

Serenity House of Clallam County (SHCC)

KC-412-25

Kitsap UEI: LD6MNJ62JQD1

FAIN: N/A

**SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION
STANDARD CONTRACT**

Contract Number: KC-412-25

Contractor: Serenity House of Clallam County (SHCC)

Amount: \$250,650.00

Contract Term: July 1, 2025, through June 30, 2026

CFDA#: 1971, 3340.0460, 3340,0420

Purpose: This contract is entered into for the purpose of ensuring the provision of behavioral health services for residents from Kitsap, Jefferson, and Clallam Counties.

This contract is made between Serenity House of Clallam County (SHCC) (hereinafter "Contractor") and the Salish Behavioral Health Administrative Services Organization (hereinafter "SBHASO"). This notification of contract, including all material incorporated by reference, contains all terms and conditions agreed to by the parties hereto. No other understandings, oral or otherwise, regarding the subject matter of this agreement shall be deemed to exist or to bind any of the parties hereto. The Kitsap County Department of Human Services shall act as administrator of this contract on behalf of the SBHASO.

The rights and obligations of the parties shall be subject to, and governed by, the terms and conditions contained herein and by the Statement of Work, General Agreement, Special Terms and Conditions, Business Associate Agreement and the Budget/Rate Sheet. In the event of any inconsistency in this notification of contract, including the items incorporated herein by reference, the inconsistency shall be resolved by giving precedence in the following order: (1) General Agreement; (2) Special Terms and Conditions; (3) Statement of Work; (4) Budget/Rate Sheet.

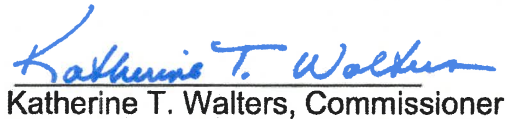
As evidenced by signatures hereon, the parties accept the terms and conditions of this contract.

Serenity House of Clallam County (SHCC)
KC-412-25
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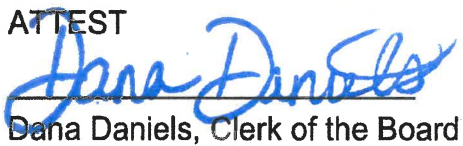
**SALISH BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES
ORGANIZATION, By**
**KITSAP COUNTY BOARD OF
COMMISSIONERS, Its Administrative
Entity**


Christine Rolfes, Chair

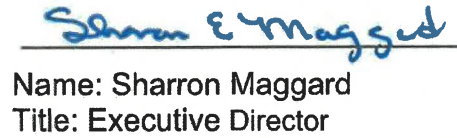

Oran Root, Commissioner


Katherine T. Walters, Commissioner

DATE 10/13/25

ATTEST

Dana Daniels, Clerk of the Board

**Serenity House of Clallam County
(SHCC)**


Name: Sharron Maggard
Title: Executive Director

I attest that I have the authority to sign
this contract on behalf of Serenity
House of Clallam County (SHCC)

Oct 6, 2025
DATE



GENERAL AGREEMENT

SECTION 1. CONTRACTOR REQUIREMENTS

Contractor agrees to perform the services as set forth in the Statement of Work Attachment B, as attached herein.

1.1 Authority

- 1.1.1 Contractor possesses legal authority to apply for the funds covered under this contract.
- 1.1.2 No subcontract shall terminate the Contractor's legal responsibility to SBHASO for any work performed under this Contract nor for oversight of any functions or responsibilities it delegates to any Subcontractor.

1.2 Assignment/ Subcontract

- 1.2.1 Contractor shall not assign its rights and/or duties under this contract without the prior written consent of the SBHASO.
- 1.2.2 Contractor shall obtain written approval for assignment from the Contract Administrator prior to entering into any subcontract for the performance of any services contemplated by this contract; provided, however, that approval shall not be unreasonably withheld.
 - 1.2.2.1 In the event that the Contractor enters into any subcontract agreement funded with money from this contract, the Contractor is responsible for subcontractor:
 - 1.2.2.1.1 Compliance with applicable terms and conditions of this contract;
 - 1.2.2.1.2 Compliance with all applicable law; and
 - 1.2.2.1.3 Provision of insurance coverage for its activities

1.3 Limitations on Payments

- 1.3.1 Contractor shall pay no wages in excess of the usual and accustomed wages for personnel of similar background, qualifications and experience.
- 1.3.2 Contractor shall pay no more than reasonable market value for equipment and/or supplies.
- 1.3.3 Any cost incurred by Contractor over and above the year-end sums set out in the budgets shall be at Contractor's sole risk and expense.

1.4 Compliance with Laws

- 1.4.1 Contractor shall comply with all applicable provisions of the Americans with Disabilities Act (ADA) and all regulations interpreting or enforcing such act. The Contractor shall make reasonable accommodation for Individuals with disabilities, in accord with the ADA, for all Contracted Services and shall assure physical and communication barriers shall not inhibit individuals with disabilities from obtaining Contracted Services.
- 1.4.2. Contractor shall comply with all applicable federal, state, and local statutes, regulations, rules, ordinances, and all amendments thereto, that are in effect when the Contract is signed or that come into effect during the term of this Contract. The provisions of this Contract that are in conflict with applicable state or federal laws or Regulations are hereby amended to conform to the minimum requirements of such laws or Regulations. Applicable laws and regulations include, but are not limited to:
- 1.4.2.1 Title XIX and Title XXI of the Social Security Act.
 - 1.4.2.2 Title VI of the Civil Rights Act of 1964.
 - 1.4.2.3 Title IX of the Education Amendments of 1972, regarding any education programs and activities.
 - 1.4.2.4 The Age Discrimination Act of 1975.
 - 1.4.2.5 The Rehabilitation Act of 1973.
 - 1.4.2.6 The Budget Deficit Reduction Act of 2005.
 - 1.4.2.7 The Washington Medicaid False Claims Act and the Federal False Claims Act (FCA).
 - 1.4.2.8 The Health Insurance Portability and Accountability Act (HIPPA).
 - 1.4.2.9 The American Recovery and Investment Act (ARRA).
 - 1.4.2.10 The Patient Protection and Affordable Care Act (PPACA or ACA).
 - 1.4.2.11 The Health Care and Education Reconciliation Act.
 - 1.4.2.12 The Mental Health Parity and Addiction Equity Act (MHPAEA) and final rule.
 - 1.4.2.13 21 C.F.R. Food and Drugs, Chapter 1 Subchapter C – Drugs – General.
 - 1.4.2.14 42 C.F.R. Subchapter A, Part 2- Confidentiality of Alcohol and Drug Abuse Patient Records.
 - 1.4.2.15 42 C.F.R. Subchapter A, Part 8 – Certification of Opioid Treatment Programs.
 - 1.4.2.16 45 C.F.R. Part 96 Block Grants.
 - 1.4.2.17 45 C.F.R § 96.126 Capacity of Treatment for Intravenous Substance Abusers who Receive Services under Block Grant funding.
 - 1.4.2.18 Chapter 70.02 RCW Medical Records – Health Care Information Access and Disclosure.

- 1.4.2.19 Chapter 71.05 RCW Mental Illness.
- 1.4.2.20 Chapter 71.24 RCW Community Mental Health Services Act.
- 1.4.2.21 Chapter 71.34 RCW Mental Health Services for Minors.
- 1.4.2.22 Chapter 246-341 WAC.
- 1.4.2.23 Chapter 43.20A RCW Department of Social and Health Services.
- 1.4.2.24 Senate Bill 6312 (Chapter 225. Laws of 2014) State Purchasing of Mental Health and Chemical Dependency Treatment Services.
- 1.4.2.25 All federal and State professional and facility licensing and accreditation requirements/standards that apply to services performed under the terms of this Contract, including but not limited to:
 - 1.4.2.25.1 All applicable standards, orders, or requirements issued under Section 508 of the Clean Water Act (33 U.S.C. § 1368), Section 306 of the Clean Air Act (42 U.S.C. § 7606, Executive Order 11738, and Environmental Protection Agency (EPA) Regulations (40 C.F.R. Part 15), which prohibit the use of facilities included on the EPA List of Violating Facilities. Any violations shall be reported to HCA, DHHS, and the EPA.
 - 1.4.2.25.2 Any applicable mandatory standards and policies relating to energy efficiency that are contained in the State Energy Conservation Plan, issued in compliance with the Federal Energy Policy and Conservation Act.
 - 1.4.2.25.3 Those specified for laboratory services in the Clinical Laboratory Improvement Amendments (CLIA).
 - 1.4.2.25.4 Those specified in Title 18 RCW for professional licensing.
- 1.4.2.26 Industrial Insurance – Title 51 RCW
- 1.4.2.27 Reporting of abuse as required by RCW 26.44.030.
- 1.4.2.28 Federal Drug and Alcohol Confidentiality Laws in 42 C.F.R. Part 2.
- 1.4.2.29 Equal Employment Opportunity (EEO) Provisions
- 1.4.2.30 Copeland Anti-Kickback Act.
- 1.4.2.31 Davis-Bacon Act.
- 1.4.2.32 Byrd Anti-Lobbying Amendment.
- 1.4.2.33 All federal and state nondiscrimination laws and Regulations.
- 1.4.2.34 Any other requirements associated with the receipt of federal funds.
- 1.4.2.35 Any services provided to an individual enrolled in Medicaid are subject to applicable Medicaid rules.

1.4.3 Contractor shall comply with SBHASO policies, procedures, and practices.

1.4.4 Contractor will not discriminate against any employee or applicant for employment because of race, color, creed, marital status, religion, sex, sexual orientation, national origin, Vietnam era or disabled veteran's status, age, the presence of any sensory, mental or physical disability; provided, that the prohibition against discrimination in employment because of disability shall not apply if the particular disability prevents the individual from performing the essential functions of his or her employment position, even with reasonable accommodation. Such action shall include, but not be limited to, the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; lay-off or termination, rates of pay or other forms of compensations, and selection for training, including apprenticeship.

1.4.5 Contractor shall follow definitions outlined in WAC 182-500-0070 as applicable to terms within this Contract including but not limited to:

1.4.5.1 Medically necessary means a term for describing a requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate, or prevent worsening of conditions in the Individual that endanger life, cause suffering or pain, result in an illness or infirmity, threaten to cause, or aggravate a handicap, or cause physical deformity or malfunction. There is no other equally effective, more conservative, or substantially less costly course of treatment available or suitable for the Individual requesting the service. "Course of treatment" may include mere observation or, where appropriate, no treatment at all.

1.5 Indemnification

To the fullest extent permitted by law, Contractor shall indemnify, defend and hold harmless the Salish Behavioral Health Administrative Services Organization, Kitsap County, Jefferson County, and Clallam County, and the elected and appointed officials, officers, employees and agents of each of them, from and against all claims resulting from or arising out of the performance of this contract, whether such claims arise from the acts, errors or omissions of Contractor, its subcontractors, third parties, the Salish Behavioral Health Administrative Services Organization, Kitsap County, Jefferson County or Clallam County, or anyone directly or indirectly employed by any of them or anyone for whose acts, errors or omissions any of them may be liable. "Claim" means any loss, claim, suit, action, liability, damage or expense of any kind or nature whatsoever, including but not limited to attorneys' fees and costs, attributable to personal or

bodily injury, sickness, disease or death, or to injury to or destruction of property, including the loss of use resulting therefrom. Contractor's duty to indemnify, defend and hold harmless includes but is not limited to claims by Contractor's or any subcontractor's officers, employees or agents. Contractor's duty, however, does not extend to claims arising from the sole negligence or willful misconduct of the Salish Behavioral Health Administrative Services Organization, Kitsap County, Jefferson County or Clallam County, or the elected and appointed officials, officers, employees and agents of any of them. For the purposes of this indemnification provision, Contractor expressly waives its immunity under Title 51 of the Revised Code of Washington and acknowledges that this waiver was mutually negotiated by the parties. This provision shall survive the expiration or termination of this contract.

1.6 Insurance

1.6.1 For the duration of the contract and until all work specified in the contract is completed, Contractor shall maintain in effect all insurance as required herein. Work under this contract shall not commence until evidence of all required insurance and bonding is provided to the SBHASO. Evidence of such insurance shall consist of a completed copy of the Certificate of Insurance, signed by the insurance agent for the Contractor and returned to

Program Lead, Salish Behavioral Health Administrative Services
Organization
Kitsap County Department of Human Services
614 Division Street, MS-23
Port Orchard, WA 98366.

1.6.2 The Contractor's insurer shall have a minimum A.M. Best's Rating of A-VII.

1.6.3 Coverage shall include the following terms and conditions:

1.6.3.1 The policy shall be endorsed and certificate shall reflect that the SBHASO and Clallam, Jefferson and Kitsap Counties are named as an additional insureds on the Contractor's General Liability Policy with respect to the activities under this Contract.

1.6.3.2 The policy shall provide and the certificate shall reflect that the insurance afforded applies separately to each insured against which a claim is made or a suit is brought except with respect to the limits of the Contractor's liability.

1.6.3.3 The policy shall be endorsed and the certificate shall reflect that the insurance afforded therein shall be primary

insurance and any insurance or self-insurance carried by Kitsap County on behalf of the SBHASO shall be excess and not contributory insurance to that provided by the Contractor.

1.6.3.4 If for any reason, any material change occurs in the coverage during the course of this contract, such changes shall not become effective until forty-five (45) days after Kitsap County Risk Management has received written notice of changes.

1.6.3.5 SBHASO and Clallam, Jefferson and Kitsap Counties have no obligation to report occurrences unless a claim is filed with the SBHASO; and SBHASO or Clallam, Jefferson or Kitsap Counties have no obligation to pay premiums.

1.6.4 The Contractor shall insure that every officer, director, or employee who is authorized to act on behalf of the Contractor for the purpose of receiving or depositing funds into program accounts or issuing financial documents, checks or other instruments of payment for program costs shall be bonded to provide protection against loss.

1.6.4.1 Fidelity bonding secured pursuant to this contract must have coverage of \$100,000 or the highest planned advance or reimbursement for the program year, whichever is greater.

1.6.4.2 If requested, the Contractor will provide a copy of the bonding instrument or a certification of the same from the bond issuing agency.

1.6.5 Workers' Compensation and Employer Liability. The Contractor will maintain workers' compensation insurance as required by Title 51, Revised Code of Washington, and will provide evidence of coverage to the Kitsap County Risk Management Division. If the contract is for over \$50,000, then the Contractor will also maintain employer liability coverage with a limit of not less than \$1 million.

1.6.6 The Contractor shall have insurance coverage and limits as follows:

1.6.6.1 Comprehensive Liability

Comprehensive General Liability Insurance and
Comprehensive Automobile Liability Insurance with limits of
not less than:

COVERAGE

LIMITS OF LIABILITY

Comprehensive General Liability Insurance

- | | |
|---|-----------------------------|
| a. Bodily Injury Liability | \$1,000,000 each occurrence |
| b. Property Damage Liability | \$1,000,000 each occurrence |
| OR | |
| c. Combined Bodily Injury/Property Damage Liability | \$2,000,000 aggregate |

Comprehensive Automobile Liability Insurance

- | | |
|--------------------------------------|--|
| a. Bodily Injury Liability | \$1,000,000 each person
\$1,000,000 each occurrence |
| b. Property Damage Liability | \$1,000,000 each occurrence |
| OR | |
| c. Combined Single Limit Coverage of | \$2,000,000 |

1.6.6.2 Professional Liability Insurance with limits of not less than:

Professional Liability Insurance \$1,000,000 each occurrence

1.7 Conflict of Interest

Contractor agrees to avoid organizational conflict of interest and the Contractor's employees will avoid personal conflict of interest and the appearance of conflict of interest in disbursing contract funds for any purpose and in the conduct of procurement activities.

1.8 Documentation

1.8.1 Contractor shall maintain readily accessible records and documents sufficient to provide an audit trail needed by the SBHASO to identify the receipt and expenditure of funds under this contract, and to keep on record all source documents such as time and payroll records, mileage reports, supplies and material receipts, purchased equipment receipts, and other receipts for goods and services.

1.8.2 The Contractor is required to maintain property record cards and property identification tabs as may be directed by SBHASO codes and changes thereto. This applies only to property purchased from funds under this contract specifically designated for such purchases. Ownership of

equipment purchased with funds under this contract so designated for purchase shall rest in the SBHASO and such equipment shall be so identified.

- 1.8.3 The Contractor shall provide a detailed record of all sources of income for any programs it operates pursuant to this contract, including state grants, fees, donations, federal funds and others for funds outlined in appropriate addenda. Expenditure of all funds payable under this contract must be in accordance with the approved Statement of Work.
- 1.8.4 The SBHASO shall have the right to review the financial and service components of the program as established by the Contractor by whatever means are deemed expedient by the SBHASO, or their respective delegates. Such review may include, but is not limited to, with reasonable notice, on-site inspection by SBHASO agents or employees, inspection of all records or other materials which the SBHASO deems pertinent to this contract and its performance, except those deemed confidential by law.
- 1.8.5 All property and patent rights, including publication rights, and other documentation, including machine-readable media, produced by the Contractor in connection with the work provided for under this contract shall vest in the SBHASO. The Contractor shall not publish any of the results of this contract work without the advance written permission of the SBHASO. Such material will be delivered to the SBHASO upon request.

SECTION 2. RELATIONSHIP OF THE PARTIES

- 2.1 The parties intend that an independent contractor relationship will be created by this contract, and the conduct and control of the services will lie solely with the Contractor. No official, officer, agent, employee, or servant of the Contractor shall be, or deemed to be, an official, officer, employee, servant, or otherwise of the SBHASO for any purpose; and the employees of the Contractor are not entitled to any of the benefits the SBHASO provides for SBHASO employees. It is understood that the SBHASO does not agree to use Contractor exclusively. Contractor will be solely and entirely responsible for its acts and for the acts of its officials, officers, agents, employees, servants, subcontractors, or otherwise during the performance of this agreement.
- 2.2 In the performance of the services herein contemplated, Contractor is an independent contractor with the authority to control and direct the performance of the details of the work, SBHASO being interested only in the results obtained. However, the work contemplated herein must meet the approval of the SBHASO and shall be subject to SBHASO's general right of inspection and supervision to secure the satisfactory completion

thereof.

- 2.3 In the event that any of the Contractor's officials, officers, employees, agents, servants or otherwise, carry on activities or conduct themselves in any manner which may either jeopardize the funding of this agreement or indicate said officials, officers, employees, agents or servants are unfit to provide those services as set forth within, the Contractor shall be responsible for taking adequate measures to prevent said official, officer, employee, agent or servant from performing or providing any of the services as called for within.

SECTION 3. MODIFICATION

- 3.1 No change, addition or erasure of any portion of this agreement shall be valid or binding upon either party. There shall be no modification of this agreement, except in writing, executed with the same formalities as this present instrument. Either party may request that the contract terms be renegotiated when circumstances, which were neither foreseen nor reasonably foreseeable by the parties at the time of contracting, arise during the period of performance of this contract. Such circumstances must have a substantial and material impact upon the performance projected under this contract and must be outside of the control of either party.

SECTION 4. TERMINATION

4.1 Failure to Perform

This contract may be terminated, in whole, or in part, without limiting remedies, by either party to this contract if the other party materially fails to perform in accordance with the terms of this contract. In this event, the aggrieved party shall deliver ten (10) working days advance written notification to the other party specifying the performance failure and the intent to terminate.

4.2 Without Cause

Either party to this contract may elect to terminate this contract without cause by delivering a ninety (90) day written notice of intent to terminate to the other party.

4.3 Funding

The SBHASO may unilaterally terminate or negotiate modification of this contract at any time if its federal, or state grants are suspended, reduced, or terminated before or during this contract period, or if federal or state grant terms and regulations change significantly.

In the event of early contract termination initiated by either party for whatever reason, the Contractor is only entitled to costs incurred prior to the time of contract termination.

SECTION 5. LEGAL REMEDIES

- 5.1 Nothing in this contract shall be construed to limit either party's legal remedies including, but not limited to, the right to sue for damages or specific performance should either party materially violate any of the terms of this contract. Failure to act on any default shall not constitute waiver of rights on such default or on any subsequent default.

SECTION 6. VENUE AND CHOICE OF LAW

- 6.1 Any action at law, suit in equity, or other judicial proceeding for the enforcement of this contract or any provision thereof shall be instituted only in the courts of the State of Washington, County of Kitsap. It is mutually understood and agreed that this contract shall be governed by the laws of the State of Washington, both as to its interpretation and performance.

SECTION 7. WAIVER

- 7.1 No official, officer, employee, or agent of SBHASO has the power, right, or authority to waive any of the conditions or provisions of this contract. No waiver of any breach of this agreement shall be held to be a waiver of any other or subsequent breach. All remedies afforded in this agreement or at law shall be taken and construed as cumulative, that is, in addition to every other remedy provided herein or by law. The failure of the SBHASO to enforce at any time any of the provisions of this contract, or to require at any time performance by Contractor of any provisions hereof, shall in no way be construed to be a waiver of such provisions, or in any way affect the validity of this contract or any part, hereof, or the right of SBHASO to thereafter enforce each and every provision.

SECTION 8. NOTICES

- 8.1 All notices called for or provided for in this contract shall be in writing and must be served on the party either personally or by certified mail and shall be deemed served when deposited in the United States mail. Such notice shall be made to:

Sharon Maggard, Executive Director
Serenity House
2203 W 18th St

Jolene Kron, Administrator
Kitsap County Human Services
614 Division St., MS-23

SECTION 9. PAYMENTS

- 9.1 All payments to be made by Kitsap County, on behalf of the SBHASO, under this agreement shall be made to: Serenity House, City of Port Angeles, County of Clallam, State of Washington.
- 9.2 This contract shall not exceed the amount set forth in the contract compensation/rate sheet, Attachment C. Contractor agrees to participate in and be bound by determinations arising out of the SBHASO's disallowed cost resolution process.

SECTION 10. DURATION

- 10.1 The Contractor is authorized to commence July 1, 2025, providing services pursuant to this contract. This agreement shall terminate on June 30th, 2026, unless terminated sooner as provided herein.

SECTION 11. WHOLE AGREEMENT

- 11.1 This instrument embodies the whole agreement of the parties. There are no promises, terms, conditions, or obligations other than those contained herein; and this contract shall supersede all previous communications, representations, or agreements, either verbal or written, between parties.

SECTION 12. SEVERABILITY

- 12.1 It is understood and agreed by the parties that if any part, term, or provision of this contract is held by the courts to be illegal or in conflict with any law of the state where made, the validity of the remaining portions or provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if this contract did not contain the particular part, term, or provision held to be invalid.

SECTION 13. ATTACHMENTS.

- 13.1 The parties acknowledge that the following attachments, which are attached to this Contract, are expressly incorporated by this reference:

Attachment A – Special Terms and Conditions
Attachment B – Statement of Work

Attachment C – Budget/Rate Sheet
Attachment D – Business Associate Agreement
Attachment E – Data Security and Confidentiality
Attachment F – Certification Regarding Lobbying
Attachment G – Debarment Certification

- 13.2 The rights and obligations of the parties shall be subject to, and governed by, the terms and conditions contained herein and by the Statement of Work, General Agreement, Special Terms and Conditions, Business Associate Agreement and the Budget. In the event of any inconsistency in this notification of contract, including the items incorporated herein by reference, the inconsistency shall be resolved by giving precedence in the following order: (1) General Agreement; (2) Special Terms and Conditions; (3) Statement of Work; (4) Budget/Rate Sheet.

ATTACHMENT A: SPECIAL TERMS AND CONDITIONS

PROGRAM REQUIREMENTS

1. General

- 1.1 Contractor shall adhere to established SBHASO protocols for determining eligibility for services consistent with this contract.
- 1.2 Contractor shall participate in training when requested by SBHASO on behalf of the HCA. Exceptions must be in writing and include a plan for how the required information shall be provided to them.
- 1.3 Contractor shall not differentiate or discriminate in providing services to clients because of race, color, religion, national origin, ancestry, age, marital status, gender identity, sexual orientation, physical, sensory or mental handicap, socioeconomic status, or participation in publicly financed programs of health care services, or any other basis prohibited by law. Contractor shall render services to clients in the same location, in the same manner, in accordance with the same standards, and within the same time availability regardless of payor.
- 1.4 Contract shall provide Individuals with access to translated information and interpreter services as described in the Materials and Information Section of this Contract.
- 1.5 Contractor agrees to comply with the appointment wait time standards of this Contract. SBHASO shall monitor for timely access and require corrective action if Contractor fails to comply with appointment wait time standards.
- 1.6 Contractor shall respond in a full and timely manner to law enforcement inquiries regarding an individual's eligibility to possess a firearm under RCW 9.41.040(2)(C)(iv).
 - 1.6.1 Contractor shall report new commitment data within twenty-four (24) hours.

2. Materials and Information Requirements

2.1 Media Materials and Publications

- 2.1.1 Media materials and publications developed with state funds shall be submitted to the SBHASO for written approval prior to publication. HCA must be cited as the funding source in

news releases, publications, and advertising messages created with or about HCA funding. The funding source shall be cited as: The Washington State Health Care Authority. The HCA logo may also be used in place of the above citation.

2.1.2 Materials described in subsection 2.1.1 but not paid for by funds provided under this Contract must be submitted to SBHASO for prior approval.

2.1.3 The Contractor is encouraged to submit the following items to SBHASO for approval:

2.1.3.1 News coverage resulting from interviews with reporters including online news coverage;

2.1.3.2 Pre-scheduled posts on electronic / social media sites;

2.1.3.3 When a statewide media message developed by HCA is localized; and

2.1.3.4 When SAMHSA-sponsored media campaign are localized

2.2 Information Requirements for Individuals

2.2.1 Upon an Individual's request, the Contractor shall provide all relevant licensure, certification and accreditation status and information.

2.3 Equal Access for Individuals with Communication Barriers

2.3.1 The Contractor shall assure equal access for all Individuals when oral or written language creates a barrier to such access.

2.3.1.1 Oral information

2.3.1.1.1 Contractor shall assure interpreter services are provided free of charge for Individuals with a preferred language other than English. This includes the provision of interpreters for Individuals who are Deaf, DeafBlind, or Hard of Hearing. This includes oral interpretation Sign Language (SL), and the use of Auxiliary Aids and Services as defined in the Contract (42 C.F.R §438.10(d)(4)). Interpreter services shall

be provided for all interactions between such Individuals and the Contractor including, but not limited to:

2.3.1.1.1.1 Customer Service

2.3.1.1.1.2 All appointments for any covered service; and

2.3.1.1.1.3 All steps necessary to file Grievances and Appeals.

2.3.1.2 Written information

2.3.1.2.1 Contractor shall provide all generally available and Individual specific written materials in a language and format which may be understood by each Individual in each of the prevalent languages that are spoken by 5 percent or more of the population.

2.3.1.2.1.1 For individuals whose preferred language has not been translated as required in this Section, the Contractor may meet the requirement of this Section by doing any one of the following:

2.3.1.2.1.1.1 Translating the material into the Individual's preferred reading language;

2.3.1.2.1.1.2 Providing the material in an audio format in the Individual's preferred language;

2.3.1.2.1.1.3 Having an interpreter read the material to the Individual in the Individual's preferred language;

2.3.1.2.1.1.4 Providing the material in another alternative medium or format acceptable to the Individual. The Contractor shall document the Individual's acceptance of the material in an alternative medium or format; or

2.3.1.2.1.1.5 Providing the material in English, if

the Contractor documents the Individual's preference for receiving material in English.

2.3.1.2.1.1.6 Providing the material in English, if the Contractor documents the Individual's preference for receiving material in English.

- 2.3.1.3 The Contractor shall ensure that all written information provided to Individuals is accurate, is not misleading, is comprehensible to its intended audience, is designed to provide the greatest degree of understanding, is written at the sixth grade reading level, and fulfills other requirements of the Contract as may applicable to the materials.
- 2.3.1.4 HCA may make exceptions to the sixth grade reading level when, in the sole judgment of HCA, the nature of the materials does not allow for a sixth grade reading level or the Individual's needs are better served by allowing a higher reading level. HCA approval of exceptions to the sixth grade reading level must be in writing.
- 2.3.1.5 Educational materials about topics or other information used by the Contractor for health promotion efforts must be submitted to HCA, but do not require HCA approval as long as they do not specifically mention the Contracted Services.

3. Quality Improvement

- 3.1 Contractors receiving GFS or FBG funds shall cooperate with SBHASO or HCA-sponsored Quality Improvement (QI) activities.
- 3.2 Contractor shall adequately document services provided to Individuals for all delegated activities including QI, Utilization Management, and Individual Rights and Protections.
- 3.4 Contractor shall implement a Grievance process that complies with WAC 182-538C-110.
- 3.5 Contractor shall make information available to Individuals regarding their right to a Grievance or Appeal in the case of:
 - 3.5.1 Denial or termination of service related to medical necessity determinations

- 3.5.2 Failure to act upon a request for services with reasonable promptness.
- 3.5.3 Termination of this Contract shall not be grounds for an appeal, Administrative Hearing, or a Grievance for the Individual if similar services are immediately available in the service area.
- 3.6 Contractor shall comply with Chapter 71.32 RCW (Mental Health Advance Directives)
- 3.7 Contractor shall use the Integrated Co-Occurring Disorder Screen Tool (GAIN-SS found at <https://www.hca.wa.gov/billers-providers-partners/behavioral-health-recovery/gain-ss>). Contractor shall provide training for staff that will be using the tool(s) to address the screening and assessment process, the tool and quadrant placement. This process is subject to Corrective Action if not implemented and maintained throughout the period of contract performance.
- 3.8 Contractor shall report Critical Incidents involving individuals receiving SBHASO funded services in accordance with SBHASO Critical Incident Reporting Policy and Procedure.

4. Program Integrity

- 4.1 Contractor shall have and comply with policies and procedures that guide its officers, employees and agents to comply with Program Integrity requirements.
- 4.2 Contractor shall investigate and disclose to HCA immediately upon becoming aware of any person in their employment who has been convicted of a criminal offense related to that person's involvement under Medicare, Medicaid, or Title XX of the Social Security Act since the inception of those programs.
- 4.3 Contractor shall have a Fraud, Waste and Abuse program which includes:
 - 4.3.1 A process to inform officers, employees, agents and subcontractors about the False Claims Act.
 - 4.3.2 Administrative procedures to detect and prevent Fraud, waste and abuse, and a mandatory compliance plan.

- 4.3.3 Standards of conduct that articulate the Contractor's commitment to comply with all applicable federal and state standards.
- 4.3.4 The designation of a compliance officer and compliance committee that is accountable to senior management.
- 4.3.5 Training for all affected parties.
- 4.3.6 Effective lines of communication between the compliance officer and the Contractor's staff.
- 4.3.7 Enforcement of standards through well-publicized disciplinary policies.
- 4.3.8 Provision for internal monitoring and auditing.
- 4.3.9 Provision for prompt response to detected violations, and for development of corrective action initiatives.
- 4.3.10 Provision of detailed information to employees regarding Fraud and abuse policies and procedures and the False Claims Act and the Washington false claims statutes, chapter 74.66 RCW, and RCW 74.09.210.
- 4.4 Contractor shall subrogate, to the state of Washington for all criminal, civil and administrative action recoveries undertaken by any government entity, including, but not limited to, all claims the Contractor has or may have against any entity or individual that directly or indirectly receives funds under this Contract.
 - 4.4.1 For the purpose of this section, "subrogation" means the right of any state of Washington government entity or local law enforcement to stand in the place of a Contractor or Individual in the collection against a third party.
- 4.5 Contractor shall conduct criminal background checks and maintain related policies and procedures and personnel files consistent with the requirements in Chapter 43.43 RCW and Chapter 246-341 WAC.
- 4.6 Contractor shall participate in the SBHASO Credentialing and Recredentialing process as indicated by SBHASO Policies and Procedures.

- 4.6.1 Contractor credentialing files are confidential and are scanned into a secure imaging system. This document retrieval system is protected by user ID and password to prevent unauthorized access. These files are protected from discovery and may not be reproduced or distributed, except for confidential peer review and credentialing purposes consistent with state laws.
- 4.6.2 When the SBHASO has reached a credentialing decision, the Contractor will be notified in writing, within 60 calendar days of the decision date. The credentialing determination notification will specify the range of actions that may be taken by the Contractor, including the appeal process.
- 4.6.3 The Contractor has the right to:
 - 4.6.3.1 Review information submitted to support their credentialing application.
 - 4.6.3.2 Correct erroneous information.
 - 4.6.3.3 Receive the status of their credentialing or recredentialing application, upon request.
 - 4.6.3.4 Appeal the credentialing decision to the Credentialing Committee in writing within 60 days from the date the decision is communicated. Any appeals will be reviewed by the Credentialing Committee; a determination will be made within 30 calendar days of receipt and written notice will be sent. There will be no subsequent appeal to this final decision.
- 4.6.4 If Contractor loses their accreditation, licenses, or any other essential credentialing requirements (e.g. Liability Insurance) prior to the re-credentialing period, they must notify the SBHASO in writing within 15 calendar days.

4.6.5 Re-Credentialing: Contractor re-credentialing is performed at minimum every 36 months or as indicated by SBHASO.

4.7 Contractor shall complete monthly Exclusion Checks for all employees, volunteers, and all individuals identified on the Disclosure of Ownership Form to include:

4.7.1 Office of Inspector General
<https://exclusions.oig.hhs.gov/>

4.7.2 System for Award Management –
<https://www.sam.gov/SAM/pages/public/searchRecords/search.jsf>

4.7.3 Washington State – <https://www.hca.wa.gov/billers-providers-partners/apple-health-medicaid-providers/provider-termination-and-exclusion-list>
• HCA Medicaid and DSHS social services list.

4.8 Contractor shall submit an attestation of completion of all Exclusion checks to SBHASO by the last business day of the month.

4.9 Information about Individuals, including their medical records, shall be kept confidential in a manner consistent with state and federal laws and Regulations.

4.10 SBHASO may pursue contract termination as outlined in General Terms and Conditions, Failure to Perform, if Contractor becomes excluded from participation in the Medicaid program.

5. Care Coordination and Priority Populations

5.1 Contractor shall provide discharge planning services which shall, at a minimum,

5.1.1 Coordinate a community-based discharge plan for each Individual served under this Contract, beginning at intake. Discharge planning shall apply to all Individuals regardless of length of stay or whether they complete treatment.

5.1.2 Coordinate exchange of assessment, admission, treatment progress, and continuing care information with the referring entity. Contact with the referral agency shall be made within the first week of residential treatment.

- 5.1.3 Establish referral relationships with assessment entities, outpatient providers, vocational or employment services, and courts which specify aftercare expectations and services, including procedure for involvement of entities making referrals in treatment activities.
- 5.1.4 Coordinate, as needed, with DBHR prevention services, vocational services, housing services and supports, and other community resources and services that may be appropriate, including the DCYF, and the DSHS Economic Services Administration including Community Service Offices (CSOs), Tribal governments and non-Tribal Indian Healthcare Providers.
- 5.2 Contractor shall develop and implement processes to enable information and data sharing to support Care Coordination, consistent with this Contract.
- 5.3 Priority admission to residential treatment must be given to the priority populations identified in this contract.
- 5.4 Contractor shall coordinate services to financially eligible individuals who are in need of medical services.

6. Health Information Systems

Contractor shall establish and maintain a health information system that complies with the requirements of OCIO Security Standard 141.10, and the Data, Security and Confidentiality Exhibit, and provides the information necessary to meet Contractor's obligations under this Contract. OCIO Security Standards are available at: <https://ocio.wa.gov>.

7. Records Retention

Records retention during the term of this Contract is for ten (10) years following termination or expiration of this Contract, or if any audit, claim, litigation, or other legal action involving the records is started before expiration of the ten (10) year period. The records shall be retained until completion and resolution of all issues arise there from or until the end of the ten (10) year period, whichever is later.

8. Public Records

All records required to be maintained by this Contract or by state law, except medical, treatment and personnel records, shall be considered to be public records and maintained in accordance with applicable laws. Medical and treatment records shall be confidential and shall not be published or open to public inspection except that such records may be

inspected by the Director of the Health Care Authority, or designee; and Contract Administrator for the purpose of program review, monitoring and comparative cost studies.

9. Business Continuity and Disaster Recovery

9.1 Contractor shall have a primary and back-up solution for the electronic submission of the data requested by SBHASO. The solution shall utilize the Washington Technology Services – MFT portal. In the event this method of transmission is unavailable and immediate data transmission is necessary, an alternate method of encrypted submission will be considered based on SBHASO approval.

9.2 The Contractor shall create and maintain a business continuity and disaster recovery plan that ensures timely reinstitution of the Individual information system following total loss of the primary system or a substantial loss of functionality. The plan shall include the following:

9.2.1 A mission or scope statement.

9.2.2 Information services disaster recovery person(s).

9.2.3 Provisions for back up of key personnel, emergency procedures, and emergency telephone numbers.

9.2.4 Procedures for effective communication, applications inventory and business recovery priorities, and hardware and software vendor lists.

9.2.5 Documentation of updated system and operations and a process for frequent back up of systems and data.

9.2.6 Off-site storage of system and data backups and the ability to recover data and systems from back-up files.

9.2.7 Designated recovery options.

9.2.8 Evidence that disaster recovery tests or drills have been performed.

9.3 Contractor must submit an annual certification statement indicating there is a business continuity disaster plan in place. The certification must indicate the plan is up to date, the system and data backup and recovery procedures have been tested, and copies of the Contractor plans are available for SBHASO and HCA to review and audit.

10. FISCAL REQUIREMENTS AND MONITORING

10.1 Withhold of Payment

10.1.1 Failure of the Contractor to comply with the terms of this Contract shall give the SBHASO the right to withhold payment of any further funds under this Contract

10.2 Reimbursement

10.2.1 In the event that it is determined that any funds were distributed under color of this contract, which violate the terms and conditions herein, such sums shall be reimbursed to the SBHASO upon written demand. Neither payment of any funds under color of this contract, nor any action of the SBHASO or its officials, officers, agents or employees, prior to the discovery of the violation, shall constitute a waiver thereof.

10.3 Right to Hearing

10.3.1 All notices shall be given in writing specifying the reasons for such demands, reimbursement, termination, or amendment or such other actions contemplated in this Contract and the Contractor shall have the right to a hearing within ten (10) days from such determination before the SBHASO Executive Board for determination of the action and prior to commencement of any civil litigation, by the Contractor.

10.4 Monitoring

10.4.1 SBHASO conducts on-going monitoring of Contractor's performance under this Contract. If deficiencies are identified in Contractor's performance, SBHASO will follow the Corrective Action process defined in Section G. In addition to on-going monitoring:

10.4.1.1 SBHASO shall conduct Contractor review which shall include at least one (1) onsite visit every three (3) years to each contractor site providing state funded or FBG funded treatment services during the period of performance of this contract in order to monitor and document compliance with requirements.

10.4.1.2 SBHASO shall ensure that Contractor has complied with data submission requirements established by HCA for all services funded under the Contract.

- 10.4.1.3 SBHASO shall ensure that Contractor updates patient funding information when the funding source changes.
- 10.4.1.4 SBHASO requires Contractor to identify funding sources consistent with the Payments and Sanctions Section of this Contract, FBG reporting requirements, and the rules for payer responsibility found in the table, "How do providers identify the correct payer" within the Apple Health Mental Health Services Billing Guide" which is available on the Health Care Authority's website (<https://www.hca.wa.gov>)
- 10.4.1.5 SBHASO shall maintain written or electronic records of all Contractor monitoring activities and make them available to HCA upon request.

11. Payment and Sanctions

- 11.1 The funds under this contract are dependent upon SBHASO's receipt of continued state and federal funding. If SBHASO does not receive continued state and federal funding, SBHASO may terminate this Contract in accordance with this Contract's General Terms and Conditions.
- 11.2 SBHASO will not reimburse the Contractor for any amount that exceeds the budget.
- 11.3 For all services, the Contractor must determine whether the Individual receiving services is eligible for Medicaid or has other insurance coverage.
 - 11.3.1 For Individuals eligible for Medicaid or other insurance, the Contractor must submit the claim for services to the appropriate party within twelve months from the calendar month in which the services were provided to the eligible individual.
 - 11.3.2 If the claim was incorrectly billed Contractor has an additional year to correct the claim WAC 182-502-0150.
 - 11.3.3 For those Individuals who are not eligible for Medicaid coverage, or are unable to pay co-pays or deductibles, the Contractor may offer a sliding fee schedule in accordance with this Contract.

11.3.4 Both GFS and FBG funds may be used to spenddown qualifying medical expenses incurred such as but not limited to, voluntary and involuntary inpatient, crisis stabilization and crisis residential stays. Qualified expenses paid by SBHASO shall be used to reduce an Individual's spenddown liability.

11.4 For FBG services, the Contractor shall comply with the utilization funding agreement within the State's most recent FBG plan. The Contractor agrees to comply with Title V, Section 1911-1935 and 1941-1957 of the Public Health Services Act (42 U.S.C. §§300x-1 – 300x-9; 300x-21 – 300x-35; 300x-51 – 300x-67, as amended). The Contractor shall not use FBG funds for the following:

11.4.1 Construction and/or renovation.

11.4.2 Capital assets or the accumulation of operating reserve accounts.

11.4.3 Equipment costs over \$5,000.

11.4.4 Cash payments to Individuals.

11.5 Non-Compliance

11.5.1 Failure to Maintain Reporting Requirements – In the event the Contractor fails to maintain its reporting obligations under this Contract, SBHASO reserves the right to withhold reimbursements to the Contractor until the obligations are met.

11.5.2 Recovery of Costs Claimed in Error – If SBHASO reimburses the Contractor for expenditures under this Contract which SBHASO later finds were claimed in error or were not allowable costs under the terms of this Contract, SBHASO shall recover those costs and the Contractor shall fully cooperate with the recovery.

11.5.3 Additional Renumeration Prohibited

11.5.3.1 The Contractor shall not charge or accept additional fees from any Individual, relative, or any other person, for FBG services provided under this Contract other than those specifically authorized by SBHASO and HCA. In the event the Contractor charges or accepts prohibited fees, SBHASO shall have the right

to assert a claim against the Contractor on behalf of the Individual, per chapter 74.09 RCW. Any violation of this provision shall be deemed a material breach of this Contract.

- 11.5.3.2 The Contractor must reduce the amount invoiced to SBHASO by any sliding fee schedule amounts collected from Individuals in accordance with this contract

11.6 Sanctions

11.6.1 If the Contractor fails to meet one or more of its obligations under the terms of this Contract or other applicable law, HCA may:

11.6.1.1 Immediate remedial action if it is determined that any of the following situations exist:

11.6.1.1.1 The Contractor has failed to perform any of the Contracted Services.

11.6.1.1.2 The Contractor has failed to develop, produce, and/or deliver to SBHASO any of the statements, reports, data, data corrections, accountings, claims, and/or documentation described in this Contract.

11.6.1.1.3 The Contractor has failed to perform any Administrative Function required under this Contract.

11.6.1.1.4 The Contractor has failed to implement corrective action required by SBHASO and within SBHASO prescribed timeframes.

12. Audit Requirements

12.1 Contractor shall comply with all applicable required audits including authority to conduct a facility inspection, and the federal Office of Management and Budget (OMB) Super Circular 2 C.F.R. 200.501 and 45 C.F.R 75.501 audits.

12.1.1 If Contractor is subject to OMB Super Circular audit, the SBHASO shall require a copy of the completed Single Audit and ensure corrective action is taken for any audit finding, per OMB Super Circular requirements

12.1.2 If Contractor is not subject to OMB Super Circular audit, the SBHASO shall perform Contractor monitoring in compliance with federal requirements.

13. Federal Block Grant

- 13.1 FBG funds may not be used to pay for services provided prior to the execution of Contract, or to pay in advance of service delivery. Contract and amendments must be in writing and executed by both parties prior to any services being provided.
- 13.2 FBG fee-for-service, set rate, performance-based, Cost Reimbursement, and lump sum Contracts shall be based on reasonable costs.
- 13.3 Contractor must receive an independent audit if the Contractor expends a total of \$750,000 or more in federal awards from any and/or all sources in any state fiscal year. Contractor shall submit to the SBHASO the data collection form and reporting package specified in 2 C.F.R. Part 200, Subpart F, reports required by the program-specific audit guide (if applicable), and a copy of any management letters issued by the auditor within ten (10) days of audit reports being completed and received by Contractor. SBHASO shall follow up with any corrective actions for Contractor audit findings in accordance with 2 D.F.R. Part 200, Subpart F. SBHASO shall retain documentation of all Contractor monitoring activities; and, upon request by HCA, shall immediately make all audits and/or monitoring documentation available to the HCA.
- 13.4 SBHASO shall conduct and/or make arrangements for an annual fiscal review of each Contractor receiving FBG funds, regardless of reimbursement methodology (i.e.: fee-for-service, set rate, performance-based or cost reimbursement contracts), and shall provide HCA with documentation of these annual fiscal reviews upon request. The annual fiscal review shall ensure that:
 - 13.4.1 Expenditures are accounted for by revenue source.
 - 13.4.2 No expenditures were made for items identified in the Payment and Sanctions Section of this Contract.
 - 13.4.3 Expenditures are made only for the purposed stated in this Contract, and for services that were actually provided.
- 13.5 Contractor shall participate in the peer review process when requested by the HCA. (42 U.S.C. 300x-53(a) and 45 C.F.R. 96.136). The MHBG and SABG requires an annual peer review by individuals with expertise in the field of drug abuse treatment (for SABG) and individuals with expertise in

the field of mental health treatment (for MHBG). At least five percent (5%) of treatment providers will be reviewed.

- 13.6 FBG funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. FBG funds also cannot be provided to any individual or organization that permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a), 21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under the Federal Drug Administration (FDA)-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned substance under federal law.

14. Suspension, Debarment and Lobbying

The Contractor shall certify, on a separate form (Attachment G), that it is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency. Contractor shall actively monitor its employees for excluded status in accordance with SBHASO Policies and Procedures. The Contractor, on a separate form (Attachment F), will certify that it does not use Federal funds for lobbying purposes.

15. Data Reporting Requirements

- 15.1 Contractor shall submit complete and accurate reports and data under the Contract, including encounter data that complies with data reporting requirements promulgated by the Health Care Authority (HCA), including the Service Encounter Reporting Instructions (SERI) and the SBHASO Data Dictionary, HCA Encounter Data Reporting Guide (EDRG), and the Behavioral Health Supplemental Transactions that complies with the Behavioral Health Data Storage Guide.
- 15.2 Contractor shall provide data to the SBHASO as needed for performance improvement or other projects.
- 15.3 Data shall be uploaded into the SBHASO data system within thirty (30) calendar days from the date of service or event.

16. Billing Procedures

- 16.1 The Contractor shall be paid within the limits established within Attachment C: Budget/Rate Sheet. Any costs incurred by the Contractor over and above the total sums set out in Attachment C: Budget/Rate Sheet, shall be at the Contractor's sole risk and expense.
- 16.2 The Contractor shall submit invoices for payment no later than 30 calendar days following the end of month that service was provided. Invoices for psychiatric inpatient treatment may be submitted within 90 calendar days following the end of month of discharge.
- 16.3 The SBHASO shall pay the Contractor monthly for services identified in the Statement of Work of this Contract, subject to the availability of funds from the Health Care Authority and Contractor's compliance with this Contract. To be compliant with payment standards SBHASO shall pay or deny, 95 percent of clean claims and encounters within thirty (30) calendar days of receipt of the invoice from the Contractor, 95 percent of all claims within sixty (60) calendar days of receipt of the invoice from the Contractor, and 99 percent of claims within ninety (90) calendar days of receipt of the invoice from the Contractor.

17. Faith Based Organizations (FBO)

- 17.1 SBHASO requires FBO to meet the requirements of 42 C.F.R. Part 54 as follows:
 - 17.1.1 Individuals requesting or receiving SUD services shall be provided with a choice of SUD treatment providers.
 - 17.1.2 The FBO shall facilitate a referral to an alternative provider within a reasonable time frame when requested by the recipient of services.
 - 17.1.3 The FBO shall report to the SBHASO all referrals made to alternative providers.
 - 17.1.4 The FBO shall provide Individuals with a notice of their rights.
 - 17.1.5 The FBO shall provide Individuals with a summary of services that includes any religious activities.
 - 17.1.6 Funds received from the FBO must be segregated in a manner consistent with federal Regulations.
 - 17.1.7 No funds may be expended for religious activities.

18. Indemnification

Contractor agrees to hold harmless HCA and its employees, and all Individuals served under the terms of this Contract in the event of non-payment by the SBHASO. Contractor further agrees to indemnify and hold harmless HCA and its employees against all injuries, deaths, losses, damages, losses, damages, claims, suits, liabilities, judgments, costs and expenses which may in any manner accrue against HCA or its employees through the intentional misconduct, negligence, or omission of SBHASO, its agents, officers, employees or contractors.

19. Corrective Action Process

19.1 The SBHASO conducts reviews of Contractors. During the course of any review conducted, if performance is below Contract standards, the SBHASO will request that the Contractor provide a Corrective Action Plan. SBHASO will work with Contractor staff in creating Corrective Action Plans, when requested.

19.2 If the Contract Administrator finds indications of ongoing potential non-compliance during the contract monitoring processes or learns that the Contractor, or its subcontractors, are out of compliance with any of the terms or conditions of this Contract, the follow process will be pursued.

19.2.1 Informal Meeting

Informal process wherein the Administrator alerts the appropriate Contractor's staff of the potential non-compliance and an agreeable solution is reached.

19.2.2 Official Verbal Notification

If the informal meeting does not result in resolution, the SBHSEO will contact the Contractor for the purpose of official verbal notification of possible non-compliance to establish a date when representatives of the SBHASO and the Contractor shall meet and discuss areas of contention and attempt to resolve the issues.

19.2.3 Written Summary

Within five (5) working days of such verbal notification, the SBHASO will provide the Contractor representative a written summary of the areas of non-compliance or potential non-compliance by certified mail. Notice shall be sent to the individual identified in the General Agreement.

19.2.4 Discussion

Within twenty (20) days of the date of the written notification, a discussion between SBHASO and Contractor staff shall be conducted to address areas of non-compliance or potential non-compliance.

19.2.5 Withhold Payments

If the SBHASO and the Contractor cannot agree upon a resolution within ten (10) working days of the discussion described in the previous paragraph, the SBHASO shall withhold contract payments related to the area(s) of non-compliance or potential non-compliance, unless a written, time-limited extension of the period to agree upon corrective action is issued by the SBHASO.

BEHAVIORAL HEALTH HOUSING STATEMENT OF WORK

I. GENERAL

1. Principles of Evidence-based Permanent Supportive Housing

- a. Permanent Supportive Housing (PSH) is decent, safe, and affordable community-based housing that provides tenants with the rights of tenancy under state and local landlord-tenant laws and is linked to voluntary and flexible support and services designed to meet tenants' needs and preferences.
- b. PSH makes housing affordable to someone on Supplemental Security Income (SSI), either through rental assistance or housing development, by providing sufficient wraparound supports to allow people with significant support needs to remain in the housing they have chosen.
- c. Dimensions of PSH EBP include:
 - i. Choice in housing and living arrangements
 - ii. Functional separation of housing and services
 - iii. Decent, safe, and affordable housing
 - iv. Community integration and rights of tenancy
 - v. Access to housing and privacy
 - vi. Flexible, voluntary, and Recovery-focused services
- d. Even though Housing and Recovery through Peer Services (HARPS) will not require high fidelity PSH EBP, we encourage sites to become familiar with the dimensions of PSH EBP. A link to the SAMHSA PSH toolkit can be found at [Permanent Supportive Housing Evidence-Based Practices \(EBP KIT\) | SAMHSA Library](#)
 - i. HARPS fidelity reviews will be encouraged through the learning collaborative/incentive fidelity review process.

2. **Appeals and Denials.** Behavioral Health Housing programs are encouraged to have Housing Service policies in place to address appeals and denials.

3. Priority Populations:

a. HARPS

- i. Individuals who are not eligible for Medicaid through the Foundational Community Supports (FCS) Supportive Housing Services and who are experiencing

1. Serious mental illness;
2. Substance use disorder (SUD);
3. Co-Occurring disorder (Mental Illness & Substance Abuse Disorder), and/or
4. Who are homeless/at risk of homelessness with a broad definition of homeless (couch surfing included).

ii. Individuals who are released from or at risk of entering:

1. Psychiatric Inpatient settings; and
2. SUD treatment inpatient settings

iii. How contractors shall find participants:

1. Contractor shall accept referrals from Western State Hospital and Eastern State Hospital, other inpatient behavioral health care settings; and
2. Marketing/Outreach, as approved by Salish BH-ASO Contract Manager

b. CBRA

i. Contractor shall commit to providing long-term or bridge subsidy in every county in their region for eligible households within the eligible population described below:

1. Eligible Population for Housing Subsidy Funded Under this Contract:

- a. Adults (and their households) who have a diagnosed behavioral health condition, meet the income requirements, are eligible for services from an approved long-term support program, and demonstrate a need for long-term subsidy. (See: Program Guidelines, Overview and Program Eligibility)

b. Contractor shall commit to prioritizing subsidies for the priority populations. Priority Population for Housing Subsidy funded under this Contract:

- i. Households that meet one or more of the following:

1. Discharging or needing to discharge from a psychiatric hospital or other psychiatric inpatient setting.
2. Discharged from a psychiatric hospital or other psychiatric inpatient setting within the past 12 months.
(See: Program Guidelines, Priority Populations)

c. Governor's Funding

- i. Rental vouchers and Bridge Program Funds are intended to reduce instances where an individual leaves a state operated behavioral or private behavioral health facility directly into homelessness.
- ii. These subsidy funds must prioritize individuals being discharged from state operated behavioral health facilities.

4. Data Entry & Reporting

- a. Contractor shall enter service, subsidy, and outreach data in the Salish BHASO Housing Program Log.
- b. All data entries for the prior month must be submitted by the 10th of the month following the month of service/subsidy.
- c. A minimum of 5 contacts per month of landlord outreach activities must be documented in the log.
- d. HARPS Service Team shall submit a HARPS Quarterly Report by the 10th of the month following the end of each reporting quarter.

II. HARPS BRIDGE SUBSIDY AND COMMUNITY BEHAVIORAL HEALTH RENTAL ASSISTANCE (CBRA) TEAMS

a. HARPS BRIDGE SUBSIDY

- i. Background. The budget for the HARPS Housing Bridge Subsidy is short-term funding to help reduce barriers and increase access to housing.
- ii. Contractor shall prioritize quarterly subsidy funds to serve individuals with SMI.
- iii. HARPS Bridge Subsidies are estimated to average \$833 per person for per month up to three (3) months.

1. This estimation was developed for budget purposes only and may be adjusted as needed to meet Fair Market Rental Housing rates as long as the Contractor stays within the contracted amount.

iv. Subsidy Time Criteria

1. HARPS Bridge Subsidies are temporary in nature and should be combined with other funding streams, whenever possible, to leverage resources to assist individuals in obtaining and maintaining a permanent residence.
2. HARPS teams are encouraged to work with Department of Commerce and the long-term housing subsidies available through the Community Behavioral Health Rental Assistance (CBRA) program.
3. Individuals exiting detox, 30, 60, and 90-day inpatient SUD treatment facilities, residential treatment facilities, state hospitals, E&T's, local psychiatric hospitals and other inpatient behavioral healthcare settings could receive up to 3 months of housing 'bridge' subsidy.

v. Allowable Expenses

1. Monthly rent and utilities, and any combination of first and last months' rent for up to three (3) months. Rent may only be paid one month at a time, although rental arrears, pro-rated rent, and last month's may be included with the first month's payment.
2. Rental and/or utility arrears for up to three months. Rental and/or utility arrears may be paid if the payment enables the household to remain in the housing unit for which the arrears are being paid or move to another unit. The HARPS Bridge Subsidy may be used to bring the program participant out of default for the debt and the HARPS Peer Specialist will assist the participant to make payment arrangements to pay off the remaining balances.
3. Security deposits and utility deposits for a household moving into a new unit.
4. HARPS rent assistance may be used for move-in costs including but not limited to deposits and first months' rent associated with housing, including project- or tenant-based housing.

5. Application fees, background and credit check fees for rental housing.
6. Lot rent for Recreational Vehicle (RV) or manufactured home.
7. Costs of parking spaces when connected to a unit.
8. Landlord incentives (provided there are written policies and/or procedures explaining what constitutes landlord incentives, how they are determined, and who has approval and review responsibilities).
9. Reasonable storage costs.
10. Reasonable moving costs such as truck rental and hiring a moving company.
11. Hotel/Motel expenses for up to 30 days if unsheltered households are actively engaged in housing search and no other shelter option is available.
12. Temporary absences. If a household must be temporarily away from his or her unit, but is expected to return (e.g., participant violates conditions of their Department of Corrections (DOC) supervision and is placed in confinement for 30 days or re-hospitalized), HARPS may pay for the households rent for up to 60 days. While a household is temporarily absent, Participants may continue to receive HARPS services.
13. Rental payments to Oxford houses or Recovery Residences on the Recovery Residence Registry located at <https://hca-tableau.watech.wa.gov/t/51/views/ResidenceOxfordHouseLocations/Dashboard?isGuestRedirectFromVizportal=y&:embedded=y>.

b. CBRA Subsidy Program Requirements

- i. Contractor shall submit the following deliverables on time with truthful, accurate information:
 1. Monthly Invoices and Required Back-Up Documentation submitted to SBHASO by the 10th of each month
 2. Annual County Expenditure Report Information to the lead of each county homelessness crisis response system within the

service area. (See: Program Guidelines, Reporting Requirements)

3. Accurate and Timely Data Entry into the Homeless Management Information System Database. (See: Program Guidelines, HMIS and Data Quality)

- ii. Contractor shall comply with all of the requirements, policies and procedures in the most up-to-date version of the Community Behavioral Health Rental Assistance Program Guidelines.

III. SERVICES TEAMS

1. Response Time

- a. HARPS Teams must have a response contact time of no later than three (3) calendar days upon an individual's discharge from a behavioral healthcare inpatient setting, such as an Evaluation & Treatment Center, Residential Treatment Center, Withdrawal Management Center, or State Psychiatric Hospital. Responses include
- b. Meetings with individuals before discharge to establish housing goals and resources, basic needs and community integration; and
- c. This may include in person, virtual, and over the phone consultation.

2. State Psychiatric Hospital Presentation

- a. Each HARPS Team will designate two (2) regional peers to provide a HARPS presentation at Western State Hospital at a minimum of once per year.
- b. Components of the presentation will include services offered such as assessment, intake, goal setting, peer services, short term housing subsidies and housing

3. Caseload Size

- a. Caseload must be such that the HARPS Teams can manage and have flexibility to be able to provide the intensity of services required for each individual, according to the medical necessity of each individual;
- b. HARPS Housing Specialists must have the capacity to provide multiple contacts per week with individuals exiting or recently discharged from inpatient behavioral healthcare settings, making changes in a living situation or employment, or having significant ongoing problems in maintaining housing;

- i. These multiple contacts may be as frequent as two to three times per day, seven days per week, and depend on individual need and a mutually agreed upon plan between individuals and program staff; and
 - ii. Many, if not all, staff must share responsibility for addressing the needs of all individuals requiring frequent contact.
- 4. HARPS Teams must have the capacity to rapidly increase service intensity and frequency to an individual when his or her status requires it or if an individual requests it.
 - a. HCA estimates that 50% of individuals accessing HARPS Housing Bridge Subsidy funding will receive supportive housing services from HARPS teams each year. HARPS Services Teams must have the capability to provide support services related to obtaining and maintaining housing.
 - 1. Values. Service coordination must incorporate and demonstrate basic recovery values. The individual will have choice of their housing options, will be expected to take the primary role in their personal Housing Plan development, and will play an active role in finding housing and decision-making;
 - 2. Peer/Housing Specialist Roles. Each HARPS Participant will be assigned a Peer Specialist or Housing Specialist who assist in locating housing, and resources to secure housing, as well as maintain housing;
 - a. Offer information regarding options and choices in the types of housing and living arrangements;
 - b. Advocate for the individual's tenancy needs, rights (including The American with Disabilities Act (ADA) Accommodations), and preferences to support housing stability; and
 - c. Coordination with community resources, including consumer self-help and advocacy organizations that promote recovery.
 - 3. Assessment and Planning
 - a. Assess housing needs, seek out and explain the housing options in the area, and resources to obtain housing;

- b. Assist Participants to find and maintain a safe and affordable place to live, apartment hunting, finding a roommate, landlord negotiations, cleaning, furnishing and decorating, and procuring necessities (telephone, furniture, utility hook-up); and
 - c. Identify the type and location of housing with an exploration of access to natural supports and the avoidance of triggers (such as a neighborhood where drug dealing is prolific if the participant has a history of substance use).
 - d. Participant Housing Plan
 - i. Contractor shall collaborate with each Participant to create an individualized, strengths-based housing plan that includes action steps for when housing related issues occur; and
 - ii. As with the treatment planning process, the Participant will take the lead role in setting goals and developing the housing plan.
- 4. Housing Search and Placement. Services or activities designed to assist households in locating, obtaining, and retaining suitable housing.
 - a. Tenant counseling;
 - b. Assisting households to understand leases;
 - c. Securing utilities;
 - d. Making moving arrangements;
 - e. Representative payee services concerning rent and utilities; and
 - f. Mediation and outreach to property owners related to locating or retaining housing.
- 5. Landlord/Property Manager Engagement and Education
 - a. Direct contact with landlords/property managers on behalf of Participants;

- b. Ongoing support for the Participants and landlords/property managers to resolve any issues that might arise while the Participant is occupying the rental;
 - c. Recruit and cultivate relationships with landlords and property management agencies, leading to more housing options for HARPS Participants;
 - d. Make use of printed materials and in-person events, such as landlord organization or rental housing association meetings, to educate landlords and property managers about the benefits of working with supportive housing providers, individuals with treated behavioral health conditions, subsidies, housing quality and safety standards, and the Department of Commerce's Landlord Mitigation Program (<https://www.commerce.wa.gov/landlord-fund>);
 - e. Educate Participants on factors used by landlords to screen out potential tenants; and
 - f. Mitigate negative screening factors by working with the Participants and landlords/property managers to clarify or explain factors that could prevent the individual from obtaining housing.
6. Housing Stability. Includes activities for the arrangement, development, coordination, securing, monitoring, and delivery of services related to meeting the housing needs of individuals exiting or at risk of entering inpatient behavioral healthcare settings and helping them obtain housing stability.
- a. Developing an individualized housing and service plan, including a path to permanent housing stability subsequent to assistance;
 - b. Referrals to Foundational Community Supports (FCS) supportive housing and supported employment services;
 - c. Seeking out and assistance applying for long-term housing subsidies;
 - d. Affordable Care Act (ACA) activities that are specifically linked to the household's stability plan;

- e. Activities related to accessing Work Source employment services;
- f. Referrals to vocational and educational support services such as Division of Vocational Rehabilitation (DVR);
- g. Monitoring and evaluating household progress;
- h. Assuring that households' rights are protected; and
- i. Applying for government benefits and assistance including using the evidence-based practice SSI/SSDI through SSI/SSDI Outreach, Access, and Recovery (SOAR).

5. Practical Help and Supports

- a. Mentoring;
- b. Teaching self-advocacy;
- c. Coordination of services;
- d. Side-by-side individualized support;
- e. Problem solving; and
- f. Direct assistance and supervision to help clients obtain the necessities of daily living including;
 - A. Medical and dental health care;
 - B. Legal and advocacy services;
 - C. Accessing financial support such as government benefits and entitlements (SSI, SSDI, veterans' benefits);
 - D. Accessing housing subsidies (HUD Section 8);
 - E. Money-management services (e.g., payee services, budgeting, managing credit score, financial wellness); and
 - F. Use of public transportation.

6. Hospital Liaison Coordination. The BHASO's hospital liaison must actively coordinate the transition of individuals from behavioral healthcare inpatient treatment center discharge to the HARPS Team in the community of residence in order to minimize gaps in outpatient health care, and housing.

7. Crisis Assessment and Intervention Coordination_ Behavioral Health Crisis assessment and intervention must be available 24-hours per day, seven days per week through the BHASO's crisis system.
 - a. Services must be coordinated with the assigned Care Coordinator.
 - b. These services include telephone and face-to-face contact.
8. Education Services Linkage
 - a. Supported education related services are for individuals whose high school, college or vocational education could not start or was interrupted and made educational goals a part of their recovery (treatment) plan.
 - b. Services include providing support to applying for schooling and financial aid, enrolling and participating in educational activities or linking to supported employment/supported education services.
9. Supported Employment - Vocational Services Linkage. Services to help individuals value, find, and maintain meaningful employment in community-based job sites.
 - a. Job development and coordination with employers;
 - b. A component of the Participant's recovery (treatment) plan or linkage to supported employment;
 - c. Assist with referrals to job training and supported employment services provided by Foundational Community Supports (FCS) or Division of Vocational Rehabilitation (DVR) or other supports;
 - d. Mentoring, problem solving, encouragement and support on and off the job site;
 - e. Provide work-related supportive services;
 - i. Assistance securing necessary clothing and grooming supplies;
 - ii. Wake-up calls; and
 - iii. Assistance with navigating public transportation.
10. Daily Living Services. Services to support activities of daily living in community-based settings include:
 - a. Individualized and ongoing assessment;
 - b. Goal setting;

- c. Skills training/practice;
- d. Side-by-side assistance, supervision and support (prompts, assignments, encouragement);
- e. Role modeling;
- f. Problem solving;
- g. Environmental adaptations to assist Participants in gaining and/or using the skills required to access services;
- h. Direct assistance when necessary to ensure that participants obtain the basic necessities of daily life;
- i. Assist and teach/support participant to organize and perform household activities, including house cleaning and laundry;
- j. Assist and teach/support participants with personal hygiene and grooming tasks;
- k. Provide nutrition education and assistance with meal planning, grocery shopping, and food preparation;
- l. Ensure that participants have adequate financial support (help to gain employment and apply for entitlements);
- m. Teach money-management skills (budgeting and paying bills) and assist participants in accessing financial services (e.g., professional financial counseling, emergency loan services, and managing their credit score);
- n. Help participants to access reliable transportation:
 - o. Obtain a driver's license, car and car insurance;
 - p. Arrange for cabs;
 - q. Use of public transportation;
 - r. Finding rides, carpool options; and
- s. Assist and teach/support participants to have and effectively use a personal primary care physician, dentist, and other medical specialists as required.

11. Social and Community Integration Skills Training

- a. Social and community integration skills training serve to support social/interpersonal relationships and leisure-time skill training;

- b. Supportive individual therapy (e.g., problem solving, role-playing, modeling, and support);
- c. Social-skill teaching and assertiveness training;
- d. Planning, structuring, and prompting of social and leisure-time activities;
- e. Side-by-side support and coaching; and
- f. Organizing individual and group social and recreational activities to structure individuals' time, increase their social experiences, and provide them with opportunities to practice social skills, build a social support network and receive feedback and support.

12. Recovery and Treatment Services

13. SUD Treatment Linkage. If clinically indicated, the HARPS Team may refer the individual to a DBHR-licensed SUD treatment program.

14. Peer Support Services

- a. Validate Participants' experiences and to inform, guide and encourage individuals to take responsibility for and actively participate in their own recovery.
- b. Help participants identify, understand, and combat stigma and discrimination against mental illness and develop strategies to reduce individuals' self-imposed stigma.
- c. Peer Support and Wellness Recovery Services include:
 - i. Promoting self-determination;
 - ii. Model and teach advocating for one's self;
 - iii. Encourage and reinforce choice and decision-making;
 - iv. Introduction and referral to individual self-help programs and advocacy organizations that promote recovery;
 - v. "Sharing the journey" (a phrase often used to describe individuals' sharing of their recovery experience with other peers). Utilizing one's personal experiences as information and a teaching tool about recovery; and
 - vi. The Peer Specialist will serve as a consultant to the Treatment team to support a culture of recovery in which each participant's point of view and preferences are recognized, understood,

respected and integrated into treatment, rehabilitation, support, vocational and community activities.

15. Social and Interpersonal Relationships and Leisure Time

- a. Provide side-by-side support, coaching and encouragement to help Participants socialize (going with a Participant to community activities, including activities offered by consumer-run peer support organizations) and developing natural supports;
- b. Assist Participants to plan and carry out leisure time activities on evenings, weekends, and holidays; and
- c. Organize and lead individual and group social and recreational activities to help Participants structure their time, increase social experiences, and provide opportunities to practice social skills.

16. Medication. HARPS Teams will not suggest or provide Medication Prescription, Administration, Monitoring and Documentation.

17. Collaboration with Treatment Teams.

- a. When applicable, HARPS Team members establish a peer relationship with each Participant and document services in the Salish BHASO Housing Program Log;
- b. HARPS Team members can provide direct observation, available collateral information from the family and significant others as part of the comprehensive assessment; and
- c. In collaboration with the individual, assess, discuss, and document the individual's housing needs and other basic needs to be addressed. Review observations with the individual and Treatment Team.

Budget Summary				
Contractor: Serenity House of Clallam County				
Contract No:		KC-412-25		
Contract Period:		07/01/2025 - 06/30/2026		
Expenditure	Fund Source	Previous	Changes this Contract	Current
Period 1: 07/01/2025 - 06/30/2026				
HARPS				
Bridge Subsidy	HARPS GFS	\$0	\$90,000	\$90,000
SUD Subsidy	HARPS GFS	\$0	\$20,000	\$20,000
Admin (6%)	HARPS GFS	\$0	\$6,500	\$6,500
Total		\$0	\$116,500	\$116,500
Commerce				
Subsidy	Commerce GFS	\$0	\$76,500	\$76,500
Admin (10%)	Commerce GFS	\$0	\$7,650	\$7,650
Operations	Commerce GFS	\$0	\$50,000	\$50,000
Total		\$0	\$134,150	\$134,150
Contract Total		\$0	\$250,650	\$250,650

ATTACHMENT D: BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement (this “**Agreement**”) is effective as of the 1st day of July 2025, (“**Effective Date**”) by and between SALISH BEHAVIORAL HEALTH-ADMINISTRATIVE SERVICES ORGANIZATION (SBHASO) and Serenity House (**Contractor**) (individually, a “**Party**” and, collectively, the “**Parties**”).

- A. The Parties wish to enter into this Agreement to comply with the administrative simplification section of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations, as may be amended from time to time (collectively, “**HIPAA**”).
- B. SBHASO is a behavioral health-administrative services organization, a Business Associate of certain upstream Covered Entities (“**Upstream Covered Entities**”), and a lawful holder of Part 2 Information, as defined below, as provided under the Confidentiality of Alcohol and Drug Abuse Patient Records regulations at 42 CFR Part 2 (“**Part 2**”). SBHASO also formerly was a Covered Entity and may continue to Use, Disclose, and maintain PHI from when it was a Covered Entity.
- C. The Parties have entered into one or more arrangements (collectively, the “**Service Contract**”) under which Contractor will provide certain services to SBHASO that may involve Contractor creating, receiving, maintaining, or transmitting PHI, as defined below, and Contractor may be considered a Subcontractor Business Associate of SBHASO under HIPAA and a subcontractor of a lawful holder under Part 2.

NOW, THEREFORE, in consideration of the Parties’ continuing obligations under the Service Contract, their compliance with HIPAA and Part 2, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties agree to this Agreement.

- I. **DEFINITIONS.** Except as otherwise defined in this Agreement, capitalized terms in this Agreement shall have the definitions set forth in HIPAA. “**Individual**” shall have the same meaning as the term “Individual” in 45 CFR § 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g). “**Part 2 Information**” means alcohol abuse, drug abuse, or substance use disorder information covered by Part 2. “**PHI**” shall have the same meaning as the term “Protected Health Information” that is created, received, maintained, or transmitted by Contractor from or on behalf of SBHASO. PHI includes, without limitation, Electronic PHI, mental health information, sexually transmitted disease information, and Part 2 Information. “**PII**” means personally identifiable information as defined under Washington law.

II. **PERMITTED USES AND DISCLOSURES BY CONTRACTOR.**

- 2.1 **Performance of Service Contract.** Contractor may use and disclose PHI and PII to perform functions, activities, or services for, or on behalf of, SBHASO as specified in the Service Contract as long as the use or disclosure would not violate HIPAA, Part 2, and state and federal laws (collectively, “**Law**”), if done by Salish BH-ASO or an Upstream Covered Entity.
- 2.2 **Management; Administration; Legal Responsibilities.** Contractor may use PHI and PII for its proper management and administration and to fulfill its legal responsibilities, as long as the uses are permitted under Law for an Upstream Covered Entity, SBHASO, and Contractor.
- 2.3 **Required by Law.** Except as otherwise limited in this Agreement, Contractor may disclose PHI and PII as Required by Law. Contractor shall: (i) to the extent permitted by Law, immediately notify SBHASO prior to the disclosure; (ii) cooperate with SBHASO in making any disclosures

Required by Law, including efforts to challenge or limit the disclosure; and (iii) provide a copy of all information disclosed relating to this Agreement or the Service Contract.

- 2.4 **De-Identified Information.** Contractor may not use or disclose PHI or PII to create de-identified information or Limited Data Sets or to otherwise anonymize or aggregate PHI or PII for its own use or disclosure, without prior, express, written approval from SBHASO.
- 2.5 **Minimum Necessary.** Contractor shall make all reasonable efforts to access, use, disclose, or request only the minimum necessary amount of PHI or PII to accomplish the intended, permitted purpose of the access, use, disclosure, or request. Contractor shall comply with SBHASO's policies and procedures concerning minimum necessary requirements. The Parties shall collaborate in determining what quantum of information constitutes the "minimum necessary" amount for Contractor to accomplish its intended purposes.

III. OBLIGATIONS AND ACTIVITIES OF CONTRACTOR.

- 3.1 **Compliance with this Agreement.** Notwithstanding anything to the contrary, Contractor agrees to not use or further disclose PHI or PII other than as permitted or required by this Agreement or as Required by Law.
- 3.2 **Safeguards.** Contractor agrees to: (i) use appropriate safeguards to prevent use or disclosure of PHI and PII other than as provided for by this Agreement; (ii) implement the administrative, physical, and technical safeguards of the Security Standards for the Protection of Electronic Protected Health Information (the "**Security Rule**") that reasonably and appropriately protect the confidentiality, integrity, and availability of any PHI; (iii) comply with those requirements under the Security Rule that apply to Business Associates; and (iv) implement appropriate safeguards to protect Part 2 Information.
- 3.3 **Notification.**
 - 3.3.1 **Impermissible Use or Disclosure.** Contractor shall report to SBHASO any use or disclosure of PHI or PII not permitted under this Agreement, regardless of whether the use or disclosure rises to the level of a Breach.
 - 3.3.2 **Security Incident.** Contractor shall report to SBHASO any Security Incident of which Contractor becomes aware, regardless of whether the Security Incident rises to the level of a Breach. This Agreement constitutes notification of "unsuccessful" Security Incidents that do not present a risk to PHI or PII such as: (i) "pings" on an information system firewall; (ii) port scans; and (iii) attempts to log on to an information system or enter a database with an invalid password or user name.
 - 3.3.3 **Breach Notification.** Contractor shall report any Breach of Unsecured PHI, as required by the Notification of a Breach of Unsecured Protected Health Information Standards (the "**Breach Notification Rule**").
 - 3.3.4 **Part 2 Information.** Contractor shall report to SBHASO unauthorized uses, disclosures, or breaches of Part 2 Information.
 - 3.3.5 **Reporting Requirements.** Contractor shall make the report as soon as practical and in any event within five (5) business days of Contractor's discovery of one of the events described in Sections 3.3.1, 3.3.2, 3.3.3, and 3.3.4 (each, an "**Event**"). Contractor shall supplement the information provided in the report as it becomes available. An Event shall be treated as discovered by Contractor as of the first day on which the Event is known to Contractor or, through the exercise of reasonable diligence, would have been known to Contractor.

- 3.3.6 **Content of Notification.** Contractor shall provide: (i) information as required by the Breach Notification Rule and to fully inform SBHASO of each Event; and (ii) any additional information requested by SBHASO. At a minimum, the report of an Event shall include, to the extent possible:
- (a) The identification of each Individual whose PHI or PII has been, or is reasonably believed by Contractor to have been, accessed, acquired, used, or disclosed during or as a result of the Event;
 - (b) A brief description of what happened, including the date of the Event and the date of discovery of the Event;
 - (c) A description of the types of PHI or PII involved in the Event (such as whether full name, Social Security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);
 - (d) Any steps Individuals should take to protect themselves from potential harm resulting from the Event;
 - (e) A brief description of what Contractor is doing to investigate the Event, to mitigate harm to Individuals, and to protect against any further Events; and
 - (f) Contact procedures for SBHASO or Individuals to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, Web site, or postal address.
- 3.4 **Subcontractors.** Contractor shall ensure any Subcontractor whom Contractor permits to create, receive, maintain, or transmit PHI or PII on behalf of Contractor or SBHASO, agrees in writing: (i) to the same restrictions and conditions that apply through this Agreement to Contractor; and (ii) to comply with the requirements of the Security Rule that apply to Business Associates. Contractor shall not permit a Subcontractor to create, receive, maintain, or transmit PHI or PII unless Contractor has performed adequate due diligence on the Subcontractor and found Subcontractor's safeguards appropriate.
- 3.5 **Restrictions.** Contractor agrees to comply with any requests for restrictions on certain uses and disclosures of PHI or PII of which SBHASO informs Contractor.
- 3.6 **Access.** At the request of SBHASO, within ten (10) business days, unless a shorter time period is requested, in the manner, form, and format requested by SBHASO, Contractor shall make available PHI and PII so that SBHASO or an Upstream Covered Entity may respond to an Individual's request for access to PHI and PII in accordance with the Standards for Privacy of Individually Identifiable Health Information (the "**Privacy Rule**") and other Law. In the event an Individual requests from Contractor access to PHI or PII, Contractor, to the extent permitted by Law, shall forward the request to SBHASO within two (2) business days.
- 3.7 **Amendment.** At the request of SBHASO in a reasonable time and manner and in the form and format requested by SBHASO, Contractor shall make amendments to PHI and PII so that SBHASO or an Upstream Covered Entity may respond to an Individual's request for an amendment by SBHASO in accordance with the Privacy Rule and other Law. In the event an Individual requests from Contractor any amendments, to the extent permitted by Law, Contractor shall forward the request to SBHASO within two (2) business days.
- 3.8 **Accounting of Disclosures.** Contractor shall document any disclosures that are required to be in an accounting of disclosures under the Privacy Rule and, upon request, shall provide information required to be included in an accounting of disclosures to SBHASO to permit SBHASO or an Upstream Covered Entity to comply with the Privacy Rule and other Law. In the event an Individual requests from Contractor, an accounting of disclosures, to the extent

permitted by law, Contractor shall forward the request to Salish BH-ASO within two (2) business days.

- 3.9 **Disclosures to the Secretary.** Contractor agrees that it will make its internal practices, books, and records available to the Secretary of the United States Department of Health and Human Services (the “**Secretary**”), for the purpose of determining an Upstream Covered Entity’s, SBHASO’s or Contractor’s compliance with HIPAA, and to SBHASO for the purpose of determining Contractor’s compliance with this Agreement, HIPAA, and other Law, in a time and manner designated by the Secretary or SBHASO. Contractor: (i) immediately shall notify Salish BH-ASO of any requests from the Secretary pertaining to an investigation of an Upstream Covered Entity’s, SBHASO’s, or Contractor’s compliance with HIPAA; (ii) cooperate with Salish BH-ASO in responding to the Secretary’s request; and (iii) provide to SBHASO a copy of all documents provided to the Secretary.

3.10 **Part 2 Information.**

3.10.1 **Part 2 Obligations of Contractor.** To the extent that, in performing services for or on behalf of SBHASO under the Service Contract, Contractor uses, discloses, maintains, or transmits Part 2 Information, Contractor acknowledges and agrees that it: (i) is fully bound by Part 2; (ii) with respect to Part 2 Information received by SBHASO pursuant to an authorization or consent, will limit its use and disclosure of Part 2 Information to Payment and Health Care Operations purposes; and (iii) if necessary, will resist in judicial proceedings any efforts to obtain access to Part 2 Information except as permitted by Part 2.

3.10.2 **Notice.** 42 CFR Part 2 prohibits unauthorized disclosure of these records.

3.10.3 **Redisclosure.** Contractor shall not redisclose Part 2 Information to a third party unless the third party is a contract agent of Contractor helping Contractor provide services under the Service Contract and only as long as the agent further discloses Part 2 Information only back to Contractor or SBHASO.

3.10.4 **Compliance.** Contractor acknowledges that any unauthorized disclosure of Part 2 Information may be a federal criminal offense.

- 3.11 **Sexually Transmitted Disease Information Notice.** With respect to sexually transmitted disease information: This information has been disclosed to you (Contractor) from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written authorization for the release of medical or other information is NOT sufficient for this purpose.

- 3.12 **Covered Entity Obligations.** To the extent that Contractor is to carry out one or more of Covered Entity obligations under the Privacy Rule, Contractor shall comply with the requirements of the Privacy Rule that apply to a Covered Entity in the performance of the obligations.

- 3.13 **On-Site Services.** Contractor agrees that, while present at any SBHASO facility and/or when accessing SBHASO’s computer networks, it and all of its Workforce, agents, and Subcontractors at all times will comply with any network access and other security practices, policies, and procedures established by SBHASO including, without limitation, those established pursuant to HIPAA.

- 3.14 **No Sale of PHI.** Contractor agrees that it will not directly or indirectly receive remuneration in exchange for any PHI or PII without: (a) the written authorization of each applicable Individual, except when expressly permitted by the Privacy Rule; and (b) the advance written permissions of SBHASO.

- 3.15 **No Impermissible Marketing or Fundraising Communication.** Contractor agrees that it will not engage in Marketing or fundraising communications that would not be permitted by SBHASO or an Upstream Covered Entity under HIPAA.
- 3.16 **Mitigation.** Contractor agrees to mitigate, to the extent practicable, any harmful effect that is known to Contractor of a use or disclosure of PHI or PII by Contractor in breach of this Agreement, failure to comply with applicable Law, and any Event, as defined in Section 3.3.
- 3.17 **Compliance with Applicable Law.** Contractor shall comply with applicable Law. Contractor shall not act or fail to act in a manner that causes SBHASO to not be in compliance with applicable Law.

IV. **OBLIGATIONS OF SBHASO.** SBHASO shall not request Contractor to act in a manner that is not permissible under HIPAA.

V. **TERM AND TERMINATION.**

- 5.1 **Term.** The term of this Agreement shall be effective as of the Effective Date and shall terminate upon the expiration or termination of the Service Contract.
- 5.2 **Termination.** Upon SBHASO's knowledge of a material breach by Contractor of its obligations under this Agreement, SBHASO may notify Contractor, and Contractor shall have thirty (30) days from receipt of that notice to cure the breach or end the violation. Notwithstanding anything to the contrary in the Service Contract, if Contractor fails to cure the breach or end the violation within the designated time period, then SBHASO immediately may terminate the Service Contract upon notice.
- 5.3 **Effect of Termination.**
 - 5.3.1 **Return or Destruction.** Except as provided in 5.3.2, upon termination of this Agreement, Contractor, within ten (10) days, shall return or destroy all PHI and PII. Any destruction shall be in a manner consistent with HIPAA and related guidance. This provision also shall apply to PHI and PII that is in the possession of agents or Subcontractors of Contractor. Neither Contractor nor its agents or Subcontractors shall retain copies of the PHI. Upon request, Contractor shall provide a certificate of appropriate destruction of the PHI and PII.
 - 5.3.2 **Continued Protections.** In the event that Contractor determines that returning or destroying the PHI and PII is infeasible, Contractor shall provide within ten (10) days to SBHASO notification of the conditions that make return or destruction infeasible of PHI and PII. Upon mutual agreement of the Parties that return or destruction of PHI is infeasible and to the extent Contractor retains knowledge of the PHI and PII, Contractor shall extend the protections of this Agreement to the PHI and PII and limit further uses and disclosures of the PHI and PII to those purposes that make the return or destruction infeasible, for as long as Contractor maintains, or retains knowledge of, the PHI or PII.

VI. **MISCELLANEOUS.**

- 6.1 **Indemnification Obligation.** Notwithstanding anything to the contrary in the Service Contract, Contractor will indemnify, defend at SBHASO's request, and hold harmless SBHASO, its Workforce, County Authorities Executive Committee, Advisory Board, partners, agents, and Subcontractors (collectively "**SBHASO Indemnified Parties**") from and against any and all claims, actions, investigations, proceedings, losses, liability, damages, costs, and expenses (including attorneys' fees, costs of defense, and costs of investigation, mitigation, remediation, and notification) incurred or suffered by an SBHASO Indemnified Party (collectively, "**Damages**") that

arise out of, result from, allege, or relate to any of the following: (i) Contractor's breach of this Agreement, including any breach of any representation or warranty; (ii) any Event reported by Contractor under this Agreement; (iii) any violation of Law by or caused by Contractor or its Workforce, agents, or Subcontractors; or (iv) any negligent act or omission, willful misconduct, strict liability, or fraud by or of Contractor or its Workforce, agents, or Subcontractors.

- 6.2 **Coverage of Costs.** In addition, and without limitation of Supplier's obligations under Section 6.1, Supplier will pay the reasonable costs incurred by SBHASO and any affected Upstream Covered Entities in connection with the following items with respect to any Event: (a) any investigation to determine the cause of an Event, including forensic consultations; (b) legal advice regarding an Event; (c) provision of notification of an Event to affected Individuals, applicable government, relevant industry self-regulatory agencies, and the media; (d) provision of credit monitoring and/or identity theft services to affected Individuals; (e) operation of a call center to respond to questions from Individuals; and (f) other reasonable mitigation efforts as deemed necessary or appropriate by SBHASO and any affected Upstream Covered Entity.
- 6.3 **Process for Indemnification.** SBHASO will notify Contractor of any Damages for which it seeks indemnification. Upon a SBHASO request for defense, Contractor will use counsel reasonably satisfactory to the SBHASO Indemnified Parties to defend each claim related to the Damages and will keep the SBHASO Indemnified Parties informed of the status of the defense of each of the Damages. SBHASO will give Contractor reasonable assistance, at Contractor's expense, as Contractor may reasonably request. SBHASO will provide Contractor the opportunity to assume sole control over defense and settlement, as long as Contractor will not consent to the entry of any judgment or enter into any settlement without the SBHASO Indemnified Parties' prior written consent, which will not be unreasonably withheld. Any SBHASO Indemnified Party may participate in the defense at its own expense. Contractor's duty to defend is independent of its duty to indemnify, to mitigate, or to cover costs.
- 6.4 **Not Limited by Insurance Coverage.** Contractor's indemnification, mitigation, coverage of costs, and defense obligations will not be limited in any manner whatsoever by any required or other insurance coverage maintained by Contractor.
- 6.5 **No Limitations on Liability.** Notwithstanding any other provision of this Agreement or the Service Contract, in no event will any exclusions, disclaimers, waivers, or limitations of any nature whatsoever apply to any damages, liability, rights, or remedies arising from or in connection with: (i) Contractor's indemnification and defense obligations under this Agreement; (ii) Contractor's breach of this Agreement, including any breach of any representation or warranty; (iii) any Event reported by Contractor; (iv) any violation of Law by or caused by Contractor or its Workforce, agents, or Subcontractors; or (v) any negligent act or omission, willful misconduct, strict liability, or fraud by or of Contractor or its Workforce, agents, or Subcontractors.
- 6.6 **Ownership of Information.** The Parties agree that Contractor shall not have an ownership interest in PHI or PII or any derivations of the PHI or PII.
- 6.7 **Insurance.** Contractor shall maintain appropriate and adequate insurance coverage, including cyber insurance, to cover Contractor's obligations pursuant to this Agreement. Contractor's cyber insurance shall be no less than one million dollars (\$1,000,000) per occurrence. Upon request, Contractor shall provide evidence of insurance coverage.
- 6.8 **Equitable and Injunctive Relief.** The Parties acknowledge that the use or disclosure of PHI or PII in a manner inconsistent with this Agreement may cause SBHASO and its Upstream Covered

Entities irreparable damage and that SBHASO and its Upstream Covered Entities shall have the right to equitable and injunctive relief, without having to post bond, to prevent the unauthorized use or disclosure of PHI or PII and to damages as are occasioned by an Event in addition to other remedies available at law or in equity. SBHASO's and Upstream Covered Entities' remedies under this Agreement and the Service Contract shall be cumulative, and the exercise of any remedy shall not preclude the exercise of any other.

- 6.9 **Third Party Beneficiaries.** Notwithstanding anything to the contrary in the Service Contract or this Agreement, Individuals who are the subject of PHI shall be third party beneficiaries to this Agreement. Subject to the foregoing, nothing in this Agreement shall confer upon any person other than the Parties and their respective successors or assigns, any rights, remedies, obligations, or liabilities whatsoever.
- 6.10 **Interpretation.** This Agreement shall be interpreted in a manner consistent with the Parties' intent to comply with HIPAA, Part 2, and other Law. Any ambiguity of this Agreement shall be resolved in favor of a meaning that permits the Parties to comply with HIPAA, Part 2, and other Law. In the event of an inconsistency between the provisions of this Agreement and mandatory provisions of HIPAA, HIPAA shall control. In the event of any inconsistency between this Agreement and the Service Contract or any other agreement between the Parties, the terms of this Agreement shall control. Nothing in this Agreement shall be construed as a waiver of any legal privilege or protection, including for trade secrets or confidential commercial information.
- 6.11 **Survival.** The obligations of Contractor under Sections 3.2, 3.3, 3.6, 3.8, 3.10, 3.11, 3.14, 3.16, 5.3, 6.1, 6.2, 6.3, 6.4, 6.6, 6.8, and 6.9 of this Agreement shall survive the expiration, termination, or cancellation of this Agreement, the Service Contract, and/or the business relationship of the Parties, and shall continue to bind Contractor, its Workforce, agents, employees, subcontractors, successors, and assigns as set forth in this Agreement.
- 6.12 **Amendment.** This Agreement may be amended or modified only in a writing signed by the Parties. The Parties agree that they will negotiate amendments to this Agreement to conform to any changes in HIPAA and Part 2.
- 6.13 **Assignment.** Neither Party may assign its respective rights and obligations under this Agreement without the prior written consent of the other Party.
- 6.14 **Independent Contractor.** None of the provisions of this Agreement are intended to create, nor will they be deemed to create, any relationship between the Parties other than that of independent parties contracting with each other solely for the purposes of effecting the provisions of this Agreement and any other agreements between the Parties evidencing their business relationship. No agency relationship is deemed created by this Agreement.
- 6.15 **Governing Law.** To the extent this Agreement is not governed exclusively by HIPAA, Part 2, or other Law, it will be governed by and construed in accordance with the laws of the State of Washington.
- 6.16 **No Waiver.** No change, waiver, or discharge of any liability or obligation under this Agreement on any one or more occasions shall be deemed a waiver of performance of any continuing or other obligation, or shall prohibit enforcement of any obligation, on any other occasion.
- 6.17 **Severability.** In the event that any provision of this Agreement is held by a court of competent jurisdiction to be invalid or unenforceable, the remainder of the provisions of this Agreement will remain in full force and effect.

- 6.18 **Notice.** Any notification required in this Agreement shall be made in writing to the representative of the Party who signed this Agreement or the person currently serving in that representative's position with the other Party.
- 6.19 **Entire Agreement.** This Agreement constitutes the entire understanding of the Parties with respect to its subject matter and supersedes all prior agreements, oral or written.

ATTACHMENT E: Exhibit - DATA USE, SECURITY AND CONFIDENTIALITY

1 Definitions

The definitions below apply to this Attachment:

- 1.1 **“Authorized User”** means an individual or individuals with an authorized business need to access HCA’s Confidential Information under this Contract.
- 1.2 **“Breach”** means the unauthorized acquisition, access, use, or disclosure of Data shared under this Contract that compromises the security, confidentiality or integrity of the Data.
- 1.3 **“Business Associate”** means a Business Associate as defined in 45 CFR 160.103, who performs or assists in the performance of an activity for or on behalf of HCA, a Covered Entity that involves the use or disclosure of protected health information (PHI). Any reference to Business Associate in this DSA includes Business Associate’s employees, agents, officers, Subcontractors, third party contractors, volunteers, or directors.
- 1.4 **“Business Associate Agreement”** means the HIPAA Compliance section of this Exhibit and includes the Business Associate provisions required by the U.S. Department of Health and Human Services, Office for Civil Rights.
- 1.5 **“Covered Entity”** means HCA, which is a Covered Entity as defined in 45 C.F.R. § 160.103, in its conduct of covered functions by its health care components.
- 1.6 **“Data”** means the information that is disclosed or exchanged as described by this Contract. For purposes of this Attachment, Data means the same as “Confidential Information.”
- 1.7 **“Designated Record Set”** means a group of records maintained by or for a Covered Entity, that is: the medical and billing records about Individuals maintained by or for a covered health care provider; the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or Used in whole or part by or for the Covered Entity to make decisions about Individuals.
- 1.8 **“Disclosure”** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information.
- 1.9 **“Electronic Protected Health Information (ePHI)”** means Protected Health Information that is transmitted by electronic media or maintained as described in the definition of electronic media at 45 C.F.R. § 160.103.
- 1.10 **“Hardened Password”** after July 1, 2019 means a string of characters containing at least three of the following character classes: upper case letters; lower case letters; numerals; and special characters, such as an asterisk, ampersand or exclamation point.
 - 1.10.1 Passwords for external authentication must be a minimum of 10 characters long.
 - 1.10.2 Passwords for internal authentication must be a minimum of 8 characters long.
 - 1.10.3 Passwords used for system service or service accounts must be a minimum of 20 characters long.

- 1.11 **“HIPAA”** means the Health Insurance Portability and Accountability Act of 1996, as amended, together with its implementing regulations, including the Privacy Rule, Breach Notification Rule, and Security Rule. The Privacy Rule is located at 45 C.F.R. Part 160 and Subparts A and E of 45 C.F.R. Part 164. The Breach Notification Rule is located in Subpart D of 45 C.F.R. Part 164. The Security Rule is located in 45 C.F.R. Part 160 and Subparts A and C of 45 C.F.R. Part 164.
- 1.12 **“HIPAA Rules”** means the Privacy, Security, Breach Notification, and Enforcement Rules at 45 C.F.R. Parts 160 and Part 164.
- 1.13 **“Medicare Data Use Requirements”** refers to the four documents attached and incorporated into this Exhibit as Schedules 1, 2, 3, and 4 that set out the terms and conditions Contractor must agree to for the access to and use of Medicare Data for the Individuals who are dually eligible in the Medicare and Medicaid programs.
- 1.14 **“Minimum Necessary”** means the least amount of PHI necessary to accomplish the purpose for which the PHI is needed.
- 1.15 **“Portable/Removable Media”** means any Data storage device that can be detached or removed from a computer and transported, including but not limited to: optical media (e.g. CDs, DVDs); USB drives; or flash media (e.g. CompactFlash, SD, MMC).
- 1.16 **“Portable/Removable Devices”** means any small computing device that can be transported, including but not limited to: handhelds/PDAs/Smartphones; Ultramobile PC's, flash memory devices (e.g. USB flash drives, personal media players); and laptops/notebook/tablet computers. If used to store Confidential Information, devices should be Federal Information Processing Standards (FIPS) Level 2 compliant.
- 1.17 **“PRISM”** means the DSHS secure, web-based clinical decision support tool that shows administrative data for each Medicaid Client and is organized to identify care coordination opportunities.
- 1.18 **“Protected Health Information”** or “PHI” has the same meaning as in HIPAA except that it in this Contract the term includes information only relating to individuals.
- 1.19 **“ProviderOne”** means the Medicaid Management Information System, which is the State's Medicaid payment system managed by HCA.
- 1.20 **“Security Incident”** means the attempted or successful unauthorized access, use, disclosure, modification or destruction of information or interference with system operations in an information system.
- 1.21 **“Tracking”** means a record keeping system that identifies when the sender begins delivery of Confidential Information to the authorized and intended recipient, and when the sender receives confirmation of delivery from the authorized and intended recipient of Confidential Information.
- 1.22 **“Transmitting”** means the transferring of data electronically, such as via email, SFTP, web-services, AWS Snowball, etc.
- 1.23 **“Transport”** means the movement of Confidential Information from one entity to another, or within an entity, that: places the Confidential Information outside of a Secured Area or system (such as a local area network); and is accomplished other than via a Trusted System.

- 1.24 **“Trusted System(s)”** means the following methods of physical delivery: (1) hand-delivery by a person authorized to have access to the Confidential Information with written acknowledgement of receipt; (2) United States Postal Service (“USPS”) first class mail, or USPS delivery services that include Tracking, such as Certified Mail, Express Mail or Registered Mail; (3) commercial delivery services (e.g. FedEx, UPS, DHL) which offer tracking and receipt confirmation; and (4) the Washington State Campus mail system. For electronic transmission, the Washington State Governmental Network (SGN) is a Trusted System for communications within that Network.
- 1.25 **“U.S.C.”** means the United States Code. All references in this Exhibit to U.S.C. chapters or sections will include any successor, amended, or replacement statute. The U.S.C. may be accessed at <http://uscode.house.gov/>
- 1.26 **“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.
- 1.27 **“Use”** includes the sharing, employment, application, utilization, examination, or analysis, of Data.

2 Data Classification

- 2.1 The State classifies data into categories based on the sensitivity of the data pursuant to the Security policy and standards promulgated by the Office of the state of Washington Chief Information Officer. (See Section 4 of this Exhibit, Data Security, of Securing IT Assets Standards No. 141.10 in the State Technology Manual at <https://ocio.wa.gov/policies/141-securing-information-technology-assets/14110-securing-information-technology-assets>.)

The Data that is the subject of this Contract is classified as Category 4 – Confidential Information Requiring Special Handling. Category 4 Data is information that is specifically protected from disclosure and for which:

- 2.1.1 Especially strict handling requirements are dictated, such as by statutes, regulations, or agreements;
- 2.1.2 Serious consequences could arise from unauthorized disclosure, such as threats to health and safety, or legal sanctions.

3 Purpose

- 3.1 This Exhibit E covers all data sharing, collection, maintenance, and Use of Data by Contractor for work performed under the Contract.

4 PRISM Access – N/A

5 Constraints on Use of Data

5.1 This Contract does not constitute a release of the Data for the Contractor's discretionary use. Contractor must use the Data received or accessed under this Contract only to carry out the purpose of this Contract. Any ad hoc analyses or other use or reporting of the Data is not permitted without SBHASO's and HCA's prior written consent.

5.2 Data shared under this Contract includes data protected by 42 C.F.R. Part 2. In accordance with 42 C.F.R. § 2.32, this Data has been disclosed from records protected by federal confidentiality rules (42 C.F.R. Part 2). The federal rules prohibit Receiving Party from making any further disclosure of the Data that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42

C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (42 C.F.R. § 2.31). The federal rules restrict any use of the SUD Data to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at 42 C.F.R. § 2.12(c)(5) and § 2.65.

5.2.1 The information received under subsection 7.7 of the Contract is also protected by federal law, including 42 C.F.R. Part 2, Subpart D, § 2.53, which requires HCA and their Subcontractors to:

5.2.1.1 Maintain and destroy the patient identifying information in a manner consistent with the policies and procedures established under 42 C.F.R. § 2.16;

5.2.1.2 Retain records in compliance with applicable federal, state, and local record retention laws; and

5.2.1.3 Comply with the limitations on disclosure and Use in 42 C.F.R. Part 2, Subpart D, § 2.53(d).

5.3 Any disclosure of Data contrary to this Contract is unauthorized and is subject to penalties identified in law.

5.4 The Contractor must comply with the *Minimum Necessary Standard*, which means that Contractor will use the least amount of PHI necessary to accomplish the Purpose of this Contract.

5.4.1 Contractor must identify:

5.4.2 Those persons or classes of persons in its workforce who need access to PHI to carry out their duties; and

5.4.3 For each such person or class of persons, the category or

categories of PHI to which access is needed and any conditions appropriate to such access.

- 5.4.4 Contractor must implement policies and procedures that limit the PHI disclosed to such persons or classes of persons to the amount reasonably necessary to achieve the purpose of the disclosure, in accordance with this Contract.

6 Security of Data

6.1 Data Protection

6.1.1 The Contractor must protect and maintain all Confidential Information gained by reason of this Contract, information that is defined as confidential under state or federal law or regulation, or Data that HCA has identified as confidential, against unauthorized use, access, disclosure, modification or loss. This duty requires the Contractor to employ reasonable security measures, which include restricting access to the Confidential Information by:

- 6.1.1.1 Allowing access only to staff that have an authorized business requirement to view the Confidential Information.

- 6.1.1.2 Physically securing any computers, documents, or other media containing the Confidential Information

6.2 Data Security Standards

- 6.2.1 Contractor must comply with the Data Security Requirements set out in this section and the Washington OCIO Security Standard, 141.10, which will include any successor, amended, or replacement regulation (<https://ocio.wa.gov/policies/141-securing-information-technology-assets/14110-securing-information-technology-assets>.) The Security Standard 141.10 is hereby incorporated by reference into this Contract.

6.2.2 Data Transmitting

- 6.2.2.1 When transmitting Data electronically, including via email, the Data must be encrypted using NIST 800-series approved algorithms (<http://csrc.nist.gov/publications/PubsSPs.html>). This includes transmission over the public internet.

- 6.2.2.2 When transmitting Data via paper documents, the Contractor must use a Trusted System.

- 6.2.3 Protection of Data. The Contractor agrees to store and protect Data as described.

- 6.2.3.1 Data at Rest:

6.2.3.1.1 Data will be encrypted with NIST 800-series approved algorithms. Encryption keys will be stored and protected independently of the data. Access to the Data will be restricted to Authorized Users through the use of access control lists, a Unique User ID, and a Hardened Password, or other authentication mechanisms which provide equal or greater security, such as biometrics or smart cards. Systems that contain or provide access to Confidential Information must be located in an area that is accessible only to authorized personnel, with access controlled through use of a key, card key, combination lock, or comparable mechanism.

6.2.3.2 Data stored on Portable/Removable Media or Devices

6.2.3.2.1 Confidential Information provided by SBHASO or HCA on Removable Media will be encrypted with NIST 800-series approved algorithms. Encryption keys will be stored and protected independently of the Data.

6.2.3.2.2 HCA's Data must not be stored by the Contractor on Portable Devices or Media unless specifically authorized within the Contract. If so authorized, the Contractor must protect the Data by:

6.2.3.2.2.1 Encrypting with NIST 800-series approved algorithms. Encryption keys will be stored and protected independently of the data;

6.2.3.2.2.2 Controlling access to the devices with a Unique User ID and Hardened Password or stronger authentication method such as a physical token or biometrics;

6.2.3.2.2.3 Keeping devices in locked storage when not in use;

6.2.3.2.2.4 Using check-in/check-out procedures when devices are shared;

6.2.3.2.2.5 Maintaining an inventory of devices; and

6.2.3.2.2.6 Ensuring that when being transported outside of a Secured Area, all devices containing Data are under the physical control of an Authorized User.

6.2.3.3 Paper Documents. Any paper records containing Confidential Information must be protected by storing the records in a Secured Area that is accessible only to authorized personnel. When not in use, such records must be stored in a locked container, such as a file cabinet, locking drawer, or safe, to which only authorized persons have access.

6.2.4 Data Segregation

6.2.4.1 HCA Data received under this Contract must be segregated or otherwise distinguishable from non-HCA Data. This is to ensure that when no longer needed by the Contractor, all of HCA's Data can be identified for return or destruction. It also aids in determining whether HCA's Data has or may have been compromised in the event of a security breach.

6.2.4.2 HCA's Data must be kept in one of the following ways:

6.2.4.2.1 On media (e.g. hard disk, optical disc, tape, etc.) which contains only HCA Data;

6.2.4.2.2 In a logical container on electronic media, such as a partition or folder dedicated to HCA's Data;

6.2.4.2.3 In a database that contains only HCA Data;

6.2.4.2.4 Within a database – HCA data must be distinguishable from non- HCA Data by the value of a specific field or fields within database records;

6.2.4.2.5 Physically segregated from non-HCA Data in a drawer, folder, or other container when stored as physical paper documents.

6.2.4.3 When it is not feasible or practical to segregate HCA's Data from non-HCA data, both HCA's Data and the non-HCA data with which it is commingled must be protected as described in this Exhibit.

6.3 Data Disposition

6.3.1 Upon request by SBHASO or HCA, at the end of the Contract term, or when no longer needed, Confidential Information/Data must be

returned to HCA or disposed of as set out below, except as required to be maintained for compliance or accounting purposes.

- 6.3.2 Media are to be destroyed using a method documented within NIST 800-88 (<http://csrc.nist.gov/publications/PubsSPs.html>).
- 6.3.3 For Data stored on network disks, deleting unneeded Data is sufficient as long as the disks remain in a Secured Area and otherwise meet the requirements listed in Section 4.b.iii, above. Destruction of the Data as outlined in this section of this Exhibit may be deferred until the disks are retired, replaced, or otherwise taken out of the Secured Area.

7 Data Confidentiality and Non-Disclosure

7.1 Data Confidentiality.

- 7.1.1 The Contractor will not use, publish, transfer, sell or otherwise disclose any Confidential Information gained by reason of this Contract for any purpose that is not directly connected with the purpose of this Contract, except:

- 7.1.1.1 as provided by law; or

- 7.1.1.2 with the prior written consent of the person or personal representative of the person who is the subject of the Confidential Information.

7.2 Non-Disclosure of Data

- 7.2.1 The Contractor will ensure that all employees or Subcontractors who will have access to the Data described in this Contract (including both employees who will use the Data and IT support staff) are instructed and aware of the use restrictions and protection requirements of this Attachment before gaining access to the Data identified herein. The Contractor will ensure that any new employee is made aware of the use restrictions and protection requirements of this Attachment before they gain access to the Data.
- 7.2.2 The Contractor will ensure that each employee or Subcontractor who will access the Data signs a non-disclosure of confidential information agreement regarding confidentiality and non-disclosure requirements of Data under this Contract. The Contractor must retain the signed copy of employee non-disclosure agreement in each employee's personnel file for a minimum of six years from the date the employee's access to the Data ends. The Contractor will make this documentation available to SBHASO or HCA upon request.

7.3 Penalties for Unauthorized Disclosure of Data

- 7.3.1 The Contractor must comply with all applicable federal and state laws and regulations concerning collection, use, and disclosure of Personal Information and PHI. Violation of these laws may result in criminal or civil penalties or fines.
- 7.3.2 The Contractor accepts full responsibility and liability for any noncompliance with applicable laws or this Contract by itself, its employees, and its Subcontractors.

8 Data Shared with Subcontractors

If Data access is to be provided to a Subcontractor under this Contract, the Contractor must include all of the Data security terms, conditions and requirements set forth in this Attachment in any such Subcontract.

However, no subcontract will terminate the Contractor's legal responsibility to HCA for any work performed under this Contract nor for oversight of any functions and/or responsibilities it delegates to any subcontractor. Contractor must provide an attestation by January 31, each year that all Subcontractor meet, or continue to meet, the terms, conditions, and requirements in this Attachment.

9 Data Breach Notification

- 9.1 The Breach or potential compromise of Data must be reported to the SBHASO Privacy Officer at iclauson@kitsap.gov and to the SBHASO Contract Manager at jkron@kitsap.gov within five (5) business days of discovery. If the Contractor does not have full details, it will report what information it has, and provide full details within fifteen (15) business days of discovery. To the extent possible, these reports must include the following:
 - 9.1.1 The identification of each non-Medicaid Individual whose PHI has been or may have been improperly accessed, acquired, used, or disclosed;
 - 9.1.2 The nature of the unauthorized use or disclosure, including a brief description of what happened, the date of the event(s), and the date of discovery;
 - 9.1.3 A description of the types of PHI involved;
 - 9.1.4 The investigative and remedial actions the Contractor or its Subcontractor took or will take to prevent and mitigate harmful effects, and protect against recurrence;
 - 9.1.5 Any details necessary for a determination of the potential harm to Individuals whose PHI is believed to have been used or disclosed and the steps those Individuals should take to

protect themselves; and

9.1.6 Any other information SBHASO or HCA reasonably requests.

9.2 The Contractor must take actions to mitigate the risk of loss and comply with any notification or other requirements imposed by law or HCA including but not limited to 45 C.F.R. Part 164, Subpart D; RCW 42.56.590; RCW 19.255.010; or WAC 284-04-625.

9.3 The Contractor must notify SBHASO in writing, as described in 9.1 above, within two (2) business days of determining notification must be sent to non-Medicaid Individuals.

9.4 At SBHASO's or HCA's request, the Contractor will provide draft Individual notification to HCA at least five (5) business days prior to notification, and allow HCA an opportunity to review and comment on the notifications.

9.5 At SBHASO's or HCA's request, the Contractor will coordinate its investigation and notifications with HCA and the Office of the state of Washington Chief Information Officer (OCIO), as applicable.

10 HIPAA Compliance

The Contractor is a "Business Associate" of SBHASO as defined in the HIPAA Rules.

10.1 HIPAA Point of Contact. The point of contact for the Contractor for all required HIPAA-related reporting and notification communications from this Section and all required Data Breach Notification from Section 9, is:

Salish Behavioral Health Administrative Services Organization
Attention: Ileea Clauson, Privacy Officer
614 Division St., MS-23
Port Orchard, WA 98366
Telephone: (360) 337-4833
Email: IClauson@kitsap.gov

10.2 Compliance. Contractor must perform all Contract duties, activities, and tasks in compliance with HIPAA, the HIPAA Rules, and all attendant regulations as promulgated by the U.S. Department of Health and Human Services, Office for Civil Rights, as applicable.

10.3 Use and Disclosure of PHI. Contractor is limited to the following permitted and required uses or disclosures of PHI:

10.3.1 Duty to Protect PHI. Contractor must protect PHI from, and will use appropriate safeguards, and comply with Subpart C of 45 C.F.R. Part 164, Security Standards for the Protection of Electronic Protected Health Information, with respect to ePHI, to prevent unauthorized

Use or disclosure of PHI for as long as the PHI is within Contractor's possession and control, even after the termination or expiration of this Contract.

- 10.3.2 Minimum Necessary Standard. Contractor will apply the HIPAA Minimum Necessary standard to any Use or disclosure of PHI necessary to achieve the purposes of this Contractor. See 45 C.F.R. § 164.514(d)(2) through (d)(5).
- 10.3.3 Disclosure as Part of the Provision of Services. Contractor will only Use or disclose PHI as necessary to perform the services specified in this Contract or as required by law, and will not Use or disclose such PHI in any manner that would violate Subpart E of 45 C.F.R. Part 164, Privacy of Individually Identifiable Health Information, if done by Covered Entity, except for the specific Uses and disclosures set forth below.
- 10.3.4 Use for Proper Management and Administration. Contractor may Use PHI for the proper management and administration of the Contractor or to carry out the legal responsibilities of the Contractor.
- 10.3.5 Disclosure for Proper Management and Administration. Contractor may disclosure PHI for the proper management and administration of Contractor, subject to HCA approval, or to carry out the legal responsibilities of the Contractor, provided the disclosures are required by law, or Contractor obtains reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies Contractor of any instances of which it is aware in which the confidentiality of the information has been Breached.
- 10.3.6 Impermissible Use or Disclosure of PHI. Contractor must report to the HIPAA Point of Contact, in writing, all Uses or disclosures of PHI not provided for by this Contract within five (5) business days of becoming aware of the unauthorized Use or disclosure of PHI, including Breaches of unsecured PHI as required at 45 C.F.R. § 164.410, Notification by a Business Associate, as well as any Security Incident of which Contractor becomes aware. Upon request by SBHASO or HCA, Contractor will mitigate, to the extent practicable, any harmful effect resulting from the impermissible Use or disclosure.
- 10.3.7 Failure to Cure. If SBHASO learns of a pattern or practice of the Contractor that constitutes a violation of Contractor's obligations under the term of this Attachment and reasonable steps by the Contractor do not end the violation, SBHASO may terminate this Contract, if feasible. In addition, if Contractor learns of a pattern or practice of its

Subcontractor(s) that constitutes a violation of Contractor's obligations under the terms of their contract and reasonable steps by the Contractor do not end the violation, Contractor must terminate the Subcontract, if feasible.

- 10.3.8 Termination for Cause. Contractor authorizes immediate termination of this Contract by SBHASO, if SBHASO determines Contractor has violated a material term of this Business Associate Agreement. SBHASO may, at its sole option, offer Contractor an opportunity to cure a violation of this Business Associate Agreement before exercising a termination for cause.
- 10.3.9 Consent to Audit. Contractor must give reasonable access to PHI, its internal practices, records, books, documents, electronic data, and/or all other business information received from, or created, received by Contractor on behalf of SBHASO or HCA, to the Secretary of the United States Department of Health and Human Services (DHHS) and/or to HCA for use in determining compliance with HIPAA privacy requirements.
- 10.3.10 Obligations of Business Associate upon Expiration or Termination. Upon expiration or termination of this Contract for any reason, with respect to PHI received from SBHASO or HCA, or created, maintained, or received by Contractor, or any Subcontractors, on behalf of SBHASO or HCA, Contractor must:
 - 10.3.10.1 Retain only that PHI which is necessary for Contractor to continue its proper management and administration or to carry out its legal responsibilities;
 - 10.3.10.2 Return to SBHASO or HCA or destroy the remaining PHI that the Contractor or any Subcontractors still maintain in any form;
 - 10.3.10.3 Continue to use appropriate safeguards and comply with Subpart C of 45 C.F.R. Part 164, Security Standards for Protection of Electronic Protected Health Information, with respect to ePHI to prevent Use or disclosure of the PHI, other than as provided for in this Section, for as long as Contractor or any Subcontractor retains PHI;
 - 10.3.10.4 Not Use or disclose the PHI retained by Contractor or any Subcontractors other than for the purposes for which such PHI was retained and subject to the same conditions set out in Section 9.3, Use and Disclosure of PHI, that applied prior to termination; and
 - 10.3.10.5 Return to SBHASO or HCA or destroy the PHI retained by Contractor, or any Subcontractors, when it is

no longer needed by Contractor for its proper management and administration or to carry out its legal responsibilities.

- 10.3.11 Survival. The obligations of Contractor under this Section will survive the termination or expiration of the Contract.

10.4 Individual Rights.

10.4.1 Accounting of Disclosures.

10.4.1.1 Contractor will document all disclosures, except those disclosures that are exempt under 45 C.F.R. § 164.528, of PHI and information related to such disclosures.

10.4.1.2 Within ten (10) business days of a request from SBHASO or HCA, Contractor will make available to HCA the information in Contractor's possession that is necessary for HCA to respond in a timely manner to a request for an accounting of disclosures of PHI by the Contractor. See 45 C.F.R. §§ 164.504(e)(2)(ii)(G) and 164.528(b)(1).

10.4.1.3 At the request of SBHASO or HCA, or in response to a request made directly to the Contractor by an Individual, Contractor will respond, in a timely manner and in accordance with HIPAA and the HIPAA Rules, to requests by Individuals for an accounting of disclosures of PHI.

10.4.1.4 Contractor record keeping procedures will be sufficient to respond to a request for an accounting under this section for the ten (10) years prior to the date on which the accounting was requested.

10.4.2 Access.

10.4.2.1 Contractor will make available PHI that it holds that is part of a Designated Record Set when requested by HCA or the Individual as necessary to satisfy HCA's obligations under 45 C.F.R. § 164.524, Access of Individuals to Protected Health Information.

10.4.2.2 When the request is made by the Individual to the Contractor or if SBHASO or HCA ask the Contractor to respond to a request, the Contractor must comply with requirements in 45 C.F.R. § 164.524, Access of Individuals to Protected Health Information, on form, time and manner of access. When the request is made by HCA, the Contractor will provide the records to HCA within ten (10) business days.

10.4.3 Amendment.

10.4.3.1 If SBHASO or HCA amends, in whole or in part, a record or PHI contained in an Individual's Designated Record Set and SBHASO or HCA has previously provided the PHI or record that is the subject of the amendment to Contractor, then SBHASO will inform Contractor of the amendment pursuant to 45 C.F.R. § 164.526(c)(3), Amendment of Protected Health Information.

10.4.3.2 Contractor will make any amendments to PHI in a Designated Record Set as directed by SBHASO or HCA or as necessary to satisfy SBHASO's and HCA's obligations under 45 C.F.R. § 164.526, Amendment of Protected Health Information.

10.5 Subcontracts and other Third Party Agreements. In accordance with 45 C.F.R. §§ 164.502(e)(1)(ii), 164.504(e)(1)(i), and 164.308(b)(2), Contractor must ensure that any agents, Subcontractors, independent contractors, or other third parties that create, receive, maintain, or transmit PHI on Contractor's behalf, enter into a written contract that contains the same terms, restrictions, requirements, and conditions as the HIPAA compliance provisions in this Contract with respect to such PHI. The same provisions must also be included in any contracts by a Contractor's Subcontractor with its own business associates as required by 45 C.F.R. §§ 164.314(a)(2)(b) and 164.504(e)(5).

10.6 Obligations. To the extent the Contractor is to carry out one or more of HCA's obligation(s) under Subpart E of 45 C.F.R. Part 164, Privacy of Individually Identifiable Health Information, Contractor must comply with all requirements that would apply to HCA in the performance of such obligation(s).

10.7 Liability. Within ten (10) business days, Contractor must notify the HIPAA Point of Contact of any complaint, enforcement or compliance action initiated by the Office for Civil Rights based on an allegation of violation of the HIPAA Rules and must inform HCA of the outcome of that action. Contractor bears all responsibility for any penalties, fines or sanctions imposed against the Contractor for violations of the HIPAA Rules and for any imposed against its Subcontractors or agents for which it is found liable.

10.8 Miscellaneous Provisions.

10.8.1 Regulatory References. A reference in this Contract to a section in the HIPAA Rules means the section as in effect or amended.

10.8.2 Interpretation. Any ambiguity in this Exhibit will be interpreted to permit compliance with the HIPAA Rules.

11 Inspection

SBHASO and HCA reserve the right to monitor, audit, or investigate the use of

K412-25 Serenity House

Personal Information and PHI of Individuals collected, used, or acquired by Contractor during the terms of this Contract. All SBHASO and HCA representatives conducting onsite audits of Contractor agree to keep confidential any patient-identifiable information which may be reviewed during the course of any site visit or audit.

12 Indemnification

The Contractor must indemnify and hold SBHASO and HCA and its employees harmless from any damages related to the Contractor's or Subcontractor's unauthorized use or release of Personal Information or PHI of Individuals.

ATTACHMENT F: CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and believe, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Contractor Organization: Serenity House

Sharon E. Maggard
Signature of Certifying Official

Oct 6, 2025
Date

**ATTACHMENT G: CERTIFICATION REGARDING DEBARMENT, SUSPENSION,
AND OTHER RESPONSIBILITY MATTERS** Primary Covered Transactions 45 CFR 76

1. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principles:
 - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
 - b. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connections with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statement, or receiving stolen property;
 - c. Are not presently indicted for or otherwise criminally or civilly charges by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph 1.b. of this certification; and
 - d. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
2. Where the prospective primary participants are unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

This Certification is executed by the person(s) signing below who warrant they have authority to execute this Certification.

CONTRACTOR: Serenity House

Sharon E. Maggard
Name:

Executive Director
Title:

Date: Oct 6, 2025



Guidelines

FOR THE

Community Behavioral Health Rental Assistance Program (CBRA)

July 1, 2025 – June 30, 2026

Version 1.0

July 2025

Released 8-5-2025

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1 Grant Basics

1.1 Overview

The Community Behavioral Health Rental Assistance program (CBRA) provides long-term or bridge rental subsidies for high-risk individuals with behavioral health conditions and their households. When partnered with programs offering supportive housing services such as Washington’s Foundational Community Supports (FCS) program, Aging and Long-Term Supports (AL TSA) programs, Housing and Recovery through Peer Services (HARPS) programs, or others, highly vulnerable persons with complex behavioral health needs have opportunities to live independently in the communities of their choice.

1.2 Fund Source

CBRA is funded by State General Funds as allocated by the Legislature.

2 Administrative Requirements

2.1 Grant Management

2.1.1 Changes to Guidelines

The Department of Commerce, (Commerce), may revise the guidelines at any time. All lead grantees will be sent revised copies. Lead grantees are responsible for sending revisions to subgrantees in a timely manner.

2.1.2 Commerce Risk Assessment

Prior to contracting CBRA funds, Commerce will perform a risk assessment in accordance with Housing Division policies and procedures using an approved risk assessment tool and data maintained in the division wide risk assessment collection mechanism. Approved risk assessment tools will include:

- ✓ A base risk assessment based on standard elements utilized across the Housing Division. This risk assessment informs the monthly invoice submission documentation requirements for each contract.
- ✓ A program-specific risk assessment based on program and funder specific risk factors. This risk assessment combines with the base risk assessment to determine the type, depth and frequency of contract monitoring.

2.1.3 Commerce Monitoring

Commerce will monitor lead grantees' CBRA grant activities. Lead grantees will be given a minimum of 30 days' notice unless there are special circumstances that require immediate attention. The notice will specify the monitoring components.

2.1.4 Discharge Planning Facilitation

Lead grantees are responsible to facilitate partnerships between discharge planners at state psychiatric hospitals and community-based psychiatric inpatient institutions and sub grantees to ensure priority populations are being served. Lead grantees should also facilitate partnerships between discharge planning staff at other behavioral health institutions to support referrals for those that are not part of the priority population but meet eligibility criteria.

2.1.5 Subgrantee Management Requirements

Upon Commerce approval, lead grantees may enter into an agreement with any other nonprofit or governmental housing assistance organizations who operate programs to end homelessness within a defined service area. The CBRA Grant General Terms & Conditions Section 33 identifies subgrantee requirements. In addition, all subgrantee agreements must be time-limited and have defined roles and responsibilities for each party, detailed budgets and performance terms. Commerce reserves the right to directly contact subgrantees at any time for data quality, monitoring, fiscal and other issues.

Commerce contracts directly with lead grantees. Commerce contracts only allow self-insurance for government entities that contract directly with Commerce. Commerce does not dictate the terms of subcontracts. This means it is up to the lead contracting entity to define contract terms, including type of insurance.

Lead Grantee Responsibilities are as follows:

- ✓ Lead grantees must maintain written procedures related to subcontracting as well as copies of all subcontracts and records related to subcontracts.
- ✓ Lead grantees must ensure that subcontracts bind subcontractors to follow all applicable terms of the original grant with Commerce and must include a term that COMMERCE and the State of Washington are not liable for claims or damages arising from a Subcontractor's performance of the subcontract.
- ✓ Lead grantees must provide Commerce with copies of subgrant agreements (upon request) and notify Commerce if subgrants are terminated during the grant period.
- ✓ Lead grantees must notify Commerce of any changes in selection of subgrantees funded with CBRA, or changes in the interventions of those subgrantees.

2.1.5.1 Subgrantee Risk Assessment and Monitoring

Lead grantees are responsible for ensuring subgrantee compliance with all requirements identified in the CBRA guidelines. The lead grantee must maintain policies and procedures that guide the risk assessment, monitoring activities, and monitoring frequency.

The lead grantee must conduct a Commerce approved risk assessment and develop a monitoring plan for each subgrantee within six months of contracting CBRA funds to the subgrantee. The risk assessment must inform the monitoring plan for each subgrantee. Monitoring plans must include monitoring dates, the type of monitoring (remote, on-site), and the program requirements being reviewed.

Commerce reserves the right to require lead grantees to undertake special reviews when an audit or other emerging issue demands prompt intervention and/or investigation.

2.1.6 Leads Providing Exceptions to Guidelines

CBRA leads may provide exceptions for FMR, once they have been trained and received written approval from their Commerce Program Manager to do so. All exception requests must be processed according to procedures provided by Commerce and any applicable back-up documentation must be kept on file to support the decisions made.

2.2 Performance Measurement

Performance Measures help evaluate the effectiveness of the Permanent Housing Subsidy programs. For more details, see [Appendix E: Performance Requirements](#).

Commerce has identified the following as the most critical performance measures for Permanent Housing Subsidy programs:

- ✓ Increasing retention in the PHS program or exits to permanent housing
- ✓ Ensuring equitable outcomes for vulnerable populations

2.3 Reporting Requirements

Upon request, grantees must submit accurate and complete information for the Annual County Expenditure Report to the Consolidated Homeless Grant Lead Contractor in the communities in which they serve.

Upon request, grantees will respond to requests for information by Commerce to facilitate legislative reporting and strategic distribution of funding.

2.4 Fiscal Administration

2.4.1 Budget Caps

Indirect Costs – no more than 15% of total contracted budget may be used for indirect costs. See [Section 4](#) for details on allowable expenses for Indirect and Direct administrative costs and allowable billing methods.

2.4.2 Reimbursements

Lead grantees must bill Commerce monthly for reimbursement of allowable costs or payment of deliverables. Invoices are due on the 20th of the month following the billing period unless otherwise approved by Commerce. Final invoices for a biennium may be due sooner than the 20th. If the lead grantee fails to submit an invoice within a three-month period, without a reasonable explanation, Commerce may take corrective action resulting in withholding of payment or reduction in contracted amount. Exceptions to billing procedures can be negotiated with Commerce on a case-by-case basis.

Invoices must be submitted online using the Commerce Contract Management System (CMS) via Secure Access Washington (SAW). Contact your Commerce representative for access to the online invoicing system.

2.4.2.1 Reimbursement Back-up Documentation

Requests for reimbursement must be accompanied by the following:

- ✓ CBRA Monthly Voucher Detail Report
- ✓ A general ledger report from the lead grantee's accounting system,
- ✓ Any required back-up documentation listed in the Risk Assessment Monitoring Plan for this contract if the contract is determined to be high risk. (See [Section 2.1.2 Commerce Risk Assessment](#) for how back-up documentation requirements are determined. See [Housing Division Documentation Matrix](#) for more information on specific documentation).

Requests for payment of deliverables must be accompanied by the required documentation found in the deliverable schedule of the contract. All deliverables must be reviewed and approved by the contract manager prior to payment.

All required back-up documentation must be attached to the online invoice in the Contract Management System (CMS).

Commerce may require a lead grantee to submit additional documentation as needed to approve reimbursement. Lead grantees must retain receipt level source documentation for all eligible expenses and original invoices submitted by their subgrantees.

2.4.3 Budget Revisions

Budget revisions that move more than 10 percent of the grant total require a budget amendment. The Administration budget cap must be maintained with each revision.

2.4.4 Ineligible Use of Funds

Grantees must inform Commerce if CBRA funds are spent on ineligible households or expenses. Reasonable attempts must be made to prevent ineligible use of funds.

2.5 Responding to Complaints

Lead Grantees are responsible for addressing all complaints about their services and/or unresolved complaints about services provided by subgrantees. Lead grantees must ensure that complaints are first addressed at the lowest possible level and must escalate complaints that are not resolved to the satisfaction of the complainant as outlined in [Section 5.5.1 Responding to Complaints](#) and in the most recent version of the [Commerce Housing Division Complaint Procedure](#).

In addition, Lead Grantees are responsible for ensuring that subgrantees follow all complaint procedures as outlined in [Section 5.5.1 Responding to Complaints](#) and in the most recent version of the [Commerce Housing Division Complaint Procedure](#).

3 Program Eligibility and Priority Populations

3.1 Priority Population

Grantees must prioritize households meeting eligibility criteria for the program that are discharging or needing to discharge or who have discharged from state psychiatric hospitals or community psychiatric inpatient beds within the past 12 months.

Households that meet eligibility criteria for the program that are not within the priority population may be served as long as the grantee has made a reasonable effort to ensure that individuals in the priority population have first access to available funds.

Upon approval from Commerce, CBRA grantees may set additional local prioritization criteria, based on community need, if the priority population above has been exhausted.

Lead Grantees using regional prioritization criteria must produce and maintain a prioritization policy that includes a detailed explanation of all priority populations, criteria used to determine an individual is part of priority population, and how they will be prioritized.

Subgrantees using local prioritization criteria must produce and maintain a prioritization policy that is approved by the Lead Grantee and includes a detailed explanation of all priority populations, criteria used to determine an individual is part of priority population, and how they will be prioritized.

3.2 Household Eligibility

3.2.1 Eligibility Criteria:

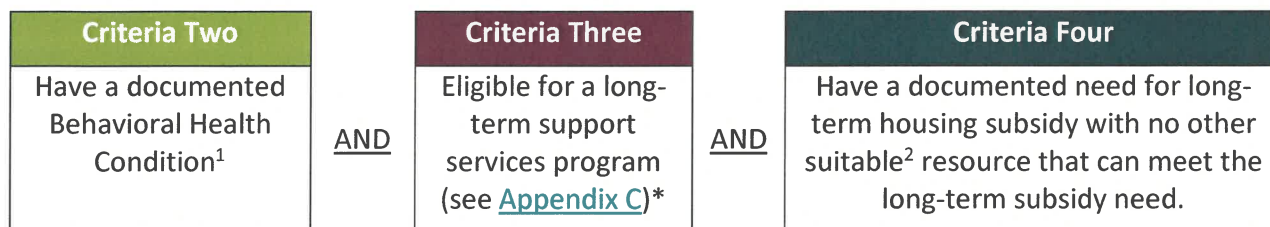
A household is one or more individuals seeking to obtain or maintain housing together as a unit. A household does not include friends or family that are providing temporary housing. Participants, in consultation with the CBRA provider, should decide who is included in the household and who is not. Documentation in the client file should match the determination of household.

Eligible households must meet the income criteria for CBRA (Criteria One). At least one adult member of the household must also meet all three of the additional criteria below (Criteria Two through Four).

Criteria One

Household Income is at or below 50% of area median income as defined by HUD.
(See [Section 3.2.2.4 Documentation of Household Income Eligibility](#))

AND



*Please note, individuals that would otherwise be eligible for a long-term support service program but are not due to citizenship status meet the criteria for Criteria Three.

3.2.2 Documentation of Eligibility

Grantees must document eligibility for the household. The *CBRA Verification of Household Eligibility Form* and all applicable documentation (see below) is to be kept in the client file and dated within 45 days of program entry.

For a list of all required client file information and documentation see [Appendix B: Client File Information and Documentation](#).

3.2.2.1 Documentation of a Behavioral Health Condition

Grantees must verify and document a behavioral health condition for at least one adult member of the household prior to program entry.

Behavioral health conditions are mental health conditions or substance use disorders that impair an individual's capacity to address normal activities of daily living and are expected to be of long duration.

Acceptable documentation includes one of the following:

- ✓ Written verification from a medical or behavioral health professional or social worker.
- ✓ Written verification from the Social Security Administration, the Department of Social and Health Services, the Veterans Administration, or other state or federal departments that determine the presence of a behavioral health disability for program or services eligibility.
- ✓ Written verification from HARPS, the Foundational Community Supports Program, or other long-term supportive services programs that have previously determined the presence of a behavioral health disability for program or service eligibility.
- ✓ Written self-attestation from the individual or statement from immediate family member. This method is to be used only if no other documentation method is available. Case manager must indicate why no other documentation is available.
- ✓ Other documentation as approved by Commerce.

3.2.2.2 Documentation of Eligibility for Long-Term Supportive Services

Grantees must document eligibility for at least one long-term supportive services program that meets the criteria listed in [Appendix C for a description of Eligible Long-term supports programs](#) prior to program entry. In situations where the eligible participant would be eligible for long-term

^[1] A Behavioral Health Condition is a mental health condition or substance use disorder that impairs an individual's capacity to address normal activities of daily living and is expected to be of long duration.

^[2] A suitable resource is one that meets the housing needs of the participant, is rooted in participant choice, and does not cause undue hardship to the participant.

supportive services except for citizenship status, this should be documented in the client file.

Acceptable documentation includes one of the following:

- ✓ Written verification of eligibility from an approved long-term supports program.
- ✓ Written verification from a case manager that certifies that they confirmed eligibility for a long-term supportive services program.
- ✓ Written verification of ineligibility based solely on citizenship status from an approved long-term supports program provider.
- ✓ Written verification of ineligibility based on client's choice to not currently engage with offered services.

3.2.2.3 Documentation of Long-term Subsidy Need

Grantees must provide documentation that certifies that a housing planning conversation was completed with the participant in which the case manager or program staff determined that there is a need for long-term housing subsidy with no other suitable resource that can meet the long-term subsidy need. The *CBRA Certification of Long-Term Housing Support Need* form can be used to collect a statement from a qualified party (see below). Any type of written statement signed and dated within 45 days of program enrollment by the qualified party can be used as documentation.

Acceptable documentation includes one of the following:

- ✓ Statement from a Case Manager or CBRA provider staff verifying that a housing planning conversation was completed and that there is a need for long-term housing support without another suitable resource to meet the need.
- ✓ Statement from a medical or behavioral health professional or social worker verifying that a housing planning conversation was completed and that there is a need for long-term housing support without another suitable resource to meet the need.
- ✓ Statement from a discharge professional verifying that a housing planning conversation was completed and that there is a need for long-term housing support without another suitable resource to meet the need.

*A suitable resource is one that meets the housing needs of the participant, is rooted in participant choice, and does not cause undue hardship to the participant.

3.2.2.4 Documentation of Household Income Eligibility

CBRA providers must verify and document income eligibility at program enrollment. *CBRA Income Eligibility Worksheet* (or equivalent) and all allowable income documentation (*See Appendix G*) must be kept in the client file.

See section 3.2.3 below for more information about how to calculate combined household income.

3.2.3 Determination of Income Eligibility

For a household to be eligible for the CBRA program the combined household income must not exceed 50% of area median gross income as defined by HUD.

Area Median Income (AMI) Limits can be located for each county at: www.huduser.gov (Data Sets, Income Limits).

Income is money that is paid to, or on behalf of, any household member. Income includes the current

gross income (annualized) of all adult (18 years and older) household members and unearned income attributable to a minor. Income eligibility determinations are based on the household's income at program enrollment. Income inclusions and exclusions are listed in the Electronic Code of Federal Regulations, www.ecfr.gov, Title 24 – Housing and Urban Development: Subtitle A 0-99: Part 5: Subpart F: Section 5.609 Annual Income. Exceptions to the Federal inclusions and exclusions align with WAC 388-450-0015 and include:

- ✓ TANF or other forms of public cash assistance (ABD, HEN, etc.)
- ✓ Basic food benefits
- ✓ Payments made to someone outside of the household for the benefit of the participant's household using funds that are not owed to the household
- ✓ Third party payments as income when a payment is specifically directed to be paid to a third party, doesn't pass through the participant household's control at any point and isn't otherwise payable to them.

Gross Income is the amount of income earned before any deductions (such as taxes and health insurance premiums) are made.

Current Income is the income that the household is currently receiving. Income recently terminated should not be included.

3.2.3.1 Annualizing Wages and Periodic Payments

Use the [CBRA Income Eligibility Worksheet](#) (or equivalent) to calculate income based on hourly, weekly, or monthly payment information. Add the gross amount earned in each payment period that is documented and divide by the number of payment periods. This provides an average wage per payment period. Depending on the schedule of payments, use the following calculations convert the average wage into annual income:

- ✓ Hourly wage multiplied by hours worked per week multiplied by 52 weeks.
- ✓ Weekly wage multiplied by 52 weeks.
- ✓ Bi-weekly (every other week) wage multiplied by 26 bi-weekly periods.
- ✓ Semi-monthly wage (twice a month) multiplied by 24 semi-monthly periods.
- ✓ Monthly wage multiplied by 12 months.

3.3 Eligibility Recertification

Eligibility criteria must be reviewed annually for households enrolled in CBRA to determine whether the household remains eligible for the program.

3.3.1 Documentation of Recertification of Eligibility

Grantees must provide the [CBRA Eligibility Recertification checklist](#) form with the final determination of eligibility and documentation to support the determination in the client file. Documentation must be dated within 45 days of recertification date.

3.3.1.1 Documentation of Lack of Change in Behavioral Health Condition Status

If a household's Behavioral health condition continues to impair capacity to address normal activities of daily living, and is expected to be of long duration, this should be indicated on the [CBRA Eligibility Recertification checklist](#) and no additional documentation is needed. In the case that behavioral health condition status has changed, the grantee should provide

documentation that led them to determine this change in status. See [3.2.2.1 Documentation of a Behavioral Health Condition](#) for appropriate documentation standards.

3.3.1.2 Documentation of Long-Term Supportive Service Need and Availability

At recertification, grantees must reassess the need and availability of supportive services for participants. Documentation that shows that program staff discussed supportive service needs, availability, and eligibility with the participant and an outline that documents the steps that will be taken to pair the participant with appropriate services must be kept in the client file.

Acceptable documentation includes one of the following:

- ✓ Statement from a Case Manager or CBRA provider staff verifying that reassessment of need for services was completed along with an outline of any steps that will be taken to pair the participant with appropriate services.
- ✓ Statement from a long-term supportive services case manager or staff person verifying that reassessment of need for services was completed along with an outline of any steps that will be taken to pair the participant with appropriate services.

3.3.1.3 Documentation of Continued Long-term Subsidy Need

At recertification, grantees must provide documentation certifying that a housing planning conversation was completed within the last 45 days and that the participant's need for long-term housing support continues. See section [3.2.1.3 Documentation of Long-term Support Need and Lack of Resources and Supports](#) for appropriate documentation standards.

3.3.1.4 Documentation of Income Eligibility at Recertification

Lead/subgrantee must verify and document income eligibility at recertification. [CBRA Income Eligibility Worksheet](#) (or equivalent) and all allowable income documentation (See [Appendix G](#)) must be kept in the client file. See [section 3.2.3](#) for more information about how to calculate combined household income.

3.3.2 Ineligible at Recertification

If a household is determined ineligible at recertification, grantees have the option of providing up to six additional months of rental subsidy to support the household to transition to self-sufficiency. The decision to provide additional rental subsidy of up to 6 months must be noted in the client file.

4 Eligible Activities and Costs

The primary activity of this program is payment of a Permanent Housing rent subsidy to a landlord on behalf of an eligible household. A comprehensive guide of allowable and eligible activities and costs to support the primary activity is found in this section.

4.1 Deliverables

Contract deliverables support the primary activity of the program and include adherence to all applicable activities and requirements of the program guidelines. All deliverables and their required back-up documentation must be submitted to Commerce for approval. Payment as listed in the deliverables table of the contract will be provided upon approval of the deliverable.

4.2 Allowable Costs for Cost Reimbursement

A cost may be charged to a grant only if it is allowable.

To be allowable, a cost must be:

- ✓ Necessary and *reasonable for the performance of the award
- ✓ **Allocable to the grant as either a direct or indirect cost
- ✓ Consistently treated in like circumstances
- ✓ Adequately documented
- ✓ Determined in accordance with Generally Accepted Accounting Principles (GAAP)
- ✓ Otherwise consistent with program policies and procedures
- ✓ Not an expressly unallowable cost

2 CFR 200.403 – Factors affecting allowability of costs

*To be *reasonable* a cost must be:

- ✓ Generally recognized as ordinary and necessary
- ✓ Match market prices for comparable goods/services
- ✓ In accordance with sound business practices

2 CFR 200.404 – Reasonable costs

**To be *allocable* for reimbursement a cost must be:

- ✓ Incurred specifically for the award, or
- ✓ Benefits both the award and other work and can be distributed in proportions that may be approximated using reasonable methods
- ✓ Chargeable or assignable to the award in accordance with relative benefits received
- ✓ Not generating profits for grantees or subgrantees

2 CFR 200.405 – Allocable costs

Allowable costs fall into two categories Direct costs and Indirect costs. Where housing costs are considered direct costs in the CBRA program, administrative costs will be considered either indirect or direct costs depending on the cost's association with the award. Please note,

- ✓ Costs incurred for the same purpose in like circumstances must be treated consistently as either direct or indirect costs.
- ✓ Indirect cost categories will vary by organization. The designation of costs as direct or indirect must be identified prior to the execution of a contract and cannot change during the contract period.

4.3 Administrative Costs

The term “administrative costs” may include both indirect and direct costs, depending on whether the cost can be identified directly or indirectly to the award.

4.3.1 Indirect Administrative Costs (Formerly Administration)

Indirect administrative costs are costs that cannot be identified for a specific award, or activity but are incurred as the result of multiple awards, services and activities. These are the costs incurred for common or joint purpose and benefit more than one cost objective. They are not readily assignable to an award without effort which would be disproportionate to the result achieved. Because these costs often

benefit more than just the award in question, they cannot be listed as direct costs without unreasonable effort to determine exactly what proportion of these costs should be allocated to a particular cost objective.

Examples of common indirect administrative costs:

- ✓ Accounting staff, HR or payroll staff
- ✓ Executive level staff time if not billed directly to a program
- ✓ General organization insurance.
- ✓ Organization wide audits.
- ✓ Board expenses.
- ✓ Marketing and advertising when not specific to a program.
- ✓ Organization-wide membership fees and dues when not specific to a program
- ✓ General agency facilities costs such as rent when not considered a program specific site or used by a specific program
- ✓ Supplies or services used by multiple teams (i.e. utilities, general office supplies)

Examples of costs serving joint purposes (may be applied as indirect or direct, depending on the circumstances):

- ✓ Rent/lease of office space
- ✓ Administrative and/or executive staff salaries
- ✓ Supplies or services used by multiple teams (utilities, general office supplies)

(See [Appendix D](#) for a framework to help identify indirect versus direct cost categories)

All amounts billed as indirect administrative costs must be supported by actual costs, or portions of actual costs. These costs must be charged to grant cost centers by one of the following methods which is approved by Commerce prior to contracting:

4.3.1.1 Cost Allocation

When using cost allocation as a method to bill indirect administrative costs to the CBRA program, shared costs (as described in [Section 4.2.1](#)) are allocated to the grant by means of a reasonable cost allocation formula as approved by Commerce prior to contracting.

4.3.1.2 De Minimis Rate

When using a De Minimis rate as a method to bill indirect administrative costs to the CBRA program, indirect costs are charged to the grant using up to a specified rate applied to an identified cost pool known as Modified Total Direct Cost (MTDC). The amount charged to the grant may not exceed 15 percent of the MTDC, but all indirect administrative charges must be supported by actual costs.

4.3.1.2.1 Modified Total Direct Cost (MTDC)

The [Modified Total Direct Cost \(MTDC\)](#) is a defined term under 2 CFR 200. It is the sum of all direct costs less certain excluded costs.

Included	Excluded
Direct Salaries and Wages	Equipment (<i>tangible personal property including it systems having a useful life of more than one year and a per-unit acquisition cost that equals or exceeds the lesser of the</i>

	<i>capitalization level established by the lead or subgrantee for financial statement purposes or \$10,000)</i>
Applicable fringe benefits <i>(in proportion to the salary charged to the award, to the extent that such payments are made under formally established and consistently applied organizational policies)</i>	Capital Expenditures <i>(expenditures to acquire capital assets or expenditures to make additions, improvements, modifications, replacements, rearrangements, reinstallations, renovations, or alterations to capital assets that materially increase their value or useful life)</i>
Materials and Supplies	Rental Costs <i>(rent/lease/mortgage of office space or any other facilities)</i>
Services Contract/Consultant Fees <i>(Allowable when reasonable in relation to the objectives of the services rendered and applicable to program objectives)</i>	Charges for patient care, scholarships and fellowships
Travel <i>(Allowable when reasonable in relation to the objectives of the travel and applicable to the program)</i>	Participant support costs and payments to or on behalf of beneficiaries <i>(ex. Rent assistance, utility payments, relocation costs, flex funds, etc.)</i>
Subawards up to the first \$50,000 regardless of the period of performance of the subawards under the award.	The portion of each Subaward in excess of \$50,000.

Please note, other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs.

4.3.2 Direct Administrative Costs (Formerly Operations)

Direct costs are specific, identifiable and incurred to provide services or products for a specific award, services or activity that are directly assigned relatively easily with a high degree of accuracy. Association with the award is the determining factor in distinguishing direct from indirect costs. Only direct costs can be traced to a specific program or project. When specifically identifiable to an award this may include:

- ✓ Salaries and benefits for administering the CBRA program or providing eligible services (data collection and entry, housing search and placement, and/or eligibility determination and recertification activities)
- ✓ Training
- ✓ Travel and Per Diem (if allowable in the scope of work for this contract)
- ✓ Materials and Supplies
- ✓ Equipment (up to \$1,500 per grant period unless approved in advance by Commerce)
- ✓ Office space and/or utilities (Only for a program specific site or specific square footage).
(See [Appendix D](#) for a framework to help identify indirect versus direct cost categories)

4.4 Housing Costs (Cost Reimbursement)

Eligible housing costs must be paid directly to a third party on behalf of the household. Rent payments may not be made directly to the eligible household. Please note, Commerce expects that, when other

short-term subsidies are available for emergency housing, securing housing costs, and move-in costs, that these subsidies are used before CBRA funds.

4.4.1 Emergency Housing

Funds may be used to provide emergency housing for no more than 90 days when no suitable* shelter bed is available, and program staff support the grantee with permanent housing search. **

Emergency Housing Includes:

- ✓ Hotel/Motel Stays
- ✓ Transitional Housing that does not require the participant to maintain a lease for a specific period of time.
- ✓ Recovery residences
- ✓ Other, as approved by Commerce.

* A suitable shelter bed is one that meets the emergency housing needs of the participant, is rooted in participant choice, and does not cause undue hardship to the participant.

**Please note, short-term rental agreements and walk-through inspections are encouraged for hotel/motel stays if owners wish to access landlord reimbursement programs like the Landlord Mitigation Program.

4.4.2 Securing Housing

- ✓ Costs for securing permanent housing including application fees, background check fees, credit check fees, and other related costs for securing permanent housing.
- ✓ Costs to cover documents needed to move a client into housing such as identification and birth certificates etc.
- ✓ Rental arrears and associated late fees for up to three months. Rental arrears may be paid if the payment enables the household to obtain or maintain permanent housing.
- ✓ Past evictions and associated fees that prevent the participant from obtaining housing may be paid in an amount up to \$3000.
- ✓ Up to three months of utility arrears and associated fees may be paid on behalf of the tenant if this enables the household to obtain or maintain permanent housing.

4.4.3 Move-In Costs

- ✓ Security deposits for households moving into new units.
- ✓ Utility deposits for a household moving into a new unit.
- ✓ Incentives paid to landlords
- ✓ First and Last Months' Rent

4.4.4 Rent and Associated Costs

- ✓ Monthly rent. Rent may only be paid one month at a time, although rental arrears, pro-rated rent, and last month's rent may be included with the first month's payment.
- ✓ Master-lease: security deposit and monthly rent is allowable when an organization master-leases a unit, and then sub-leases it to CBRA-eligible households. Tenants must have a sublease with the master lease holder.
- ✓ Utilities which are included in rent.

- ✓ Renter's insurance
- ✓ Costs of parking spaces when connected to a unit.

4.4.5 Other Housing Costs

- ✓ Utility payments for households also receiving rental assistance.
- ✓ Other costs as approved by Commerce.

4.4.6 Special Circumstances

- ✓ Funds may be used to pay for storage of personal belongings if there are no other suitable storage options available while a permanent housing search is conducted.
- ✓ Temporary absence: if a household must be temporarily away from the unit but is expected to return (such as temporary incarceration, hospitalization, or residential treatment), grantees may pay for the household's rent for up to 60 days and charge the grant for eligible costs. Any temporary absence must be documented in the client file. Extensions to the 60-day limit must be approved by Commerce.
- ✓ Internet included as a utility cost: Commerce will consider including internet as a utility cost if all other resources have been exhausted and it is determined that lack of internet coverage will be detrimental to the client securing or maintaining housing. All resources must be documented and presented to Commerce upon the request for an exception.
- ✓ Moving costs: Commerce will consider allowing moving costs under special circumstances as long as all other resources have been exhausted, and those resources are documented and provided to Commerce upon the request for an exception.

4.5 Ineligible Expenses

- ☒ Cable television deposits or services.
- ☒ Mortgage assistance and utility assistance for homeowners.
- ☒ Security and janitorial (salaries and benefits associated with providing security, janitorial services).
- ☒ Essential facility equipment and supplies (e.g. common-use toiletries, food served in shelters, bedding, mats, cots, towels, microwave, etc.)
- ☒ Expendable transportation costs directly related to the transportation of eligible households (bus tokens and fuel for a shelter van).
- ☒ On-site and off-site management costs related to the building.
- ☒ Facility-specific insurance and accounting.
- ☒ Replacement or operating reserves.
- ☒ Debt service.
- ☒ Construction or rehabilitation of facilities.
- ☒ Mortgage payment for a facility.

5 Requirements for Providing Permanent Housing Subsidy (PHS)

Permanent Housing Subsidy (PHS) is a rental subsidy with no time limit for households with behavioral health conditions in need of long-term housing assistance. PHS includes the availability of support services and may be provided as a scattered-site or master-leased model.

PHS has the following characteristics:

- ✓ **Permanent Housing-** A lease or rental agreement between the landlord and tenant is required (see [5.3.2 Lease or Rental Agreement](#) for conditions of lease and rental agreements) and eligible households may stay in their housing indefinitely as long as they meet the basic obligations of tenancy as called out in the lease or rental agreement.
- ✓ **Permanent or Long-Term Eligibility-** Services and the housing subsidy are available permanently as long as the household remains eligible. If a household loses eligibility for a long-term supports program, they can retain their eligibility for PHS as long as they meet basic criteria (see [3.3 Determination of Income Eligibility at Recertification](#)).
- ✓ **Voluntary Support Services-** Support services are available to clients, but participation is voluntary.

5.1 Referrals and Use of Coordinated Entry

Referrals for the CBRA program may come from a variety of sources. To support effective referrals for the priority population, grantees and program staff must actively create and maintain relationships and regularly coordinate with discharge planners at state psychiatric hospitals and community-based inpatient psychiatric treatment facilities to ensure priority populations are served.

To maintain referrals for individuals that may not fall into the priority population but are still eligible for the CBRA program, relationships should also be cultivated and maintained with community-based substance use and other treatment institutions, correctional institutions, the local coordinated entry system, and other providers that work with these populations.

The CBRA program is not required to participate in the local coordinated entry process but is encouraged to partner with their local coordinated entry organization for referrals and collaboration.

Subgrantees must maintain policies and procedures around how referrals will be cultivated, accepted, and prioritized within their community. MOUs or other written documentation of referral partnerships are encouraged but not required. Lead grantees may create and maintain regional policies and procedures governing regional practices on referrals and prioritization.

For CBRA program prioritization requirements, see section [3.1 Priority Population](#)

5.2 Service Delivery

Commerce promotes evidence-based program delivery models that align with best practices for providing permanent supportive housing and permanent housing subsidy. The following requirements apply to grantees and subgrantees that deliver PHS.

5.2.1 Permanent Supportive Housing Core Elements

Grantees should adhere to the core elements of Permanent Supportive Housing, as applicable, when administering Permanent Housing Subsidy. For more information, visit the [Substance Abuse](#)

[and Mental Health Services Administration \(SAMHSA\) Permanent Supportive Housing Evidence-Based Practices Kit.](#)

5.2.2 Housing First

Programs must be operated in accordance with Housing First principles. For detail on Housing First, see the [National Alliance to End Homelessness's webpage](#) on the topic.

5.2.3 Voluntary Services

Grantees must not terminate or deny services to households based on a household's refusal to participate in supportive services. Supportive services are intensive services aimed at helping a person obtain and maintain housing. Supportive Housing providers work in partnership with various community entities to provide wrap around support, such as mental health services, alcohol and substance abuse services, long term care services, life skills or independent living skills services and vocational services. These services are not billable to CBRA but are allowable expenses under the FCS program or other supportive services programs.

5.3 Ongoing Program and Staff Development

Commerce highly encourages grantees/subgrantees to participate in ongoing program and staff development opportunities to improve person-centered, culturally competent practices designed to improve the experiences of those facing the greatest impacts of housing instability and homelessness. The following trainings/opportunities are recommended:

- ✓ Crisis intervention
- ✓ Racial Equity
- ✓ Cultural competency
- ✓ LGBTQ+ competency
- ✓ Introduction to person-centered care
- ✓ Trauma Informed Care
- ✓ Mental health First Aid
- ✓ Training on the SAMHSA Model of Permanent supportive housing
- ✓ Motivational Interviewing
- ✓ Supporting survivors of intimate partner violence and child abuse
- ✓ Supporting special needs populations with co-occurring behavioral health conditions (including IDD, cognitive impairments, and TBIs)
- ✓ Fair Housing
- ✓ Housing First
- ✓ Progressive Engagement and Problem-Solving (Diversion)
- ✓ Professional boundaries
- ✓ Trainings on handling secondary or vicarious trauma and professional burnout
- ✓ Program evaluation and fidelity training

In addition, lead/subgrantee staff are highly encouraged to attend the annual Washington State Conference on Ending Homelessness and other professional conferences on behavioral health and housing.

5.3.1 Emergency Housing

Emergency housing is a short-term housing situation (90 days or less) that offers immediate shelter when no suitable shelter bed is available. These emergency housing situations are typically in hotels,

motels, transitional housing projects, or recovery residences but other situations may be approved on a case-by-case basis. Housing search support must be provided by the grantee while a participant is placed in an emergency housing situation.

Emergency housing situations do not require a lease, habitability, or lead-based paint inspections. Participants are not required to pay rent while in emergency housing situations. HMIS data entry is required for participants served in emergency housing.

* A suitable shelter bed is one that meets the emergency housing needs of the participant, is rooted in participant choice, and does not cause undue hardship to the participant.

5.3.2 Lease or Rental Agreements

A lease or rental agreement between the eligible household and the landlord must be executed at the time of payment of rental assistance. Leases or rental agreements must contain standard lease provisions as shown in [5.3.2.1 Lease or Rental Agreement](#).

The lease or rental agreement and any subsequent leases or rental agreements must be kept in the client file.

5.3.2.1 Lease or Rental Agreement Requirements

At a minimum, the lease or rental agreement between the landlord and the eligible household must contain the following:

- ✓ Name of tenant
- ✓ Name of landlord
- ✓ Address of rental property
- ✓ Occupancy (who gets to live at the rental)
- ✓ Term of agreement (lease start and end date)
- ✓ Rent rate and date due
- ✓ Deposits (if any and what for/term)
- ✓ Signature of tenant/date
- ✓ Signature of landlord/date

5.3.3 Master Leasing

Grantees can utilize master leasing when providing PHS for a participant. Master leasing is when an organization secures a lease directly with a landlord and then sub-leases the unit to a CBRA eligible household. The master-lease holder must have a sub-lease with the CBRA eligible household to provide the subsidy.

5.3.4 Determining Allowable Rent Amounts

Grantees determine the amount of rent that can be charged for a unit based on the rent limit or rent reasonableness.

5.3.4.1 Rent Limit

The rent limit is the maximum rent that can be paid for a unit of a given size which must not exceed 150 percent of [HUD's Fair Market Rent](#) (FMR). Rent calculations must include the cost of utilities as detailed on utility allowance schedules established by [the local Housing Authority](#).

Payment of rents in excess of 150 percent of FMR requires prior approval by Commerce.

5.3.4.2 Rent Reasonableness

Rent reasonableness means the total rent charged for a unit must be reasonable in relation to the rents being charged during the same time period for comparable, non-luxury units in the private unassisted market.

Rent reasonableness is performed by one of the following

- ✓ Performing a rental market analysis/study in the rental market where the rental is located in. The market analysis/study must be performed, at a minimum, annually and no more than quarterly.
- ✓ Reviewing comparable units advertised for rent as detailed below

When determining rent reasonableness, grantees must consider the following characteristics of the units to ensure they are comparable: location, quality, size, type, amenities, housing services, maintenance, and utilities included in the rent. Though units may have different features, they should be relatively comparable in based on their characteristics and amenities.

For example, one rental may be slightly larger but does not include utilities in the rent. The slightly smaller rental with utilities included could be comparable in value and used to determine rent reasonableness.

Verification that the rent charged for this units do not exceed rents charged for other comparable units owned (for example, the landlord would document the rents paid in other units).

Grantees must document rent reasonableness using the [Rent Reasonableness Worksheet](#) and attach all applicable backup documentation.

For more information, see HUD's guide at: [CoC Leasing and Rental Assistance Requirements - Rent Reasonableness - HUD Exchange](#)

5.3.5 Determining Rent Subsidy

Consistent with [HUD housing affordability standards](#), each household is responsible for contributing no more than 30 percent of their income to the cost of their housing³. Documentation of subsidy amount and subsidy determination process must be included in the client file.

If the household share creates a burden for the household, the household share may be waived or reduced, at the discretion of the grantee. The circumstances of the waiver must be documented in the client file.

Grantees must review and adjust household rent subsidy amount annually. Documentation of new subsidy determination process and subsidy amount must be included in the client file.

5.3.6 Quarterly Check-In with Landlords

CBRA providers must check in with each landlord receiving CBRA subsidy payments at least quarterly to verify that the CBRA participant is still housed in the unit. All check-ins with landlords must be documented in the client file and include:

³Cost of housing is equal to the tenant's share of the rent plus utilities including electricity, natural gas, propane (if needed for cooking or laundry), water, sewer, and garbage services the tenant must pay.

- ✓ Landlord's Name
- ✓ Tenant's Name
- ✓ Date of each contact attempt
- ✓ Date contact was made
- ✓ Signature/date of program staff verifying housing.

5.3.7 Habitability

Grantees are responsible for documenting habitability for all housing units into which households will be moving, except where a household moves in with friends or family. Housing units must be documented as habitable prior to paying the rent subsidy and following a habitability complaint made by the tenant or a third party.

If a client is moving in with family or friends and a habitability inspection is not completed, the tenant will still need to sign the form after notes have been made stating the reason for not completing the inspection and placed in the client file.

If a client is living in a trailer/RV, a Habitability Inspection must be performed, and both must pass the Inspection in order for the client to receive CBRA funding.

5.3.7.1 Allowable Methods for Unit Habitability Determination

Habitability can be documented by the Landlord Habitability Standards Certification Form or inspection. If the housing unit is provided to a different household within 12 months of documented habitability, an additional certification/inspection is not required. One of the following methods must be applied to each subsidized unit:

- ✓ The [CBRA Landlord Habitability Standards Certification Form](#) references the state Landlord Tenant Act (RCW 59.18.060) and requires the landlord (as defined in RCW 59.18.030) to certify that the unit meets the safety and habitability standards detailed in the law. The landlord's failure to comply with the law may result in termination of the rent subsidy.

OR

- ✓ Inspections: in lieu of (or in addition to) the above landlord certification, grantees may choose to inspect all or some housing units. Grantees may use the [Commerce Housing Habitability Standards \(HHS\)](#) form or the HUD [Housing Quality Standards \(HQS\) Inspection](#) form.

Documentation of habitability certification or inspection must be kept in the client file.

5.3.7.2 Habitability Recertification

Grantees must document recertification of habitability upon complaint of the habitability condition of the unit by the tenant or a third party. (See [5.3.7.1 Allowable Methods for Unit Habitability Determination](#)). Documentation of habitability recertification must be kept in the client file. (See Section 5.3.6 for clients living with family or friends.)

5.3.7.3 Habitability Complaint Procedure

Each household must be informed in writing of the habitability complaint process and assured that complaints regarding their housing unit's safety and habitability will not affect the

household's program eligibility. Households must be informed at the time of move-in or, if they are already living in the unit, at the time of program enrollment.

Each landlord must be informed in writing of the habitability complaint process and that subsidy payments to landlords may be terminated if landlords fail to resolve habitability issues according to the Washington State Landlord-Tenant Act ([RCW 59.18](#)). Landlords must be informed prior to participant move-in, or, if they are already living in the unit, at the time of program enrollment.

Subgrantees must have a written procedure describing the response to complaints regarding unit safety and habitability. The procedure must include:

- ✓ Mandatory inspection when a complaint is reported using the HHS Form, HQS Inspection Form, or documenting the specific complaint in an alternate format that includes follow-up and resolution.
- ✓ Actions that will be taken to ensure habitability is restored and steps that may lead to termination of payment to a landlord if they fail to restore habitability according to the [Washington Landlord-Tenant Act \(RCW 59.18\)](#).

Lead grantees are not required to have written habitability complaint procedures. However, Lead grantees must respond to complaints about habitability that are unresolved by subgrantees according to their written complaint procedures (see [Section 5.5.1 Responding to Complaints](#))

5.3.8 Lead Based Paint Assessment

The grantee must ensure that a lead-based paint visual assessment is completed prior to payment of a permanent housing subsidy if a child under the age of six or pregnant woman resides in a unit constructed prior to 1978. This form must be completed in all living situations, including if living in a trailer or RV.

To prevent lead poisoning in young children, grantees must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at [24 CFR 35, Parts A, B, M, and R](#).

A visual assessment must be conducted upon request from the tenant. Visual assessments must be conducted by a [HUD-Certified Visual Assessor](#) and must be documented on the HQS Inspection Form or HHS Form and maintained in the client file.

For a guide to compliance see [Appendix F: Lead-Based Paint Visual Assessment Requirements](#).

5.3.8.1 Exceptions to the Lead-Based Paint Visual Assessment Requirement

Visual assessments are not required under the following circumstances:

- ✓ Zero-bedroom or SRO-sized units.
- ✓ X-ray or laboratory testing of all painted surfaces by certified personnel has been conducted in accordance with HUD regulations and the unit is officially certified to not contain lead-based paint.
- ✓ The property has had all lead-based paint identified and removed in accordance with HUD regulations.
- ✓ The unit has already undergone a visual assessment within the past 12 months—obtained documentation that a visual assessment has been conducted; or
- ✓ It meets any of the other exemptions described in 24 CFR Part 35.115(a).

If any of the circumstances outlined above are met, grantees must include the information in the client file.

5.3.9 Washington Residential Landlord-Tenant Act

Grantees must provide information on the Washington Residential Landlord Tenant Act ([RCW 59.18](#)) to households receiving rent assistance.

For more information on this law, visit Washington Law Help, housing page, tenant rights at www.washingtonlawhelp.com.

5.4 Homeless Management Information System (HMIS)

Lead/subgrantees providing direct service must enter client data into the Homeless Management Information System (HMIS) in accordance with the most current [HUD HMIS Data Standards](#).

Balance of State Continuum of Care (BoS CoC) agencies using the State HMIS: All data must be collected, entered, and stored in accordance with the [Agency Partner Agreement](#). For assistance with a HMIS related question or issue, submit a ticket through Commerce's [HMIS Helpdesk Form](#). Please visit the Commerce HMIS [website](#) for forms, information on training, past newsletters and additional HMIS related resources.

Counties not using the State HMIS (data integration counties), must work with Commerce to provide full CSV exports every three months/quarterly. When Commerce is able to accept monthly imports, Counties must upload data to the State's HMIS using XML or CSV schema compliant with current HUD HMIS Data Standards. Uploads must occur no later than the 30th calendar day following the end of each month. Counties not able to export and upload data to the State HMIS using an approved format must use the State HMIS for direct data entry.

Paper records derived from HMIS, which contain personally identifying information, must be destroyed within seven years after the last day the household received services from the lead/subgrantee.

5.4.1 HMIS Data Quality

HMIS participating agencies are required to provide quality data to the best of their ability. Balance of State Continuum of Care (BoS CoC) agencies must enter HMIS data in accordance with requirements outlined in the [HMIS Data Quality Plan](#).

Maintaining a high level of data quality is important for effective program evaluation. Data quality has four elements. Data quality requirements and targets for the elements listed below are identified in the HMIS Data Quality Plan.

- Timeliness,
- Completeness,
- Accuracy, and
- Consistency.

5.4.2 Consent for Entry of Personally Identifying Information

5.4.2.1 Identified Records

- ✓ Personally identifying information (PII)⁴ must not be entered into HMIS unless all adult household members have provided informed consent.
- ✓ Informed consent must be documented with a signed copy of [the Client Release of Information and Informed Consent Form](#) (or local CoC's equivalent form), in the client file. If electronic consent has been received, a copy does not need to be printed for the client file but must be available in HMIS. If telephonic consent has been received, note this on the consent form and then complete the consent form the first time the household is seen in person. See [HMIS Agency Partner Agreement](#).

5.4.2.2 Anonymous Records

The following types of records must be entered anonymously:

- ✓ Households in which one adult member does not provide informed consent for themselves or their dependents.
- ✓ Households entering a domestic violence program or currently fleeing or in danger from a domestic violence, dating violence, sexual assault, human trafficking or a stalking situation.
- ✓ Minors under the age of 13 with no parent or guardian available to consent to the minor's information in HMIS
- ✓ Households in programs which are required by funders to report HIV/AIDS status.

5.4.2.3 Special Circumstances

If the reporting of the HIV/AIDS status of clients is not specifically required, the HIV/AIDS status must not be entered in HMIS.

If a combination of race, ethnicity, gender, or other demographic data could be identifying in your community, those data should not be entered for anonymous records.

5.4.3 HMIS Data Suppression Policy

Data suppression refers to various methods or restrictions that are applied to datasets, reports or visualizations in order to protect the identities, privacy and personal information of individuals. In Washington State, [RCW 43.185C.180](#) and [RCW 43.185C.030](#) specify that all personal information in the HMIS is confidential and that the identity and right of privacy of these individuals must be protected.

Personal Identifiable Information (PII) is a separate topic and must never be disclosed to any entity that does not have HMIS access or is not part of your data sharing agreement.

It is the policy of the HMIS program to suppress data when the data contains demographic detail, the numbers are small enough to potentially identify a person, and:

- ✓ Will be in a public space or presentation, or
- ✓ Will be shared with an entity that is not covered in the [HMIS Consent Form](#) (or local CoC's

⁴ PII includes name, social security number, birthdate, address, phone number, email, and photo.

equivalent form).

In these cases, any non-zero counts that are under 11 will be suppressed.

Additional suppression will be needed when the suppressed value can be derived from other reported values. For example, when you can calculate the suppressed value by subtracting other values from the grand total.

The exceptions to data suppression are zero values or values that fall under an “unknown” category type. Both of these circumstances do not contribute any valuable information that could identify a person or reveal confidential data and thus, is not subject to suppression.

Learn more about how to apply data suppression and which data sharing entities are required to meet this policy in the [HMIS Data Suppression Policy document](#) (or local CoC’s equivalent guidance).

5.5 Additional Requirements

5.5.1 Responding to Complaints

Lead grantees and subgrantees must provide a timely, transparent and fair complaint process that starts at the lowest level, follows an established progression, includes appeals process and includes instructions on how an unresolved complaint can be escalated to a higher level. Complaints that are lodged with Lead and Subgrantees must be responded to in a timely and respectful manner, as outlined in their complaint procedure.

5.5.1.1 Complaint Process

All Lead and Subgrantees are responsible for addressing complaints about their services and/or any unresolved complaints about services provided by their subgrantees or subcontractors. All complaints not resolved to the satisfaction of the complainant are considered unresolved.

- ✓ Service Recipients are individuals or families receiving services from lead or subgrantees. Service recipients submit complaints directly to the service provider (usually the subgrantee) following their established complaint procedure. If the complaint is not resolved to their satisfaction through the subgrantee/Lead grantee’s complaint process, the service recipient escalates the complaint to Commerce in one of the following ways:
 - Completes the online complaint submission form <https://forms.office.com/g/qi63JqFCbr>
 - Emails the CBRA Program Manager at CBRAADMIN@commerce.wa.gov
 - Emails the HD Quality Assurance Manager at HDComplaints@commerce.wa.gov.
- ✓ Sub Grantees receive complaints from service recipients are responsible for addressing all complaints about their services and/or unresolved complaints about services provided by any subcontractors. If complaints are not resolved to the satisfaction of the complainant, subgrantees must escalate the complaints to the Lead Grantee following the Lead Grantee’s complaint process.
- ✓ Lead Grantees are responsible for addressing all complaints about their services or supports and/or unresolved complaints about services or supports provided by subgrantees. If a complaint involves but has not been addressed by a subgrantee, the Lead Grantee forwards the complaint to the subgrantee via their complaint process to first be addressed at the lowest level. If a complaint involving a subgrantee is not resolved at the subgrantee level, it is addressed at the Lead Grantee level. If a complaint is not resolved at the Lead Grantee level, the Lead Grantee will

- assist, where appropriate and necessary, in escalating the complaint to Commerce.
- ✓ Commerce is responsible for addressing all complaints about their services or supports, unresolved complaints about the services or supports of lead grantees, and escalated complaints about the services or supports of subgrantees. If Commerce receives a complaint involving a Lead grantee or subgrantee, the complaint will be forwarded to the appropriate party to address at the lowest possible level. Otherwise, Commerce will evaluate and respond to complaints in alignment with the [Housing Division complaint procedure](#).

5.5.1.2 Documenting Complaints

Lead Grantees and subgrantees must maintain complaint logs which may be reviewed during monitoring or upon request by Commerce.

5.5.1.3 Complaint Procedures

Both Lead Grantees and subgrantees must maintain written complaint procedures establishing a process to receive complaints related to the CBRA program and/or any service or deliverable funded under this program. This procedure must be written in plain language and include:

- ✓ Clear instructions on how anyone can lodge a complaint about the services delivered.
- ✓ Contact information for a responsible person(s) in the organization that complaints can be forwarded to and who Commerce can follow-up with regarding complaints.
- ✓ Clear instructions on how to access translation and accessibility accommodation when lodging a complaint.
- ✓ Clear instructions on how to lodge an anonymous complaint about a Lead Grantee/subgrantee staff member, including how to escalate a complaint anonymously to Commerce.
- ✓ Clear response steps including how and when the agency will notify appropriate parties when complaints have been filed, who will be notified, timelines for responding to complaints, the process of how the complaint will first be addressed at the lowest level, the progression/appeals process that may lead up to involvement with Commerce and steps to escalate the complaint to Commerce, if needed.
- ✓ Clearly prohibit any form of retaliation via fines, fees, or other strictly enforced terms and clear language encouraging individuals afraid of repercussions for filing a complaint due to retaliation to submit complaints directly to Commerce.
- ✓ Clearly list the Commerce Housing Division as an entity that can receive complaints if all other avenues have been exhausted and/or service recipients are afraid of repercussions due to lead and/or subgrantee retaliation.
- ✓ Note that the Lead Grantee complaint process is not meant to replace landlord-tenant law or other applicable laws, provisions or established processes such as Medicaid fair hearing processes.

The complaint procedure and contact information for the responsible person at the agency to receive complaints must prioritize transparency and be accessible to employees, subgrantees and the public.

For Lead Grantees this includes being provided directly to all subgrantees, accessible to all employees working with CBRA funds, posted at the facility and on the agency or program's website,

included in regional guidelines or CBRA program handbooks and available to the public upon request.

For Subgrantees this includes being provided to all CBRA participants at the beginning of receiving CBRA services, accessible to all employees working with CBRA fund, posted at the facility and on the agency or program's website, included in or referenced in recipient materials including client handbooks and/or signatory paperwork, verbalized to awardees during intake and available to the public upon request.

5.5.2 Termination and Denial of Service Policy/Procedure

Grantees must have a termination and denial policy.

This policy must:

- ✓ Include the following reasons a household could be denied subsidies and/or terminated from program participation.

Denial Reasons:

- Does not meet CBRA eligibility requirements
- A lack of availability or funding needed to admit a new client onto the CBRA program. Applicants will be notified of their option to be placed on the waitlist

Termination Reasons:

- A confirmed permanent or long-term absence from their unit
 - Relocate to a service area agency does not provide CBRA subsidy
 - Is no longer eligible at recertification*
 - Requests that subsidies are terminated
 - Harmful behaviors that jeopardize the safety of staff or others after all appropriate efforts have been made by staff to resolve the issues. Efforts must be documented and should be reviewed with the lead grantee prior to termination
 - Evidence to fraud or attempts to fraud have been confirmed
- ✓ Describe the notification process.
 - ✓ Ensure households are made aware of the grievance and termination procedure.
 - ✓ Describe the rights of the participant to appeal complaint and termination decisions including contact information and timeframes appeals must be submitted.

* See section [3.3.2 Ineligible at Recertification](#) on 6-month additional subsidy

Lead Grantees must have a Termination of Service Procedure for the CBRA program that details any steps Subgrantees must take prior to terminating a CBRA participant from program.

Lead Grantees may have a Denial-of-Service Procedure detailing any steps Subgrantees must take prior to denying services for a potential or current CBRA participant.

5.5.3 Records Maintenance and Destruction

Grantees must maintain records relating to this grant for a period of six years following the date of final payment. See CBRA Grant General Terms and Conditions, Section 26 RECORDS MAINTENANCE.

Paper records derived from HMIS which contain personally identifying information must be

destroyed within seven years after the last day the household received services from the lead/subgrantee.

5.5.4 Prohibitions

- ✓ Lead/subgrantee may not require households to participate in a religious service as a condition of receiving program assistance.
- ✓ If a program serves households with children, the age of a minor child cannot be used as a basis for denying any household's admission to the program.
- ✓ If a program serves households with children, the program must serve all family compositions.

5.5.5 Nondiscrimination

As stated in the CBRA Grant General Terms and Conditions Section 9 and Section 22, grantees must comply with all federal, state, and local nondiscrimination laws, regulations and policies.

Grantees must comply with the Washington State Law against Discrimination, [RCW 49.60](#), as it now reads or as it may be amended. [RCW 49.60](#) currently prohibits discrimination or unfair practices because of race, creed, color, national origin, families with children, sex, marital status, sexual orientation, age, honorably discharged veteran or military status, or the presence of any sensory, mental, or physical disability or the use of a trained guide dog or service animal by a person with a disability.

Grantees must comply with the [Federal Fair Housing Act](#) and its amendments as it now reads or as it may be amended. The Fair Housing Act currently prohibits discrimination because of race, color, national origin, religion, sex, disability or family status. The Fair Housing Act prohibits enforcing a neutral rule or policy that has a disproportionately adverse effect on a protected class.

Local nondiscrimination laws may include additional protected classes.

6 Washington State Landlord Mitigation Law

Washington State's Landlord Mitigation Law ([RCW 43.31.605](#)) became effective on June 7, 2018 to provide landlords with an incentive and added security to work with tenants receiving rental assistance. The program offers up to \$1,000 to the landlord in reimbursement for some potentially required move-in upgrades, up to fourteen days' rent loss and up to \$5,000 in qualifying damages caused by a tenant during tenancy. A move in/move out condition report is required for a landlord to receive reimbursement.

For more information, please visit the Commerce Landlord Mitigation Program [website](#).

7 Appendices

7.1 Appendix A: Required Policies and Procedures

Policies and Procedures	Leads	Subs
Subcontracting policies and procedures (section 2.1.5)	X	--
Referral policies and procedures (section 5.1)	O	X
Habitability Complaint Procedure (section 5.3.6.3)	--	X
Complaint Procedure (section 5.5.1.3)	X	X
Termination or Denial of Service Policy (section 5.5.2)	--	X
Termination of Service Procedure (section 5.5.2)	X	O
Denial of Service Procedure (section 5.5.2)	O	O
Prioritization Policy, if applicable (section 3.1)	O	O

Table Key:

X= Required

O= Optional

-- = Not Needed

7.2 Appendix B: Client File Information and Documentation

The following chart summarizes the information and documentation required in each client file. Other documentation may be required based on individual circumstances.

Forms marked with an asterisk (*) indicate a specific form required by CBRA to meet the documentation requirement. Required forms may be modified as long as all content is included.

Up-to-date versions of all required and recommended forms can be found on the Commerce CBRA [webpage](#).

Required Documentation	
✓	* CBRA Client File Checklist
✓	* HMIS Client Release of Information and Informed Consent Form signed by all adult household members (unless DV <u>OR</u> client refuses consent) (section 5.4.2)
✓	* CBRA Verification of Eligibility Checklist Form with applicable documentation attached (section 3.2.2)
✓	* CBRA Verification of Recertification with applicable documentation attached, <i>as needed</i> (section 3.3.1)
✓	CBRA Income Eligibility Worksheet , <i>as needed for recertification</i> (section 3.3.1)
✓	* Landlord Habitability Certification or * HHS or * HQS (section 5.3.7)
✓	Lead-based Paint Assessment, if applicable (section 8 , Appendix F)
✓	Executed Lease <u>or</u> Rental Agreement (section 5.3.2)
✓	Household Rent subsidy amount / Rent determination process (section 5.3.5)
✓	Quarterly Check-In with Landlord Verification (section 5.3.6)
Required Information	
✓	Dates and Circumstances of temporary absence to an institution (section 4.3.6)
Other Recommended Forms	
✓	CBRA Certification of Long-Term Housing Support Need (section 3.2.2.3)
✓	Rent Calculation Worksheet (Section 5.3.5)
✓	Rent Reasonableness Worksheet (Section 5.3.4.2)
✓	Move in/Move out condition report (section 6)

7.3 Appendix C: Eligible Long-Term Supports Programs

Long-term supportive services are voluntary, person-centered services that pair with CBRA subsidies to help individuals with behavioral health conditions live with maximum independence in community-integrated housing. Supportive services programs should make available the pre-tenancy and tenancy sustaining services listed below based on the need of the client. Programs that do so may be considered long-term supportive services programs that can provide documentation of eligibility in order to meet [Eligibility Criteria Three](#) for the CBRA program. Please note, the long-term supportive services provider can change during a household's participation in CBRA.

Pre-tenancy supports

- ✓ Conducting a functional needs assessment identifying the enrollee's preferences related to housing (e.g., type, location, living alone or with someone else, identifying a roommate, accommodations needed, or other important preferences) and needs for support to maintain community integration (including what type of setting works best for the enrollee), assistance in budgeting for housing/living expenses, assistance in connecting the individual with social services to assist with filling out applications and submitting appropriate documentation in order to obtain sources of income necessary for community living and establishing credit, and in understanding and meeting obligations of tenancy
- ✓ Assisting individuals to connect with social services to help with finding and applying for housing necessary to support the individual in meeting their medical care needs
- ✓ Developing an individualized community integration plan based on the functional needs assessment as part of the overall person-centered plan
- ✓ Identifying and establishing short and long-term measurable goal(s), how goals will be achieved, and how concerns will be addressed
- ✓ Person-centered planning meetings at redetermination and/or revision plan meetings, as needed
- ✓ Providing supports and interventions per the person-centered plan

Tenancy Sustaining Services

- ✓ Providing service-planning support and participating in person-centered plan meetings at redetermination and/or revision plan meetings as needed
- ✓ Coordinating and linking the recipient to services including primary care and health homes; substance use treatment providers; mental health providers; medical, vision, nutritional and dental providers; vocational, education, employment and volunteer supports; hospitals and emergency rooms; probation and parole; crisis services; end of life planning; and other support groups and natural supports
- ✓ Providing entitlement assistance including obtaining documentation, navigating and monitoring the application process, and coordinating with the entitlement agency
- ✓ Assisting with accessing supports to preserve the most independent living, such as individual and family counseling, support groups, and natural supports
- ✓ Providing supports to assist the individual in the development of independent living skills, such as skills coaching, financial counseling and anger management
- ✓ Providing supports to assist the individual in communicating with the landlord and/or property manager regarding the participant's disability (if authorized and appropriate), detailing accommodations needed, and addressing components of emergency procedures involving the landlord and/or property manager
- ✓ Coordinating with the tenant to review, update and modify his or her housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers
- ✓ Connecting the individual to training and resources that will assist the individual in being a good tenant and remaining in lease compliance, including ongoing support with activities related to household management

7.4 Appendix D: Framework of Potential Identification of Indirect Cost Categories

Potential INDIRECT Cost Categories	How these cost may also be considered DIRECT costs
Audit Costs	
Board Expenses	
General Office Supplies	Program Specific Supplies
Executive Level Staff	If executive staff work and track time directly on a program. **
Insurance	Program specific insurance
Marketing/advertising	Specific to a program
Organization membership fees/dues	Specific to a program
Rent/lease for office space	For a program specific site, specific square footage used by a specific program
STAFF	
HR Staff	If HR staff work and track time directly on a program. **
IT Staff	Proportion based on # of computers, etc.
Accounting Staff	If accounting staff work and track time directly on a program. **
Payroll staff	If payroll staff work and track time directly on a program. **
Utilities	For a program specific site, proportion specific to the program.

** Generally, one person's salary can either be directly charged or indirectly charged in one program, NOT both. If direct billed, timekeeping must be performed.

7.5 Appendix E: Performance Requirements

Performance monitoring is needed to ensure that the CBRA program is serving its intended audience and reaching its envisioned goals. Grantees must adopt the required housing outcome performance measure outlined in Table A below.

Grantees must improve housing outcomes by making progress towards the statewide performance targets. The performance target is the level of desirable performance and is an indicator of a high performing system.

Grantees that do not make progress towards the performance requirements will enter into a corrective action plan developed by the AHAH and DPU departments at Commerce. The Program Manager and the Data and Performance team will provide technical assistance as appropriate. If the grantee fails to meet the performance requirements after entering into a corrective action plan, they may be subject to a reduction in funding.

Table A: Required CBRA Performance Measures

Performance Measure	Calculation	Performance Target
Exits to or Retention of Permanent Housing	Of people in PSH, those who remained in PSH or exited to permanent housing destinations	Target: 95%

Equitable Outcomes	Exits to or Retention of Permanent Housing, disaggregated by race and ethnicity	Outcomes across racial and ethnic demographics should not be significantly less than the overall rate
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7.5.1 Compliance Methodology

The Homeless Management Information System (HMIS) and RDA's database are the data sources for calculating the baseline performance and progress towards performance targets.

Exits to or Retention of Permanent Housing Calculation

Step One: Client Universe

Select all people who were served by CBRA during the reporting period.

Remove from client universe any person active or exited that did not move into housing, as indicated by a null housing move-in date, or a housing move-in date which occurs after the report end date.

Note: Housing move-in date is only collected for the head of household, which effectively makes this a measure of households rather than all people. If a head of household has multiple exits, all exits are included.

Of the remaining client universe, remove any person who exited to one of the following destinations:

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Long-term care facility or nursing home
- Deceased

Step Two: Count Exits to or Retention of Permanent Housing

Of the client universe, count those who remained in the CBRA program AND those with destination categorized as permanent.

Other permanent housing destinations are:

- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Rental by client, no ongoing housing subsidy
- Rental by client, with ongoing housing subsidy
- Staying or living with family, permanent tenure
- Staying or living with friends, permanent tenure
- Permanent Supportive Housing
- Other permanent housing dedicated for formerly homeless persons

Step Three: Calculate Percentage

Divide the total from Step Two by the total from Step One (client universe) to calculate the percent of people

who exited to or retained permanent housing.

Step Four: Compare percentage against target or baseline

If percentage obtained from Step 3 is 95% or higher, the grantee is in compliance on this performance measure.

If the percentage is under 95%, it will be compared against baseline data (the performance on the same measure for the prior fiscal year). If the current percentage is *higher than the baseline*, the grantee is in compliance with the performance measure. Otherwise, the grantee will be required to enter into a corrective action plan.

Equitable Outcomes Calculation

Commerce will evaluate the CBRA program's outcomes by assessing exits to or retention of permanent housing across racial and ethnic demographics for any potential disparities^[1].

To be considered in compliance with the equitable outcomes performance measure, the housing outcomes of the households across racial and ethnic demographics should not be significantly less than the overall rate^[2]. If racial or ethnic disparities in housing outcomes are identified in the data, Commerce will determine if the requirement has been met on a case-by-case basis.

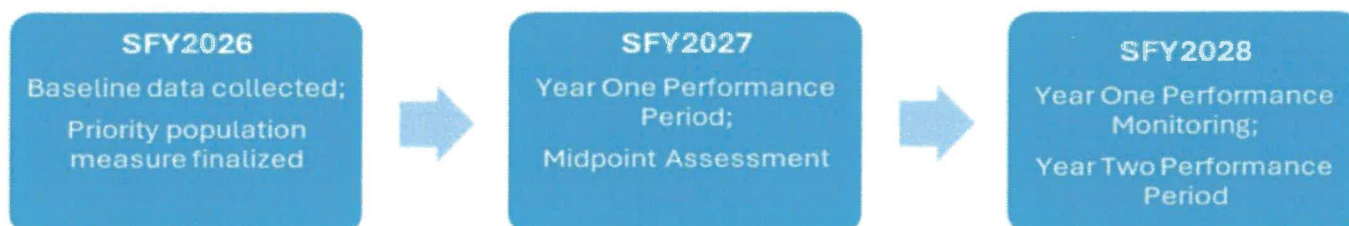
Example:

	Overall rate (All households)	Rate for Black/African American households	Rate Differences	Disparity Identified
Example Community A	80%	60%	-20 %	Yes, disparities identified
Example Community B	75%	75%	0%	No disparities identified

¹ For the equitable outcomes measure, disparities are defined as instances in which the outcome rate of a particular racial or ethnic category is significantly less than the overall rate.

² The "overall rate" refers to the rate of a particular intervention type's total exits to positive outcomes. This is inclusive of all ethnic or racial categories.

7.5.2 Performance Timeline



SFY26

In early SFY26, the Priority Population Measure will be finalized. The remainder of the year will then serve as a baseline data collection period.

SFY27

SFY27 will serve as the first year for which performance is monitored. TA will be available during this year, with an informational Midpoint Assessment conducted to advise grantees of their progress.

SFY28

The first Monitoring will occur in early SFY28 on the full year of SFY27 data. Grantees that do not make progress towards the performance requirements will enter into a corrective action plan.

This year will also serve as the second year for which performance is monitored (monitoring occurring early SFY29).

7.6 Appendix F: Lead-Based Paint Visual Assessment Requirements

To prevent lead-poisoning in young children, grantees must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at 24 CFR 35, Parts A, B, M, and R.

Disclosure Requirements

For ALL properties constructed prior to 1978, landlords must provide tenants with:

- ✓ Disclosure form for rental properties disclosing the presence of known and unknown lead-based paint.
- ✓ A copy of the “Protect Your Family from Lead in the Home” pamphlet.

Both the disclosure form and pamphlet are available at: <https://www.epa.gov/lead/real-estate-disclosure>

It is recommended that rent assistance providers also share this information with their clients.

Determining the Age of the Unit

Grantees should use formal public records, such as tax assessment records, to establish the age of a unit. These records are typically maintained by the state or county and will include the year built or age of the property. To find online, search for your county name with one of the following phrases:

- ✓ “property tax records”
- ✓ “property tax database”
- ✓ “real property sales”

Conducting a Visual Assessment

Visual assessments are required when:

- ✓ The leased property was constructed before 1978.

AND

- ✓ A child under the age of six or a pregnant woman will be living in the unit occupied by the household receiving CBRA rent assistance.

A visual assessment must be conducted prior to providing CBRA rent assistance to the unit and on an annual basis thereafter (as long as assistance is provided). Grantees may choose to have their program staff complete the visual assessments or they may procure services from a contractor. Visual assessments must be conducted by a HUD-Certified Visual Assessor.

Anyone may become a HUD-Certified Visual Assessor by successfully completing a 20-minute online training on HUD’s website at:

<http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm>

If a visual assessment reveals problems with paint surfaces, Grantees cannot approve the unit for CBRA assistance until the deteriorating paint has been repaired. Grantees may wait until the repairs are completed or work with the household to locate a different (lead-safe) unit.

Locating a Certified Lead Professional and Further Training

To locate a certified lead professional in your area:

- ✓ Call your state government (health department, lead poison prevention program, or housing authority).
- ✓ Call the National Lead Information Center at 1-800-424-LEAD (5323).
- ✓ Go to the US Environmental Protection Agency website at <https://www.epa.gov/lead> and click on "Find a Lead-Safe Certified Firm."
- ✓ Go to Washington State Department of Commerce Lead-Based Paint Program website at <http://www.commerce.wa.gov/building-infrastructure/housing/lead-based-paint/lead-based-paint-program-lbpabatment/> and click on "Find a Certified LBP Firm" under Other Resources.

Information on lead-based programs in Washington State can be found at <http://www.commerce.wa.gov/building-infrastructure/housing/lead-based-paint/>.

For more information on the Federal training and certification program for lead professionals, contact the National Lead Information Center (NLIC) at <https://www.epa.gov/lead/forms/lead-hotline-national-lead-information-center> or 1-800-424-LEAD to speak with an information specialist.

The Lead Safe Housing Rule as well as a HUD training module can be accessed at <https://www.hudexchange.info/programs/lead-based-paint/lshr-toolkit/introduction/>

7.7 Appendix G: Acceptable Documentation for Income Certification

Grantees must attempt to document income using the preferred documentation method. However, for some types of income, a written or verbal statement from a third party or self-attestation are allowable as long as all attempts to collect the preferred documentation have been exhausted. Please note the following guidance when using one of these methods.

Written Statement: Types of income for which written verification is allowable are indicated in the table below with an ☐ in the box marked "Written Verification." A written statement must be from a third party responsible for documenting this type of income information (example: wages and salaries could be documented by a written statement from an employer). The statement should also include the following:

- ✓ Date of statement,
- ✓ Name of client,
- ✓ Name of company or organization,
- ✓ Name of individual writing the statement,
- ✓ Wages or income amount,
- ✓ Hour worked per week (if applicable).
- ✓ Signature of individual writing the statement.

Verbal Statement: Types of income for which verbal verification is allowable are indicated in the table below with an ☐ in the box marked "Verbal Verification." A verbal statement must be collected from a third party responsible for documenting this type of income information (example: TANF/Public assistance could be collected via verbal statement from DSHS). A verbal statement must be documented by a written attestation from a case manager or staff person responsible for collecting the statement. The staff person should record the following:

- ✓ Date of statement,
- ✓ Name of client,
- ✓ Name of company or organization,
- ✓ Name of individual writing the statement,
- ✓ Wages or income amount,
- ✓ Hour worked per week (if applicable).
- ✓ Signature of individual writing the statement

Self-Attestation: Types of income for which self-attestation is allowable are indicated in the table below with an ☐ in the box named "Self-Attestation." Self-attestation should be used only when all other attempts at collecting other forms of documentation have been exhausted. Self-attestation is documented as a signed and dated written statement by the client that includes:

- ✓ Sources of income
- ✓ Income amount
- ✓ Frequency of income

A case manager or staff person must also provide a written statement documenting attempts to obtain other forms of verification and justification for using the self-attestation method.

Type of Income	Preferred Documentation	If preferred documentation is not available, the following are acceptable forms of documentation:		
		Written Verification	Verbal Verification	Self-Attestation
No Income		X	X	X
Wages and Salary Income	Copy of most recent pay stub(s).	X	X	X
Self-Employment and Business Income	Copy of most recent federal and state tax return, profit and loss report from applicant's accounting system, or bank statement.	X		X
Interest and Dividend Income	Copy of most recent interest or dividend income statement OR most recent federal and state tax return.	X	X	X
Pension/Retirement Income	Copy of most recent payment statement, benefit notice from Social Security, pension provider or other source.	X	X	X
Unemployment and Disability Income	Copy of most recent payment statement or benefit notice	X	X	
Alimony, Child Support, Foster Care Payments	Copy of most recent payment statement, notices, or orders.	X	X	X
Armed Forces Income	Copy of pay stubs, payment statement, or other government issued statement indicating income amount.	X	X	X

ACORD™

Client#: 69684

SEREHOUS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/21/2025

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Propel Insurance 1201 Pacific Avenue; Suite 1000 COM Construction Tacoma, WA 98402-4321	CONTACT NAME: Electra Wisegarver PHONE (A/C, No, Ext): 800 499-0933 FAX (A/C, No): 866 577-1326 E-MAIL ADDRESS: electra.wisegarver@propelinsurance.com														
INSURED Serenity House of Clallam County 2203 West 18th Street Port Angeles, WA 98363	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Philadelphia Indemnity Ins Company</td><td>18058</td></tr><tr><td>INSURER B : Tokio Marine Specialty Insurance Compan</td><td>23850</td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Philadelphia Indemnity Ins Company	18058	INSURER B : Tokio Marine Specialty Insurance Compan	23850	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:		PHPK2714441	06/01/2025	06/01/2026	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS NON-OWNED AUTOS ONLY		PHPK2714441	06/01/2025	06/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$10000		PHUB920267	06/01/2025	06/01/2026	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
A	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 N N/A	PHPK2714441 WA Stop Gap	06/01/2025	06/01/2026	PER STATUTE 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
A	Prof Liability		PHPK2714441	06/01/2025	06/01/2026	\$1mil/\$2mil

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

Salish Behavioral Health Administrative Services Organization is additional insured per attached forms.

CERTIFICATE HOLDER

CANCELLATION

Salish Behavioral Health
Administrative Service
Organization
614 Division St MS 23
Port Orchard, WA 98366-4676

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

Rhonda Ross

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**GENERAL LIABILITY DELUXE ENDORSEMENT:
HUMAN SERVICES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE

It is understood and agreed that the following extensions only apply in the event that no other specific coverage for the indicated loss exposure is provided under this policy. If such specific coverage applies, the terms, conditions and limits of that coverage are the sole and exclusive coverage applicable under this policy, unless otherwise noted on this endorsement. The following is a summary of the Limits of Insurance and additional coverages provided by this endorsement. For complete details on specific coverages, consult the policy contract wording.

Coverage Applicable	Limit of Insurance	Page #
Extended Property Damage	Included	2
Limited Rental Lease Agreement Contractual Liability	\$50,000 limit	2
Non-Owned Watercraft	Less than 58 feet	2
Damage to Property You Own, Rent, or Occupy	\$30,000 limit	2
Damage to Premises Rented to You	\$1,000,000	3
HIPAA	Clarification	4
Medical Payments	\$20,000	5
Medical Payments – Extended Reporting Period	3 years	5
Athletic Activities	Amended	5
Supplementary Payments – Bail Bonds	\$5,000	5
Supplementary Payment – Loss of Earnings	\$1,000 per day	5
Employee Indemnification Defense Coverage	\$25,000	5
Key and Lock Replacement – Janitorial Services Client Coverage	\$10,000 limit	6
Additional Insured – Newly Acquired Time Period	Amended	6
Additional Insured – Medical Directors and Administrators	Included	7
Additional Insured – Managers and Supervisors (with Fellow Employee Coverage)	Included	7
Additional Insured – Broadened Named Insured	Included	7
Additional Insured – Funding Source	Included	7
Additional Insured – Home Care Providers	Included	7
Additional Insured – Managers, Landlords, or Lessors of Premises	Included	7
Additional Insured – Lessor of Leased Equipment	Included	7
Additional Insured – Grantor of Permits	Included	8
Additional Insured – Vendor	Included	8
Additional Insured – Franchisor	Included	9
Additional Insured – When Required by Contract	Included	9
Additional Insured – Owners, Lessees, or Contractors	Included	9
Additional Insured – State or Political Subdivisions	Included	10

Duties in the Event of Occurrence, Claim or Suit	Included	10
Unintentional Failure to Disclose Hazards	Included	10
Transfer of Rights of Recovery Against Others To Us	Clarification	10
Liberalization	Included	11
Bodily Injury – includes Mental Anguish	Included	11
Personal and Advertising Injury – includes Abuse of Process, Discrimination	Included	11

A. Extended Property Damage

SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE

LIABILITY, Subsection 2. **Exclusions**, Paragraph a. is deleted in its entirety and replaced by the following:

a. Expected or Intended Injury

“Bodily injury” or property damage” expected or intended from the standpoint of the insured. This exclusion does not apply to “bodily injury” or “property damage” resulting from the use of reasonable force to protect persons or property.

B. Limited Rental Lease Agreement Contractual Liability

SECTION I – COVERAGES, COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE

LIABILITY, Subsection 2. **Exclusions**, Paragraph b. **Contractual Liability** is amended to include the following:

- (3) Based on the named insured's request at the time of claim, we agree to indemnify the named insured for their liability assumed in a contract or agreement regarding the rental or lease of a premises on behalf of their client, up to \$50,000. This coverage extension only applies to rental lease agreements. This coverage is excess over any renter's liability insurance of the client.

C. Non-Owned Watercraft

SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE

LIABILITY, Subsection 2. **Exclusions**, Paragraph g. (2) is deleted in its entirety and replaced by the following:

- (2) A watercraft you do not own that is:
 - (a) Less than 58 feet long; and
 - (b) Not being used to carry persons or property for a charge;

This provision applies to any person, who with your consent, either uses or is responsible for the use of a watercraft. This insurance is excess over any other valid and collectible insurance available to the insured whether primary, excess or contingent.

D. Damage to Property You Own, Rent or Occupy

SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE

LIABILITY, Subsection **2. Exclusions**, Paragraph **j. Damage to Property**, Item **(1)** is deleted in its entirety and replaced with the following:

- (1) Property you own, rent, or occupy, including any costs or expenses incurred by you, or any other person, organization or entity, for repair, replacement, enhancement, restoration or maintenance of such property for any reason, including prevention of injury to a person or damage to another's property, unless the damage to property is caused by your client, up to a \$30,000 limit. A client is defined as a person under your direct care and supervision.

E. Damage to Premises Rented to You

1. If damage by fire to premises rented to you is not otherwise excluded from this Coverage Part, the word "fire" is changed to "fire, lightning, explosion, smoke, or leakage from automatic fire protective systems" where it appears in:

- a. The last paragraph of **SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, Subsection **2. Exclusions**; is deleted in its entirety and replaced by the following:

Exclusions **c.** through **n.** do not apply to damage by fire, lightning, explosion, smoke, or leakage from automatic fire protective systems to premises while rented to you or temporarily occupied by you with permission of the owner. A separate limit of insurance applies to this coverage as described in **SECTION III – LIMITS OF INSURANCE**.

- b. **SECTION III – LIMITS OF INSURANCE**, Paragraph 6. is deleted in its entirety and replaced by the following:

Subject to Paragraph 5. above, the Damage To Premises Rented To You Limit is the most we will pay under Coverage A for damages because of "property damage" to any one premises, while rented to you, or in the case of damage by fire, lightning, explosion, smoke, or leakage from automatic fire protective systems while rented to you or temporarily occupied by you with permission of the owner.

- c. **SECTION V – DEFINITIONS**, Paragraph 9.a., is deleted in its entirety and replaced by the following:

A contract for a lease of premises. However, that portion of the contract for a lease of premises that indemnifies any person or organization for damage by fire, lightning, explosion, smoke, or leakage from automatic fire protective systems to premises while rented to you or temporarily occupied by you with permission of the owner is not an "insured contract";

2. **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, Subsection **4. Other Insurance**, Paragraph **b. Excess Insurance**, **(1) (a) (ii)** is deleted in its entirety and replaced by the following:

That is insurance for fire, lightning, explosion, smoke, or leakage from automatic fire protective systems for premises rented to you or temporarily occupied by you with permission of the owner;

3. The Damage To Premises Rented To You Limit section of the Declarations is amended to the greater of:

- a. \$1,000,000; or
- b. The amount shown in the Declarations as the Damage to Premises Rented to You Limit.

This is the most we will pay for all damage proximately caused by the same event, whether such damage results from fire, lightning, explosion, smoke, or leaks from automatic fire protective systems or any combination thereof.

F. HIPAA

SECTION I – COVERAGES, COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY, is amended as follows:

1. Paragraph 1. **Insuring Agreement** is amended to include the following:

We will pay those sums that the insured becomes legally obligated to pay as damages because of a "violation(s)" of the Health Insurance Portability and Accountability Act (HIPAA). We have the right and the duty to defend the insured against any "suit," "investigation," or "civil proceeding" seeking these damages. However, we will have no duty to defend the insured against any "suit" seeking damages, "investigation," or "civil proceeding" to which this insurance does not apply.

2. Paragraph 2. **Exclusions** is amended to include the following additional exclusions:

This insurance does not apply to:

- a. **Intentional, Willful, or Deliberate Violations**

Any willful, intentional, or deliberate "violation(s)" by any insured.

- b. **Criminal Acts**

Any "violation" which results in any criminal penalties under the HIPAA.

- c. **Other Remedies**

Any remedy other than monetary damages for penalties assessed.

- d. **Compliance Reviews or Audits**

Any compliance reviews by the Department of Health and Human Services.

3. **SECTION V – DEFINITIONS** is amended to include the following additional definitions:

- a. "Civil proceeding" means an action by the Department of Health and Human Services (HHS) arising out of "violations."
- b. "Investigation" means an examination of an actual or alleged "violation(s)" by HHS. However, "investigation" does not include a Compliance Review.
- c. "Violation" means the actual or alleged failure to comply with the regulations included in the HIPAA.

G. Medical Payments – Limit Increased to \$20,000, Extended Reporting Period

If **COVERAGE C MEDICAL PAYMENTS** is not otherwise excluded from this Coverage Part:

1. The Medical Expense Limit is changed subject to all of the terms of **SECTION III - LIMITS OF INSURANCE** to the greater of:
 - a. \$20,000; or
 - b. The Medical Expense Limit shown in the Declarations of this Coverage Part.
2. **SECTION I – COVERAGES, COVERAGE C MEDICAL PAYMENTS**, Subsection 1. Insuring Agreement, a. (3) (b) is deleted in its entirety and replaced by the following:
 - (b) The expenses are incurred and reported to us within three years of the date of the accident.

H. Athletic Activities

SECTION I – COVERAGES, COVERAGE C MEDICAL PAYMENTS, Subsection 2. Exclusions, Paragraph e. **Athletic Activities** is deleted in its entirety and replaced with the following:

e. Athletic Activities

To a person injured while taking part in athletics.

I. Supplementary Payments

SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS - COVERAGE A AND B are amended as follows:

1. b. is deleted in its entirety and replaced by the following:
 1. b. Up to \$5000 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these.
- 1.d. is deleted in its entirety and replaced by the following:
 1. d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to \$1,000 a day because of time off from work.

J. Employee Indemnification Defense Coverage

SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS – COVERAGES A AND B the following is added:

We will pay, on your behalf, defense costs incurred by an "employee" in a criminal proceeding occurring in the course of employment.

The most we will pay for any "employee" who is alleged to be directly involved in a criminal proceeding is \$25,000 regardless of the numbers of "employees," claims or "suits" brought or persons or organizations making claims or bringing "suits."

K. Key and Lock Replacement – Janitorial Services Client Coverage

SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS – COVERAGES A AND B is amended to include the following:

We will pay for the cost to replace keys and locks at the “clients” premises due to theft or other loss to keys entrusted to you by your “client,” up to a \$10,000 limit per occurrence and \$10,000 policy aggregate.

We will not pay for loss or damage resulting from theft or any other dishonest or criminal act that you or any of your partners, members, officers, “employees”, “managers”, directors, trustees, authorized representatives or any one to whom you entrust the keys of a “client” for any purpose commit, whether acting alone or in collusion with other persons.

The following, when used on this coverage, are defined as follows:

a. “Client” means an individual, company or organization with whom you have a written contract or work order for your services for a described premises and have billed for your services.

b. “Employee” means:

(1) Any natural person:

(a) While in your service or for 30 days after termination of service;

(b) Who you compensate directly by salary, wages or commissions; and

(c) Who you have the right to direct and control while performing services for you; or

(2) Any natural person who is furnished temporarily to you:

(a) To substitute for a permanent “employee” as defined in Paragraph (1) above, who is on leave; or

(b) To meet seasonal or short-term workload conditions;

while that person is subject to your direction and control and performing services for you.

(3) “Employee” does not mean:

(a) Any agent, broker, person leased to you by a labor leasing firm, factor, commission merchant, consignee, independent contractor or representative of the same general character; or

(b) Any “manager,” director or trustee except while performing acts coming within the scope of the usual duties of an “employee.”

c. “Manager” means a person serving in a directorial capacity for a limited liability company.

L. Additional Insureds

SECTION II – WHO IS AN INSURED is amended as follows:

1. If coverage for newly acquired or formed organizations is not otherwise excluded from this

Coverage Part, Paragraph 3.a. is deleted in its entirety and replaced by the following:

a. Coverage under this provision is afforded until the end of the policy period.

2. Each of the following is also an insured:

a. **Medical Directors and Administrators** – Your medical directors and administrators, but only while acting within the scope of and during the course of their duties as such. Such duties do not include the furnishing or failure to furnish professional services of any physician or psychiatrist in the treatment of a patient.

b. **Managers and Supervisors** – Your managers and supervisors are also insureds, but only with respect to their duties as your managers and supervisors. Managers and supervisors who are your “employees” are also insureds for “bodily injury” to a co-“employee” while in the course of his or her employment by you or performing duties related to the conduct of your business.

This provision does not change Item 2.a.(1)(a) as it applies to managers of a limited liability company.

c. **Broadened Named Insured** – Any organization and subsidiary thereof which you control and actively manage on the effective date of this Coverage Part. However, coverage does not apply to any organization or subsidiary not named in the Declarations as Named Insured, if they are also insured under another similar policy, but for its termination or the exhaustion of its limits of insurance.

d. **Funding Source** – Any person or organization with respect to their liability arising out of:

(1) Their financial control of you; or

(2) Premises they own, maintain or control while you lease or occupy these premises.

This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

e. **Home Care Providers** – At the first Named Insured's option, any person or organization under your direct supervision and control while providing for you private home respite or foster home care for the developmentally disabled.

f. **Managers, Landlords, or Lessors of Premises** – Any person or organization with respect to their liability arising out of the ownership, maintenance or use of that part of the premises leased or rented to you subject to the following additional exclusions:

This insurance does not apply to:

(1) Any “occurrence” which takes place after you cease to be a tenant in that premises; or

(2) Structural alterations, new construction or demolition operations performed by or on behalf of that person or organization.

g. **Lessor of Leased Equipment – Automatic Status When Required in Lease Agreement With You** – Any person or organization from whom you lease equipment when you and such person or organization have agreed in writing in a contract or agreement that such person or organization is to be added as an additional insured on your policy. Such person or

organization is an insured only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person or organization.

A person's or organization's status as an additional insured under this endorsement ends when their contract or agreement with you for such leased equipment ends.

With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.

- h. **Grantors of Permits** – Any state or political subdivision granting you a permit in connection with your premises subject to the following additional provision:
 - (1) This insurance applies only with respect to the following hazards for which the state or political subdivision has issued a permit in connection with the premises you own, rent or control and to which this insurance applies:
 - (a) The existence, maintenance, repair, construction, erection, or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoist away openings, sidewalk vaults, street banners or decorations and similar exposures;
 - (b) The construction, erection, or removal of elevators; or
 - (c) The ownership, maintenance, or use of any elevators covered by this insurance.
- i. **Vendors** – Only with respect to "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business, subject to the following additional exclusions:
 - (1) The insurance afforded the vendor does not apply to:
 - (a) "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;
 - (b) Any express warranty unauthorized by you;
 - (c) Any physical or chemical change in the product made intentionally by the vendor;
 - (d) Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;
 - (e) Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;
 - (f) Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;

- (g) Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or
 - (h) "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:
 - (i) The exceptions contained in Sub-paragraphs (d) or (f); or
 - (ii) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.
 - (2) This insurance does not apply to any insured person or organization, from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing.
- j. **Franchisor** – Any person or organization with respect to their liability as the grantor of a franchise to you.
- k. **As Required by Contract** – Any person or organization where required by a written contract executed prior to the occurrence of a loss. Such person or organization is an additional insured for "bodily injury," "property damage" or "personal and advertising injury" but only for liability arising out of the negligence of the named insured. The limits of insurance applicable to these additional insureds are the lesser of the policy limits or those limits specified in a contract or agreement. These limits are included within and not in addition to the limits of insurance shown in the Declarations
- l. **Owners, Lessees or Contractors** – Any person or organization, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - (1) Your acts or omissions; or
 - (2) The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured when required by a contract.

With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- (a) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- (b) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

m. State or Political Subdivisions – Any state or political subdivision as required, subject to the following provisions:

- (1) This insurance applies only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit, and is required by contract.
- (2) This insurance does not apply to:
 - (a) "Bodily injury," "property damage" or "personal and advertising injury" arising out of operations performed for the state or municipality; or
 - (b) "Bodily injury" or "property damage" included within the "products-completed operations hazard."

M. Duties in the Event of Occurrence, Claim or Suit

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, Paragraph 2. is amended as follows:

a. is amended to include:

This condition applies only when the "occurrence" or offense is known to:

- (1) You, if you are an individual;
- (2) A partner, if you are a partnership; or
- (3) An executive officer or insurance manager, if you are a corporation.

b. is amended to include:

This condition will not be considered breached unless the breach occurs after such claim or "suit" is known to:

- (1) You, if you are an individual;
- (2) A partner, if you are a partnership; or
- (3) An executive officer or insurance manager, if you are a corporation.

N. Unintentional Failure To Disclose Hazards

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, 6. **Representations** is amended to include the following:

It is agreed that, based on our reliance on your representations as to existing hazards, if you should unintentionally fail to disclose all such hazards prior to the beginning of the policy period of this Coverage Part, we shall not deny coverage under this Coverage Part because of such failure.

O. Transfer of Rights of Recovery Against Others To Us

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, 8. **Transfer of Rights of**

Recovery Against Others To Us is deleted in its entirety and replaced by the following:

If the insured has rights to recover all or part of any payment we have made under this Coverage Part, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them.

Therefore, the insured can waive the insurer's rights of recovery prior to the occurrence of a loss, provided the waiver is made in a written contract.

P. Liberalization

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, is amended to include the following:

If we revise this endorsement to provide more coverage without additional premium charge, we will automatically provide the additional coverage to all endorsement holders as of the day the revision is effective in your state.

Q. Bodily Injury – Mental Anguish

SECTION V – DEFINITIONS, Paragraph 3. Is deleted in its entirety and replaced by the following:

"Bodily injury" means:

- a. Bodily injury, sickness or disease sustained by a person, and includes mental anguish resulting from any of these; and
- b. Except for mental anguish, includes death resulting from the foregoing (Item a. above) at any time.

R. Personal and Advertising Injury – Abuse of Process, Discrimination

If **COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY COVERAGE** is not otherwise excluded from this Coverage Part, the definition of "personal and advertising injury" is amended as follows:

- 1. **SECTION V – DEFINITIONS**, Paragraph 14.b. is deleted in its entirety and replaced by the following:

- b. Malicious prosecution or abuse of process;

- 2. **SECTION V – DEFINITIONS**, Paragraph 14. is amended by adding the following:

Discrimination based on race, color, religion, sex, age or national origin, except when:

- a. Done intentionally by or at the direction of, or with the knowledge or consent of:
 - (1) Any insured; or
 - (2) Any executive officer, director, stockholder, partner or member of the insured;
- b. Directly or indirectly related to the employment, former or prospective employment, termination of employment, or application for employment of any person or persons by an insured;

- c. Directly or indirectly related to the sale, rental, lease or sublease or prospective sales, rental, lease or sub-lease of any room, dwelling or premises by or at the direction of any insured; or
- d. Insurance for such discrimination is prohibited by or held in violation of law, public policy, legislation, court decision or administrative ruling.

The above does not apply to fines or penalties imposed because of discrimination.

 An official website of the United States government. [Here's how you know >](#)

Visit our tips page to learn how to best use the Exclusions Database. If you experience technical difficulties, please email the webmaster at webmaster@oig.hhs.gov.

Exclusions Search Results: Entities

No Results were found for

Serenity House of Clallam County

 **If no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation**

[Search Again](#)

Search conducted 5/9/2025 11:54:03 AM EST on OIG LEIE Exclusions database.

Source data updated on 5/9/2025 10:01:00 AM EST

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