

CONTRACT ROUTING SHEET

Date Prepared: 12/17/12

Need Date: 12/20/12

PROCESSING DEPARTMENT:

Department: Risk Management
Dept. Contact: Kerri Williams
Phone #: 5573
Department
Head Signature: *Kerri Williams*

CONTRACTOR:

Name: MHN
Address: 2370 Kerner Blvd
San Rafael, CA 94901
Phone: _____

CONTRACTING DEPARTMENT: Risk Management

Service Requested: Amendment Review
Contract Term: 1/1/13-12/31/13 Contract Value: _____
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: X Disapproved: _____ Date: 12/19/12 By: *Osant*
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED COUNTY COUNSEL
2112 DEC 18 PM 4:05

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 1/8/2013 By: *Adams*
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED RISK MGMT. DEPT.
12 DEC 19 PM 5:05

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

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



2370 Kerner Boulevard
San Rafael, CA 94901
www.mhn.com

**AMENDMENT TO THE
ADMINISTRATIVE SERVICES AGREEMENT
BETWEEN
MHN SERVICES
AND
COUNTY OF EL DORADO
GROUP #6180**

The Administrative Services Agreement effective the 1st day of July, 2005, ("Agreement") by and between MHN SERVICES ("MHN"), a California corporation, and COUNTY OF EL DORADO ("Client") is hereby amended by both Parties.

RECITALS

WHEREAS, in order to continue their existing relationship, the Parties desire to amend the Agreement;

NOW THEREFORE, in consideration of the premises, terms, and conditions set forth herein, the Parties agree to amend the Agreement as follows:

1 Section 5, "Term and Termination", paragraph 5.1 shall be deleted and replaced with:

"5.1 This Agreement shall commence upon 1st day of January, 2013, (the "Effective Date"), and shall continue in effect for a period of one (1) year through the 31st day of December, 2013 following which it shall be automatically extended for periods of one (1) year thereafter, subject to 4.2, unless either party terminates this Agreement in writing at least sixty (60) days prior to the end of the term, or unless it is otherwise terminated in accordance with the provisions hereof."

2. All provisions of the Agreement and any written Amendment thereto, not inconsistent herewith, shall remain in full force and effect.

3. This Amendment shall be effective January 1, 2013.

IN WITNESS WHEREOF, the Parties have executed this Amendment on the dates indicated below.

"Client"
COUNTY OF EL DORADO-INTEGRATED
330 Fair Lane
Placerville, CA 95667

"MHN"
MHN SERVICES
2370 Kerner Boulevard
San Rafael, CA 94901

By: _____

By: *Juanell Hefner*

Name: _____

Name: Juanell Hefner

Title: _____

Title: President

Date: _____

Date: 12-17-12

Requesting Contract Administrator Concurrence:

By: _____

Dated: _____

Sherri Adams
Principal Risk Management Analyst/Safety Officer
Human Resources/Risk Management

Requesting Department Head Concurrence:

By: *Kimberly A Kerr*

Dated: 12/27/12

Kim Kerr
Assistant Chief Administrative Officer
Human Resources/Risk Management

IN WITNESS WHEREOF, the parties hereto have executed this _____ Amendment to that Agreement for Services # _____ on the dates indicated below.

-- COUNTY OF EL DORADO --

By: *Terri Daly*

Dated: 12/27/12

Terri Daly, Purchasing Agent
Chief Administrative Office
"County"

CONTRACT ROUTING SHEET

Date Prepared: 12/17/12

Need Date: 12/20/12

PROCESSING DEPARTMENT:

Department: Risk Management
Dept. Contact: Kerri Williams
Phone #: 5573
Department
Head Signature: *Kim Kerri*

CONTRACTOR:

Name: MHN
Address: 2370 Kerner Blvd
San Rafael, CA 94901
Phone: _____

CONTRACTING DEPARTMENT: Risk Management

Service Requested: Amendment Review
Contract Term: 1/1/13-12/31/13 Contract Value: _____
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 12/19/12 By: *Phaly*
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2012 DEC 18 PM 4:05

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 1/8/2013 By: *Adams*
Approved: _____ Disapproved: _____ Date: _____ By: _____

MANAGEMENT DEPT.
12 DEC 19 PM 4:58

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

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



2370 Kerner Boulevard
San Rafael, CA 94901
www.mhn.com

**AMENDMENT TO THE
ADMINISTRATIVE SERVICES AGREEMENT
BETWEEN
MHN SERVICES
AND
COUNTY OF EL DORADO
GROUP #6179**

The Administrative Services Agreement effective the 1st day of July, 2005, ("Agreement") by and between MHN SERVICES ("MHN"), a California corporation, and COUNTY OF EL DORADO ("Client") is hereby amended by both Parties.

RECITALS

WHEREAS, in order to continue their existing relationship, the Parties desire to amend the Agreement;

NOW THEREFORE, in consideration of the premises, terms, and conditions set forth herein, the Parties agree to amend the Agreement as follows:

1. Section 4, "Compensation of MHN", paragraph 4.1(a.), shall be deleted and replaced with:

"4.1

a. For the term January 1, 2013 through December 31, 2013, in consideration of the services to be provided hereunder, Client shall pay to MHN the monthly Subscriber fee for Behavioral Healthcare Services as follows:

For Subscribers without Dependents, Client shall pay to MHN six dollars and sixty-nine cents (\$6.69) for Behavioral Healthcare Services per Subscriber per month.
For Subscribers with one (1) Dependent, Client shall pay to MHN thirteen dollars and thirty-eight cents (\$13.38) for Behavioral Healthcare Services per Subscriber per month.
For Subscribers with two (2) or more Dependents, Client shall pay to MHN nineteen dollars and forty-five cents (\$19.45) for Behavioral Healthcare Services per Subscriber per month

2. Section 5, "Term and Termination", paragraph 5.1 shall be deleted and replaced with:

"5.1 This Agreement shall commence upon 1st day of January, 2013, (the "Effective Date"), and shall continue in effect for a period of one (1) year through the 31st day of December, 2013 following which it shall be automatically extended for periods of one (1) year thereafter, subject to 4.2, unless either party terminates this Agreement in writing at least sixty (60) days prior to the end of the term, or unless it is otherwise terminated in accordance with the provisions hereof."

3. All provisions of the Agreement and any written Amendment thereto, not inconsistent herewith, shall remain in full force and effect.

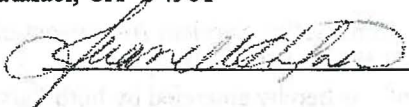
4. This Amendment shall be effective January 1, 2013.

IN WITNESS WHEREOF, the Parties have executed this Amendment on the dates indicated below.

"Client"
COUNTY OF EL DORADO-INTEGRATED
330 Fair Lane
Placerville, CA 95667

"MHN"
MHN SERVICES
2370 Kerner Boulevard
San Rafael, CA 94901

By: _____

By: 

Name: _____

Name: Juanell Hefner

Title: _____

Title: President

Date: _____

Date: 11-17-12

Requesting Contract Administrator Concurrence:

By: _____

Dated: _____

Sherr Adams
Principal Risk Management Analyst/Safety Officer
Human Resources/Risk Management

Requesting Department Head Concurrence:

By: 

Dated: 12/27/12


Kim Kerr
Assistant Chief Administrative Officer
Human Resources/Risk Management

IN WITNESS WHEREOF, the parties hereto have executed this _____ Amendment to that Agreement for Services # _____ on the dates indicated below.

--COUNTY OF EL DORADO--

By: _____

Dated: 12/27/12


Terri Daly, Purchasing Agent
Chief Administrative Office
"County"