


		COUNTY PROGRAM AGREEMENT AMENDMENT		DSHS Agreement Number 1163-27314 Amendment No. 11	
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
DSHS ADMINISTRATION Behavioral Health and Service Integration		DSHS DIVISION Division of Behavioral Health and Recovery		DSHS INDEX NUMBER 1225 CCS CONTRACT CODE 1225	
DSHS CONTACT NAME AND TITLE Melinda Trujillo			DSHS CONTACT ADDRESS Sky Valley CSO 19705 SR 2 Monroe, WA 98272		
DSHS CONTACT TELEPHONE (360) 794-1365		DSHS CONTACT FAX (360) 794-1334		DSHS CONTACT E-MAIL melinda.trujillo@dshs.wa.gov	
COUNTY NAME Kittitas County		COUNTY ADDRESS 507 North Nanum Street Suite 102 Ellensburg, WA 98926-			
COUNTY FEDERAL EMPLOYER IDENTIFICATION NUMBER 91-6001349		COUNTY CONTACT NAME Dave 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 PROGRAM AGREEMENT? No				CFDA NUMBERS 93.959	
AMENDMENT START DATE 03/15/2015		PROGRAM AGREEMENT END DATE 06/30/2015			
PRIOR MAXIMUM PROGRAM AGREEMENT AMOUNT \$1,375,701.00		AMOUNT OF INCREASE OR DECREASE \$0.00		TOTAL MAXIMUM PROGRAM AGREEMENT AMOUNT \$1,375,701.00	
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) Gary Berndt, Chairman Board of Co Commissioners		DATE(S) SIGNED 06-16-2015	
DSHS SIGNATURE 		PRINTED NAME AND TITLE Sue Green Contracts Manager BHSIA Contracts		DATE SIGNED 6/30/15	

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

Modify the list of County's/Contractors regarding Prevention and/or Treatment Services as follows:

Section 9. Treatment Statement of Work does not apply to the following as of March 15, 2015:

Educational Service District 112	Skamania County (Skamania Sherriff's Office)
Jefferson County	Republic School District
Kittitas CCPHS Network	Sunnyside School District
Mt. Adams School District	Tekoa School District
Rural Resources Community Action	

Service Rate Plan does not apply to the following as of March 15, 2015:

Educational Service District 112	Skamania County (Skamania Sherriff's Office)
Jefferson County	Republic School District
Kittitas CCPHS Network	Sunnyside School District
Mt. Adams School District	Tekoa School District
Rural Resources Community Action	

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

- iii. The County shall not reimburse providers for individual's co-payment or deductible fees using any DBHR funding or SAPT Block grant funds.

And replace with the following:

- iii. With the exception of the CJTA, the County shall not reimburse providers for individual's co-payment 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.

Add Section 11:

11. The Contractor's DUNS number is 010202547.

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