

## 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 Forks Community Hospital West End Outreach 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-389-19, executed on August 26, 2019, and amended on December 7, 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 28<sup>th</sup> day of June, 2021. Dated this 9<sup>th</sup> day of June, 2021.

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

Robert Gelder  
Robert Gelder, Chair

E. E. Wolfe  
Edward E. Wolfe, Commissioner

Charlotte Garrido  
Charlotte Garrido, Commissioner

ATTEST

Dana Daniels  
Dana Daniels, Clerk of the Board

**CONTRACTOR:  
FORKS COMMUNITY HOSPITAL  
WEST END OUTREACH SERVICES**

Heidi Anderson  
Name: Heidi Anderson  
Title: Chief Executive Officer

I attest that I have the authority to sign  
this contract on behalf of Forks  
Community Hospital West End  
Outreach Services.





**Salish Behavioral Health Administrative Services Organization (SBHASO)**

**EXHIBIT B – COMPENSATION SCHEDULE**

Contractor: Forks Community Hospital West End Outreach 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	\$9,500 in increments of \$1.00	\$1,000 in increments of \$1.00	\$10,500 in increments of \$1.00

- *Monthly Base* is compensation for all eligible crisis services up to 48 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 48 units
  - Each additional unit is compensated at \$100 per unit, to a maximum of \$1,000 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.



# CERTIFICATE OF LIABILITY INSURANCE

Richelle Jordan 8/3/2020

DATE (MM/DD/YYYY)  
07/28/2020

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 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).

<b>PRODUCER</b> Parker, Smith & Feek, Inc. 2233 112th Avenue NE Bellevue, WA 98004		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 425-709-3600 <b>FAX (A/C, No):</b> 425-709-7460 <b>E-MAIL ADDRESS:</b>
<b>INSURED</b> Clallam County Public Hospital District #1 dba Forks Community Hospital 530 Bogachiel Way Forks, WA 98331		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Physicians Insurance A Mutual Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

## 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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Retro Date: 7/1/1985 <input checked="" type="checkbox"/> Retention: NIL GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	300008005	08/01/2020	08/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ Included \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ NIL		300008005 Excess Liability	08/01/2020	08/01/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				WC STATUTORY LIMITS OTHER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
A	Professional Liability Healthcare Professional Liability		300008005	08/01/2020	08/01/2021	\$1,000,000 Per Claim \$5,000,000 Aggregate

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

Salish Behavioral Health Organization is included as Additional Insureds with respect to activities under Contract Numbers: KC-080-16; KC-084-16; KC-088-16. Retroactive Date: 07/01/1985.

## CERTIFICATE HOLDER

## CANCELLATION

Salish Behavioral Health Organization 614 Division St MS-23 Port Orchard, WA 98336	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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Forks Community Hospital West End Outreach Services KC-389-19-C