


**WHATCOM COUNTY
CONTRACT INFORMATION SHEET**

Whatcom County Contract Number:
202307016 – 2

Originating Department:		85 Health	
Division/Program: <i>(i.e. Dept. Division and Program)</i>		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:		<i>(Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)</i>	
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"/>		
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 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: <ol style="list-style-type: none"> 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
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:		Date:
	6. Submitted to Exec.:		Date:
	7. Council approved (if necessary):	AB2024-424	Date:
	8. Executive signed:		Date:
	9. Original to Council:		Date:

		<h1>COUNTY PROGRAM AGREEMENT AMENDMENT</h1>		DSHS Agreement Number 2363-48710 Amendment No. 02	
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	
		CCS CONTRACT CODE 1241			
DSHS CONTACT NAME AND TITLE Josh Deen			DSHS CONTACT ADDRESS 1700 E Cherry St Suite 200 Seattle, WA 98122		
DSHS CONTACT TELEPHONE (206)960-2939		DSHS CONTACT FAX (206)720-3334		DSHS CONTACT E-MAIL josh.deen@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 07/01/2024		PROGRAM AGREEMENT END DATE 06/30/2025			
PRIOR MAXIMUM PROGRAM AGREEMENT AMOUNT \$6,069,370.00		AMOUNT OF INCREASE OR DECREASE \$6,476,900.00		TOTAL MAXIMUM PROGRAM AGREEMENT AMOUNT \$12,546,270.00	
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, Community Health & Human Services Manager Date

DEPARTMENT HEAD APPROVAL: _____
Erika Lautenbach, Health & Community Services Director Date

APPROVAL AS TO FORM: _____
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

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 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

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.

Program Agreement Budget

Original Budget

Budget Revision X

REVENUES

Fiscal Year	Fund Source	Original	1 st 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 nd Revision	3 rd Revision	4th Revision	5 th 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
MEDICAID CLIENTS 62, 64, 65, 67, 69 95, 96	33,000	33,684	2,604,418	2,604,417	5,275,519
ROADS to COMMUNITY LIVING 62, 64, 65, 67, 69			6,916	20,748	27,664
TOTAL	38,610	37,053	3,341,986	3,059,251	6,476,900