



COUNTY PROGRAM AGREEMENT AMENDMENT

DSHS Agreement Number
2363-48919

Amendment No.
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
[Click here to enter text.](#)
County Agreement Number

DSHS ADMINISTRATION
Developmental Disabilities Admin

DSHS DIVISION
Division of Developmental Disabilities

DSHS INDEX NUMBER
1227

CCS CONTRACT CODE
1227

DSHS CONTACT NAME AND TITLE
Wendi Winchel

DSHS CONTACT ADDRESS
PO BOX 45315
Olympia, WA 98504-5315

DSHS CONTACT TELEPHONE
(360) 725-4264

DSHS CONTACT FAX
(360) 586-6502

DSHS CONTACT E-MAIL
winchwa@dshs.wa.gov

COUNTY NAME
Lewis County
Lewis County DDA County Services

COUNTY ADDRESS
360 NW North St
Chehalis, WA 98532-

COUNTY FEDERAL EMPLOYER IDENTIFICATION NUMBER

COUNTY CONTACT NAME
Sara Sons

COUNTY CONTACT TELEPHONE
(360) 740-1418

COUNTY CONTACT FAX
(360) 740-1438

COUNTY CONTACT E-MAIL
sara.sons@lewiscountywa.gov

IS THE COUNTY A SUBRECIPIENT FOR PURPOSES OF THIS PROGRAM AGREEMENT?
No

CFDA NUMBERS

AMENDMENT START DATE
12/01/2023

PROGRAM AGREEMENT END DATE
06/30/2024

PRIOR MAXIMUM PROGRAM AGREEMENT AMOUNT
\$1,295,409.00

AMOUNT OF INCREASE OR DECREASE
\$109,804.00

TOTAL MAXIMUM PROGRAM AGREEMENT AMOUNT
\$1,405,213.00

REASON FOR AMENDMENT;
CHANGE OR CORRECT CHOOSE ONE:

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)

PRINTED NAME(S) AND TITLE(S)

DATE(S) SIGNED

DSHS SIGNATURE

PRINTED NAME AND TITLE

DATE SIGNED

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

1. The **Total Maximum Contract Amount** is hereby increased in the amount of \$109,804.00, for a new Contract Amount of \$1,405,213.00.
2. **Section 8. Billing and Payment:**
 - a. Program Administration: The County will provide program administration and coordination including such activities as planning, budgeting, contracting, monitoring, and evaluation. Monthly claims for administration can be 1/12 of the maximum amount identified in Exhibit B under Administration or for the actual costs incurred in the given month but the total Administration billed will be the lesser of the two. Administration cost reimbursement will not exceed 10% unless the Assistant Secretary of DDA approves a request for an exception under chapter 388-850 WAC.
 - b. Preadmission Screening and Resident Review (PASRR) Administration: The County may bill for administration costs as identified in **Exhibit B**. Monthly claims for administration cost will be based on the actual PASRR expenditures multiplied by 10%.
3. Exhibit B. **Program Agreement Budget** is hereby replaced with the following Exhibit B1, Program Agreement Budget.

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

Program Agreement Budget

Original Budget X Budget Revision
REVENUES

Fiscal Year	Fund Source	Original	1 st Revision	2 nd Revision	3 rd Revision
2024	State only	688,558	743,807		
	Medicaid	606,851	661,406		
	Total Rev.	\$1,295,409	\$1,405,213	\$	\$

Fiscal Year	Fund Source	Original	1 st Revision	2 nd Revision	3 rd Revision
2025	State only				
	Medicaid				
	Total Rev.		\$	\$	\$

Account Title / BARS	Job Foundation Funds	PASRR Funds	State Funds	Medicaid Funds	TOTAL
ADMINISTRATION 11,12,13,14	672	0	68,040	55,669	124,381
OTHER CONSUMER SUPPORTS 31, 32, 41, 92, 93, 94, 97	672	0	42,014	34,375	77,061
CONSUMER SUPPORT STATE-ONLY 62, 64, 65, 67, 69	0	0	0		0
Child Development 61			52,051		52,051
MEDICAID CLIENTS 62, 64, 65, 67, 69 95, 96	9,600	0	519,627	519,627	1,048,854
MEDICAID CLIENT PROVISO 62, 64, 65, 67, 95, 96	0	0	51,433	51,433	102,866
ROADS to COMMUNITY LIVING 62, 64, 65, 67, 69			0	0	0
TOTAL	10,944	0	733,165	661,104	1,405,213