

CONTRACT AMENDMENT E

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 Olympic Personal Growth 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-059-21, and executed on February 8, 2021, amended on December 17, 2021, September 27, 2022, January 3, 2023 and July 14, 2023, shall be amended as follows:

1. **Page 1: Amount** is amended as follows:
\$166,023.86
2. **Page 1: Contract Term** is amended as follows:
January 1, 2021 – December 31, 2024
3. **Attachment B-1: 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

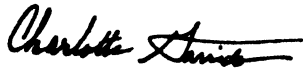
Upon receipt, the Human Services Department will ensure the submission of all insurance documentation to the Risk Management Division, Kitsap County Department of Administrative Services.

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.

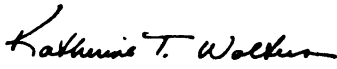
This amendment shall be effective January 1, 2024.

Dated this 11 day of December, 2023.

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



Charlotte Garrido, Chair



Katherine T. Walters, Commissioner



Christine Rolfes, Commissioner

**CONTRACTOR:
Olympic Personal Growth Center**



Name: Kristina Bullington

Title: Administrator

I attest that I have the authority to sign
this contract on behalf of Olympic
Personal Growth Center.

11/27/23

DATE

DATE

12/11/23

ATTEST



Dana Daniels

ATTACHMENT B-1: 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

Budget Summary			
Contractor: Olympic Personal Growth Center			
Contract No:		KC-059-21	
Contract Period:		01/01/21 - 12/31/24	
Expenditure	Previous	Changes this Contract	Current
Period 1: 01/01/21 - 12/31/21			
CJTA	35,061.00	0.00	35,061.00
Period 1 Budget Total	35,061.00	0.00	35,061.00
Period 2: 01/01/22 - 12/31/22			
CJTA	39,061.20	0.00	39,061.20
CJTA Jail Program	20,800.00	0.00	20,800.00
Period 2 Budget Total	59,861.20	0.00	59,861.20
Period 3: 01/01/23 - 12/31/23			
CJTA	32,417.66	0.00	32,417.66
Transportation Support, cost reimbursement, in accordance with SUD Recovery Supports Requirements (SABG)	5,000.00	0.00	5,000.00
Period 3 Budget Total	37,417.66	0.00	37,417.66
Period 4: 01/01/24 - 12/31/24			
CJTA	0.00	32,684.00	32,684.00
Transportation Support, cost reimbursement (SABG)	0.00	1,000.00	1,000.00
Period 4 Total	0.00	33,684.00	33,684.00
Contract Total	132,339.86	33,684.00	166,023.86



HEALTHCARE PROVIDERS SERVICE
ORGANIZATION PURCHASING GROUP



Certificate of Insurance
OCCURRENCE PROFESSIONAL LIABILITY POLICY FORM

Print Date: 4/07/2023

The application for the Policy and any and all supplementary information, materials, and statements submitted therewith shall be maintained on file by us or our Program Administrator and will be deemed attached to and incorporated into the Policy as if physically attached.

PRODUCER 018098	BRANCH 970	PREFIX HPG	POLICY NUMBER 0312195749	POLICY PERIOD From: 04/01/23 to 04/01/24 at 12.01 AM Standard Time
Named Insured and Address: Olympic Personal Growth Center 390 E Cedar St Sequim, WA 98382-3403			Program Administered by: Healthcare Providers Service Organization 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034 1-888-288-3534 www.hpsocom	
Medical Speciality: Alcohol/Drug Counselor Firm Excludes Cosmetic Procedures		Code: 80723	Insurance Provided by: American Casualty Company of Reading, Pennsylvania 151 N. Franklin Street Chicago, IL 60606	

Professional Liability \$ 1,000,000 each claim \$ 3,000,000 aggregate

Your professional liability limits shown above include the following:

- * Good Samaritan Liability
- * Sexual Misconduct Included in the PL limit shown above subject to \$ 25,000 aggregate sublimit
- * Malplacement Liability
- * Personal Injury Liability

Coverage Extensions

License Protection	\$ 25,000	per proceeding	\$ 25,000	aggregate
Defendant Expense Benefit	\$ 1,000	per day limit	\$ 25,000	aggregate
Deposition Representation	\$ 10,000	per deposition	\$ 10,000	aggregate
Assault	\$ 25,000	per incident	\$ 25,000	aggregate
Includes Workplace Violence Counseling				
Medical Payments	\$ 25,000	per person	\$ 100,000	aggregate
First Aid	\$ 10,000	per incident	\$ 10,000	aggregate
Damage to Property of Others	\$ 10,000	per incident	\$ 10,000	aggregate
Enterprise Privacy Protection - Claims Made	\$ 25,000	per incident	\$ 25,000	aggregate
Retroactive Date: 4/01/2016 (Defense inside limits)				
Media Expense	\$ 25,000	per incident	\$ 25,000	aggregate


General Liability

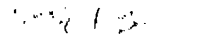
General Liability	\$1,000,000 each claim / \$2,000,000 aggregate
Fire & Water Legal Liability	Included in the GL limit shown above subject to \$250,000 aggregate sublimit
Personal Liability	Excluded

Total \$ 2,718.00

Base Premium \$2,718.00

Policy Forms and Endorsements (Please see attached list of policy forms and endorsements)


Chairman of the Board


Secretary

Keep this Certificate of Insurance in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. To activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

Coverage Change Date:

Endorsement Date:

Master Policy: 188711433

CNA93692 (11-2018)

POLICY FORMS & ENDORSEMENTS

The following are the policy forms and endorsements that apply to your current professional liability policy.

COMMON POLICY FORMS & ENDORSEMENTS

FORM #	FORM NAME
G-121500-D (04-08)	Common Policy Conditions
G-123854-C46 (02-02)	Washington Amendatory Change
G-121501-C (07-01)	Occurrence Policy Form
G-123812-C46 (02-02)	Washington Amendatory Change
CNA94164 (11-18)	Amendment Definition of Claim Endorsement
G-145184-A (06-03)	Policyholder Notice - OFAC Compliance Notice
G-147292-A (03-04)	Policyholder Notice - Silica, Mold & Asbestos Disclosure
GSL15564 (10-09)	Sexual Misconduct Sublimits of Liability Professional Liability & Sexual Misconduct Exclusion
GSL15565 (03-10)	Healthcare Providers Professional Liability Assault Coverage
GSL17101 (02-10)	Exclusion of Specified Activities Reuse of Parenteral Devices and Supplies
GSL13424 (05-09)	Services to Animals
GSL13425 (05-09)	Business Owner Coverage Extension Endorsement
CNA80052 (09-14)	Distribution or Recording of Material or Information in Violation of Law Exclusion Endorsement
G-123846-C46 (07-01)	Washington Cancellation and Non-Renewal
CNA81753 (03-15)	Coverage & Cap on Losses from Certified Acts Terrorism
CNA81758 (01-21)	Notice - Offer of Terrorism Coverage & Disclosure of Premium
CNA82011 (04-15)	Related Claims Endorsement
CNA79575 (07-14)	Exclusion of Cosmetic Procedures
CNA79516 (07-14)	Enterprise Privacy Protection
CNA89026 (05-17)	Media Expense Coverage
G-121486-B (07-01)	Additional Insured Non - Healthcare Entity
G-121504-C (07-01)	General Liability Form
G-123827-B (07-01)(03)	Additional Insured General Liability

PLEASE REFER TO YOUR CERTIFICATE OF INSURANCE FOR THE POLICY FORMS & ENDORSEMENTS SPECIFIC TO YOUR STATE AND YOUR POLICY PERIOD.

For NJ residents: The PLIGA surcharge shown on the Certificate of Insurance is the NJ Property & Liability Insurance Guaranty Association.

For KY residents: The Surcharge shown on the Certificate of Insurance is the KY Firefighters and Law Enforcement Foundation Program Fund and the Local Tax is the KY Local Government Premium Tax. As required by 806 Ky. Admin Regs. 2:100, this Notice is to advise you that a surcharge has been applied to your insurance premium and is separately itemized on the Declarations page or billing instrument attached to your policy, as required KRS. §136.392.

For WV residents: The surcharge shown on the Certificate of Insurance is the WV Premium Surcharge.

For FL residents: The FIGA Assessment shown on the Certificate of Insurance is the FL Insurance Guaranty Association - 2022 Regular Assessment.

Form #: CNA93692 (11-2018)

Master Policy #: 188711433

Named Insured: Olympic Personal Growth Center

Policy #: 0312195749

Exclusions Search Results: Entities

No Results were found for

- Olympic Personal Growth Center

 **If no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation**

[Search Again](#)

Search conducted 10/20/2023 6:14:10 PM EST on OIG LEIE Exclusions database.

Source data updated on 10/10/2023 8:00:00 AM EST

[Return to Search](#)