

 <p>Washington State Department of Social &amp; Health Services <i>Transforming lives</i></p>		<h2>COUNTY PROGRAM AGREEMENT AMENDMENT</h2>		DSHS Agreement Number 2363-48922  Amendment No. 01	
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	
DSHS ADMINISTRATION Developmental Disabilities Admin		DSHS DIVISION Division of Developmental Disabilities		DSHS INDEX NUMBER 1231	
				CCS CONTRACT CODE 1231	
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 Pacific County Pacific County DDA County Services			COUNTY ADDRESS PO Box 67 South Bend, WA 98586-		
COUNTY FEDERAL EMPLOYER IDENTIFICATION NUMBER			COUNTY CONTACT NAME Princess Klus		
COUNTY CONTACT TELEPHONE (360) 875-9300		COUNTY CONTACT FAX (360) 875-9323		COUNTY CONTACT E-MAIL pklus@co.pacific.wa.us	
IS THE COUNTY A SUBRECIPIENT FOR PURPOSES OF THIS PROGRAM AGREEMENT? No				CFDA NUMBERS	
AMENDMENT START DATE 12/01/2023		PROGRAM AGREEMENT END DATE 06/30/2024			
PRIOR MAXIMUM PROGRAM AGREEMENT AMOUNT \$385,912.00		AMOUNT OF INCREASE OR DECREASE \$69,140.00		TOTAL MAXIMUM PROGRAM AGREEMENT AMOUNT \$455,052.00	
REASON FOR AMENDMENT; CHANGE OR CORRECT CHOOSE ONE:					
<b>EXHIBITS.</b> 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: <input type="checkbox"/> Exhibits (specify):					
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)			PRINTED NAME(S) AND TITLE(S)		DATE(S) SIGNED
DSHS SIGNATURE			PRINTED NAME AND TITLE		DATE SIGNED

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 in the amount of \$69,140.00, for a new Contract Amount of \$455,052.00.

2. **Section 8. Billing and Payment:**

- a. Program Administration: The County will provide program administration and coordination including such activities as planning, budgeting, contracting, monitoring, and evaluation. Monthly claims for administration can be 1/12 of the maximum amount identified in Exhibit B under Administration or for the actual costs incurred in the given month but the total Administration billed will be the lesser of the two. Administration cost reimbursement will not exceed 10% unless the Assistant Secretary of DDA approves a request for an exception under chapter 388-850 WAC.
- b. Preadmission Screening and Resident Review (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 10%.

3. 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                      X Budget Revision  
**REVENUES**

Fiscal Year	Fund Source	Original	1 <sup>st</sup> Revision	2 <sup>nd</sup> Revision	3 <sup>rd</sup> Revision
2024	State only	195,858	230,629		
	Medicaid	190,054	224,423		
	Total Rev.	\$385,912	\$455,052	\$	\$

Fiscal Year	Fund Source	Original	1 <sup>st</sup> Revision	2 <sup>nd</sup> Revision	3 <sup>rd</sup> Revision
2025	State only				
	Medicaid				
	Total Rev.		\$	\$	\$

Account Title / BARS	Job Foundation Funds	PASRR Funds	State Funds	Medicaid Funds	TOTAL
ADMINISTRATION 11, 12, 13, 14	0	0	21,513	17,602	39,115
OTHER CONSUMER SUPPORTS 31, 32, 41, 92, 93, 94, 97	0	0	12,623	10,328	22,951
CONSUMER SUPPORT STATE-ONLY 62, 64, 65, 67, 69	0	0	0		0
Child Development 61			0		0
MEDICAID CLIENTS 62, 64, 65, 67, 69 95, 96	0	0	163,939	163,939	327,878
MEDICAID CLIENT PROVISO 62, 64, 65, 67, 95, 96	0	0	32,554	32,554	65,108
ROADS to COMMUNITY LIVING 62, 64, 65, 67, 69			0	0	0
TOTAL	0	0	230,629	224,423	455,052