



**SouthEastern Arizona
Governments Organization**



**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

AS SET FORTH BELOW

The Subrecipient is a Non Profit Corporation.

WHEREAS, SEAGO is duly authorized to execute and administer Subawards 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 Provision, 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	APPROVED AND SIGNED BY THE CHAIRMAN OF THE BOARD OF SUPERVISORS OF COCHISE COUNTY, ARIZONA
	Cochise Health and Social Services
<i>Signature</i>	<i>Subrecipient</i>
Randy Heiss, Executive Director	Ann English, Chairman
8/5/2022	
<i>Date</i>	<i>Signature</i>
107-23	
<i>Subaward Identification No.</i>	<i>Date</i>

ATTEST:

Tim Mattix, Clerk of the Board

APPROVED AS TO FORM:

Paul Correa

Paul Correa, Civil Deputy County Attorney

**ANNEX A
PROGRAM ADMINISTRATION SECTION**

1.0 Authorized Signatory for Subrecipient:

Cochise County Social Services	86-6000398
<i>Subrecipient Name</i>	<i>Federal Employer ID Number</i>
P.O. Box 4279 Bisbee AZ, 85603	
<i>Address</i>	520-432-9660
20126041	<i>Phone Number</i>
<i>DUNS Number</i>	

1.2

Belvet Elsouhag	Cochise County Public Fiduciary
<i>Name of Authorized Signatory</i>	<i>Title</i>

is the signatory to this Subaward on behalf of the Subrecipient and is responsible for the delivery of services during the term of this Subaward.

1.3

In the absence of the principal authorized signatory named above, the person below is authorized to sign this Subaward and any amendments thereto on behalf of the Subrecipient.

<i>Name of Authorized Signatory</i>	<i>Title</i>

2.0 Notices:

2.1 The SEAGO AAA shall address all notices relative to this Subaward to the attention of:

Belvet Elsouhag	Cochise County Public Fiduciary
<i>Name of Authorized Signatory</i>	<i>Title</i>
P.O. Box 4279 Bisbee AZ, 85603	520-432-9660
<i>Address</i>	<i>Phone</i>

2.2 The Subrecipient shall address all notices relative to this Subaward to the attention of:

Laura Villa	AAA Program Director
<i>Name</i>	<i>Title</i>
SEAGO Area Agency on Aging 1403 W HWY 92 Bisbee, AZ 85603	520-432-2528
<i>Address</i>	<i>Phone</i>

3.0 Subaward Term:

This Subaward shall begin on *July 1, 2022* and shall terminate on *January 1, 2023* and may be renewed for additional years. The period of performance for this Subaward shall begin on *July 1, 2022* and shall terminate on *October 31, 2022*.

4.0 Subaward Purpose:

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.

B. Social Services 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 is 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 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"/> | Caregiver Home Repair |
| <input type="checkbox"/> | Congregate Meals | <input type="checkbox"/> | Home Nursing |
| <input type="checkbox"/> | Home Delivered Meals | <input type="checkbox"/> | Caregiver Training |
| <input type="checkbox"/> | Transportation | <input type="checkbox"/> | Caregiver Adaptive Aid |
| <input type="checkbox"/> | Caregiver Outreach | <input type="checkbox"/> | Legal Assistance |
| <input type="checkbox"/> | Housekeeping | <input type="checkbox"/> | In-Home Respite |
| <input type="checkbox"/> | Attendant Care | | |

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 no 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

a) Organization (Contractor/Subcontractor)	b) Sub	c) Service	d) Days and Hours of Operation	e) Geographic Area to be Served
<p>COCHISE HEALTH & SOCIAL SERVICES – ADMINISTRATION 1415 Meloday Lane P.O. Box 4279, Bisbee, AZ 85603 520-432-9660 Belvet Elsouhag 520-432-9680 AAA Main Line Fax 520-432-9658</p> <p>126 W. 5TH ST SUITE 204 BENSON, AZ 85602 520-586-8190 Main Line 520-586-8191 Claudia Valdez 520-586-8192 Gabriela Bonichi Fax 520-586-1503</p> <p>4115 E FOOTHILLS DRIVE SIERRA VISTA, AZ 85635 520-803-3950 Seana Riffle Fax 520-439-9178</p> <p>1012 N. G Avenue, Suite 101 DOUGLAS, AZ 85607 520-805-5631 Yolanda Thomas Fax 520-364-5453</p>		<p>Case Management</p> <p>Case Management</p> <p>Case Management</p>	<p>7:00AM-5:30PM MON-FRI</p> <p>7AM-5:30PM TUE-FRI</p> <p>7:00AM-5:00PM MON-THU</p>	<p>Dragoon Saint David Tombstone Pearce Cochise Sunsites Wilcox Dos Cabezas Sunizona Bowle Portal San Simone Kansas Settlement</p> <p>Benson Pomerene Huachuca City Whetstone Sierra Vista (North of Fry Blvd & HWY 90)</p> <p>Sierra Vista (South of Fry Blvd & HWY 90) Hereford Miracle Valley Palominas</p> <p>Double Adobe Douglas Efrida McNeal Pitieville</p>

(f)

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

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.
- Cost Reimbursement for SEAGO AAA state and federal funds for services identified in 2.2.

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

Subcontractor

Type Location FEIN 866000398

BA - COCHISE COUNTY PUBLIC FIDUCIARY
 BB - COCHISE HEALTH & SOCIAL SERVICES

Start Date 07/01/2022 End Date 06/30/2023

Service

	Total Units	Rate	Total Budget	Units	Invoiced Total	Units	Budget Remaining Total
<input checked="" type="checkbox"/> Case Management - Home		47.00					
18-59	.00		.00	.00	.00	.00	.00
60-64	.00		.00	.00	.00	.00	.00
65+	.00		.00	.00	.00	.00	.00
Other	1,951.00		91,697.00	.00	.00	1,951.00	91,697.00
Total	1,951.00		91,697.00	.00	.00	1,951.00	91,697.00

Vouchers

	Total Budget	Invoiced	Budget Remaining
Voucher	.00	0	0
Voucher Total	.00	.00	.00

Local Revenue

	Total Budget	Invoiced	Budget Remaining
Non-Fed In-Kind	14,030.00	.00	14,030.00
Non-Fed Cash	16,000.00	.00	16,000.00
Local Revenue Total	30,030.00	.00	30,030.00

Budget Detail Summary

	Total Budget	Invoiced	Budget Remaining
Service	91,697.00	.00	137,569.00
Vouchers	.00	.00	.00
Subtotal	91,697.00	.00	137,569.00
Local Revenues	30,030.00	.00	30,030.00
Total Budget	61,667.00		

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 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 1/12th 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 6.4, 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 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).

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 .

Payment Request For Services Provided Under Fixed Rate

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

NAME and PROVIDER ID: Cochise Co. Health & Social Services/Public Fiduciary 866000398BB 107-23			REPORT FOR : MONTH / YEAR <input type="checkbox"/> Original <input type="checkbox"/> Revised		
PREPARED BY: _____			DATE: _____		
Service	CMG HCB 208-80460	CMG SSBG 268-80460			
UNITS OF SERVICE					
Number of Clients Served					
Units Delivered					
Unit Rate	\$47.00	\$47.00			
EXPENDITURES FOR THE MONTH BY LINE ITEM					
Personnel					
E.R.E.					
P. & O.					
Travel					
Space					
Equipment					
Materials & Supplies					
Operating Services					
Indirect Costs					
Total Expenditures	\$ -	\$ -	\$ -	\$ -	\$ -
REVENUE FOR THE MONTH BY FUND SOURCE					
ALTCs					
Project Income					
Non-Federal In-Kind					
Non-Federal Cash					
Other Federal					
Total Non-SEAGO Revenue	\$ -	\$ -	\$ -	\$ -	\$ -
SEAGO AAA FUNDS	\$ -	\$ -	\$ -	\$ -	\$ -
				TOTAL	\$ -

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: _____

AMOUNT	DAARS #
\$ -	