

 <p>Washington State Department of Social & Health Services <i>Transforming lives</i></p>		<h2 style="text-align: center;">COUNTY PROGRAM AGREEMENT AMENDMENT</h2> <p style="text-align: center;">03</p>		DSHS Agreement Number 2363-48746
This Program Agreement Amendment is by and between the State of Washington Department of Social and Health Services (DSHS) and the County identified below.				Amendment No. 03
DSHS ADMINISTRATION Developmental Disabilities Admin		DSHS DIVISION Division of Developmental Disabilities	DSHS INDEX NUMBER 1065	Administration or Division Agreement Number Click here to enter text. County Agreement Number
DSHS CONTACT NAME AND TITLE Josh Deen		DSHS CONTACT ADDRESS 1700 E Cherry St Suite 200 Seattle, WA 98122		
DSHS CONTACT TELEPHONE (206)960-2939		DSHS CONTACT FAX (206)720-3334		DSHS CONTACT E-MAIL josh.deen@dshs.wa.gov
COUNTY NAME Snohomish County Snohomish County DDA County Services		COUNTY ADDRESS 3000 ROCKEFELLER AVE # MS 305 Everett, WA 98201		
COUNTY FEDERAL EMPLOYER IDENTIFICATION NUMBER 1		COUNTY CONTACT NAME Richard Robinson		
COUNTY CONTACT TELEPHONE (425) 388-7208		COUNTY CONTACT FAX (425) 388-7216		COUNTY CONTACT E-MAIL richard.robinson@co.snohomish.wa.us
IS THE COUNTY A SUBRECIPIENT FOR PURPOSES OF THIS PROGRAM AGREEMENT? No				CFDA NUMBERS
AMENDMENT START DATE 03/01/2025		PROGRAM AGREEMENT END DATE 06/30/2025		
PRIOR MAXIMUM PROGRAM AGREEMENT AMOUNT \$30,258,575.00		AMOUNT OF INCREASE OR DECREASE \$1,075,044.00		TOTAL MAXIMUM PROGRAM AGREEMENT AMOUNT \$31,333,619.00
REASON FOR AMENDMENT: CHANGE OR CORRECT MAXIMUM CONTRACT AMOUNT				
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: <input checked="" type="checkbox"/> 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) <div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">Harper, Lacey</div> <div style="font-size: 0.8em;"> Digitally signed by Harper, Lacey Date: 2025.04.03 13:32:15 -07'00' </div> </div>		PRINTED NAME(S) AND TITLE(S) Program Agreement Budget		DATE(S) SIGNED
DSHS SIGNATURE <i>Rainavimarie Rivas</i>		PRINTED NAME AND TITLE		DATE SIGNED 04/10/2025

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 \$1,075,044 for a new Contract Amount of \$31,333,619.
2. **Section 1. Definitions Specific to Program Agreement**, item g, number (2), is hereby replaced with the following language:

"Consumer Support" refers to direct Client service types as follows:

"Child Development Services" or "CDS": Birth to three services are designed to meet the developmental needs of each eligible child and the needs of the family related to enhancing the child's development. Service may include: assistive technology, audiology, family training/home visits, health services, medical services, nursing services, nutrition services, occupational therapy, physical therapy, psychological services, sign language, social work, special instruction, speech-language pathology, vision, and transportation. Services are provided in natural environments to the maximum extent appropriate.

Exhibit B. **Program Agreement Budget** is hereby replaced with the following Exhibit B1, Program Agreement Budget.

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

Program Agreement Budget

Original Budget

X Budget Revision

REVENUES

Fiscal Year	Fund Source	Original	1 st Revision		
2024	State only	6,938,588	7,928,831		
	Medicaid	6,222,034	7,200,290		
	Total Rev.	\$13,160,622	\$15,129,121	\$	\$

Fiscal Year	Fund Source	2 nd Revision	3 rd Revision	4 th Revision	5 th Revision
2025	State only	8,013,651	8,559,256		
	Medicaid	7,115,803	7,645,242		
	Total Rev.	\$15,129,454	\$16,204,498	\$	\$

Account Title / BARS	Job Foundation Funds	PASRR Funds	State Funds	Medicaid Funds	TOTAL
ADMINISTRATION 11,12,13,14	11,400	3,437	801,545	655,810	1,472,192
OTHER CONSUMER SUPPORTS 31, 32, 41, 92, 93, 94, 97	7,980	0	525,698	430,117	963,795
CONSUMER SUPPORT STATE-ONLY 62, 64, 65, 67, 69	0	0	126,472		126,472
Child Development 61			565,561		565,561
MEDICAID CLIENTS 62, 64, 65, 67, 69 95, 96	114,000	34,368	5,974,349	5,974,349	12,097,066
MEDICAID CLIENTS PROVISO 62, 64, 65, 67, 69, 95, 96	0	0	456,688	456,688	913,376
ROADS to COMMUNITY LIVING 62, 64, 65, 67, 69			16,509	49,527	66,036
TOTAL	133,380	37,805	8,466,822	7,566,491	16,204,498