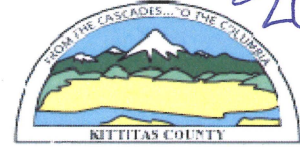


Kittitas County
Review Form
Grants & Contract Agreement



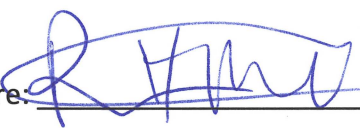
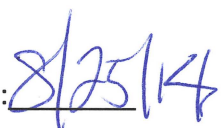
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Today's Date 07/16/2014	Agenda Date
Fund/Department 116-Public Health	

Contract/Grant Information



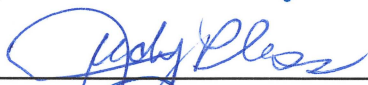
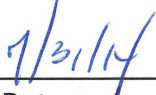
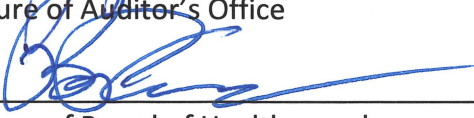

Contract /Grant Agency: Health Care Authority Amendment 2	
Period Begin Date: 09/30/2014	Period End Date: 09/30/2015
Total Grant/Contract Amount: Fee for service (50% of the allowable claim for the remainder of the term)	
Grant/Contract Number: 1163-35250	
Contract/Grant Summary: The Health Care Authority- Medicaid Admatch Amendment is to amend the former contract that clarifies that the Kittitas County Public Health Department will provide necessary staff, services and/or materials to serve individuals who are potentially eligible for Medicaid benefits. The purpose of this amendment is to extend the period of performance and clarify claims for services will remain at 50% of the allowable amount claimed for the entire duration.	

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

Department Head Signature: 	Administrator	Date: 
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Kittitas County Prosecutor, Auditor, and Board of Health Review and Comment:

APPROVED AS TO FORM:

	
Signature of Prosecutor's Office	Date
	
Signature of Auditor's Office	Date
	
Signature of Board of Health member	Date

Financial Information

Total Amount \$10,000	State Funds \$	Federal Funds \$10,000
Percentage County Funds	Matching Funds \$	CFDA# 93.778

	In-Kind \$ Explain
Is Equipment being purchased?	Who owns equipment?
New Personnel being hired?	Contact HR hiring – reporting requirements
Future impacts or liability to Kittitas County:	

Budget Information

Budget Amendment Needed?	Yes <input type="checkbox"/> attach budget form	No <input checked="" type="checkbox"/> Why not
New Division Created?		Anticipated billings included in budgeting process
Revenue Code 116.612.95.333.93.778		

Pass Through Information

Agency to Pass Through	
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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	<p align="center">CONTRACT AMENDMENT</p>	<p>HCA Contract Number: 1163-35250 Amendment No.: 02</p>
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THIS AMENDMENT is between the Washington State Health Care Authority, hereinafter referred to as "HCA," and the party whose name appears below, hereinafter referred to as the "Contractor."

CONTRACTOR NAME Kittitas County Health Department		CONTRACTOR doing business as (DBA)	
CONTRACTOR ADDRESS 507 N Nanum St, Ste 102 Ellensburg, WA 98926		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 192002693	
CONTRACTOR CONTACT Liz Whitaker	CONTRACTOR TELEPHONE 509-962-7068	CONTRACTOR E-MAIL ADDRESS liz.whitaker@co.kittitas.wa.us	

HCA PROGRAM TITLE Medicaid Administrative Claiming	HCA DIVISION/SECTION HCS/Community Services
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HCA CONTACT NAME AND TITLE Jennifer Inman	HCA CONTACT ADDRESS PO Box Olympia, WA 98504-
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HCA CONTACT TELEPHONE (360) 725-1738	HCA CONTACT E-MAIL ADDRESS Jennifer.inman@hca.wa.gov
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IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CFDA NUMBER(S) 93.778;	FFATA Form Required <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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AMENDMENT START DATE 09/30/2014	AMENDMENT END DATE 09/30/2015	CONTRACT END DATE 09/30/2015
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PRIOR MAXIMUM CONTRACT AMOUNT Fee for Service – No Max	AMOUNT OF INCREASE OR DECREASE \$0.00	TOTAL MAXIMUM CONTRACT AMOUNT Fee for Service – No Max	NON-FINANCIAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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REASON FOR AMENDMENT:

The purpose of this amendment is to extend the period of performance. Claims for services will remain at 50% of the allowable amount claimed for the entire duration.

ATTACHMENTS/EXHIBITS. When the box below is marked with an X, the following Exhibits/Attachments are attached and are incorporated into this Contract Amendment by reference:

- ☐ Exhibit(s) (specify):
- ☐ Attachment(s) (specify):
- ☐ Schedule(s) (specify):
- ☒ No Exhibit/Attachment

This Contract 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 Contract. No other understandings or representations, oral or otherwise, regarding the subject matter of this Contract Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original Contract remain in full force and effect. The parties signing below warrant that they have read and understand this Contract Amendment, and have authority to enter into this Contract Amendment.

CONTRACTOR SIGNATURE 	PRINTED NAME AND TITLE Robin H. Read, Administrator	DATE SIGNED 8/25/14
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HCA SIGNATURE 	PRINTED NAME AND TITLE Laura Wood HCA Contracts Administrator	DATE SIGNED 9/2/14
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This Contract between the State of Washington Health Care Authority (HCA) and the Contractor is hereby amended as follows:

1. The Period of Performance is hereby extended from July 1, 2012 through September 30, 2014 to July 1, 2012 through September 30, 2015.
2. Claims for services will remain at the 50% of the allowable claim for the remainder of the term.
3. Section 5, a., a new section (6) is added as follows:
 - (6) The Center for Medicare and Medicaid Services, Local Health Jurisdiction current Cost Allocation Plan (CAP), which may be subject to change effective October 1, 2014.

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