



CONTRACT AMENDMENT Health Related Social Needs

DSHS CONTRACT NUMBER:
2569-66455

Amendment No. 01

This Contract Amendment is between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below.

Program Contract Number
KC-081-26-A
Contractor Contract Number

CONTRACTOR NAME
Kitsap County

CONTRACTOR doing business as (DBA)
Kitsap County Division of Aging & LTC

CONTRACTOR ADDRESS
614 Division St MS23
Pt. Orchard, WA 98366-4676

WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)
182-002-345

DSHS INDEX NUMBER
1076

CONTRACTOR CONTACT
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DSHS ADMINISTRATION
Aging & Long Term Support Admin

DSHS DIVISION
Division of Home And
Community Services

DSHS CONTRACT CODE
1028LS-69

DSHS CONTACT NAME AND TITLE
Aime Fink
Program Manager

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IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT?
No

CFDA NUMBERS

AMENDMENT START DATE
07/01/2025

CONTRACT END DATE
06/30/2026

PRIOR MAXIMUM CONTRACT AMOUNT
\$548,457.00

AMOUNT OF INCREASE OR DECREASE
\$5,000.00

TOTAL MAXIMUM CONTRACT AMOUNT
\$553,457.00

REASON FOR AMENDMENT;
CHANGE OR CORRECT CHOOSE ONE:

ATTACHMENTS. When the box below is marked with an X, the following Exhibits are attached and are incorporated into this Contract Amendment by reference:

Additional Exhibits (specify): Budget B-1, Budget, Exhibit C, WA State HRSN Infrastructure Protocol

This Contract Amendment, including all Exhibits and other documents incorporated by reference, contains all of the terms and conditions agreed upon by the parties as changes to the original Contract. No other understandings or representations, oral or otherwise, regarding the subject matter of this Contract Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original Contract remain in full force and effect. The parties signing below warrant that they have read and understand this Contract Amendment, and have authority to enter into this Contract Amendment.

CONTRACTOR SIGNATURE

PRINTED NAME AND TITLE

Oran Root, Chair

DATE SIGNED

6/18/26

DSHS SIGNATURE

PRINTED NAME AND TITLE

DATE SIGNED

This Contract between the State of Washington Department of Social and Health Services (DSHS) and the Contractor is hereby amended as follows:

A. Special Terms and Conditions, 1. Definitions, t. “HRSN” is removed and replaced as follows:

- t. “HRSN Administrative Hearing Coordination” means the administrative hearing process allowing individuals the right to challenge a government action to verify it was valid and based on laws and rules. It is a legal proceeding but is designed to be user friendly for appellants who represent themselves (not attorneys) with relaxed rules of evidence and procedure. Individuals receiving or wanting to receive HRSN services have the right to an administrative hearing for any action indicated on the HRSN notice including, but not limited to approval, denial, reduction, or termination of services or eligibility. Notification letters are only required when clients are screened for HRSN services offered by your AAA. Chapter 26 of the Long-Term Care Manual, Administrative Hearings, shall be the source document for policy and procedures.

B. Special Terms and Conditions, 1. Definitions, u. “HRSN Infrastructure” is removed and replaced as follows:

- u. “HRSN Care Coordination” means funding provided for AAA or AAA contracted provider staffing to ensure adequate screening, eligibility determination, authorization/referral, optional follow-up, and documentation for those Medicaid clients not enrolled in Long Term Services and Supports (LTSS). HRSN infrastructure protocol (Exhibit C) is attached to this contract and outlines the allowable expenditures for infrastructure. The client management system will be GetCare for other eligible individuals NOT receiving Medicaid LTSS.

C. Special Terms and Conditions, 1. Definitions, v. is removed and replaced as follows:

- v. “HRSN Infrastructure” means funding provided to build capacity to deliver HRSN services. This includes, but is not limited to, targeted provider recruitment and contracting, AAA contracted provider needs for commercial kitchen, storage and delivery equipment, technology, development of business or operational practices, workforce development and staff funding for outreach, marketing, and stakeholder convening.

D. Special Terms and Conditions, 1. Definitions, w. through hh. are removed and replaced as follows:

- w. “HRSN Services” are categorized under the following: (1) Caregiver Respite, (2) Home Accessibility Modifications, Remediations, Adaptation Devices, and (3) Nutrition Supports. Services definitions are included in Appendix A of the Eligibility and Implementation Guide: HRSN Program and is attached here: [RESOURCES](#)
- x. “Individual” means the person who is the subject of PHI and includes a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g).

- y. “Older Americans Act” refers to 45 CFR Part 1321, and any subsequent amendment or replacement statutes thereto.
- z. “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.
- aa. “PHI” means protected health information and is information created or received by Business Associate from or on behalf of Covered Entity that relates to the provision of health care to an individual; the past, present, or future physical or mental health or condition of an individual; or past, present or future payment for provision of health care to an individual. 45 CFR 160 and 14. PHI includes demographic information that identifies the individual or about which there is reasonable basis to believe, can be used to identify the individual, 45 CFR 160.103. PHI is informative, transmitted, maintained, or stored in any form or medium. 45 CFR 164.501. PHI does not include education records covered by the Family Educational Rights and Privacy Act, as amended, 20 USCA 1232(a)(4)(b)(iv).
- bb. “RCW” means the Revised Code of Washington. All references in this Agreement to RCW chapters or sections shall include any successor, amended, or replacement statute. Pertinent RCW chapters can be accessed at <http://slc.leg.wa.gov/>.
- cc. “Real Property” means land, including improvements, structures, and appurtenances thereto, excluding movable machinery and equipment.
- dd. “Regulation” means any federal, state, or local regulation, rule, or ordinance.
- ee. “Subrecipient” means a non-federal entity that expends federal awards received from a pass-through entity to carry out a federal program but does not include an individual that is a beneficiary DSHS Central Contract Services Page 23 1028LS AAA Interlocal Agreement (05-17-2021) of such a program. A subrecipient may also be a recipient of other federal awards directly from a federal awarding agency.
- ff. “Supplies” means all tangible personal property other than equipment as defined herein.
- gg. “WAC” means the Washington Administrative Code. All references in this Agreement to WAC chapters or sections shall include any successor, amended, or replacement regulation. Pertinent WAC chapters or sections can be accessed at <http://slc.leg.wa.gov/>.
- hh. “Unique Entity Identifier (UEI)” means a unique number assigned to all entities (public and private companies, individuals, institutions, or organizations) who register to do business with the federal government.

E. Special Terms and Conditions, 2. Purpose. is revised and replaced as follows:

2. Purpose. The purpose of this contract is to fund HRSN services and supports for eligible individuals NOT receiving Medicaid Long Term Services and Supports (LTSS) through the AAA aging network. Funds may not be repurposed to support non-AAA focused services and supports.

F. Special Terms and Conditions, 4. Consideration is revised and replaced as follows:

4. Consideration. Total consideration payable to the AAA for satisfactory performance of the work under this Agreement is a maximum of \$553,457 including any and all expenses for HRSN services and supports and shall be based on the attached Exhibit B, funding allocation worksheet. HRSN service categories include (1) Nutrition Supports, (2) Home Accessibility Modifications, Remediations, Adaptive Services, and (3) Caregiver Respite Services. Area Agencies on Aging (AAAs) have flexibility to allocate their service budgets across these three categories. AAAs may bill administrative costs up to 15% of the total HRSN services budget. Care Coordination expenditures are limited to no more than 20% of the year-to-date total billed across administrative costs and the three service categories. HRSN services funding may not be transferred to Infrastructure or HRSN Care Coordination. Additionally, AAAs may bill, as needed, up to \$5,000 over the course of the contract for Administrative Hearing Coordination under Infrastructure funding allocations. This includes expenditures from subcontracted Fair Hearing services providers if utilized.

G. Exhibit A, Statement of Work, first paragraph is revised and replaced as follows:

The AAA shall comply with all applicable state and federal statutes and rules, including but not limited to the United States Code, the Code of Federal Regulations, the Revised Code of Washington, the Washington Administrative Code (WAC), the 1115 Medicaid Transformation Project Waiver, Federal Home and Community Based Services (HCBS) Waivers and Medicaid State Plan, and any and all Department of Human Services (DSHS)/Home and Community Living Administration (HCLA) standards, policy manuals, and management bulletins.

H. Exhibit A, Statement of Work, HRSN Services and Supports is revised and replaced as follows:

HRSN Services and Supports

Provide specified services below included under the Medicaid Transformation Project (MTP) 2.0, Washington's State's Section 1115 demonstration waiver (RCW 74.09.522) to individuals who are enrolled in Apple Health (Medicaid) that meet the social and clinical eligibility criteria for the respective service. HRSN services and supports shall be delivered to eligible Medicaid individuals and cannot supplant services in place under Older Americans Act (OAA)/Senior Citizens Services Act (SCSA). AAAs may expand on existing services, provide services to new recipients, or provide a new service (medically tailored meals as an example). AAA contracted providers, qualified through the procurement protocols of Policy and Procedure Manual for AAA Operations, Chapter 6, may be utilized to provide HRSN services. AAAs will expand their provider networks as needed for the provision of HRSN services.

Each AAA will submit quarterly reports or participate in a quarterly meeting with the HCLA HRSN unit to provide updates on HRSN Infrastructure, Care Coordination, service provision, and administrative hearing coordination.

HRSN services cannot supplant services and supports currently being provided.

1. **HRSN Infrastructure.** Funding is provided to build capacity to deliver HRSN services. This includes, but is not limited to, targeted provider recruitment and contracting, AAA contracted provider needs for commercial kitchen, storage and delivery equipment, technology, development of business or operational practices, workforce development, and staff funding for outreach, marketing, education, and stakeholder convening.
2. **HRSN Coordination.** Funding is provided for AAA or AAA provider contractor staffing to ensure adequate screening, eligibility determination, active Medicaid verification, authorization/referral, optional follow-up, and documentation. If an AAA is using an AAA contracted provider for care coordination, there must be a clear written firewall between eligibility determination, authorization, and service provision. Client management system will be Comprehensive Assessment Reporting Evaluation (CARE)/ProviderOne for individuals receiving Medicaid Long Term Services and Supports (LTSS) or GetCare/AAA payment process for other eligible individuals. There may be expectations for Medicaid LTSS clients to allow A-19 billing on a case-by-case basis.
3. **HRSN Administrative Hearing Coordination.** The AAA or the AAA's contracted provider will provide Administrative Hearing Coordination as HRSN support under HRSN Infrastructure. AAAs or AAA's contracted provider providing HRSN Administrative Hearing Coordination will follow Chapter 26 of the Long-Term Care Manual.
4. **HRSN Services.** AAAs have the option of providing the following HRSN services: Caregiver Respite, Home Accessibility Modifications, Remediations, Adaptation Devices, and Nutrition Supports. The definitions for HRSN services are in the Eligibility and Implementation Guide: [RESOURCES](#) If an AAA is using an AAA provider contractor for care coordination, there must be a clear AAA will utilize open procurement for 1115 MTP 2.0 providers. The AAA can contract with all willing and qualified Health Related Social Needs (HRSN) providers up to the available service funding cap. How much an AAA decides to award qualified providers of client services within the available funding for HRSN services is decided at the AAA level. If the AAA determines it is necessary to contract with a provider that does not meet the qualifications, the AAA must receive prior written approval from HCLA. The AAA cannot waive professional licensing or certification qualifications.
5. **HRSN Open Procurement.** AAA will utilize open procurement for 1115 MTP 2.0 providers. The AAA can contract with all willing and qualified Health Related Social Needs (HRSN) providers up to the available service funding cap. How much an AAA decides to award qualified providers of client services within the available funding for HRSN services is decided at the AAA level. If the AAA determines it is necessary to contract with a provider that does not meet the qualifications, the AAA must receive prior written approval from HCLA. The AAA cannot waive professional licensing or certification qualifications.

- I. **Exhibit C, Health Related Social Needs (HRSN) infrastructure protocol,** is attached and incorporated herein.

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

AAA	Nutrition Support Home Modifications Caregiver Respite	Nutrition Support Home Modifications Caregiver Respite Admin	HRSN Care	HRSN Infrastructure	FY26 Total
Olympic	\$ 555,994.35	\$ 98,116.65	\$ 130,822.00	\$ 56,574.00	\$ 841,507.00
Northwest	\$ 639,082.70	\$ 112,779.30	\$ 150,372.00	\$ 63,414.00	\$ 965,648.00
Snohomish	\$ 1,288,610.20	\$ 227,401.80	\$ 303,202.00	\$ 116,886.00	\$ 1,936,100.00
King	\$ 4,306,393.25	\$ 759,951.75	\$ 1,013,271.00	\$ 365,323.00	\$ 6,444,939.00
Pierce	\$ 1,722,209.65	\$ 303,919.35	\$ 405,226.00	\$ 152,582.00	\$ 2,583,937.00
L/M/T*	\$ 822,422.60	\$ 145,133.40	\$ 193,511.00	\$ 78,507.00	\$ 1,239,574.00
Southwest	\$ 1,511,753.05	\$ 266,779.95	\$ 355,707.00	\$ 135,256.00	\$ 2,269,496.00
Central	\$ 555,497.10	\$ 98,028.90	\$ 130,705.00	\$ 56,533.00	\$ 840,764.00
Southeast	\$ 1,565,984.75	\$ 276,350.25	\$ 368,467.00	\$ 139,721.00	\$ 2,350,523.00
Yakama Nation	\$ 110,454.95	\$ 19,492.05	\$ 25,989.00	\$ 19,895.00	\$ 175,831.00
Eastern*	\$ 1,360,753.10	\$ 240,132.90	\$ 320,177.00	\$ 122,825.00	\$ 2,043,888.00
Colville Indian	\$ 72,642.70	\$ 12,819.30	\$ 17,092.00	\$ 16,782.00	\$ 119,336.00
Kitsap	\$ 363,201.60	\$ 64,094.40	\$ 85,459.00	\$ 40,702.00	\$ 553,457.00
FY 26 Total	\$ 14,875,000.00	\$ 2,625,000.00	\$ 3,500,000.00	\$ 1,365,000.00	\$ 22,365,000.00

Health-Related Social Needs (HRSN) infrastructure protocol

HRSN Infrastructure. The Washington State Health Care Authority is submitting the Health-Related Social Needs (HRSN) services infrastructure protocol for approval by the Centers for Medicare and Medicaid Services (CMS). The protocol addresses the requirements of infrastructure investments for the Health-Related Social Needs (HRSN) services program specified in Section 15.7 of the Special Terms and Conditions (STCs) of the Washington State Section 1115 Medicaid Demonstration waiver renewed on June 30, 2023. Over the duration of the Demonstration, the state is authorized to spend up to \$270 million of infrastructure investments necessary to support the development and implementation of HRSN services.

The Washington State HRSN services program will allow qualifying Medicaid beneficiaries to receive evidence-based, non-medical services. The protocol specifies the proposed uses of HRSN infrastructure expenditures, types of entities that will receive funding, intended purposes of funding, projected expenditure amounts, and implementation timeline.

HRSN Infrastructure

1. Implementation timeline and approach

- a. Timeline for disbursement of infrastructure funding
 - i. The state may begin awarding infrastructure funds to eligible entities following approval of this document. The state will utilize a phased approach to disbursing infrastructure funds, initially focusing on capacity building, along with education, engagement, and outreach activities, and other investments for organizations participating in the delivery of HRSN services.
 - ii. Eligible entities may apply for capacity-building funding on an ongoing basis, depending on availability of funds.
- b. Approach to infrastructure funding applications and disbursements
 - i. The state will:
 1. Develop application processes for eligible entities seeking infrastructure funds from the state, including parameters that would apply to each Accountable Community of Health (ACH) under Section 1.b.ii
 2. Evaluate applications and allocate funds for activities to be performed in each of the four approved infrastructure categories
 3. Allocate funding to each ACH for regional distribution by the ACH to other eligible entities. Funding will be allocated based on Medicaid-covered lives in each region
 - ii. Each of the ACHs will:
 1. Develop application processes for other eligible entities seeking infrastructure funds
 2. Evaluate applications from other eligible entities and award infrastructure funding based on the application process and HRSN service delivery prioritization established by the state
 3. Disburse funding to awarded entities
 4. Ensure that any HRSN fund disbursements are consistent with these STCs
 5. Report to the state on the use of funds by ACH and regional partners, including alignment with percentage expenditures by allowable use category

- c. Monitoring and oversight
The state will take action to address non-compliance, ensure non-duplication of funds, and perform other monitoring and technical assistance, as necessary.

2. Eligible Entities

The following entities may be eligible to apply for and receive HRSN infrastructure funding:

- a. ACHs
- b. Tribes and tribal providers
- c. Providers of HRSN services, including, but not limited to:
 - i. Community hubs
 - ii. Community-based organizations (CBOs)
 - iii. Social-services agencies
 - iv. Housing agencies and providers
 - v. Food and nutrition service providers
 - vi. Case management providers
 - vii. Traditional health workers
 - viii. Child welfare providers
 - ix. State, county, city, and local governmental agencies
 - x. Tribes and tribal providers
 - xi. Physical and behavioral health care providers
 - xii. Others as approved by the state
- d. Other entities supporting the infrastructure and delivery of HRSN services, such as technology and technical assistance providers, among others
- e. State-contracted third-party administrator and/or financial executor to support HRSN contracting, implementation, and service delivery

3. Intended purpose and proposed uses of HRSN infrastructure funding

The state may claim federal financial participation (FFP) in infrastructure investments to support the development and implementation of HRSN services across the following domains in accordance with the categories specified in the STCs:

- a. Technology
- b. Development of business or operational practices
- c. Workforce development
- d. Outreach, education, and stakeholder convening

The state may provide infrastructure funding to eligible entities for activities in support of HRSN service delivery:

a. Technology

- i. Procuring IT infrastructure and data platforms needed to enable, for example:
 - 1. Authorization of HRSN services
 - 2. Referral to HRSN services
 - 3. HRSN service delivery
 - 4. HRSN service billing
 - 5. HRSN program oversight, monitoring, and reporting
- ii. Modifying existing systems (e.g., community information exchange) to support HRSN service delivery and closed loop referrals
- iii. Developing an HRSN services eligibility screening tool
- iv. Integration of data platforms, systems, and tools
- v. Supporting successful adoption of IT infrastructure and data platforms related to HRSN
- vi. Other uses approved by the state

b. Development of business or operational practices

- i. Development of policies and procedures related to:
 1. HRSN referral and service delivery workflows
 2. Billing and invoicing
 3. Data sharing and reporting
 4. Program oversight and monitoring
 5. Evaluation
 6. Privacy and confidentiality
- ii. Training and technical assistance on HRSN program roles and responsibilities
- iii. Administrative and/or overhead costs necessary to perform HRSN duties or expand HRSN service delivery capacity
- iv. Other uses approved by the state

c. Workforce development

- i. Cost of hiring and training new staff
- ii. Salary and benefits for staff that will have a direct role in overseeing, designing, implementing, or executing HRSN responsibilities prior to launch of delivery of HRSN services
- iii. Necessary certifications, training, technical assistance, or education for staff participating in the HRSN program (e.g., on culturally competent or trauma-informed care)
- iv. Privacy and confidentiality training and/or technical assistance related to HRSN service delivery
- v. Production costs for training materials and/or experts as it pertains to the HRSN program
- vi. Other uses approved by the state

d. Outreach, education, and stakeholder convening

- i. Production of materials necessary for marketing, outreach, training, or education
- ii. Translation of materials
- iii. Planning for and facilitation of community-based outreach events to support awareness of HRSN services
- iv. Planning for and facilitation of learning collaboratives or stakeholder convenings
- v. Community engagement activities necessary to support HRSN program implementation and launch
- vi. Administrative or overhead costs associated with outreach, education, or convening
- vii. Other uses approved by the state

4. **Projected expenditure amounts**

The state estimated the infrastructure expenditure amounts for the Demonstration by allowable use category. In developing the estimates, the state used the annual infrastructure spending amounts specified in the STCs and an analysis of anticipated need across the state. The state will notify CMS annually of any significant change in percentage spend, defined as greater than a 15 percentage point difference, across any of the allowable use categories.

Allowable use category	Percent of spend	Estimated amount
Technology	35%	\$94.5 M
Development of operational or business practices	25%	\$67.5 M
Workforce development	25%	\$67.5 M
Outreach, education, and stakeholder convening	15%	\$40.5 M
Total	100%	\$270 M



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