

2024 Grant Work Plan

Department **Human Services** Division 003 Fund 124 Program 511
Program 020 Subprogram 313, 314

Purpose of Grant (Brief description of work to be performed) **Caregiver Training**

This Agreement with Washington State Department of Health and Social Services, Aging and Long-Term Support Administration (AL TSA), provides funding authority (no maximum award) to Snohomish County to reimburse the County and contracted agencies for the costs of providing orientation, caregiving education, and Continuing Education to paid home care workers serving Medicaid eligible clients. The County will be reimbursed an administrative fee of 5% of the amount of class time for home care agency providers. This is a fee for service agreement with no maximum contract amount; budget estimates are based upon projected activity.

Existing/ongoing program Yes New program Yes

Source of grant funding: Federal State Local Other

Grant Term: From 7/1/2024 to 6/30/2025

Grantor: **Department of Social and Health Services, State of WA** Grant Award **\$ 603,750**

Is match required: Yes No If yes, match amount required: _____

Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.

_____	DAC _____	Amount _____
_____	DAC _____	Amount _____

Total Resources \$603,750

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$28,750

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

If new FTEs are needed, complete the following. Attach additional sheet if needed.

	# FTEs	Classification
Total FTEs	_____	_____

2. Pass Thru (Estimated cost) \$575,000

Total Expenditures \$603,750
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If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
<u>2.0</u>	<u>Case Manager Lead</u>
<u>2.0</u>	<u>Case Manager</u>
<u>1.0</u>	<u>Case Management Aide</u>

Total FTEs 5.0 Sum of new positions included in 2024 budget request

2. Pass Thru (Estimated cost) \$1,936,625

Total Expenditures \$16,394,054

*Total grant amount anticipated for the grant term. \$15,094,054 is included in the 2024 budget request.

2024 Grant Work Plan

Department **Human Services** Division 003 Fund 124 Program 511

Program 020, Subprograms 310, 311, 317, 318, 320, 323, 347

Purpose of Grant (Brief description of work to be performed) **Older Americans Act**

This Agreement with Washington State Department of Health and Social Services, Aging and Long-Term Support Administration (AL TSA), provides federal Older Americans Act funds which support subcontracted services from community agencies to County elder citizens age 60+ who live in their own homes. Services include Information and Assistance, Congregate Nutrition, Home Delivered Meals, Family Caregiver Support, Chronic Disease Education, Case Management, Legal Services, Stabilized Housing, Volunteer Transportation, and Client Specific Support.

A portion of these funds (10%) also finances planning, advocacy and administrative activities of the Human Services Department's Aging and Long-Term Care program which serves as the State designated Area Agency on Aging (AAA) for Snohomish County.

Existing/ongoing program Yes New program Yes

Source of grant funding: Federal State Local Other

Grant Term: From 1/1/2024 to 9/30/2025

Grantor: **Department of Social and Health Services, State of WA** Grant Award **\$3,188,035***

Is match required: Yes No If yes, match amount required: \$602,885

Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.

Internal Cost Match Amount \$122,061

Pass Thru Match Amount \$480,824

See next page for match breakdown

Total Resources \$3,790,920

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$514,596

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
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Total FTEs	_____
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2. Pass Thru (Estimated cost) \$3,276,324

Total Expenditures \$3,790,920
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2024 Grant Work Plan

Purpose of Grant (Brief description of work to be performed) **Older Americans Act Cont.**

***Total grant award anticipated. Historically, the Grantor has prepared a unilateral amendment prior to the end of the federal fiscal year in compliance with federal requirements to obligate funding.**

Match Detail

Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.

INTERNAL COSTS

County General DAC 124-3045119700 Amount \$63,216

County General DAC 124-3045209700 Amount \$15,000

State grant revenues included in State/Fed Services Agreement Amount \$43,845

SUBTOTAL \$122,061

PASS THRU MATCH

County General DAC 124-3045209700 Amount \$ 47,000

State grant revenues and/or subcontract agency revenues Amount \$433,824

SUBTOTAL \$480,824

MATCH TOTAL \$602,885

2024 Grant Work Plan

Department **Human Services** Division 003 Fund 124 Program 511
 Program 020 Subprogram 346

Purpose of Grant (Brief description of work to be performed) **Medicare Enrollment and Outreach Assistance Program**

This Agreement with Washington State Office of Insurance Commissioner provides funding to conduct Medicare and Medicare Part D outreach, including rural areas; and to assist eligible Medicare beneficiaries to enroll in Medicare Part D, or to apply for the Medicare Low-income Subsidy and Medicare Savings Plans.

Existing/ongoing program Yes New program Yes

Source of grant funding: Federal State Local Other

Grant Term: From 10/1/24 to 9/30/2025

Grantor: **Office of Insurance Commissioner, State of WA** Grant Award **\$83,000***

Is match required: Yes No If yes, match amount required: _____

Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.

_____ DAC _____ Amount _____

Total Resources \$83,000

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$3,000

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
_____	_____
_____	_____

Total FTEs _____

2. Pass Thru (Estimated cost) \$80,000

Total Expenditures \$83,000

*Total amount anticipated for grant term. \$41,500 (one-half) is included in the 2024 budget request.

2024 Grant Work Plan

Department **Human Services** Division 003 Fund 124 Program 543

Purpose of Grant (Brief description of work to be performed) **Care Consultation Services for Veteran Directed Home Services:** This Agreement with Washington State Department of Health and Social Services, Aging and Long-Term Support Administration (AL TSA), provides funding for the Case Management program to assist eligible veterans with choosing and accessing various home care services available under the program. This is a fee for service agreement with no maximum contract amount; budget estimates are based upon current and projected activity.

Existing/ongoing program Yes New program Yes

Source of grant funding: Federal State Local Other

Grant Term: From 10/1/2024 to 9/30/2026

Grantor: **Department of Social and Health Services, State of WA** Grant Award **\$4,800**

Is match required: Yes No If yes, match amount required: _____

Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.

_____	DAC _____	Amount _____
_____	DAC _____	Amount _____

Total Resources \$4,800

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$4,800

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

If new FTEs are needed, complete the following. Attach additional sheet if needed.

	# FTEs	Classification
Total FTEs	_____	_____

2. Pass Thru (Estimated cost) \$0

Total Expenditures \$4,800

2024 Grant Work Plan

Department **Human Services** Division 003 Fund 124 Program 511

Program 020, Subprogram 313

Purpose of Grant (Brief description of work to be performed) **Medicaid Transformation Program**

– **MAC/TSOA Implementation:** This Agreement with Washington State Department of Health and Social Services, Aging and Long-Term Support Administration (AL TSA), provides funding in support of Long Term Supports and Services (LTSS) for the aging population. Medicaid Alternative Care (MAC) supports unpaid family caregivers, avoiding or delaying the need for more intensive Medicaid-funded services. This benefit package is for individuals who are eligible for Medicaid but not currently accessing Medicaid-funded services. Tailored Supports for Older Adults (TSOA) offers a limited set of services and supports to help individuals avoid or delay the need for Medicaid-funded services. This is an eligibility category and benefit package for people “at risk” of future Medicaid LTSS use, who do not currently meet Medicaid financial eligibility criteria. Effective 1/1/2024, the program is revised from a Medicaid demonstration project to a regular program. This is a fee for service agreement with a maximum contract amount. Actual revenues are based on deliverables and actual number of clients served.

Existing/ongoing program Yes New program Yes
Source of grant funding: Federal State Local Other
Grant Term: From 1/1/2024 to 12/31/2024

Grantor: **Department of Social and Health Services, State of WA** Grant Award **\$1,453,778**

Is match required: Yes No If yes, match amount required: _____

Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.

_____ DAC _____ Amount _____

Total Resources \$1,453,778

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$853,778

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

If new FTEs are needed, complete the following. Attach additional sheet if needed.

	# FTEs	Classification
Total FTEs	<u>3.0</u>	<u>Case Manager</u>

2. Pass Thru (Estimated cost) \$600,000

Total Expenditures \$1,453,778
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