

State of Alaska, Department of Family and Community Services
Division of Juvenile Justice
Grants & Contracts Support Team
PO Box 110650, Juneau, AK 99811-0650
PROVIDER AGREEMENT
NON-SECURE ATTENDANT CARE SHELTER SERVICES

_____ (**Provider**) enters into a Provider Agreement with the State of Alaska, Department of Family and Community Services (DFCS) Division of Juvenile Justice (DJJ) for the purpose of providing services for the State of Alaska's Non-Secure Attendant Care Shelter program. In lieu of detention, services are provided to referred youth, those in protective custody due to intoxication or mental illness, and youth who are awaiting court appearance and/or transfer to another appropriate placement. 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;
- B. 7 AAC 50.210(a) – (e), Qualifications & responsibilities of persons having regular contact with children in a facility;
- C. Privacy & Security Procedures for Providers;
- D. Resolution Waiver of Sovereign Immunity;
- E. SOA DHSS HIPAA Business Associate Agreement
- F. How to obtain a Vendor Number;
- G. Federal Assurances and Certifications; and
- H. Federal EEOP (Equal Employment Opportunity Plan) Certification.

ATTACHMENTS:

- 1. Client Log
- 2. Billing Form
- 3. Request for Waiver of Staff Ratio, Same Gender Supervision Requirement(s)

I. PROVIDER ELIGIBILITY

Eligible providers will have applied for, and be awarded, a current year grant award in the DJJ Federal Formula Non-Secure Attendant Care Shelter.

The Provider agrees to the provisions of all applicable state and federal law and declares and represents that it meets the eligibility requirements for a Service Provider under this Agreement. The Provider must include, on the Agreement's signature page, it's current State of Alaska Business License number with a line of business appropriate to the Provider Agreement Services.

By submitting a signed Agreement, the Provider further agrees to comply with the following:

- A. The provisions of Appendix C, Privacy & Security Procedures.
- B. Facilities utilized for delivery of services meet current fire code, safety, and ADA standards, and are located where program clients have reasonable and safe access.

- C. During the effective period of this Agreement, the Provider agrees to keep current any and all licenses, certifications, and credentials required of the providing agency, staff, and facility to qualify for providing services to DFCS clients under this agreement.
- D. In accordance with the provisions of the above referenced Provider Agreement, the parties agree that services to be performed by the Provider are as follows:
 - i Provider Agreement serves to finish state fiscal year 2023, starting April 1, 2023, through June 30, 2023; then continue for three (3) years starting July 1st, 2023 through June 30th, 2026.
 - ii The Provider's performance under this agreement, DJJ shall pay a total not to exceed \$32,500.

II. DESCRIPTION OF SERVICES

The Provider will offer non-secure attendant care shelter services in compliance with the following:

A. **Availability**

The shelter service will be available 24-hours per day and will be provided within 45 minutes of notification of need.

B. **Facility Requirements**

1. Provide a safety physical setting in an existing building that conforms to all applicable State and local building, health, ADA, and fire and life safety codes.
2. Is in close proximity to a 24-hour staffed agency for back-up assistance in case of emergencies.
3. Provide adequate lighting, a toilet that is available 24 hours a day, a washbasin, hot and cold running water, drinking water, a telephone, and a heating and ventilation system to ensure healthful and comfortable conditions for the youth and attendant.
4. Provide unlocked temporary sleeping accommodations including a bed above floor level; a clean, odor-free, non-toxic, fire-resistant mattress with sanitary cover; and a supply of clean bed linens.
5. Provide appropriate safeguards for fire/life safety and sanitation, including an emergency evacuation plan, a 2A:10BC dry chemical fire extinguisher, primary power or monitored batter-powered smoke detection devices, and first aid kits in strategic location.
6. Shelters providing services to more than one youth at one time will have more than one available room that meets the requirements. Youth of opposite genders will be placed in separate rooms.

C. **Attendants**

1. Attendants will meet all qualifications required by 7 AAC 50.210 (a)-(e).
2. Attendants will be awake during the entire supervision period.
3. Attendants will be of the same gender as the client being supervised unless a written waiver is granted by the DJJ Program Coordinator prior to intake. The requesting form is provided as Attachment 3 to the Provider Agreement.
4. Attendants must be able to read and speak English.

D. **Intake**

If a client is referred by law enforcement officer, a DJJ probation officer will have been notified.

At intake, the provider will ensure the client's personal effects are documented in a property log signed by the client. The client's personal effects will be secured for return to the client at the time of release.

Providers may rely on their agency's policy and procedures regarding intake of non-secure shelter referrals. This policy and procedures must be submitted for approval by DJJ under an approved Provider Agreement. Details regarding additional topics to be covered in agency policy and procedures are given in section II G.

E. Supervision / Attendant Care

1. No client will be securely confined in a locked or unlocked cell, locked room, or cuffed to a stationary object.
2. If the shelter is located within an adult jail or lockup facility, clients will not have sight or sound contact with accused or convicted adult offenders.
3. Client's duration of stay will not exceed 16 hours unless a written extension is granted by the region's DJJ juvenile probation supervisor at the time it becomes apparent that the hold may exceed 16 hours. The required authorization for an extension of client hold is included in the Client Log, provided as Attachment 1 to the Provider Agreement.
4. Clients will be allowed to have controlled visitation and phone access to their parents or guardians and to their attorney.
5. Same-gender supervision of clients will be provided, unless a written waiver has been obtained from DJJ prior to intake. The requesting form is provided as Attachment 3 to the Provider Agreement. When there are clients of opposite genders, the minimum staff ration may be exceeded if necessary to meet with this requirement.
6. If an emergency occurs while a client is being supervised, the attendant will follow procedures to ensure immediate safety and then immediately request further instructions from the shelter manager and the referring DJJ juvenile probation officer or law enforcement officer. The DJJ Program Manager should be notified on the next regular business day.

F. Release

1. If a client's parent or guardian cannot be located at the time of intake, the attendant will continue attempts to locate a parent or guardian and will document those attempts in order to arrange for release of the client.
2. If a parent or guardian cannot be located or cannot safely take custody of the client within 16 hours, the referring DJJ juvenile probation officer or law enforcement officer will be notified and may assume responsibility for alternative placement. In certain circumstances, it may be appropriate for the regional juvenile probation officer to provide written authorization on the Client Log (Attachment 1) for an extension of client hold beyond 16 hours.
3. All releases will be authorized by the referring DJJ juvenile probation officer or law enforcement officer.

G. Policy and Procedures Manual

No later than 30 days after finalization of this Agreement, the Provider will develop and submit the agency's non-secure shelter policy and procedure manual for DJJ review.

The policy and procedure manual will include description of how agency receives non-secure attendant carer shelter referrals; the intake process specific to non-secure shelter referrals; monitoring of non-secure shelter youth; and release processes for non-secure shelter youth. Policies and procedures must clearly address how the safety of staff and referred youth is maintained, as well as the handling of referrals for intoxicated youth.

All non-secure attendant care shelter staff and volunteers will be trained in the approved policy and procedures, and the manual will be made available to the public upon request. The manual will be updated and approved annually by the DJJ Contact Person.

III. CLIENT ELIGIBILITY

Non-secure attendant care shelter services will be provided only to youth under the age of 18 who are referred by law enforcement or DJJ probation officer. Referred youth will meet any of the following referral criteria:

- A. Youth accused of a delinquent act but not requiring secure detention to protect themselves or the public;
- B. Youth placed into protective custody under Title 47 Alcohol or Mental Health holds;
- C. Youth who, at the time of referral, do not have responsible adult to whom they can be released; and
- D. Youth who are awaiting court appearance and/or transfer to another appropriate placement.

IV. BILLING

Providers submitting billing claims to DFCS for services provided to eligible clients shall include itemized charges for the DFCS approved service described in Section II.

All billing claims will consist of the Billing Form and supporting Client Log(s). The required forms are provided as Attachments 1 and 2 to the Provider Agreement.

DFCS will reimburse providers for non-secure attendant care shelter services at the rate of \$300.00 per client served. An additional \$200.00 will be paid for services extending beyond 16 hours only if the submitted Client Log includes the authorization signed by the region's Regional Juvenile Probation Supervisor.

Instructions for Confidential Submittal of Billing Claims

Each billing claim will consist of the completed Billing Form and the substantiating Client Log(s). Provider billing claims contain confidential information and will only be considered if they are securely transmitted to DJJ. Providers are responsible for using appropriate safeguards to maintain and insure the confidentiality, privacy, and security of information transmitted to DFCS until such information is received by DFCS. Four options are available for Provider submittal of billing claims.

1. Direct Secure Messaging (DSM): DFCS uses DSM for secure electronic transmittal of all confidential information. Scan billing claims can be securely submitted to nichel.saceda-hurt@hss.soa.directak.net. DSM Provider accounts, if needed, can be established at [Direct Secure Messaging](#).
2. Fax: Before transmitting personally identifiable client information reported under the terms of this Agreement, the Provider must first call or email the DFCS Program Contact. With a cover sheet marked CONFIDENTIAL, fax all pages of the billing claim to DJJ Program Coordinator, Nichel Saceda-Hurt at (907) 465-233.
3. US Mail: The billing claims forms must be placed in a sealed envelope. The report must be sent by certified, registered, or express mail, with a requested verification of receipt by the appropriate individual or office. Mail to: Nichel Saceda-Hurt, Program Coordinator, State of Alaska Division of Juvenile Justice, PO Box 110635, Juneau, AK 99811-0635.
4. State of Alaska Email: Completed billing forms and client log can be scanned and submitted as an email attachment to Program Contact Nichel C Saceda-Hurt at Nichel.Saceda-Hurt@alaska.gov.

DFCS is the sole source of payment for delivery of the identified Non-Secure Attendant Care Shelter services. Clients receiving DFCS funded services under this Agreement will not be charged any fee, deductible, co-pay or administrative fee for covered services, and neither will their parents/guardians. Providers will not bill private or government insurances for the services.

Except when good cause for delay is shown, DFCS will not pay for services unless the Provider submits a billing claim and all required documentation within 30 days of the date the service was provided.

Billed claims for which DFCS issues payment are considered certified by the Provider as true and accurate, unless written notice of an error was sent by the Provider to DVCS within 30 days after the receipt of electronically transferred funds or endorsement of an issued payment warrant.

V. SUBCONTRACTS

Subcontracts are not allowed under the terms of this Provider Agreement.

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 DFCS, 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.

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 provisions of Section VI of this Agreement. The Provider agrees to submit any reporting/billing information required under this Agreement and make available information DFCS deems necessary 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 DFCS staff to ensure compliance with service protocols. The Provider will ensure that DFCS 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, under the health oversight agency exception of HIPAA, the Provider agrees to provide DFCS copies of the Provider's records created under this Agreement. The Provider will seek approval and instruction from DFCS before destroying those records in a manner approved by DFCS. In the event a Provider organization or business closes or ceases to exist as a Provider, the Provider must notify DFCS 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, overtime, and 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; conflicts of interest; and 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 DOH Division of Public Health Background Check Program before providing employment or other services unless a provisional valid criminal history check has been granted under 7 AAC 10.920 or a variance granted under 7 AAC 10.935. Information about applying for a valid criminal history check

is available at <http://DFCS.alaska.gov/dhcs/pages/cl/bgcheck/default.aspx>, by calling (907) 334-4475 or emailing BCU@alaska.gov.

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 DFCS, 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 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); and

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 DFCS, may offer alternative services 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.

DFCS 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 DFCS; 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 DFCS 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 DFCS with a response that adequately justifies a discovery of questioned costs or other audit exceptions.

XIII LIMITATION OF APPROPRIATIONS

The DFCS Non-Secure Attendant Care Shelter program is funded with federal funds, which are awarded on an annual basis. During each state fiscal year, DFCS 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 DFCS to prioritize the client population served under this agreement. Limitations may include, but are not limited to, a moratorium on types of services, 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 DFCS 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 DFCS for a claim of, or liability for, the independent negligence of DFCS. If there is a claim of, or liability for, the joint negligent error or omission of the Provider and the independent negligence of DFCS, fault shall be apportioned on a comparative fault basis.

"Provider" and "DFCS" 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 DFCS's selection, administration, monitoring, or controlling of the Provider and in approving or accepting the Provider's work.

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 amendments to this Agreement may be necessary to ensure compliance with applicable law. Upon receipt of notification from DFCS that change in law affecting this Agreement has occurred, the Provider will promptly agree to enter into negotiations with DFCS to amend this Agreement to ensure compliance with those changes.

XVI TERMINATION OF AGREEMENT AND APPEALS

The Provider agrees to notify DFCS 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 ineligibility 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 DFCS.

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

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

This Agreement remains in force until the Provider or DFCS 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, its appendices, and its attachments.

PROVIDER**DEPT OF FAMILY & COMMUNITY SERVICES**

Signature of Authorized Provider Representative & Data

Signature of DFCS Representative & Data

Printed Name & Title of Provider Representative

Printed Name & Title of DFCS Representative

Provider Contact

DFCS Contacts & Mailing Address

PROGRAM UNIT

Provider Mailing Address

Nichel C Saceda-Hurt, Program Coordinator 2
Division of Juvenile Justice
PO Box 110650
Juneau, AK 99811-0650
Phone: (907) 465-3855/Fax: (907) 465-2333

Provider Phone Number/Fax Number

Nichel.Saceda-Hurt@alaska.gov

Provider Email Address

ADMINISTRATIVE CONTACT
Josie Valliant, Grants Administrator
Grants & Contracts Support Team
PO Box 110650

Provider's Federal Tax ID Number

Juneau, AK 99811-0650
Phone: (907) 465-8216/Fax: (907) 465-8678
Josie.valliant@alaska.gov

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

Non-Profit Organization Incorporated in the State of Alaska, or tax exempt under 26 U.S.C. 501(c)(3)

SUBMITTAL CHECKLIST

Scan the following documents as a single file. The Provider Agreement section is 4.06, Question 1.

The following documents, each completed and signed by an authorized agency signer:

- ___ Provider Agreement, first and last pages or the entire document;
- ___ Provider Agreement Appendix C, Federal Assurances and Certifications;
- ___ Provider Agreement Appendix D, Federal EEOP Certifications; and
- ___ Request for Waiver of Staff Requirement(s) if requesting

The uploaded file must also include

- ___ Resumes of direct services staff, each showing work experience in juvenile justice, law enforcement, corrections, and/or residential care services.