

**CONTRACT AMENDMENT  
B**

This contract for Human Services (the Contract) is entered into by Kitsap County, a municipal corporation, having its principal offices at 614 Division Street, Port Orchard, Washington, 98366 (the County) and Catholic Community Services, having its principal office at 750 Lebo Blvd., Bremerton, WA 98310, hereinafter "Contractor".

In consideration of the mutual benefits and covenants contained herein, the parties agree that their Contract, numbered as Kitsap County Contract No. KC-290-24 executed on June 24, 2024, amendment KC-290-24-A executed on January 27, 2025, shall be amended as follows:

**1. Section 17. MISCELLANEOUS**

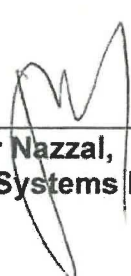
**17.14 Attachments.** The following attachment is added to include remote caregiving services.

- **Attachment B-3: Remote Caregiving Statement of Work**

This amendment shall be effective as of July 1, 2025.

Dated this 30<sup>th</sup> day of May, 2025

**Catholic Community Services**

  
Peter Nazzal,  
LTC Systems Director



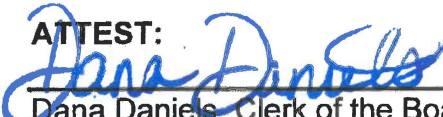
Dated this 23 day of June, 2025

**BOARD OF COUNTY COMMISSIONERS  
KITSAP COUNTY, WASHINGTON**

  
CHRISTINE ROLFES, Chair

  
ORAN ROOT, Commissioner

  
KATHERINE T. WALTERS, Commissioner

**ATTEST:**  
  
Dana Daniels, Clerk of the Board

## Attachment B-3: Remote Caregiving Statement of Work

4/29/24

### Statement of Work Remote Caregiving Pilot Project

#### Project Timeframe:

The Remote Caregiving pilot project between CCS and ALTSA begins May 1, 2024, and concludes on or around October 31, 2024<sup>1</sup>.

#### Remote Caregivers:

Direct Care Workers participating in the Remote Caregiving Pilot are Certified Homecare Aides who will be working remotely, meaning they will be physically located in the CCS offices and communicating with clients throughout the State via video technology and telephone, not in-person in a client's home.

#### When Remote Caregiving will be Utilized

Remote caregiving through the pilot project can be used to support clients in any of the following scenarios:

- During the interim period between eligibility determination and onboarding of an in-person direct care worker,
- In lieu of or to augment services provided by an in-person direct care worker when preferred by the client,
- To utilize more, or all, of the client's eligible CARE-generated hours when an in-person direct care worker isn't immediately available to fill the client's eligible hours.
- When clients have tasks that can be delivered remotely, and CCS determines they are able to serve the client using remote delivery of personal care.

#### Eligibility

CCS may receive Remote Caregiving referrals for any clients who are eligible for in-home personal care services, want to use CCS as their provider (either alone or in combination with another provider), and want at least some services delivered remotely (See MB XXXX for tasks that can be delivered remotely).

#### CCS will:

- Determine whether they can serve a client remotely following:
  - Social Services Specialist (SSS) or Case Manager (CM) referral for remote delivery of personal care,
  - Receipt and review of the SS/AD,
  - Conversation with the SSS/CM about the client's needs, and
  - Initial visit with client.
- Offer remote caregiving as an option for all or part of the delivery of personal care for personal care task needs that do not require hands-on assistance, stand-by, and/or physical set-up (See MB XXXX for tasks that can be delivered remotely).
- Notify SSS/CM when a client's needs can be met remotely by CCS.

#### Equipment

- Assess client equipment needs and assist clients to obtain video equipment and related services when necessary. Contact client's referring SSS or CM to discuss Assistive Technology purchasing options if needed to implement remote caregiving.

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<sup>1</sup> Unless all parties determine to end before or after September 30, 2024

4/29/24

- At the initial home visit or other in-person visit, assess client capacity to utilize video technology and assist client with utilization as needed. Contact client's referring SSS or CM regarding assistive technology services if needed.
- Ensure equipment meets HIPPA compliance for video communication/telehealth related utilization.
- Protect a client's privacy through policy development around camera utilization during dressing, bathing, and toileting type tasks.

Billing:

- CCS may only bill for hours provided by a direct care worker, whether in-person, remote, or a combination of both, per usual billing practices.

Electronic Visit Verification (EVV):

- EVV requirements will apply to any remote care claims submitted by home care agency providers, the same as any other claims for personal care services and respite care services provided by an agency employee.

CCS will utilize their physical office locations for EVV purposes as direct care workers will provide remote caregiving services from the physical CCS offices. CCS staff and/or supervisors will provide verification of CCS remote caregiver tasks.

Data Tracking/Evaluation:

- CCS will track data and share information during regularly scheduled monthly meetings with ALTSA Program Staff. Data tracking points may be modified by ALTSA Program Staff during the pilot based on information learned during the 6-month project.
- Self-report number of hours billed remotely vs. in-person for pilot participants.
- Tasks delivered remotely will be indicated on task sheets for monitoring/tracking purposes.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/1/2025

6/28/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Lockton Companies 8110 E Union Avenue Suite 100 Denver CO 80237 (303) 414-6000	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
INSURED	1541582 Corporation of the Catholic Archbishop of Seattle Catholic Community Services - Long Term Care PO Box 1235 Tacoma, WA 98401	INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Old Republic Union Insurance Company	31143
		INSURER B : Zurich American Insurance Company	16535
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

## COVERAGES

CERTIFICATE NUMBER: 20658521

REVISION NUMBER: XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR - \$1M GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	N	822400-0785428	7/1/2024	7/1/2025	EACH OCCURRENCE \$ 9,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ XXXXXXXX MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ XXXXXXXX GENERAL AGGREGATE \$ Not Applicable PRODUCTS - COMPI/OP AGG \$ XXXXXXXX \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> SIR - \$1M	N	N	822400-0785428	7/1/2024	7/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 9,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
B B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	EWS-8741411-03 SIR - \$500,000	7/1/2024	7/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Coverage only extends for claims arising out of the Medicaid, COPES, Respite In-Home Personal Care & CHORE Services Contracts in Kitsap County, for the term of the certificate. State of Washington, DSHS Kitsap County Division of Aging and Long Term Care are included as Additional Insured as respects General Liability if required by written contract.

## CERTIFICATE HOLDER

## CANCELLATION See Attachment

20658521

Kitsap County Division of Aging and Long Term Care  
State of Washington - DSHS  
614 Division, MS-5  
Port Orchard, WA 98366

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Kitsap County Division of Aging and Long Term Care State of Washington - DSHS  
614 Division, MS-5  
Port Orchard, WA 98366

**To whom it may concern:**

In our continuing effort to provide timely certificate delivery, Lockton Companies is transitioning to ***paperless delivery*** of Certificates of Insurance, thus this is your final hard-copy delivery.

To ensure electronic delivery for future renewals of this certificate, we need your email address. Please contact us via one of the methods below, referencing Certificate ID **20658521**.

- Email: [mountainwestdelivery@lockton.com](mailto:mountainwestdelivery@lockton.com)
- Phone: 303-728-8060

If you received this certificate through an internet link where the current certificate is viewable, we have your email and no further action is needed.

In the event your mailing address has changed, will change in the future, or you no longer require this certificate, please let us know using one of the methods above.

*The above inbox and phone number is for automating electronic delivery of certificates only.  
**Please do NOT send future certificate requests to this inbox or contact the phone number below with email updates.***

Thank you for your cooperation and willingness in reducing our environmental footprint.

**Lockton Companies**

Lockton Companies  
8110 E. Union Avenue, Suite 100  
Denver, CO 80237



U.S. Department of Health &amp; Human Services

**Office of Inspector General**  
U.S. Department of Health & Human Services

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