

**WHATCOM COUNTY
CONTRACT INFORMATION SHEET**

Whatcom County Contract Number:
202307016 - 1

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):	2363-48710-1	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:
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, RFP and Bid number(s):	673800 / 673300

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 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):	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.
\$ 5,459,497	
This Amendment Amount:	
\$ 609,873	
Total Amended Amount:	
\$ 6,069,370	

Summary of Scope: This amendment increases indirect cost reimbursement rates and funding to support young adults exiting school and entering adult services this fiscal year.

Term of Contract:	2 Years	Expiration Date:	06/30/2025
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Contract Routing:	1. Prepared by:	JT	Date:	11/27/2023
	2. Attorney signoff:	RB	Date:	11/29/2023
	3. AS Finance reviewed:	A Martin	Date:	12/14/2023
	4. IT reviewed (if IT related):		Date:	
	5. Contractor signed:		Date:	
	6. Submitted to Exec.:		Date:	
	7. Council approved (if necessary):	AB2024-024	Date:	
	8. Executive signed:		Date:	
	9. Original to Council:		Date:	



COUNTY PROGRAM AGREEMENT AMENDMENT

DSHS Agreement Number
2363-48710

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

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
[Click here to enter text.](#)

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
12/01/2023

PROGRAM AGREEMENT END DATE
06/30/2025

PRIOR MAXIMUM PROGRAM AGREEMENT AMOUNT
\$5,459,497.00

AMOUNT OF INCREASE OR DECREASE
\$609,873.00

TOTAL MAXIMUM PROGRAM AGREEMENT AMOUNT
\$6,069,370.00

REASON FOR AMENDMENT;
CHANGE OR CORRECT OTHER: SEE PAGE TWO

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:
 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: Approved by email AB/JT 11/29/2023
Ann Beck, Community Health & Human Services Manager Date

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

APPROVAL AS TO FORM: Approved by email RB/JT 11/29/2023
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:

- A.** The **Total Maximum Contract Amount** is hereby increased in the amount of \$609,873, for a new Contract Amount of \$6,069,370.
- B. Section 8. Billing and Payment:**
 - a. 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 the total Administration billed will be the lesser of the two. Administration cost reimbursement will not exceed 10% unless the Assistant Secretary of DDA approves a request for an exception under chapter 388-850 WAC.
 - b. Preadmission Screening and Resident Review (PASRR) Administration: The County may bill for administration costs as identified in **Exhibit B**. Monthly claims for administration cost will be based on the actual PASRR expenditures multiplied by 10%.
- C.** 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 x Budget Revision
REVENUES

Fiscal Year	Fund Source	Original	1 st Revision	2 nd Revision	3 rd 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	Original	1 st Revision	2 nd Revision	3 rd Revision
2025	State only				
	Medicaid				
	Total Rev.		\$	\$	\$

Account Title / BARS	Job Foundation Funds	PASRR Funds	State Funds	Medicaid Funds	TOTAL
ADMINISTRATION 11,12,13,14	2,856	3,488	286,680	234,556	527,580
OTHER CONSUMER SUPPORTS 31, 32, 41, 92, 93, 94, 97	2,856	0	177,068	144,874	324,798
CONSUMER SUPPORT STATE-ONLY 62, 64, 65, 67, 69	0	0	21,970		21,970
Child Development 61			194,555		194,555
MEDICAID CLIENTS 62, 64, 65, 67, 69 95, 96	40,800	34,877	2,173,887	2,173,886	4,423,450
MEDICAID CLIENT PROVISIO 62, 64, 65, 67, 69 95, 96	0	0	288,509	288,508	577,017
ROADS to COMMUNITY LIVING 62, 64, 65, 67, 69			0	0	0
TOTAL	46,512	38,365	3,142,669	2,841,824	6,069,370