

## JEFFERSON COUNTY BOARD OF COUNTY COMMISSIONERS

**AGENDA REQUEST** 

TO:

**Board of County Commissioners** 

**Mark Mc Cauley, County Administrator** 

FROM:

Apple Martine, Public Health Director

Anna McEnery, DD & BH Coordinator

DATE:

January 2,2024

**SUBJECT:** 

Agenda Item – Amendment #1 to the Program Agreement with

Department of Social and Health Services, the Developmental Disabilities Administration (DDA); #2363-48908; in Jefferson County, Washington; July 1, 2023 – June 30, 2024; additional revenue of \$304,353.00; for a total of

\$943,727.00

## **STATEMENT OF ISSUE:**

Jefferson County Public Health, the Developmental Disabilities Division; is requesting Board approval of Amendment #1 to the Program Agreement with Department of Social and Health Services, (DSHS); the Developmental Disabilities Administration, (DDA); #2363-48908; in Jefferson County, Washington; July 1, 2023- June 30, 2024; additional revenue of \$304,353.00; for a total of \$943,727.00.

#### **ANALYSIS/STRATEGIC GOALS/PRO'S and CON'S:**

This Contract Amendment supports a continuation of programs with DSHS - DDA; for services to individuals who experience intellectual/developmental disabilities; in Jefferson County, Washington. The Program Agreement covers a variety of services. The services include: Administration, Training expenses (volunteers, board members, staff), Community Information Activities, Consumer Support, Early Intervention Services, Individual Supported Employment, Group Supported Employment, Community Inclusion, Individual Technical Assistance and other activities (Special Projects).

Community Inclusion is individualized services provided in integrated community settings. Activities are tailored to the individual's needs, interests, and abilities; opportunities that are typically experienced by the general public of similar age in their local community. The goal of the service is to support individuals to participate, contribute, and develop relationships with community members who are not paid staff.

Community Inclusion Services may be authorized for individuals age 62 and older. In addition, since January 1, 2023, DDA has authorized concurrent services. That means an individual who experiences an intellectual developmental disability and has received nine months of employment support, (in Individual Employment or Group Employment Services) will be offered Community Inclusion Services. The added funding from DDA will go towards individuals accessing concurrent services and additional Individual Employment and Group Employment services.

The Statement of Work requires a qualified Developmental Disabilities Coordinator, Developmental Disabilities Advisory Board, working knowledge of DSHS/DRW Access Agreement and assignment of Medicaid billing rights under Title XIX. The Jefferson County Developmental Disabilities Program has Professional Service Agreements with agencies and/or organizations to provide services.

The Jefferson County, Intellectual/Developmental Disabilities Advisory Board agrees that these are essential and important services for our community.

## FISCAL IMPACT/COST BENEFIT ANALYSIS:

This Program Agreement with the Department of Social and Health Services; includes both State and Waiver revenue. This revenue will be used to support services in the Jefferson County, Developmental Disabilities Programs.

### **RECOMMENDATION:**

Jefferson County Public Health, the Developmental Disabilities Division; requests Board approval of Amendment #1 to the Program Agreement with Department of Social and Health Services, (DSHS); the Developmental Disabilities Administration, (DDA); #2363-48908; in Jefferson County, Washington; July 1, 2023- June 30, 2024; additional revenue of \$304,353.00; for a total of \$943,727.00.

#### **REVIEWED BY:**

Mark McCauley, County Administrator

Date

Clear Form

# CONTRACT REVIEW FORM (INSTRUCTIONS ARE ON THE NEXT PAGE)

CONTRACT WITH: DSH	IS- Developmental Disa	abilities Administra	tion- (DDA)	Contract No: DD-23-049-A1	200
Contract For: Services for People	le who experience Intellectual/De	evelopmental Disabilities	Term: July 1	, 2023 - June 30, 2024	
COUNTY DEPARTMENT:	Jefferson County Public	Health- DD Program			
Contact Person:	Anna McEnery				
Contact Phone:	360-385-9410				
Contact email:	amcenery@co.jefferson	.wa.us			
<b>AMOUNT:</b> \$304,353.		reaction for the contract of t	PROCESS:	<b>Exempt from Bid Proc</b>	ess
	venue: \$304,353.0	00		<b>Cooperative Purchase</b>	
Expen				Competitive Sealed Bio	1
Matching Funds Red				Small Works Roster	
Sources(s) of Matching	Management of the Contract of			Wendor List Bid	
]	Fund # PH fund #12	27		RFP or RFQ	
Munis O	rg/Obj #12756800	)		Other:	
<b>APPROVAL STEPS:</b>					
<b>STEP 1: DEPARTMENT CEI</b>	RTIFIES COMPL	ANCE WITH	TCG-3-55.080 A	ND CHAPTER <u>42.23</u> RCW.	
CERTIFIED: N/A:		(//	11/1	Dec. 19, 2023	
CERTIFIED.   - IVA.		Signature		Date	
CEED A DED ADELWENIE			ODOGED EO		(DIII)
STEP 2: DEPARTMENT (CONTRACTOR)					
COUNTY (CONTRACTOR) AGENCY.	HAS NOT BEI	DEBARKE	D DI ANI	rederal, State, Or Lo	JCAL
PARTICIPATION AND AND AND AND AND AND AND AND AND AN	7 (//	[ (U.)			
CERTIFIED: N/A:	Sile	on It	M	Dec. 19, 2023	
		Signature	,	Date	
<b>STEP 3: RISK MANAGEME</b>	NT REVIEW (will	be added elect	ronically throu	gh Laserfiche):	
Electronically a	pproved by Risk	Managemer	it on 12/26/20	023.	
,	•				
<b>STEP 4:</b> PROSECUTING AT	TORNEY REVIE	W (will be adde	d electronically	through Laserfiche):	
Electronically approved	loo to form by D	AO ao 10/01	(2022		
Electronically approved Approved as to form PA		AU 011 12/21	2023.		
Approved as to form PA	10 12.21.23				
STEP 5: DEPARTMENT PROSECUTING ATTORNEY			SUBMITS TO	O RISK MANAGEMENT	AND
STEP 6: CONTRACTOR SIG	INS				

**STEP 7:** SUBMIT TO BOCC FOR APPROVAL



## **COUNTY PROGRAM AGREEMENT AMENDMENT**

**DSHS Agreement Number** 2363-48908

Amendment No.

01

\$943,727.00

This Program Agreement Amendment is by and between the State of Washington	
Department of Social and Health Services (DSHS) and the County identified below	١.

Administration or Division Agreement Number DD-23-049-A1

County Agreement Number

DSHS ADMINISTRATION DSHS DIVISION DSHS INDEX NUMBER CCS CONTRACT CODE **Developmental Disabilities** Division of Developmental 1223 1223

Disabilities

Admin

DSHS CONTACT NAME AND TITLE DSHS CONTACT ADDRESS Wendi Winchel PO BOX 45315 Olympia, WA 98504-5315

DSHS CONTACT TELEPHONE DSHS CONTACT FAX DSHS CONTACT E-MAIL (360) 725-4264 (360) 586-6502 winchwa@dshs.wa.gov

COUNTY NAME COUNTY ADDRESS Jefferson County 615 SHERIDAN STREET Jefferson County DDA County Services

Port Townsend, WA 98368

COUNTY FEDERAL EMPLOYER IDENTIFICATION COUNTY CONTACT NAME NUMBER

Anna McEnery

COUNTY CONTACT TELEPHONE COUNTY CONTACT FAX COUNTY CONTACT E-MAIL (360) 385-9401 (360) 385-9410 amcenery@co.jefferson.wa.us

IS THE COUNTY A SUBRECIPIENT FOR PURPOSES OF THIS PROGRAM CEDA NUMBERS

AGREEMENT?

AMOUNT

No AMENDMENT START DATE PROGRAM AGREEMENT END DATE 12/01/2023 06/30/2024

PRIOR MAXIMUM PROGRAM AGREEMENT AMOUNT OF INCREASE OR DECREASE TOTAL MAXIMUM PROGRAM AGREEMENT AMOUNT

\$639,374.00 \$304,353.00

#### 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 Heidi Eisenhour, Chair **Board of County Commissioners** Jefferson County Washington PRINTED NAME AND TITLE DSHS SIGNATURE DATE SIGNED

Approved as to form only:

Brusara, D. Ekelishman 12/21/23

Barbara Ehrlichman Date Civil Deputy Prosecuting Attorney Jefferson County Washington

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 \$304,353.00, for a new Contract Amount of \$943,727.00.

#### 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.

#### Exhibit B1

## **Program Agreement Budget**

# Original Budget REVENUES

## X Budget Revision

d Source	Original	1 <sup>st</sup> Revision	2 <sup>nd</sup> Revision	3 <sup>rd</sup> Revision
only	332,557	480,307		
aid	306,817	463,420		
Rev.	\$639,374	\$943,727	\$	\$
	only aid Rev.	only 332,557 aid 306,817	only 332,557 480,307 aid 306,817 463,420	only 332,557 480,307 aid 306,817 463,420

Fiscal Year	Fund Source	Original	1st Revision	2 <sup>nd</sup> Revision	3 <sup>rd</sup> 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	39,770	32,538	72,980
OTHER CONSUMER SUPPORTS 31, 32, 41, 92, 93, 94, 97	0	0	20,914	17,112	38,026
CONSUMER SUPPORT STATE-ONLY 62, 64, 65, 67, 69	0	0	0		0
Child Development 61			16,125		16,125
MEDICAID CLIENTS 62, 64, 65, 67, 69 95, 96	9,600	0	263,549	263,549	536,698
MEDICAID CLIENT PROVISO					
62, 64, 65, 67, 95, 96	0	0	139,949	139,949	279,898
ROADS to COMMUNITY LIVING 62, 64, 65, 67, 69			0	0	0
TOTAL	10,272	0	480,307	453,148	943,727