

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>10/6/09</u>
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Kittitas County Prosecutor, Auditor, and Board of Health Review and Comment:

APPROVED AS TO FORM:

<u>[Signature]</u>	<u>10/19/09</u>
Signature of Prosecutor's Office	Date
<u>[Signature]</u>	<u>10/10/09</u>
Signature of Auditor's Office	Date
<u>[Signature]</u>	<u>11/16/09</u>
Signature of Board of Health member	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"/>
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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
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**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:

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)

Christina Bambrovič

PRINTED NAME(S) AND TITLE(S)

Administrato

DATE(S) SIGNED

11/17/09

DSHS SIGNATURE

Charles Pugh

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.