



CONTRACT AMENDMENT AAA State Federal Agreement

DSHS CONTRACT NUMBER:
2569-64909

Amendment No. 02

This Contract Amendment is between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below.

Program Contract Number
Click here to enter text.
Contractor Contract Number
KC-394-25-B

CONTRACTOR NAME Kitsap County		CONTRACTOR doing business as (DBA) Kitsap County Division of Aging & LTC	
CONTRACTOR ADDRESS 614 Division St. MS 40 Port Orchard, WA 98366-		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 182-002-345	DSHS INDEX NUMBER 1076
CONTRACTOR CONTACT Stacey Smith	CONTRACTOR TELEPHONE (360) 337-5624	CONTRACTOR FAX (360) 337-5747	CONTRACTOR E-MAIL ADDRESS sasmith@kitsap.gov
DSHS ADMINISTRATION Aging & Long Term Support Admin		DSHS DIVISION Division of Home And Community Services	DSHS CONTRACT CODE 1016LS-69
DSHS CONTACT NAME AND TITLE Lexie Bartunek Program Manager		DSHS CONTACT ADDRESS 4450 10th Ave SE Lacey, WA 98503-	
DSHS CONTACT TELEPHONE (360)725-3548	DSHS CONTACT FAX Click here to enter text.		DSHS CONTACT E-MAIL ADDRESS bartuqa@dshs.wa.gov
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? Yes		CFDA NUMBERS 93.778	
AMENDMENT START DATE 07/01/2025	CONTRACT END DATE 06/30/2026		
PRIOR MAXIMUM CONTRACT AMOUNT \$5,931,937.00	AMOUNT OF INCREASE OR DECREASE \$0.00	TOTAL MAXIMUM CONTRACT AMOUNT \$5,931,937.00	
REASON FOR AMENDMENT; CHANGE OR CORRECT OTHER: SEE PAGE TWO			
ATTACHMENTS. When the box below is marked with an X, the following Exhibits are attached and are incorporated into this Contract Amendment by reference: <input checked="" type="checkbox"/> Additional Exhibits (specify): Exhibit B-2, Budget			
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 		PRINTED NAME AND TITLE Oran Root, Chair	DATE SIGNED 2/23/26
DSHS SIGNATURE 		PRINTED NAME AND TITLE Jennifer Albertson, Contract Manager	DATE SIGNED March 2, 2026

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

1. Exhibit B-1, Budget, is revised and replaced by Exhibit B-2, approved line-item Budget, which is attached hereto and incorporated herein.
2. **Special Terms and Conditions, 5. Billing and Payment, c. Medicaid Alternative Care (MAC) and Tailored Support for Older Adults (TSOA) programs. The first two sentences of Paragraph 2 are revised and replaced with:**

(For Colville Confederated Tribal AAoA and Yakama Nation AAoA Only) Payment for MAC and TSOA Program Support Activities (base rate) will be based on the AAA's cost reimbursement for program support activities as set out in Exhibit B, Budget and is inclusive of an up to a maximum (lid) of 10% for administration.

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



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