AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Amendment No. 3 to Gunnison County Community Integ

Action Requested: County Manager Signature

Parties to the Agreement:

Term Begins: **Term Ends:** **Grant Contract #:**

Summary:

Ongoing work to provide case navigation services for adult Medicaid clients

Fiscal Impact:

Submitted by: Randy Morgan for Joni Reynolds **Submitter's Email Address:** rmorgan@gunnisoncounty.org

Finance Review: ○ Required ◉ Not Required

Comments:

Reviewed by: Discharge Date:

County Attorney Review: ◉ Required ○ Not Required

Comments:
ok db 12/17/20

Reveiwed by: GUNCOUNTY1\dBaumgarten Discharge Date: 12/17/2020 Certificate of Insurance Required

Yes ○ No ◉

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 12/18/2020

◉ Consent Agenda ○ Regular Agenda ○ Worksession Time Allotted: 0

Agenda Date: 12/22/2020

Revised April 2015

AMENDMENT NO. 3
TO GUNNISON COUNTY COMMUNITY INTEGRATION AGREEMENT

This AMENDMENT NO. 3 TO GUNNISON COUNTY COMMUNITY INTEGRATION AGREEMENT ("Amendment") is made as of **12/1/2020** (the "Amendment Effective Date"), between United HealthCare Services, Inc., a Minnesota corporation with offices at 9900 Bren Road East, Minnetonka, MN 55343 ("UHS"), on behalf of itself and its affiliates, and Gunnison County Department of Health and Human Services ("Vendor") with reference to the following facts:

A. UHS and Vendor previously have entered into that certain GUNNISON COUNTY COMMUNITY INTEGRATION AGREEMENT, dated 1/1/2019 (the "Agreement").

B. UHS and Vendor now desire to amend the Agreement as set forth below in this Amendment.

In consideration of the mutual promises and covenants set forth in this Amendment, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

1. DEFINITIONS

Terms defined in the Agreement shall have the same meaning when used in this Amendment.

2. AMENDMENT

2.1 Section 8A (Effective Date/Duration) of the Agreement is hereby deleted in its entity and replaced with the following:

"A. Effective Date/Duration. This Agreement shall be effective as of the Effective Date set forth on the signature page of this Agreement, and shall continue in effect until December 31, 2021, unless otherwise terminated in accordance with the provisions of this

3. AGREEMENT." NO OTHER CHANGES.

Except as specifically amended by this Amendment (and any other amendments executed by the parties pursuant to the Agreement, the Agreement is unmodified and shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have executed this Amendment by their duly authorized representatives in one or more counterparts, each of which will be deemed an original, effective as of the Amendment Effective Date.

UNITED HEALTHCARE SERVICES, INC.,
ON BEHALF OF ITSELF AND ITS AFFILIATES

By: _____
(Authorized Signature)

Name: _____
(Print or Type)

Title: _____

Date: _____

GUNNISON COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

By: _____
(Authorized Signature)

Name: _____
(Print or Type)

Title: _____

Date: _____