

		CONTRACT AMENDMENT BHSC		HCA CONTRACT NUMBER: 1869-32931 Amendment No. 02	
This Contract Amendment is between the State of Washington Health Care Authority (HCA) and the Contractor identified below.				Program Contract Number Click here to enter text. Contractor Contract Number	
CONTRACTOR NAME Great Rivers Behavioral Health Organization			CONTRACTOR doing business as (DBA)		
CONTRACTOR ADDRESS PO Box 1447 Chehalis, WA 98352-0378			WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 603-564-565		ACD INDEX NUMBER 180067
CONTRACTOR CONTACT Marc Bollinger		CONTRACTOR TELEPHONE (360) 795-5959	CONTRACTOR FAX Click here to enter text.		CONTRACTOR E-MAIL ADDRESS mbollinger@greatriversbho.org
HCA PROGRAM AREA Division of Behavioral Health				HCA CONTRACT CODE 7085LS-69	
HCA CONTACT NAME AND TITLE Ruth Leonard Regional Treatment Manager		HCA CONTACT ADDRESS 4500 10th Avenue SE Lacey, WA 98503			
HCA CONTACT TELEPHONE (360) 725-3742		HCA CONTACT FAX		HCA CONTACT E-MAIL ADDRESS Ruth.Leonard@hca.wa.gov	
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? No			CFDA NUMBERS		
AMENDMENT START DATE 03/01/2019		CONTRACT END DATE 06/30/2019			
PRIOR MAXIMUM CONTRACT AMOUNT \$5,917,757.00		AMOUNT OF INCREASE OR DECREASE \$-23,838.00		TOTAL MAXIMUM CONTRACT AMOUNT \$5,893,919.00	
REASON FOR AMENDMENT; CHANGE OR CORRECT MAXIMUM CONTRACT AMOUNT					
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 checked="" type="checkbox"/> Additional Exhibits (specify): Exhibit F - REVISED Funding Exhibit					
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		PRINTED NAME AND TITLE		DATE SIGNED	
HCA SIGNATURE		PRINTED NAME AND TITLE James W. Gayton HCA Contracts Administrator		DATE SIGNED	

This Contract between the State of Washington Health Care Authority (HCA) and the Contractor is hereby amended as follows:

1. The purpose of this amendment is to reduce the monthly amount for the funding source “Non-Medicaid State”, effective March 2019 due to funding for Foster Care being included in this funding source.
2. The amendment reduces the Program Agreement by \$23,838. The revised total maximum amount of the Program Agreement is \$5,893,919.
3. Exhibit F, Funding Exhibit is replaced with the Revised Funding Exhibit F on the next page.

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

Exhibit F Funding

Great Rivers BHO

Funding Source	Per Month Jan - Feb 2019	March 2019	Per Month Apr - June 2019	Total
Non-Medicaid State	\$317,818	\$305,899	\$313,845	\$1,883,070
Juvenile Drug Court	\$16,576	\$16,576	\$16,576	\$99,456
Dedicated Marijuana Acct (DMA)	\$11,676	\$11,676	\$11,676	\$70,056
Criminal Justice Tx Acct (CJTA)	\$12,762	\$12,762	\$12,762	\$76,572
Secure Detox	\$4,657	\$4,657	\$4,657	\$27,942
Jail Services	\$8,629	\$8,629	\$8,629	\$51,774
Additional PACT	\$14,479	\$14,479	\$14,479	\$86,874
5480 - ITA Non-Medicaid	\$5,718	\$5,718	\$5,718	\$34,308
Detention Decision Review	\$2,170	\$2,170	\$2,170	\$13,020
Assisted Outpatient Treatment	\$5,998	\$5,998	\$5,998	\$35,988
State Enhanced Payment (IMD)	\$31,785	\$31,785	\$31,785	\$190,710
Total	\$432,268	\$420,349	\$428,295	\$2,569,770
Quarterly payments HARPS	\$75,000		\$75,000	\$150,000
One-Time Payments BHO Enhancements	\$83,707			\$83,707
Grand Total				\$2,803,477

Reserves

Inpatient & Risk Reserves		Operating Reserves
MINIMUM	MAXIMUM	MAXIMUM
7.7%	10.4%	9.3%