

## **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 Believe in Recovery, LLC, 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-059-22, and executed on January 10, 2022, and amended on April 18, 2022, and January 23, 2023, shall be amended as follows:

1. **Page 1: Contract Term** is amended as follows:  
January 1, 2022 – December 31, 2024.
2. **Page 1: Amount** is amended as follows:  
\$92,652.36
3. **Attachment B-1: Statement of Work- Transportation Support** is added as attached.
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.

7. 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.

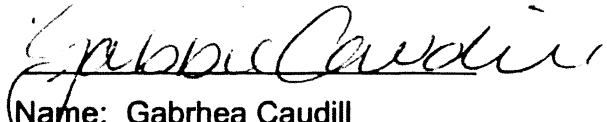
Dated this 29 day of NOVEMBER, 2023.

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



Eric Baker, Acting County Administrator

**CONTRACTOR:  
Believe in Recovery, LLC**



Name: Gabrhea Caudill  
Title: Administrator

I attest that I have the authority to sign  
this contract on behalf of Believe in  
Recovery.

11-20-2023  
DATE

## **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/RATE SHEET

<b>Budget Summary</b>			
<b>Contractor: Believe in Recovery</b>			
<b>Contract No:</b>		<b>KC-059-22-C</b>	
<b>Contract Period:</b>		<b>01/01/22 - 12/31/24</b>	
Expenditure	Previous	Changes this Contract	Current
<b>Period 1: 01/01/22- 12/31/22</b>			
CJTA	32,217.50	0.00	32,217.50
<b>Period 1 Budget Total</b>	<b>32,217.50</b>	<b>0.00</b>	<b>32,217.50</b>
<b>Period 2: 01/01/23 - 12/31/23</b>			
CJTA	32,217.43	0.00	32,217.43
<b>Period 2 Budget Total</b>	<b>32,217.43</b>	<b>0.00</b>	<b>32,217.43</b>
<b>Period 3: 01/01/24 - 12/31/24</b>			
CJTA	0.00	27,217.43	27,217.43
Transportation Support, cost reimbursement, (SABG)	0.00	1,000.00	1,000.00
<b>Period 3 Budget Total</b>	<b>0.00</b>	<b>28,217.43</b>	<b>28,217.43</b>
<b>Contract Total</b>	<b>64,434.93</b>	<b>28,217.43</b>	<b>92,652.36</b>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/28/2023

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> Van Wagner Agency 135 Crossways Park Drive P.O. Box 9017 Woodbury NY 11797	<b>CONTACT NAME:</b> PHONE (A/C No, Ext): 800-735-1588      FAX (A/C, No): 888-290-0302 E-MAIL ADDRESS: vanwagnerinsurance@sterlingrisk.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
<b>INSURED</b> Believe In Recovery, LLC 3051 West Sims Way Port Townsend WA 98368	License#: BR-1418528      BELIINR-01	
	<b>INSURER A:</b> Great American Ins. Company of NY      22136	
	<b>INSURER B:</b> Great American Alliance Insurance Company      26832	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** 1747214138      **REVISION NUMBER:**

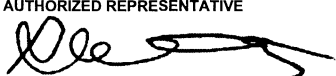
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	GLP 127-79-08-07	5/24/2023	5/24/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$	Y	Y	EXC 490-03-39-00	5/24/2023	5/24/2024	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 7,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability	Y	Y	GLP 127-79-08-07	5/24/2023	5/24/2024	Each Occurrence 1,000,000 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 included as Additional Insured as required by written contract with respects to services provided by Named Insured.

### CERTIFICATE HOLDER

### CANCELLATION

Program Lead, Salish Behavioral Health Administrative Services Organization Kitsap County Department of Human Services 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 
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# Exclusions Search Results: Entities

No Results were found for

- Believe in Recovery

 **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 10/23/2023 3:16:14 PM EST on OIG LEIE Exclusions database.

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

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