

**Department of Social and Health Services (DSHS)
CHIPRA II Grant - Scanning Verification Documents
Participation Agreement – Assisting Agency**

Kittitas County dba Kittitas Health Department

This Participation Agreement acknowledges the intention of DSHS and the partner listed below to increase access to DSHS services by providing a location to submit an on-line application for CHIP assistance and other public assistance benefits using a computer workstation funded by DSHS, with the intention to sustain the workstation after the life of the grant.

This agreement is intended to provide clarity regarding expectations.

This Participation Agreement is between:

DSHS, Community Services Division (CSD)
Attention: Lynette Richardson, email address, RichaLA@dshs.wa.gov
712 Pear St. SE
Olympia, WA 98504
Phone: 360-725-4890
Fax: 360-725-4904

And:

Kittitas County Health Department
Attention: Mark Larson
Email address: Scliz.whitaker@co.kittitas.wa.us
507 N. Nanum Street, Suite 102
Ellensburg, WA 98926
Phone: 509-962-7515
FAX: 509-962-7581

ROLES AND RESPONSIBILITIES:

1. Contractor Obligations

- a. Have computer and scanner installed and operational by their scheduled site visit. Site visit will be conducted within 60 days after participation agreement award (date to be scheduled by DSHS), as detailed in Section 3 below.

- b. Provide semi-private location where Partnering Agency staff can assist applicants in completing and submitting the DSHS on-line application for CHIP and upload verification documents.
- c. Have staff who assist applicants with the application process sign a DSHS Contractor Nondisclosure of Confidential Information form to ensure they will not use, publish, transfer, sell or otherwise disclose any confidential information gained by reason of this agreement for any purpose. Partnering Agency is required to keep these signed forms on file for one year beyond the duration of this agreement
- d. Maintain working order of the equipment
- e. Ensure equipment is available, during peak business hours, to provide client assistance for CHIP applications as defined in the Partnering Agency's Statement of Work.
- f. Provide adequate internet service and electrical power connectivity for semi-private workstation (which includes a computer and scanner).
- g. Allow DSHS and/or Federal representative(s) periodic, on-site visits.
- h. Register to become a Washington Connection Assisting Agency
- i. Register for Secure Access Washington (SAW) accounts through DSHS Washington Connection
- j. Track submittals by logging into Washington Connection Contractor Assisting Staff's SAW account for each submittal. Provide a monthly Account Summary Report as detailed in Section 2 below.
- k. If for any reason you are unable to meet the obligations set forth in this participation agreement, notify project coordinator immediately who will determine if the agreement is in default. Default may result in reimbursement to DSHS for equipment funds.
- l. Inform applicants they are applying for CHIP from DSHS so the applicant can make an informed decision about receiving benefits.

2. Reporting Requirements

The Partnering Agency will provide monthly Account Summary reports for submitted applications, eligibility reviews, change of circumstance, and/or count of uploaded documents.

3. Monitoring Requirements

The Partnering Agency will be available for a site visit conducted within 60 days of participation agreement award (date to be scheduled) and thereafter by DSHS Project Coordinator. The site visit will include: training on Washington Connection, contractor pages, reporting requirements, and delivery of marketing materials

4. DSHS will:

- a. Complete site visit to ensure partnering agency has received the approved computer equipment to equip workstation(s)
- b. Collect receipts and signatures to authorize reimbursement, and promptly reimburse Partnering Agency for purchased equipment
- c. Review Non-Disclosure Agreements for signatures
- d. Provide training to Partnering Agency staff that will assist applicants in the application process
- e. Have the Project Coordinator respond to inquiries and/or issues received from the Partnering Agency regarding this project
- f. Inform the Partnering Agency of any changes to the on-line application or changes in service delivery that may impact this agreement

This Participation Agreement is entered into between the Partnering Agency referenced above and DSHS Community Services Division beginning April 22, 2013 and ending August 31, 2013.

APPROVED:

Partnering Agency

Signature:



Printed Name:

Robin H. Read

Phone Number:

509-962-7003

Email:

robin.read@co.kittitas.wa.us

Date:

4/22/13

APPROVED:

DSHS/CSD Contracts Officer

Signature: _____

Ramona Bushnell

Printed Name: Ramona Bushnell

Phone Number: 360-725-4531

Email: BushnRR@dshs.wa.gov

Date: 4-22-13

For DSHS use only:

	Monitor	Keyboard	CPU	Scanner	Laptop	Air Card
Quantity Purchased						
Installed						
Reimbursement Requested						