

WHATCOM COUNTY CONTRACT INFORMATION SHEET		Whatcom County Contract No. <u>202107014 – 1</u>	
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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If not, is this an Amendment or Renewal to an Existing Contract? If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #:		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 202107014
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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, grantor agency contract number(s):		2163-24028 CFDA#:
Is this contract grant funded? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Whatcom County grant contract number(s):		
Is this contract the result of a RFP or Bid process? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, RFP and Bid number(s):		Contract Cost Center: 673800 / 673300
Is this agreement excluded from E-Verify? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>			
If YES, indicate exclusion(s) below:			
<input type="checkbox"/> Professional services agreement for certified/licensed professional.		<input type="checkbox"/> Contract for Commercial off the shelf items (COTS).	
<input type="checkbox"/> Contract work is for less than \$100,000.		<input type="checkbox"/> Work related subcontract less than \$25,000.	
<input type="checkbox"/> Contract work is for less than 120 days.		<input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA.	
<input checked="" type="checkbox"/> Interlocal Agreement (between Governments).			
Contract Amount:(sum of original contract amount and any prior amendments): \$ 4,125,535		Council approval required for; all property leases, contracts or bid awards exceeding \$40,000 , and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, except when : 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.	
This Amendment Amount: \$ 4,099,797			
Total Amended Amount: \$ 8,225,332			
Summary of Scope: This Agreement provides revenue to Whatcom County to fund services for children and adults with developmental disabilities.			
Term of Contract:	2 Years	Expiration Date:	06/30/2023
Contract Routing:	1. Prepared by:	JT	Date: 04/27/2022
	2. Health Budget Approval:	KR/JG	Date: 05/13/2022
	3. Attorney signoff:	RB	Date: 05/16/2022
	4. AS Finance reviewed:	M Caldwell	Date: 5/17/22
	5. IT reviewed (if IT related):		Date:
	6. Contractor approved:		Date:
	7. Submitted to Exec.:		Date:
	8. Council approved (if necessary):	AB2022-306	Date:
	9. Executive signed:		Date:
	10. Original to Council:		Date:

 <p>Washington State Department of Social & Health Services <i>Transforming lives</i></p>		<h2>COUNTY PROGRAM AGREEMENT AMENDMENT</h2>		DSHS Agreement Number 2163-24028 Amendment No. 01	
This Program Agreement Amendment is by and between the State of Washington Department of Social and Health Services (DSHS) and the County identified below.				Administration or Division Agreement Number Click here to enter text. County Agreement Number	
DSHS ADMINISTRATION Developmental Disabilities Admin		DSHS DIVISION Division of Developmental Disabilities		DSHS INDEX NUMBER 1241	
DSHS CONTACT NAME AND TITLE Joseph Carter		DSHS CONTACT ADDRESS 1700 East Cherry Street Suite 200 Seattle, WA 981224633			
DSHS CONTACT TELEPHONE (206)568-5715		DSHS CONTACT FAX (206)720-3334		DSHS CONTACT E-MAIL cartejf@dshs.wa.gov	
COUNTY NAME Whatcom County Whatcom County DDA County Services		COUNTY ADDRESS 509 Girard Street Bellingham, WA 98225-4005			
COUNTY FEDERAL EMPLOYER IDENTIFICATION NUMBER		COUNTY CONTACT NAME Jessica Lee			
COUNTY CONTACT TELEPHONE (360) 778-6047		COUNTY CONTACT FAX (360) 778-6001		COUNTY CONTACT E-MAIL jllee@whatcomcounty.us	
IS THE COUNTY A SUBRECIPIENT FOR PURPOSES OF THIS PROGRAM AGREEMENT? No				CFDA NUMBERS	
AMENDMENT START DATE 07/01/2022		PROGRAM AGREEMENT END DATE 06/30/2023			
PRIOR MAXIMUM PROGRAM AGREEMENT AMOUNT \$4,125,535.00		AMOUNT OF INCREASE OR DECREASE \$4,099,797.00		TOTAL MAXIMUM PROGRAM AGREEMENT AMOUNT \$8,225,332.00	
REASON FOR AMENDMENT; CHANGE OR CORRECT PERIOD OF PERFORMANCE AND MAX CONTRACT AMOUNT					
EXHIBITS. 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					
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.					
COUNTY SIGNATURE(S)		PRINTED NAME(S) AND TITLE(S)		DATE(S) SIGNED	
DSHS SIGNATURE		PRINTED NAME AND TITLE		DATE SIGNED	

WHATCOM COUNTY:

APPROVAL AS TO PROGRAM: _____
Ann Beck, Human Services Manager Date

DEPARTMENT HEAD APPROVAL: _____
Erika Lautenbach, Health Department Director Date

APPROVAL AS TO FORM: _____
Royce Buckingham, Senior Civil Deputy Prosecutor Date

CONTRACTOR INFORMATION:

Washington State Department of Social and Health Services
1700 East Cherry Street, Suite 200
Seattle, WA 98122 - 4633
206-568-5715
cartejf@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 in the amount of \$4,099,797 for a new Contract Amount of \$8,225,332. \$3000 of the increase is to bring the maximum consideration on the cover page into agreement with Exhibit B1. The consideration was short \$3000 in FY22.
 2. **Section 1. Definitions Specific to Program Agreement**, items o, r, and u are hereby replaced with the following language:
 - o. "Employment Outcome Payment" means a payment to providers for transition students born between specific dates; have high acuity; are authorized for Individual Employment, and student obtains a competitive integrated job within specific timeframes. If the job is a minimum of ten hours of work per week an additional amount will be included in the payment.
 - r. "Job Foundation Report" means a document derived from [employment readiness activities](#) performed by students who are between ages 19 through 20 that identifies actionable next steps for employment. The employment service providers developing the Job Foundation report will be supporting students with employment activities on average 35 hours.
 - u. "Quality Assurance" means an adherence to all Program Agreement requirements, including [DDA Policy 6.13, Provider Qualifications for Employment and Day Program Services](#), County Guidelines, and the Criteria for Evaluation, as well as a focus on reasonably expected levels of performance, quality and practice.
 3. **Section 4. Credentials and Minimum Requirements**, item h. is hereby replaced with the following language:
 - h. Qualified Service Providers: The County assures that all service providers meet qualifications as outlined in the DDA Policy 6.13, Provider Qualifications for Employment and Day Program Services.
 4. **Section 6. Statement of Work**, items k. (4), (5) and (11), t. and u. are hereby replaced with the following language:
 - (4) All Clients will have an individualized employment or Community Inclusion plan to identify Client's preferences. Minimum plan elements are outlined in the reference document "Criteria for Evaluation". A copy of the Client's individualized plan will be provided to the Client, their CRM, guardian, and others as appropriate.
 - (5) Six-month progress reports describing the progress made towards achieving Client's goal will be provided by the service provider to the CRM, participant, and/or guardian, if any, within 30 days following the six-month period. The report will summarize activities and outcomes made towards Client's individualized goal(s).
 - (11) For Group Supported Employment (GSE), Clients must have paid work. The total number of direct service staff hours provided to the group should be equal to or greater than the group's collective amount of authorized service hours. If the direct service staff hours are less than the collective amount, then the provider will be reimbursed only for the number of hours staff actually provide.
- 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:

- For fiscal year 2021 9/1/00 through 8/31/01
- For fiscal year 2022 9/1/01 through 8/31/02
- For fiscal year 2023 9/1/02 through 8/31/03
- For fiscal year 2024 9/1/03 through 8/31/04

These students currently attending school and have completed an application to participate in this Value Based Payment (VBP) project. The VBP 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%20Application_040720%20%28002%29.docx

- (2) Qualified providers will collaborate with School District staff to complete the Job Foundation document and then provide a copy to the County. To be a qualified provider for the Partnership Project the Counties must require the provider to have a current contract with the Division of Vocational Rehabilitation; a contract in good standing with the County and cannot be in provisional status; a minimum of two years' experience providing Individual Employment with demonstrated job placement skills. The Job Foundation recommendation will only have actionable next steps towards integrated competitive employment.
- (3) A County participating in the Partnership Project must have the ability to work collaboratively with School Districts to identify DDA students in high school, collect and track information, be proficient in electronic spreadsheets, and ability to evaluate if completed Job Foundation document(s) meet quality standards.

u. Employment Outcome Payment. Providers with transition students born between

- For fiscal year 2023 9/1/00 through 8/31/01
- For fiscal year 2024 9/1/01 through 8/31/02
- For fiscal year 2025 9/1/02 through 8/31/03
- For fiscal year 2026 9/1/03 through 8/31/04

with high acuity and are authorized for Individual Employment, may receive one outcome payment if student obtains a competitive integrated job approved by the County within timeframes described in the chart below. If the County is also the service provider DDA will provide the job approval. If the job is at a minimum of ten hours of work per week an additional amount will be included in the payment.

5. Section 7. Consideration, item b. (2) is hereby replaced with the following language:

- (2) Spending Plan: DDA will provide the initial spending plan / Program Agreement Budget / Exhibit B. Funding shall be distributed under State and Medicaid in the revenue section. The planned expenditures for Consumer Supports are based on authorized Clients, their acuity level and work history for a given point in time. The Additional Consumer Support are the Consumer Supports multiplied by a percentage. The spending plan may only be modified by mutual agreement of the parties in writing and shall not require a program agreement amendment.

6. Section 8. Billing and Payment, items f. and i. are hereby replaced with the following language:

- f. Program Administration: The County will provide program administration and coordination including such activities as planning, budgeting, contracting, monitoring, and evaluation. Monthly claims for administration can be 1/12 of the maximum amount identified in Exhibit B under Administration or for the actual costs incurred in the given month but will be the lesser of the two. Administration cost

reimbursement will not exceed 7% unless the Assistant Secretary of DDA approves a request for an exception under chapter 388-850 WAC.

- i. **Timeliness of and Modification to Billings:** All initial invoices with signed documentation must be received by the DDA Region within forty-five (45) calendar days following the last day of the month in which the service is provided. Corrected invoices and documentation including re-posted billing information will be accepted throughout the fiscal year as long as they are received within sixty (60) calendar days of the associated fiscal year unless an extension is approved by the DDA Regional Administrator or designee. Payment will not be made on any invoice submitted past sixty (60) calendar days after the Program Agreement fiscal year.

7. **Exhibit B. Program Agreement Budget** is hereby replaced with the following Exhibit B1, Program Agreement Budget.

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

Program Agreement Budget

Original Budget

Budget Revision

REVENUES

Fiscal Year	Fund Source	Original	1 st Revision	2 nd Revision	3 rd Revision
2022	State only	\$2,165,010	\$2,165,010		
	Medicaid	\$1,960,525	\$1,963,525		
	Total Rev.	\$4,125,535	\$4,128,535	\$	\$

Fiscal Year	Fund Source	Original	1 st Revision	2 nd Revision	3 rd Revision
2023	State only	\$2,163,939			
	Medicaid	\$1,932,858			
	Total Rev.	\$4,096,797	\$	\$	\$

Account Title / BARS	Job Foundation Funds	PASRR Funds	State Funds	Medicaid Funds	TOTAL
ADMINISTRATION 11,12,13,14	\$2,436	\$1,310	\$145,213	\$118,810	\$267,769
OTHER CONSUMER SUPPORTS 31, 32, 41, 92, 93, 94, 97	\$2,436		\$136,434	\$111,627	\$250,497
CONSUMER SUPPORT STATE-ONLY 62, 64, 65, 67, 69			\$22,176		\$22,176
Child Development 61			\$194,555		\$194,555
MEDICAID CLIENTS 62, 64, 65, 67, 69 95, 96	\$34,800	\$18,720	\$1,654,140	\$1,654,140	\$3,361,800
ROADS to COMMUNITY LIVING 62, 64, 65, 67, 69					
TOTAL	\$39,672	\$20,030	\$2,152,518	\$1,884,577	\$4,096,797