

State of Alaska, Department of Health and Social Services
Division of Division Name
Grants & Contracts Support Team
P.O. Box 110650, Juneau, AK 99811-0650

GENERAL RELIEF FOR ADULT RESIDENTIAL CARE ASSISTANCE
PROVIDER AGREEMENT

_____, (Provider) enters into a Provider Agreement with the State of Alaska, Department of Health & Social Services (DHSS) for the purpose of providing non-medical residential care to an adult experiencing a serious mental illness as defined in 7 AAC 70.990, who requires the protective oversight of an assisted living home for the State of Alaska's General Relief for Adult Residential Care Program. By entering into this Provider Agreement, the Provider agrees to the following, including all applicable provisions of the following Appendices:

APPENDICES:

- A. 7 AAC 81, Grant Services for Individuals, Revised 6/23/06
- B. AS 47.33 and 7 AAC 75, Assisted Living Homes; and 7 AAC 47.300-525 General Relief Assisted Living Home Care - Appended by reference. Current Alaska Statute and Regulation can be found online in the State's Document Library and Legal Resources at <http://www.law.state.ak.us/doclibrary/doclib.html>
- C. Privacy and Security Procedures for Providers
- D. Resolution for Alaska Native Entities
- E. Adult Residential Care Monthly Billing Form

I. PROVIDER ELIGIBILITY

The Provider agrees to the provisions of 7 AAC 81, Grant Services for Individuals (Appendix A), as well as all other applicable state and federal law; and declares and represents that it meets the eligibility requirements for a Service Provider for this Agreement. With the signed Agreement, the Provider must submit the following documentation:

- A. Proof of a Federal Tax ID Number;
- B. A current State of Alaska Business License;
- C. Alaska Native entities¹ entering into a Provider Agreement with DHSS must provide a waiver of immunity from suit for claims arising out of activities of the Provider related to this Agreement using Appendix D;
- D. The Provider is licensed as an assisted living home by the Division of Public Health/ Certification & Licensing;

By submission for the signed Agreement, the Provider further agrees that they will comply with the following:

- A. The provisions of Appendix C, Privacy & Security Procedures.
- B. The Provider further agrees that they shall provide care for DHSS clients who are referred for placement pursuant to 7 AAC 47.400, and will maintain compliance with the laws governing services provided under this agreement which include;

¹ "Alaska Native entity" means an Alaska Native organization that the Secretary of the Interior acknowledges to exist as an Indian tribe through the Federally Recognized Indian Tribe List Act of 1994, 25 U.S.C. 479a.

- a. Assisted Living Homes, AS 47.33, and 7 AAC 75
 - b. General Relief Assisted Living Home Care, 7 AAC 47.300 – 7 AAC 47.525
- C. The number of residents served may not exceed the capacity for which the home has been licensed.
- D. Facilities utilized for delivery of services meet current fire code, safety and ADA standards and are located where clients of the program services have reasonable and safe access.
- E. During the effective period of this Agreement, the provider agrees to keep current any and all licenses, certifications and credentials required of the provider agency, staff and facility to qualify for providing services to DHSS clients through this Agreement and to keep current the necessary documentation on file with DHSS to demonstrate compliance.

II. DESCRIPTION OF SERVICES

Providers shall refer to AS 47.33 and 7 AAC 75, Assisted Living Home statutes and regulations; and 7 AAC 47.475, Services Required to be Provided by Licensed Assisted Living Homes, for a complete list of potential services applicable under this Provider Agreement. Services payable under this Agreement are individually approved by the referring agency.

Assisted Living Care is defined as:

A. 24-hour care for ambulatory adult residents age 18 or older who, because of chronic mental illness or developmental disability, are unable to live independently but who are capable of performing the basic tasks of daily living with minimal assistance and supervision. An ambulatory individual means an individual who, unaided, is physically and mentally capable of walking a normal path to safety, including the ascent and descent of stairs.

B. A range of care, which includes more than room and board, but which does not include continuous nursing or medical care. It encompasses 24-hour supportive and protective services in the activities of normal daily living. It includes the assumption of general responsibility for the safety and well-being of the individual resident. It includes an adequate program pursuant to Assisted Living Homes statutes AS 47.33 and regulations 7 AAC 75, which encourages participation in facility and community activities. Care is provided in a residential environment and encourages independent living to the extent possible for each resident.

III. CLIENT ELIGIBILITY

DHSS or its authorized agent will determine eligibility and referral for services. Assistance under 7 AAC 47.300 – 7 AAC 47.525 is available for an individual who is a resident of the state; who is 18 years of age or older; who has been assessed for eligibility by a case manager or other person approved by DHSS; who has a disability that is attributable to a severe and persistent mental illness, or to mental retardation or another condition closely related to mental retardation, that significantly impairs intellectual functioning and adaptive behavior; and includes a significant deficit in the daily living skills that are necessary to function without supervision or support; who, without assisted living care is subject to, or at risk of abuse, neglect, or exploitation by others; whose income, if any, does not exceed the amount permitted by 7 AAC 47.340; whose resources, if any, do not exceed the amount permitted by 7 AAC 47.350; and who has applied for financial assistance from other agencies, organizations, or programs as required by 7 AAC 47.370, and has exhausted the use of alternative financial assistance, if any, as required by 7 AAC 47.380(a).

IV. BILLING

- C. A resident who receives financial assistance from the DHSS is determined eligible by the Community Behavioral Health Services Provider (CBHSP) staff serving the community where the resident is placed pursuant to [7 AAC 47](#). In addition to calculating the sources of income that make

up the daily rate paid the provider, the CBHSP will determine if a limited pool of augmented funds are to be used for the most severely disturbed mentally ill adults placed in an Assisted Living Home. The CBHSP will evaluate each augmented resident at least once every six months to determine whether or not the augmented rate should be continued. Prior to receiving augmented funds, a resident must have applied for cash assistance programs as required by 7 AAC 47.370(a) and must have applied for and exhausted the use of all alternative resources as required by 7 AAC 47.380.

- D. In full consideration of the Provider's performance under this agreement, DHSS shall pay the Provider for the number of days authorized, not to exceed 31 days per resident in any one month, up to the maximum of the appropriate standard rate, in accordance to 7 AAC 47.470, of **\$70.00** per day, per resident multiplied by the number of days of actual residence. In addition, a geographic rate will be applied to the standard rate based on the physical location of the facility – see Appendix G. This geographic rate is subject to adjustment based on table 1 of the Alaska Commission on Aging State Plan for Services 2001-2003, issued by the Alaska Commission on Aging. DHSS's actual share per resident will vary depending on the resident's income. The Community Behavioral Health Services Provider (CBHSP)/ Residential Resource Coordinator (RRC) will inform the Provider in writing of the resident's share of the cost of care at the time of referral. The Provider is responsible for collecting this amount directly from the resident and is also responsible for reporting to DHSS any known change to the resident's income which may impact their share of the cost of care.

- E. The Department and through its agent(s) the CBHSP's statewide, will at their discretion, and subject to available funding, approve an augmented daily rate (not to exceed \$35.00 per day) above the maximum standard daily rate for a resident who requires a level of care, supervision or monitoring that is significantly higher than that required for other residents of referred through this Agreement to a licensed home in the following categories:

1. Category 1: \$7.00 per day for each DHSS funded severely mentally ill resident of an assisted living home, providing 24-hour a day awake and present staff supervision in the licensed assisted living home. A provider is allowed to request Category 1 funding for no more than 16 clients regardless of the number of assisted living homes a provider may operate within a community. Category 1 augmented funds are approved by DHSS or its designated agent and will be funded from the day of approval forward. This augmented rate will be evaluated every six months to determine continued need.
2. Category 2: In this category a qualified resident may use only one of the three options at the same time.

- a) Emergency Placement, \$15.00 per day for a resident who must be placed in an assisted living home within 24 hours of referral; an augmented rate under this subparagraph may be approved for up to 31 days.
 - b) Temporary Placement, \$10.00 per day for a resident who needs to be placed in an assisted living home for a short time until arrangements can be made for permanent placement elsewhere; an augmented rate under this subparagraph may be approved for up to 31 days unless the center recommends an extension; any extension under this subparagraph may not exceed 90 days.
 - c) Transitional services \$10.00 per day for a resident who is being placed in an assisted living home for the first time or after an absence from the home of six months or more; the center may recommend this augmented rate if the resident has been away less than six months, or for a resident who is very unstable and needs significantly more staff attention or services than other residents in the home; an augmented rate under this subparagraph may be approved for up to 31 days unless the center recommends an extension; any extension under this subparagraph may not exceed 90 days.
3. Category 3: Up to \$35.00 per day for only the most extreme cases and is expected to be used very rarely; no more than four residents statewide will be funded under this category at the same time; it is intended for a resident who is without access to other funding sources and who has specific unusual circumstances or extremely special needs that require a significant increase in the level of services for continued community placement.
- a) The Provider may not request or accept from or on behalf of a resident, any payment in excess of the resident's cost of care share, as determined by the referring agency (CBHSP).
 - b) Monthly payments will be made to the Provider only upon receipt of the Adult Residential Care (ARC) Monthly Billing Form (Appendix F) as authorized by the CBHSP/RRC. The Provider shall bill only for units delivered within authorized dates. The Provider shall certify the invoice and submit it to: Division of Behavioral Health, 3601 C Street, Suite #878, Anchorage, Alaska 99503. The Provider shall retain invoices, receipts, vouchers, attendance records, or other documentation to be made available to the State upon request.
- F. Providers may submit claims in paper form. Personally identifiable information on the Invoice form remains confidential under AS 40.25.120(a) and under federal privacy regulation. Therefore, Providers will be responsible for using appropriate safeguards to maintain and insure the confidentiality, privacy, and security of information transmitted to DHSS until such information is received by DHSS.

Consequently, paper invoices must be submitted in a manner consistent with protecting that confidentiality, through the U.S. Postal Service as first class mail or in a sealed envelope through a secure courier service such as DHL or Federal Express. For questions regarding

secure transmission of information, call the Administrative Contact person listed in signature block of this Agreement.

- G. Endorsement of a DHSS payment warrant constitutes certification that the claim for which the warrant was issued was true and accurate, unless written notice of an error is sent by the Provider to DHSS within 30 days after the date that the warrant is cashed.
- H. Except when good cause for delay is shown, DHSS will not pay for services unless the Provider submits a claim within 30 days of the date the service was provided. DHSS is the payer of last resort; therefore determination of payment by a primary payer source (private insurance, Medicaid, etc.) constitutes good cause for delay.
- I. Payment will be made to the Provider for the day of admission, but not for the day of departure pursuant to 7 AAC 47.460(b). Payment will be authorized only for residents placed by the DHSS or the authorized agent, and only upon receipt of the authorized and approved ARC Monthly Billing Form. This agreement **does not**, however, guarantee referral or placement of residents to the Provider.
- J. The Provider must immediately report the absence of an individual for whom adult residential care has been authorized, unless the absence is for a social or medical reason not to exceed 14 days for social reasons, and 30 days for medical reasons. If the client does not return to the assisted living home after their respective 14 or 30 day absence DHSS will terminate funding for the client's cost of care at the assisted living home. If the client is absent from the assisted living home due to incarceration, DBH will terminate funding for the client's cost of care on the day of incarceration.
- K. The Provider shall notify the CBHSP/RRC when a resident does not adapt to the facility or requires more care than the Provider can provide. The Provider will also notify the CBHSP/RRC when a resident leaves without previous planning.
- L. A resident referred under this Agreement, who has no income may retain the following amount of the total monthly countable income as a personal-needs allowance, which may be used for clothing, un-reimbursable medical expenses, and personal incidentals:
 - 1. \$100.00 if he/she is eligible for Medicaid or chronic and acute medical assistance coverage.
 - 2. \$150.00 if he/she is not eligible for Medicaid or chronic and acute medical per month personal needs allowance by the DHSS.

The CBHSP/RRC will authorize payment of the personal needs allowance and indicate the effective date of the allowance on the Adult Residential Care Monthly Billing Form sent to the Provider. The allowance will be included in the monthly payment for adult residential care, which DHSS sends to the Provider. The Provider has the responsibility of giving this allowance to the resident.

- M. DHSS is the payer of last resort. If applicable to the services provided under this agreement, the Provider will have a Medicaid Provider Number and will make reasonable

effort to bill all eligible services to Medicaid or any other available sources of payment before seeking payment through this provider agreement; and will credit back to DHSS any other-source payments received by the provider for services for which DHSS has paid the Provider.

- N. No claim for additional services, not specifically provided in this agreement, performed or furnished by the Provider will be allowed.
- O. No part of any State funds paid under this agreement shall be used for the purpose of lobbying activities before the Alaska Legislature.

V. SUBCONTRACTS

Subcontracts may be allowed under the terms of this Provider Agreement subject to prior approval, and only written consent by DHSS, according to the provisions of 7 AAC 81.090.

VI. CONFIDENTIALITY AND SECURITY OF CLIENT INFORMATION

The Provider will ensure compliance with the Health Insurance Portability & Accountability Act of 1996 (HIPAA), the Health Information Technology for Economical and Clinical Health Act of 2009 (HITECH), and 45 C.F.R. 160 and 164, if applicable, and other federal and state requirements for the privacy and security of protected health information the Provider receives, maintains, or transmits, whether in electronic or paper format. Client information is confidential and cannot be released without the HIPAA-compliant written authorization of the client and DHSS, except as permitted by other state or federal law.

By entering into this Agreement the Provider acknowledges and agrees to comply with the Privacy and Security Procedures for Providers as set forth in Appendix C to this Agreement.

Confidential Reporting Instructions

Before transmitting personally identifiable client information reported under the terms of this Agreement, the Provider must call or email the DHSS Program Contact. To protect confidentiality, the Provider must first establish the mechanism for a secure electronic file transfer. Or, the Provider may fax the information to the Program Coordinator, after clearly identifying it as confidential on the cover page of the fax transmission. Alternatively, the Provider may submit hard copy information in a sealed envelope, stamped "confidential" placed inside another envelope. This information must be sent by certified, registered or express mail, or by courier service, with a requested return receipt to verify that it was received by the appropriate individual or office.

VII. REPORTING AND EVALUATION

The Provider agrees to comply with 7 AAC 81.120, Confidentiality and 7 AAC 81.150, Reports, and other applicable state or federal law regarding the submission of information, including the provisions of Section VI of this Agreement. The Provider agrees to submit any reporting information required under this Agreement and to make available information deemed necessary by DHSS to evaluate the efficacy of service delivery or compliance with applicable state or federal statutes or regulations.

The Provider agrees to provide state officials and their representatives access to facilities, systems, books and records, for the purpose of monitoring compliance with this Agreement and evaluating services provided under this Agreement.

On-site Quality Assurance Reviews may be conducted by DHSS staff to ensure compliance with service protocols. The Provider will ensure that DHSS staff has access to program files for the purposes of follow-up, quality assurance monitoring and fiscal administration of the program.

VIII. RECORD RETENTION

The Provider will retain financial, administrative, and confidential client records in accordance with 7 AAC 81.180 and with Appendix C to this Agreement. Upon request, the Provider agrees to provide copies of the Provider's records created under this Agreement to the Department of Health and Social Services, under the health oversight agency exception of HIPAA. The Provider will seek approval and instruction from DHSS before destroying those records in a manner approved by DHSS. In the event a Provider organization or business closes or ceases to exist as a Provider, the Provider must notify DHSS in a manner in compliance with 7 AAC 81.185 and Appendix C to this Agreement.

IX ADMINISTRATIVE POLICIES

- A. The Provider must have established written administrative policies and apply these policies consistently in the administration of the Provider Agreement without regard to the source of the money used for the purposes to which the policies relate. These policies include: employee salaries, and overtime, employee leave, employee relocation costs, use of consultants and consultant fees, training, criminal background checks, if necessary for the protection of vulnerable or dependent recipients of services, and conflicts of interest, as well as the following:
1. Compliance with OSHA regulations requiring protection of employees from blood borne pathogens and that the Alaska Department of Labor must be contacted directly with any questions;
 2. Compliance with AS 47.05.300-390 and 7 AAC 10.900-990. Compliance includes ensuring that each individual associated with the provider in a manner described under 7 AAC 10.900(b) has a valid criminal history check from the Department of Health and Social Services, Division of Health Care Services, Background Check Program ("BCP")

- before employment or other service unless a provisional valid criminal history check has been granted under 7 AAC 10.920 or a variance has been granted under 7 AAC 10.935. For specific information about how to apply for and receive a valid criminal history check please visit <http://dhss.alaska.gov/dhcs/Pages/cl/default.aspx> or call (907) 334-4475 or (888) 362-4228 (intra-state toll free);
3. Compliance with AS 47.17, Child Protection, and AS 47.24.010, Reports of Harm, including notification to employees of their responsibilities under those sections to report harm to children and vulnerable adults;
 4. If providing residential and/or critical care services to clients of DHSS, the Provider shall have an emergency response and recovery plan, providing for safe evacuation, housing and continuing services in the event of flood, fire, earthquake, severe weather, prolonged loss of utilities, or other emergency that presents a threat to the health, life or safety of clients in their care.
- B. The Provider agrees to maintain appropriate levels of insurance necessary to the responsible delivery of services under this Agreement, which will include items 1 and 2 below, and may include all the following that apply to the circumstances of the services provided.
1. Worker's Compensation Insurance for all staff employed in the provision of services under this Agreement, as required by AS 23.30.045. The policy must waive subrogation against the State.
 2. Commercial General Liability Insurance - covering all business premises and operations used by the provider in the performance of services under this Agreement with minimum coverage limits of \$300,000 combined single limit per occurrence.
 3. Commercial General Automobile Liability Insurance - covering all vehicles used by the provider in the performance of services under this Agreement with minimum coverage limits of \$300,000 combined single limit per occurrence.
 4. Professional Liability Insurance - covering all errors, omissions, or negligent acts in the performance of professional services under this Agreement. This insurance is required for all Providers of clinical or residential services, or for any other Provider for whom a mistake in judgment, information, or procedures may affect the welfare of clients served under the Provider Agreement.

X EQUAL EMPLOYMENT OPPORTUNITY

The Provider shall adhere to Alaska State Statutes regarding equal employment opportunities for all persons without regard to race, religion, color, national origin, age, physical or mental disability, gender or any other condition or status described in AS 18.80.220(a)(1) and 7 AAC 81.100. Notice to this effect must be conspicuously posted and made available to employees or applicants for employment at each location that services are provided under this Provider Agreement; and sent to each labor union with which the provider has a collective bargaining agreement. The Provider must include the requirements for equal opportunity employment for contracts and subcontracts paid in whole or in part with funds earned through this Agreement. Further, the Provider shall comply with federal and state statutes and regulations relating to the prevention of discriminatory employment practices.

XI CIVIL RIGHTS

The Provider shall comply with the requirements of 7 AAC 81.110 and all other applicable state or federal laws preventing discrimination, including the following federal statutes:

- A. The Civil Rights Act of 1964, (42 U.S.C. 2000d);
- B. Drug Free Workplace Act of 1988, (41 U.S.C. 701-707);
- C. Americans with Disabilities Act of 1990, 41 U.S.C.12101-12213).

The Provider will establish procedures for processing complaints alleging discrimination on the basis of race, religion, national origin, age, gender, physical or mental disability or other status or condition described in AS 18.80.220(a)(1) and 7 AAC 81.110(b).

In compliance with 7 AAC 81.110(c), the Provider may not exclude an eligible individual from receiving services, but with concurrence from DHSS, may offer alternative services to an individual if the health or safety of staff or other individuals may be endangered by inclusion of that individual.

XII ACCOUNTING AND AUDIT REQUIREMENTS

The Provider shall maintain the financial records and accounts for the Provider Agreement using generally accepted accounting principles.

DHSS may conduct an audit of a provider's operations at any time the department determines that an audit is needed. The auditor may be a representative of DHSS; or a representative of the federal or municipal government, if the Agreement is provided in part by the federal or municipal government; or an independent certified public accountant. The Provider will afford an auditor representing DHSS or other agency funding the agreement, reasonable access to the Provider's books, documents, papers, and records if requested. Audits must be conducted in accordance with the requirements of 7 AAC 81.160; including the requirement for a Provider to refund money paid on a questioned cost or other audit exception, if they fail to furnish DHSS with a response that adequately justifies a discovery of questioned costs or other audit exceptions.

As a condition of performance of this agreement, the Provider shall pay all federal, state and local taxes incurred by the Provider and shall require their payment by any subcontractor or any other persons in the performance of this agreement. Satisfactory performance of this paragraph is a condition precedent to payment by the State under this agreement.

XIII LIMITATION OF APPROPRIATIONS

DHSS is funded with State/Federal funds, which are awarded on an annual basis. During each state fiscal year, DHSS may authorize payment of costs under a Provider Agreement only to the extent of money allocated to that fiscal year. Because there is a fixed amount of funding on an annual basis, it may at times be necessary for DHSS to prioritize the client population served under this agreement. Limitations may include but are not limited to a moratorium on types of services, or a moratorium by geographic region served, or a restriction of services to clients with defined needs. The decision to limit billable services shall be based solely on available funding.

XIV INDEMNIFICATION AND HOLD HARMLESS OBLIGATION

The Provider shall indemnify, hold harmless, and defend DHSS from and against any claim of, or liability for error, omission, or negligent or intentional act of the Provider under this Agreement. The Provider shall not be required to indemnify DHSS for a claim of, or liability for, the independent negligence of DHSS. If there is a claim of, or liability for, the joint negligent error or omission of the Provider and the independent negligence of DHSS, fault shall be apportioned on a comparative fault basis.

“Provider” and “DHSS,” as used within this section, include the employees, agents, or Providers who are directly responsible, respectively, to each. The term “independent negligence” is negligence other than in DHSS’s selection, administration, monitoring, or controlling of the Provider and in approving or accepting the Provider’s work.

The Provider and any agents and employees of the Provider act in an independent capacity and are not officers or employees or agents of the State in the performance of this agreement.

XV AMENDMENT

The Provider acknowledges that state and federal laws relating to information privacy and security, protection against discriminatory practices, and other provisions included in this agreement may be evolving and that further amendment to this Agreement may be necessary to insure compliance with applicable law. Upon receipt of notification from DHSS that change in law affecting this Agreement has occurred, the Provider will promptly agree to enter into negotiations with DHSS to amend this Agreement to ensure compliance with those changes.

XVI TERMINATION OF AGREEMENT AND APPEALS

The Provider agrees to notify DHSS immediately if it is no longer eligible to provide services based on applicable Provider eligibility requirements set out in Section I of this Agreement. Notification of non-eligibility will result in automatic termination of this Agreement. Failure to comply with the terms of this Agreement and/or standards outlined in the Agreement and its appendices may result in non-payment and automatic termination of the Agreement by DHSS.

A Provider may appeal the decision to terminate a Provider Agreement under 7 AAC 81.200. All appeals will be conducted in accordance with Section 7AAC 81.200-210 of the Alaska Administrative Code.

Except as noted above, DHSS may terminate this Agreement with 30 days’ notice. A Provider may also terminate the Agreement with 30 days’ notice, but must provide assistance in making arrangements for safe and orderly transfer of clients and information to other Providers, as directed by DHSS.

This Agreement remains in force until the Provider or DHSS terminates the Agreement or a material term of the Agreement is changed.

I certify that I am authorized to negotiate, execute and administer this agreement on behalf of the Provider agency named in this agreement, and hereby consent to the terms and conditions of this agreement, and its appendices and attachments.

PROVIDER

DEPT. OF HEALTH & SOCIAL SERVICES

Signature of Authorized Provider Representative & Date

Signature of DHSS Representative & Date

Printed Name Provider Representative & Title

Printed Name - DHSS Representative & Title

Provider Contact & Mailing Address

DHSS Contacts & Mailing Addresses

PROGRAM CONTACT

Lisa Rosay, Program Manager

Division of Behavioral Health

3601 C Street, Suite 878

Anchorage, AK 99503

Ph. 907-269-3972

Email: lisa.rosay@alaska.gov

Direct Secure Message Email:

Lisa.Rosay@direct.dhss.akhie.com

Provider Phone Number/ Fax Number

ADMINISTRATIVE CONTACT

Alyssa Hobbs, Grants Administrator

Grants & Contracts Support Team

PO Box 110650

Juneau, AK 99811-0650

Ph. 907-465-1187 Fax 907- 465-8678

Email: alyssa.hobbs@alaska.gov

Provider Email Address

Provider's Federal Tax ID Number

Providers must identify the business entity type under which they are legally eligible to provide service and intending to enter into this Provider Agreement.

Check Entity Type:

- Private For-profit Business, licensed to do business in the State of Alaska
- Non-Profit Organization Incorporated in the State of Alaska, or tax exempt under 26 U.S.C. 501(c)(3)
- Alaska Native Entity, as defined in 7 AAC 78.950(1) All applicants under this provision must submit with their signed Agreement, a Waiver of Sovereign Immunity, using the form provided as Appendix D to this Provider Agreement.
- Political Subdivision of the State (City, Borough or REAA)