



# COUNTY PROGRAM AGREEMENT AMENDMENT

DSHS Agreement Number

Amendment No.  
02

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

CCS CONTRACT CODE

DSHS CONTACT NAME AND TITLE

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

DSHS CONTACT TELEPHONE

DSHS CONTACT FAX

DSHS CONTACT E-MAIL

COUNTY NAME  
County DDA County Services

COUNTY ADDRESS

COUNTY FEDERAL EMPLOYER IDENTIFICATION NUMBER

COUNTY CONTACT NAME

Mark Moffett

COUNTY CONTACT TELEPHONE

COUNTY CONTACT FAX

COUNTY CONTACT E-MAIL

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

CFDA NUMBERS

AMENDMENT START DATE  
07/01/2024

PROGRAM AGREEMENT END DATE  
06/30/2025

PRIOR MAXIMUM PROGRAM AGREEMENT AMOUNT  
.00

AMOUNT OF INCREASE OR DECREASE  
.00

TOTAL MAXIMUM PROGRAM AGREEMENT AMOUNT  
\$00

REASON FOR AMENDMENT;  
CHANGE OR CORRECT OTHER: 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): Exhibit B1 Program Agreement Budget

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 for FY25 in the amount of \$ for a new Contract Amount of \$.
2. The period of performance is extended through June 30, 2025.
3. **Section 6. Statement of Work** is revised to include the following language:

t. Partnership Project.

(1) A Job Foundation document will be completed per guidelines for eligible students. Eligible students are DDA clients who were born between:

- (a) For fiscal year 2021 9/1/00 through 8/31/01
- (b) For fiscal year 2022 9/1/01 through 8/31/02
- (c) For fiscal year 2023 9/1/02 through 8/31/03
- (d) For fiscal year 2024 9/1/03 through 8/31/04
- (e) For fiscal year 2025 9/1/04 through 8/31/05

These students currently attending school and have completed an application to participate in this Value Based Payment (VPB) project. The VBP project application will include the following minimum criteria identified in the sample application found at:

[https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/Job%20Foundation%20Application\\_040720%20%28002%29.docx](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/Job%20Foundation%20Application_040720%20%28002%29.docx)

4. **Section 8. Billing and Payment Work** will be replaced with the following language:

- I. Reimbursement for Partnership project: A claim of \$3,000 per student for each completed Job Foundation document that is at a satisfactory or above rating will be requested through the AWA system as other monthly cost.
- o. Job Foundation Administration: The County may bill for administration costs as identified in **Exhibit B**. Monthly claims for administration cost will be based on the actual expenditures multiplied by 10%. King, Snohomish and Pierce Counties will use line item 13, all other participating Counties will use line item 14 (OSPI).

5. 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                       Budget Revision  
**REVENUES**

Fiscal Year	Fund Source	Original	1 <sup>st</sup> Revision	2 <sup>nd</sup> Revision	3 <sup>rd</sup> Revision
2024	State only				
	Medicaid				
	<b>Total Rev.</b>	\$		\$	\$

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

Account Title / BARS	Job Foundation Funds	PASRR Funds	State Funds	Medicaid Funds	TOTAL
ADMINISTRATION 11,12,13,14					
OTHER CONSUMER SUPPORTS 31, 32, 41, 92, 93, 94, 97		0			
CONSUMER SUPPORT <b>STATE-ONLY</b> 62, 64, 65, 67, 69	0	0			
Child Development 61			0		0
<b>MEDICAID CLIENTS</b> 62, 64, 65, 67, 69 95, 96					
<b>ROADS to COMMUNITY LIVING</b> 62, 64, 65, 67, 69					
<b>TOTAL</b>					