

## **CONTRACT AMENDMENT**

### **A**

This CONTRACT AMENDMENT is made and entered into between SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, through Kitsap County, as its administrative entity, a political subdivision of the State of Washington, with its principal offices at 614 Division Street, Port Orchard, Washington 98366, hereinafter "SBHASO", and American Behavioral Health Systems, Inc., hereinafter "CONTRACTOR."

In consideration of the mutual benefits and covenants contained herein, the parties agree that their Contract, numbered as Kitsap County Contract No. KC-062-21, and executed on January 11, 2021, shall be amended as follows:

1. **Page 1: Contract Term** shall be amended to reflect:

January 1, 2021- December 31, 2022

2. **Attachment A: Special Terms and Conditions as follows:**

The following term is added as to Section 6. Federal Block Grant:

f. FBG funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. FBG funds also cannot be provided to any individual or organization that permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a), 21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under the Federal Drug Administration (FDA)-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned substance under federal law.

3. **Attachment C: Budget/Rate Sheet Chehalis** is deleted entirely and replaced as attached.
4. **Attachment C-1: Budget/Rate Sheet Spokane** is deleted entirely and replaced as attached
5. If this Contract Amendment extends the expiration date of the Contract, then the Contractor shall provide an updated certificate of insurance evidencing that any required insurance coverages are in effect through the new contract expiration date. The Contractor shall submit the certificate of insurance to:

Program Lead, Salish Behavioral Health Administrative Services Organization

Kitsap County Department of Human Services  
614 Division Street, MS-23  
Port Orchard, WA 98366

Upon receipt, the Human Services Department will ensure the submission of all insurance documentation to the Risk Management Division, Kitsap County Department of Administrative Services.

Except as expressly provided in this Contract Amendment, all other terms and conditions of the original Contract, and any subsequent amendments, addenda or modifications thereto, remain in full force and effect.

This amendment shall be effective January 1, 2022.

Dated this 24 day of January, 2022.

**SALISH BEHAVIORAL HEALTH  
ADMINISTRATIVE SERVICES  
ORGANIZATION, By  
KITSAP COUNTY BOARD OF  
COMMISSIONERS, Its Administrative  
Entity**

NOT PRESENT

Edward E. Wolfe, Chair

Charlotte Garrido

Charlotte Garrido, Commissioner

Robert Gelder

Robert Gelder, Commissioner

DATE

01/24/2022

**CONTRACTOR:  
American Behavioral Health  
Systems, Inc.**

Tony Prentice

Name: Tony Prentice

Title: Chief Operating Officer

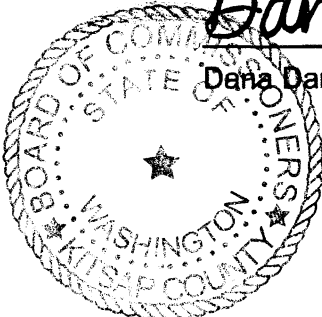
I attest that I have the authority to sign  
this contract on behalf of American  
Behavioral Health Systems, Inc.

01/04/2022  
DATE

ATTEST

Dana Daniels

Dana Daniels, Clerk of the Board



Revision 2000-09-02

**KC-062-21-A**

CFDA#: 93.959

**ATTACHMENT C: BUDGET/RATE SHEET Chehalis**

**Salish Behavioral Health Administrative Services Organization**

**Budget/Rate Sheet**

Contractor: American Behavioral Health Systems, Inc.

NPI #: 1609365238 (Chehalis)

Time Period: January 1, 2022 – December 31, 2022

Contractor Specific Rates:

(1) Secure Withdrawal Management and Stabilization: \$665 per diem (GFS/SABG)

Available Budget: Fee For Service

All rates are all-inclusive.

Funding Source:

CFDA# 93.959 (SAPT) Block Grants for Prevention and Treatment of Substance Abuse

**ATTACHMENT C-1: BUDGET/RATE SHEET Spokane**

**Salish Behavioral Health Administrative Services Organization**

**Budget/Rate Sheet**

Contractor: American Behavioral Health Systems, Inc.

NPI #: 356861911 (Spokane)

Time Period: January 1, 2022 – December 31, 2022

Contractor Specific Rates:

(1) Secure Withdrawal Management and Stabilization: \$665 per diem (GFS/SABG)

Available Budget: Fee For Service

All rates are all-inclusive.

Funding Source:

CFDA# 93.959 (SAPT) Block Grants for Prevention and Treatment of Substance Abuse



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/28/2021

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> The Partners Group Ltd 11225 SE 6th St. Suite 110 Bellevue WA 98004		<b>CONTACT NAME:</b> Chrissy Spangler <b>PHONE (A/C, No, Ext):</b> (877) 455-5640 <b>FAX (A/C, No):</b> (425) 455-6727 <b>E-MAIL ADDRESS:</b> CSpangler@tpgrp.com	
<b>INSURED</b> American Behavioral Health Systems, Inc. PO Box 141106 Spokane Valley WA 99214		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Capitol Specialty Insurance Corp. NAIC # 10328 <b>INSURER B:</b> American Fire & Casualty 24066 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 21-22 GL AL XS PL      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	HS02911253	10/01/2021	10/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPOP AGG \$ 3,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> OTHER:		BAA60145476	10/01/2021	10/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		HS20212594	10/01/2021	10/01/2022	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	HS02911253	10/01/2021	10/01/2022	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER EL - WA Stop Gap E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability		HS02911253	10/01/2021	10/01/2022	Each Incident 1,000,000 Aggregate 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Salish Behavioral Health Organization is included as Additional Insured on General Liability as their interest may appear as respects operations performed by or on behalf of the Named Insured, as required by written contract.

## RECEIVED

OCT 11 2021

<b>CERTIFICATE HOLDER</b>  Salish Behavioral Health Organization 614 Division Street  Port Orchard WA 98366	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	<b>DEPT. OF HUMAN SERVICES</b>
	<b>AUTHORIZED REPRESENTATIVE</b>  	



No Results were found for

- American Behavioral Health Systems, Inc

[Search Again](#)

Search conducted 11/19/2021 5:38:43 PM EST on OIG LEIE Exclusions database.  
Source data updated on 11/9/2021 8:00:00 AM EST