

 <p>Washington State Department of Social & Health Services</p> <p><i>Transforming lives</i></p>	CONTRACT AMENDMENT AAA Interlocal MAC TSOA Implementaton	DSHS CONTRACT NUMBER: 2469-53521 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 Click here to enter text. Contractor Contract Number KC-132-24-A
CONTRACTOR NAME Kitsap County		CONTRACTOR doing business as (DBA) Kitsap County Division of Aging & Long Term Care
CONTRACTOR ADDRESS 614 Division St MS23 Pt. Orchard, WA 98366-4676		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 1049LS-69
DSHS CONTACT NAME AND TITLE Adrienne Cotton Social & Health Services Program Manager		DSHS CONTACT ADDRESS 4450 10th Ave SE Olympia, WA 98503-
DSHS CONTACT TELEPHONE (360)725-3292	DSHS CONTACT FAX Click here to enter text.	DSHS CONTACT E-MAIL ADDRESS cottoal@dsht.wa.gov
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? No		CFDA NUMBERS
AMENDMENT START DATE 01/01/2024	CONTRACT END DATE 06/30/2025	
PRIOR MAXIMUM CONTRACT AMOUNT \$429,868.00	AMOUNT OF INCREASE OR DECREASE \$230,327.00	TOTAL MAXIMUM CONTRACT AMOUNT \$660,195.00
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 type="checkbox"/> Additional Exhibits (specify):		
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 Christine Rolfes, chair	DATE SIGNED 3.10.25
DSHS SIGNATURE 	PRINTED NAME AND TITLE Melissa Diebert, Contract Specialist	DATE SIGNED 03/17/2025

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

- A. The period of performance is extended from December 31, 2024 to June 30, 2025.
- B. The total maximum consideration is increased by **\$230,327** for a new maximum consideration of **\$660,195**.
- C. **Special Terms and Conditions. #3. Consideration** is revised and replaced as follows:

Total consideration payable to the AAA for satisfactory performance of the work under this Agreement is a new maximum of \$660,195 including any and all expenses and shall be based on the attached Exhibit B, Budget.

The maximum consideration for ongoing program activities expenditures for January 1, 2024 – June 30, 2025, is \$180,000. The projected maximum consideration for unit rate per case payments is \$480,195 for January 1, 2024 – June 30, 2025.

- D. **Special Terms and Conditions. #4 Billing and Payment. a. Billing.** has been revised as follows:

The AAA shall submit invoices using State Form A-19 Invoice Voucher, or such other form as designated by DSHS. Consideration for services rendered shall be payable upon receipt and acceptance of properly completed invoices which shall be submitted to DSHS by the AAA not more often than monthly. The invoice shall describe and document to DSHS' satisfaction, the work performed, activities accomplished, and progress of the project. The first quarter of 2024 may be invoiced on estimates for Program Support Activities, to be reconciled with actual costs no later than the April 2024 invoice.

- D. **Special Terms and Conditions. #4 Billing and Payment. b. Payment** The fifth bullet point has been revised as follows:

Update and submission of Warm Handoff Protocols (WHO)—due 02/01/2024 and 02/01/2025

- E. **Exhibit B, Budget.** The first sentence has been amended to extend out the end date of the contract to June 30, 2025. The first sentence is revised as follows:

DSHS shall pay to the Contractor for services rendered, as follows, for the period January 1, 2024, to June 30, 2025.

- F. **Exhibit B, Budget, 1. Medicaid Transformation Project (MTP) Program Support Activities Payment** has been revised as follows:

DSHS will reimburse the Contractor up to a maximum of \$180,000 for January 1, 2024 – June 30, 2025, for program activities for MTP including administrative costs up to a maximum (lid) of 10%. The support activities for MTP include but are not limited to the following.

- G. **Exhibit B, Budget, 1. Medicaid Transformation Project (MTP) Program Support Activities Payment** The fifth bullet has been revised as follows:

Update and submission of Warm Handoff Protocols (WHO)—due 02/01/2024 and 02/01/2025.

H. **Exhibit B, Budget, 2. Medicaid Transformation Project Unit Rate** has been revised as follows:



DSHS will reimburse the Contractor up to a maximum of \$480,195 for unit rate per case payment using the following rates:


MAC/TSOA dyad unit rate: \$249

TSOA individual unit rate: \$220

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

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