

**YAKIMA HEALTH DISTRICT CONTRACT  
DEVELOPMENTAL DISABILITIES FACE SHEET**

RECIPIENT IS A <input checked="" type="checkbox"/> SUBRECIPIENT <input type="checkbox"/> CONTRACTOR		CONTRACT NUMBER:	
1. NAME/ADDRESS:	2. ORIGINAL CONTRACT AMOUNT:	5. PREVIOUS CONTRACT AMOUNT:	
	3. CASH MATCH REQUIREMENT:	6. MODIFICATION AMOUNT:	
	4. TOTAL CONTRACT AMOUNT:	7. NEW TOTAL CONTRACT AMOUNT:	
8. CONTACT INFO:	9. PROGRAM CONTACT INFO: <b>Yakima Health District</b> <b>Gabriella Alvarez</b> <b>Director of Community Partnerships</b> <b>1210 Ahtanum Ridge Drive</b> <b>Union Gap, WA 98903</b> <b>(509) 249-6540</b> <a href="mailto:Gabriella.Alvarez@co.yakima.wa.us">Gabriella.Alvarez@co.yakima.wa.us</a>	10. FISCAL CONTACT INFO: <b>Yakima Health District</b> <b>Vanessa Maria</b> <b>Grant/Contract Coordinator</b> <b>1210 Ahtanum Ridge Drive</b> <b>Union Gap, WA 98903</b> <b>(509) 249-6512</b> <a href="mailto:Vanessa.Maria@co.yakima.wa.us">Vanessa.Maria@co.yakima.wa.us</a>	
11. CONTRACT START DATE: <b>July 1, 2024</b>		12. CONTRACT END DATE: <b>June 30, 2025</b>	
13. FUNDING AUTHORITY: <b>DSHS, ADSA, DDA</b>			
14. BUSINESS TAX ID:	15. UBI:	16. UEI:	
17. PURPOSE:			
<p><b>Exhibits</b>—When the box below is marked with an “X”, the following Exhibits are attached and are incorporated into this Contract by reference.</p> <p><input checked="" type="checkbox"/> <b>Exhibits (Specify):</b></p> <p><b>EXHIBIT A – Data Security Requirements</b></p> <p><b>EXHIBIT B – Direct Services Rate Schedule</b></p> <p><b>EXHIBIT C – Partnership Project Rate Schedule for Transition Rate Schedule</b></p> <p>The Contract is entered into by and between Yakima Health District, hereinafter “Health District,” and <b>CONTRACTOR NAME</b> hereinafter “Contractor”. The rights and obligations of both parties are governed by the General Terms and Conditions, Specific Terms and Conditions and the following Exhibits, copies of which are attached hereto and incorporated herein. By their signatures below, the parties agree to the terms and conditions of this Contract and all documents incorporated by reference. The parties signing below certify that they are authorized to sign this Contract.</p>			
<b>CONTRACTOR</b>  _____ Name, Title  _____ Signature  _____ Date		<b>YAKIMA HEALTH DISTRICT</b>  _____ Name, Title  _____ Signature  _____ Date	

## **GENERAL TERMS AND CONDITIONS**

In consideration of the covenants, conditions, performances, and provisions hereinafter contained, the parties hereto agree as follows.

**Definitions**—The words and phrases listed below, as used in the Contract, shall have the following definitions:

**“Contract”** means an agreement creating obligations enforceable by law between the Health District and the Contractor. For purposes of this “contract”, the parties agree that all terms contained in the General Terms and Conditions and Special Terms and Conditions including any Exhibits and other documents, as well as any other attachments, are considered part of the “contract”.

**“CFR”** means Code of Federal Regulations. All references in this Contract to CFR chapters or sections shall include any successor, amended, or replacement regulation. The CFR may be accessed at <http://www.gpoaccess.gov/cfr/index.html>.

**“Debarment”** means an action taken by a federal official to exclude a person or business entity from participating in transactions involving certain federal funds.

**“Director”** means the Executive Director of the Yakima Health District.

**“General Terms and Conditions”** means the contractual provisions contained within this Contract, which govern the contractual relationship between the Health District and the Contractor, under this Contract.

**“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.

**“Principals”** which includes officers, members of the Board of Directors, owner(s), or other person(s) with management or supervisory responsibilities relating to the transaction.

**“RCW”** means the Revised Code of Washington. All references in this Contract to RCW chapters or sections shall include any successor, amended, or replacement statute. The RCW can be accessed at <http://apps.leg.wa.gov/rcw/>.

“**WAC**” means the Washington Administrative Code. All references in this Contract to WAC chapters or sections shall include any successor, amended, or replacement regulation. The WAC can be accessed at <http://apps.leg.wa.gov/wac/>.

**Amendment:** This Contract, or any term or condition, may only be modified in writing and signed by both parties. Only personnel authorized to bind each of the parties shall sign an amendment.

**Assignment:** Except as otherwise provided herein, the Contractor shall not assign rights or obligations derived from this Contract to a third party without the prior, written consent of the Health District and the written assumption of all of the Contractor's obligations in this Contract by the third party.

**Attorney Fees and Costs:** In the event of any claims, disputes or litigation arising from this Contract, the prevailing party shall be entitled to recover reasonable attorneys' fees, court costs and/or other expenses incurred in connection with such claims, dispute, or litigation.

**Background Checks:** In accordance with RCW 43.20A.710, RCW 43.43.832, RCW 74.34, and RCW 71A.10.020, when applicable, Contractor's staff, subcontractors or volunteers who have unsupervised access to children or vulnerable adults are required to have a background check, and all persons convicted of crimes listed in RCW 43.43.830 and RCW 43.43.842 are prohibited from having access to clients.

**Billing Limitations:** The Health District shall pay the Contractor within 45 days after receiving an invoice and proper supporting documentation. All billings must be received no later than 45 days after the close of the contract to be considered for payment. The decision to approve or deny payment of claims for services submitted after more than 45 days shall rest solely with the Director. The Director's decision shall be final and not capable of right to appeal.

All billing invoices must be submitted electronically to [HealthDistrictAP@co.yakima.wa.us](mailto:HealthDistrictAP@co.yakima.wa.us)

**Confidentiality:** Contractor, its employees, subcontractors, and their employees shall maintain the confidentiality of all information provided by Health District or acquired by Contractor in performance of this Agreement, except upon the prior written consent of Yakima Health District. Contractor shall indemnify and hold harmless Health District, its officials, agents or employees from all loss or expense, including, but not limited to settlements, judgments, setoffs, attorneys' fees and costs resulting from Contractor's breach of this provision. The parties to this Agreement shall comply with applicable Federal and State laws and regulations governing privacy, confidentiality, or security of patient information, including without limitation Chapter 70.02

RCW, Medical Records – Health Care Information Access and Disclosure; Chapter 42.17 RCW, Disclosure – Campaign Finances – Lobbying – Records; and the Health Insurance Portability and Accountability Act, including but not limited to the “HIPAA Privacy Rule,” 45 CFR Parts 160 and 164.

**Counterparts:** This Contract may be executed simultaneously or in counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same Contract. Facsimile or emailed transmission of any signed original document, and retransmission of any signed facsimile or emailed transmission, shall be the same as delivery of an original. At the request of either party, the parties will confirm facsimile or emailed transmitted signatures by signing an original document.

**Circulars:** These requirements apply to the primary recipient of federal funds, and then follow the funds to the Contractor. The Federal Circulars found in Title 2 of the Code of Federal Regulations (CFR), 2 CFR Chapter I, Chapter II, Part 200, et al. (2 CFR 200) provide the applicable administrative requirements, cost principles and audit requirements. The Circulars are applicable to all non-federal recipients of Federal Awards unless specifically excluded. Contractor must follow this Circular and incorporated appendices and any future amendments, and any successor or replacement circulars or regulations.

**Compliance with Applicable Law:** At all times during the term of this Contract, the Contractor and the Health District shall comply with all applicable federal, state, and local laws, regulations, and rules, including but not limited to non-discrimination laws and regulations.

**Conflicts of Interest:** Contractor shall provide a copy of their Conflict-of-Interest Statement/Policy prior to their first billing being paid. In addition, Contractor shall assure compliance with any applicable State or Federal laws relating to Conflicts of Interest.

**Contractor’s Waiver of Employer’s Immunity under Title 51 RCW:** With respect to the performance of this agreement and as to claims against the Health District, its officers, agents and employees, the Contractor expressly waives its immunity under Title 51 of the Revised Code of Washington, the Industrial Insurance Act, for injuries to its employees and agrees that the obligations to indemnify, defend and hold harmless provided in this agreement extend to any claim brought by or on behalf of any employee of the Contractor. This waiver is mutually negotiated by the parties to this agreement.

**Debarment Certification:** The Contractor, by signature to this Contract, certifies the Contractor, its Principals and any Subrecipients are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency

from participating in transactions (debarred). The Contractor also agrees to include the above language notification requirement in any and all Subcontracts into which it enters. The Contractor shall immediately notify the Health District if, during the term of this Contract, the Contractor, its Principals or Subrecipients become debarred. The Health District may immediately terminate this Contract by providing the Contractor written notice if the Contractor becomes debarred during the term of this Contract. If the Contractor received any funds from the Health District while debarred, they may be required to reimburse the Health District.

**Entire Contract:** This Contract 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 Contract shall be deemed to exist or bind the parties. The attached front page of this Contract titled “Contract Face Sheet” defines the budgetary terms of this Contract, the parties that are entering into the Contract, the Contract start and end date, the funding authorities, the purpose of the Contract, any exhibits attached are listed and holds the signatures of those signing for each agency.

**Federal Award Requirements:** If Contractor is a subrecipient of federal awards as defined by Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards 2 CFR Chapter I, Chapter II, Part 200, et. al. (2 CFR 200), as such the Contractor 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 Contractor 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 OMB Circular 2 CFR 200 audit requirements into all agreements between the Contractor and its Subrecipients who are subrecipients;
5. Comply with any future amendments to 2 CFR 200 and any successor regulation;
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 Nondiscrimination Regulations, 28 CFR Part 42, Subparts C, D, E, and G, and 28 CFR Part 35 and Part 39. (See [www.ojp.usdoj.gov/ocr](http://www.ojp.usdoj.gov/ocr) for additional information and access to the aforementioned Federal laws and regulations.)

**Federal Funding Accountability and Transparency Act (FFATA):** This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent. To comply with this act and be eligible to perform the activities in this statement of work, the Contractor must have and provide a Unique Entity ID (UEI), generated by SAM.gov.

**Governing Law, Venue, and Jurisdiction:** This Contract shall be governed by the laws of the State of Washington. Any action, suit, or judicial proceeding for the enforcement of this Contract shall be brought in Yakima County Superior Court for the State of Washington.

**Independent Status:** For purposes of this Contract, the Contractor acknowledges that it is an independent contractor. Neither the Contractor nor any employee of the Contractor is an officer, employee, or agent of the Health District. The Contractor shall not hold out itself or any of its employees as, nor claim status as, an officer, employee, or agent of the Health District. The Contractor shall not claim for itself or its employees any rights, privileges, or benefits, which would accrue to an employee of the Health District. The Contractor is solely responsible for payment of any statutory workers compensation or employer's liability insurance as required by state law, in addition to being responsible for all payroll deductions. The Contractor shall indemnify and hold harmless the Health District from any all claims for obligations to pay or withhold or make contributions on behalf of the Contractor or the Contractor's employee.

**Inspection:** Health District may request reasonable access to the Contractor's records and place of business for the limited purpose of monitoring, auditing, and evaluating the Contractor's compliance with this Contract and applicable laws and regulations. During the term of this Contract and for one year following termination or expiration of this Contract, upon receiving reasonable written notice, the Contractor shall provide Health District with access to its place of business and to its records, which are relevant to its compliance with this Contract, and applicable laws and regulations. This provision shall not be construed to give Health District access to the Contractor's records and place of business for any other purpose. Nothing herein shall be construed to authorize Health District to possess or copy records of the Contractor.

**Indemnification, Defense, and Hold Harmless:** Contractor will indemnify, hold harmless and defend the Health District (and its officers, employees, agents, and volunteers) from all claims, costs, damages or expenses including reasonable legal expenses arising out of the negligence or wrongful acts of the Contractor, its subcontractors, its successors or assigns, or its agents, servants, or employees under this agreement. In the case of negligence of both Health District and Contractor any damages allowed shall be levied in proportion to the percentage of

negligence attributable to each party. Each party to this Contract hereby assumes responsibility for claims and/or damages to persons and/or property resulting from any act or omission on the part of itself, its employees, its subconsultants, its officers, and its agents.

**Insurance:** The Health District certifies that it is insured as a member of Enduris. The Contractor shall, with insurance carriers with a Best Rating of A-VII or better, maintain occurrence based comprehensive general liability insurance and automobile liability insurance with minimum limits of \$1,000,000 per occurrence and \$3,000,000 aggregate, as well as Workers Compensation Contingent Employers Liability with minimum limits of \$1,000,000 each accident or disease for each employee. Such insurance shall provide that Yakima Health District, its officers, employees, agents and volunteers are Primary Additional Insureds under such insurance. The coverage provided under such insurance for such Primary Additional Insureds shall be primary and not contributory to any other coverage that may be available to such Primary Additional Insureds. Prior to commencement of any work under this Contract, the Contractor shall, provide proof of such insurance including all Certificates of Insurance and endorsements pertaining to such insurance, and if requested, any policy pertaining to insurance required under this Contract.

**Licensure:** Contractor shall obtain and maintain continuously for the duration of this Agreement, all licenses, certifications and/or registrations required for carrying out the contracted services.

**Maintenance of Records:** During the term of this Contract and per state law for seven years following termination or expiration of this Contract, both parties shall maintain records sufficient to:

- Document performance of all acts required by law, regulation, or this Contract;
- Demonstrate accounting procedures, practices, and records that sufficiently and properly document the Contractor's invoices to the Health District and all expenditures made by the Contractor to perform as required by this Contract.
- For the same period, the Contractor shall maintain records sufficient to substantiate the Contractor's statement of its organization's structure, tax status, capabilities, and performance.

**Nondiscrimination:** Contractor shall not unlawfully discriminate against any employee, applicant for employment, recipient of services or programs, or applicant for services or programs, on the basis of race, creed, color, sex, age, marital status, national origin, disable veteran status, or the presence of any sensory, mental, or physical handicap. Contractor shall comply with the Americans with Disabilities Act.

- 1.1. In Employment. Contractor shall not discriminate against any employee or employment because of race, color, sex, religion, national origin, creed, marital status, disable veteran status, or the presence of any sensory, Intellectual, or physical disability, or the use of any trained dog guide or service animal by a person with a disability. Contractor shall

take affirmative action to ensure that employees are employed and treated during employment without discrimination.

- 1.2. In Services. Contractor shall not discriminate against any person eligible for services or participation in the program because of race, color, sex, religion, national origin, creed, marital status, age, or disabled veterans, status, or the presence of any sensory, intellectual or physical disability, or the use of any trained dog guide or service animal by a person with a disability, or the use of any trained dog guide or service animal by a person with disabilities.

**Notices:** Any demand, request or notice which either party desires or may be required to make or deliver to the other shall be in writing and shall be deemed delivered when personally delivered, or when e-mailed to the addresses as listed on this Contract or in other documents related to this Contract.

**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:

1. Applicable federal and State of Washington statutes and regulations;
2. General Terms and Conditions contained in this Contract;
3. Special Terms and Conditions contained in this Contract;
4. Exhibits, if any, as indicated on page one (1) of this Contract;
5. Any other material incorporated herein by reference.

**Ownership of Material:** Material created by Contractor and paid for by Health District as a part of this Contract shall be owned by Health District 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 Contractor uses to perform this Contract, but which is not created for or paid for by Health District, is owned by Contractor.

**Overpayments:** If it is determined by the Health District, or during an audit, that the Contractor has been paid unallowable costs under this Contract, the Health District may require the Contractor to reimburse the Health District in accordance with 2 CFR 200.

**Provisional Status:** This status refers to a critical designation within the contract, indicating that the service provider is on the verge of contract termination due to non-compliance or significant performance issues. A provider may be placed on provisional status following a formal review that identifies specific deficiencies or failures in meeting contractual obligations. To be removed from provisional status, the provider must address and rectify the specified deficiencies within a designated timeframe, demonstrating compliance through a follow-up review or assessment.



Failure to make satisfactory improvements while on provisional status will result in the termination of the contract.

**Responsibility:** Each party to this Contract shall be responsible for the negligence of its officers, employees, and agents in the performance of this Contract to the extent allowed by law. No party to this Contract shall be responsible for the acts and/or omissions of entities or individuals not party to this Contract. The Health District and the Contractor 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. The Health District and the Contractor agree to notify the attorneys of record in any tort lawsuit where both are parties if either the Health District or the Contractor 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.

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

**Subrecipients:**

1.1. General. If Contractor is a subrecipient of federal awards as defined by Office of Management and Budget (OMB) Circular A-133 and this Agreement, Contractor shall:

1.1.1. 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;

1.1.2. Maintain internal controls that provide reasonable assurance that the Contractor 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;

1.1.3. Prepare appropriate financial statements, including a schedule of expenditures of federal awards; Incorporate OMB Circular A-133 audit requirements into all agreements between the Contractor and its subcontractors who are subrecipients;

1.1.4. Comply with any future amendments to OMB Circular A-133 and any successor or replacement Circular or regulation;

1.1.5. Comply with the applicable requirements of OMB Circular A-87 and any future amendments to OMB Circular A-87, and any successor or replacement Circular or regulation; and

1.1.6. 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 Part 39. (See [www.ojp.usdoj.gov/ocr](http://www.ojp.usdoj.gov/ocr) for additional information and access to the aforementioned Federal laws and regulations.)

**Survivability:** The terms and conditions contained in the Agreement that, by their sense and context, are intended to survive the expiration of the Agreement shall so survive. Surviving terms include, but are not limited to: Confidentiality, Disputes, Indemnification and Hold Harmless, Inspection, Records, Right to Review and Record Retention, Ownership of Material, Termination for Default, Termination Procedure.

**Termination:** If the funds upon which the Health District relied to establish this Contract are withdrawn, reduced, or limited, or if additional or modified conditions are placed on such funding, the Health District may terminate this Contract by providing at least five business days written notice to the Contractor. The termination shall be effective on the date specified in the notice of termination. Either party may terminate this Contract by providing thirty (30) calendar days written notice sent by certified mail to the addresses listed on the first page of this Contract. If the Contractor fails to comply with the terms and conditions of this Contract, the Health District may terminate this Contract immediately upon written notice sent by certified mail to the Contractor, and the Health District may pursue such remedies as are legally available. If this Contract is terminated for any reason, Health District shall pay only for performance rendered or costs incurred in accordance with the terms of this Contract and prior to the effective date of termination.

**Title to Property:** Title to all property purchased or furnished by the Health District for use by the Contractor during the term of this Contract shall remain with the Health District. Title to all property purchased or furnished by the Contractor for which the Contractor is entitled to reimbursement by the Health District under this Contract shall pass to and vest in the Health District. The Contractor shall take reasonable steps to protect and maintain all the Health District property in its possession against loss or damage and shall return the Health District property to the Health District upon Contract termination or expiration, reasonable wear and tear excepted.

**Unified Business Identifier:** Per RCW 82.32.070, Health District must obtain and preserve a record of the Contractor's unified business identifier account number for the person or entity performing the work.

**Waiver:** Waiver of any breach or default on any occasion shall not be deemed 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 Contract unless amended. Only the Director or designee has the authority to waive any term or condition of this Contract on behalf of the Health District.

**SPECIAL TERMS AND CONDITIONS - DEVELOPMENTAL DISABILITIES**  
**ADMINISTRATION**

1. Definitions Specific to Special Terms: The words and phrases listed below, as used in Contract, shall each have the following definitions:

a. “Acuity Level” means the level of a Client’s abilities and needs as determined through the DDA assessment.

b. “ADSA Web Access (AWA)” means a web-based portal to the Developmental Disabilities Administration CARE system designed to support county services for DDA clients.

c. “Additional Consumer Services” refers to indirect Client service types as follows:

(1) “Community Information and Education”: Activities to inform and/or educate the general public about developmental disabilities and related services. These may include information and referral services; activities aimed at promoting public awareness and involvement; and community consultation, capacity building and organization activities.

(2) “Training”: To increase the job-related skills and knowledge of staff, providers, volunteers, or interning students in the provision of services to people with developmental disabilities. Also, to enhance program related skills of board or advisory board members.

(3) “Other Activities” reserved for special projects and demonstrations categorized into the following types:

(a) Infrastructure projects: Projects in support of Clients (services not easily tracked back to a specific working age Client) or that directly benefit a Client(s) but the Client is not of working age. Examples include planning services like generic job development e.g., “Project Search.”

(b) Start-up projects: Projects that support an agency or directly benefit the agency. Examples include equipment purchases and agency administrative support.

(c) Partnership Project: Collaborative partnerships with school districts, employment providers, DVR, families, employers and other community collaborators needed to provide the employment supports and services young adults with developmental disabilities require to become employed during the school year they turn twenty-one (21).

- d. “Budget and Accounting Reporting System (BARS)” means a master classification of balance sheet, revenue and expenditure/expense accounts.
- e. “Client” means a person with a developmental disability as defined in chapter 388-823 WAC who is currently eligible and active with the Developmental Disabilities Administration or is an identified PASRR Client.
- f. “Competitive Integrated Employment” means work performed by a Client on a part-time or full-time basis, within an integrated setting within the community that meets HCBS settings requirements. The Client must be compensated at minimum wage or higher, using the higher of the Federal, State, or local rate, and at a rate comparable to the wage paid to non-disabled workers performing the same tasks, including receiving the same benefits and opportunities for advancement.
- g. “Consumer Support” refers to direct Client service types as follows:
- (1) “Community Inclusion” or “CI”: means individualized services provided in integrated community settings with other individuals without disabilities. The activities are based on Client interests and provide opportunities typically experienced by the general public of similar age in their local community, accessible by public transit or a reasonable commute from their home. The goal of the service is to support clients to participate, contribute, and develop relationships with community members who are not paid staff. These services may be authorized for individuals age 62 and older. These services may be authorized in addition to or instead of employment support (Individual Employment or Group Supported Employment) for working age individuals who have received nine months of employment support.
  - (2) “Child Development Services” or “CDS”: Birth to three services are designed to meet the developmental needs of each eligible child and the needs of the family related to enhancing the child’s development. Services may include specialized instruction, speech-language pathology, occupational therapy, physical therapy, assistive technology, and vision services. Services are provided in natural environments to the maximum extent appropriate.
  - (3) “Individual Supported Employment” or “IE”: services are a part of a Client’s pathway to employment and are tailored to individual needs, interests, and abilities, and promote career development. These are individualized services necessary to help persons with developmental disabilities obtain and continue integrated employment at or above the state’s minimum wage in the general workforce. These services may include intake, discovery, assessment, job preparation, job marketing, job supports, record keeping and support to maintain a job.

(4) “Individualized Technical Assistance” or “ITA”: services are a part of a Client’s pathway to individual employment or community inclusion. This service provides assessment and consultation to the provider to identify and address existing barriers to employment or community inclusion. This is in addition to supports received through supported employment or community inclusion services for Clients who have not yet achieved their goal.

(5) “Group Supported Employment” or “GSE”: services are a part of a Client’s pathway to integrated jobs in typical community employment. These services are intended to be short-term and offer ongoing supervised employment for groups of no more than eight (8) workers with disabilities in the same setting. The service outcome is sustained paid employment leading to further career development in integrated employment at or above minimum wage. Examples include enclaves, mobile crews, and other business models employing small groups of workers with disabilities in integrated employment in community settings.

h. “DDA Case Resource Manager (CRM)” means a case manager for DDA Clients.

i. “County Service Authorization (CSA)” means an authorization for county services.

j. “Developmental disabilities (DD)” means a disability attributable to intellectual disability, cerebral palsy, epilepsy, autism, or another neurological or other condition of an individual found by the secretary to be closely related to an intellectual disability or to require treatment similar to that required for individuals with intellectual disabilities, which disability originates before the individual

attains age eighteen, which has continued or can be expected to continue indefinitely, and which constitutes a substantial limitation to the individual.

k. “Developmental Disabilities Administration DDA” means a division within the Department of Social and Health Services.

l. “DDA Regional office (DDA Region)” means the regional DDA office that supports DDA clients.

m. “Division of Vocational Rehabilitation (DVR)” means a division within the Department of Social and Health Services

n. “Employment Outcome Payment” means a payment to providers for transition students born between specific dates; have high acuity; are authorized for Individual employment; and

student obtains a competitive integrated job within a specific timeframe. If the job is a minimum of ten hours of work per week an additional amount will be include in the payment

o. “Medicaid Home and Community Based Services (HCBS)” means services that occur in a Client’s home or community rather than institutions or other isolated settings. These programs serve a variety of targeted populations groups, such as people with intellectual or developmental disabilities, physical disabilities, and/or mental illnesses.

p. “Job Foundation Report” is a document derived from employee readiness activities performed by students who are between ages 19 through 20 that identifies actionable next step for employment. The employment service providers developing the Job Foundation report will be supporting students with employment activities on average of 35 hours.

q. “Preadmission Screening and Resident Review (PASRR)” means individuals with intellectual disabilities or related conditions (ID/RC) who have been referred for nursing facility (NF) care.

r. “Person Centered Service Plan or PCSP” means a document that authorizes and identifies the DDA paid services to meet a Client’s assessed needs. Formerly referred to as the Individual Support Plan.

s. “Quality Assurance” means an adherence to all Contract requirements, including DDA Policy 6.13, Provider Qualifications for Employment and Day Program Services County Guidelines and the Criteria for Evaluation, as well as a focus on reasonably expected levels of performance, quality, and practice.

t. “Quality Improvement” means a focus on activities to improve performance above minimum standards and reasonably expected levels of performance, quality, and practice.

u. “Service Provider” is a qualified Client service vendor who is contracted to provide Employment and Day Program services.

v. “Subcontractor” is the service provider contracted by the Contractor to provide services.

2. Purpose: This Contract is entered into between Developmental Disabilities Administration (DDA) and the Contractor in accordance with Chapter 71A.14 RCW. Its purpose is to advance the state legislative policy to provide a coordinated and comprehensive state and local program of services for persons with developmental disabilities.

3. **Client Eligibility:** Client eligibility and service referral are the responsibility of the DDA pursuant to Chapter 388-823 WAC (Eligibility) and Chapter 388-825 WAC (Service Rules). Only persons referred by DDA shall be eligible for direct Client services under this Contract. It is DDA's responsibility to determine and authorize the appropriate direct service(s) type. Direct Client services provided without a current County Service Authorization are not reimbursable under this Contract.

4. **Credentials and Minimum Requirements:**

a. **Administration of the Developmental Disabilities Employment and Day Program** cannot be subcontracted.

b. **Qualified DD Program Coordinator:** A qualified DD program coordinator has a minimum of five years training and experience in the administration and/or the delivery of developmental disabilities services to a community. For a county where the coordinator administers more than one program area (e.g. Chemical Dependency, Mental Health, Developmental Disabilities), training and experience in administration and/or a related Human or Social service may be considered.

c. **Administration Responsibility:** The County must demonstrate the ability to administer the Contract including contract oversight and monitoring, community outreach and education activities, and regular communication with the DDA Regional office (DDA region) and contracted providers.

d. **Fiscal Responsibility:** The Contractor must demonstrate the ability to safeguard public funds including maintaining books, records, documents, and other materials relevant to the provision of goods and services.

e. **Sufficient Policies and Procedures for establishment and maintenance of adequate internal control systems:** The Contractor will maintain written policy procedural manuals for information systems, personnel, and accounting/finance in sufficient detail such that operations can continue should staffing change or absences occur. Policies shall be dated and include dates when updated.

f. **Background/Criminal History Check:** A background/criminal history clearance is required every three years for all employees (including DD program Contractor staff), subcontractors, and/or volunteers who may have unsupervised access to vulnerable DSHS Clients, in accordance with RCW 43.43.830-845, RCW 74.15.030, and Chapter 388 WAC. If the entity reviewing the application elects to hire or retain an individual after receiving notice that



the applicant has a conviction for an offense that would disqualify the applicant from having unsupervised access to vulnerable adults as defined in Chapter 74.34 RCW, then DDA shall deny payment for any subsequent services rendered by the disqualified individual provider. The DSHS Background Check Central Unit (BCCU) must be utilized to obtain background clearance.

g. **Qualified Advisory Board Members:** A Developmental Disabilities advisory board shall include members knowledgeable about developmental disabilities. No board member shall have a contract with the County or Contractor to provide Training, Community Information Activities, and Consumer Support as defined in this Contract, and shall not be a board member, officer, or employee of an agency subcontracting with the County or Contractor to provide such services.

h. **Qualified Service Providers:** The Contractor assures that all service providers meet qualifications as outlined in the DDA Policy 6.13, Provider Qualifications for Employment and Day Program Services.

i. **Home and Community Based Waiver Services Assignment of Medicaid Billing Rights:** The Contractor assures that each subcontractor has agreed to assign to DDA its Medicaid billing rights for services to DDA Clients eligible under Title XIX programs in this Contract. Written documentation shall be available to DSHS on request.

j. **Reporting Abuse and Neglect:** The Contractor staff and its subcontractors who are mandated reporters under RCW 74.34.020(13) must comply with reporting requirements described in RCW 74.34.035, .040 and Chapter 26.44 RCW. If the Contractor is notified by DSHS that a subcontractor staff member is cited or on the registry for a substantiated finding, then that associated staff will be prohibited from providing services under this Contract.

k. **Contractor who provides Child Development Services (birth to three early intervention services),** must provide those services under the regulations implementing the Individuals with Disabilities Education Act (IDEA), Part C, and Washington State's Early Support for Infant and Toddler Federally Approved Plan.

l. **The Contractor staff who perform evaluations of subcontractor work sites will promptly report to DSHS per DDA Policy 5.13, 6.08, Incident Management and Reporting Requirements for County and County-Contracted Providers if:**

(1) They have reasonable cause to believe that abandonment, abuse, financial exploitation or neglect (as defined in RCW 74.34.020) of a person who has a developmental disability (as defined in RCW 71A.10.020) has occurred, and,

(2) If they have reason to suspect that sexual or physical assault of such a person has occurred, they shall also immediately report to the appropriate law enforcement agency.

m. Contractors are specifically authorized to have data storage on portable devices or media in accordance with the Data Security Requirements.

n. Order of Precedence: In the event of any inconsistency in this Contract and any attached exhibits, unless otherwise provided herein, the inconsistency shall be resolved by giving precedence, in the following order, to:

(1) Contract; and

(2) Attached Exhibits.

5. Duty to Disclose: Pursuant to 42 CFR §455.104, the Administration must obtain certain disclosures and complete required screenings to ensure the State does not pay federal funds to excluded person or entities. The Contractor is required to provide disclosures from managing employees, specifically the persons in the positions of Developmental Disabilities Director and Fiscal/Budget Director, i.e. the person who authorizes expenditures. A completed Medicaid Provider Disclosure Statement, DSHS Form 27-094, should be submitted to the Administration to complete the required screenings. Disclosures must be provided at contract renewal and within thirty-five (35) days whenever there is a change in the staff holding these management positions [42 CFR 455.104 (c)(1)].

6. Statement of Work: The Contractor shall provide the services and staff, and otherwise do all things necessary for or incidental to the performance of work, as set forth below. Working collaboratively, the parties shall administer DD services within the county as set forth below:

a. The DDA region shall:

(1) Review subcontractors and shall immediately notify the Contractor of any disapproval of the subcontractors identified by the Contractor;

(2) Inform and include the Contractor in the discharge planning of individuals leaving institutions and returning to the community who will need program funding;

(3) Inform the Contractor of Clients who have had their waiver status changed;

- (4) Work with the Contractor when referring Clients for services and will withdraw referrals when authorization is not issued;
- (5) Inform Clients of service changes through Planned Action Notice(s);
- (6) Authorize new service within 5 working days and will extend existing service authorization before expiration date;
- (7) Work with the Contractor to document planned services in the Client's Person-Centered Service Plan including notification of assessment dates;
- (8) Work with the Contractor when terminating services;
- (9) Work with DDA Head Quarters and the Contractor on Spending Plan adjustments; and
- (10) Work with the Contractor in participating in evaluation of direct service providers.

b. The Contractor shall:

- (1) Work with the DDA Region when Client's are referred for services, authorized services, and/or for support modifications;
- (2) Work with the DDA Region to document planned services in the Client's Person Centered Service Plan;
- (3) Assist with informing the DDA Region of any potential service level changes not documented in the Client's DD Assessment prior to any changes;
- (4) Work with the DDA Region regarding service termination;
- (5) Work with the DDA Head Quarters on Spending Plan adjustments;
- (6) Inform the DDA Region of new providers to be included on the ALTSA Web Access (AWA) system;
- (7) Inform the DDA Region of new providers to be included on the AWA system;
- (8) Notify the DDA Region of any intent to terminate a subcontractor who is serving a DDA referral;

(9) Provide a copy of each subcontractor's contract upon written request from DDA; and

(10) Notify and work with the DDA Regional Employment Specialist when performing evaluations of direct service providers.

c. Compliance with Budget and Accounting Reporting System (BARS) Policies: The Contractor shall take any necessary and reasonable steps to comply with BARS.

d. The Contractor shall comply with the following referenced documents found at DDA Internet site <https://www.dshs.wa.gov/dda/Contractor-best-practices> under "County Best Practices":

(1) DDA Policy 4.11, County Services for Working Age Adults;

(2) Chapter 388-850 WAC, chapter 388-828 WAC, and WAC 388-845-0001, 0030, 0210, 0215, 0220, 0600-0610, 1030-1040, 2100, 2110;

(3) Criteria for Evaluation;

(4) DDA Guiding Values;

(5) County Guide to Achieve DDA's Guiding Values;

(6) DDA Guidelines for Community Assessments within Employment and Vocational Programs; and

(7) Disability Rights Washington (formerly Washington Protection and Advocacy System) Access Agreement.

e. The Contractor shall develop and submit a comprehensive plan for the Contractor DD Services as required by WAC 388-850-020.

f. Conveyance of The Estimated Number of People to be Served and Targeted Outcomes: The Contractor shall submit the Service Information Forms (SIF's) (provided by DDA at Internet site <https://www.dshs.wa.gov/dda/county-best-practices> to indicate the estimated number of people to be served, targeted outcomes, and identified goal(s) that focus on quality improvement within the categories of Training, Community Information, Direct Client Services, and Other

Activities within 30 days of execution of the Contract. Once approved, the SIF outcomes may be modified only by mutual agreement of the Contractor and the DDA Region.

g. Solicitation for Qualified Employment and Day Program Service Providers: Requests for Information (RFI's) and/or Requests for Proposals (RFPs), Requests for Qualifications (RFQ's) for direct services, excluding Child Development, will be open continuous enrollment.

h. Qualified Providers: A qualified provider must be a Contractor or an individual or agency contracted with Contractor named in this Personal Service Agreement or DDA.

i. Technical Assistance: DDA contracts with Technical Assistance providers that may be utilized by Contractor with prior written approval.

j. Subcontractors: The County will pass on all applicable contractual requirements that are between DDA and the County to the subcontractor. The County shall immediately notify the DDA Region of the County's intent to terminate a subcontractor who is serving a DDA referral. Individuals or agencies contracted with a county or DDA may not subcontract for Employment or Community Inclusion services.

k. The Contractor shall provide or contract with qualified Employment and Day Program Service Providers for consumer support services that include the following program outcomes:

(1) Monthly Community Inclusion (CI) service support hours will be based on the Client's CI service level per WAC 388-828-9310 for all Clients who began receiving CI services July 1, 2011 and forward.

(a) To ensure health and safety, promote positive image and relationships in the community, increase competence and individualized skill-building, and achieve other expected benefits of CI, services will occur individually or in a group of no more than two (2) or three (3) Client's with similar interests and needs.

(b) CI services will focus on activities that are typically experienced by the general public. Support to participate in segregated activities and/or specialized activities will not be reimbursed.

(2) Clients in an employment program will be supported to work towards a living wage. A living wage is the amount needed to enable a Client to meet or exceed living expenses. Clients should be supported to average twenty (20) hours of community work per week or eighty-six

(86) hours per month; however, each person's preferred hours of employment should be taken into consideration. The amount of service a Client receives will be based on demonstrated need, acuity level and work history per WAC 388-828.

(3) The Client's DDA PCSP is the driver for service. The AWA County Service Authorization (CSA) and updated Planned Rates information will not exceed the Client's DDA PCSP. Service changes will not occur until the Client has received proper notification from DDA.

(4) All Clients will have an Individualized Employment and/or Community Inclusion plan to identify Client's preferences. Minimum plan elements are outlined in the reference document "Criteria for Evaluation." A copy of the Client's individualized plan will be provided to the Client, their DDA Case Resource Manager (CRM), guardian and others as appropriate.

(5) Six-month progress reports describing the progress made towards achieving Client's goal will be provided by the service provider to the CRM, Client, and/or guardian, if any, within 30 days following the six-month period. The report will summarize activities and outcomes made towards the Client's individualized goal(s).

(6) All Clients will be contacted by their service provider according to Client need and at least once per month.

(7) If Clients in Individual Employment, Group Supported Employment have not obtained paid employment at minimum wage or higher within six (6) months, the Contractor will assure the following steps are taken:

(a) Review the progress toward employment goals;

(b) Provide evidence of consultation with the family/Client; and

(c) Develop additional strategies with the family/Client, Contractor staff, employment support staff and the case manager. Strategies may include providing technical assistance, changing to a new provider, and/or providing additional resources as needed to support the client's pursuit of employment. The additional strategies will be documented for each Client and kept in the Client's file(s).

(8) If after twelve (12) months the Client remains unemployed, an additional review will be conducted. The provider will address steps outlined in the previous six month progress report in the next six month progress report. When requesting to participate in CI, the Client shall

communicate directly with his or her DDA Case Manager. The DDA Case Manager is responsible for authorizing CI services.

(9) For Individual Employment where the service provider is also the Client's employer, long term funding will remain available to the service provider employer for six-months after the employee DDA Client's date of hire. At the end of the six month period, if the DDA Client continues to need support on the job, another service provider who is not the employer of record must provide the support unless the Contractor or DDA issues prior written approval for the service

provider to continue to provide long-term supports if needed. If the Contractor or DDA approves the continuation of long-term supports where the service provider is also the Client's employer, the Contractor or DDA will regularly monitor these positions to assure fading efforts occur when appropriate and any potential conflict of interest is addressed.

(10) Individual Employment staff hours must be attributed to the "Individual Employment and Billable Activity Phase(s)".

(11) For Group Supported Employment (GSE), Clients must have paid work. The total number of direct service staff hours provided to the group should be equal to or greater than the group's collective amount of individual support monthly base hours. If the direct service staff hours are less than the collective amount, then the provider will be reimbursed only for the number of hours staff actually provided.

(a) The collective group's individual hours should be the minimum staff hours delivered to support the group.

(b) A GSE Client must be on-site/at work at least their base individual hours as a minimum per month. If a Client is not on-site/at work for all of their base hours, the county should verify that the provider delivered the collective group's individual hours to the group (what was the number of staff hours provided to the group during the month? If it was less than the collective group's total the provider can only bill for the staff hours that were provided).

(c) A GSE agency may not bill for a GSE Client who does not receive services during an entire service month.

(d) A GSE agency must have a record of which staff is supporting which Clients on any given day.

(e) A GSE agency must have supportive documentation that provides clear evidence of support helping with specific activities as identified in the Client plan to move a Client on their pathway towards their employment goal(s).

(f) Running a GSE service is a part of the business operation and not billable to Clients (contract procurement, contract maintenance, or administration functions associated with GSE).

(g) Individual time in the community working towards the individual employment goal, separate from the group time, must include phase information (refer to Employment Phases and Billable Activities - see Phases 1 – 4 for element / activity description).

(12) Employment and day services must adhere to the Home and Community Based settings (HCBS) requirements of 42 C.F.R. Section 441.301(c)(4), including that:

(a) The setting is integrated in the greater community and supports clients to have full access to the greater community;

(b) Ensures the Client receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS;

(c) The setting provides opportunities to seek employment and work in competitive integrated settings; and

(d) The setting facilitates individual choice regarding services and supports, and who provides them.

l. Quality Assurance and Service Evaluation: The Contractor shall develop and have available an evaluation system to review services. The evaluation system must have both a Quality Assurance and a Quality Improvement component, and both must include objective measures. The objective measures at a minimum will include performance indicators, by acuity, that include the number of new jobs; job loss and reasons for job loss; the percentage employed earning minimum wage or better; and the average number of hours worked. The Contractor's service evaluation system shall serve as the method by which current providers demonstrate that they continue to be qualified providers. A copy or description of such evaluation system shall be provided upon request to DDA for review.

m. Evaluation: The Contractor shall evaluate and review services delivered to reasonably assure compliance and quality. The Contractor shall conduct at least one visit to each subcontractor every two years. The Contractor shall maintain written documentation of all



evaluations, recommendations and corrective action plans for each subcontractor. Copies of such documentation will be provided to the DDA upon request.

n. The Contractor shall work with local developmental disability advisory groups to plan for and coordinate services.

o. The Contractor shall participate in regularly scheduled meetings between Contractor DD staff and DDA staff to remain updated and current including ACHS and Regional Meetings.

p. AWA Data System: In compliance with the AWA Training Manual, the County shall use the AWA data system for all:

(1) Billing requests;

(2) Service provider address and phone number maintenance;

(3) Evaluation dates;

(4) Employment outcome information; and

(5) Monthly provide all data described in the Billing Instructions and in the Employment Outcomes Instructions, which is hereby incorporated by reference.

q. Assure the integrity of data submitted to the State. When data is submitted and rejected due to errors or an error is later identified, the Contractor will correct and resubmit the data within thirty (30) days.

r. Review and respond to the AWA “Work List” items within 5 working days including Referrals and pending Authorization.

s. Review the AWA “Ticklers” Planned Rate tab and update the planned rate within 5 working days after the Planned Rate start date.

t. Partnership Project.

(1) A Job Foundation document will be completed per guidelines for eligible students. Eligible students are DDA clients who were born between:

- For fiscal year 2021 9/1/00 through 8/31/01
- For fiscal year 2022 9/1/01 through 8/31/02
- For fiscal year 2023 9/1/02 through 8/31/03
- For fiscal year 2024 9/1/03 through 8/31/04

These students currently attending school and have completed an application to participate in this Value Based Payment (VPB) project. The VBP project application will include the following minimum criteria identified in the sample application found at:

[https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/Job%20Foundation%20Application\\_040720%20%28002%29.docx](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/Job%20Foundation%20Application_040720%20%28002%29.docx)

(2) Qualified providers will collaborate with School District staff to complete the Job Foundation document and then provide a copy to the County. To be a qualified provider for the Partnership Project the Counties must require the provider to have a current contract with the Division of Vocational Rehabilitation; a contract in good standing with the County and cannot be in provisional status; a minimum of two years' experience providing Individual Employment with demonstrated job placement skills. The Job Foundation recommendation will only have actionable next steps towards integrated competitive employment.

(3) County participating in the Partnership Project must have the ability to work collaboratively with School Districts to identify DDA students in high school, collect and track information, be proficient in electronic spreadsheets, and ability to evaluate if completed Job Foundation document(s) meet quality standards.

u. Employment Outcome Payment. Providers, with transition students born between:

- For fiscal year 2023 9/1/00 through 8/31/01
- For fiscal year 2024 9/1/01 through 8/31/02
- For fiscal year 2025 9/1/02 through 8/31/03
- For fiscal year 2026 9/1/03 through 8/31/04

High acuity Clients who are authorized for Individual employment, may receive one outcome payment if student obtains a competitive integrated job approved by the County within

timeframes described in the chart in the DDA Billing Instructions. If the County is also the service provider DDA will provide the job approval. If the job is at a minimum of ten hours of work per week an additional amount will be included in the payment.

7. Consideration:

a. Fees:

(1) Approval of fees is the responsibility of the DDA. The DDA Region reserves the right to approve fees/rates for the services being provided. The Contractor will submit a fee/rate schedule with the initial Contract. The Contractor will submit updated fee/rate schedules to the DDA Region for approval as changes occur. The rate schedule will include the following information:

(a) Contractor(s) name;

(b) Time period for which the schedule is applicable; and

(c) Each contracted direct service (IE, GSE, CI, ITA, CDS) and its associated rate.

(2) Fee Limitations: The DDA Billing Instructions found on the County Best Practices site provides limitations on the Hourly Rate for each direct service. Hourly rates must be divisible by four.

b. Budget and Spending Plan, attached as Exhibit B:

(1) Budget amount listed in Exhibit B: The Contractor may not exceed the state only revenue dollar amount or the total revenue dollar amount indicated on the Program Budget Agreement included in Exhibit B. The waiver revenue dollar amount may be exceeded to accommodate Clients moving from state-only employment and day services to waiver employment and day services.

(2) Spending Plan: DDA will provide the initial spending plan / Program Agreement Budget / Exhibit B. Funding shall be distributed under State and Medicaid in the revenue section. The planned expenditures for Consumer Support are based on authorized Clients, their acuity level and work history for a given point in time. To determine the Additional Consumer Support amount, the Consumer Support amount is multiplied by a percentage. The spending plan may only be modified by mutual agreement of the parties in writing and shall not require a program agreement amendment.

(a) Funds Designated for Additional Consumer Services: If a Contractor provides Community Information and Education services under additional consumer services, then activities must include outreach efforts to federally recognized local tribes.

(b) Funds Designated for Adult Day Care Consumers: Funds designated for Adult Day Care Consumers are available to Clients who were served between December 1996 and December 2003 in Adult Day Health agencies and were subsequently determined ineligible for Level II or III services (Adult Day Health). Level II and III services are licensed rehabilitation and skilled nursing services along with socialization. Level I services (Adult Day Care) are supervised day programs where frail and disabled adults can participate in social, educational, and recreational programs without the need for skilled nursing. These Clients may be referred to services defined in the statement of work, or to an Adult Day Care service other than Level II or III. If a Client no longer needs and wants services, the funds are available for other Clients who are not part of the group of original Clients identified between December 1996 and 2003. An Adult Day Care service shall only be provided by Adult Day Care agencies certified by the local Area Agency on Aging. Adult Day Care service is not a waiver approved service.

c. Contract Amendments: A Contractor can request an amendment at any time. An amendment for additional client(s) may be supported when Clients exceed the number used to develop the contract. An amendment for additional service hours authorized may be supported when county provides evidence. An amendment request for expenditures exceeding contract total due to hourly rates paid to service provider may not be supported as the county is responsible to manage contract and rates paid to their providers.

d. Exemptions: The DDA Assistant Secretary may approve in writing an exemption to a specific Contract requirement.

## 8. Billing and Payment:

a. Contract Budget: DSHS shall pay the Contractor all allowable costs, which are defined by DDA as cost incurred by the program for:

(1) Administration: Costs of the County Human Services Department or similar county office, responsible for administration of the Developmental Disabilities Program. Allowable costs include personnel and overhead costs directly related to the administration and coordination of the program, including such activities as program planning, budgeting, contracting, monitoring, and evaluation. Also included are departmental and county indirect and/or direct administrative costs, to the extent that such costs are appropriately allocated to the program using an established methodology consistent with grants management guidelines. For a Contractor

whose designated coordinator manages multiple programs, the Contractor must be able to provide.

(2) Additional Consumer Services:

(a) Training:

i. Staff Training: Costs incurred by the program for planned, structured activities for the purpose of providing, or improving, or enhancing job-related knowledge and skills of staff, providers, volunteers, or interning students in the provision of developmental disabilities services.

ii. Board Training: Costs incurred by the program for planned, structured activities designed to provide, improve, or enhance program-related skills of board and advisory committee members.

(b) Community Information and Education: to inform and/or educate the general public about developmental disabilities and related services. These may include information and referral services; activities aimed at promoting public awareness and involvement; and community consultation, capacity building and organization activities.

(c) Other Activities

i. Infrastructure projects: Projects in support of Clients (services not easily tracked back to a specific working age Client) or that directly benefit a Client(s) but the Client is not of working age. Examples include planning services like generic job development e.g. "Project Search."

ii. Start-up projects: Projects that support an agency or directly benefit the agency. Examples include equipment purchases and agency administrative support.

iii. Partnership project: Collaborative partnerships with school districts, employment providers, Division of Vocational Rehabilitation (DVR), families, employers and other community collaborators needed to provide the employment supports and services young adults with developmental disabilities require to become employed during the school year they turn twenty-one (21). Supports provided should complement and not replace what the student(s) receive through the Individualized Education Program (IEP).

(3) Consumer Support

(a) Adult Day Care services are available to Clients who were served between December 1996 and December 2003 in Adult Day Health agencies and were subsequently determined ineligible for Level II or III services (Adult Day Health). Level II and III services are licensed.

rehabilitation and skilled nursing services along with socialization. Level I services (Adult Day Care) are supervised day programs where frail and disabled adults can participate in social, educational, and recreational programs without the need for skilled nursing.

(b) Community Inclusion services are individualized and provided in integrated community settings with other individuals without disabilities. The activities are based on Client interests and provide opportunities typically experienced by the general public of similar age in their local community, accessible by public transit or a reasonable commute from their home. The goal of the service is to support Clients to participate, contribute, and develop relationships with community members who are not paid staff. These services may be authorized for individuals age 62 and older. These services may be authorized in addition to or instead of employment support (Individual Employment or Group Supported Employment) for working age individuals who have received nine months of employment support.

(c) Child Development Services are designed to meet the developmental needs of each eligible child and the needs of the family related to enhancing the child's development. Services may include specialized instruction, speech-language pathology, occupational therapy, physical therapy, assistive technology, and vision services. Services are provided in natural environments to the maximum extent appropriate.

(d) Individual Supported Employment services are a part of a Client's pathway to employment and are tailored to individual needs, interests, and abilities to promote career development. These are individualized services necessary to help persons with developmental disabilities obtain and continue integrated employment at or above the state's minimum wage in the general workforce. These services may include intake, discovery, assessment, job preparation, job marketing, job supports, record keeping and support to maintain a job (per the Individual Employment Phases & Billable Activities)

(e) Individualized Technical Assistance services are a part of a Client's pathway to employment or community inclusion. This service provides assessment and consultation to the provider to identify and address existing barriers to employment or community inclusion. This is in addition to supports received through supported employment or community inclusion services for Clients who have not yet achieved their goal.

(f) Group Supported Employment services are a part of a Client's pathway to integrated jobs in typical community employment. These services are intended to be short-term and offer ongoing supervised employment for groups of no more than eight (8) workers with disabilities in the same setting. The service outcome is sustained paid employment leading to further career development in integrated employment at or above minimum wage. Examples include enclaves, mobile crews, and other business models employing small groups of workers with disabilities in integrated employment community settings.

b. Reimbursement for the Fiscal Year shall not exceed the total amount listed in Exhibit B to this Contract. However, with a Contract amendment, the parties may increase or decrease the Contract amount. The Contractor will work with DDA HQ on amendments to the Contract.

c. Monthly Invoice with Signed Documentation: All requests for reimbursement amounts must be entered and posted into the AWA system. The Contractor may post a combined claim of all programs/services covered by this Contract. DSHS shall make all payments due to the Contractor for all invoices submitted pursuant to this section within sixty (60) days following posting of required information.

d. Clients will be assisted in accessing DVR services per the DDA/DVR MOU. Client services shall not be reimbursed under this Contract when the same services are paid for under the Rehabilitation Act of 1973 by DVR, Public Law 94-142 or any other source of public or private funding.

e. Reimbursement of Client Services: A claim for each Client is made on the AWA system by indicating the number of service units delivered to each Client listed and the fee per unit. Units are defined as:

(1) An "Hour" is at least fifty (50) minutes of direct service. Partial hour to the quarter may be recorded.

(2) A "Day" is at least four (4) hours of direct service and will only be used in connection with Adult Day Care reimbursement.

(3) A "Month" represents a minimum of one service visit which is at least fifty (50) minutes of direct service for CDS reimbursement.

f. Program Administration: Program Administration: The Contractor will provide program administration and coordination including such activities as planning, budgeting, contracting, monitoring, and evaluation. Monthly claims for administration can be 1/12 of the maximum

amount identified in Exhibit B under Administration or for the actual costs incurred in the given month but the total Administration billed will be the lesser of the two. Administration cost reimbursement will not exceed 7% unless the Assistant Secretary of DDA approves a request for an exception under chapter 388-850 WAC.

g. The Employment Phases & Billable Activities document defines the individual Client services that DDA reimburses. That document is located on the DSHS DDA County Best Practices Web site at <https://www.dshs.wa.gov/dda/Contractor-best-practices>.

h. The Community Access Billable Activities document defines the individual Client services DDA reimburses. That document is located on the DSHS DDA County Best Practices Web site at <https://www.dshs.wa.gov/dda/Contractor-best-practices>.

i. Timeliness of and Modification to Billings: All initial invoices with signed documentation must be received by the DDA Region within forty-five (45) calendar days following the last day of the month in which the service is provided. Corrected invoices and documentation including re-posted billing information will be accepted throughout the fiscal year as long as they are received within sixty (60) calendar days of the associated fiscal year unless an extension is approved by the DDA Regional Administrator or designee. Payment will not be made on any invoice submitted past sixty (60) calendar days after the Contract fiscal year.

j. Recovery of Fees: If the Contractor bills and is paid fees for services that DSHS later finds were (a) not delivered or (b) not delivered in accordance with Contract standards, DSHS shall recover the fees for those services and the Contractor shall fully cooperate during the recovery.

k. Preadmission Screening and Resident Review (PASRR): The Contractor may bill for administration costs as identified in Exhibit B. Monthly claims for administration cost will be based on the actual PASRR expenditures multiplied by 7%.

l. Reimbursement for Partnership project: A claim of \$2,400 per student for each completed Job Foundation document that is at a satisfactory or above rating will be requested through the AWA system as other monthly cost.

m. Job Foundation report line item 95 and 96 as identified in the ADSA Web Access (AWA) billing system. King, Snohomish and Pierce Counties will use line item 95, all other participating Counties will use line item 96 (OSPI). A copy of the completed Job Foundation document will be sent electronically to the shared mailbox located at:  
[DDAJobFoundationReports@dshs.wa.gov](mailto:DDAJobFoundationReports@dshs.wa.gov)



n. Job placement verification for transition students: The AWA Employment Output for Individual Employment will be completed and submitted with payment request to verify employer, job start date, job type, etc.

o. Job Foundation Administration: The County may bill for administration costs as identified in Exhibit B. Monthly claims for administration cost will be based on the actual expenditures multiplied by 7%. King, Snohomish and Pierce Counties will use line item 13, all other participating Counties will use line item 14 (OSPI).

9. Intermediate Care Facilities for Intellectual Disabilities (ICF/ID) Agreement. If applicable per 42 CFR 483.410, the Contractor shall assure that all Contractor-operated or subcontracted programs serving persons living in ICF/ID facilities develop a plan and coordinate their services with the facility on behalf of the ICF/ID resident. DDA will supply to the Contractor a list of ICF/ID residents who attend a day program.

10. Single State Medicaid Agency—Health Care Authority (HCA): HCA, as the single state Medicaid Agency, has administrative authority for Title XIX coverage per 42 CFR 431.10. DSHS is the operating agency for the Home and Community Based Waivers for services for people with developmental disabilities. The Contractor only has responsibility for services covered in this agreement.

11. DSHS/DRW Access Agreement: The DRW February 27, 2001 Access Agreement with DDA is incorporated by reference. The Contractor assures that it and its subcontractors have reviewed the Access Agreement. The agreement covers DRW's access to individuals with developmental disabilities, Clients, programs and records, outreach activities, authority to investigate allegations of abuse and neglect, and other miscellaneous matters and is binding for all providers of DDA contracted services.

12. Confidential Information. All Counties and their subcontractors must:

a. Ensure the security of Confidential Information, and

b. When transporting client records containing Confidential Information outside a Secure Area, one or more of the following as appropriate:

(1) Using a Trusted Network; or

(2) Encrypting the Confidential Information, including:

(a) Email and/or email attachments

(b) Confidential Information when it is stored on portable devices or media including but not limited to laptop computers and flash memory devices.

13. Data Security Requirements. Exhibit A shall only apply to the Contractor if the County possesses 150 or more DSHS records across all programs or services throughout their organization or transmits more than 5 records at one time.

**SPECIFIC TO YAKIMA COUNTY DEVELOPMENTAL DISABILITIES PROGRAM**  
**TERMS AND CONDITIONS**

**PAYMENT PROVISIONS:**

- 1) Health District shall pay the Subcontractor all allowable costs, which are defined by DDA as all Community Inclusion, Child Development Services, Individual Employment, Individualized Technical Assistance and Group Supported Employment Services. Reimbursement for the state Fiscal Year shall not exceed the total amount listed on the face sheet to this Program Agreement. However, with a Program Agreement amendment, the parties may increase or decrease the Program Agreement amount.
- 2) The Health District agrees, contingent upon the availability of funds, to pay Subcontractor claims approved by the Yakima Health District on the final warrant issue date of the month following the delivery of services if received by the cutoff dates set by the *CMIS Report Schedule*.
- 3) Payments shall be contingent upon receipt of all required reports. No payment shall be made under this Contract for any service rendered by the Subcontractor that is not identified within this Contract and approved for funding by the Health District. The Health District expressly reserves the right to withhold payment in whole or in part if:
  - a) The Agency fails to submit all required documentation;
  - b) In the Executive Director's judgment, additional information is required to substantiate the basis upon which claims are made, provided the request for such information is consistent with the requirements of this Contract;
  - c) Claims are inconsistent with the terms and conditions of this Contract; or
  - d) Claims are made later than 45 days after the end of the Contract.
- 4) If the Contractor bills and is paid fees for services that the Health District later finds were (a) not delivered or (b) not delivered in accordance with Program Agreement standards, the Health District shall recover the fees for those services and the Subcontractor shall fully cooperate during the recovery.

**BILLING AND PAYMENT PROCEDURES:**

- 1) The Contractor shall claim service fees on CMIS report in electronic format to the Yakima Health District.
- 2) Claims for all individuals must be made on the AWA system by indicating the number of service units delivered to each individual listed and the fee per unit. Units are defined in **Exhibit A**.
- 3) All initial invoices with documentation must be received by the Health District within forty-five (45) calendar days following the last day of the month in which the service is provided. Corrected invoices and documentation including re-posted billing information will be accepted throughout the fiscal year as long as they are received within forty-five (45) calendar days of the associated fiscal year unless an extension is approved by the Health District. Payment will not be made on any invoice submitted past 45 calendar days after the Program Agreement fiscal year.

- 4) Reimbursement for Transition Pilot Partnership Project: a claim of \$2,400 per student for each completed Job Foundation document that is at a satisfactory or above rating will be requested through the AWA system as other monthly cost, 94 Partnership line item. A copy of the completed Job Foundation document will be sent electronically to DDA Employment and Day HQ staff.
- 5) Employment Outcome payment: One tiered payment will be made for High acuity clients within the transition fiscal year if job placement is:
  - a) By September 30<sup>th</sup> a payment of \$1,500; or
  - b) Between October through December 31<sup>st</sup> a payment of \$1,000; or
  - c) Between January through March a payment of \$500; or
  - d) Between April through June a payment of \$250; and
  - e) An additional payment of \$1,000 when client is working ten hours of work per week or more.
- 6) Job placement verification for transition students: The AWA Employment Output for Individual Employment will be completed and submitted with payment request to verify employer, job start date, job type, etc.

## **PARTICIPATION REQUIREMENTS:**

### **1. Monthly DD Employment Meetings:**

The Contractor shall participate or have a designated representative attend regularly scheduled meetings between the Yakima Health District and Employment vendors to remain updated on current agenda topics.

### **2. WISE Training offered:**

The Contractors staff and management team participate on trainings offered by the YHD on skill-building, increase competence and ongoing development offered by Health District. Yakima Health District will work with employment vendors to ensure training is relevant.

## **CRITERIA FOR ALL SERVICES:**

All services will be evaluated based on the DDA “Criteria for Evaluation 2019-2021”. This document can be found on the [DDA County Best Practices](#) website.

In addition to the criteria outlined in “Criteria for Evaluation 2019-2021”, the Yakima Health District also requires for Group Supported Employment that:

- 1) Individuals participating in Group Supported Employment shall be compensated in accordance with applicable State and Federal laws and regulations and the optimal outcomes of the provision of Group Support Employment services is permanent integrated employment at or above minimum wage in the community.
- 2) All group supported employment hours must be reported on the “Yakima Health District GSE Collective Timesheet”. This timesheet clearly defines both the individual client and direct service staff hours supporting the group as well as calculates the average time per client provided daily. This form can be found on [www.yakimahealthdistrict.org](http://www.yakimahealthdistrict.org).

- 3) Site Hours are only recorded for the time spent by both Staff and Client, working in conjunction with each other, while at the Third-Party job site.
  - a) Site hours must be recorded in 15-minute increments.
  - b) Site Hours begin per client when the provider staff is on-site with at least one client.
  - c) The staff is providing support only when the staff and client are in the same location. Staff time cannot be considered site hours if there are no clients on the premise and vice-versa.
  - d) Travel time from one site to another can be considered Site Hours because during that time the clients are participating in the GSE program.
  - e) Travel time must be broken into 15-minute increments per client. For example, if travel is one-hour w/ four clients in the car, each client would receive 15-minutes of travel time.
  - f) If travel time cannot be split evenly amongst passengers, the vendor will assign travel time in 15-minute increments to riders until all the travel time has been assigned to a client. For example, if travel is one-hour w/ five clients in the care, 4 clients would receive 15-minutes while one client would not receive any travel time.
  - g) The vendor is responsible for the clients while traveling. If requested, the vendor will provide which client(s) was in the vehicle on specific dates.
  - h) If a client does not work any site hours for the month, the vendor cannot invoice GSE for the services provided to that specific client.
  - i) Lunch breaks cannot be considered Site Hours.
- 4) If a client has become infirmed or incarcerated to a nursing home or jail. The vendor cannot bill for any services provided to that client after the client has become incapacitated.

### **REQUESTING ADDITIONAL HOURS:**

Additional hours may be requested by the Subcontractor at any time. add-on hours may be requested at any time. If there is any need for an increase in the maximum support hours, the service provider (Subcontractor) must submit a written request to Yakima Health District and DDA CRM using the “Additional Hour Request form available on [www.yakimahealthdistrict.org](http://www.yakimahealthdistrict.org).

Once the form is received the DDA CRM the Health District will approve, deny or request more information. Increased hours may be subject to negotiation depending on the individual’s circumstances and the length of request. There are two types of additional hour requests that can be made. In both instances, special provisions apply:

#### **(1) Add-On Hours:**

- a. Case notes must be submitted on a monthly basis for all add-on hours
- b. If the case-notes do not clearly outline the activities provided that support the add-on hours, then a payback for those add-on hours may be required.
- c. Refer to the add-on hours guidelines when requesting short term hours and requesting add on hours. [WAC 388-828-9360](http://WAC 388-828-9360) –

Requesting Short Term Hours and [WAC 388-828-9350](#) –  
Requesting Add on Hours

d. Record Keeping cannot be billed as Add-On hours.

**(2) Individualized Technical Assistance (ITA):** ITA can be requested for any client who has a barrier and needs support to move forward on their pathway to employment. ITA is a short-term service with a specific outcome our product.

a. ITA services will only be provided by an approved Yakima County ITA Provider. Services will only be provided if the request can be matched by a Yakima County ITA Provider.

b. Once the DDA CRM and Health District determine that the service can be provided by a Yakima County ITA Provider, the DDA CRM will put forward Prior Approval for the Health District to either approve or deny. Once approved a County Service Authorization will be sent to the providers and ITA services may commence.

c. An Employment Calculator is NOT used with ITA.

d. ITA Services are meant to be short-term and will be monitored by the Health District.

**EXHIBIT A – DATA SECURITY REQUIREMENTS**  
**YAKIMA HEALTH DISTRICT**

1. **Definitions.** The words and phrases listed below, as used in this Exhibit, shall each have the following definitions:

a. “AES” means the Advanced Encryption Standard, a specification of Federal Information Processing Standards Publications for the encryption of electronic data issued by the National Institute of Standards and Technology  
(<http://nvlpubs.nist.gov/nistpubs/FIPS/NIST.FIPS.197.pdf>).

b. “Authorized Users(s)” means an individual or individuals with a business need to access DSHS Confidential Information, and who has or have been authorized to do so.

c. “Category 4 Data” is data that is confidential and requires special handling due to statutes or regulations that require especially strict protection of the data and from which especially serious consequences may arise in the event of any compromise of such data. For purposes of this contract, data classified as Category 4 refers to data protected by: the Health Insurance Portability and Accountability Act (HIPAA).

d. “Cloud” means data storage on servers hosted by an entity other than the Contractor and on a network outside the control of the Contractor. Physical storage of data in the cloud typically spans multiple servers and often multiple locations. Cloud storage can be divided between consumer grade storage for personal files and enterprise grade for companies and governmental entities. Examples of consumer grade storage would include iCloud, Dropbox, Box.com, and many other entities. Enterprise cloud vendors include Microsoft Azure, Amazon Web Services, O365, and Rackspace.

e. “Encrypt” means to encode Confidential Information into a format that can only be read by those possessing a “key”; a password, digital certificate or other mechanism available only to authorized users. Encryption must use a key length of at least 128 bits (256 preferred) for symmetric keys, or 2048 bits for asymmetric keys. When a symmetric key is used, the Advanced Encryption Standard (AES) must be used if available.

f. “Hardened Password” means a string of at least eight characters containing at least three of the following four-character classes: Uppercase alphabetic, lowercase alphabetic, numeral, and special characters such as an asterisk, ampersand, or exclamation point.

g. “Mobile Device” means a computing device, typically smaller than a notebook, which runs a mobile operating system, such as iOS, Android, or Windows Phone. Mobile Devices include smart phones, most tablets, and other form factors.

h. “Multi-factor Authentication” means controlling access to computers and other IT resources by requiring two or more pieces of evidence that the user is who they claim to be. These pieces of evidence consist of something the user knows, such as a password or PIN; something the user has such as a key card, smart card, or physical token; and something the user is, a biometric identifier such as a fingerprint, facial scan, or retinal scan. “PIN” means a personal identification number, a series of numbers which act as a password for a device. Since PINs are typically only four to six characters, PINs are usually used in conjunction with another factor of authentication, such as a fingerprint.

i. “Portable Device” means any computing device with a small form factor, designed to be transported from place to place. Portable devices are primarily battery powered devices with base computing resources in the form of a processor, memory, storage, and network access. Examples include, but are not limited to, mobile phones, tablets, and laptops. Mobile Device is a subset of Portable Device.

j. “Portable Media” means any machine-readable media that may routinely be stored or moved independently of computing devices. Examples include magnetic tapes, optical discs (CDs or DVDs), flash memory (thumb drive) devices, external hard drives, and internal hard drives that have been removed from a computing device.

k. “Secure Area” means an area to which only authorized representatives of the entity possessing the Confidential Information have access, and access is controlled through use of a key, card key, combination lock, or comparable mechanism. Secure Areas may include buildings, rooms or locked storage containers (such as a filing cabinet or desk drawer) within a room, as long as access to the Confidential Information is not available to unauthorized personnel. In otherwise Secure Areas, such as an office with restricted access, the Data must be secured in such a way as to prevent access by non-authorized staff such as janitorial or facility security staff, when authorized Contractor staff are not present to ensure that non-authorized staff cannot access it.

l. “Trusted Network” means a network operated and maintained by the Contractor, which includes security controls sufficient to protect DSHS Data on that network. Controls would include a firewall between any other networks, access control lists on networking devices such as routers and switches, and other such mechanisms which protect the confidentiality, integrity, and availability of the Data.



m. “Unique User ID” means a string of characters that identifies a specific user and which, in conjunction with a password, passphrase or other mechanism, authenticates a user to an information system.

2. **Authority.** The security requirements described in this document reflect the applicable requirements of Standard 141.10 (<https://ocio.wa.gov/policies>) of the Office of the Chief Information Officer for the state of Washington, and of the DSHS Information Security Policy and Standards Manual. Reference material related to these requirements can be found here: <https://www.dshs.wa.gov/ffa/keeping-dshs-client-information-private-and-secure>, which is a site developed by the DSHS Information Security Office and hosted by DSHS Central Contracts and Legal Services.

3. **Administrative Controls.** The Contractor must have the following controls in place:

a. A documented security policy governing the secure use of its computer network and systems, and which defines sanctions that may be applied to Contractor staff for violating that policy.

b. If the Data shared under this agreement is classified as Category 4 data, the Contractor must be aware of and compliant with the applicable legal or regulatory requirements for that Category 4 Data.

c. If Confidential Information shared under this agreement is classified as Category 4 data, the Contractor must have a documented risk assessment for the system(s) housing the Category 4 Data.

4. **Authorization, Authentication, and Access.** In order to ensure that access to the Data is limited to authorized staff, the Contractor must:

a. Have documented policies and procedures governing access to systems with the shared Data

b. Restrict access through administrative, physical, and technical controls to authorized staff.

c. Ensure that user accounts are unique and that any given user account logon ID and password combination is known only to the one employee to whom that account is assigned. For purposes of non-repudiation, it must always be possible to determine which employee performed

a given action on a system housing the Data based solely on the logon ID used to perform the action

- d. Ensure that only authorized users are capable of accessing the Data.
- e. Ensure that an employee's access to the Data is removed immediately:
  - (1) Upon suspected compromise of the user credentials.
  - (2) When their employment, or the contract under which the Data is made available to them, is terminated.
  - (3) When they no longer need access to the Data to fulfill the requirements of the contract.
- f. Have a process to periodically review and verify that only authorized users have access to systems containing DSHS Confidential Information
- g. When accessing the Data from within the Contractor's network (the Data stays within the Contractor's network at all times), enforce password and logon requirements for users within the Contractor's network, including:
  - (1) A minimum length of 8 characters and containing at least three of the following character classes: uppercase letters, lowercase letters, numerals, and special characters such as an asterisk, ampersand, or exclamation point.
  - (2) That a password does not contain a user's name, logon ID, or any form of their full name.
  - (3) That a password does not consist of a single dictionary word. A password may be formed as a passphrase which consists of multiple dictionary words.
  - (4) That passwords are significantly different from the previous four passwords. Passwords that increment by simply adding a number are not considered significantly different.
- h. When accessing Confidential Information from an external location (the Data will traverse the Internet or otherwise travel outside the Contractor's network), mitigate risk and enforce password and logon requirements for users by employing measures including:
  - (1) Ensuring mitigations applied to the system don't allow end-user modification.
  - (2) Not allowing the use of dial-up connections.

- (3) Using industry standard protocols and solutions for remote access. Examples would include RADIUS and Citrix.
- (4) Encrypting all remote access traffic from the external workstation to Trusted Network or to a component within the Trusted Network. The traffic must be encrypted at all times while traversing any network, including the Internet, which is not a Trusted Network.
- (5) Ensuring that the remote access system prompts for re-authentication or performs automated session termination after no more than 30 minutes of inactivity.
- (6) Ensuring use of Multi-factor Authentication to connect from the external end point to the internal end point.
  - i. Passwords or PIN codes may meet a lesser standard if used in conjunction with another authentication mechanism, such as a biometric (fingerprint, face recognition, iris scan) or token (software, hardware, smart card, etc.) in that case:
    - (1) The PIN or password must be at least 5 letters or numbers when used in conjunction with at least one other authentication factor
    - (2) Must not be comprised of all the same letter or number (11111, 22222, aaaaa, would not be acceptable)
    - (3) Must not contain a “run” of three or more consecutive numbers (12398, 98743 would not be acceptable)
  - j. If the contract specifically allows for the storage of Confidential Information on a Mobile Device, passcodes used on the device must:
    - (1) Be a minimum of six alphanumeric characters.
    - (2) Contain at least three unique character classes (upper case, lower case, letter, number).
    - (3) Not contain more than a three consecutive character run. Passcodes consisting of 12345, or abcd12 would not be acceptable.
  - k. Render the device unusable after a maximum of 10 failed logon attempts.

5. **Protection of Data.** The Contractor agrees to store Data on one or more of the following media and protect the Data as described:

a. Hard disk drives. For Data stored on local workstation hard disks, access to the Data will be restricted to Authorized User(s) by requiring logon to the local workstation using a Unique User ID and Hardened Password or other authentication mechanisms, which provide equal or greater security, such as biometrics or smart cards.

b. Network server disks. For Data stored on hard disks mounted on network servers and made available through shared folders, access to the Data will be restricted to Authorized Users through the use of access control lists which will grant access only after the Authorized User has authenticated to the network using a Unique User ID and Hardened Password or other authentication mechanisms which provide equal or greater security, such as biometrics or smart cards. Data on disks mounted to such servers must be located in an area, which is accessible only to authorized personnel, with access controlled through use of a key, card key, combination lock, or comparable mechanism.

For DSHS Confidential Information stored on these disks, deleting unneeded Data is sufficient as long as the disks remain in a Secure Area and otherwise meet the requirements listed in the above paragraph. Destruction of the Data, as outlined below in Section 8 Data Disposition, may be deferred until the disks are retired, replaced, or otherwise taken out of the Secure Area.

c. Optical discs (CDs or DVDs) in local workstation optical disc drives. Data provided by DSHS on optical discs which will be used in local workstation optical disc drives and which will not be transported out of a Secure Area. When not in use for the contracted purpose, such discs must be Stored in a Secure Area. Workstations which access DSHS Data on optical discs must be located in an area which is accessible only to authorized personnel, with access controlled through use of a key, card key, combination lock, or comparable mechanism

d. Optical discs (CDs or DVDs) in drives or jukeboxes attached to servers. Data provided by DSHS on optical discs which will be attached to network servers, and which will not be transported out of a Secure Area. Access to Data on these discs will be restricted to Authorized Users through the use of access control lists which will grant access only after the Authorized User has authenticated to the network using a Unique User ID and Hardened Password or other authentication mechanisms which provide equal or greater security, such as biometrics or smart cards. Data on discs attached to such servers must be located in an area, which is accessible only to authorized personnel, with access controlled through use of a key, card key, combination lock, or comparable mechanism.

e. Paper documents. Any paper records must be protected by storing the records in a Secure Area, which is only accessible to authorized personnel. When not in use, such records must be stored in a Secure Area.

f. Remote Access. Access to and use of the Data over the State Governmental Network (SGN) or Secure Access Washington (SAW) will be controlled by DSHS staff who will issue authentication credentials (e.g., a Unique User ID and Hardened Password) to Authorized Users on Contractor's staff. Contractor will notify DSHS staff immediately whenever an Authorized User in possession of such credentials is terminated or otherwise leaves the employ of the Contractor, and whenever an Authorized User's duties change such that the Authorized User no longer requires access to perform work for this Contract.

g. Data storage on portable devices or media.

(1) Except where otherwise specified herein, DSHS Data shall not be stored by the Contractor on portable devices or media unless specifically authorized within the terms and conditions of the Contract. If so authorized, the Data shall be given the following protections:

(a) Encrypt the Data.

(b) Control access to devices with a Unique User ID and Hardened Password or stronger authentication method such as a physical token or biometrics.

(c) Manually lock devices whenever they are left unattended and set devices to lock automatically after a period of inactivity if this feature is available. Maximum period of inactivity is 20 minutes.

(d) Apply administrative and physical security controls to Portable Devices and Portable Media by:

i. Keeping them in a Secure Area when not in use,

ii. Using check-in/check-out procedures when they are shared, and

iii. Taking frequent inventories.

(2) When being transported outside of a Secure Area, Portable Devices and Portable Media with DSHS Confidential Information must be under the physical control of Contractor staff with authorization to access the Data, even if the Data is encrypted.

h. Data stored for backup purposes.

(1) DSHS Confidential Information may be stored on Portable Media as part of a Contractor's existing, documented backup process for business continuity or disaster recovery purposes. Such storage is authorized until such time as that media would be reused during the course of normal backup operations. If backup media is retired while DSHS Confidential Information still exists upon it, such media will be destroyed at that time in accordance with the disposition requirements below in Section 8 Data Disposition.

(2) Data may be stored on non-portable media (e.g. Storage Area Network drives, virtual media, etc.) as part of a Contractor's existing, documented backup process for business continuity or disaster recovery purposes. If so, such media will be protected as otherwise described in this exhibit. If this media is retired while DSHS Confidential Information still exists upon it, the data will be destroyed at that time in accordance with the disposition requirements below in Section 8 Data Disposition

i. Cloud storage. DSHS Confidential Information requires protections equal to or greater than those specified elsewhere within this exhibit. Cloud storage of Data is problematic as neither DSHS nor the Contractor has control of the environment in which the Data is stored. For this reason:

(1) DSHS Data will not be stored in any consumer grade Cloud solution, unless all of the following conditions are met:

(a) Contractor has written procedures in place governing use of the Cloud storage and Contractor attest to the contract listed in the contract and keep a copy of that attestation for your records in writing that all such procedures will be uniformly followed.

(b) The Data will be Encrypted while within the Contractor network.

(c) The Data will remain Encrypted during transmission to the Cloud.

(d) The Data will remain Encrypted at all times while residing within the Cloud storage solution.

(e) The Contractor will possess a decryption key for the Data, and the decryption key will be possessed only by the Contractor.

- (f) The Data will not be downloaded to non-authorized systems, meaning systems that are not on the contractor network
- (g) The Data will not be decrypted until downloaded onto a computer within the control of an Authorized User and within either the DSHS or Contractor's network.
- (2) Data will not be stored on an Enterprise Cloud storage solution unless either:
  - (a) The Cloud storage provider is treated as any other Sub-Contractor, and agrees in writing to all of the requirements within this exhibit; or,
  - (b) The Cloud storage solution used is HIPAA compliant.
- (3) If the Data includes protected health information covered by the Health Insurance Portability and Accountability Act (HIPAA), the Cloud provider must sign a Business Associate Agreement prior to Data being stored in their Cloud solution.

6. **System Protection.** To prevent compromise of systems which contain DSHS Data or through which that Data passes:

- a. Systems containing DSHS Data must have all security patches or hotfixes applied within 3 months of being made available.
- b. The Contractor will have a method of ensuring that the requisite patches and hotfixes have been applied within the required timeframes.
- c. Systems containing DSHS Data shall have an Anti-Malware application, if available, installed.
- d. Anti-Malware software shall be kept up to date. The product, its anti-virus engine, and any malware database the system uses, will be no more than one update behind current.

7. **Data Segregation.**

- a. DSHS category 4 data must be segregated or otherwise distinguishable from non-DSHS data. This is to ensure that when no longer needed by the Contractor, all DSHS Data can be identified for return or destruction. It also aids in determining whether DSHS Data has or may have been compromised in the event of a security breach. As such, one or more of the following methods will be used for data segregation

- (1) DSHS Data will be kept on media (e.g., hard disk, optical disc, tape, etc.) which will contain no non-DSHS Data.
  - (2) DSHS Data will be stored in a logical container on electronic media, such as a partition or folder dedicated to DSHS Data.
  - (3) DSHS Data will be stored in a database which will contain no non-DSHS data. And/or,
  - (4) DSHS Data will be stored within a database and will be distinguishable from non-DSHS data by the value of a specific field or fields within database records.
  - (5) When stored as physical paper documents, DSHS Data will be physically segregated from non- DSHS data in a drawer, folder, or other container.
- b. When it is not feasible or practical to segregate DSHS Data from non-DSHS data, then both the DSHS Data and the non-DSHS data with which it is commingled must be protected as described in this exhibit.

8. **Data Disposition.** When the contracted work has been completed or when the Data is no longer needed, except as noted above in Section 5.b, Data shall be returned to DSHS or destroyed. Media on which Data may be stored and associated acceptable methods of destruction are as follows:

Data Stored On	Will Be Destroyed By
Server or workstation, hard disks, or removable media (e.g., floppies, USB flash drives, portable hard disks) excluding optical discs	Using a “wipe” utility which will overwrite the Data at least three (3) times using either random or single character data, or  Degaussing sufficiently to ensure that the Data cannot be reconstructed, or  Physically destroying the disk
Paper documents with sensitive or Confidential Information	Recycling through a contracted firm, provided the contract with the recycler assures that the confidentiality of Data will be protected.
Paper documents containing Confidential Information requiring special handling (e.g.,	On-site shredding, pulping, or incineration



protected health information)	
Optical discs (e.g., CDs or DVDs)	Incineration, shredding, or completely defacing the readable surface with a coarse abrasive
Magnetic tape	Degaussing, incinerating or crosscut shredding

9. **Notification of Compromise or Potential Compromise.** The compromise or potential compromise of DSHS shared Data must be reported to the DSHS Contact designated in the Contract within one (1) business day of discovery. If no DSHS Contact is designated in the Contract, then the notification must be reported to the DSHS Privacy Officer at [dshsprivacyofficer@dshs.wa.gov](mailto:dshsprivacyofficer@dshs.wa.gov). Contractor must also take actions to mitigate the risk of loss and comply with any notification or other requirements imposed by law or DSHS.

10. **Data shared with Subcontractors.** If DSHS Data provided under this Contract is to be shared with a subcontractor, the Contract with the subcontractor must include all of the data security provisions within this Contract and within any amendments, attachments, or exhibits within this Contract. If the Contractor cannot protect the Data as articulated within this Contract, then the contract with the sub- Contractor must be submitted to the DSHS Contact specified for this contract for review and approval.

**EXHIBIT B – 2024 DIRECT SERVICES RATE SCHEDULE**  
**YAKIMA HEALTH DISTRICT**

**Developmental Disabilities Program**

**DIRECT SERVICES RATE SCHEDULE**

**Effective July 1, 2024 – June 30, 2025**

**1. INDIVIDUAL SUPPORTED EMPLOYMENT (IE)**

Hourly Rates Based on Acuity Level / Calculator/ Client's Assessment		
Rate Per Unit		Unit Rate
Community Integrated Individual Activity	<b>\$108.80</b>	Hour

**2. COMMUNITY INCLUSION (CI)**

Hourly Rates Based on Acuity Level / Calculator/ Client's Assessment		
Rate Per Unit		Unit Rate
	<b>\$66.08</b>	Hour

**3. CHILD DEVELOPMENTAL SERVICES (CDS)**

Hourly Rates Based on Acuity Level / Calculator/ Client's Assessment		
Rate Per Unit		Unit Rate
	<b>\$280.00</b>	Month

**Service Unit Definitions:** Reimbursement of client services: A claim for each individual is made on the CMIS system by indicating the number of service units delivered to each individual listed and the fee per unit.

A unit is defined as:

- a. An "Hour" is at least fifty (50) minutes of direct service. Partial hour to the quarter may be recorded; or
- b. A "Day" is at least four hours of direct service and will only be used in connection with Adult Day Care (ADC) reimbursement.
- c. A "Month" represents a minimum of 1 service visit which is at least fifty (50) minutes of direct service for Child Development Services (CDS) reimbursement.

**EXHIBIT C – 2024 PARTNERSHIP PROJECT RATE SCHEDULE**  
**FOR TRANSITION RATE SCHEDULE**  
**YAKIMA HEALTH DISTRICT**

Transition Pilot Project	
<b><u>Item Completed:</u></b>	<b><u>Amount</u></b>
Job Foundation Document Filled out Satisfactorily	<b>\$2,400</b>
<u>Employment Outcome Payments:</u> (If Placed in 1 <sup>st</sup> Fiscal Year)	
By September 30th	<b>\$1,500</b>
October through December 31 <sup>st</sup>	<b>\$1,000</b>
January through March	<b>\$ 500</b>
April through June	<b>\$ 250</b>
An additional payment when client is working 10 hours of work per week (or more)	<b>\$1,000</b>