Revision 2000-09-02 KC-385-19-D

CONTRACT AMENDMENT D

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 2^{4} day of 3^{16} day of _____, 2021. Dated this $\frac{16}{2}$ day of _____ June , 2021.

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

SERIVCES

NOT PRESENT

Robert Gelder, Chair

olfe. Commissioner

narlotte Garrido, Commissioner

KITSAP MENTAL HEALTH

ocuSigned by:

CONTRACTOR:

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.

TEST

Dana Daniels, Clerk of the Board



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 (20th) day of the month. If the 20th, is not a business day, the Monthly Base payment shall be due and payable on the next business day following the twentieth (20th) 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 (15th) day of the month. If the fifteenth (15th) is not a business day, the Monthly Base payment shall be due and payable on the next business day following the fifteenth (15th) 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.

SBHASO Exhibit B – Compensation Schedule

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CERTIFICATE OF LIABILITY IN	SURANCE	

Richelle Jordan	7/30/2020
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DocuSign Envelope ID: A87AF137-BF38-4ADF-AC34-36BE0CE9809E KITSMENT Richelle Jordan 7/30/2020 DATE (MM/DD/YYYY) ACORD CERTIFICATE OF LIABILITY INSURANCE 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). CONTACT Kristin Kruswyk PRODUCER **Propel Insurance** PHONE (A/C, No, Ext): 800 499-0933 FAX (A/C, No): 866 577-1326 **Seattle Commercial Insurance** ADDRESS: kristin.kruiswyk@propelinsurance.com 601 Union Street, Suite 3400 INSURER(S) AFFORDING COVERAGE NAIC # Seattle, WA 98101-1371 INSURER A : Scottsdale Insurance Company 41297 INSURER B : AMCO Insurance Company INSURED 19100 **Kitsap Mental Health Services** INSURER C : Allied Property and Casualty Ins. Co. 42579 5455 Almira Drive NE INSURER D Bremerton, WA 98311 **INSURER E** : **INSURER F** : COVERAGES CERTIFICATE NUMBER: **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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) INSR TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY A **OPS1585925** 07/01/2020 07/01/2021 EACH OCCURRENCE \$2,000,000 X DAMAGE TO RENTED PREMISES (Ea occurrence) X CLAIMS-MADE \$300,000 OCCUR \$5,000 MED EXP (Any one person) \$2,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER \$4,000,000 GENERAL AGGREGATE PRO-JECT \$4,000,000 POLICY 100 PRODUCTS - COMP/OP AGG OTHER \$ 07/01/2020 07/01/2021 COMBINED SINGLE LIMIT (Ea accident) \$1,000.000 AUTOMOBILE LIABILITY C BAPC3009803743 BODILY INJURY (Per person) X ANY AUTO \$ SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY BODILY INJURY (Per accident) \$ PROPERTY DAMAGE HIRED AUTOS ONLY Х X \$ AUTOS ONLY (Per accident) \$ В UMBRELLA LIAB 07/01/2020 07/01/2021 EACH OCCURRENCE X CAA3009803743 OCCUR \$2,000,000 EXCESS LIAB CLAIMS-MADE Auto Only AGGREGATE \$ DED **RETENTION \$** \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OTH-07/01/2020 07/01/2021 A OPS1585925 STATUTE Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? X \$2,000,000 E.L. EACH ACCIDENT Ν N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$2,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$2.000.000 A **Prof Liability** OPS1585925 07/01/2020 07/01/2021 2,000,000 Occurrence 4,000,000 Aggregate DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) SBH-ASO and Clallam, Jefferson and Kitsap Counties are named additional insured as respects insured's

operations.

CERTIFICATE HOLDER	CANCELLATION
Salish Behavioral Health Administrative Services Organization	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
(SBH-ASO)/Kitsap County Attn: Risk Manager	AUTHORIZED REPRESENTATIVE
614 Division Port Orchard, WA 98366	Deanna Winchester

Kitsap Mental Health Services ACORD 25 (2016/03) 1 of 1 The KC-385-19-D The ACORD name and logo are registered marks of ACORD #S4222787/M4190524

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