



August 29, 2024

Via email: [sasmith@co.kitsap.wa.us](mailto:sasmith@co.kitsap.wa.us)

Katherine Walters  
614 Division Street, MS-5  
Port Orchard, WA 98366

Dear Ms. Walters,

Attached please find a copy of your contract amendment for State Fiscal Year 2025. This amount does not include federal allocations for 2025. You will receive another amendment in the future. We have not received an estimate to the total amount of the federal award.

To execute this contract amendment for payment:

1. Please review and sign the Sub-contract Amended Face sheet and Budget (via DOCUSIGN)
2. If you are not using Docu-sign, please return completed documents to [vannaht@mschelps.org](mailto:vannaht@mschelps.org)

If you have any questions or concerns, please contact Patricia Hunter, State LTC Ombuds at 253/263-6573 or by email at [stateombuds@mschelps.org](mailto:stateombuds@mschelps.org)

Thank you for your partnership with the Multi-Service Center.

Sincerely,

A handwritten signature in blue ink, appearing to read 'K York'.

Kirsten York  
Chief Executive Officer  
Multi-Service Center

A handwritten signature in blue ink, appearing to read 'Patricia J. Hunter'.

Patricia Hunter  
State LTC Ombuds  
Washington State LTC Ombudsman Program



## FACE SHEET

Multi-Service Center  
1200 S. 336th Street, Federal Way WA 98003  
PH 253.838.6810  
FX 253.835.7511

## AGREEMENT

CONTRACT NUMBER LTCOP 2324-11

AMENDMENT # 2

## CONTRACTING PARTIES

## SUBGRANTEE Kitsap County Division of Aging and Long-Term Care

**Street Address** 614 Division Street, MS-5  
**City, State, Zip** Port Orchard, WA 98366-4676  
**Mail Address** 614 Division Street, MS-5  
**City, State, Zip** Port Orchard, WA 98366-4676  
**Phone** 360-337-7068  
**Fax** 360-337-5762

**Contact** Stacey A.S. Smith  
**Title** Administrator  
**Email** [sasmith@co.kitsap.wa.us](mailto:sasmith@co.kitsap.wa.us)

## GRANTOR

**Street Address** Multi-Service Center  
1200 S 336th Street  
**City, State, Zip** Federal Way, WA 98003  
**Mail Address** 1200 S 336th Street  
**City, State, Zip** Federal Way, WA 98003  
**Phone** 253-838-6810  
**Fax** 253-835-7511

**Contact** Patricia Hunter  
**Title** WA State Long-Term Care Ombudsman  
**Email** [stateombuds@mschelps.org](mailto:stateombuds@mschelps.org)

COMPENSATION	AMOUNT	AMENDMENT PURPOSE
<b>SOURCE OF FUNDING:</b>	ARP \$ 3,396.00	<p>ARP funds are to be expended by September 30, 2025. ARP funds are restricted to LTCOP work with HCBS licensed long term care settings such as adult family homes, assisted living and enhanced services facilities only.</p> <p>These amendment funds are general state funds only that are to be expended by June 30, 2025. This amendment does not change the Scope of Work stated in the original contract terms and conditions.</p> <p>Additional temporary state general funds awarded by the State legislature for LTCOP work to be expended by June 30, 2025.</p>
State LTCOP/MSD \$ 63,152.00	Amendment 2 Amount: \$ 59,756.00	
	New Award Amount \$ 63,152.00	
<b>BUDGET CATEGORIES:</b>	<b>EFFECTIVE DATE</b>	
Long-Term Care \$ 48,923.00	Amendment Start Date: July 1, 2024	
Travel (Regional Meetings) \$ 110.00		
Adult Family Home \$ 2,500.00		
HB1402 \$ 8,223.00		
ARP \$ 3,396.00		
TOTAL \$ 63,152.00	Amendment End Date: June 30, 2025	

## CONTRACT PURPOSE

This contract is awarding funds to operate and provide services under the Long-Term Care Ombudsman program.

Washington State Long-Term Care Ombudsman Program, is program of the Multi-Service Center. Multi-Service Center is the Grantee, as defined above, acknowledge and accept the terms of this Grant Amendment and attachments and have executed this Grant on the date below to start as of the date and year referenced above. The Regional LTCOP will be operated in such a manner as to be consistent with the Revised Code of Washington Chapter 43.190 and Washington Administrative Code Chapter 365-18 and this contract General Terms and Conditions. The rights and obligations of both parties to this Grant as Amended are governed by this Grant Amendment and the following other documents incorporated by reference: The contract agreement includes - Statement of Work, Regional LTC Ombudsman Program Advisory Council Membership and Functions, Job Title: Regional LTC Ombudsman, Job Title: Certified LTC Ombudsman (Volunteer), Certification Regarding Debarment form, Budget Form and Invoice Form.

A copy of this Grant Amendment shall be attached to and made a part of the original Grant between the SubGrantee and the Grantor. Any reference in the original Grant to the "Grant" shall mean the "Grant As Amended".

## AUTHORIZED REPRESENTATIVE SIGNATURES

## FOR Washington State Long Term Care Ombudsman

Name: Patricia Hunter

Signature:

Patricia Hunter

Date:

11/19/2024

## FOR SUBGRANTEE:

Name: Katherine Walters  
Title: Kitsap County BOCC, Chair

Signature:

Katherine Walters

Date:

10/28/24

## FOR GRANTOR:

Name: Kirsten York  
Title: CEO

Signature:

Kirsten York

Date:

11/20/2024



Regional LTCOP Agency:

Kitsap County Division of Aging and Long-Term Care  
SFY2025 Budget, Contract LTCOP 2324-11, Amendment 2

Regional Budget	Long-Term Care	Travel (Regional Meeting)	Adult Family Home	ARP	HB1402	Local Agency Funding *	TOTAL
<b>REVENUE</b>							
MSC - WASLTCOP	\$ 48,923.00	\$ 110.00	\$ 2,500.00	\$ 3,396.00	\$ 8,223.00		\$ 63,152.00
* Older Americans Act (3-B)						\$ 7,138.00	\$ 7,138.00
* Older Americans Act (Elder Abuse)						\$ 2,096.00	\$ 2,096.00
* Senior Citizens Services Act (SCSA)						\$ 5,000.00	\$ 5,000.00
* County General Funds						\$ 40,000.00	\$ 40,000.00
<b>TOTAL REVENUE</b>	<b>\$ 48,923.00</b>	<b>\$ 110.00</b>	<b>\$ 2,500.00</b>	<b>\$ 3,396.00</b>	<b>\$ 8,223.00</b>	<b>\$ 54,234.00</b>	<b>\$ 117,386.00</b>
<b>EXPENSE</b>							
Regional LTCO Salary	\$ 28,700.00		\$ 1,750.00	\$ 2,350.00	\$ 5,700.00	\$ 37,700.00	\$ 76,200.00
Regional LTCO Fringe	\$ 12,644.76		\$ 750.00	\$ 1,046.00	\$ 2,523.00	\$ 16,534.00	\$ 33,497.76
Clerical Salary							\$ -
Clerical Fringe							\$ -
Telephone							\$ -
Utilities							\$ -
Postage							\$ -
Supplies							\$ -
Printing							\$ -
Equipment							\$ -
Rent/Bldg. Maintenance							\$ -
Other							\$ -
Subscription							\$ -
Insurance							\$ -
Travel		\$ 110.00					\$ 110.00
Training/Education							\$ -
<b>Subtotal Operating Expense</b>	<b>\$ 41,344.76</b>	<b>\$ 110.00</b>	<b>\$ 2,500.00</b>	<b>\$ 3,396.00</b>	<b>\$ 8,223.00</b>	<b>\$ 54,234.00</b>	<b>\$ 109,807.76</b>
<b>Administration</b>	<b>\$ 7,578.24</b>						
<b>Subtotal Admin Expense</b>	<b>\$ 7,578.24</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 7,578.24</b>
<b>TOTAL EXPENSE</b>	<b>\$ 48,923.00</b>	<b>\$ 110.00</b>	<b>\$ 2,500.00</b>	<b>\$ 3,396.00</b>	<b>\$ 8,223.00</b>	<b>\$ 54,234.00</b>	<b>\$ 117,386.00</b>
<b>TOTAL NET INCOME (LOSS)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

\* For local agency funds listed above identify the source





# INVOICE

Multi-Service Center  
1200 S. 336th Street, Federal Way WA 98003  
PH 253.838.6810  
FX 253.835.7511

## INVOICE

INVOICE NUMBER:

2324-R11-YYYY-MM

DATE SUBMITTED:

## AGENCY

**SUBGRANTEE** Kitsap County Division of Aging and Long-Term Care

Contact

Street Address 614 Division Street, MS-5

Title

City, State, Zip Port Orchard, WA 98366-4676

Email

Mail Address 614 Division Street, MS-5

City, State, Zip Port Orchard, WA 98366-4676

Phone 360-337-7068

Fax 360-337-5762

## COMPENSATION

**COMPENSATION FOR THE PERIOD OF:**

Month/Year

BUDGET CATEGORIES:

	BUDGET	CURRENT	CUMULATIVE	BALANCE
Long Term Care	\$ 48,923.00	\$ -	\$ -	\$ 48,923.00
Travel (Regional Meetings)	\$ 110.00	\$ -	\$ -	\$ 110.00
Adult Family Home	\$ 2,500.00	\$ -	\$ -	\$ 2,500.00
ARP	\$ 3,396.00	\$ -	\$ -	\$ 3,396.00
HB1402	\$ 8,223.00	\$ -	\$ -	\$ 8,223.00
<b>TOTAL</b>	<b>\$ 63,152.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 63,152.00</b>
Progress		0%	0%	100%

## CERTIFICATION

The individual signing below certifies under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished according to the subgrantee agreement, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion or Vietnam era or disabled veterans status.

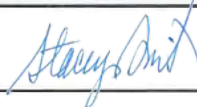
## SUPPORTING DOCUMENTATION

The individual signing below certifies that a list of expenses will accompany this invoice to match in amount and by category in compliance with the supporting documentation requirements as stated in the subgrantee agreement. In addition, the information provided is subject to examination under the periodic bi-annual desk audit review.

## AUTHORIZATION

**SUBGRANTEE:**

Name: Stacey Smith  
Title: Kitsap Aging & LTC, Administrator

Signature: 

Date:

11.18.2024

MSC Use Only

WASLTCOP Review:

Fiscal Review:

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## Exclusions Search Results: Entities

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- Multi Service Center

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