



CONTRACT AMENDMENT SMHC

DSHS CONTRACT NUMBER:
1169-36667

Amendment No. 09

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

Program Contract Number

Contractor Contract Number

CONTRACTOR NAME	CONTRACTOR doing business as (DBA)
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North Sound Regional Support Network

CONTRACTOR ADDRESS

WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)

DSHS INDEX NUMBER

117 North First Street Suite 8
Mount Vernon, WA 98273-2858

601-291-840

1553

CONTRACTOR CONTACT

CONTRACTOR TELEPHONE

CONTRACTOR FAX

CONTRACTOR E-MAIL ADDRESS

Joe Valentine

(360) 416-7013

(360) 416-7017

joe_valentine@nsmha.org

DSHS ADMINISTRATION

Behavioral Health and Service Integration

DSHS DIVISION

Division of Behavioral Health and Recovery

DSHS CONTRACT CODE

1685LS-69

DSHS CONTACT NAME AND TITLE

DSHS CONTACT ADDRESS

Thomas Gray
Mental Health Program Administrator

4500 10th Avenue SE
Lacey, WA 98503

DSHS CONTACT TELEPHONE

(360) 725-1314

DSHS CONTACT FAX

DSHS CONTACT E-MAIL ADDRESS

graytr@dshs.wa.gov

IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT?

CFDA NUMBERS

No

AMENDMENT START DATE

10/01/2014

CONTRACT END DATE

12/31/2015

PRIOR MAXIMUM CONTRACT AMOUNT

\$74,546,359.00

AMOUNT OF INCREASE OR DECREASE

\$893,790.00

TOTAL MAXIMUM CONTRACT AMOUNT

\$75,440,149.00

REASON FOR AMENDMENT:

CHANGE OR CORRECT CONTRACT TERMS OR SOW. SEE PAGE TWO

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 C, Funding;

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

Joe Valentine

PRINTED NAME AND TITLE

Joe Valentine, Exe. Dir.

DATE SIGNED

9-11-14

DSHS SIGNATURE

Michael Rice

PRINTED NAME AND TITLE

Michael Rice, Contracts Super.
BHSIA Contracts

DATE SIGNED

9-12-14

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

1. Amend the Total Maximum Agreement Amount, by an increase of \$893,790, for a revised Total Maximum Contract Amount of \$75,440,149.
2. Funds are provided for the purpose of purchasing evaluation and treatment services for individuals who are involuntarily committed in an institution for mental disease (IMD), as defined in section 1905 (a) (B) of the Social Security Act. These funds may only be used for IMD admissions into beds that were not available prior to August 7, 2014.

On or before November 10, 2014, the Contractor shall provide to DSHS a report on the utilization of the funds to provide evaluation and treatment services in a format provided by DSHS. In addition, the Contractor shall submit a statement attesting the following occurred when these funds were allocated to pay for the services:

- a. There was no Evaluation and Treatment bed available where Medicaid funds could have been used to provide treatment for Medicaid enrollees.
- b. There was no Evaluation and Treatment facility that existed prior to August 7, 2014, with an appropriate bed for the admission.

These funds may not be used for Regional Support Network Administration costs as defined in Section 1.1 of this Agreement.

If all of the funds provided are not allocated as described, for expenses that occurred between August 7, 2014, and October 31, 2014, DSHS may reduce future payments to the Contractor in the amount of the balance.

Funding information is included in Exhibit C (**attached**).

3. Operating funds are provided for the programs previously established as per Engrossed Substitute Senate Bill 5480 to address an increase in inpatient numbers. Funding information is included in Exhibit C (**attached**).
4. Amend the Agreement by replacing Exhibit C, Funding (**attached**).

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

Revised October 2014 - EXHIBIT C - Funding

North Sound RSN		
State Only Contract		
July 2014 to June 2015		
	July 2014 Revised Monthly Payments July 2014 to June 2015	12 Month Total
State Only*	\$1,264,856	\$15,178,272
ECS	\$15,625	\$187,500
PACT	\$28,958	\$347,496
PALS	\$96,194	\$1,154,328
Jail Services	\$31,092	\$373,104
Diversion	\$-	\$-
WMIP	\$-	\$-
Total	\$1,436,725	\$17,240,700

One-time Payment – State Only	
Increase Inpatient Capacity	\$502,981

One-time Payment – State Only	
Emergency Funding	\$390,809

One-time Payment	
Housing services	\$190,440

Quarterly Payments - Additional housing services	
July-September 2014	\$150,000
October-December 2014	\$150,000
Total	\$300,000

*State only funding includes Community Inpatient, Direct Care Wage, Double Staff and a decrease in State only funding with a corresponding increase in Federal Block Grant within the calculation.

