

		AAA AGREEMENT State/Federal		DSHS AGREEMENT #: 2669-71283	
This Agreement is by and between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below, and is issued pursuant to the Interlocal Cooperation Act, chapter 39.34 RCW.				Program - Agreement Number	
				Contractor - Agreement Number KC-376-26	
CONTRACTOR NAME Kitsap County			CONTRACTOR DBA Kitsap County Division of Aging & LTC		
CONTRACTOR ADDRESS 614 Division Street MS-5 Port Orchard WA 98366			CONTRACTOR DSHS INDEX NUMBER 1076		
CONTRACTOR TELEPHONE (360) 337-5624		CONTRACTOR FAX (360) 337-5747		CONTRACTOR E-MAIL ADDRESS sasmith@kitsap.gov	
DSHS ADMINISTRATION Aging & Long Term Support Admin		DSHS DIVISION Division of Home And Community Services		DSHS CONTRACT CODE 1016LS-69	
DSHS CONTACT NAME AND TITLE Lexie Bartunek Program Manager		DSHS CONTACT ADDRESS 4450 10th Ave SE Lacey WA 98503			
DSHS CONTACT TELEPHONE (360)725-3548		DSHS CONTACT FAX Click here to enter text.		DSHS CONTACT E-MAIL ADDRESS bartuqa@dshs.wa.gov	
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS AGREEMENT? Yes				ASSISTANCE LISTING NUMBERS 93.778 93.791 10.576	
AGREEMENT START DATE 07/01/2026		AGREEMENT END DATE 06/30/2027		MAXIMUM AGREEMENT AMOUNT \$6,228,035.00	
EXHIBITS. The following Exhibits are attached and incorporated into this Agreement by reference: ☒ Exhibit A, Statement of Work; Exhibit B, Budget; and Exhibit C; Local Match Certification Form					
The terms and conditions of this Agreement are an integration and representation of the final, entire and exclusive understanding between the parties superseding and merging all previous agreements, writings, and communications, oral or otherwise regarding the subject matter of this Agreement, between the parties. The parties signing below represent they have read and understand this Agreement, and have the authority to execute this Agreement. This Agreement shall be binding on DSHS only upon signature by DSHS.					
CONTRACTOR SIGNATURE 		PRINTED NAME AND TITLE Oran Root, Chair		DATE SIGNED 8-24-26	
DSHS SIGNATURE 		PRINTED NAME AND TITLE Tammy Layton, Contracts Manager		DATE SIGNED 8/27/2026	

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1. **Amendment.** This Agreement, or any term or condition, may be modified only by a written amendment signed by both parties. Only personnel authorized to bind each of the parties shall sign an amendment.
2. **Assignment.** Except as otherwise provided herein, the AAA shall not assign rights or obligations derived from this Agreement to a third party without the prior, written consent of the DSHS Contracts Administrator and the written assumption of the AAA's obligations by the third party.
3. **Client Abuse.** The AAA shall report all instances of suspected client abuse to DSHS, in accordance with RCW 74.34.
4. **Client Grievance.** The AAA shall establish a system through which applicants for and recipients of services under the approved area plans may present grievances about the activities of the AAA or any subcontractor(s) related to service delivery. Clients receiving Medicaid funded services must be informed of their right to a fair hearing regarding service eligibility specified in WAC 388-02 and under the provisions of the Administrative Procedures Act, Chapter 34.05 RCW.
5. **Compliance with Applicable Law.** At all times during the term of this Agreement, the AAA and DSHS shall comply with all applicable federal, state, and local laws, regulations, and rules, including but not limited to, nondiscrimination laws and regulations.
6. **Confidentiality.** The parties shall use Personal Information and other confidential information gained by reason of this Agreement only for the purpose of this Agreement. DSHS and the AAA shall not otherwise disclose, transfer, or sell any such information to any other party, except as provided by law or, in the case of Personal Information except as provided by law or with the prior written consent of the person to whom the Personal Information pertains. The parties shall maintain the confidentiality of all Personal Information and other confidential information gained by reason of this Agreement and shall return or certify the destruction of such information if requested in writing by the party to the Agreement that provided the information.
7. **AAA Certification Regarding Ethics.** By signing this Agreement, the AAA certifies that the AAA is in compliance with Chapter 42.23 RCW and shall comply with Chapter 42.23 RCW throughout the term of this Agreement.
8. **Debarment Certification.** The AAA, by signature to this Agreement, certifies that the AAA is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in this Agreement by any Federal department or agency. The AAA also agrees to include the above requirement in all subcontracts into which it enters, resulting directly from the AAA's duty to provide services under this Agreement.
9. **Disputes.** In the event of a dispute between the AAA and DSHS, every effort shall be made to resolve the dispute informally and at the lowest level. If a dispute cannot be resolved informally, the AAA shall present their grievance in writing to the Assistant Secretary for Aging and Long-Term Support Administration. The Assistant Secretary shall review the facts, contract terms and applicable statutes and rules and make a determination of the dispute. If the dispute remains unresolved after the Assistant Secretary's determination, either party may request intervention by the Secretary of DSHS, in which event the Secretary's process shall control. The Secretary will make a determination within 45 days. Participation in this dispute process shall precede any judicial or quasi-judicial action and shall be the final administrative remedy available to the parties. However, if the Secretary's determination is not made within 45 days, either party may proceed with judicial or quasi-judicial action without awaiting the Secretary's determination.
10. **Drug-Free Workplace.** The AAA shall maintain a work place free from alcohol and drug abuse.

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11. **Entire Agreement.** This Agreement including all documents attached to or incorporated by reference, contain all the terms and conditions agreed upon by the parties. No other understandings or representations, oral or otherwise, regarding the subject matter of this Agreement, shall be deemed to exist or bind the parties.
12. **Governing Law and Venue.** The laws of the State of Washington govern this Agreement. In the event of a lawsuit by the AAA against DSHS involving this Agreement, venue shall be proper only in Thurston County, Washington. In the event of a lawsuit by DSHS against a County AAA involving this Agreement, venue shall be proper only as provided in RCW 36.01.050.
13. **Independent Status.** Except as otherwise provided in Paragraph 26 herein below, for purposes of this Agreement, the AAA acknowledges that the AAA is not an officer, employee, or agent of DSHS or the State of Washington. The AAA shall not hold out itself or any of its employees as, nor claim status as, an officer, employee, or agent of DSHS or the State of Washington. The AAA shall not claim for itself or its employees any rights, privileges, or benefits, which would accrue to an employee of the State of Washington. The AAA shall indemnify and hold harmless DSHS from all obligations to pay or withhold federal or state taxes or contributions on behalf of the AAA or the AAA's employees.
14. **Inspection.** Either party may request reasonable access to the other party's records and place of business for the limited purpose of monitoring, auditing, and evaluating the other party's compliance with this Agreement, and applicable laws and regulations. During the term of this Agreement and for one (1) year following termination or expiration of this Agreement, the parties shall, upon receiving reasonable written notice, provide the other party with access to its place of business and to its records which are relevant to its compliance with this Agreement and applicable laws and regulations. This provision shall not be construed to give either party access to the other party's records and place of business for any other purpose. Nothing herein shall be construed to authorize either party to possess or copy records of the other party.
15. **AAA Provider Contracting Insurance Requirements**

The AAA shall include the following insurance requirements in all AAA Provider Contracts entered into pursuant to this Contract, at AAA Provider Contractor's expense, the following insurance coverages, and comply with the following insurance requirements.

a. **General Liability Insurance**

The AAA Provider Contractor shall maintain Commercial General Liability Insurance or Business Liability Insurance, no less comprehensive than coverage under- Insurance Service Offices, Inc. (ISO) form CG 00-01, including coverage for bodily injury, property damage, and contractual liability. The amount of coverage shall be no less than \$2,000,000 per occurrence and \$4,000,000 General Aggregate. The policy shall include liability arising out of the parties' performance under their Contract, including but not limited to premises, operations, independent contractors, products-completed operations, personal injury, advertising injury, and liability assumed under an insured contract. The AAA, its elected and appointed officials, agents, and employees of the state, shall be named as additional insureds.

- b. In lieu of general liability insurance mentioned in Subsection a. above, if the AAA Provider Contractor is a sole proprietor with less than three (3) contracts, the AAA Provider Contractor may choose one of the following three (3) general liability policies, but only if attached to a professional liability policy. If selected the policy shall be maintained for the life of the contract.

Supplemental Liability Insurance, including coverage for bodily injury and property damage that will cover the AAA Provider Contractor wherever the service is performed with minimum limits of

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\$2,000,000 per occurrence; and \$4,000,000 General Aggregate. The AAA, its elected and appointed officials, agents, and employees shall be named as additional insureds;

Or

Workplace Liability Insurance, including coverage for bodily injury and property damage that provides coverage wherever the service is performed with minimum limits of \$2,000,000 per occurrence; and \$4,000,000 General Aggregate. The AAA, its elected and appointed officials, agents, and employees shall be named as additional insured:

Or

Premises Liability Insurance if services are provided only at their recognized place of business, including coverage for bodily injury, property damage with minimum limits of \$2,000,000 per occurrence; and \$4,000,000 General Aggregate. The AAA, its elected and appointed officials, agents, and employees shall be named as additional insureds.

c. Professional Liability—if needed (errors & omissions)

The AAA Provider Contractor shall maintain insurance of at least \$1,000,000 per occurrence, \$2,000,000 General Aggregate for malpractice or errors and omissions coverage against liability for damages because of personal injury, bodily injury, death, or damage to property, including loss of use, and damages because of negligent acts, errors, and omissions in any way related to this contract.

d. Workers' Compensation

The AAA contractor shall comply with all applicable Workers' Compensation, occupational disease, and occupational health and safety laws and regulations. The AAA, State of Washington, and DSHS shall not be held responsible for claims for Workers' Compensation under Title 51 RCW by the AAA Provider Contractor or its employees under such laws and regulations.

e. Employees and Volunteers

Insurance required of the AAA Provider Contractor under the Contract shall include coverage for the acts and omissions of the AAA Provider Contractor's employees and volunteers. In addition, the AAA Provider Contracts shall ensure that all employees and volunteers who use vehicles to transport clients or deliver services have personal automobile insurance and current driver's licenses.

f. Separation of Insureds

All insurance policies shall include coverage for cross liability and contain a "Separation of Insureds" provision.

g. Insurers

The AAA contractor shall obtain insurance from insurance companies identified as an admitted insurer/carrier in the State of Washington, with a current Best's Reports' rating of A-, Class VII, or better.

h. Evidence of Coverage

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The AAA Provider Contractor shall, upon request by AAA, submit a copy of the Certificate of Insurance, policy, and additional insured endorsement for each coverage required of the AAA Provider Contractor under this Contract. The Certificate of Insurance shall identify the AAA as the Certificate Holder. A duly authorized representative of each insurer, showing compliance with the insurance requirements specified in this Contract, shall execute each Certificate of Insurance.

The AAA Provider Contractor shall maintain copies of Certificate of Insurance, policies, and additional insured endorsements for each AAA Provider Contractor as evidence that each AAA Provider Contractor maintains insurance as required by the Contract.

i. Material Changes

The insurer shall give the AAA point of contact listed on page one of this Contract 45 days advance written notice of cancellation or non-renewal of any insurance policy required under this Contract. If cancellation is due to non-payment of premium, the insurer shall give the AAA ten (10) days advance written notice of cancellation. Failure to provide notice as required may result in termination of the Contract.

j. Waiver of Subrogation

AAA contractor waives all rights of subrogation against the AAA and DSHS for the recovery of damages are or would be covered by insurance required under the Contract. AAA contractor agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies whether or not the AAA and DSHS receive the waiver of subrogation endorsement from the insurer.

k. Coverage Limits

By requiring insurance, the AAA does not represent that the coverage and limits required in this Contract will be adequate to protect the AAA Provider Contractor. Such coverage and limits shall not limit the AAA Provider Contractor's liability in excess of the required coverage and limits, and shall not limit the AAA Provider Contractor's liability under the indemnities and reimbursements granted to the AAA, the State, and DSHS in this Contract.

l. Primary Coverage

All AAA Provider Contractor's insurance provided in compliance with this Contract shall be primary and shall not seek contribution from insurance or self-insurance programs afforded to or maintained by the AAA. Insurance or self-insurance programs afforded to or maintained by the AAA shall be in excess of, and shall not contribute with, insurance required of the AAA Provider Contractor and any AAA Provider Contractor's Contractor under this Contract.

m. Waiver

The AAA contractor waives all rights, claims, and causes of action against the AAA, the State of Washington, and DSHS for the recovery of damages to the extent said damages are covered by insurance maintained by AAA Provider Contractor.

n. Liability Cap

Any limitation of liability cap set forth in this Contract shall not preclude the AAA from claiming under any insurance maintained by the AAA contractor pursuant to this Contract, up to the policy limits.

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o. Business Automobile Liability Insurance

The AAA contractor shall maintain a Business Automobile Policy on all vehicles used to transport clients, including vehicles hired by the AAA contractor or owned by the AAA Provider Contractor's employees, volunteers or others, with the following minimum limits: \$1,000,000 per accident combined single limit. The AAA Provider Contractor's carrier shall provide the AAA with a waiver of subrogation or name the AAA as an additional insured.

p. Indemnification and Hold Harmless

- (1) The AAA Provider Contractor shall be responsible for and shall indemnify, defend, and hold the AAA and DSHS harmless from any and all claims, costs, charges, penalties, demands, losses, liabilities, damages, judgments, or fines, of whatsoever kind of nature, arising out of or relating to a) the AAA contractor's performance or failure to perform this Contract, or b) the acts or omissions of the AAA contractor.
- (2) The AAA contractor's duty to indemnify, defend, and hold the AAA and DSHS harmless from any and all claims, costs, charges, penalties, demands, losses, liabilities, damages, judgments, or fines shall include the AAA and DSHS' personnel-related costs, reasonable attorney's fees, court costs, and all related expenses.
- (3) The Contractor waives its immunity under Title 51 RCW to the extent it is required to indemnify, defend, and hold harmless the State and its agencies, officials, agents, or employees.
- (4) Nothing in this term shall be construed as a modification or limitation on the AAA contractor's obligation to procure insurance in accordance with this Contract or the scope of said insurance.

16. Insurance Required for AAA.

DSHS certifies that it is self-insured under the State's self-insurance liability program, as provided by RCW 4.92.130, and shall pay for losses for which it is found liable.

The AAA certifies, by checking the appropriate box below, initialing to the left of the box selected, and signing this Agreement, that:

SASS ☒ The contractor is self-insured or insured through a risk pool and shall pay for losses for which it is found liable and shall, prior to the execution of this Agreement by DSHS, provide proof of coverage to the effect to the DSHS contact on page one of this Agreement.; or

 ☐ The Contractor maintains the types and amounts of insurance identified below and shall, prior to the execution of this Agreement by DSHS, provide certificates of insurance to the effect to the DSHS contact on page one of this Agreement.

Commercial General Liability Insurance (CGL)—to include coverage of bodily injury, property damage, and contractual liability, with the following minimum limits: Each occurrence--\$2,000,000; General Aggregate--\$4,000,000. The policy shall include liability arising out of premises, injury, and liability assumed under an insured contract. The State of Washington, DSHS, its elected and appointed officials, agents, and employees, shall be named as additional insureds.

17. Maintenance of Records. During the term of this Agreement and for six (6) years following termination or expiration of this Agreement, both parties shall maintain records sufficient to:

- a. Document performance of all acts required by law, regulation, or this Agreement;

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- b. Demonstrate accounting procedures, practices, and records that sufficiently and properly document the AAA's invoices to DSHS and all expenditures made by the AAA to perform as required by this Agreement.

For the same period, the AAA shall maintain records sufficient to substantiate the AAA's statement of its organization's structure, tax status, capabilities, and performance.

- 18. **Medicaid Fraud Control Unit (MFCU).** As required by federal regulations, the Health Care Authority, the Department of Social and Health Services, and any contractors or subcontractors, shall promptly comply with all MFCU requests for records or information. Records and information includes, but is not limited to, records on micro-fiche, film, scanned or imaged documents, narratives, computer data, hard copy files, verbal information, or any other information the MFCU determines may be useful in carrying out its responsibilities.
- 19. **Order of Precedence.** In the event of an inconsistency in this Agreement, unless otherwise provided herein, the inconsistency shall be resolved by giving precedence, in the following order, to:
 - a. Applicable federal CFR, CMS Waivers and Medicaid State Plan;
 - b. State of Washington statutes and regulations;
 - c. AL TSA Management Bulletins and policy manuals;
 - d. This Agreement; and
 - e. The AAA's Area Plan.
- 20. **Ownership of Client Assets.** The AAA shall ensure that any client for whom the AAA or Subcontractor is providing services under this Agreement shall have unrestricted access to the client's personal property. For purposes of this paragraph, client's personal property does not pertain to client records. The AAA or Subcontractor shall not interfere with the client's ownership, possession, or use of such property. Upon termination of this Agreement, the AAA or Subcontractor shall immediately release to the client and/or DSHS all of the client's personal property.
- 21. **Ownership of Material.** Material created by the AAA and paid for by DSHS as a part of this Agreement shall be owned by DSHS and shall be "work made for hire" as defined by Title 17 USCA, Section 101. This material includes, but is not limited to: books; computer programs; documents; films; pamphlets; reports; sound reproductions; studies; surveys; tapes; and/or training materials. Material which the AAA uses to perform this Agreement but is not created for or paid for by DSHS is owned by the AAA and is not "work made for hire"; however, DSHS shall have a license of perpetual duration to use, modify, and distribute this material at no charge to DSHS, provided that such license shall be limited to the extent which the AAA has a right to grant such a license.
- 22. **Ownership of Real Property, Equipment and Supplies Purchased by the AAA.** Title to all property, equipment and supplies purchased by the AAA with funds from this Agreement shall vest in the AAA. When real property, or equipment with a per unit fair market value over \$5000, is no longer needed for the purpose of carrying out this Agreement, or this Agreement is terminated or expired and will not be renewed, the AAA shall request disposition instructions from DSHS. If the per unit fair market value of equipment is under \$5000, the AAA may retain, sell, or dispose of it with no further obligation. Proceeds from the sale or lease of property that was purchased with revenue accrued under the Case Management/Nursing Services unit rate must be expended in Medicaid TXIX or Aging Network programs.

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When supplies with a total aggregate fair market value over \$5000 are no longer needed for the purpose of carrying out this Agreement, or this Agreement is terminated or expired and will not be renewed, the AAA shall request disposition instructions from DSHS. If the total aggregate fair market value of equipment is under \$5000, the AAA may retain, sell, or dispose of it with no further obligation.

Disposition and maintenance of property shall be in accordance with 45 CFR Parts 92 and 74.

- 23. Ownership of Real Property, Equipment and Supplies Purchased by DSHS.** Title to property, equipment and supplies purchased by DSHS and provided to the AAA to carry out the activities of this Agreement shall remain with DSHS. When real property, equipment or supplies are no longer needed for the purpose of carrying out this Agreement, or this Agreement is terminated or expired and will not be renewed, the AAA shall request disposition instructions from DSHS.

Disposition and maintenance of property shall be in accordance with 45 CFR Parts 92 and 74.

- 24. Responsibility.** Each party to this Agreement shall be responsible for the negligence of its officers, employees, and agents in the performance of this Agreement. No party to this Agreement shall be responsible for the acts and/or omissions of entities or individuals not party to this Agreement. DSHS and the AAA shall cooperate in the defense of tort lawsuits, when possible. Both parties agree and understand that this provision may not be feasible in all circumstances. DSHS and the AAA agree to notify the attorneys of record in any tort lawsuit where both are parties if either DSHS or the AAA enters into settlement negotiations. It is understood that the notice shall occur prior to any negotiations, or as soon as possible, and the notice may be either written or oral.

- 25. Restrictions Against Lobbying.** The AAA certifies to the best of its knowledge and belief that no federal appropriated funds have been paid or will be paid, by or on behalf of the AAA, to any person for influencing or attempting to influence an officer or employee of a federal agency, a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any federal contract, grant, loan or cooperative agreement.

If any funds other than federal appropriated funds have or will be paid for the purposes stated above, the AAA must file a disclosure form in accordance with 45 CFR Section 93.110.

The AAA shall include a clause in all subcontracts restricting subcontractors from lobbying in accordance with this section and requiring subcontractors to certify and disclose accordingly.

- 26. Severability.** The provisions of this Agreement are severable. If any court holds any provision of this Agreement, including any provision of any document incorporated by reference, invalid, that invalidity shall not affect the other provisions this Agreement.

- 27. Subcontracting.**

- a. The AAA may, without further notice to DSHS; subcontract for those services specifically defined in the Area Plan submitted to and approved by DSHS, except subcontracts with for-profit entities must have prior DSHS approval.
- b. The AAA must obtain prior written approval from DSHS to subcontract for services not specifically defined in the approved Area Plan.
- c. Any subcontracts shall be in writing and the AAA shall be responsible to ensure that all terms, conditions, assurances and certifications set forth in this Agreement are included in any and all

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client services Subcontracts unless an exception to including a particular term or terms has been approved in advance by DSHS.

- d. Subcontractors are prohibited from subcontracting for direct client services without the prior written approval from the AAA.
- e. When the nature of the service the subcontractor is to provide requires a certification, license or approval, the AAA may only subcontract with such contractors that have and agree to maintain the appropriate license, certification or accrediting requirements/standards.
- f. In any contract or subcontract awarded to or by the AAA in which the authority to determine service recipient eligibility is delegated to the AAA or to a subcontractor, such contract or subcontract shall include a provision acceptable to DSHS that specifies how client eligibility will be determined and how service applicants and recipients will be informed of their right to a fair hearing in case of denial or termination of a service, or failure to act upon a request for services with reasonable promptness.
- g. If DSHS, the AAA, and a subcontractor of the AAA are found by a jury or trier of fact to be jointly and severally liable for damages rising from any act or omission from the contract, then DSHS shall be responsible for its proportionate share, and the AAA shall be responsible for its proportionate share. Should the subcontractor be unable to satisfy its joint and several liability, DSHS and the AAA shall share in the subcontractor's unsatisfied proportionate share in direct proportion to the respective percentage of their fault as found by the jury or trier of fact. Nothing in this term shall be construed as creating a right or remedy of any kind or nature in any person or party other than DSHS and the AAA. This term shall not apply in the event of a settlement by either DSHS or the AAA.
- h. Any subcontract shall designate subcontractor as AAA's Business Associate, as defined by HIPAA, and shall include provisions as required by HIPAA for Business Associate contract. AAA shall ensure that all client records and other PHI in possession of subcontractor are returned to AAA at the termination or expiration of the subcontract.

28. Subrecipients.

- a. General. If the AAA is a subrecipient of federal awards as defined by 2 CFR Part 200 and this Agreement, the AAA shall:
 - (1) Maintain records that identify, in its accounts, all federal awards received and expended and the federal programs under which they were received, by Catalog of Federal Domestic Assistance (CFDA) title and number, award number and year, name of the federal agency, and name of the pass-through entity;
 - (2) Maintain internal controls that provide reasonable assurance that the AAA is managing federal awards in compliance with laws, regulations, and provisions of contracts or grant agreements that could have a material effect on each of its federal programs;
 - (3) Prepare appropriate financial statements, including a schedule of expenditures of federal awards;
 - (4) Incorporate 2 CFR Part 200, Subpart F audit requirements into all agreements between the Contractor and its Subcontractors who are subrecipients;
 - (5) Comply with the applicable requirements of 2 CFR Part 200, including any future amendments to 2 CFR Part 200, and any successor or replacement Office of Management and Budget

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(OMB) Circular or regulation; and

(6) Comply with the Omnibus Crime Control and Safe streets Act of 1968, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990, Title IX of the Education Amendments of 1972, The Age Discrimination Act of 1975, and The Department of Justice Non-Discrimination Regulations, 28 C.F.R. Part 42, Subparts C.D.E. and G, and 28 C.F.R. Part 35 and 39. (Go to <https://ojp.gov/about/offices/ocr.htm> for additional information and access to the aforementioned Federal laws and regulations.)

- b. Single Audit Act Compliance. If the AAA is a subrecipient and expends \$750,000 or more in federal awards from all sources in any fiscal year, the AAA shall procure and pay for a single audit or a program-specific audit for that fiscal year. Upon completion of each audit, the AAA shall:
 - (1) Submit to the DSHS contact person the data collection form and reporting package specified in 2 CFR Part 200, Subpart F, reports required by the program-specific audit guide (if applicable), and a copy of any management letters issued by the auditor;
 - (2) Follow-up and develop corrective action for all audit findings; in accordance with 2 CFR Part 200, Subpart F; prepare a "Summary Schedule of Prior Audit Findings" reporting the status of all audit findings included in the prior audit's schedule of findings and questioned costs.
- c. Overpayments. If it is determined by DSHS, or during the course of the required audit, that the AAA has been paid unallowable costs under this Agreement, DSHS may require the AAA to reimburse DSHS in accordance with 2 CFR Part 200.
 - (1) For any identified overpayment involving a subcontract between the AAA and a tribe, DSHS agrees it will not seek reimbursement from the AAA, if the identified overpayment was not due to any failure by the AAA.

29. Survivability. The terms and conditions contained in this Agreement, which by their sense and context, are intended to survive the expiration of the particular agreement shall survive. Surviving terms include, but are not limited to: Confidentiality, Disputes, Inspection, Maintenance of Records, Ownership of Material, Responsibility, Termination for Default, Termination Procedure, and Title to Property.

30. Contract Renegotiation, Suspension, or Termination Due to Change in Funding. If the funds DSHS relied upon to establish this Contract or Program Agreement are withdrawn, reduced or limited, or if additional or modified conditions are placed on such funding, after the effective date of this contract but prior to the normal completion of this Contract or Program Agreement:

- a. The Contract or Program Agreement may be renegotiated under the revised funding conditions.
- b. At DSHS's discretion, DSHS may give notice to the AAA to suspend performance when DSHS determines that there is reasonable likelihood that the funding insufficiency may be resolved in a timeframe that would allow Contractor's performance to be resumed prior to the normal completion date of this contract.
 - (1) During the period of suspension of performance, each party will inform the other of any conditions that may reasonably affect the potential for resumption of performance.
 - (2) When DSHS determines that the funding insufficiency is resolved, it will give Contractor written notice to resume performance. Upon the receipt of this notice, Contractor will provide written

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notice to DSHS informing DSHS whether it can resume performance and, if so, the date of resumption. For purposes of this subsection, "written notice" may include email.

- (3) If the AAA's proposed resumption date is not acceptable to DSHS and an acceptable date cannot be negotiated, DSHS may terminate the contract by giving written notice to Contractor. The parties agree that the Contract will be terminated retroactive to the date of the notice of suspension. DSHS shall be liable only for payment in accordance with the terms of this Contract for services rendered prior to the retroactive date of termination.

- c. DSHS may immediately terminate this Contract by providing written notice to the AAA. The termination shall be effective on the date specified in the termination notice. DSHS shall be liable only for payment in accordance with the terms of this Contract for services rendered prior to the effective date of termination. No penalty shall accrue to DSHS in the event the termination option in this section is exercised.

31. Termination for Convenience. The Contracts Administrator may terminate this Agreement or any in whole or in part for convenience by giving the AAA at least thirty (30) calendar days' written notice. The AAA may terminate this Agreement for convenience by giving DSHS at least thirty (30) calendar days' written notice addressed to: Central Contract Services, PO Box 45811, Olympia, Washington 98504-5811.

32. Termination for Default.

- a. The Contracts Administrator may terminate this Agreement for default, in whole or in part, by written notice to the AAA, if DSHS has a reasonable basis to believe that the AAA has:
 - (1) Failed to meet or maintain any requirement for contracting with DSHS;
 - (2) Failed to perform under any provision of this Agreement;
 - (3) Violated any law, regulation, rule, or ordinance applicable to this Agreement; and/or
 - (4) Otherwise breached any provision or condition of this Agreement.
- b. Before the Contracts Administrator may terminate this Agreement for default, DSHS shall provide the AAA with written notice of the AAA's noncompliance with the agreement and provide the AAA a reasonable opportunity to correct the AAA's noncompliance. If the AAA does not correct the AAA's noncompliance within the period of time specified in the written notice of noncompliance, the Contracts Administrator may then terminate the agreement. The Contracts Administrator may terminate the agreement for default without such written notice and without opportunity for correction if DSHS has a reasonable basis to believe that a client's health or safety is in jeopardy.
- c. The AAA may terminate this Agreement for default, in whole or in part, by written notice to DSHS, if the AAA has a reasonable basis to believe that DSHS has:
 - (1) Failed to meet or maintain any requirement for contracting with the AAA;
 - (2) Failed to perform under any provision of this Agreement;
 - (3) Violated any law, regulation, rule, or ordinance applicable to this Agreement; and/or
 - (4) Otherwise breached any provision or condition of this Agreement.

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- d. Before the AAA may terminate this Agreement for default, the AAA shall provide DSHS with written notice of DSHS' noncompliance with the Agreement and provide DSHS a reasonable opportunity to correct DSHS' noncompliance. If DSHS does not correct DSHS' noncompliance within the period of time specified in the written notice of noncompliance, the AAA may then terminate the Agreement.

33. Termination Procedure. The following provisions apply in the event this Agreement is terminated:

- a. The AAA shall cease to perform any services required by this Agreement as of the effective date of termination and shall comply with all reasonable instructions contained in the notice of termination which are related to the transfer of clients, distribution of property, and termination of services.
- b. The AAA shall promptly deliver to the DSHS contact person (or to his or her successor) listed on the first page this Agreement, all DSHS assets (property) in the AAA's possession, including any material created under this Agreement. Upon failure to return DSHS property within ten (10) working days of the Agreement termination, the AAA shall be charged with all reasonable costs of recovery, including transportation. The AAA shall take reasonable steps to protect and preserve any property of DSHS that is in the possession of the AAA pending return to DSHS.
- c. DSHS shall be liable for and shall pay for only those services authorized and provided through the effective date of termination. DSHS may pay an amount mutually agreed by the parties for partially completed work and services, if work products are useful to or usable by DSHS.
- d. If the Contracts Administrator terminates this Agreement for default, DSHS may withhold a sum from the final payment to the AAA that DSHS determines is necessary to protect DSHS against loss or additional liability. DSHS shall be entitled to all remedies available at law, in equity, or under this Agreement. If it is later determined that the AAA was not in default, or if the AAA terminated this Agreement for default, the AAA shall be entitled to all remedies available at law, in equity, or under this Agreement.

34. Treatment of Client Property. Unless otherwise provided in the applicable Agreement, the AAA shall ensure that any adult client receiving services from the AAA under this Agreement has unrestricted access to the client's personal property. The AAA shall not interfere with any adult client's ownership, possession, or use of the client's property. The AAA shall provide clients under age eighteen (18) with reasonable access to their personal property that is appropriate to the client's age, development, and needs. Upon termination or completion of this Agreement, the AAA shall promptly release to the client and/or the client's guardian or custodian all of the client's personal property. This section does not prohibit the AAA from implementing such lawful and reasonable policies, procedures and practices as the AAA deems necessary for safe, appropriate, and effective service delivery (for example, appropriately restricting clients' access to, or possession or use of, lawful or unlawful weapons and drugs).

35. Waiver. Waiver of any breach or default on any occasion shall not be deemed to be a waiver of any subsequent breach or default. Any waiver shall not be construed to be a modification of the terms and conditions of this Agreement unless amended as set forth in Section 1, Amendment. Only the Contracts Administrator or designee has the authority to waive any term or condition of this Agreement on behalf of DSHS.

HIPAA Compliance

Preamble: This section of the Contract is the Business Associate Agreement as required by HIPAA.

36. Definitions

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- a. "Business Associate," as used in this Contract, means the "Contractor" and generally has the same meaning as the term "business associate" at 45 CFR 160.103. Any reference to Business Associate in this Contract includes Business Associate's employees, agents, officers, Subcontractors, third party contractors, volunteers, or directors.
- b. "Business Associate Agreement" means this HIPAA Compliance section of the Contract and includes the Business Associate provisions required by the U.S. Department of Health and Human Services, Office for Civil Rights.
- c. "Breach" means the acquisition, access, use, or disclosure of Protected Health Information in a manner not permitted under the HIPAA Privacy Rule which compromises the security or privacy of the Protected Health Information, with the exclusions and exceptions listed in 45 CFR 164.402.
- d. "Covered Entity" means DSHS, a Covered Entity as defined at 45 CFR 160.103, in its conduct of covered functions by its health care components.
- e. "Designated Record Set" means a group of records maintained by or for a Covered Entity, that is: the medical and billing records about Individuals maintained by or for a covered health care provider; the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or Used in whole or part by or for the Covered Entity to make decisions about Individuals.
- f. "Electronic Protected Health Information (EPHI)" means Protected Health Information that is transmitted by electronic media or maintained in any medium described in the definition of electronic media at 45 CFR 160.103.
- g. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Pub. L. 104-191, as modified by the American Recovery and Reinvestment Act of 2009 ("ARRA"), Sec. 13400 – 13424, H.R. 1 (2009) (HITECH Act).
- h. "HIPAA Rules" means the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Parts 160 and Part 164.
- i. "Individual(s)" means the person(s) who is the subject of PHI and includes a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g).
- j. "Minimum Necessary" means the least amount of PHI necessary to accomplish the purpose for which the PHI is needed.
- k. "Protected Health Information (PHI)" means individually identifiable health information created, received, maintained or transmitted by Business Associate on behalf of a health care component of the Covered Entity that relates to the provision of health care to an Individual; the past, present, or future physical or mental health or condition of an Individual; or the past, present, or future payment for provision of health care to an Individual. 45 CFR 160.103. PHI includes demographic information that identifies the Individual or about which there is reasonable basis to believe can be used to identify the Individual. 45 CFR 160.103. PHI is information transmitted or held in any form or medium and includes EPHI. 45 CFR 160.103. PHI does not include education records covered by the Family Educational Rights and Privacy Act, as amended, 20 USCA 1232g(a)(4)(B)(iv) or employment records held by a Covered Entity in its role as employer.
- l. "Security Incident" means the attempted or successful unauthorized access, use, disclosure, modification or destruction of information or interference with system operations in an information system.

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- m. "Subcontractor" as used in this HIPAA Compliance section of the Contract (in addition to its definition in the General Terms and Conditions) means a Business Associate that creates, receives, maintains, or transmits Protected Health Information on behalf of another Business Associate.
- n. "Use" includes the sharing, employment, application, utilization, examination, or analysis, of PHI within an entity that maintains such information.

- 37. Compliance.** Business Associate shall perform all Contract duties, activities and tasks in compliance with HIPAA, the HIPAA Rules, and all attendant regulations as promulgated by the U.S. Department of Health and Human Services, Office of Civil Rights.
- 38. Use and Disclosure of PHI.** Business Associate is limited to the following permitted and required uses or disclosures of PHI:
- a. **Duty to Protect PHI.** Business Associate shall protect PHI from, and shall use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 (Security Standards for the Protection of Electronic Protected Health Information) with respect to EPHI, to prevent the unauthorized Use or disclosure of PHI other than as provided for in this Contract or as required by law, for as long as the PHI is within its possession and control, even after the termination or expiration of this Contract.
 - b. **Minimum Necessary Standard.** Business Associate shall apply the HIPAA Minimum Necessary standard to any Use or disclosure of PHI necessary to achieve the purposes of this Contract. See 45 CFR 164.514 (d)(2) through (d)(5).
 - c. **Disclosure as Part of the Provision of Services.** Business Associate shall only Use or disclose PHI as necessary to perform the services specified in this Contract or as required by law, and shall not Use or disclose such PHI in any manner that would violate Subpart E of 45 CFR Part 164 (Privacy of Individually Identifiable Health Information) if done by Covered Entity, except for the specific uses and disclosures set forth below.
 - d. **Use for Proper Management and Administration.** Business Associate may Use PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.
 - e. **Disclosure for Proper Management and Administration.** Business Associate may disclose PHI for the proper management and administration of Business Associate or to carry out the legal responsibilities of the Business Associate, provided the disclosures are required by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been Breached.
 - f. **Impermissible Use or Disclosure of PHI.** Business Associate shall report to DSHS in writing all Uses or disclosures of PHI not provided for by this Contract within one (1) business day of becoming aware of the unauthorized Use or disclosure of PHI, including Breaches of unsecured PHI as required at 45 CFR 164.410 (Notification by a Business Associate), as well as any Security Incident of which it becomes aware. Upon request by DSHS, Business Associate shall mitigate, to the extent practicable, any harmful effect resulting from the impermissible Use or disclosure.
 - g. **Failure to Cure.** If DSHS learns of a pattern or practice of the Business Associate that constitutes a violation of the Business Associate's obligations under the terms of this Contract and reasonable steps by DSHS do not end the violation, DSHS shall terminate this Contract, if feasible. In addition,

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If Business Associate learns of a pattern or practice of its Subcontractors that constitutes a violation of the Business Associate's obligations under the terms of their contract and reasonable steps by the Business Associate do not end the violation, Business Associate shall terminate the Subcontract, if feasible.

- h. Termination for Cause. Business Associate authorizes immediate termination of this Contract by DSHS, if DSHS determines that Business Associate has violated a material term of this Business Associate Agreement. DSHS may, at its sole option, offer Business Associate an opportunity to cure a violation of this Business Associate Agreement before exercising a termination for cause.
- i. Consent to Audit. Business Associate shall give reasonable access to PHI, its internal practices, records, books, documents, electronic data and/or all other business information received from, or created or received by Business Associate on behalf of DSHS, to the Secretary of DHHS and/or to DSHS for use in determining compliance with HIPAA privacy requirements.
- j. Obligations of Business Associate Upon Expiration or Termination. Upon expiration or termination of this Contract for any reason, with respect to PHI received from DSHS, or created, maintained, or received by Business Associate, or any Subcontractors, on behalf of DSHS, Business Associate shall:
 - (1) Retain only that PHI which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities;
 - (2) Return to DSHS or destroy the remaining PHI that the Business Associate or any Subcontractors still maintain in any form;
 - (3) Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 (Security Standards for the Protection of Electronic Protected Health Information) with respect to Electronic Protected Health Information to prevent Use or disclosure of the PHI, other than as provided for in this Section, for as long as Business Associate or any Subcontractors retain the PHI;
 - (4) Not Use or disclose the PHI retained by Business Associate or any Subcontractors other than for the purposes for which such PHI was retained and subject to the same conditions set out in the "Use and Disclosure of PHI" section of this Contract which applied prior to termination; and
 - (5) Return to DSHS or destroy the PHI retained by Business Associate, or any Subcontractors, when it is no longer needed by Business Associate for its proper management and administration or to carry out its legal responsibilities.
- k. Survival. The obligations of the Business Associate under this section shall survive the termination or expiration of this Contract.

39. Individual Rights.

- a. Accounting of Disclosures.
 - (1) Business Associate shall document all disclosures, except those disclosures that are exempt under 45 CFR 164.528, of PHI and information related to such disclosures.
 - (2) Within ten (10) business days of a request from DSHS, Business Associate shall make available to DSHS the information in Business Associate's possession that is necessary for DSHS to respond in a timely manner to a request for an accounting of disclosures of PHI by the Business

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Associate. See 45 CFR 164.504(e)(2)(ii)(G) and 164.528(b)(1).

- (3) At the request of DSHS or in response to a request made directly to the Business Associate by an Individual, Business Associate shall respond, in a timely manner and in accordance with HIPAA and the HIPAA Rules, to requests by Individuals for an accounting of disclosures of PHI.
- (4) Business Associate record keeping procedures shall be sufficient to respond to a request for an accounting under this section for the six (6) years prior to the date on which the accounting was requested.

b. Access

- (1) Business Associate shall make available PHI that it holds that is part of a Designated Record Set when requested by DSHS or the Individual as necessary to satisfy DSHS's obligations under 45 CFR 164.524 (Access of Individuals to Protected Health Information).
- (2) When the request is made by the Individual to the Business Associate or if DSHS asks the Business Associate to respond to a request, the Business Associate shall comply with requirements in 45 CFR 164.524 (Access of Individuals to Protected Health Information) on form, time and manner of access. When the request is made by DSHS, the Business Associate shall provide the records to DSHS within ten (10) business days.

c. Amendment.

- (1) If DSHS amends, in whole or in part, a record or PHI contained in an Individual's Designated Record Set and DSHS has previously provided the PHI or record that is the subject of the amendment to Business Associate, then DSHS will inform Business Associate of the amendment pursuant to 45 CFR 164.526(c)(3) (Amendment of Protected Health Information).
- (2) Business Associate shall make any amendments to PHI in a Designated Record Set as directed by DSHS or as necessary to satisfy DSHS's obligations under 45 CFR 164.526 (Amendment of Protected Health Information).

- 40. Subcontracts and other Third Party Agreements.** In accordance with 45 CFR 164.502(e)(1)(ii), 164.504(e)(1)(i), and 164.308(b)(2), Business Associate shall ensure that any agents, Subcontractors, independent contractors or other third parties that create, receive, maintain, or transmit PHI on Business Associate's behalf, enter into a written contract that contains the same terms, restrictions, requirements, and conditions as the HIPAA compliance provisions in this Contract with respect to such PHI. The same provisions must also be included in any contracts by a Business Associate's Subcontractor with its own business associates as required by 45 CFR 164.314(a)(2)(b) and 164.504(e)(5) .
- 41. Obligations.** To the extent the Business Associate is to carry out one or more of DSHS's obligation(s) under Subpart E of 45 CFR Part 164 (Privacy of Individually Identifiable Health Information), Business Associate shall comply with all requirements that would apply to DSHS in the performance of such obligation(s).
- 42. Liability.** Within ten (10) business days, Business Associate must notify DSHS of any complaint, enforcement or compliance action initiated by the Office for Civil Rights based on an allegation of violation of the HIPAA Rules and must inform DSHS of the outcome of that action. Business Associate bears all responsibility for any penalties, fines or sanctions imposed against the Business Associate for violations of the HIPAA Rules and for any imposed against its Subcontractors or agents for which it is found liable.

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43. Breach Notification.

- a. In the event of a Breach of unsecured PHI or disclosure that compromises the privacy or security of PHI obtained from DSHS or involving DSHS clients, Business Associate will take all measures required by state or federal law.
- b. Business Associate will notify DSHS within one (1) business day by telephone and in writing of any acquisition, access, Use or disclosure of PHI not allowed by the provisions of this Contract or not authorized by HIPAA Rules or required by law of which it becomes aware which potentially compromises the security or privacy of the Protected Health Information as defined in 45 CFR 164.402 (Definitions).
- c. Business Associate will notify the DSHS Contact shown on the cover page of this Contract within one (1) business day by telephone or e-mail of any potential Breach of security or privacy of PHI by the Business Associate or its Subcontractors or agents. Business Associate will follow telephone or e-mail notification with a faxed or other written explanation of the Breach, to include the following: date and time of the Breach, date Breach was discovered, location and nature of the PHI, type of Breach, origination and destination of PHI, Business Associate unit and personnel associated with the Breach, detailed description of the Breach, anticipated mitigation steps, and the name, address, telephone number, fax number, and e-mail of the individual who is responsible as the primary point of contact. Business Associate will address communications to the DSHS Contact. Business Associate will coordinate and cooperate with DSHS to provide a copy of its investigation and other information requested by DSHS, including advance copies of any notifications required for DSHS review before disseminating and verification of the dates notifications were sent.
- d. If DSHS determines that Business Associate or its Subcontractor(s) or agent(s) is responsible for a Breach of unsecured PHI:
 - (1) requiring notification of Individuals under 45 CFR § 164.404 (Notification to Individuals), Business Associate bears the responsibility and costs for notifying the affected Individuals and receiving and responding to those Individuals' questions or requests for additional information;
 - (2) requiring notification of the media under 45 CFR § 164.406 (Notification to the media), Business Associate bears the responsibility and costs for notifying the media and receiving and responding to media questions or requests for additional information;
 - (3) requiring notification of the U.S. Department of Health and Human Services Secretary under 45 CFR § 164.408 (Notification to the Secretary), Business Associate bears the responsibility and costs for notifying the Secretary and receiving and responding to the Secretary's questions or requests for additional information; and
 - (4) DSHS will take appropriate remedial measures up to termination of this Contract.

44. Miscellaneous Provisions.

- a. **Regulatory References.** A reference in this Contract to a section in the HIPAA Rules means the section as in effect or amended.
- b. **Interpretation.** Any ambiguity in this Contract shall be interpreted to permit compliance with the HIPAA Rules.

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1. Definitions.

- a. "AAA" or "Contractor" shall mean the Area Agency on Aging that is a party to this agreement, and includes the AAA's officers, directors, trustees, employees and/or agents unless otherwise stated in this Agreement. For purposes of this Agreement, the AAA or agent shall not be considered an employee of DSHS
- b. "Agreement" means this Agreement, including all documents attached or incorporated by reference.
- c. "Allocable costs" are those costs which are chargeable or assignable to a particular cost objective in accordance with the relative benefits received by those costs.
- d. "Allowable costs" are those costs necessary and reasonable for proper and efficient performance of this Agreement and in conformance with this Agreement. Allowable costs under federal awards to local or tribal governments must be in conformance with Office of Management and Budget (OMB) Circular A-87, Cost Principles for State, Local and Indian Tribal Governments; allowable costs under federal awards to non-profit organizations must be in conformance with OMB Circular A-122, Cost Principles for Non-Profit Organizations.
- e. "Area Plan" means the document submitted by the AAA to DSHS for approval every four years, with updates every two years, which sets forth goals, measurable objectives, outcomes, units of service, and identifies the planning, coordination, administration, social services and evaluation of activities to be undertaken by the AAA to carry out the purposes of the Older Americans Act, the Social Security Act, the Senior Citizens Services Act, or any other statute for which the AAA receives funds.
- f. "Assignment" means the act of transferring to another the rights and obligations under this Agreement.
- g. "Business Associate" means a Business Associate as defined in 45 CFR 160.103, who performs or assists in the performance of an activity for or on behalf of the Covered Entity that involves the use or disclosure of protected health information (PHI). Any reference to Business Associate under this Agreement includes Business Associate's employees, agents, officers, subcontractors, third party contractor's, volunteers, or directors.
- h. "CFR" means Code of Federal Regulations. All references in this Agreement to the CFR shall include any successor, amended, or replacement regulation.
- i. "Client" means an individual that is eligible for or receiving services provided by the AAA in connection with this Agreement.
- j. "Covered Entity" means DSHS, a Covered Entity as defined in 45 CFR 160.103.
- k. "Contracts Administrator" means the manager, or successor, of Central Contract Services or successor section or office.
- l. "Debarment" means an action taken by a Federal official to exclude a person or business entity from participating in transactions involving certain federal funds.
- m. "Designated Record Set" means a group of records maintained by or for the Covered Entity that is

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the medical and billing records about the individuals or the enrollment, payment, claims adjudication, and case or medical management records, used in whole or part by or for the Covered Entity to make decisions about individuals.

- n. "DSHS" or "the Department" means the state of Washington Department of Social and Health Services and its employees and authorized agents.
- o. "Equipment" means tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of \$5000 or more per unit.
- p. "Fixed Price Award contract" means the portion of this contract where DSHS provides a unit rate payment for activities that were completed in accordance with the terms and conditions of this contract.
- q. "Grievance" means an expression of a concern or dissatisfaction related to a beneficiary's experience with the person-centered planning process, service plan requirements, and Home and Community Based Services setting requirements. These expressions of concern or dissatisfaction will be resolved through local processes to the maximum extent possible.
- r. "HIPAA" means the Health Information Portability and Accountability Act of 1996, as codified at 42 USCA 1320d-d8.
- s. "Individual" means the person who is the subject of PHI and includes a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g).
- t. Long Term Services and Supports (LTSS) Presumptive Eligibility (PE) is a package of services allowing the state to waive certain Medicaid requirements and provides individuals an opportunity for expedited access to specific home and community-based services in their own home and Medicaid medical coverage, for a limited time, while full functional and financial eligibility are being determined.
- u. "Older Americans Act" refers to P.L. 106-501, 106th Congress, and any subsequent amendments or replacement statutes thereto.
- v. "Personal Information" means information identifiable to any person, including, but not limited to, information that relates to a person's name, health, finances, education, business, use or receipt of governmental services or other activities, addresses, telephone numbers, social security numbers, driver license numbers, other identifying numbers, and any financial identifiers.
- w. "PHI" means protected health information and is information created or received by Business Associate from or on behalf of Covered Entity that relates to the provision of health care to an individual; the past, present, or future physical or mental health or condition of an individual; or past, present or future payment for provision of health care to an individual. 45 CFR 160 and 14. PHI includes demographic information that identifies the individual or about which there is reasonable basis to believe, can be used to identify the individual. 45 CFR 160.103. PHI is information transmitted, maintained, or stored in any form or medium. 45 CFR 164.501. PHI does not include education records covered by the Family Educational Right and Privacy Act, as amended, 20 USCA 1232g(a)(4)(b)(iv).
- x. "RCW" means the Revised Code of Washington. All references in this Agreement to RCW chapters or sections shall include any successor, amended, or replacement statute. Pertinent RCW chapters can be accessed at <http://slc.leg.wa.gov/>.

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- y. "Real Property" means land, including land improvements, structures, and appurtenances thereto, excluding movable machinery and equipment.
- z. "Regulation" means any federal, state, or local regulation, rule, or ordinance.
- aa. "Subcontract" and "AAA Provider Contract" means any separate agreement or contract between the AAA and an individual or entity ("Subcontractor") to perform all or a portion of the duties and obligations that the Contractor is obligated to perform pursuant to this Agreement.
- bb. "Subcontractor" and "AAA Provider Contractor" means an individual or entity (including its officers, directors, trustees, employees, and/or agents) with whom the AAA contracts to provide services that are specifically defined in the Area Plan or are otherwise approved by DSHS in accordance with this Agreement.
- cc. "Subrecipient" means a non-federal entity that expends federal awards received from a pass-through entity to carry out a federal program, but does not include an individual that is a beneficiary of such a program. A subrecipient may also be a recipient of other federal awards directly from a federal awarding agency.
- dd. "Supplies" means all tangible personal property other than equipment as defined herein.
- ee. "WAC" means the Washington Administrative Code. All references in this Agreement to WAC chapters or sections shall include any successor, amended, or replacement regulation. Pertinent WAC chapters or sections can be accessed at <http://slc.leg.wa.gov/>.
- ff. "Unique Entity Identifier (UEI)" means a unique number assigned to all entities (public and private companies, individuals, institutions, or organizations) who register to do business with the federal government.

- 2. **Statement of Work.** The AAA shall provide the services and staff, and otherwise do all things necessary for or incidental to the performance of work, as set forth in the attached Statement of Work (Exhibit A).
- 3. **Consideration.** Total consideration payable to the AAA for satisfactory performance of the work under this Agreement is a maximum of **\$6,228,035**, including any and all expenses and shall be based on the attached Exhibit B, Budget.
- 4. **Billing and Payment.**

- a. **Billing.** The AAA shall submit invoices using State Form A-19 Invoice Voucher, or such other form as designated by DSHS. Consideration for services rendered shall be payable upon receipt and acceptance of properly completed invoices which shall be submitted to DSHS by the AAA not more often than monthly.

Except for costs associated with Case Management and Nursing Services for MPC, COPES, MNIW, and Chore clients, DSHS will pay to the AAA all allowable and allocable costs incurred as evidenced by proper invoice in accordance with the ADISA approved AAA Cost Allocation Plan, Budget (Exhibit B), and Section 3, Consideration, of this Agreement. The invoice shall describe and document to DSHS' satisfaction, the work performed, activities accomplished, progress of the project, and fees.

- a. **Payment.** Payment for **Medicaid Case Management and Nursing Services**, including Medicaid State plan, Waiver, Roads to Community Living (RCL), and state-funded Chore clients will be based

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on a monthly rate of **\$247.84** from DSHS Allocated Title XIX/Chore funding per month for each in-home agency personal care or in-home individual provider authorized case authorized by the AAA each month. In addition, in-home cases authorized with a service, but no personal care, will be paid at the full fixed rate.

Each AAA is required to staff on average a maximum of 80.2:1 clients to each clinical staff, in SFY27, beginning July 1, 2026. The CM/NS Unit Rate payment will be adjusted monthly if the contractually obligated caseload ratio of clients to clinical (Case Management/Nursing staff) exceeds 80.2:1.

- (1) **Title XIX Medicaid, CFDA No. 93.778 and State-Funded Chore.** Payment for Medicaid Case Management, Nursing Services, New Freedom Eligibility Determination/Consultation Services, and Core Services Contract Management is based on the number of cases authorized per month, multiplied by the AAAs approved rate per case month.

These services are delivered and reimbursed as a fixed rate award. Portions of payments may be recovered by DSHS if the terms and conditions are not fully met.

The average monthly projection of case management caseload over the course of this Agreement is **1,354**. The AAA will be paid for the number of actual cases authorized each month according to the payment schedule above.

If the AAA is referred and serves a WA Roads or GOSH case that is not otherwise counted in the caseload above, payment will be based on the same monthly rates as above. These cases will be considered in the clinical caseload ratio.

- (3) **Case Management/Nursing Services Deliverables for Payment.** Case Management/Nursing Services deliverables (including New Freedom):

(a) Maintain a clinical ratio averaged across the AAA of no more than 80.2:1.

- i. Countable FTE portions will include clinical staff providing CMNS who are in paid status by the AAA and have worked at least one day during the service month. FTEs in full Paid Family Medical Leave (PFML) would not be eligible to be counted for this purpose.
- ii. Vacant FTEs may be included in the staff ratio count for up to three (3) months during recruitment to fill an ongoing or new position.
- iii. Listed FTEs may exceed 1.0 when the CM/RN staff person works overtime.
- iv. New case transfers from HCS may be excluded from the caseload ratio calculation for the month of transfer and the next full month while the AAA adjusts to the higher caseload.

(b) Good standing in the annual Quality Assurance (QA) cycle with full remediation (as possible) of findings, Performance Improvement Plan (PIP) requirements met and required Supervisory Reviews meeting at least 86% proficiency.

- (4) **Payment for Core Services Contract Management.**

Payment for **Core Services Contract Management** for Medicaid State Plan, Waiver, Roads to Community Living (RCL)/WA Roads, and state-funded Chore contracted services will be based on successful completion of deliverables listed below and on a monthly rate of **\$13.99** from

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DSHS Allocated Title XIX/Chore funding per month for each in-home agency personal care or in-home individual provider case authorized to the AAA each month based on the HCLA generated caseload report.

Compliance with Chapter 6 and with the fiscal and program deliverables for Core Services Contract Management is an expectation. Each AAA will complete the CSCM compliance attestation in accordance with the SFY26 State/Fed Management Bulletin. The Core Services Contract Management unit rate will be adjusted or partially recovered if contract deliverables are not met. An adjustment may not be assessed if the AAA notifies HCLA and presents good faith reasons for being out of compliance and provides a corrective action plan, prior to discovery of non-compliance with core services contract management deliverables. The AAA CAP submission for the previous year CSCM non-compliance must include dates of compliance with CSCM contract deliverables and must be submitted in the first 14 days of March.

HCLA may request any of the documents listed under the deliverables section with expectation of receipt from the AAA within a five (5) business day turnaround. HCLA may ask for additional documents at any time via requesting the AAA monitoring tracker/calendar showing the date of the risk assessment, date the final letter/monitoring report was completed, type of monitor, and date of the finalized corrective action plan. In addition, HCLA may ask for the actual risk assessments, final letter/monitoring report and finalized corrective action plans for any provider the AAA is required to monitor

(5) Core Services Contract Management Deliverables for Payment.

The fiscal and program deliverables for Core Services Contract Management for each calendar year are:

(a) Complete all contracted service providers risk assessments for Medicaid State Plan, Waiver, Roads to Community Living (RCL)/WA Roads, and state-funded contracted service providers.

(b) Complete response/processing on all contract applications within required timeframes. Contract applications (open procurement) completed/processed outside of the required timeframes must have documentation explaining the extended processing time.

(c) Complete all monitoring annually (final letter/monitoring report) for Medicaid State Plan, Waiver, Roads to Community Living (RCL)/WA Roads, and state-funded Chore contracted service providers within the 90-day time frame noted in Chapter 6.

(d) Approve corrective action plans for contracted service providers (as needed) and complete follow up on correction action plans (as needed) for Medicaid State Plan, Waiver, Roads to Community Living (RCL)/WA Roads, and state-funded Chore programs.

(e) The type of contracted service provider monitoring must match the assigned annual risk assessment level and score. AAAs may conduct a more comprehensive type of monitoring at their discretion.

(f) Previous calendar year home care and Adult Day Services final monitoring reports will be submitted to Home and Community Living Administration during the first fourteen (14) calendar days in March.

(6) Timely Payments.

Payment shall be considered timely if made by DSHS within thirty (30) days after receipt and

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acceptance by DSHS of the properly completed invoices. Payment shall be sent to the address designated by the AAA on page one (1) of this Agreement. DSHS may, at its sole discretion, withhold payment claimed by the AAA for services rendered if AAA fails to satisfactorily comply with any term or condition of this Agreement.

DSHS shall not make any payments in advance or anticipation of the delivery of services to be provided pursuant to this Agreement. Unless otherwise specified in this Agreement, DSHS shall not pay any claims for payment for services submitted more than 6 months after completion of the contract period. The AAA shall not bill DSHS for services performed under this Agreement, and DSHS shall not pay the AAA, if the AAA has charged or will charge the State of Washington or any other party under any other contract or agreement for the same services.

(7) Long Term Services and Support (LTSS) Presumptive Eligibility (PE).

Payment for LTSS PE will be based on one rate for both LTSS PE services listed below in (a) and (b).

- (a) **\$332.67** for the month of completion of the LTSS PE screening(s)/assessment(s), care plan(s), Recipient Access Codes (RACs) and authorization of services. **And;**
- (b) **\$332.67** per month beginning after the month that LTSS PE screening was completed, for LTSS PE case management services shared with Home and Community Services (HCS), and the full CARE assessment is completed and finalized in Current status in the CARE client management system, the PE RAC is ended, and the LTSS program RAC is opened by HCS and the Area Agency on Aging (AAA) accepts sole responsibility of the ongoing case management. (**For Aging and Disability Services (ADS) only: Asian Counseling and Referral Service (ACRS), Chinese Information and Service Center (CISC) and ADS for individuals identifying as Muckleshoot tribal members can be paid the one time only front door initial in-home assessment rate to determine full functional eligibility after the month that the LTSS PE screening is completed and, until the full CARE assessment is completed and finalized in Current status in the CARE client management system, the PE RAC is ended, and the LTSS program RAC is opened by ADS, ACRS, or CISC, and ADS, ACRS, or CISC accepts sole responsibility of the ongoing case management. If ADS, ACRS and CISC provide the in-home CARE assessment for eligibility, these entities cannot bill for LTSS PE case management and the front door in-home assessment rate.**)
- (c) Monthly invoices will be based on the Caseload Reports provided by HCLA. If the AAA accepts the HCS transfer of a PE case at any point during a calendar month, the TXIX Unit Rate will be paid for that month instead of the PE rate.
- (d) Staff time spent with PE clients may not be counted toward TXIX CM Caseload Ratio until the month of the HCS transfer the client as fully eligible.

Community Living Connections (CLC) options counseling/prescreening is outside of this scope and rate. CLC staff time for prescreening may be eligible for Medicaid Administrative Claiming.

- b. **Local Matching Funds: Local Matching Funds:** The AAA may spend qualifying local funds on TXIX in-home case management and use it to collect additional federal matching funds. The amount of Senior Citizens Services Act (SCSA) funding budgeted for TXIX in-home case management in the previous state fiscal year may be carried forward into this contract and inflated by the consumer price index (CPI) used in the caseload ratio adjustment factor as matching funds to draw down additional federal match. The CPI is **3.1%** in SFY27. Any additional requests for SCSA or other local fund sources to be matched must be approved by HCLA and may require

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additional FTE to be purchased with these funds. A new clinical ratio or case handling ratio will be negotiated with HCLA to draw down additional matching funds per the local matching funds schedule. If additional SCSA is proposed as a local match source, the AAA will report any impacts of reallocating SCSA funding when making the request to HCLA.

- c. **Local Matching Funds schedule:** The AAA may increase the TXIX Requested Match as an add-on for the unit rate for each authorized in-home agency personal care case, in-home individual provider, no personal care, and New Freedom case accepted by the AAA each month per the schedule below. HCLA may waive the Ratio buydown requirement if it is not met.

If Clinical Ratio is 1:80.2	Then State/Local	Fed Match

- d. The AAA shall complete and submit the attached Local Match Certification Form (Exhibit C) with their final billing. Final payment will not be made without the completed form.

5. **PACE.** Payment of **\$386.60** per client per year for annual assessment services, including annual and significant change assessment/s as needed, for in-home client participants of the Program of All-Inclusive Care for the Elderly (PACE). Participating AAAs (Pierce County ALTC, ALTCEW, Snohomish County LTCA, and may include Area Agency on Aging & Disabilities of Southwest WA only) can only receive reimbursement for assessment services once in a twelve-month period.

6. **Medicaid Alternative Care (MAC) and Tailored Support for Older Adults (TSOA) programs.**

These services are delivered and reimbursed as a fixed rate award. Portions of payments may be recovered by DSHS if the terms and conditions are not fully met. Payment for service provision cannot exceed the allocated funding. Monthly payment of \$370 for each active MAC and TSOA dyad enrolled and \$340 for each active TSOA individual enrolled per the caseload report provided by HCLA. A onetime payment of \$90 for each MAC and TSOA person listed on the HCLA waitlist.

- a. MAC and TSOA Deliverables.

- (1) Updated Warm Handoff Protocols submitted to HCLA in accordance with the due date outlined in MB.
- (2) Annual Report submitted to HCLA in accordance with due date outlined in MB.
- (3) Quality Assurance requirements met inclusive of completion of a Performance Improvement Plan (PIP) if needed.

- b. Proof of Network Adequacy efforts and contract monitoring inclusive of client samples of MAC and TSOA clients.

7. **Confidentiality.** In addition to General Terms and Conditions Confidentiality language, the AAA or its

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Subcontractors may disclose information to each other, to DSHS, or to appropriate authorities, for purposes directly connected with the services provided to the client. This includes, but is not limited to, determining eligibility, providing services, and participation in disputes, fair hearings or audits. The AAA and its Subcontractors shall disclose information for research, statistical, monitoring and evaluation purposes conducted by appropriate federal agencies and DSHS.

8. **Amendment Clause Exception.** The only exception to the General Term and Condition Amendment clause (clause 1.) is when an amendment must be processed to distribute federal funds to the Contractor and the funds must be obligated in a Short Timeframe. Short Timeframe means the Contractor is unable to follow their standard contract execution procedures in order to timely obligate the federal funds. By execution of this Contract, the Contractor prospectively agrees to the terms of the federal fund distribution amendment, which shall be limited to only adding funds to the Contractor's Budget. The Contractor's designated point-of-contact shall also email DSHS its acceptance of the amendment no later than the amendment start date.
9. **Background and Fingerprint Checks.** Background check will be completed with staff prior to having unsupervised access to clients and then every two years thereafter, and as required under RCW 43.20A.710, and RCW 43.43.830 through 43.43.842. Fingerprint check is required for staff residing in the state less than three consecutive years before employment (this is not required to be updated every two years as long as in state residency remain continuous). Documentation of successful completion of required background and fingerprint checks must be maintained.
10. **Duty to Disclose Business Transactions.**
 - a. Pursuant to 42 CFR 455.105(b), within 35 days of the date on a request by the Secretary of the U.S. Department of Health and Human Services or DSHS, Contractor must submit full and complete information related to Contractor's business transactions that include:
 - (1) The ownership of any subcontractor with whom the Contractor has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request; and
 - (2) Any significant business transactions between the Contractor and any wholly owned supplier, or between the Contractor and any subcontractor, during the 5-year period ending on the date of the request.
 - b. Failure to comply with requests made under this term may result in denial of payments until the requested information is disclosed. See 42 CFR 455.105(c).
11. **State or Federal Audit Requests.** The contractor is required to respond to State or Federal audit requests for records or documentation, within the timeframe provided by the requestor. The Contractor must provide all records requested to either State or Federal agency staff or their designees.

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Exhibit A, Statement of Work

The AAA shall provide the following services, as specified in the AAA's current area plan, either directly or through administrative oversight or subcontractors. The AAA shall comply with all applicable state and federal statute and rules, including but not limited to the United States Code, the Code of Federal Regulations, the Revised Code of Washington, the Washington Administrative Code, Federal Program Waivers for COVID-19, and any and all DSHS/HCLA standards, guidelines, policy manuals, and management bulletins, including management bulletins that grant or remove temporary COVID-19 flexibilities.

If a proposed change or combination of changes in any DSHS/HCLA standard, guideline, policy manual and/or management bulletin after the commencement of this agreement creates a new and material impact, to the extent possible and as quickly as possible DSHS will consult with the AAA or its professional association to identify potential impacts and when possible, identify how to mitigate impacts within available funding.

1. Title XIX Medicaid, ALN No. 93.778 and State-Funded Chore

- a. Core Services Contract Management. The AAA will manage subcontracts with qualified providers of agency personal care and PERS services for Medicaid/Chore clients and Developmental Disabilities Administration (DDA) Medicaid clients. For HCLA clients only, contracts managed by the AAA also include State Plan and Waiver contracts under 1915(c), 1915(k) Community First Choice, and RCL/WA Roads used to support individuals moving to or maintaining community settings. These service types are listed in the Long Term Care Manual by program. All contract management shall comply with the contract management requirements set forth in Chapter 6 of the Policies and Procedures for Area Agency on Aging Operations and Management Bulletins.
- b. Adult Day Services Program Compliance. The AAA shall contract with and conduct initial and ongoing program compliance reviews for Title XIX contracted Adult Day Care and Adult Day Health programs in accordance with all applicable regulations in chapter 388-71 WAC and chapter 388-106 WAC. The AAA shall conduct a complete review of each contracted center at least once every twelve months to ensure adequate performance and regulatory compliance with Adult Day Services WAC. These activities are included in the Core Service Contract Management unit rate.
- c. Nursing Services. The AAA will provide directly or through contracts, access to licensed medical expertise for AAA Medicaid clients in accordance with Chapter 24 of Long Term Care Manual, including the capacity to make home visits, conduct case manager, client and caregiver consultation, file reviews and to respond to emergency needs. Nursing Services will be in compliance with chapter 74.34 RCW, chapter 74.39 RCW, Chapter 74.39A RCW, and all applicable regulations in chapter 388-71 WAC and chapter 388-106 WAC.

Olympic, Southwest, Southeast, Eastern, LMT AAAs only: The AAA may provide contracted nursing services for HCLA clients and/or DDA clients in accordance with Chapter 24 of the Long Term Care Manual. Contracted Nursing for DDA will also adhere to DDA Policy 9.13 Skin Observation Protocol.

The AAA will provide administrative oversight and program development for Nursing Services for Medicaid clients in its Planning and Service Area (PSA). Such activities include monitoring performance and activities to implement DSHS policies, and preparation of reports as required by DSHS/HCLA or local requirements, subcontract development and monitoring, service planning and system development.

- d. Case Management. The AAA shall provide Case Management for Community First Choice,

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Medicaid Personal Care, COPEs Waiver, RCL, and Chore clients receiving services in their own homes as described in the Long Term Care Manual, and in compliance with chapter 74.34 RCW, chapter 74.39 RCW, chapter 74.39A RCW, and all applicable regulations in chapter 388-71 WAC, chapter 388-106 WAC, and chapter 246-335 WAC.

The AAA will plan to maintain no more than a maximum average ratio of Medicaid/Chore/WA Roads clients to Clinical (Case Manager/Nursing) FTE, as defined by DSHS/HCLA in the Special Terms & Conditions Billing and Payment Section (4.b), in its service area as a whole. The clinical caseload ratio may vary at sublevels within its service area based on the AAAs management decisions on caseload distribution or other factors. The amount of Senior Citizen Services Act and other local funds used as match for federal Medicaid funding may be negotiated.

The AAA will provide administrative oversight and program development for Case Management for Medicaid, WA Roads and Chore clients in its area. Such activities include monitoring performance, activities to implement DSHS policies, preparation of reports as required by DSHS/HCLA or local requirements, subcontract development and monitoring, service planning and system development.

- e. Front Door. Asian Counseling and Referral Service (ACRS) and Chinese Information and Service Center (CISC) are authorized to complete initial in-home assessments for identified ethnic populations with reimbursements not to exceed **\$1,015** each client. Per Budget (Exhibit B) line .49, funding is provided for these “front door” assessments completed by ACRS and CISC. The full appropriation for these front door activities must be passed on to ACRS and CISC via subcontracts between the AAA and those Agencies.

ADS/Seattle King County AAA is authorized to complete initial in-home assessments for individuals who identify as Muckleshoot tribal members. Funding is provided for up to 60 initial assessments with reimbursements not to exceed **\$1,015** each client.

- f. Laptop Replacement Schedule. The AAA shall establish a laptop replacement schedule to assure each assessor has an operational laptop that meets minimum specifications needed for the Comprehensive Assessment Reporting Evaluation (CARE) tool. The laptop replacement schedule must ensure that equipment is sufficient to operate the state’s mandated applications.
- g. Community Living Connections/Information and Assistance Medicaid Administrative Claiming. The AAA may choose to claim Federal Financial Participation (FFP) for information and assistance activities related to assisting individuals to access Medicaid, as described in the Senior Information and Assistance Program Standards or any successor program standards, including the required administrative oversight. Prior to claiming FFP, approval must be received from the Community Living Connections program manager per the requirements of MB H23-072.
- h. Medicaid New Freedom (NF) (Pierce and ADS of Seattle/King County and ALTCEW AAAs only). The AAA will provide Eligibility Determination and Care Consultation Services (CCS) for AAA Medicaid participants who choose NF in accordance with Chapter 7e of the Long Term Care Manual and all applicable regulations in chapter 388-71 WAC and chapter 388-106 WAC.

New Freedom staff and participants will be part of the required clinical ratio calculation, as defined by DSHS/HCLA in the Special Terms & Considerations Billing and Payment Section (4.b). New Freedom budget authorizations to the FMS will validate active client case management status for any month that client is active and personal care is not authorized.

The AAA will provide administrative oversight and program development for CCS for NF in its service area. Such activities include monitoring performance, activities to implement DSHS policies, and preparation of reports as required by DSHS/HCLA or local requirements.

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i. 1519 Outcome and Performance Measures: The following outcomes and performance measures are incorporated into this Contract, as required by RCWs 70.320.040 and 74.39A.090:

1. Outcome: Health/Wellness
Performance Measures
 - Adults' Access to Preventative/Ambulatory Care
 - Alcohol/Drug Treatment Penetration
 - Mental Health Treatment Penetration
2. Outcome: Stable housing in community/Quality of Life
Performance Measure
 - Home and Community-Based Long Term Services and Supports Use
3. Outcome: Reductions in costs and utilization/ Quality of Life
Performance Measure
 - Emergency Department Visits
4. Outcome: Reduction in Avoidable Hospitalizations
Performance Measure
 - Plan All-Cause Readmission Rate

When planning or delivering services under HCLA contracts, the AAA will take these outcomes and performance measures into account. Outcome and performance measure data will be gathered by DSHS and publicly reported at the Health Care Authority's Regional Service Area population level. DSHS will make AAA population level data for analysis available to the AAA at least annually.

2. Washington Roads

The AAA shall provide Case Management for individuals living in subsidized housing that has been coordinated through HCLA regardless of whether they are currently eligible for or receiving waiver/state plan home and community based services. Case management shall be provided in accordance with MB H13-072 and Chapters 5a, 5b and 30d of the LTC Manual, which includes contact by AAA staff within 14 days of receiving the case and monthly thereafter. If there is an immediate need, the AAA staff assigned must respond to the need promptly. The AAA staff shall follow all assessment timelines, including doing an annual assessment. Washington Roads clients not already counted as State Plan or Waiver clients will be included in the AAA clinical ratios as described in Special Terms and Conditions, Billing and Payment Section (4.b.).

3. Senior Citizens Services Act (SCSA)

The AAA shall provide services in accordance with chapter 74.38 RCW and all applicable regulations in chapter 388-71 WAC and chapter 388-106 WAC. SCSA funds are designed to restore individuals to, or maintain them at, the level of independent living they are capable of attaining. These alternative services and forms of care should be designed to both complement the present forms of institutional care and create a system whereby appropriate services can be rendered according to the care needs of an individual.

4. State Family Caregiver Support Program (SFCSP)

The AAAs shall provide SFCSP services in accordance with Chapter 17a of the Long Term Care Manual and in accordance with chapter 74.41 RCW and all applicable regulations in chapter 388-71 WAC, WAC 388-106-1200 to 1230, 388-78A-2202 -2208 and 388-97-1880. The AAA shall provide a

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multi-faceted system of support services including: Information and Assistance, Case Coordination, Support Groups, Training/Consultation, Counseling, Respite Care and Supplemental Services to respond to the needs of family and other unpaid caregivers who provide care to adults (18 years and over) who have a functional disability. The exception to this rule would be Colville and Yakama Nation AAA who may be limited in funding to provide all of the core FCSP services. The evidence-based, Tailored Caregiver Assessment and Referral system (TCARE®) is utilized and required to screen, assess and consult with family caregivers to develop an individualized care plan to help provide the right services to meet the unmet needs at the right time. All TCARE® users must be licensed.

For Respite Services, both in-home and out-of-home respite care provider agencies shall be available (except where certain types of providers are unavailable) and provided on an hourly basis. Respite care workers shall be trained according to the DSHS/HCLA training requirements for the level of care provided (e.g., home care; adult day services, etc.). Respite care staff can be authorized to provide the supervision, companionship, personal care, and/or nursing care services usually provided by the primary caregiver of the adult care recipient. Services appropriate to the needs of individuals with dementia illnesses shall also be provided.

The AAA is responsible for staff inputting FCSP units of services, caregiver demographic data and TCARE® screens, assessment and care plans into the GetCare reporting system.

5. Kinship Caregivers Support Program (KCSP)

The AAA shall operate a Kinship Caregivers Support Program (KCSP), as authorized by the 2004 State Legislature, to provide financial support to grandparents and relatives who are the primary caregivers to children ages 18 and under who do not have an open case through the Department of Children, Youth and Families. The KCSP funds are available one-time per year (the intervention cannot last more than three months, exception to policy for a fourth month is permitted). Funding is provided for items and services (see MB H19-023—Revised Policies for the Kinship Caregivers Support Program) to benefit of the children living with eligible relatives. The AAA is responsible for handling and approving the KCSP Exception to Policy (ETP) situations.

AAAs are responsible to ensure that when purchasing goods/services or one-time set-up fees/deposits on behalf of an eligible kinship caregiver, documentation within the client file must include: client's name, confirmation that the purchase is consistent with needs identified by caregiver, item/service is consistent with program requirements, a description of the goods and services including purchase price, and proof that the goods were purchased, goods or services received and the costs verified. Caregivers must sign an agreement acknowledging that funding may only be used for authorized items/services and their related responsibilities. Those kinship caregivers experiencing the most urgent/emergency needs have the highest priority. Program administration is limited to ten percent (10%) of the KCSP allocation. Another fifteen percent (15%) of the AAA's KCSP allocation may be spent on service delivery costs associated with activities such as outreach, screening, authorizing services, etc. The AAA is responsible for having staff utilize the CLC Get Care data reporting system to input clients, their demographics and service utilization. Annually, each October, the AAA is responsible for submitting a minimum of two case examples along with a list of unmet needs to the DSHS/HCLA Kinship Program Manager.

Administration expenditures are limited to 10% of the program year's funding. Administration costs are those incurred by the AAA and may not be duplicated or reclassified as Service Delivery expenditures.

Service Delivery expenditures are limited to 15% of the program year's funding. The combined limit for Administration and Service Delivery expenditures is 25% of the program year's funding. Service Delivery expenditures may exceed 15% if offset by Administration expenditures below the 10% limit; however, Administration expenditures may not exceed 10% of the program year's funding.

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Service Delivery expenditures include costs incurred directly by the AAA for the provision of services and all costs incurred by subcontractors, including both service and administrative costs. Service Delivery may not be used by the AAA to charge its own administrative or internal operational expenses in addition to the Administration limit.

6. Kinship Navigator Program (KNP)

Kinship Navigator services were initially authorized by the 2005 State Legislature and as of 2023 is available in all AAAs. Kinship Navigators provide information and assistance functions, along with supportive listening to grandparents and other relatives of all ages who are raising relatives' children or planning to do so. They educate and connect grandparents and relatives (kinship caregivers over the age of 18) to community resources, such as health, financial, legal assistance, support groups, training, and urgently needed goods and services and explain how to apply for federal and state benefits. The Navigators provide follow-up with kinship caregivers as needed and develop collaborative working relationships with agencies and groups working with kinship caregivers. Navigators help educate the community, including services providers and organizations about the needs of kinship care families and available resources and services to them. Hard to reach kinship care families (geographically isolated and ethnic communities) should receive special outreach attention. Kinship navigators pro-actively mediate with state agency staff and/or service providers to make sure individual caregivers receive services they are eligible to receive. Support will be given to kinship caregivers to establish or maintain greater resiliency and long-term stability needed to keep children out of the foster care system and to better care for themselves. (Support may also be provided to kinship families involved with the formal child welfare system to help sustain child placement with relative caregivers.) Ten percent of the AAA KNP allocation is limited to general administration. Modest food costs are permitted only in conjunction with the provision of information and resource meetings, trainings, or conferences. The AAA is responsible for having staff utilize the CLC/Get Care reporting system to input their client data, and service utilization.

Policy for KNP is in the LTC Manual Chapter 17c.

- a. **Tribal Kinship Navigator Program (TKN)** was funded through state legislature in 2017. Eight tribes originally applied and were selected to participate. Currently, seven tribes are running TKN program. They include Yakama, Colville, Port Gamble S'Klallam, Quileute, Lummi, Samish, and Makah. Policy for TKN is in the LTC Manual Chapter 17c.
- b. **Kinship Navigator Washington Case Management Model (WCMM) (Evidence-Based Program (EBP) Pilot at LMT, Pierce, SE ALTC)**
 - (1) In 2018, HCLA partnered with the Department of Children, Youth and Family (DCYF) and University of Washington (UW) to conduct a federally funded research project evaluating a case management model of service delivery by Kinship Navigators to kinship families. As part of the research project, HCLA partnered with three AAA's PSA 5, 6 & 9 to evaluate a kinship navigator case management service delivery option for kinship caregivers. Washington State has completed the evaluation research receiving supported evidence-based statues for the case management model of the KNP funded by a grant from the Family First Prevention Services Act (FFPSA). It takes more time for the Navigators to deliver this case management model, thus requiring additional funds to provide these services. To receive IV-E reimbursement the WCMM must be in ongoing use with active participants.
 - (2) The case management model includes an intake with kinship needs assessment, goal setting, referrals, and support. Follow-ups are conducted three and six months after the intake with additional goal support as needed. These case management services must be provided to clients before future reimbursement occurs. Reimbursement is only possible during an open

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case management cycle including state dollars spent on families and time spent on support.

- (3) Billing and payment under this Agreement are expressly contingent upon the State's receipt of the federal IV-E reimbursement. The Contractor shall have no right to invoice, and DSHS shall have no obligation to reimburse, for any costs incurred or services performed prior the DSHS's receipt of the federal IV-E reimbursement. No invoice will be processed if received later than thirty (30) days into the next month.
- (4) The contract budget includes state Kinship Navigator funds and anticipated federal Title IV-E enhanced funding. Enhanced Title IV-E funding is only available for eligible WCMM services and may not be used for traditional Kinship Navigator services or administrative costs.

As a result, the total program budget amount represents the maximum funding potentially available and does not guarantee reimbursement of the entire budget. The amount ultimately available for reimbursement will depend on the volume of eligible WCMM services delivered. If the Contractor provides a mix of WCMM and traditional Kinship Navigator services, only the WCMM portion will qualify for enhanced Title IV-E funding, and the full contract budget may not be accessible.

7. Senior Drug Education Program

In accordance with RCW 74.09.660, the AAAs shall provide services to inform and train persons sixty five (65) years of age and older in the safe and appropriate use of prescription and non-prescription medications.

The AAA will be responsible for compiling and submitting data on a monthly or quarterly basis. Options for submitting program data include:

- E-mailing the HCLA Senior Drug Education Program Template to the Community Living Connections Program Manager; or
- Direct entry of data (service recording) into the CLC Get-Care reporting systems. (Senior Drug Education events can be entered into the Event Manager Tool in CLC GetCare at the discretion of the AAA.)

Funds appropriated for the Senior Drug Education Program must adhere to the amounts set forth in the Budget, Exhibit B, and in the AAA's approved Senior Drug Education Program.

8. Senior Farmers Market Nutrition Program (SFMNP)

The AAA shall operate a Senior Farmers Market Nutrition Program as authorized by the Legislature and USDA in accordance with 7 CFR 249, chapter 246-780 WAC Farmers Market Nutrition Program and DSHS/HCLA program instructions.

9. Agency Worker Health Insurance (AWHI) for Non-Medicaid Services

For services provided by contracted home care agencies (HCAs) for FCSP Respite and Non-core personal care/chore programs, AAAs will pay HCAs for each service hour provided under these programs for AWHI at the calculated parity equivalent amount determined by final funding of the collective bargaining agreement for individual providers. AAAs will bill DSHS/HCLA for the same per instructions received through Management Bulletin(s). This pass-through funding will not be reflected in the contract budget or impact the maximum consideration.

10. Caregiver Training Tuition for Non-Medicaid Services

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For services provided by contracted home care agencies (HCAs) for FCSP Respite and non-Core personal care/chore programs, AAAs will pay HCAs for each hour provided under these programs for training tuition at the calculated parity equivalent amount determined by final funding of the collective bargaining agreement for individual providers. AAAs will bill DSHS/HCLA for the training tuition per instructions received through Management Bulletin(s). This pass-through funding will not be reflected in the contract budget or impact the maximum consideration.

11. **Volunteer Services (Northwest Regional Council AAA only).** Services shall be provided in accordance with all applicable regulations in WAC 388-106-0660 through 0675.
12. **Home Delivered Meal Expansion.** The AAA will continue to serve expanding HDM services to new or underserved populations or areas within their Planning Service Area (PSA) for SB5736 (Session Law 2017). The AAA will enter all HDM service data in CLC GetCare for reporting purposes. This funding should be considered pass through to providers.
13. **Senior Nutrition Services,** Senior Nutrition Services is ongoing State General Funds that may be used in any Senior Nutrition program area (Congregate Nutrition, Home Delivered Meals, Nutrition Education, or Senior Farmers Market Nutrition Program). Funds may be used for outreach for senior nutrition services or innovative grocery or emergency meal programs. These funds may also be used to match federal sources such as OAA.
14. **Program of All-Inclusive Care for the Elderly (PACE) (Pierce County Aging & Disability Services, Aging and Long-Term Care of Eastern Washington, and Snohomish County Aging and Disability Services Area Agencies on Aging (AAAs) only),** The AAA will provide assessment services for PACE to determine either eligibility or ongoing eligibility for participants choosing PACE in accordance with Chapter 22 of the Long-Term Care Manual.

PACE staff will not be part of the TXIX clinical ratio and will track time completing assessment services for PACE separately from other work duties. The PACE is an innovative program providing frail individuals aged 55 and older comprehensive medical and social services coordinated and provided by an interdisciplinary team of professionals in a community-based center and in their homes, helping program participants delay or avoid long-term nursing home care. Case management services for PACE are provided by the PACE provider.

15. **Care Transitions,** The Area Agency on Aging (AAA) shall provide staffing to support transitions of care from acute care hospitals and community-based setting, and report data in biannual reports to the HCLA Program Manager and in the GetCare reporting system.
16. **Medicaid Alternative Care and Tailored Supports for Older Adults.**
 - a. **The AAAs shall provide MAC and TSOA services** in accordance with Chapter 30 of the Long-Term Care Manual, CMS Special Terms and Conditions for the Project in accordance with all applicable regulations in WAC including 388-106-1900 to 1990 and chapter 182-513 WAC.
 - b. **Required Systems.** The AAA will utilize the following systems in the administration and delivery of MAC and TSOA:
 - (1) **GetCare** is the system of record and must be used to authorize services. GetCare will generate care plans for Step 1 and Step 2 caregiver services. The GetCare system must be used to screen, assess and care plan for care receivers who have not identified a caregiver to support.
 - (2) **Tailored Caregiver Assessment and Referral system (TCARE®),** is utilized and required to screen, assess and consult with family caregivers to develop an individualized care plan to help

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provide the right services to meet the unmet needs at the right time.

- (3) **ProviderOne** is the payment system for services.
- (4) **Agency Contracts Database (ACD)** must be used to create or register service provider contracts.
- (5) **Barcode** will store documents and financial eligibility status and will be accessed to communicate with HCS financial workers and generate some client notices.

- c. **Contract Management.** The AAA will manage AAA provider contractors with qualified providers of MAC and TSOA services based on the service types listed in WAC 388-106-1915 and CMS Special Terms and Conditions. AAAs must have an open application process to accept new applications from potential Medicaid providers. Some provider types may not be available or feasible in all service areas and the AAA will periodically analyze network adequacy and target additional provider recruitment efforts based on client need.

The AAA will manage contracts in compliance with chapter 74.39 RCW, chapter 74.39A RCW, and all applicable regulations in chapter 388-71 WAC, chapter 388-106 WAC, and chapter 246-335 WAC. All contract management shall comply with Chapter 6 of the Policies and Procedures for Area Agency on Aging Operations. All contracts used in these programs must be registered in ACD and include applicable demonstration language.

- d. **Presumptive Eligibility.** The AAA will use preliminary information provided through a self attestation screening to determine if a care receiver meets the functional eligibility criteria as defined in WAC 388-106-0355 and financial eligibility requirements defined in WAC 182-513-1615 or 182-513-1620 in order to receive services while the formal eligibility determination by HCS is being completed.
 - (1) **Qualified Entity.** AAAs are an entity designated in the Demonstration as qualified to determine Presumptive Eligibility (PE) for MAC and TSOA. The AAA must agree through this Agreement to participate as a qualified entity and assure that PE determinations will be made only with qualified staff and in accordance with DSHS policies and procedures. AAAs may delegate this function through AAA provider contractors provided the AAA provider contractors entity assures the use of qualified staff and adherence to DSHS policies and procedures.
 - (2) **Qualified Staff.** Presumptive eligibility shall be determined by staff of qualified entities who have met at least the following qualifications:
 - (a) A college degree and at least two years of social service experience or an equivalent level of education plus relevant experience.
 - (b) Completion of DSHS PE training curriculum prior to determining PE; and
 - (c) The state will provide the initial training curriculum and the PE determination form in Get Care. Any subsequent content changes will be provided to the AAA.
 - (3) **Quality Assurance and Monitoring.** The state will monitor AAAs for adherence to policies applicable to presumptive eligibility determinations through contract monitoring and quality assurance reviews.

As part of the state's Quality Improvement Strategy, a sample of PE determinations will be reviewed yearly to determine that PE was established appropriately. The state must report to

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CMS all participants who were found presumptively eligible initially, then later determined not eligible.

- e. **Waitlist.** The AAA agrees to implement the statewide waitlist policy if the state determines it is needed per WAC 388-106-1975. In the event the state implements a waitlist, the authority for presumptive eligibility terminates and the state may reduce the benefit caps for new enrollees.

- f. **Reporting.**

The AAA will update and submit their Warm Handoff Protocol (WHO) to HCLA by February 1, 2026.

Associated costs can be billed to Program Support Activities.

The AAA will submit an annual report to HCLA by October 31, 2026, including:

- (1) **Accomplishments**, one or more case studies for each program, and any policy or administrative difficulties in the operation of the Demonstration.
 - (2) **Consumer Issues**. The AAA must track and summarize by types of complaints or problems consumers identified about the program or grievances. Tracking report will include trends discovered, resolution, and any actions taken to prevent other occurrences.
 - (3) **CMS or Evaluation** may require additional reporting elements if they cannot be derived through administrative data.
- g. **Alignment with Tribal Protocol.** The AAA agrees to coordinate with local tribes and tribal organizations and operate in alignment with requirements to be determined in the Tribal Protocol.

17. Long Term Services and Supports (LTSS) Presumptive Eligibility (PE).

AAA staff will be required to provide clients with the option to apply to LTSS PE, and to support eligible clients through LTSS PE process pursuant to Chapter 30e of the HCLA Long-Term Care Manual and all applicable regulations in WAC including, but not limited to, 388-106-1800, 182-82-1110, and 182-513-1110. Duties include, but are not limited to:

- a. Conduct LTSS PE screening(s)/assessment(s)
 - b. Determine presumptive functional and financial eligibility using preliminary information provided through a self-attestation
 - c. Complete LTSS PE Care Plan(s)
 - d. Complete LTSS PE Recipient Access Codes (RACs) and authorizations for services
 - e. Provide LTSS PE case management services until the full assessment is put in current, the PE RAC is ended, and the LTSS program RAC is opened by Home and Community Services (HCS)
- (1) **Qualified Entity.** AAAs are an entity designated in the 1115 demonstration waiver to determine LTSS PE. The AAA must agree through this Agreement to participate as a qualified entity and assure that LTSS PE determinations will be made only with qualified staff and in accordance with DSHS policies and procedures.
 - (2) **Qualified Staff.** LTSS PE shall be determined by staff of qualified entities who have met at least the following qualifications:

Special Terms and Conditions

- (a) A college degree and at least two years of social service experience or an equivalent level of education plus relevant experience.
- (b) Complete LTSS PE training prior to determining LTSS PE
- (3) **Quality Assurance and Monitoring.** The state will monitor AAAs for adherence to policies applicable to LTSS PE determinations through contract monitoring and quality assurance reviews.
- (4) **Alignment with Tribal Protocol.** The AAA agrees to coordinate with local tribes and tribal organizations and operate in alignment with requirements to be determined in the Tribal Protocol.

18. Medicaid Grievance System.

Starting July 1, 2026, individuals receiving Medicaid Long Term Services and Supports will have the ability to submit a grievance through the Home and Community Living Administration. AAAs must cooperate in grievances as requested by HCLA and in accordance with grievance and client rights requirements as described in 42 CFR 441.301 and WAC 388-106-1300.

The AAA shall:

- a. Ensure an individual receiving services can make a complaint or file a grievance without punitive or retaliatory action.
- b. Cooperate with DSHS requests for information needed to review or resolve grievances.
- c. Participate in any DSHS directed quality improvement efforts related to grievance trends.
- d. AAA's will work grievances with the new grievance system once AAAs have access to the system

AAA State/Federal Budget by Funding Source
 Budget Period: July 1, 2026 - June 30, 2027
 AAA: [Kitsap](#)
 Contract # [0](#)

EXHIBIT B

		ALN/CFDA Number	DSHS Allocated 93.778 / 93.791	TXIX / MFP AAA Requested 93.778 / 93.791	Care Transitions	SCSA	State Family Caregiver	Kinship Caregiver	Kinship Navigator
BARS CODE			Title XIX/MFP/ Chore	Matched by SCSA/Local					
.10	Administration		227,255		15,258	52,997	34,075	6,653	12,742
.11	Area Agency Planning/Administration				15,258	52,997	34,075	6,653	12,742
.12	Interfund Payments for Services				0	0	0	0	0
.13	Core Services Contract Management		227,255						
.21	Coordination				1,500				
.31	Legal Assistance					0			
.40	Access Services		4,026,216	25,000		233,417			
.41	Transportation					1			
.42	Information & Assistance			25,000		233,416			
.43.1	Case Management/Nursing Services (Core Services)		4,026,216	0		0			
.43.2	Case Management (Aging Network)					0			
.44	Nursing Services - DDA		0						
.46	Nursing Services - Contracted with HCS		0						
.48	Muckleshoot Front Door (King only)		0						
.49	Contracted Front Door Functions (King only)		0						
.50	In-Home Services					0			
.51	Chore Services - Aging Network					0			
.52	Personal Care Services - Aging Network					0			
.55	Bath Assistance					0			
.57	Minor Home Repair and Maintenance					0			
.58	Adult Day Care					0			
.59	Volunteer Services (NW Only)								
.59A	Assistive Technology/DME/PERS					0			
.50	Other In-home Services (enter title)					0			
.60	Nutrition Services					7,916			
.61	Congregate Meals					3,400			
.62	Grab and Go Meals					0			
.63	Nutrition Education & Outreach					0			
.64	Home Delivered Meals					4,516			
.66	Registered Dietician					0			
.67	Senior Farmer's Mkt (SFMNP)								
.67.1	Food Purchased					0			
.67.2	Food Vouchers					0			
.67.3	Service Delivery					0			
.70-.80	Social & Health Services					100	306,675	59,675	114,675
.71	Adult Day Health					0			
.74	Senior Drug Education								
.75	Disease Prevention/Health Promotion					0			
.76	Elder Abuse Prevention					0			
.77	Mental Health					0			
.78	Kinship Program								
.78.1.a	KCSP Service Delivery							5,988	
.78.1.b	Goods and Services							53,887	
.78.2	Kinship Navigator Services								114,675
.79	Family Caregiver Support Program								
.79.1	Information Services					0	2,706		
.79.2.a.1	Access Assistance - Case Management					0	88,789		
.79.2.a.2	Access Assistance - Information and Assistance					0	13,380		
.79.2.b	Support Services					0	0		
.79.3	Respite Care Services					0	173,000		
.79.4	Supplemental Services					0	28,800		

		DSHS	TXIX / MFP	Care		State	Kinship	Kinship
AAA:	Kitsap							
.84	Health Appliance/Limited Health Care				0			
.88	Long Term Care Ombudsman				100			
.90	Other Activities	0		135,818	0			
	Foot Care				0			
	Peer Counseling				0			
	Outreach				0			
	Consumable Supplies				0			
	Health				0			
	Public Education				0			
	Socialization				0			
	Care Transitions			135,818	0			
	PACE							
	MTP							
	Other (Enter Title)				0			
	Other (Enter Title)				0			
	Total Services	4,026,216	25,000	137,318	241,433	306,675	59,875	114,675
	GRAND TOTAL	4,253,471	25,000	152,576	294,430	340,750	66,528	127,417
	Total Allotment	4,253,471	25,000	152,576	294,430	340,750	66,528	127,417
To be completed by HCLA								
	Current Total Allotment	4,253,471	25,000	152,576	294,430	340,750	66,528	127,417
	Prior Amount Allotted	0	0	0	0	0	0	0
	Net Change:	4,253,471	25,000	152,576	294,430	340,750	66,528	127,417

AAA: Kitsap
 Contract # 0

ALN/CFDA Number

BARS CODE	Senior Nutrition	Sr Farmers Market	MTP MAC/TSOA	MTP LTSS PE	Other HCLA Funding	Total HCLA	Non-HCLA Funding Sources
.10 Administration	46,105	0	0	0	0	395,085	0
.11 Area Agency Planning/Administration	46,105	0	0	0	0	167,830	0
.12 Interfund Payments for Services	0	0	0	0	0	0	0
.13 Core Services Contract Management						227,255	0
.21 Coordination						1,500	0
.31 Legal Assistance						0	0
.40 Access Services			0	0		4,284,633	0
.41 Transportation						1	0
.42 Information & Assistance						258,416	0
.43.1 Case Management/Nursing Services (Core Services)						4,026,216	0
.43.2 Case Management (Aging Network)						0	0
.44 Nursing Services - DDA						0	0
.46 Nursing Services - Contracted with HCS						0	0
.48 Muckleshoot Front Door (King only)						0	0
.49 Contracted Front Door Functions (King only)						0	0
.50 In-Home Services					0	0	0
.51 Chore Services - Aging Network						0	0
.52 Personal Care Services - Aging Network						0	0
.55 Bath Assistance						0	0
.57 Minor Home Repair and Maintenance						0	0
.58 Adult Day Care						0	0
.59 Volunteer Services (NW Only)					0	0	0
.59A Assistive Technology/DME/PERS						0	0
.50 Other In-home Services (enter title)						0	0
.60 Nutrition Services	2	70,086			19,025	97,029	0
.61 Congregate Meals	1					3,401	0
.62 Grab and Go Meals	0					0	0
.63 Nutrition Education & Outreach	0	500				500	0
.64 Home Delivered Meals	1				19,025	23,542	0
.66 Registered Dietician	0					0	0
.67 Senior Farmer's Mkt (SFMNP)							
.67.1 Food Purchased		0				0	0
.67.2 Food Vouchers	0	62,880				62,880	0
.67.3 Service Delivery	0	6,706				6,706	0
.70-.80 Social & Health Services					12,612	493,937	0
.71 Adult Day Health						0	0
.74 Senior Drug Education					12,612	12,612	0
.75 Disease Prevention/Health Promotion						0	0
.76 Elder Abuse Prevention						0	0
.77 Mental Health						0	0
.78 Kinship Program							
.78.1.a KCSP Service Delivery						5,988	0
.78.1.b Goods and Services						53,887	0
.78.2 Kinship Navigator Services						114,675	0
.79 Family Caregiver Support Program							
.79.1 Information Services						2,706	0
.79.2.a.1 Access Assistance - Case Management						88,789	0
.79.2.a.2 Access Assistance - Information and Assistance						13,360	0
.79.2.b Support Services						0	0
.79.3 Respite Care Services						173,000	0
.79.4 Supplemental Services						28,800	0

AAA: Kitsap

.84 Health Appliance/Limited Health Care
 .88 Long Term Care Ombudsman

	Senior	Sr Farmers					Non-HCLA
						0	0
						100	0
.90 Other Activities	414,938		320,850	84,245	0	955,851	0
Foot Care						0	0
Peer Counseling						0	0
Outreach						0	0
Consumable Supplies	414,938					414,938	0
Health						0	0
Public Education						0	0
Socialization						0	0
Care Transitions						135,818	0
PACE					0	0	0
MTP			320,850	84,245		405,095	0
Other (Enter Title)			0			0	0
Other (Enter Title)			0			0	0
Total Services	414,940	70,086	320,850	84,245	31,637	5,832,950	0
GRAND TOTAL	461,045	70,086	320,850	84,245	31,637	6,228,035	0
Total Allotment	461,045	70,086	320,850	84,245	31,637	6,228,035	0
To be completed by HCLA							
Current Total Allotment	461,045	70,086	320,850	84,245	31,637	6,228,035	0
Prior Amount Allotted	0	0	0	0	0	0	0
Net Change:	461,045	70,086	320,850	84,245	31,637	6,228,035	0

AAA: [Kitsap](#)
 Contract # 0

ALN/CFDA Number		Grand Total	Description
BARS CODE			
.10	Administration	395,085	
.11	Area Agency Planning/Administration	167,830	
.12	Interfund Payments for Services	0	
.13	Core Services Contract Management	227,255	
.21	Coordination	1,500	
.31	Legal Assistance	0	
.40	Access Services	4,284,633	
.41	Transportation	1	
.42	Information & Assistance	258,416	
.43.1	Case Management/Nursing Services (Core Services)	4,026,216	
.43.2	Case Management (Aging Network)	0	
.44	Nursing Services - DDA	0	
.46	Nursing Services - Contracted with HCS	0	
.48	Muckleshoot Front Door (King only)	0	
.49	Contracted Front Door Functions (King only)	0	
.50	In-Home Services	0	
.51	Chore Services - Aging Network	0	
.52	Personal Care Services - Aging Network	0	
.55	Bath Assistance	0	
.57	Minor Home Repair and Maintenance	0	
.58	Adult Day Care	0	
.59	Volunteer Services (NW Only)	0	
.59A	Assistive Technology/DME/PERS	0	
.50	Other In-home Services (enter title)	0	
.60	Nutrition Services	97,029	
.61	Congregate Meals	3,401	
.62	Grab and Go Meals	0	
.63	Nutrition Education & Outreach	500	
.64	Home Delivered Meals	23,542	
.66	Registered Dietician	0	
.67	Senior Farmer's Mkt (SFMNP)	0	
.67.1	Food Purchased	0	
.67.2	Food Vouchers	62,880	
.67.3	Service Delivery	6,706	
.70-.80	Social & Health Services	493,937	
.71	Adult Day Health	0	
.74	Senior Drug Education	12,612	
.75	Disease Prevention/Health Promotion	0	
.76	Elder Abuse Prevention	0	
.77	Mental Health	0	
.78	Kinship Program	0	
.78.1.a	KCSP Service Delivery	5,988	
.78.1.b	Goods and Services	53,887	
.78.2	Kinship Navigator Services	114,675	
.79	Family Caregiver Support Program	0	
.79.1	Information Services	2,706	
.79.2.a.1	Access Assistance - Case Management	88,789	
.79.2.a.2	Access Assistance - Information and Assistance	13,380	
.79.2.b	Support Services	0	
.79.3	Respite Care Services	173,000	
.79.4	Supplemental Services	28,800	

AAA: Kitsap		
.84	Health Appliance/Limited Health Care	0
.88	Long Term Care Ombudsman	100
.90	Other Activities	955,851
	Foot Care	0
	Peer Counseling	0
	Outreach	0
	Consumable Supplies	414,938
	Health	0
	Public Education	0
	Socialization	0
	Care Transitions	135,818
	PACE	0
	MTP	405,095
	Other (Enter Title)	0
	Other (Enter Title)	0
	Total Services	5,832,960
	GRAND TOTAL	6,228,035
Total Allotment		6,228,035
To be completed by HCLA		
Current Total Allotment		6,228,035
Prior Amount Allotted		0
Net Change:		6,228,035

Special Terms and Conditions

Exhibit C

Funds Match Certification

(This form must be submitted with final contract billing.)

I, _____ certify that local funds and/or in-kind items
PRINT NAME

_____ were provided in the amount of \$ _____
TYPE AND SOURCE OF PRIVATE / LOCAL FUNDS / ITEMS

_____ were provided in the amount of \$ _____
TYPE AND SOURCE OF NON-PROFIT FUNDS / ITEMS

_____ were provided in the amount of \$ _____
TYPE AND SOURCE OF FEDERAL FUNDS / ITEMS

and were used to match funds paid during the time period of _____ through _____ for

TYPE OF SERVICE/CONTRACT

NAME OF ENTITY	
NAME OF AUTHORIZED AGENT	CONTRACT / VENDOR NUMBER
AUTHORIZED REPRESENTATIVE'S SIGNATURE DATE	TITLE OR POSITION
PRINTED NAME OF AUTHORIZED REPRESENTATIVE	TELEPHONE NUMBER

Instructions

Name: Printed name of the entity's agent authorized to complete certification form.

Type and source of funds: The type and source of funds used. Please break out different types of funding sources. Not all funding sources will be necessary to complete each certification. In-kind sources need specific identification showing who donated the item(s) (e.g., volunteers, building use, etc.).

Dollar amount: Dollars that were used to match funds paid during the time period. Dollars reported must agree with amount on the final billing.

Time frame: Period of time the services were provided.

Type of service/contract: Services eligible for matching.

Name of entity: Name of entity that is providing the funding match.

Name of authorized agent: Name of agent, if different than "name of entity" above, that is authorized to act on behalf of entity.

Contract/vendor number: The contract or vendor number of the entity.

Authorized representative's signature: The signature of the entity authorized representative.

Date: Date when form was completed.

Special Terms and Conditions

Title or position:

Title or position of entity authorized representative

Printed name:

Printed name of authorized representative.

Telephone number:

Telephone number of authorized representative. Include the area code.

**FUND MATCH CERTIFICATION DSHS
06-155 (REV. 02/2015)**