



COUNTY PROGRAM AGREEMENT AMENDMENT

DSHS Agreement Number
1163-27318

Amendment No.
15

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 1231	CCS CONTRACT CODE 1231
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DSHS CONTACT NAME AND TITLE Jason Bean-Mortinson	DSHS CONTACT ADDRESS 4500 10th Ave SE Lacey, WA 985045330
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DSHS CONTACT TELEPHONE (360)725-3808	DSHS CONTACT FAX	DSHS CONTACT E-MAIL beanmjc@dshs.wa.gov
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COUNTY NAME Pacific County	COUNTY ADDRESS 1216 West Robert Bush Drive Post Office Box 26 South Bend, WA 98586-
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COUNTY FEDERAL EMPLOYER IDENTIFICATION NUMBER	COUNTY CONTACT NAME Katie Oien-Lindstrom
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COUNTY CONTACT TELEPHONE (360) 875-9343	COUNTY CONTACT FAX (360) 875-9323	COUNTY CONTACT E-MAIL koien@co.pacific.wa.us
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IS THE COUNTY A SUBRECIPIENT FOR PURPOSES OF THIS PROGRAM AGREEMENT? No	CFDA NUMBERS 93.959
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AMENDMENT START DATE 04/15/2015	PROGRAM AGREEMENT END DATE 06/30/2015
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PRIOR MAXIMUM PROGRAM AGREEMENT AMOUNT \$1,388,816.00	AMOUNT OF INCREASE OR DECREASE \$0.00	TOTAL MAXIMUM PROGRAM AGREEMENT AMOUNT \$1,388,816.00
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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:

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 BHSIA Contracts	DATE SIGNED

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 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.

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.