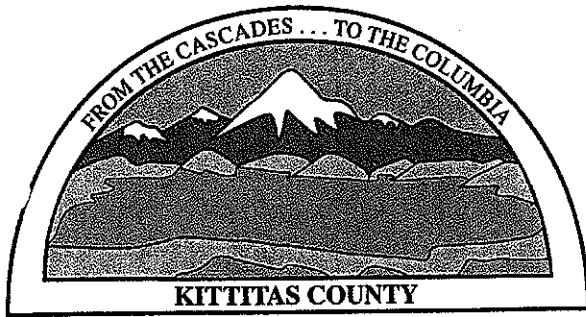


PUBLIC HEALTH DEPARTMENT

www.co.kittitas.wa.us/health/



Administration
Community Health Services
Health Promotion Services
507 N. Nanum Street, Ste 102
Ellensburg, WA 98926
Phone: (509) 962-7515
Fax: (509) 962-7581

Environmental Health
411 North Ruby Street, Ste 3
Ellensburg, WA 98926
Phone (509) 962-7698
Fax (509) 962-7052

GRANT/CONTRACT APPLICATION REVIEW FORM

Department Name/Fund and Program Number/Requesting Grant: KCPHD FUND 116

Grant/Contract File: DSHS Medicaid Administrative Match Contract #0563-75729 (4)
Agency Grant/Contract is with: Department of Social and Health Services (DSHS), Olympia, WA
Agency Grant/Contract due date: 06/30/07-12/31/2008

Fund Requirements of Kittitas County/Explanation: The Kittitas County Public Health Department (KCPHD) shall provide necessary staff, services and/or materials to serve individuals who are potentially eligible for Medicaid benefits.

Department Additional Explanation of Grant Including Non-Monetary Commitments of Kittitas County:

- Program end date has been extended to 12/31/2008.
- Total maximum amount of the agreement is no longer fixed.
- Addition to the contract is the State Children's Health Insurance Program (SCHIP) which provides health care to children that are not eligible for Medicaid and between 200-250% of the Federal Poverty Level. SCHIP terminates August 31, 2007 and carries a maximum \$5,159.00 allocation.
- Contract has new Amendment Start date of 06/30/2007 versus 05/01/2007.
- Please refer to the copies provided for additional changes that have been noted.

All other terms and conditions of the contract remain in full force and effect.

Department Program Contact: Bonnie Corns
Department Fiscal Contact: Sheila Gallagher
Document should be signed by: Cathy Bambrick. The number of copies requiring signature is 3.

RECOMMENDATION: Recommend that the Board of Health approve the signature of the Department of Public Health Director which executes Amendment #4 to contract number 0563-75729 between DSHS and KCPHD. Effective dates are June 30, 2007 through December 31, 2008.

Department Head Signature: Catherine Bambrick, Director Date 5/24/07

Kittitas County Prosecutor, Auditor, and Board of Health Review and Comment:

Neil A. Coulson WSPH 31759 5/24/07 approved as to form
Signature of Prosecutor's Office Date

J. Huber 5/24/07
Signature of Auditor's Office Date

[Signature] 5/24/07
Signature of Board of Health Member Date

To Protect and Promote the Health and the Environment of the People of Kittitas County

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER KITTITAS COUNTY



CONTRACT AMENDMENT Medicaid Administrative Match

DSHS CONTRACT NUMBER:
0563-75729

Amendment No. 0563-75729-04

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 Kittitas County		CONTRACTOR doing business as (DBA)	
CONTRACTOR ADDRESS 509 N Namum Street, Suite 102 Ellensburg, WA 98926-		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 192-002-673	DSHS INDEX NUMBER 1225
CONTRACTOR CONTACT Sheila Gallagher	CONTRACTOR TELEPHONE (509) 962-7583 Ext:	CONTRACTOR FAX (509) 962-7581	CONTRACTOR E-MAIL ADDRESS sheila.gallagher@co.kittitas.wa.us
DSHS ADMINISTRATION Health and Recovery Services Administration		DSHS DIVISION Medical Benefits and Care Management	DSHS CONTRACT CODE 4700CC-63
DSHS CONTACT NAME AND TITLE William McCandless Program Manager		DSHS CONTACT ADDRESS P O Box 45508 Olympia, WA 98504-5508	
DSHS CONTACT TELEPHONE (360) 725-1657 Ext:	DSHS CONTACT FAX (360) 586-9585	DSHS CONTACT E-MAIL ADDRESS mccanwm@dshs.wa.gov	
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? Yes		CFDA NUMBERS 93.778	
AMENDMENT START DATE 6/30/2007		CONTRACT END DATE 12/31/2008	
PRIOR MAXIMUM CONTRACT AMOUNT \$200,000.00	AMOUNT OF INCREASE OR DECREASE \$0.00	TOTAL MAXIMUM CONTRACT AMOUNT Cost Reimbursement, No Maximum	
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: <input type="checkbox"/> Additional Exhibits (specify):			
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 <i>Catherine Bambrick</i>		PRINTED NAME AND TITLE Catherine Bambrick	DATE SIGNED 5/24/07
DSHS SIGNATURE <i>Charles Pugh</i>		PRINTED NAME AND TITLE Charles Pugh Senior Contracts Manager Contracts Office -- Medical Services Cluster Health and Recovery Services Administration	DATE SIGNED 13 JUN 07

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

1. Page 1: This Program Agreement End Date is extended to December 31, 2008,
2. Page 1: The Total Maximum Program Agreement Amount is no longer a fixed amount.
3. **Section 1, Definitions.** The following new definitions are added at the end of this Section:
 - x. "SCHIP" means the State Children's Health Insurance Program which provides health care coverage for children that are not eligible for Medicaid and between 200%-250% of the Federal Poverty Level (FPL). There are approximately 45,000 low income children in the State of Washington who are eligible for, but not receiving state subsidized healthcare coverage. SCHIP, or Title XXI, provides 65%-35% federal matching funds to states for outreach activities intended to expand the provision of child health assistance to uninsured, low-income children in families whose incomes are between 200%-250% FPL.
 - y. "SCHIP Time Period" means May 1, 2007 through August 31, 2007 during which the Contractor may bill for Activity Code 3K for providing outreach activities to eligible low income families under the State Children's Health Insurance Program (SCHIP) in order to meet the state's outreach requirements under 42 CFR 457.90 by ensuring that families have access to information and assistance regarding available health care in Washington State.
4. **Section 2, Purpose.** This Section is amended to read as follows:

The purposes of this Program Agreement are as follows:

 - a. To provide Medicaid Outreach to potential Medicaid eligible clients; and
 - b. During the SCHIP Time Period, to provide outreach to eligible low income families under the State Children's Health Insurance Program (SCHIP).
5. **Section 3, Statement of Work.** The following changes are made to this Section:
 - a. Subsection a, (2), (a): Add the following at the end of this Subsection: during the SCHIP Time Period these activities include the SCHIP Outreach Code 3K;
 - b. Subsection a, (4), (a): Insert the following after the word "clients": including those outreach activities provided to eligible low income families during the SCHIP Time Period that may be coded as follows:

SCHIP Outreach Code 3K

- i. Education and awareness campaigns; telephone campaigns; face-to-face encounters; targeted mailings, including distributing information through various organizations that is intended to inform families of health care coverage options in Washington state;
- ii. Encouraging families or individuals to apply for state medical coverage;
- iii. Assistance with completing the application process.

Note: SCHIP outreach may not include any "linkage" activities defined under MAM Code 8: Referral, Coordination and Monitoring of Medicaid Services.

- c. Subsection b. (4): This Subsection is amended to read as follows: with the following language:

Charge the Contractor an administrative fee not to exceed 3% of Federal Financial Participation (FFP) reimbursement claimed by the Contractor.

Section 4, Consideration. This Section shall be amended as follows:

- a. The first sentence shall be amended to read as follows: Total consideration payable to the Contractor for satisfactory performance of the work under this Program Agreement shall not be a pre-established amount; provided that during the SCHIP Time Period the Contractor shall not claim more than \$ 5,159.00 for FFP for activities under the SCHIP Outreach Code 3K.
- b. Subsection 4, a. is amended to read as follows:

Source(s) of Funds. Funds payable to the Contractor under this Program Agreement, for the services provided, is based on the percentage(s) of funding from the following sources:

- (1) 50%, except for appropriately documented SCHIP Outreach activities which have a FFP - percentage of 65%, is allotted under this Program Agreement from the following federal funds received by DSHS:
- (a) Title XIX, Medicaid program, CFDA # 93.778; and
 - (b) Title XXI, State Children's Insurance Program, CFDA # 93.767;
- (2) 0% is allotted under this Program Agreement from GF-S (General Fund – State) funds; and
- (3) 50%, except for appropriately documented SCHIP Outreach activities for which the Contractor's matching percentage is 35%, shall be provided in matching funds by the Contractor. Local match must meet the definition of a bona fide donation, as defined under 42 CFR 433.52(b), including:
- (a) Federal funds or funds already matched cannot be used as "local match";
 - (b) Health care related provider donations (including health foundations) will not be allowed; and
 - (c) The local match must be in place before the Program Agreement is signed;

- c. A new Subsection 4, c. is added to read as follows:

Funding Stipulations.

- (1) Information for Federal Funding. The Contractor shall cooperate in supplying any information to DSHS that may be needed to determine DSHS or the client's eligibility for federal funding.
- (2) No Federal Match. The Contractor shall not use funds payable under this amendment as match toward federal funds.
- (3) Supplanting. The Contractor shall use these funds to supplement, not supplant the amount of federal, state and local funds otherwise expended for services provided under this amendment.
- (4) Prohibition of Use of Funds for Lobbying Activities. The Contractor shall not use funds payable under this amendment for lobbying activities of any nature. The Contractor certifies that no state or federal funds payable under this amendment shall be paid to any person or

organization to influence, or attempt to influence, either directly or indirectly, an officer or employee of a state or federal agency, or an officer or member of any state or federal legislative body or committee, regarding the award, amendment, modification, extension, or renewal of a state or federal contract or grant.

Section 5. Billing and Payment. This Section is amended as follows:

a. The following two new paragraphs are added to the end of Subsection 5, a:

A maximum of \$5,159.00 dollars may be billed under the SCHIP activity code during the SCHIP Time Period. A properly executed A-19 Invoice Voucher must be received at HRSA no later than September 17, 2007. HRSA shall not reimburse the Contractor for any SCHIP activities performed after August 31, 2007. The time and costs reported for outreach activities defined in Subsection 3, a, (4) (a) of this Program Agreement that exceed the maximum amount to be billed under Code 3K may be included in the cost of Medicaid outreach activities (Activity Code 3) on the MAM time study and Invoice. The percentage of staff time spent on Code 3K activities will be determined using the results of the federally approved random moment time survey or continuous time reporting methodologies.

Indirect Costs may only be applied to the 35% local match share.

b. The following new Subsection 5, c. is added to read as follows:

Administrative Fee. Payment of administrative fees shall be made within 45 days of the date on the administrative fee invoice. The administrative fee must be paid with non-federal dollars. Contractor shall mail administrative fees to the following address:

Department of Social and Health Services
Health and Recovery Services Administration
Division of Finance and Rates Development
P.O. Box 45500
Olympia, WA 98504-5500

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