Washington State DEPARTMENT OF SOCIAL GHEALTH		Y PROGRAM AGREEMENT AMENDMENT				DSHS Agreement Number 1163-27314			
							Amendm	ient No.	
							12		
		etween the State of Washington				Administration or Division			
Department of Social and Health Services (DSHS) and the County identified be						Agreement Number			
						County Agreement Number			
DSHS ADMINISTRATION Behavioral Health and Servi	IVISION		DSHS INDEX NUMBER 1225			CCS CONTRACT CODE 1225			
Integration	and Recovery			1225					
DSHS CONTACT NAME AND TITLE DSHS CONTACT ADDRESS									
Melinda Trujillo Sky Valley CSO 19705 SR 2									
Monroe, WA 98272									
DSHS CONTACT TELEPHONE (360) 794-1365					DSHS CONTACT E-MAIL melinda.trujillo@dshs.wa.gov				
COUNTY NAME COUNTY ADDRESS Kittitas County 507 North Nanum Street Suite 102									
Ellensburg, WA 98926-									
COUNTY FEDERAL EMPLOYER IDENTIFICATION COUNTY CONTACT NAME									
	Wilson								
COUNTY CONTACT TELEPHONE (509) 925-9821	COUNTY CONTACT FAX (509) 837-7700				COUNTY CONTACT E-MAIL davew@meritresources.org				
IS THE COUNTY A SUBRECIPIENT FOR PURPOSES OF THIS I				PROGRAM CFDA NUMBERS				<u> </u>	
AGREEMENT? 93.959									
AMENDMENT START DATE 04/15/2015	PROGRAM A	AGREEMENT END DATE							
PRIOR MAXIMUM PROGRAM AG	AMOUNT OF INCREASE OR DECREASE TOTAL					MAXIMUM PROGRAM AGREEMENT			
AMOUNT \$1,375,701.00	\$0.00			AMOUNT					
REASON FOR AMENDMEN	\$1,3				\$1,375,7	,375,701.00			
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:									
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		
Λ \sim \sim	Gary Berndt, Chairman Board of County Commissioners					08-18-2015			
X R H									
DSHS SIGNATURE					A .		DATE SIGNED		
		BHSIA Contracts			Manag		9/1/15		
V SEP 02 2015									
	Finance								

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

Delete Section 9, Treatment, Multiple Payments for the Same Claim/Duplication kk. (2) (c) iii as follows:

- iii. With the exception of the CJTA, the County shall not reimburse providers for individual's copayment or deductible fees using any DBHR funding or SAPT Block grant funds. Effective April 1, 2015 for services starting April 1, 2015, CJTA may be used to reimburse providers' co-payments or deductibles for individuals who meet the following:
 - (A) Are CJTA eligible under RCW 70.96A.350.
 - (B) Have an income level not less than 220% of the federal poverty level.
 - (C) Are not Medicaid eligible.

The County shall maintain documentation of CJTA co-payments and deductibles according to guidelines developed by DBHR.

And replace with the following:

- iii. The County shall not reimburse providers for individual's co-payment or deductible fees using any DBHR funding or SAPT Block grant funds. Effective January 1, 2015 for services starting January 1, 2015, CJTA may be used to reimburse for treatment services for clients identified who cannot afford to pay co-payments or deductibles, or for individuals without insurance who meet the following:
 - (A) Are CJTA eligible under RCW 70.96A.350.
 - (B) Gross household monthly income does not exceed the monthly income determined by 220% of the Federal Poverty Guidelines.
 - (C) Are not Medicaid eligible.

The County shall maintain documentation of CJTA co-payments and deductibles according to guidelines developed by DBHR.

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

VED SEP 02 2015 is Finance ، والمراجع ، والمراجع