



SouthEastern Arizona Governments Organization  
Area Agency on Aging, Region VI

**SUBAWARD AGREEMENT**

**BETWEEN**

**THE SEAGO AREA AGENCY ON AGING (“SEAGO”)**

**AND**

**COCHISE HEALTH AND SOCIAL SERVICES  
SET FORTH BELOW**

The Subrecipient is a:  Non Profit Corporation,  For Profit Corporation or  Public Agency.

**WHEREAS**, SEAGO is duly authorized to execute and administer Subaward for the provision of direct services under the Area Plan on Aging, and

**WHEREAS**, SEAGO desires that the Subrecipient deliver services and the Subrecipient has agreed to deliver services pursuant to the terms and conditions contained herein, and

**WHEREAS**, this Subaward Agreement (hereinafter “Subaward”) shall consist of the Subaward Agreement General Provisions; the proposal and Service Delivery Plan submitted by the Subrecipient in response to the SEAGO Request for Proposals 2020-2024, and any subsequent amendments thereto; the Proposal Submittal Requirements for each service; the Service Specifications for each service; and any exhibits and/or documents referenced or included in the Solicitation. All of the above documents are hereby incorporated into this Subaward by reference as if fully set forth herein.

**NOW THEREFORE, SEAGO and the Subrecipient agree to abide by all the terms and conditions set forth in this Subaward.**

**FOR AND ON BEHALF OF THE  
SEAGO AREA AGENCY ON AGING**

\_\_\_\_\_  
Signature

Randy Heiss, Executive Director

\_\_\_\_\_  
Date

107-20  
Subaward Identification No.

**ATTEST:**

\_\_\_\_\_  
Arlethe G. Morrison  
Clerk of the Board

**APPROVED AND SIGNED BY THE CHAIRMAN  
OF THE BOARD OF SUPERVISORS OF  
COCHISE COUNTY, ARIZONA**

**Cochise Health and Social Services**  
\_\_\_\_\_  
Subrecipient

Peggy Judd, Chairman

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPROVED AS TO FORM:**

  
\_\_\_\_\_  
Sara Dent  
Civil Deputy County Attorney



### 3.0 Subaward Term:

This Subaward shall begin on July 1, 2019 and shall terminate on August 31, 2020 and may be renewed for additional years.

The Period of Performance for this Subaward shall begin on shall begin on July 1, 2019 and shall terminate on June 30, 2020.

### 4.0 Subaward Purpose:

#### X A. Older Americans Act:

##### Program Goal:

To provide the services specified in 5.3 to eligible older persons in accordance with the Older Americans Act of 1965, as amended. The target populations, problems and needs are identified and specified in the Area Agency on Aging Area Plan for services and the Area Plan amendments.

#### X B. Social Service Block Grants:

##### Program Goals:

- (1) Achieve or maintain economic self-support to prevent, reduce, or eliminate dependency.
- (2) Achieve or maintain self-sufficiency, including reduction or prevention of dependency.
- (3) Prevent or remedy neglect, abuse, or exploitation of children and adults unable to protect their own interests; or preserve, rehabilitate, or reunite families.
- (4) Prevent or reduce inappropriate institutional care by providing for community-based care or other forms of less intensive care.
- (5) Secure referral or admission for institutional care when other forms of care are not appropriate.

### 5.0 Subaward Services and Service Delivery:

#### 5.1 Service Specifications:

Each service to be provided under this Subaward shall be delivered in accordance with the requirements indicated in the applicable Service Specifications. Subrecipient shall deliver the number of units of each service identified in Annex B.

SEAGO reserves the right to request further clarification of the service delivery plan at any time.

#### 5.2 Lower Tier Subrecipients:

     A portion of the services to be provided under this Subaward shall be delivered by Lower Tier Subrecipients as identified in Section 5.5 of this Annex. Subrecipient understands and warrants no work shall be performed by a Lower Tier Subrecipient until the Lower Tier Subaward Agreement document has been reviewed by and approved in writing by the authorized Area Agency on Aging representative.

5.3 Subaward Services: (Check all services Subrecipient will deliver.)

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Housekeeping          | <input type="checkbox"/> Community Nursing      |
| <input type="checkbox"/> Congregate Meals           | <input type="checkbox"/> Attendant Care        | <input type="checkbox"/> Caregiver Adaptive Aid |
| <input type="checkbox"/> Home Delivered Meals       | <input type="checkbox"/> Caregiver Home Repair | <input type="checkbox"/> Legal Assistance       |
| <input type="checkbox"/> Transportation             | <input type="checkbox"/> Home Nursing          | <input type="checkbox"/> In-Home Respite        |
| <input type="checkbox"/> Caregiver Outreach         | <input type="checkbox"/> Caregiver Training    |   |

5.4 Eligibility Criteria, Intake Procedures, and Case Records:

5.4.1 Eligibility Criteria

Eligibility for each service is specified in SEAGO Service Specifications. Eligibility for in-home services shall be determined by Case Managers authorized by SEAGO. Eligibility is generally restricted to older individuals aged 60 or older, unless Social Services Block Grant funding allows for services to disabled individuals under age 60.

5.4.2 Intake Procedures

- A. Intake for Respite, Home Delivered Meals, Housekeeping, Attendant Care, and Home Nursing shall be through the Subrecipient Case Management agency authorized by SEAGO.
- B. Subrecipients providing the services specified in "A" above may only serve clients who have been determined eligible by the Case Management agency.
- C. Case Management agencies shall comply with the intake procedures specified in the SEAGO AAA Program Instructions and the DES/DAAS Policy Manual.
- D. Subrecipients providing Congregate Meals, Legal Assistance, or Transportation services shall complete a SEAGO Application/Registration Form on every individual that is to receive any services and shall submit the original of this form to SEAGO.

5.4.3. Case Records

- A. Subrecipient shall maintain daily service records identifying the clients that receive services, the dates each client received services, and the units of service each client received by date.
- B. Individual client files shall be maintained on persons receiving In-Home Respite, Home Delivered Meals, Housekeeping, Attendant Care, and Home Nursing and these files must include documentation of service planning by the Case Management agency.
- C. In-Home Respite, Housekeeping, Attendant Care, and Home Nursing providers shall maintain individual client files, which shall include documentation specified in the "Area Agency on Aging Requirements" section of the Service Specifications.
- D. Case Management agencies shall maintain individual client files, which include the documentation specified in the SEAGO Program Instructions.

#### 5.4.4 Project Income and Cost Sharing

The Subrecipient commits to not denying service to any client solely because that client refuses to make a donation.

The Subrecipient shall solicit voluntary donations from clients for services received.

The Subrecipient commits to inform clients of their share of the cost for lifespan respite. Payments made shall be voluntary/and failure to pay shall not be a reason to deny service.

#### 5.5 List of Lower Tier Subrecipients:

The following service(s) to be provided under this Subaward shall be delivered by the Lower Tier Subrecipient(s) listed below:

Service(s)

Lower Tier Subrecipient

## FACILITY LOCATION CHART

Contract Services shall be delivered only at the facilities and locations specified below and will be available during hours of operation indicated.

NAME OF FACILITY, ADDRESS, PHONE AND FAX NO. WHERE SERVICE(S) WILL BE PROVIDED	CONTRACT SERVICE(S)	S U B	DAYS & HOURS OF OPERATION	GEOGRAPHIC COVERAGE
<p><b>COCHISE HEALTH &amp; SOCIAL SERVICES</b> 4 Ledge Ave, Third Floor P.O. Box 4279 BISBEE, AZ 85603 520-432-9660 Belvet Elsouhag 520-432-9680 AAA Main Line 520-432-9661 Connie Robertson 520-586-8192 Shirley Thomas Fax 520-432-9658</p> <p>126 W. 5TH ST SUITE 204 BENSON, AZ 85602 520-586-8190 Main Line 520-586-8191 Maria Tamez 520-586-8192 Shirley Thomas Fax 520-586-1503</p> <p>1012 N. G Avenue, Suite 101 DOUGLAS, AZ 85607 520-805-5631 Yolanda Thomas Fax 520-364-5453</p> <p>4115 E FOOTHILLS DRIVE SIERRA VISTA, AZ 85635 520-803-3950 Seana Riffle Fax 520-439-9178</p>	• Case Management		8:00AM-5:00PM MON-FRI	Bisbee Herabond Mirabe Valley Palm Springs
	• Case Management		7:30AM-4:30PM MON-FRI	Benson Pomarena Dragon Santi David Tomastone  Wilcox Cos Cabezas Sunshas Sunizona Sowla Pearce Portel San Simone Kansas Settlement
	• Case Management		7:00AM-5:30PM MON-THU	Double Adobe Douglas Sifida McNair Pintevilla
	• Case Management		7AM-5:30PM TUE-FRI	Sierra Vista Huachuca City Whitestone
			<b>*CASE MANAGERS' SCHEDULES MAY VARY.</b>	

The Contractor's Administrative office will not be open on the holidays marked below (darken box for applicable holiday):

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> New Year's Day                   | <input type="checkbox"/> Good Friday                 | <input type="checkbox"/> Yom Kippur                  | <input type="checkbox"/> _____<br>(Other Holidays)         |
| <input checked="" type="checkbox"/> Martin Luther King Jr's Birthday | <input checked="" type="checkbox"/> Memorial Day     | <input type="checkbox"/> Columbus Day                | <input checked="" type="checkbox"/> Day after Thanksgiving |
| <input type="checkbox"/> Lincoln's Birthday                          | <input checked="" type="checkbox"/> Independence Day | <input checked="" type="checkbox"/> Veteran's Day    | <input type="checkbox"/> _____                             |
| <input type="checkbox"/> Washington's Birthday                       | <input checked="" type="checkbox"/> Labor Day        | <input checked="" type="checkbox"/> Thanksgiving Day | <input type="checkbox"/> _____                             |
| <input checked="" type="checkbox"/> President's Day                  | <input type="checkbox"/> Rosh Hashanah               | <input checked="" type="checkbox"/> Christmas Day    | <input type="checkbox"/> _____                             |

The holidays indicated above apply only to the administrative office; services are provided 24 hours.

**ANNEX B**

**COMPENSATION SECTION**

**1.0 METHOD OF COMPENSATION**

The method of compensation governing this subaward shall be:

- Fixed Rate for SEAGO AAA state and federal funds for services identified in 2.1.

**2.0 COMPENSATION**

Upon timely receipt of required reporting documents, subject to availability of funds, SEAGO shall reimburse the Subrecipient on a monthly basis in accordance with Section 56, Payments of the Subaward Agreement General Provisions for actual, allowable costs incurred in the delivery of services (cost reimbursement), or units of service delivered (fixed rate) during the term of the subaward consistent with the approved Subaward Agreement Operating Budget contained herein.

**2.1 Fixed Rate**

**Case Management – HCBS**

Subcontractor: COCHISE COUNTY PUBLIC FIDUCIARY		FEIN: 866330268	
Type / Rate	Location	No Site Assigned	
		BA - COCHISE COUNTY PUBLIC FIDUCIARY	
		BB - COCHISE HEALTH & SOCIAL SERVICES	
		BA - COCHISE COUNTY PUBLIC FIDUCIARY	
Start Date: 07/01/2019	End Date: 06/30/2020		
<b>Service</b>			
	Unit Price	Total Budget	Approved
Case Management - Home	Rate	46.00	Units
16-89	.00	.00	.00
80-84	.00	.00	.00
85-	.00	.00	.00
Other	6,700.00	308,200.00	.00
<b>Total</b>	<b>6,700.00</b>	<b>308,200.00</b>	<b>6,700.00</b>
<b>Vouchers</b>			
		Total Budget	Approved
Voucher		.00	.00
<b>Voucher Total</b>		<b>.00</b>	<b>.00</b>
<b>Local Revenue</b>			
		Total Budget	Approved
Non-Fed In-Kind		46,200.00	.00
Non-Fed Cash		66,000.00	.00
<b>Local Revenue Total</b>		<b>112,200.00</b>	<b>.00</b>
<b>Budget Detail Summary</b>			
		Total Budget	Approved
Service		308,200.00	.00
Vouchers		.00	.00
<b>Subtotal</b>		<b>308,200.00</b>	<b>.00</b>
Local Revenues		112,200.00	.00
<b>Total Budget</b>		<b>196,000.00</b>	<b>.00</b>
Notes			

## Case Management SSBG

Subcontractor		COCHISE COUNTY PUBLIC FIDUCIARY			
Type	Rate	Location	FEIN 866000298		
		No Site Assigned			
		BA - COCHISE COUNTY PUBLIC FIDUCIARY			
		BS - COCHISE HEALTH & SOCIAL SERVICES			
Start Date	3/21/2019	End Date	05/20/2020		
		B4 - COCHISE COUNTY PUBLIC FIDUCIARY			
<b>Service</b>					
Service	Total Units	Total Budget	Units	Invoced	Budget Remaining
		Rate		Total	Total
Case Management - Hom		46.00			
18-59	00	00	00	00	00
60-64	00	00	00	00	00
65+	00	00	00	00	00
Other	435.00	20,010.00	00	00	20,010.00
<b>Total</b>	<b>435.00</b>	<b>20,010.00</b>	<b>00</b>	<b>00</b>	<b>20,010.00</b>
<b>Local Revenue</b>					
	Total Budget	Invoced	Budget Remaining		
ALTCS	00	00	00		
Project Income	00	00	00		
Other Fed	00	00	00		
Non-Fed Subtotal	10.00	00	10.00		
Non-Fed In-Kind	10.00	00	10.00		
Non-Fed Cash	00	00	00		
Cost Share Received	00	00	00		
<b>Local Revenue Total</b>	<b>10.00</b>	<b>00</b>	<b>10.00</b>		
<b>Budget Detail Summary</b>					
	Total Budget	Invoced	Budget Remaining		
Service	20,010.00	00	20,010.00		
Vouchers	00	00	00		
Subtotal	20,010.00	00	20,010.00		
Local Revenues	10.00	00	10.00		
<b>Total Budget</b>	<b>20,000.00</b>				
Notes					

### 3.0 COMPENSATION REQUIREMENTS

Payment shall be subject to the following limitations and exceptions:

1. Title 45 CFR Part 75, Section 75.305 requires payment be made within 30 days after receipt of payment request.
2. **The Subrecipient shall bill all available third party payors including AHCCCS acute care providers, ALTCS, Medicare, or private insurance, before requesting any of the funds identified under 2.0 above. SEAGO AAA shall be the payor of last resort.**
3. Payment for services which are case managed shall only be made for units that are within authorization levels and time frames.
4. Failure to comply with reporting requirements specified under Section 4.0 below will result in immediate cessation of disbursement of funds by SEAGO AAA to the Subrecipient until the required reports are received.
5. Subrecipient agrees to adhere to the approved Subaward Agreement Operating Budget, contained in this Annex, within the tolerance levels set forth in Section 4, Amendments of the Subaward Agreement General Provisions.
6. A written amendment signed by both parties shall be required for Cost Reimbursement subawards whenever there is an increase or decrease in any budget category by 10% or greater.

7. During the subaward agreement, each revenue source will support expenses and the production of units of service in direct proportion to the actual reported receipts of each revenue source as a percentage of total reported revenue.
8. Payments may be limited to a monthly ceiling of 1/12<sup>th</sup> the service award amount in order to ensure availability of services throughout the subaward agreement.
9. Adjustments or corrections to monthly payment requests must be submitted within 30 days following the termination of this subaward. Subawards will be closed out based on timely submission of these adjustments.

#### 4.0 REPORTING REQUIREMENTS

In accordance with Section 64, Reporting Requirements of the Subaward Agreement General Provisions, the Contractor shall submit to SEAGO AAA the following reports by the dates specified:

- Monthly Service Log by the **3rd working day** of the month following the month of service. This service log shall identify units of service provided by month, by client, by service, and by site.
- Monthly Payment Request for Services provided by the **15th of the month** following the month of service. Payment Request must be accompanied by the SEAGO AAA analysis tool which identifies the total units of each service for the month. The total reported on the SEAGO AAA analysis tool must be the sum of the monthly service logs for each site. A provider must continue to report units of service provided with other funding sources even if all SEAGO AAA funding has been expended. A copy of the SEAGO AAA analysis tool is attached as Exhibit F. All of the above forms are also available in electronic format from the SEAGO AAA.
- Quarterly Nutrition Education Report by the 15th day of July, October, January, and April of nutrition education sessions that were conducted during the preceding quarter, including sign-in sheets by the participants in those sessions. Use attached sample report or one in the same format (as applicable)
- Monthly programmatic reports by the 15<sup>th</sup> of the month for any of the following services (as applicable):
  - Family Caregiver Support Program, Caregiver Training
  - Family Caregiver Support Program, Caregiver Outreach
  - Legal Assistance

**ANNEX C**

**SUPPLEMENTAL INFORMATION SECTION**

1.0 A U.S. Department of Health and Human Services pass-through to Arizona Department of Economic Security Division of Adult and Aging Services pass-through to SEAGO makes federal funds available from the Older Americans Act Title III and VII and the Social Services Block Grant. The state FY16 federal amount to SEAGO is \$1,689,217.

Federal Award Number:	To be provided once available
Federal Award Date:	To be provided once available
Federal Award Description:	To be provided once available

1.1 The federal funds available for Subaward through SEAGO (\$1,555,571) are as follows:

\$308,769 Special Programs for the Aging, Title III, Part B, Supportive Services and Senior Centers, CFDA 93.044

\$290,397 Special Programs for the Aging, Title III, Part C1, Nutrition Services, CFDA 93.045

\$211,963 Special Programs for the Aging, Title III, Part C2, Nutrition Services, CFDA 93.045

\$524,711 Social Services Block Grant, CFDA 93.667

\$97,661 Nutrition Services Incentive Program, CFDA 93.053

\$122,069 National Family Caregiver Support, Title III, Part E, CFDA 93.052

1.2 This is not a Research and Development Subaward.

2.0 Indirect Cost Recovery:

The indirect cost rate for the federal award is 0%. The Subrecipient has not requested to recover indirect costs in this Subaward.

The indirect cost rate for the federal award is 14%

**SEAGO AREA AGENCY ON AGING  
PAYMENT REQUEST FOR SERVICES PROVIDED UNDER FIXED RATE**

<b>NAME and PROMDER ID:</b> Cochise Co. Health & Social Services/Public Fiduciary 866000398BB                      107-20			<b>REPORT FOR : MONTH / YEAR</b>  <input type="checkbox"/> Original <input type="checkbox"/> Revised		
<b>PREPARED BY:</b> _____			<b>DATE:</b> _____		
<b>Service</b>	<b>CMG HCB</b> 208-80406	<b>CMG SSBG</b> 266-46600			
<b>UNITS OF SERVICE</b>					
<b>Units Delivered</b>					
<b>Unit Rate</b>	\$46.00	\$46.00			
<b>EXPENDITURES FOR THE MONTH BY LINE ITEM</b>					
Personnel					
E.R.E.					
P. & O.					
Travel					
Space					
Equipment					
Materials & Supplies					
Operating Services					
Indirect Costs					
<b>Total Expenditures</b>	\$ -	\$ -	\$ -	\$ -	\$ -
<b>REVENUE FOR THE MONTH BY FUND SOURCE</b>					
ALTC S					
Project Income					
Non-Federal In-Kind					
Non-Federal Cash					
Other Federal					
<b>Total Non-SEAGO Revenue</b>	\$ -	\$ -	\$ -	\$ -	\$ -
<b>SEAGO AAA FUNDS</b>	\$ -	\$ -	\$ -	\$ -	\$ -
	<b>TOTAL</b>				\$ -

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_  
**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b>AMOUNT</b>	<b>DAARS #</b>
\$ -	

