

WHATCOM COUNTY
CONTRACT INFORMATION SHEET

Whatcom County Contract No.

202506016 – 1

Originating Department:	85 - Health
Division:	8550 - Human Services
Program:	855050 - Developmental Disabilities
Contract or Grant Administrator:	Jessica Lee
Contractor's / Agency Name:	Max Higbee Center

Type of contract:	Standard Contract for Services	
Is this a new contract ? No	If not, is this an amendment or renewal to an existing contract? Yes	If amendment or renewal (per W.C.C. 3.08.11(a)), original contract # : 202506016
Is this a grant agreement? No	If yes, grantor agency contract numbers:	ALN: <i>Complete ALN field if contract involves direct federal grants/cooperative agreements or pass-through federal funds</i>
Is this contract grant-funded ? Yes	If yes, Whatcom County grant contract number(s): 202507002	
Is this contract the result of an RFP or Bid Process ? RFP	If yes, RFP and Bid number(s): RFP 22-60/61	Federal reimbursement? No
Procurement Method:	Request for Proposal (RFP) - For services or technologically complex equipment such as comp	
Council review requirements & exemptions:	Required - Amendment exceeds \$10,000 or 10% threshold	

Fund:	1000, 1854	Original Contract Amount (if amendment) :	43,880
Cost Center:	10008583, 18541001	This Amendment Amount (if applicable):	69,603
Object Account:	6610	Total Contract Amount:	113,483

Contract term ends:	06/30/2027	Estimated funding source allocations: 10008583 (\$67,603), 18541001 (\$2,000)
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Contract routing *(please initial & date):*

Prepared by:	JT 02/27/2026	Contractor signed:	Initial 6/15/2026
Contractor review:		Executive review:	FW 6/15/2026
Attorney signoff:	JCW 05/20/2026	Council approval, if necessary:	06/09/2026
AS Finance review:	DMK 05/27/2026		AB#: AB2026-439
IT review (if related):	n/a	Executive signed	6/15/2026



Memorandum

TO: Satpal Sidhu, County Executive

FROM: Champ Thomaskutty, Director

RE: Max Higbee Center – Services to Individuals with Developmental Disabilities
Contract Amendment #1

DATE: MAY 28, 2026

Attached is a contract amendment between Whatcom County and Max Higbee Center for your review and signature. This amendment extends the contract for one year, and increases the estimated not-to-exceed funding amount.

■ Background and Purpose

This contract provides “Supported Employment” and “Community Inclusion” services to eligible individuals with developmental disabilities. Supported employment services are designed to assist individuals in pursuing and maintaining paid employment in integrated community settings. Community Inclusion services are designed to increase participation and inclusion in the community. In January 2026, 347 adults in Whatcom County received Supported Employment services, and 56 received Community Inclusion services. Max Higbee Center is one of five community providers offering these services.

■ Funding Amount and Source

Total compensation under this contract will vary depending on the number of clients and types of services authorized, however, the estimated authorized service level for this contract period (07/01/2026 – 06/30/2027) is \$69,603. Funding for this contract is provided by the Washington State Department of Social and Health Services, Developmental Disabilities Administration (\$67,603) cost center 10008583.6610, and local DD millage funds (\$2,000) cost center 18541001.6610. These funds are included in the 2026 budget. Council authorization is required, as this amendment exceeds the \$10,000 or 10% threshold (WCC 3.08.090(M)).

■ Differences from Previous Contracts

Section	Differences
General Terms – Section 10.2, Extension	Extends contract for one year.
Exhibit B – Compensation	Updates the contract period, increases the estimated not to exceed funding amount, and modifies to the funding source.

Please contact Ann Beck, Community Health and Human Services Manager at 360-778-6055 or ABeck@co.whatcom.wa.us if you have any questions.



Whatcom County Contract Number:

202506016 – 1

WHATCOM COUNTY CONTRACT AMENDMENT
Services to Individuals with Developmental Disabilities

PARTIES:

Whatcom County
Whatcom County Health and Community Services
509 Girard Street
Bellingham, WA 98225

AND CONTRACTOR:
Max Higbee Center
1400 N State Street, Suite #101
Bellingham, WA 98225

CONTRACT PERIODS:

Original: 07/01/2025 – 06/30/2026

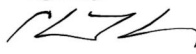
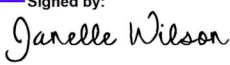
Amendment #1: 07/01/2026 – 06/30/2027

THE CONTRACT IDENTIFIED HEREIN, INCLUDING ANY PREVIOUS AMENDMENTS THERETO, IS HEREBY AMENDED AS SET FORTH IN THE DESCRIPTION OF THE AMENDMENT BELOW BY MUTUAL CONSENT OF ALL PARTIES HERETO

DESCRIPTION OF AMENDMENT:

1. Extend the duration and other terms of this contract for one year, pursuant to the original contract "General Terms, Section 10.2, Extension". The cumulative term of this contract may not extend beyond 06/30/2029.
2. Pursuant to the original contract "General Terms, Section 40.1, Modifications", amends Exhibit B – Compensation: increases the estimated not to exceed amount, from \$43,880 to \$69,603, adds cost centers and the local DD Millage funding source, and adds the new contract period dates (07/01/2026 – 06/30/2027).
3. Funding for this contract period (07/01/2026 – 06/30/2027) is estimated not to exceed \$69,603
4. Funding for the total contract period (07/01/2025 – 06/30/2027) is estimated not to exceed \$113,483.
5. All other terms and conditions remain unchanged.
6. The effective start date of the amendment is 07/01/2026.

ALL OTHER TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND ANY PREVIOUS AMENDMENTS THERETO REMAIN IN FULL FORCE AND EFFECT. ALL PARTIES IDENTIFIED AS AFFECTED BY THIS AMENDMENT HEREBY ACKNOWLEDGE AND ACCEPT THE TERMS AND CONDITIONS OF THIS AMENDMENT. Each signatory below to this Contract warrants that he/she is the authorized agent of the respective party; and that he/she has the authority to enter into the contract and bind the party thereto.

APPROVAL AS TO PROGRAM:	DocuSigned by:  2B365BB0422344A...	6/15/2026
	Ann Beck, Community Health and Human Services Manager	Date
DEPARTMENT HEAD APPROVAL:	Signed by:  00C1A6EB3489428...	6/15/2026
	Champ Thomaskutty, Director Whatcom County Health and Community Services	Date
APPROVAL AS TO FORM:	Signed by:  CE1A5BA5C36B438...	6/15/2026
	Janelle C. Wilson, Civil Deputy Prosecutor	Date

FOR THE CONTRACTOR:

Signed by:  C2C3450A29E6489...	Riannon Bardsley, Director	6/15/2026
Contractor Signature	Printed Name and Title	Date

FOR WHATCOM COUNTY:

DocuSigned by:  1192C7C18B664E3...	6/15/2026
Satpal Singh Sidhu, County Executive	Date

CONTRACTOR INFORMATION:

Max Higbee Center
 1400 N State Street, Suite #101
 Bellingham, WA 98225
 360-746-7181
riannon@maxhigbeecenter.org

Exhibit B – Amendment #1**(COMPENSATION)**

- I. **Budget & Source of Funding:** The source of funding for this contract period (07/01/2026 – 06/30/2027), in an amount estimated not to exceed \$69,603, is the Washington State Department of Social and Health Services, Developmental Disabilities Administration (DSHS/DDA, cost center 10008583.6610), and local DD Millage (cost center 18541001.6610). Total compensation for the contract is variable, depending upon the number of clients and service levels authorized by DSHS/DDA and the County. This is a vendor agreement and not a sub-recipient agreement.

The County will pay the contractor for services delivered to DSHS/DDA authorized clients:

1. Service levels are individualized, based on assessed client need;
2. The service hours authorized for each client is mutually agreed upon by DDA, the County, and the Contractor;
3. Limits to client service authorizations are established in Washington Administrative Code (WAC) [388-828-7020](#); [388-828-9205](#), [388-828-9310](#);
4. Funding is allocated for services delivered to an individual client. The client's service allocation and funding will follow the client in the event that they choose to receive services through another Contractor;
5. The billing unit for services is hourly

II. **Billing and Payment**

1. Invoices and attached service documentation will be submitted monthly in a format approved by the County. A complete billing includes both an invoice coversheet and attached client services documentation. The Contractor shall send invoices and service documentation to the following addresses: JLLee@co.whatcom.wa.us and HL-BusinessOffice@co.whatcom.wa.us
2. The County must receive all invoices and supporting documentation within ten (10) calendar days following the last day of the month for which reimbursement is claimed. If an invoice or required documentation is incorrect, it will be returned to the Contractor. All invoice corrections or modifications must be submitted no later than 45 days after the last day of the month in which the services were provided. The County reserves the right to request additional documentation, if necessary. Additional documentation must be received within 10 business days of the County's request.
3. Payment by the County will be considered timely if it is made within 30 days of the receipt and acceptance of billing information from the Contractor. The County may withhold payment of an invoice if the Contractor submits it more than 30 days after the expiration of this contract. Invoices and invoice corrections or modifications related to work done prior to December 31 of the contract year will be accepted no later than January 15, following the end of the County fiscal year (December 31).
4. The Contractor will not be paid for any billings or invoices for services occurring prior to the execution of the contract or after its termination.
5. The Contractor shall not bill the county for service performed or provided under this contract if the Contractor has been or will be paid for the same service by any other source. Such sources include but are not limited to, the Division of Vocational Rehabilitation Social Security Work Incentives such as Plans for Achieving Self Support (PASS) or Impairment Related Work Expense (IRWE). The Contractor is responsible for any audit exceptions or disallowed amounts paid as a result of this contract.
6. Invoices must include the following statement, with an authorized signature and date: **I certify that the materials have been furnished, the services rendered, or the labor performed as described on this invoice.**
7. A total annual funding authorization for all clients will be communicated to the Contractor at the start of the contract year. The funding authorization may be amended, based on use, over the course of the contract year without contract amendment. Expenditures may not exceed the total funding approved by the County and in no case will exceed the total available funding restricted to these services

III. **Reimbursement Rates for Supported Employment and Community Inclusion Services**

Service Type	Description	Unit Rate
A. Individual Employment	Individualized staff support authorized <u>up to 30 hours</u> a month per client.	\$108.80/hour
B. Individual Employment Exceptional Service level	For every 10-hour increment above 30*, the hourly rate will be reduced as described below. Minimum hourly rate is \$69/ hour for IE services. a. 31-40 hour= \$89/hour b. Additional reduction of \$5/ hour for every 10-hour increment above 40. Example: 41-50 hours=\$84/ hour; 51-60 hours=\$79/ hour	Variable \$69-\$89/ hour
C. Group Supported Employment	Shared staff support within the GSE setting and individualized staff support outside of the GSE setting as authorized	\$93.80/ hour
D. Community Inclusion	Individualized support in integrated community settings	\$66.08/hour

* Both the rate and the service level are attached to the client's authorization approved by DSHS/DDA. This means that if the actual number of hours provided falls below 30 (or another 10-hour increment), the lower hourly rate will still apply. Exceptional service hours may be limited by funding availability and DSHS/DDA approval.

Reimbursement Rates for Other Consumer Supports and Other Activities: Activities A-C authorized based on funding available and approved by the County

Activity	Description	Unit/Rate
A. Partnership Projects	Hourly consultation with school districts, families, employers to improve the transition of young adults from school to work and adult services. Not to exceed hours authorized by the County.	\$108.80/hour
B. Staff training, Projects and other activities	Training, projects and activities as detailed in Section V., above, and approved in writing by the County, using exhibit A of the Program Implementation Guide .	Reimbursement
C. DSHS/DDA Defined Outcome Payments	Payment points related to outcomes defined in Section VI.C., above may be found on the DSHS/DDA best practices website (https://www.dshs.wa.gov/dda/county-best-practices). Outcome payments and the Client data upon which they are based must be approved by the County.	Varies based on outcome payment defined by DSHS/DDA.

EXHIBIT "B.1" – Invoice Preparation Checklist for Vendors

The County intends to pay you promptly. Below is a checklist to ensure your payment will be processed quickly. Provide this to the best person in your company for ensuring invoice quality control.

- ☐ Send the invoices to the correct address:
 HL-BusinessOffice@co.whatcom.wa.us and JLLee@co.whatcom.wa.us
- ☐ Submit invoices monthly, or as otherwise indicated in your contract.

Verify that:

- ☐ invoices include the following statement with an authorized signature and date: **I certify that the materials have been furnished, the services rendered, or the labor performed as described on this invoice.**
- ☐ the time period for services performed is clearly stated and within the contract term beginning and end dates. Also verify any other dates identified in the contract, such as annual funding allocations;
- ☐ invoice items have not been previously billed or paid, given the time period for which services were performed;
- ☐ enough money remains on the contract and any amendments to pay the invoice;
- ☐ the invoice is organized by task and budget line item as shown in Exhibit B;
- ☐ the Overhead or Indirect Rate costs match the most current approved rate sheet;
- ☐ the direct charges on the invoice are allowable by contract. Eliminate unallowable costs.
- ☐ personnel named are explicitly allowed for within the contract and the Labor Rates match the most current approved rate sheet;
- ☐ back-up documentation matches what is required as stated in Exhibit B and B.1;
- ☐ contract number is referenced on the invoice;
- ☐ any pre-authorizations or relevant communication with the County Contract Administrator is included; and
- ☐ Check the math.

Whatcom County will not reimburse for:

- Alcohol or tobacco products;
- Traveling Business or First Class; or
- Indirect expenses exceeding 10% except as approved in an indirect or overhead rate agreement.