

**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 Kitsap Mental Health Services, 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-385-19, executed on August 26, 2019, and amended on August 10, 2020, December 14, 2020, and April 26, 2021, shall be amended as follows:

1. **Cover Page 1** shall be amended as follows:

January 1, 2020 – December 31, 2021

2. **Recitals Page 3** shall be amended as follows:

The effective date of this contract is January 1, 2020 through December 31, 2021.

3. **ARTICLE ONE – DEFINITIONS** shall be amended as follows:

- 1.10 **Managed Care Organization (MCO)**

An organization that combines the functions of health insurance, delivery of care, and administration. For the purposes of this Contract, MCO refers to those businesses identified by contract with the state as designated Medicaid Managed Care Organizations for Integrated Managed Care. As of the Effective Date of this Contract, the MCOs are Amerigroup, Coordinated Care, Community Health Plan of Washington (CHPW), Molina, and United Healthcare (United).

- 1.11 **Managed Care Organization (MCO) in Salish Regional Service Area**

An organization that combines the functions of health insurance, delivery of care, and administration. For the purposes of this Contract, MCO refers to those businesses identified by contract with the state as designated Medicaid Managed Care Organizations for Integrated Managed Care in the Salish Regional Service Area. As of the Effective Date of this Contract, the MCOs are Amerigroup, Community Health Plan of Washington (CHPW), Coordinated Care "Foster Care Program", Molina, and United Healthcare (United).

4. **Exhibit B: 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.

This amendment shall be effective July 1, 2021

Dated this 12<sup>th</sup> day of July, 2021. Dated this 16 day of June, 2021.

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

**NOT PRESENT**

Robert Gelder, Chair

  
Edward E. Wolfe, Commissioner

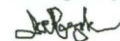
  
Charlotte Garrido, Commissioner

ATTEST

  
Dana Daniels, Clerk of the Board

**CONTRACTOR:  
KITSAP MENTAL HEALTH  
SERIVCES**

DocuSigned by:



BCC56C3EC823434

Name: Joe Roszak

Title: Chief Executive Officer

I attest that I have the authority to sign  
this contract on behalf of Kitsap  
Mental Health Services.





**Salish Behavioral Health Administrative Services Organization (SBHASO)****EXHIBIT B – COMPENSATION SCHEDULE**

Contractor: Kitsap Mental Health Services

Time Period: July 1, 2021 – December 31, 2021

Payment Type	Service Detail	Monthly Base Medicaid	Monthly Additional Capacity Medicaid	Maximum Monthly Medicaid
Capacity	Schedule of Services, as described in Exhibit A	\$110,000 in increments of \$1.00	\$5,000 in increments of \$1.00	\$115,000 in increments of \$1.00

- *Monthly Base* is compensation for all eligible crisis services up to 1000 units.
  - Monthly Base payment is due and payable by SBHASO on the twentieth (20<sup>th</sup>) day of the month. If the 20<sup>th</sup>, is not a business day, the Monthly Base payment shall be due and payable on the next business day following the twentieth (20<sup>th</sup>) day of the month.
- *Monthly Additional Capacity* is compensation for services delivered in excess of 1000 units
  - Each additional unit is compensated at \$100 per unit, to a maximum of \$5,000 per month.
  - Contractor shall generate invoice for Monthly Additional Capacity payment and submit to SBH-ASO by the fifteenth (15<sup>th</sup>) day of the month. If the fifteenth (15<sup>th</sup>) is not a business day, the Monthly Base payment shall be due and payable on the next business day following the fifteenth (15<sup>th</sup>) day of the month. SBHASO will render payment from clean invoice submissions to Contractor within 30 days of receipt of invoice.
- For toll-free crisis line provider, compensation is based on H0030 services.
- For all other crisis providers, compensation is based on H2011\* services.

\* H2011 services with HW modifier are excluded from Medicaid compensation.

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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/30/2020

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>Propel Insurance</b> <b>Seattle Commercial Insurance</b> <b>601 Union Street, Suite 3400</b> <b>Seattle, WA 98101-1371</b>		<b>CONTACT NAME:</b> Kristin Kruswyk <b>PHONE (A/C, No, Ext):</b> 800 499-0933 <b>FAX (A/C, No):</b> 866 577-1326 <b>E-MAIL ADDRESS:</b> kristin.kruiswyk@propelinsurance.com	
<b>INSURED</b> <b>Kitsap Mental Health Services</b> <b>5455 Almira Drive NE</b> <b>Bremerton, WA 98311</b>		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Scottsdale Insurance Company <b>NAIC #</b> 41297 <b>INSURER B:</b> AMCO Insurance Company <b>19100</b> <b>INSURER C:</b> Allied Property and Casualty Ins. Co. <b>42579</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

## COVERAGES

## CERTIFICATE NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			OPS1585925	07/01/2020	07/01/2021	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			BAPC3009803743	07/01/2020	07/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured status applies to SBH-ASO and Kitsap County per attached forms.

## CERTIFICATE HOLDER

## CANCELLATION

Salish Behavioral Health  
 Administrative Services  
 Organization (SBH-ASO)  
 614 Division Street, 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

*Deanna Winchester*



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

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*Deanna Winchester*



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SBH-ASO and Clallam, Jefferson and Kitsap Counties are named additional insured as respects insured's operations.

## CERTIFICATE HOLDER

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 Port Orchard, WA 98366

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AUTHORIZED REPRESENTATIVE

*Deanna Winchester*