

CONTRACT AMENDMENT C

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 Peninsula Behavioral Health, 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-387-19, executed on August 26, 2019, and amended on 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.

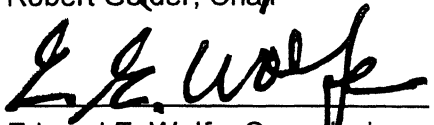
6. Except as expressly provided in this Contract Amendment, all other terms and conditions of the original Contract, and any subsequent amendments, addenda or modifications thereto, remain in full force and effect.

This amendment shall be effective July 1, 2021

Dated this 28th day of June, 2021. Dated this 9 day of June, 2021.

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


Robert Gelder, Chair


Edward E. Wolfe, Commissioner


Charlotte Garrido, Commissioner

**CONTRACTOR:
PENINSULA BEHAVIORAL
HEALTH**



Name: Wendy Sisk
Title: Chief Executive Officer

I attest that I have the authority to sign
this contract on behalf of Peninsula
Behavioral Health.

TEST

Dana Daniels, Clerk of the Board



Salish Behavioral Health Administrative Services Organization (SBHASO)

EXHIBIT B – COMPENSATION SCHEDULE

Contractor: Peninsula Behavioral Health

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	\$67,667 in increments of \$1.00	\$2,000 in increments of \$1.00	\$69,667 in increments of \$1.00

- **Monthly Base** is compensation for all eligible crisis services up to 340 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 340 units
 - Each additional unit is compensated at \$100 per unit, to a maximum of \$2,000 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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/16/2021

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 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 Callis & Associates, Inc. 902 East First Street, Suite 3 Port Angeles WA 98362		CONTACT NAME: Derek Floor PHONE (A/C No. Ext): (360) 452-2314 FAX (A/C No.): (360) 452-1701 E-MAIL ADDRESS: derek@callisinsurance.com	
INSURED Peninsula Behavioral Health 118 E 8th St Port Angeles WA 98362-6129		INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

RECEIVED

APR 20 2021

DEPT. OF
HUMAN SERVICES**COVERAGES**

CERTIFICATE NUMBER: CL2141606844

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	ADOL SUBR INSD WVO	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 retro-date: 4/13/1987 GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER Employee Benefits	X	PHPK2261401	4/13/2021	4/13/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPOP AGG \$ 3,000,000 Each Occ/Annual Agg \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	PHPK2261401	4/13/2021	4/13/2022	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"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		PHUB763799	4/13/2021	4/13/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	NONEMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	PHPK2261401 WA State Stop Gap	4/13/2021	4/13/2022	PER STATUTE <input checked="" type="checkbox"/> OTH-ER 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 Claims-made		PHPK2261401 retro-date: 4/13/1987	4/13/2021	4/13/2022	Each Occurrence \$1,000,000 Annual Aggregate \$3,000,000

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

Certificate holder is additional insured with respects to the General Liability per the terms of form PI-GLD-HS 04/07 General Liability Deluxe Endorsement: Human Services. Evidence Only. Refer to policy for all applicable forms, conditions, endorsements and exclusions.

CERTIFICATE HOLDER**CANCELLATION**

Peninsula Regional Support Network 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 Andy Callis/KAYLA <i>Andy Callis</i>

Peninsula Behavioral Health

KC-387-19-C

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ACORD 25 (2014/01)

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