



COUNTY PROGRAM AGREEMENT AMENDMENT

DSHS Agreement Number
2363-48910

Amendment No.
02

This Program Agreement Amendment is by and between the State of Washington Department of Social and Health Services (DSHS) and the County identified below.

Administration or Division Agreement Number
Click here to enter text.
County Agreement Number
KC-281-23-B

DSHS ADMINISTRATION
Developmental Disabilities Admin

DSHS DIVISION
Division of Developmental Disabilities

DSHS INDEX NUMBER
1076

CCS CONTRACT CODE
1076

DSHS CONTACT NAME AND TITLE
Wendi Winchel

DSHS CONTACT ADDRESS
PO BOX 45315
Olympia, WA 98504-5315

DSHS CONTACT TELEPHONE
(360) 725-4264

DSHS CONTACT FAX
(360) 586-6502

DSHS CONTACT E-MAIL
winchwa@dshs.wa.gov

COUNTY NAME
Kitsap County
Kitsap County DDA County Services

COUNTY ADDRESS
614 Division St MS23
Pt. Orchard, WA 98366-4676

COUNTY FEDERAL EMPLOYER IDENTIFICATION NUMBER

COUNTY CONTACT NAME
Kelly Oneal

COUNTY CONTACT TELEPHONE
(360) 337-4624

COUNTY CONTACT FAX
(360) 337-5721

COUNTY CONTACT E-MAIL
koneal@co.kitsap.wa.us

IS THE COUNTY A SUBRECIPIENT FOR PURPOSES OF THIS PROGRAM AGREEMENT?
No

CFDA NUMBERS

AMENDMENT START DATE
07/01/2024

PROGRAM AGREEMENT END DATE
06/30/2025

PRIOR MAXIMUM PROGRAM AGREEMENT AMOUNT
\$4,947,322.00

AMOUNT OF INCREASE OR DECREASE
\$5,070,918.00

TOTAL MAXIMUM PROGRAM AGREEMENT AMOUNT
\$10,018,240.00

REASON FOR AMENDMENT;
CHANGE OR CORRECT OTHER: SEE PAGE TWO

EXHIBITS. When the box below is marked with a check (4) or an X, the following Exhibits are attached and are incorporated into this Program Agreement Amendment by reference:

Exhibits (specify): Exhibit B1 Program Agreement Budget

This Program Agreement 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 Program Agreement. No other understandings or representations, oral or otherwise, regarding the subject matter of this Program Agreement Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original Program Agreement remain in full force and effect. The parties signing below warrant that they have read and understand this Program Agreement Amendment, and have authority to enter into this Program Agreement Amendment.

COUNTY SIGNATURE(S)

Katherine T. Walters

PRINTED NAME(S) AND TITLE(S)

Katherine Walters

DATE(S) SIGNED

8-26-24

DSHS SIGNATURE

Jennifer Albertson

PRINTED NAME AND TITLE

Jennifer Albertson, Contract Specialist

DATE SIGNED

8/30/24

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

1. The **Total Maximum Contract Amount** is hereby increased for FY25 in the amount of \$5,070,918.00 for a new Contract Amount of \$10,018,240.00
2. The period of performance is extended through June 30, 2025.
3. **Section 6. Statement of Work** is revised to include the following language:

t. Partnership Project.

(1) A Job Foundation document will be completed per guidelines for eligible students. Eligible students are DDA clients who were born between:

- (a) For fiscal year 2021 9/1/00 through 8/31/01
- (b) For fiscal year 2022 9/1/01 through 8/31/02
- (c) For fiscal year 2023 9/1/02 through 8/31/03
- (d) For fiscal year 2024 9/1/03 through 8/31/04
- (e) For fiscal year 2025 9/1/04 through 8/31/05

These students currently attending school and have completed an application to participate in this Value Based Payment (VPB) project. The VPB project application will include the following minimum criteria identified in the sample application found at:

https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/Job%20Foundation%20Application_040720%20%28002%29.docx

4. **Section 8. Billing and Payment Work** will be replaced with the following language:
 - i. Reimbursement for Partnership project: A claim of \$3,000 per student for each completed Job Foundation document that is at a satisfactory or above rating will be requested through the AWA system as other monthly cost.
 - o. Job Foundation Administration: The County may bill for administration costs as identified in **Exhibit B**. Monthly claims for administration cost will be based on the actual expenditures multiplied by 10%. King, Snohomish and Pierce Counties will use line item 13, all other participating Counties will use line item 14 (OSPI).
5. Exhibit B. **Program Agreement Budget** is hereby replaced with the following Exhibit B1, Program Agreement Budget.

All other terms and conditions of this Program Agreement remain in full force and effect.

Exhibit B1

Program Agreement Budget

Original Budget Budget Revision

REVENUES

Fiscal Year	Fund Source	Original	1 st Revision	2 nd Revision	3 rd Revision
2024	State only	2,361,671	2,589,816	2,589,816	
	Medicaid	2,131,537	2,357,506	2,357,506	
	Total Rev.	\$4,493,208	\$4,947,322	\$4,947,322	\$

Fiscal Year	Fund Source	Original	1 st Revision	2 nd Revision	3 rd Revision
2025	State only			2,670,350	
	Medicaid			2,400,568	
	Total Rev.			\$5,070,918	\$

Account Title / BARS	Job Foundation Funds	PASRR Funds	State Funds	Medicaid Funds	TOTAL
ADMINISTRATION 11, 12, 13, 14	6,600	8,164	246,090	201,346	462,200
OTHER CONSUMER SUPPORTS 31, 32, 41, 92, 93, 94, 97	4,620	0	164,137	134,293	303,050
CONSUMER SUPPORT STATE-ONLY 62, 64, 65, 67, 69	0	0	22,105		22,105
Child Development 61			99,212		99,212
MEDICAID CLIENTS 62, 64, 65, 67, 69 95, 96	66,000	81,639	2,018,356	2,018,356	4,184,351
ROADS to COMMUNITY LIVING 62, 64, 65, 67, 69			0	0	0
TOTAL	77,220	89,803	2,549,900	2,353,995	5,070,918