



# CONTRACT AMENDMENT DDA County Services

DSHS CONTRACT NUMBER:  
1563-45218  
Amendment No. 01

This Contract Amendment is between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below.

Program Contract Number  
[Click here to enter text.](#)  
Contractor Contract Number

CONTRACTOR NAME Lewis County		CONTRACTOR doing business as (DBA) Lewis County DDA County Services	
CONTRACTOR ADDRESS 360 NW North St Chehalis, WA 98532-		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 212-002-978	DSHS INDEX NUMBER 1227
CONTRACTOR CONTACT Meja Handlen	CONTRACTOR TELEPHONE (360) 740-1418	CONTRACTOR FAX <a href="#">Click here to enter text.</a>	CONTRACTOR E-MAIL ADDRESS Meja.Handlen@lewiscounty.wa.gov

DSHS ADMINISTRATION Developmental Disabilities Admin	DSHS DIVISION Division of Developmental Disabilities	DSHS CONTRACT CODE 1769CS-63
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DSHS CONTACT NAME AND TITLE Luise Frank Program Specialist II	DSHS CONTACT ADDRESS 6860 Capital Blvd Olympia, WA 98501-
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DSHS CONTACT TELEPHONE (360) 725-4252	DSHS CONTACT FAX (360) 586-6502	DSHS CONTACT E-MAIL ADDRESS frankl@dshs.wa.gov
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IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? No	CFDA NUMBERS
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AMENDMENT START DATE 07/01/2016	CONTRACT END DATE 06/30/2017
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PRIOR MAXIMUM CONTRACT AMOUNT \$890,583.00	AMOUNT OF INCREASE OR DECREASE \$890,802.00	TOTAL MAXIMUM CONTRACT AMOUNT \$1,781,385.00
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REASON FOR AMENDMENT;  
CHANGE OR CORRECT PERIOD OF PERFORMANCE AND MAX CONTRACT AMOUNT

**ATTACHMENTS.** When the box below is marked with an X, the following Exhibits are attached and are incorporated into this Contract Amendment by reference:  
 Additional Exhibits (specify): Exhibit B

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	DATE SIGNED
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DSHS SIGNATURE	PRINTED NAME AND TITLE Melissa Diebert, Contracts Manager	DATE SIGNED
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This Contract between the State of Washington Department of Social and Health Services (DSHS) and the Contractor is hereby amended as follows:

1. The Total Maximum Contract Amount is hereby increased in the amount of \$890,802 for a new Contract Amount of \$1,781,385. This amount is for services provided during the added fiscal year.
2. The Program Agreement end date is extended to June 30, 2017.
3. Section 7. Statement of Work, sub-paragraph h. Qualified Providers. Will add the following paragraph:  
  
DDA contracts with Technical Assistance providers that maybe utilized by Counties with prior written approval.
4. Section 8. Consideration sub-paragraph b. Fees, item (2) Fee Limitations, sub-section (b) will be replaced in its entirety with the following:  
  
(b) Community Access services will not exceed and hourly rate of \$35.00.
5. Section 9. Billing and Payment, will add sub-paragraph (k) as follows:  
  
(k) 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 7%.
6. Exhibit B. Program Agreement Budget is hereby replaced with the following Budget Revision:

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

## Program Agreement Budget

Original Budget

Budget Revision

### REVENUES

Fiscal Year	Fund Source	Original	1 <sup>st</sup> Revision	2 <sup>nd</sup> Revision	3 <sup>rd</sup> Revision
2016	State Funds	\$475,652			
	Medical Funds				
	<b>Total</b>	\$890,583			
2017	State Funds		\$938,930		
	Federal Funds				
	<b>Total</b>		\$1,781,385		

### COUNTY FY 2017 SPENDING PLAN

	Planned Expenditures				
	Local Funds	PASRR Funds	State Funds	Medicaid Funds	TOTAL
ADMINISTRATION (CMIS/AWA BARS 11)		1613	31,165	25,499	58,277
OTHER CONSUMER SUPPORTS (CMIS/AWA Code 31, 32, 41, 92, 93, 94)			25,918	21,206	47,124
CONSUMER SUPPORT <b>STATE-ONLY</b>					
Child Development			50,029		50,029
<b>MEDICAID CLIENTS</b>		23,040	356,166	356,166	735,372
<b>ROADS to COMMUNITY LIVING</b>					
<b>TOTAL</b>		24,653	463,278	402,871	890,802