

Kittitas County Review Form Grants & Contract Agreement



Today's Date 08/12/2009	Agenda Date
Fund/Department 116-Public Health Department	

Contract/Grant Information

Contract /Grant Agency: Medicaid Administrative Admatch	
Period Begin Date: 01/01/2010	Period End Date: 12/31/2010
Total Grant/Contract Amount:	
Grant/Contract Number:	
Contract/Grant Summary This contract is to ensure that the staff of Kittitas County Public Health Department will provide necessary staff, services and/or materials to serve individuals who are potentially Eligible for Medicaid benefits. This is the "AdMatch" contract for which they do not set a maximum amount of revenue. We budgeted for \$20,000 in our 2009 budget and are anticipating the same amount for 2010.	

Recommendation for Board of Health and Board of Health Review on _____

Department Head Signature: <u>Catherine Bumbuck</u> Administrator	Date: <u>10/16/09</u>
---	-----------------------

Kittitas County Prosecutor, Auditor, and Board of Health Review and Comment:

APPROVED AS TO FORM:

<u>[Signature]</u> Signature of Prosecutor's Office	<u>10/16/09</u> Date
<u>[Signature]</u> Signature of Auditor's Office	<u>10/16/09</u> Date
<u>[Signature]</u> Signature of Board of Health member	<u>11/16/09</u> Date

Financial Information

Total Amount \$20,000 per year	State Funds \$	Federal Funds \$20,000
Percentage County Funds	Matching Funds \$	CFDA#93.778

	In-Kind \$ Explain
Is Equipment being purchased? No	Who owns equipment?
New Personnel being hired? No	Contact HR hiring – reporting requirements
Future impacts or liability to Kittitas County: We are estimating revenue of \$20,000 per year in both 2009 and 2010. We are paid based on our activities related to working with Medicaid Eligible clients.	

Budget Information

Budget Amendment Needed?	Yes <input type="checkbox"/> attach budget form	No <input checked="" type="checkbox"/> Why not These funds are already included in our budget
New Division Created?		
Revenue Code 116.6129533397781 116.6129533397782 116.6129533397783 116.6129533397784		

Pass Through Information

Agency to Pass Through	n/a
Amount to Pass Through	\$
Sub-Contract Approved	Date:

Prosecutor Review

Has the Prosecutor reviewed this agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
---	--

County Departments Impacted

Auditor	Facilities Maintenance
Information Services	Human Resource
Prosecutor	Treasurer




Submitted

Signature:	Date:
Department:	

Assignment of Tracking Information

Auditor's Office	
Human Resource	
Prosecutor's Office	
Who Signed the grant application	

Reviewer	Date
----------	------

		COUNTY PROGRAM AGREEMENT AMENDMENT Medicaid Administrative Match		DSHS Agreement Number 0963-53332 Amendment No. 0963-53332-01
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 County Agreement Number 0683-88565
DSHS ADMINISTRATION Health and Recovery Services Administration	DSHS DIVISION	DSHS INDEX NUMBER 1225	CCS CONTRACT CODE 1225	
DSHS CONTACT NAME AND TITLE William McCandless		DSHS CONTACT ADDRESS P O Box 45508 Olympia, WA 98504-5508		
DSHS CONTACT TELEPHONE (360) 725-1657 Ext:	DSHS CONTACT FAX (360) 586-9585	DSHS CONTACT E-MAIL mccanwm@dshs.wa.gov		
COUNTY NAME Kittitas County		COUNTY ADDRESS 507 North Nanum Street, Suite 102 Ellensburg, WA 98926-		
COUNTY FEDERAL EMPLOYER IDENTIFICATION NUMBER 916001349		COUNTY CONTACT NAME		
COUNTY CONTACT TELEPHONE 509-962-7068	COUNTY CONTACT FAX 509-962-7581	COUNTY CONTACT E-MAIL linda.navarre@co.kittitas.wa		
IS THE COUNTY A SUBRECIPIENT FOR PURPOSES OF THIS PROGRAM AGREEMENT? Yes		CFDA NUMBERS 93.778		
AMENDMENT START DATE 01/01/2010	PROGRAM AGREEMENT END DATE 12/31/2010			
PRIOR MAXIMUM PROGRAM AGREEMENT AMOUNT \$0.00	AMOUNT OF INCREASE OR DECREASE \$0.00	TOTAL MAXIMUM PROGRAM AGREEMENT AMOUNT \$0.00		
REASON FOR AMENDMENT; CHANGE OR CORRECT CONTRACT TERMS OR SOW, 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: <input type="checkbox"/> Exhibits (specify):				
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) Administrator		DATE(S) SIGNED 11/17/09
DSHS SIGNATURE 		PRINTED NAME AND TITLE Charles Pugh, Manager Contracts and Supplemental Rebate Agreements Medical Assistance Divisions		DATE SIGNED 24 Nov 09

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

Statement of Work, a. (5) **delete** "Apply the MER from the previous quarter to the quarter for which the Contractor submits its invoice for payment."

Statement of Work, a. (5) **enter** "Apply the MER for the same quarter when calculating the FFP amount for the quarter being claimed by the Contractor."

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