Article XXXIV – Litigation, and Article XXXV – Change of Address**.

NOW THEREFORE, the parties do hereby agree that Agreement for Services 320-S1110 shall be amended a second time as follows:

Articles I, III, and XXIX are amended in their entirety to read as follows:

ARTICLE I

Scope of Services: Contractor shall provide personnel and services necessary to provide single or multiple units or sessions of therapeutic counseling, classes or other requested services (“service”) on an “as requested” basis to clients (“Client”) referred by County’s Health and Human Services Agency (“HHSA”). Services shall only be provided following approval via signed, written Program Disbursement Authorization by HHSA, hereinafter referred to as “PDA,” “HHSA PDA Authorization,” “HHSA Authorization,” or “Authorization,” or “PDA”). Multiple units of service (“Multiple Units”) shall be defined as one or more units of same or similar service(s) provided to Client(s) on a single day, as more fully defined under Article III “Compensation for Services.”

Furthermore:

- A. Contractor shall obtain an Authorization from HHSA that has been signed by the appropriate HHSA staff prior to providing any service(s) to any Client(s) detailed under “Scope of Service” or “Compensation;”
- B. Prior to providing any service(s) NOT detailed under “Scope of Service” or “Compensation” to Client(s), Contractor shall obtain an HHSA Authorization that has been signed by the appropriate HHSA staff and the HHSA Director or a member of HHSA Executive Management Team (“HHSA Executive Management”);
- C. Perinatal services are not included in this Agreement unless explicitly addressed under “Scope of Services” or as otherwise pre-approved via an HHSA Authorization by a member of HHSA Executive Management prior to the commencement of perinatal services;
- D. HHSA Executive Management reserves the right to review and approve for reimbursement, on a case-by-case basis, all service(s) provided by Contractor to HHSA Client(s), including but not limited to services not explicitly addressed under “Scope of Services” or “Compensation;”
- E. No service shall commence without an HHSA Authorization that has been signed by the appropriate HHSA staff;
- F. Contractor shall not be compensated for services provided to a Client outside the authorized service dates identified on said Authorization;
- G. A copy of the HHSA Authorization shall be included with the invoice containing the service it pertains to and both documents shall be submitted to HHSA at the address indicated in the Article below titled “Compensation for Services.” Failure to submit a copy of the HHSA Authorization with Contractor’s invoice may result in payment being withheld until said Authorization is submitted.

Whenever possible, services shall be provided by a currently Licensed Clinical Social Worker (“LCSW”) or currently licensed Marriage and Family Therapist (“MFT”) whose license has been issued and is regulated by the California Department of Consumer Affairs Board of Behavioral Sciences (“BBS”). Said license must be considered clear, i.e., license renewal fees have been paid, continuing education requirements (if applicable) have been met, and there have been no actions or revocations placed against it by the BBS.

The BBS does not have reciprocity with any other state licensing board. Therefore, any LCSW or MFT who is providing HHSA approved services to a Client who is receiving services outside California must have a current, clear license issued and regulated by the appropriate certifying agency for the state in which they are practicing.

If any service is delegated to an intern, the intern must be pre-licensed by the appropriate certifying state agency and all service assignments must be under the direct supervision of a currently licensed LCSW or MFT as described above. No intern shall be the sole author of any written initial visit report or any other report that pertains to Client or Client's treatment plan. All Client related documents must be reviewed, approved, and signed by said LCSW or MFT.

Contractor shall immediately and verbally contact the appropriate staff, at no charge to County, to inform them of Client appointment no-shows, cancellations, or any other urgent concerns directly affecting Client or Client's treatment plan.

County shall not pay for any services that have not been pre-approved by an HHSA Authorization, incomplete services, "no shows," cancellations, telephone calls or for the preparation of initial visit reports or bimonthly Client progress reports.

Initial Visit Report - Within twenty-one calendar (21) days of Client's initial visit, Contractor shall provide appropriate HHSA staff, at no charge to County, with a written initial visit report that shall detail Contractor's professional evaluation of Client's needs including the recommended type of therapy to be utilized, the recommended number/frequency of sessions and whether or not additional or different services may be required or recommended. Once recommended services have been pre-approved via an HHSA Authorization and services have been initiated by Contractor, Contractor may not make any alterations without first securing a revised HHSA Authorization from the appropriate HHSA staff.

Bimonthly Client Progress Reports (currently required from vendors providing services to CPS clients and on an "as requested basis" by other HHSA programs) - Contractor shall provide appropriate HHSA staff, at no charge to County, with a brief written progress report that outlines the primary issues being addressed with each Client, their progress to date and ongoing treatment goals (see Exhibit "A," marked "Bimonthly Client Progress Report," incorporated herein and made by reference a part hereof) no later than (30) days after the end of each Client's second service month. A "service month" shall be defined as a calendar month during which Contractor provides Client services in accordance with "Scope of Services." If an alternate progress report is used, all fields noted on Exhibit "A" are mandatory.

Court Documents – Upon request, and within the time limit specified by County, Contractor shall provide appropriate HHSA staff with comprehensive written reports for County's use in court. Contractor shall be compensated for the report(s) at the DMC rate for Regular DMC individual counseling session rate with a maximum limit of a two (2) session rates charged per report. The written initial visit report is specifically excluded from the court documents reimbursement rate, as this service shall be provided at no charge to County and as further defined under "Initial Visit Report," above.

The above written reports are a required deliverable of this Agreement and Contractor's failure to provide them to HHSA within the specified time limits described above may result in a significant delay in reimbursement for services until the required written reports have been received. It is a further requirement of this Agreement that all written reports submitted to HHSA shall contain the report writer's original signature. It is recommended, but not required, that all original signatures be made using blue ink. This signature shall act as an unsworn declaration that the contents of the written report(s) are accurate.

Contractor shall submit written reports to the appropriate HHSA staff as follows:

<i>West Slope Contractors Please Send Reports To:</i>		<i>East Slope Contractors Please Send Reports To:</i>	
County of El Dorado Health and Human Services Attn: CPS 3057 Briw Rd. A Placerville, CA 95667-5321	Connections One Stop 3057 Briw Road Placerville, CA 95667-5321	County of El Dorado Health and Human Services Attn: CPS 3368 Lake Tahoe Blvd., 100 South Lake Tahoe, CA 96150-7915	Connections One Stop 3368 Lake Tahoe Blvd., 100 South Lake Tahoe, CA 96150-7915
530/642-7100 (ph.) 530/626-7427 (fax)	530/642-4850 (ph.) 530/626-9060 (fax)	530/573-3201 (ph.) 530/541-2803 (fax)	530/573-4330 (ph.) 530/543-6737 (fax)

Court Meetings – As arranged by and upon notification from the Court, or as the Court directs County, Contractor shall attend client-related Court meetings (“Court Meeting”). Contractor shall be paid for their attendance at Court Meetings using the Regular DMC “Outpatient Drug Free (“ODF”) Individual Counseling face-to-face visit” Unit of Service Rate as their hourly rate for time actually spent at the Court Meeting. If the Court’s Meeting is cancelled by the Court less than 24 hours in advance of its scheduled calendar time and is not rescheduled for the same month, Contractor may invoice for the scheduled length of that month’s cancelled Court Meeting, not to exceed two (2) hours. Travel expenses incurred by Contractor as a result of the provision of these services including, but not limited to travel time, meals, lodging, mileage, etc., are not included in this Agreement and shall not be paid by County.

Court Appearances - Upon subpoena by County, Contractor shall attend court sessions. County shall only pay Contractor for court appearances when County subpoenas Contractor. Contractor shall be paid for court appearances at the DMC rate for Regular DMC individual counseling session rate for time actually spent at the subpoenaed court session. Travel time shall not be included in the reimbursement for these services.

Multidisciplinary Team Meeting Appearances - Upon request by County, Contractor shall attend multidisciplinary team meetings. County shall only pay Contractor for attendance at multidisciplinary team meetings when County specifically requests Contractor’s attendance. The definition of multidisciplinary team meetings as it applies to this Agreement excludes any community-based teams or organizations in which County considers Contractor or Contractor’s

staff or assigns to be regular standing members. Contractor shall be paid for these appearances at the DMC rate for Regular DMC individual counseling session rate for time actually spent at the meeting. Travel time shall not be included in the reimbursement for these services.

ARTICLE III

Compensation for Services: Prior to the commencement of any HHS authorized service(s), Contractor shall determine the category that Client falls under as set forth in the chart listed below:

<i>Client Insurance Category</i>	<i>Procedures to Follow to Receive Reimbursement for Services</i>
Uninsured Clients	For Clients without health insurance coverage, Contractor shall bill County for authorized service(s) provided in accordance with the rates set forth below. Contractor shall not charge <u>any</u> amount whatsoever to Clients who do not have health insurance.
Medi-Cal Clients with no "share of costs"	Contractors who are Medi-Cal providers shall bill Medi-Cal for authorized service(s) provided. Contractor shall <u>not</u> bill Client or County for any difference between their "regular" fee and what they receive from Medi-Cal for services rendered, any co-pay(s), any deductible, or any other amount(s).
Medi-Cal Clients with "share of costs"	Contractors who are Medi-Cal providers shall bill Medi-Cal for authorized service(s) provided and shall bill County for Client's share of costs, up to the rate amount set forth in this Agreement. Contractor shall <u>not</u> bill Client or County for any additional costs, including but not limited to the difference between their "regular" fee and what they receive from Medi-Cal for services rendered, any co-pay(s), any deductible(s), or any other amount(s).
Clients with private health insurance coverage	Contractor shall bill Client's private health insurance carrier as primary insurance carrier for all authorized service(s) provided. Contractor shall only bill County for any insurance-required Client co-pay or deductible amounts. Contractor shall <u>not</u> bill Client or County for any difference between their "regular" fee and what they receive from private insurance for services rendered, any co-pay(s), any deductible(s), or any other amount(s). If Client's private health insurance company does not cover the ordered service(s), Contractor shall follow the above procedures for Uninsured Clients.

After determining the proper insurance category Client falls under, and unless as otherwise defined in this Agreement, provided services shall be billed using the County standardized rate structure, which shall use the most current California Drug Medi-Cal ("DMC") Alcohol and Drug Services Program "Regular DMC" and "Perinatal DMC" rates (collectively "DMC rates") as its benchmark and as set forth in the chart listed below. Furthermore, for the purposes of this Agreement:

- A. DMC rates are for reimbursement reference purposes only and any descriptive information contained within the DMC rate schedule shall not apply to this Agreement unless otherwise specifically addressed. California-approved Drug Medi-Cal DMC rates are located on the California Department of Alcohol and Drug Programs (ADP) at the following website address: <http://www.adp.ca.gov>.¹
- B. DMC rates shall be subject to an annual adjustment in order to match the most current State-approved DMC rate schedule. Any adjustments to the DMC rate schedule by the State shall become effective the first day of the month that follows California's announcement that its governor has signed the Budget Bill for that particular Fiscal Year, thereby enacting the California State Budget Act.²

<i>Service</i>	<i>County Standardized Rate</i>
<i>Bimonthly Client Progress Reports. No later than thirty (30) days after the end of each second service month, Contractor shall provide the appropriate HHS staff, at no charge to the County, with a brief written progress report outlining the primary issues being addressed with each Client, their progress, and ongoing treatment goals.</i>	No Charge
<i>Court Meetings. Upon notification from Court or as Court directs County, and at a rate equivalent to the individual counseling session rate for time actually spent at Court Meeting. If Court's Meeting is cancelled by the Court less than 24 hours in advance of scheduled calendar time and is not rescheduled for the same month, Contractor may invoice for the scheduled length of cancelled Court meeting, not to exceed two (2) hours. Travel expenses including but not limited to travel time, meals, lodging, and mileage shall not be paid by County.</i>	Current Drug Medi-Cal Rate for Regular DMC Outpatient Drug Free (ODF) Individual Counseling UOS* Rate
<i>Court Appearances. Upon subpoena by County and pro-rated for time actually spent at the pertinent court session. Travel time shall not be included in the reimbursement for these services.</i>	Current Drug Medi-Cal Rate for Regular DMC Outpatient Drug Free (ODF) Individual Counseling UOS* Rate
<i>Court Documents Preparation. Upon written request via HHS Authorization at a rate equivalent to the individual counseling session rate and up to a maximum limit of two (2)-session rates charged per</i>	Current Drug Medi-Cal Rate for Regular DMC Outpatient Drug Free (ODF) Individual Counseling UOS* Rate

¹ The California ADP Bulletin contains information on the most current DMC rates, which can be found at the CA Dept. of Alcohol and Drug Programs website (<http://www.adp.ca.gov/>). Locate and click on "ADP Bulletins & Letters" and then look for and open the most recent ADP Bulletin with either the title "Proposed Drug Medi-Cal Rates for Fiscal Year ____" (most current fiscal year) or "Current Drug Medi-Cal Rates for Fiscal Year ____" (most current fiscal year). Click on the Exhibit link contained within the letter to open the DMC rate chart.

² The most current information on the status of the enactment of the California budget act may usually be found at the following website: <http://www.ebudget.ca.gov>

report.	
Family Therapy Session. 90 minutes per session upon written request via HHSA Authorization and wherein one (1) or more therapists or counselors treat no more than twelve (12) family members at the same time. Multiple Units of Service shall be allowed upon approval of appropriate HHSA staff.	Current Drug Medi-Cal Rate for Regular DMC Outpatient Drug Free (ODF) Group Counseling UOS* Rate per each attending family member
Group Counseling Session. 90 minutes per session and per group therapy participant upon written request via HHSA Authorization and wherein one (1) or more therapists or counselors treat no less than three (3) and no more than twelve (12) group therapy participants at the same time. Multiple Units of Service shall be allowed upon approval of appropriate HHSA staff.	Current Drug Medi-Cal Rate for Regular DMC Outpatient Drug Free (ODF) Group Counseling UOS* Rate
Individual Counseling Session. 50-60 minutes per session and per individual upon written request via HHSA Authorization. Multiple Units of Service shall be allowed upon approval of appropriate HHSA staff.	Current Drug Medi-Cal Rate for Regular DMC Outpatient Drug Free (ODF) Individual Counseling UOS* Rate
Initial Visit Report(s). Within 21 calendar days of Client's initial visit and at no charge to County, Contractor shall provide appropriate HHSA staff with a written initial visit report that shall detail Contractor's professional evaluation of Client's needs including the recommended type of therapy to be utilized, the recommended number/frequency of sessions and whether or not additional or different services may be required or recommended..	No Charge
Multidisciplinary Team Meeting. Upon written request via HHSA Authorization and for time actually spent in the meeting. The definition of multidisciplinary team meetings as it applies to this Agreement excludes any community-based teams in which County considers Contractor or Contractor's staff or assigns to be regular standing members.	Current Drug Medi-Cal Rate for Regular DMC for Outpatient Drug Free (ODF) Individual Counseling UOS* Rate
Therapeutic Visitation. 90 minutes per session and per participant upon written request via HHSA Authorization and wherein counselors treat no less than two (2) and no more than twelve (12) therapeutic visitation participants at the same time. Multiple Units of Service shall be allowed upon approval of appropriate HHSA staff.	Current Drug Medi-Cal Rate for Regular DMC Outpatient Drug Free (ODF) Group Counseling UOS* Rate per each attending family member

*Unit of Service

It is a requirement of this Agreement that Contractor shall submit an original invoice, which shall

act as an unsworn declaration that its contents have been reviewed and approved by Contractor. Photocopied or faxed invoices are not acceptable. Invoices with “white-out” types of corrections will not be accepted. If applicable, HHSA PDAs or other written authorizations for services shall be attached to invoices. Only the name(s) of Clients listed on PDA shall be listed on the invoice. Contractor shall ensure that only billing information is included on the invoice. Information related to Client(s) diagnosis, prognosis or treatment is not permitted on the invoice.

Each invoice shall contain all of the following data:

- A. Contractor name, address, and phone number.
- B. Service date(s) and number of units of service per service date.
 - 1. Multiple Units of Service: Contractor shall ensure that said invoice clearly documents the date and type of each unit of service.
- C. Client name(s).
 - 1. The name of each Client present for each individual service covered by the HHSA PDA.
 - 2. The names of HHSA Clients covered by the HHSA PDA being seen at the same time for each “group” type of therapy including but not limited to Group Therapy or Family Therapy.
- D. Type of service(s) provided.
- E. Agreement rate for each service provided.
 - 1. All fee(s) charged to County shall be in accordance with the rates as set forth in this Agreement.
- F. Total amount billed to the County of El Dorado under the subject invoice.
- G. Statement verifying Contractor has confirmed Client’s appropriate insurance category (see above chart detailing Client insurance coverage) and, if applicable, whether Contractor has billed Client’s said health insurance carrier(s) as primary health insurance carrier(s) and, for Clients with private health insurance coverage, if Contractor is only invoicing County for any private health insurance carrier-required co-pays or deductibles.

County shall not pay for any services that have not been pre-approved by HHSA via an HHSA Authorization as described above, incomplete or unsatisfactory services, “no shows,” cancellations, telephone calls, or for the preparation of initial visit reports or bimonthly Client progress reports. Contractor shall ensure that only billing information is included on the invoice. Information related to Client(s) diagnosis, prognosis or treatment is not permitted on the invoice.

Contractor is strongly advised to submit monthly invoices to HHSA along with a copy of the Authorization no later than fifteen (15) days following the end of a “service month.” For billing purposes, a “service month” shall be defined as a calendar month during which Contractor provides Client services in accordance with “Scope of Services.” Failure to submit invoices by the 15th of the month following the end of a service month, failure to attach the appropriate HHSA Authorization, failure to submit all reports required hereunder, or failure for Contractor to ensure that original invoices are submitted or that required reports contain original verifying signatures may result in payment(s) being withheld until the appropriate documents are received by staff. Receipt by HHSA of invoices and associated paperwork submitted by Contractor for payment shall not be deemed evidence of allowable costs under this Agreement. Upon request by County, Contractor may be required to submit additional or new information, which may delay reimbursement.

Invoices shall be sent as follows:

<i>For Service(s) Authorized by West Slope HHS Staff, Please Send Invoices to:</i>	<i>For Service(s) Authorized by East Slope HHS Staff, Please Send Invoices to:</i>
<p>County of El Dorado Health and Human Services Agency Attn: Accounting Unit 3057 Briw Road Placerville, CA 95667-5321</p>	<p>County of El Dorado Health and Human Services Agency Attn: Accounting Unit 3368 Lake Tahoe Blvd. 100 South Lake Tahoe, CA 96150-7915</p>

For all satisfactory services provided herein, County agrees to pay Contractor monthly in arrears and within forty-five (45) days following County’s receipt and approval of all valid invoice(s) identifying services rendered.

The total contractual obligation under this Agreement shall not exceed \$124,000.00 for both the stated services and term.

ARTICLE XXIX

Insurance: Contractor shall provide proof of a policy of insurance satisfactory to the County of El Dorado Risk Manager (“Risk Manager”) and documentation evidencing that Contractor maintains insurance that meets the following requirements:

- A. Full Workers' Compensation and Employers' Liability Insurance covering all employees of Contractor as required by law in the State of California.
 - 1. If Contractor has no employees, they shall not be required to obtain Worker’s Compensation and Employer’s Liability insurance. Should, during the term of this Agreement, Contractor hire one or more employees who will provide any services related to this Agreement, Contractor shall immediately obtain full Workers’ Compensation and Employers’ Liability insurance and furnish County with certificate(s) for same.
- B. Commercial General Liability Insurance of not less than \$1,000,000.00 combined single limit per occurrence for bodily injury and property damage and a \$2,000,000.00 aggregate limit.
- C. In the event Contractor is a licensed professional, and is performing professional services under this Agreement, professional liability (for example, malpractice insurance) is required with a limit of liability of not less than \$1,000,000.00 per occurrence.
- D. Contractor shall furnish a certificate of insurance satisfactory to the Risk Manager as evidence that the above-required insurance is being maintained.
- E. The insurance shall be issued by an insurance company acceptable to the County of El Dorado Risk Management Department (“Risk Management”) or be provided through partial or total self-insurance likewise acceptable to Risk Management.
- F. Contractor agrees that the insurance required above shall be in effect at all times during the term of this Agreement. In the event said insurance coverage expires at any time or times during the term of this Agreement, Contractor agrees to provide at least thirty (30) days prior to said expiration date, a new certificate of insurance evidencing insurance coverage as provided for herein for not less than the remainder of the term of the Agreement, or for a period of not less than one (1) year. New certificates of insurance are subject to the approval of the Risk

Management and Contractor agrees that no work or services shall be performed prior to the giving of such approval. In the event Contractor fails to keep in effect at all times insurance coverage as herein provided, County may, in addition to any other remedies it may have, terminate this Agreement upon the occurrence of such event.

- G. The certificate of insurance must include the following provisions stating that:
1. The insurer shall not cancel the insured's coverage without prior written notice to County, and;
 2. The County of El Dorado, its officers, officials, employees and volunteers are included as additional insured on an "Additional Insured Endorsement" page, but only insofar as the operations under this Agreement are concerned. This provision shall apply to the general liability policy.
- H. Contractor's insurance coverage shall be primary insurance as respects County, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by County, its officers, officials, employees, or volunteers shall be excess of Contractor's insurance and shall not contribute with it.
- I. Any deductibles or self-insured retentions must be declared to and approved by County. Either:
1. Insurer shall reduce or eliminate such deductibles or self-insured retentions as respects County, its officers, officials, employees, and volunteers; or
 2. Contractor shall procure a bond guaranteeing payment of losses and related investigations, claim administration and defense expenses.
- J. Any failure to comply with the reporting provisions of the policies shall not affect coverage provided to County, its officers, officials, employees, or volunteers.
- K. The insurance companies shall have no recourse against the County of El Dorado, its officers and employees or any of them for payment of any premiums or assessments under any policy issued by any insurance company.
- L. Contractor's obligations shall not be limited by the foregoing insurance requirements and shall survive expiration of this Agreement.
- M. In the event Contractor cannot provide an occurrence policy, Contractor shall provide both insurance and evidence of insurance to County that shall cover claims made as a result of performance of this Agreement for not less than three (3) years following completion of performance of this Agreement.
- N. Certificate of insurance shall meet such additional standards as may be determined by the contracting County Department either independently or in consultation with Risk Management, as essential for the protection of County.

Articles XXXIII, XXXIV, and XXXV are hereby added as follows:

ARTICLE XXIII

Release of Information: Contractor shall ensure that the County of El Dorado Health and Human Services Agency is included as a receiving party on all Release of Information forms used in the performance of services under this Agreement.

ARTICLE XXXIV

Litigation: County, promptly after receiving notice thereof, shall notify the Contractor in writing of the commencement of any claim, suit, or action against the County or State of California or its officers or employees for which the Contractor must provide indemnification under this Agreement. The failure of the County to give such notice, information, authorization, or assistance shall not relieve the Contractor of its indemnification obligations.


Contractor, promptly after receiving notice thereof, shall immediately notify the County in writing of any claim or action against it which affects, or may affect, this Agreement, the terms and conditions hereunder, or the County or State of California, and shall take such action with respect to said claim or action which is consistent with the terms of this Agreement and the interest of the County and State.

ARTICLE XXXV:

Change of Address: In the event of a change in address for Contractor's principal place of business, Contractor's Agent for Service of Process, or Notices to Contractor, Contractor shall notify County in writing pursuant to the provisions contained herein this Agreement under the Article titled "Notice to Parties." Said notice shall become part of this Agreement upon acknowledgment in writing by the County Contract Administrator, and no further amendment of the Agreement shall be necessary provided that such change of address does not conflict with any other provisions of this Agreement.

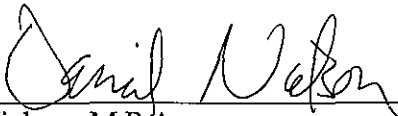
Except as herein amended, all other parts and sections of that Agreement 320-S1110 shall remain unchanged and in full force and effect.

Requesting Contract Administrator Concurrence:

By: 
DeAnn Osborn,
Supervising Staff Services Analyst
Health and Human Services Agency

Dated: April 10, 2013

Requesting Department Head Concurrence:

By: 
Daniel Nielson, M.P.A.,
Director
Health and Human Services Agency

Dated: 4-11-2013

IN WITNESS WHEREOF, the parties hereto have executed this Second Amendment to that Agreement for Services 320-S1110 on the dates indicated below.

-- COUNTY OF EL DORADO --

Dated: _____

By: _____

Ron Briggs, Chair
Board of Supervisors
"County"

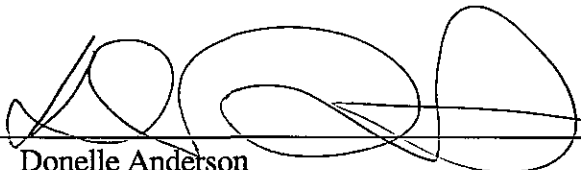
ATTEST:

James S. Mitrison,
Clerk of the Board of Supervisors

By: _____
Deputy Clerk

Dated: _____

-- CONTRACTOR --

By:  _____

Donelle Anderson
An Individual
"Contractor"

Dated: 5-1-13

HL