2025 Grant Work Plan

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

Purpose of Grant - Caregiver Training

This Agreement with Washington State Department of Health and Social Services, Aging and Long-Term Support Administration (ALTSA), 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 7/1/2025 to 6/30/2026

Grantor: **Department of Social and Health Services, State of WA** Grant Award **$ 789,000**

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 _____

_____ DAC _____ Amount _____

Total Resources $789,000

EXPENDITURES

1. Internal Operations **(Admin., Operations, Direct Service, etc.)** (Estimated cost) $32,000

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) $757,000

Total Expenditures $789,000

2025 Grant Work Plan

Department **Human Services Division** Division 003 Fund 124 Program 511, 543
Program 020 Subprogram 313, 314, 316, 321, 324, 325, 327

Purpose of Grant – State Federal Services Agreement:
This Agreement with Washington State Department of Health and Social Services, Aging and Long-Term Support Administration (ALTSA), combines funds to support several ongoing services and activities into one Award. Services to be provided include: Case Management services for Medicaid financed home care and Chore service, and Home Care Contract Management. Other services include Senior Information and Assistance, Ethnic Meal Transportation, Stabilized Housing, Non-Core Case Management, Adult Day Health, State Family Caregiver Support, Kinship/Kinship Navigator Support Program, Senior Drug Education, Home Delivered Meals Expansion, Sr Nutrition Services, Senior Farmer's Market Nutrition, Care Transitions, Program of All-Inclusive Care for the Elderly.

Existing/ongoing program ☒ Yes New program ☐ Yes
Source of grant funding: Federal ☒ State ☒ Local ☐ Other ☐

Grant Term: From 7/1/2025 to 06/30/2026

Grantor: **Department of Social and Health Services, State of WA** Grant Award **$ 19,753,127**

Is match required: ☒ Yes ☐ No If yes, match amount required: $389,230

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

County General	DAC 124-3045439700	Match Amount: $70,246
GF Program Support	DAC 124-3045439700	Match Amount $125,752
SUBTOTAL COUNTY FUNDED MATCH		**$195,998**
State grant revenues used as Match **_included in Grant Award_**		Amount $193,232
MATCH TOTAL		**$389230**

Total Resources $19,949,125

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) $16,938,362

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
1	RN
4	CM
2	CM Superivsor
1	CM Aide
Total FTEs 8	Sum of new positions included in 2025 budget request.

2.	**Pass Thru**	(Estimated cost)	$3,010,763

Total Expenditures	**$19,949,125**

*total grant amount anticipated for the grant term. $17,439,323 is included in the 2025 budget request.

2025 Grant Work Plan

Department **Human Services Division** Division 003 Fund 124 Program 511
Program 020 Subprogram 310, 311, 317, 318, 320, 323, 347

Purpose of Grant – Older Americans Act:
This Agreement with Washington State Department of Health and Social Services, Aging and Long-Term Support Administration (ALTSA), 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 1/1/2025 to 09/30/2026

Grantor: **Department of Social and Health Services, State of WA** Grant Award **$ 3,267,535***

Is match required: ☒ Yes ☐ No If yes, match amount required: $611,333

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

Internal Cost-General Fund Match Amount: $118,009

Pass Thru Match Amount $493,324

See next page for match breakdown

Total Resources $3,878,868

EXPENDITURES

1. Internal Operations **(Admin., Operations, Direct Service, etc.)** (Estimated cost) $472,035

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) $3,406,833

Total Expenditures $3,878,868

Purpose of Grant: 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 $39,793

SUBTOTAL $118,009

PASS THRU MATCH

County General	DAC 124-3045209700	Amount $ 47,000

State grant revenues and/or subcontract agency revenues Amount $446,324

SUBTOTAL $493,324

MATCH TOTAL **$611,333**

2025 Grant Work Plan

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

Purpose of Grant – 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 10/1/2025 to 09/30/2026

Grantor: **Office of Insurance Commissioner, State of WA** Grant Award **$ 43,500**

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 $43,500

EXPENDITURES

1. Internal Operations **(Admin., Operations, Direct Service, etc.)** (Estimated cost) $0

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) $43,500

Total Expenditures $43,500

2025 Grant Work Plan

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

Purpose of Grant – 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 (ALTSA), 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 10/1/2025 to 09/30/2026

Grantor: **Department of Social and Health Services, State of WA** Grant Award **$ 7,200**

Is match required: ☐ Yes ☒ No If yes, match amount required: $0

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

_____ DAC: _____ Amount: _____

_____ DAC:_____ Amount: _____

Total Resources	**$7,200**

EXPENDITURES

1. Internal Operations **(Admin., Operations, Direct Service, etc.)** (Estimated cost) $7,200

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) $

Total Expenditures	**$7,200**

2025 Grant Work Plan

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

Purpose of Grant – Medicaid Transformation Program – MAC/TSOA Implementation:
This Agreement with Washington State Department of Health and Social Services, Aging and Long-Term Support Administration (ALTSA), 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. This is a fee for service agreement with a maximum contract amount. Actual revenues are based on number of clients served.

Existing/ongoing program ☒ Yes New program ☐ Yes
Source of grant funding: Federal ☒ State ☐ Local ☐ Other ☐

Grant Term: From 1/1/2025 to 12/31/2026

Grantor: **Department of Social and Health Services, State of WA** Grant Award **$ 1,334,149**

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 $1,334,149

EXPENDITURES

1. Internal Operations **(Admin., Operations, Direct Service, etc.)** (Estimated cost) $734,149

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) $600,000

Total Expenditures $1,334,149

2025 Grant Work Plan

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

Purpose of Grant – WA CARE Fund Outreach:
This Agreement with Washington State Department of Health and Social Services, funding to implement an outreach plan to reach as many people as possible with information about WA Cares, inform audiences about key aspects of WA Cares, including how contributions work, optional exemptions, and using benefits, and covered services.

Existing/ongoing program ☐ Yes New program ☒ Yes

Source of grant funding: Federal ☐ State ☒ Local ☐ Other ☐

Grant Term: From 7/1/2025 to 06/30/2026

Grantor: **Department of Social and Health Services, State of WA** Grant Award **$950,000**

Is match required: ☐ Yes ☒ No If yes, match amount required: $0

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

_____ DAC: _____ Amount: _____

_____ DAC:_____ Amount: _____

Total Resources $950,000

EXPENDITURES

1. Internal Operations **(Admin., Operations, Direct Service, etc.)** (Estimated cost) $950,000

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
__4___	_HSSII_____
__1___	_HSSIII_____
__2___	_HSSII Project

Total FTEs __7___

2. Pass Thru (Estimated cost) $0

Total Expenditures $950,000