

**WHATCOM COUNTY  
CONTRACT INFORMATION SHEET**

Whatcom County Contract Number:  
202307016 – 2

Originating Department:		85 Health	
Division/Program: (i.e. Dept. Division and Program)		8550 Human Services / 855050 Developmental Disabilities	
Contract or Grant Administrator:		Jessica Lee	
Contractor's / Agency Name:		WA State DSHS DDA	

Is this a New Contract?	If not, is this an Amendment or Renewal to an Existing Contract?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #:	202307016	

Does contract require Council Approval?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If No, include WCC:
Already approved? Council Approved Date:		(Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)

Is this a grant agreement?	If yes, grantor agency contract number(s):	2363-48710-02	ALN #
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

Is this contract grant funded?	If yes, Whatcom County grant contract number(s):	
Yes <input type="checkbox"/> No <input type="checkbox"/>		

Is this contract the result of a RFP or Bid process?	Contract Cost Center:	673800 / 673300
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, RFP and Bid number(s):		

Is this agreement excluded from E-Verify?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
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If YES, indicate exclusion(s) below:

<input type="checkbox"/> Professional services agreement for certified/licensed professional.	
<input type="checkbox"/> Contract work is for less than \$100,000.	<input type="checkbox"/> Contract for Commercial off the shelf items (COTS).
<input type="checkbox"/> Contract work is for less than 120 days.	<input type="checkbox"/> Work related subcontract less than \$25,000.
<input checked="" type="checkbox"/> Interlocal Agreement (between Governments).	<input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA.

Contract Amount:(sum of original contract amount and any prior amendments):	Council approval required for; all property leases, contracts or bid awards <b>exceeding \$40,000</b> , and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, <b>except when:</b> 1. Exercising an option contained in a contract previously approved by the council. 2. Contract is for design, construction, r-o-w acquisition, prof. services, or other capital costs approved by council in a capital budget appropriation ordinance. 3. Bid or award is for supplies. 4. Equipment is included in Exhibit "B" of the Budget Ordinance 5. Contract is for manufacturer's technical support and hardware maintenance of electronic systems and/or technical support and software maintenance from the developer of proprietary software currently used by Whatcom County.
\$ 6,069,370	
This Amendment Amount:	
\$ 6,476,900	
Total Amended Amount:	
\$ 12,546,270	

Summary of Scope: This amendment adds funding for the 2024-2025 agreement period.

Term of Contract:	2 Years	Expiration Date:	06/30/2025
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Contract Routing:	1. Prepared by:	JT	Date:	06/11/2023
	2. Attorney signoff:	Christopher Quinn	Date:	06/11/2024
	3. AS Finance reviewed:	A Martin	Date:	6/14/2024
	4. IT reviewed (if IT related):		Date:	
	5. Contractor signed:	<input checked="" type="checkbox"/>	Date:	7/18/24
	6. Submitted to Exec.:	JT	Date:	07/15/2024
	7. Council approved (if necessary):	AB2024-424	Date:	07/09/2024
	8. Executive signed:	<input checked="" type="checkbox"/>	Date:	7/17/24
	9. Original to Council:		Date:	



**RECEIVED**

**JUL 16 2024**

**WHATCOM COUNTY  
EXECUTIVE'S OFFICE**

**MEMORANDUM**

**TO:** Satpal Sidhu, County Executive  
**FROM:** Erika Lautenbach, Director  
**RE:** Washington State Department of Social and Health Services (DSHS) – Developmental Disabilities Administration (DDA) Interlocal Agreement Amendment #2  
**DATE:** July 15, 2024

Attached is an Interlocal Agreement amendment between Whatcom County and DSHS DDA for your review and signature. This amendment adds funding for state fiscal year 2025 agreement period.

▪ **Background and Purpose**

This Agreement provides funding to ensure a coordinated system of local services for persons with developmental disabilities in partnership with Washington State DSHS, as outlined within RCW 71A.14. The Agreement provides funding for employment and community inclusion services for adults with developmental disabilities, child development services for children ages birth to three years, and community information and training. As of January 2024, 352 adults were served with employment and community inclusion services and 373 infants and toddlers were served within child development services.

▪ **Funding Amount and Source**

This amendment increases funding by \$6,476,900. Total funding for this agreement is \$12,546,270. These funds will be included in the 2024-2025 budgets. Council authorization is required per WCC 3.06.010 for grants exceeding \$40,000.



▪ **Differences from Previous Contracts**

Section	Differences
6. Statement of Work (t.1.e)	Adds partnership project eligibility for SFY 2025
8. Billing and Payment Work	<ul style="list-style-type: none"><li>• (l.) Increases reimbursement for partnership projects to \$3,000 per student (from \$2,400)</li><li>• (o.) Increases administration rate to 10% (from 7%)</li></ul>
Exhibit B – Program Agreement Budget	Adds funding for SFY 2025

Please contact Amanda Burnett, Human Services Supervisor at 360-778-6069 ([ABurnett@co.whatcom.wa.us](mailto:ABurnett@co.whatcom.wa.us)) you have any questions or concerns regarding this request.






 <p>Washington State Department of Social &amp; Health Services</p> <p><i>Transforming lives</i></p>		<p align="center"><b>COUNTY PROGRAM AGREEMENT AMENDMENT</b></p>		<p>DSHS Agreement Number 2363-48710</p> <p>Amendment No. 02</p>
<p>This Program Agreement Amendment is by and between the State of Washington Department of Social and Health Services (DSHS) and the County identified below.</p>				<p>Administration or Division Agreement Number Click here to enter text. County Agreement Number</p>
<p>DSHS ADMINISTRATION Developmental Disabilities Admin</p>	<p>DSHS DIVISION Division of Developmental Disabilities</p>	<p>DSHS INDEX NUMBER 1241</p>	<p>CCS CONTRACT CODE 1241</p>	
<p>DSHS CONTACT NAME AND TITLE Josh Deen</p>		<p>DSHS CONTACT ADDRESS 1700 E Cherry St Suite 200 Seattle, WA 98122</p>		
<p>DSHS CONTACT TELEPHONE (206)960-2939</p>	<p>DSHS CONTACT FAX (206)720-3334</p>	<p>DSHS CONTACT E-MAIL josh.deen@dshs.wa.gov</p>		
<p>COUNTY NAME Whatcom County Whatcom County DDA County Services</p>		<p>COUNTY ADDRESS 509 Girard Street  Bellingham, WA 98225-4005</p>		
<p>COUNTY FEDERAL EMPLOYER IDENTIFICATION NUMBER</p>		<p>COUNTY CONTACT NAME  Jessica Lee</p>		
<p>COUNTY CONTACT TELEPHONE (360) 778-6047</p>	<p>COUNTY CONTACT FAX (360) 778-6001</p>	<p>COUNTY CONTACT E-MAIL jilee@whatcomcounty.us</p>		
<p>IS THE COUNTY A SUBRECIPIENT FOR PURPOSES OF THIS PROGRAM AGREEMENT? No</p>			<p>CFDA NUMBERS</p>	
<p>AMENDMENT START DATE 07/01/2024</p>		<p>PROGRAM AGREEMENT END DATE 06/30/2025</p>		
<p>PRIOR MAXIMUM PROGRAM AGREEMENT AMOUNT \$6,069,370.00</p>	<p>AMOUNT OF INCREASE OR DECREASE \$6,476,900.00</p>	<p>TOTAL MAXIMUM PROGRAM AGREEMENT AMOUNT \$12,546,270.00</p>		
<p>REASON FOR AMENDMENT; CHANGE OR CORRECT PERIOD OF PERFORMANCE AND MAX CONTRACT AMOUNT</p>				
<p><b>EXHIBITS.</b> When the box below is marked with a check (4) or an X, the following Exhibits are attached and are incorporated into this Program Agreement Amendment by reference.  <input checked="" type="checkbox"/> Exhibits (specify): Exhibit B1 Program Agreement Budget</p>				
<p>This Program Agreement Amendment, including all Exhibits and other documents incorporated by reference, contains all of the terms and conditions agreed upon by the parties as changes to the original Program Agreement. No other understandings or representations, oral or otherwise, regarding the subject matter of this Program Agreement Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original Program Agreement remain in full force and effect. The parties signing below warrant that they have read and understand this Program Agreement Amendment, and have authority to enter into this Program Agreement Amendment.</p>				
<p>COUNTY SIGNATURE(S) </p>		<p>PRINTED NAME(S) AND TITLE(S) <b>Satpal Singh Sidhu</b> <b>County Executive</b></p>		<p>DATE(S) SIGNED 7/17/24</p>
<p>DSHS SIGNATURE </p>		<p>PRINTED NAME AND TITLE <b>Jennifer Albertson, Contract Specialist</b></p>		<p>DATE SIGNED 7/18/24</p>

**WHATCOM COUNTY:**

APPROVAL AS TO PROGRAM: Approved by email AB/JT 06/11/2024  
Ann Beck, Community Health & Human Services Manager Date

DEPARTMENT HEAD APPROVAL:  07/15/2024  
Erika Lautenbach, Health & Community Services Director Date

APPROVAL AS TO FORM: Approved by email CQ/JT 06/11/2024  
Christopher Quinn, Chief Civil Deputy Prosecutor Date

**CONTRACTOR INFORMATION:**

**Washington State Department of Social and Health Services**  
1700 East Cherry Street, Suite 200  
Seattle, WA 98122 - 4633  
206-960-2939  
[josh.deen@dshs.wa.gov](mailto:josh.deen@dshs.wa.gov)

This Program Agreement between the County and the State of Washington Department of Social and Health Services (DSHS) is hereby amended as follows:

1. The **Total Maximum Contract Amount** is hereby increased for FY25 in the amount of \$6,476,900 for a new Contract Amount of \$12,546,270

2. **Section 6. Statement of Work** will be replaced with the following language:

t. Partnership Project.

(1) A Job Foundation document will be completed per guidelines for eligible students. Eligible students are DDA clients who were born between:

(a) For fiscal year 2021 9/1/00 through 8/31/01

(b) For fiscal year 2022 9/1/01 through 8/31/02

(c.) For fiscal year 2023 9/1/02 through 8/31/03

(d) For fiscal year 2024 9/1/03 through 8/31/04

(e) For fiscal year 2025 9/1/04 through 8/31/05

These students currently attending school and have completed an application to participate in this Value Based Payment (VPB) project. The VPB project application will include the following minimum criteria identified in the sample application found at:

[https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/Job%20Foundation%20Applica  
tion\\_040720%20%28002%29.docx](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/Job%20Foundation%20Application_040720%20%28002%29.docx)

3. **Section 8. Billing and Payment Work** will be replaced with the following language:

l. Reimbursement for Partnership project: A claim of \$3,000 per student for each completed Job Foundation document that is at a satisfactory or above rating will be requested through the AWA system as other monthly cost.

o. Job Foundation Administration: The County may bill for administration costs as identified in **Exhibit B**. Monthly claims for administration cost will be based on the actual expenditures multiplied by 10%. King, Snohomish and Pierce Counties will use line item 13, all other participating Counties will use line item 14 (OSPI).

4. Exhibit B. **Program Agreement Budget** is hereby replaced with the attached Exhibit B, Program Agreement Budget.

5. All other terms and conditions of this Program Agreement remain in full force and effect.

Exhibit B1

**Program Agreement Budget**

**Original Budget**

**Budget Revision X**

**REVENUES**

Fiscal Year	Fund Source	Original	1 <sup>st</sup> Revision		
2024	State only	2,857,016	3,163,596		
	Medicaid	2,602,481	2,905,774		
	Total Rev.	\$5,459,497	\$6,069,370	\$	\$

Fiscal Year	Fund Source	2 <sup>nd</sup> Revision	3 <sup>rd</sup> Revision	4th Revision	5 <sup>th</sup> Revision
2025	State only	3,361,951			
	Medicaid	3,114,949			
	Total Rev.	\$6,476,900	\$	\$	\$

**FY2025**

**Spend Plan**

Account Title / BARS	Job Foundation Funds	PASRR Funds	State Funds	Medicaid Funds	TOTAL
ADMINISTRATION 11, 12, 13, 14	3,300	3,369	319,944	261,772	588,385
OTHER CONSUMER SUPPORTS 31, 32, 41, 92, 93, 94, 97	2,310	0	210,606	172,314	385,230
CONSUMER SUPPORT STATE-ONLY 62, 64, 65, 67, 69	0	0	5,547		5,547
Child Development 61			194,555		194,555
<b>MEDICAID CLIENTS 62, 64, 65, 67, 69 95, 96</b>	33,000	33,684	2,604,418	2,604,417	5,275,519
<b>ROADS to COMMUNITY LIVING 62, 64, 65, 67, 69</b>			6,916	20,748	27,664
<b>TOTAL</b>	38,610	37,053	3,341,986	3,059,251	6,476,900