

CONTRACT AMENDMENT

A

This CONTRACT AMENDMENT is made and entered into between SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, through Kitsap County, as its administrative entity, a political subdivision of the State of Washington, with its principal offices at 614 Division Street, Port Orchard, Washington 98366, hereinafter "SBHASO", and Olalla Recovery Center, Inc., hereinafter "CONTRACTOR."

In consideration of the mutual benefits and covenants contained herein, the parties agree that their Contract, numbered as Kitsap County Contract No. KC-300-23, and executed on July 19, 2023 shall be amended as follows:

1. **Page 1: Contract Term** is amended as follows:
July 1, 2023 – December 31, 2024.
2. **Page 1: Amount** is amended as follows:
\$25,250
3. **Attachment B1: Statement of Work-** Transportation Support
4. **Attachment C: Budget** is deleted entirely and replaced as attached.
5. If this Contract Amendment extends the expiration date of the Contract, then the Contractor shall provide an updated certificate of insurance evidencing that any required insurance coverages are in effect through the new contract expiration date. The Contractor shall submit the certificate of insurance to:

Program Lead, Salish Behavioral Health Administrative Services Organization
Kitsap County Department of Human Services
614 Division Street, MS-23
Port Orchard, WA 98366

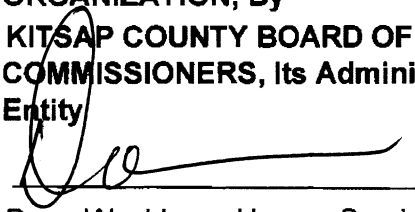
Upon receipt, the Human Services Department will ensure the submission of all insurance documentation to the Risk Management Division, Kitsap County Department of Administrative Services.

6. Except as expressly provided in this Contract Amendment, all other terms and conditions of the original Contract, and any subsequent amendments, addenda or modifications thereto, remain in full force and effect.

This amendment shall be effective January 1, 2024.

Dated this 9 day of November, 2023.

**SALISH BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES
ORGANIZATION, By
KITSAP COUNTY BOARD OF
COMMISSIONERS, Its Administrative
Entity**



Doug Washburn, Human Services
Director

**CONTRACTOR:
Olalla Recovery Center, Inc.**

 for ORC

Name: Christine Lynch
Title: Executive Director

I attest that I have the authority to sign
this contract on behalf of Olalla
Recover Center, Inc.

DATE 11/9/23

11/8/2023
DATE

ATTACHMENT B-1: STATEMENT OF WORK- TRANSPORTATION SUPPORT

The Contractor may provide transportation support to individuals to and from treatment related events including support and recovery focused activities.

Eligibility

- A. Individuals who do not qualify for Medicaid.
- B. Individuals on Medicaid who cannot access Medicaid transportation services.
 - i. Must include client specific documentation of attempt to use Medicaid transportation and denial of services or reason the individual is unable to access Medicaid funded transportation services.
- C. Drivers must have:
 - i. A valid driver's license.
 - ii. Active insurance.

Independent Transportation Agencies

Independent transportation agencies must ensure any provider including transportation network companies and individual drivers meet specific minimum requirements.

Those minimum requirements are:

- A. Each provider or individual driver is not excluded from participation in any federal health care program (as defined in section 1128B(f) of the Act) and is not listed on the exclusion list of the Inspector General of the U.S. Department of Health and Human Services.
- B. Each such provider has in place a process to address any violation of a state drug law.
- C. Each such provider has in place a process to disclose to the SBH-ASO the driving history, including any traffic violations, of each such individual driver employed by such provider, including any traffic violations.

Vehicle Purchase

Funds provided for vehicle purchases may be used for the following purposes:

- A. Purchasing a vehicle to be used in the delivery of behavioral health services.
- B. Purchasing and/or installation of additional safety/security equipment for vehicle
- C. Purchasing a vehicle maintenance plan or maintenance services.

Documentation

Documentation must be submitted with invoices for reimbursement:

- 1. SBHASO Transportation Tracker
- 2. Receipts or mileage log

ATTACHMENT C: BUDGET

Budget Summary			
Contractor: Olalla Recovery Centers			
Contract No:	KC-300-23		
Contract Period:	07/01/23 - 12/31/24		
Expenditure	Previous	Changes this Contract	Current
Period 1: 07/01/23 - 12/31/23			
SUD Intensive Inpatient Treatment- Co-Occurring, \$425 per day (SABG) CDFA# 93.959	10,500.00	0.00	10,500.00
Period 1 Budget Total	10,500.00	0.00	10,500.00
Period 2: 01/01/24 - 12/31/24			
SUD Intensive Inpatient Treatment- Co-Occurring, \$475 per day per authorized individual (SABG) CDFA# 93.959	0.00	14,250.00	14,250.00
Transportation Support, cost reimbursement (SABG)	0.00	500.00	500.00
Period 2 Budget Total	0.00	14,750.00	14,750.00
Contract Total	10,500.00	14,750.00	25,250.00

All rates are all-inclusive.

Exclusions Search Results: Entities

No Results were found for

- Olalla Recovery Center, Inc

 **If no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation**

[Search Again](#)

Search conducted 10/24/2023 12:38:22 PM EST on OIG LEIE Exclusions database.

Source data updated on 10/10/2023 8:00:00 AM EST

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