

A-2016-40

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|---|--|---|--|---|
|    |  | <b>CONTRACT AMENDMENT</b><br><b>County Day Program</b>                            |  | DSHS CONTRACT NUMBER:<br>1563-44678<br><br>Amendment No. 01 |
| This Contract Amendment is between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below.   |  |   | Program Contract Number<br>Click here to enter text.<br>Contractor Contract Number |   |
| CONTRACTOR NAME<br><br>Pend Oreille County  |  | CONTRACTOR doing business as (DBA)<br><br>Pend Oreille County DDA County Services |  |   |
| CONTRACTOR ADDRESS<br><br>105 South Garden Avenue<br>Post Office Box 5055<br>Newport, WA 99156-5055   |  | WASHINGTON UNIFORM<br>BUSINESS IDENTIFIER (UBI)<br><br>264-000-801                | DSHS INDEX NUMBER<br><br>1233  |   |
| CONTRACTOR CONTACT<br><br>Annabelle Payne   | CONTRACTOR TELEPHONE<br><br>(509) 447-5651 | CONTRACTOR FAX<br><br>(509) 447-2671  | CONTRACTOR E-MAIL ADDRESS<br><br>apayne@pendoreille.org                            |   |
| DSHS ADMINISTRATION<br>Developmental Disabilities Admin   |  | DSHS DIVISION<br>Division of Developmental<br>Disabilities                        | DSHS CONTRACT CODE<br>1769CS-63  |   |
| DSHS CONTACT NAME AND TITLE<br><br>Roger Van Allen<br>Operations Manager  |  | DSHS CONTACT ADDRESS<br><br>1611 W Indiana Ave<br>Spokane, WA 99205-              |  |   |
| DSHS CONTACT TELEPHONE<br>(509) 329-2952  |  | DSHS CONTACT FAX<br>(509) 568-3037  |  | DSHS CONTACT E-MAIL ADDRESS<br>vanalrl@dshs.wa.gov          |
| IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT?<br><br>No   |  |   | CFDA NUMBERS   |   |
| AMENDMENT START DATE<br><br>07/01/2016  |  | CONTRACT END DATE<br><br>06/30/2017   |  |   |
| PRIOR MAXIMUM CONTRACT AMOUNT<br>\$105,699.00   |  | AMOUNT OF INCREASE OR DECREASE<br>\$72,094.00                                     |  | TOTAL MAXIMUM CONTRACT AMOUNT<br>\$177,793.00               |
| REASON FOR AMENDMENT;<br>CHANGE OR CORRECT PERIOD OF PERFORMANCE AND MAX CONTRACT AMOUNT  |  |   |  |   |
| <b>ATTACHMENTS.</b> When the box below is marked with an X, the following Exhibits are attached and are incorporated into this Contract Amendment by reference:<br><input checked="" type="checkbox"/> Additional Exhibits (specify): Program Agreement Budget and Spending Plan  |  |   |  |   |
| This Contract Amendment, including all Exhibits and other documents incorporated by reference, contains all of the terms and conditions agreed upon by the parties as changes to the original Contract. No other understandings or representations, oral or otherwise, regarding the subject matter of this Contract Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original Contract remain in full force and effect. The parties signing below warrant that they have read and understand this Contract Amendment, and have authority to enter into this Contract Amendment. |  |   |  |   |
| CONTRACTOR SIGNATURE<br><br>   |  | PRINTED NAME AND TITLE<br><br>Annabelle S. Payne, Director                        |  | DATE SIGNED<br><br>June 23, 2016                            |
| DSHS SIGNATURE  |  | PRINTED NAME AND TITLE<br><br>Melissa Diebert, Contract Manager                   |  | DATE SIGNED   |

This Contract between the State of Washington Department of Social and Health Services (DSHS) and the Contractor is hereby amended as follows:

1. The Total Maximum Contract Amount is hereby increased in the amount of \$72,094 for a new Contract Amount of \$177,793. This amount is for services provided during the added fiscal year.
2. The Program Agreement end date is extended to June 30, 2017.
3. Section 7. Statement of Work, sub-paragraph h. Qualified Providers. Will add the following paragraph:  
DDA contracts with Technical Assistance providers that maybe utilized by Counties with prior written approval.
4. Section 8. Consideration sub-paragraph b. Fees, item (2) Fee Limitations, sub-section (b) will be replaced in its entirety with the following:  
(b) Community Access services will not exceed and hourly rate of \$35.00.
5. Section 9. Billing and Payment, will add sub-paragraph (k) as follows:  
(k) PASRR Administration: The County may bill for administration costs as identified in Exhibit B. Monthly claims for administration cost will be based on the actual PASRR expenditures multiplied by 7%.
6. Exhibit B. Program Agreement Budget is hereby replaced with the following Budget Revision:

Program Agreement Budget

X Budget Revision  
REVENUES

| Fiscal Year | Fund Source   | Original | 1 <sup>st</sup> Revision | 2 <sup>nd</sup> Revision | 3 <sup>rd</sup> Revision |
|-------------|---------------|----------|--------------------------|--------------------------|--------------------------|
| 2016        | State Funds   |          |                          |                          |                          |
|             | Medical Funds |          |                          |                          |                          |
|             | Total         | \$       |                          |                          |                          |
| 2017        | State Funds   | 36474    |                          |                          |                          |
|             | Federal Funds |          |                          |                          |                          |
|             | Total         | 72094    |                          |                          |                          |

COUNTY FY 2017 SPENDING PLAN

|   | Planned Expenditures |             |             |                |       |
|---|----------------------|-------------|-------------|----------------|-------|
|   | Local Funds          | PASRR Funds | State Funds | Medicaid Funds | TOTAL |
| ADMINISTRATION<br>(CMIS/AWA BARS 11)                                    |                      |             | 2594        | 2122           | 4716  |
| OTHER CONSUMER<br>SUPPORTS<br>(CMIS/AWA Code 31, 32, 41,<br>92, 93, 94) |                      |             | 2098        | 1716           | 3814  |
| CONSUMER SUPPORT<br>STATE-ONLY  |                      |             |             |                |       |
| Child Development   |                      |             |             |                |       |
| <b>MEDICAID CLIENTS</b>   |                      |             | 31782       | 31782          | 63564 |
| <b>ROADS to COMMUNITY<br/>LIVING</b>                                    |                      |             |             |                |       |
| <b>TOTAL</b>  |                      |             | 36474       | 35620          | 72094 |