

**CONTRACT AMENDMENT
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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 West Sound Treatment Center, 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-492-20, and executed on December 7, 2020, and amended on January 10, 2022, January 9, 2023, and July 24, 2023, shall be amended as follows:

1. **Page 1: Amount** is amended as follows:
\$647,064
2. **Page 1: Contract Term** is amended as follows:
January 1, 2021 – December 31, 2024
3. **Attachment B-2: Statement of Work-** Transportation Support is added.
4. **Attachment C: Budget** 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.

6. 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.

Dated this 4 day of December, 2023.

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

Charlotte Garrido

Charlotte Garrido, Chair

Katherine T. Walters

Katherine T. Walters, Commissioner

Christine Rolfes

Christine Rolfes, Commissioner

DATE 12/4/23

ATTEST *Dana Daniels*

Dana Daniels, Clerk of the Board

**CONTRACTOR:
West Sound Treatment Center**

Ken Wilson

Name: Ken Wilson
Title: Executive Director

Rob Divilbess

Name: Rob Divilbess
Title: Board President

I attest that I have the authority to sign
this contract on behalf of West Sound
Treatment Center.

11-14-2023
DATE



ATTACHMENT B-2: STATEMENT OF WORK- TRANSPORTATION SUPPORT

The Contractor may provide transportation support to individuals to and from treatment related events including support and recovery focused activities.

Eligibility

- A. Individuals who do not qualify for Medicaid.
- B. Individuals on Medicaid who cannot access Medicaid transportation services.
 - i. Must include client specific documentation of attempt to use Medicaid transportation and denial of services or reason the individual is unable to access Medicaid funded transportation services.
- C. Drivers must have:
 - i. A valid driver's license.
 - ii. Active insurance.

Independent Transportation Agencies

Independent transportation agencies must ensure any provider including transportation network companies and individual drivers meet specific minimum requirements.

Those minimum requirements are:

- A. Each provider or individual driver is not excluded from participation in any federal health care program (as defined in section 1128B(f) of the Act) and is not listed on the exclusion list of the Inspector General of the U.S. Department of Health and Human Services.
- B. Each such provider has in place a process to address any violation of a state drug law.
- C. Each such provider has in place a process to disclose to the SBH-ASO the driving history, including any traffic violations, of each such individual driver employed by such provider, including any traffic violations.

Vehicle Purchase

Funds provided for vehicle purchases may be used for the following purposes:

- A. Purchasing a vehicle to be used in the delivery of behavioral health services.
- B. Purchasing and/or installation of additional safety/security equipment for vehicle
- C. Purchasing a vehicle maintenance plan or maintenance services.

Documentation

Documentation must be submitted with invoices for reimbursement:

- 1. SBHASO Transportation Tracker
- 2. Receipts or mileage log

ATTACHMENT C: BUDGET/RATE SHEET

Budget Summary			
Contractor: West Sound Treatment Center			
Contract No:		KC-492-20	
Contract Period:		01/01/21 - 12/31/24	
Expenditure	Previous	Changes this Contract	Current
Period 1: 01/01/21 - 12/31/21			
SUD Outpatient Services and Supports (SABG)	\$25,000.00	\$0.00	\$25,000.00
Transportation (SABG)	\$2,250.00	\$0.00	\$2,250.00
CJTA	\$80,000.00	\$0.00	\$80,000.00
Period 1 Budget Total	\$107,250.00	\$0.00	\$107,250.00
Period 2: 10/1/21- 06/30/22			
REAL Program Operations (GFS)	\$247,038.00	\$0.00	\$247,038.00
Period 2 Budget Total	\$0.00	\$0.00	\$247,038.00
Period 3: 01/01/22- 12/31/22			
CJTA	\$80,000.00	\$0.00	\$80,000.00
Period 3 Budget Total	\$0.00	\$0.00	\$80,000.00
Period 4: 01/01/23 - 12/31/23			
CJTA	\$115,000.00	\$0.00	\$115,000.00
Transportation Support, cost reimbursement, in accordance with SUD Recovery Supports Requirements (SABG)	\$0.00	\$11,776.00	\$11,776.00
Period 4 Budget Total	\$115,000.00	\$11,776.00	\$126,776.00
Period 5: 01/01/24 - 12/31/24			
CJTA	\$0.00	\$85,000.00	\$85,000.00
Transportation Support, cost reimbursement, (SABG)	\$0.00	\$1,000.00	\$1,000.00
Period 5 Total	\$0.00	\$86,000.00	\$86,000.00
Contract Total	\$549,288.00	\$97,776.00	\$647,064.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/12/2023

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).

PRODUCER Fortune Insurance 705 S. 9th St. #302 Tacoma WA 98405	CONTACT NAME: Cory Coryell	
	PHONE (A/C, No, Ext): (253) 200-6633 FAX (A/C, No): (253) 200-6626 E-MAIL ADDRESS: cory@fmgins.com	
INSURED West Sound Treatment Center 4060 Wheaton Way, #F Bremerton WA 98310	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Philadelphia	
	INSURER B: Philadelphia Indemnity Insurance Company	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

CERTIFICATE NUMBER: 23-24 GL, Auto, UMB

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 INSD	SUBR 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			PHPK2592897	09/09/2023	09/09/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Employee Benefits \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			PHPK2592897	09/09/2023	09/09/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist \$ 1,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$			PHUB878244	09/09/2023	09/09/2024	COMBINED SINGLE LIMIT EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			PHPK2592897	09/09/2023	09/09/2024	PER STATUTE <input checked="" type="checkbox"/> OTH-ER Employers Liability 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			PHPK2592897	09/09/2023	09/09/2024	Each Occurrence Limit \$1,000,000 Aggregate Limit \$3,000,000

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

Proof of Insurance regarding locations:

4060 Wheaton Way, #F, Bremerton, WA 98310
2475 Bethel Rd. SE., Port Orchard, WA 98366
19045 State Hwy 305, #190, Poulsbo, WA 98370

CERTIFICATE HOLDER

CANCELLATION

Salish BHASO 614 Division St., MS-23 Port Orchard WA 98366	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Cory Coryell</i>

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- West Sound Treatment Center

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