

GUIDELINE
Appendices and References

For
Indian Nation

**Consolidated Tribal Social and
Health Services Plan**

A required component of the

**Indian Nation – Department of Social and Health
Services Contract Consolidation Project**

Updated August 2012

Guidelines and forms are available online at the DSHS
OIP website:

<http://www.dshs.wa.gov/oip/contractconsol.shtml>

Submit hard copies of all required Tribal Plan elements to:

Department of Social and Health Services
Office of Indian Policy
PO Box 45105
Olympia, WA 98504

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(see DSHS OIP website;

<http://www.dshs.wa.gov/oip/contractconsol.shtml>)

Appendix H – Contract Consolidation Amendment Form

Appendix A – Federally Recognized Tribes in Washington

As of March 1, 2012

Chehalis Confederated Tribes
Cowlitz Tribe
Confederated Tribes of the Colville Reservation
Hoh Tribe
Jamestown S'Klallam Indian Tribe
Kalispel Tribe
Lower Elwha Klallam Tribe
Lummi Nation
Makah Tribe
Muckleshoot Tribe
Nisqually Tribe
Nooksack Tribe
Port Gamble S'Klallam Tribe
Puyallup Tribe
Quileute Tribe
Quinault Nation
Samish Nation
Sauk-Suiattle Tribe
Shoalwater Bay Tribe
Skokomish Tribe
Snoqualmie Tribe
Spokane Tribe
Squaxin Island Tribe
Stillaguamish Tribe
Suquamish Tribe
Swinomish Tribe
The Tulalip Tribes
Upper Skagit Tribe
Yakama Nation

Appendix B – Standard Assurances and Certifications

1. Provision of Services. The Indian Nation shall provide services as described in its Tribal Social and Health Services Plan.
2. Use of State and Federal Funds. The Indian Nation shall comply with all applicable federal and state laws and regulations governing the use of federal and state funds associated with this Agreement.
3. Drug-Free Workplace. The Indian Nation shall provide a drug-free workplace in compliance with drug-free workplace requirements in Subpart B of part 382, which adopts the Governmentwide implementation (2 CFR part 182) of sec. 5152-5158 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701-707).
4. Health Insurance Portability and Accountability Act (HIPAA). The Indian Nation shall comply with all applicable federal HIPAA requirements in its use, handling, and storage of protected health information. 45 CFR Parts 160, 162, and 164.
5. Lobbying. The Indian Nation shall abide by all applicable Federal laws relating to lobbying and political activity. 45 CFR Part 93 and Hatch Act (5 USCS 1501-1508).
6. Financial Participation. When matching funds are required, the Indian Nation shall not use state or federal funds to match other funds unless the state or federal funds it uses are authorized by law to be used for that purpose. 42 CFR 433.51.
7. Certification Regarding Ethics. The Indian Nation shall comply with all state and federal requirements regarding ethics and conduct in all matters associated with this Agreement throughout the term of the Agreement. Chapter 42.52 RCW and 45 CFR 74.42.
8. Debarment Certification. The Indian Nation is not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participating in this Agreement by any Federal department or agency.

If requested by DSHS, the Indian Nation shall complete a Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion form. Any such form completed by the Indian Nation for this Agreement shall be incorporated into this Agreement by reference.

Any subcontracts the Indian Nation enters into in connection with this agreement shall comply with federal Debarment and Suspension requirements. Federal Executive Order 12549 and 2 CFR Part 376, regarding Debarment and Suspension.

9. Single Audit Act. The Indian Nation shall comply with the requirements of the federal Single Audit Act. 45 CFR 74.26. and OMB Circular No. A-133.

10. Nondiscrimination. The Indian Nation shall comply with all applicable federal statutes relating to nondiscrimination, including but not limited to, Title VI of the Civil Rights Act of 1964, (PL 88-352); Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683); Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794); the Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107); the Drug Abuse Office and Treatment Act of 1972 (PL 92-255); as amended, the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (PL 91-616), as amended; Sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended; Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601, et seq.), as amended, and any other nondiscrimination statute(s) which may apply.
11. Pro-Children Act of 1994. The Indian Nation shall comply with the requirements of Public Law 103-277 Part C, Environmental Tobacco Smoke.

By signing on the line below, the Tribe's signatory official is providing certification that the Tribe is, and will remain, in compliance with certifications contained herein.

Signature

Date

Printed Name

Title

Tribe

Appendix C – Required Elements Checklist

Required at the time of submission are:

- (1) A letter or resolution from the Tribe authorizing submission of the Tribal Plan, and its associated elements, for participation in consolidation.
- (2) Identification of the Tribe's contact person and contact information.
- (3) A Tribal Plan, which must clearly identify:
 - i. Contracts and services included.
 - ii. Service area for the services to be provided.
 - iii. Projected consolidated budget (based on current funding levels).
 - iv. Tribal program or agency to deliver services.

OIP will notify each Tribe upon receipt of its Tribal Plan and provide written approval or disapproval of the Plan to the Tribe within 90-days of receipt.

Required upon approval are:

- (1) A signed set of Standard Assurances and Certifications.
- (2) A tribal resolution authorizing the final Tribal Plan and components.
- (3) A consolidated Intergovernmental Agreement with DSHS.

Appendix D – Required Elements in a Tribal Plan

(1) In General

A Tribal Plan must include information sufficient for DSHS to determine that it complies with all applicable laws and regulations. It should be formatted to enable reviewers to find specific components quickly and each page should be numbered consecutively.

(2) Tribal Plan Narrative

The Tribal Plan narrative must adequately address each of the following elements before the entire plan will be considered complete:

- (a) A list, by DSHS administration, of each specific program included in the plan, the services to be provided in each program area, and the corresponding agency or agencies of the tribal government to be involved in the delivery of those services.
- (b) A description of the overall objectives that the Tribe will address through Consolidation and the expected results.
- (c) A description of the services and activities that the Tribe will provide to meet program criteria. Depending on the statutory requirements, the program description could include:
- (d) The criteria that the Tribe will use to determine whether a person is eligible for one or more of the services under its plan.
- (e) When funding is targeted for services to specific categories of participants, the plan must indicate how and to what extent these special populations will be served.
- (f) Any other information related to the service to be provided.
- (g) Measurable performance standards against which DSHS can monitor and evaluate program performance.

(3) Plan Consolidated Budget - *See Appendix D*

- (a) No commingling. State and federal law prohibit commingling of any funds between or among programs. Funds provided to the Tribe for each program or service in its plan may only be used for the program or service for which the funds are designated.
- (b) Budget term. The Tribe must include a budget for all of the programs and services in its plan. The term of the budget must be the same as the term of the plan.

Appendix E – Sample Projected Annual Consolidated Budget Format

Tribal Department											
State Program											
FUNDING AMOUNT											
Match %											
Match cash											
Match in-kind											
EXPENSES:											
Personnel											
Salaries											
Benefits											
Total S&B											
Non- Personnel											
Total											
Indirect Cost ____%											
Total Expenses											

The budget may be modified, within the scope of responsibilities, as long as goals and objectives are met and funds are not commingled.

Appendix F – Regulatory Exceptions – WAC 388-440-0001

WAC 388-440-0001 Exceptions to rule. (1) The secretary of the department, or designee, authorizes department staff to request an exception to a rule in the Washington Administrative Code (WAC) for individual cases, except as noted in subsection (5) of this section, when:

- (a) The exception would not contradict a specific provision of federal law or state statute; and
 - (b) The client's situation differs from the majority; and
 - (c) It is in the interest of overall economy and the client's welfare; and
 - (d) It increases opportunities for the client to function effectively; or
 - (e) A client has an impairment or limitation that significantly interferes with the usual procedures required to determine eligibility and payment.
- (2) The secretary or the secretary's designee makes the final decision on all requests for exceptions to a rule.
- (3) Clients have no fair hearing rights as defined under chapter 388-08 WAC regarding exception to rule decisions by department staff.
- (4) Clients who do not agree with a decision on an exception to rule may file a complaint according to chapter 388-426 WAC.
- (5) This section does not apply to requests for non-covered medical or dental services or related equipment. See WAC 388-501-0160.

[Statutory Authority: RCW 74.04.050, 74.04.055, 74.04.057, and 74.08.090. 00-03-034, § 388-440-0001, filed 1/12/00, effective 2/12/00; 98-16-044, § 388-440-0001, filed 7/31/98, effective 9/1/98.]

Appendix G – Reporting Templates by DSHS Programs

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Reference A - Division of Behavioral Health and Recovery (DBHR) Additional Block Grant Requirements

1. To ensure compliance with Substance Abuse Prevention and Treatment Block Grant and the Community Mental Health Block Grant, all entities receiving block grant funding will submit narrative responses to the questions presented on the DBHR Annual Reporting Template.
2. In accordance with:
 - 45 CFR 96.30:
 - a. "Except where otherwise required by Federal law or regulation, a State shall obligate and expend block grant funds in accordance with the law and procedures applicable to the obligation and expenditure of its own funds. Fiscal control and accounting procedures must be sufficient to (a) permit preparation of reports required by the statute authorizing the block grant and (b) permit the tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the restrictions and prohibitions of the statute authorizing the block grant."
 - b. In order to be in compliance with 45 CFR 96.30, DBHR is requiring all entities to submit a Service Rate Plan (SRP), to describe rates for each outpatient treatment modality and ancillary service provided to non-ADATSA, non-Medicaid, Low-Income or Indigent clients; as well as the amount dedicated to prevention activities
 - 45 CFR 96.135
 - a. Unless an explicit and specific federal waiver is obtained the following uses are not allowable under any agreement that includes federal funds:
 - i. Hospital inpatient services;
 - ii. Cash payments to Departmental clients;
 - iii. Purchase or permanent improvement of land or facilities, other than minor remodeling;
 - iv. Purchase of major medical equipment in excess of \$5,000;
 - v. Cost sharing or matching for other federal funds requiring non-federal matching funds;
 - vi. Financial assistance to any entity which is not either public or non-profit;
 - vii. Carry out any program of distributing sterile needles for the hypodermic injection of any illegal drug or distributing bleach for the purpose of cleansing needles for such hypodermic injection;
 - viii. Carry out any testing for the etiologic agent for Acquired Immune Deficiency Syndrome (AIDS), unless such testing is accompanied by appropriate pre-test counseling and appropriate post-test counseling;
 - ix. "Excess Salary": The salary of an individual at a rate in excess of \$180,100 per year pursuant to Section 214 of P.L. 108.447 or its successor;
 - x. Underage tobacco enforcement.
 - i. Services in a correctional setting, whether state, Indian Nation, city, adult or juvenile;
 - b. The Indian Nation must include this language in any contract(s) resulting from this agreement and that all subrecipients understand and agree to these terms.

Please see the Crosswalk of Federal Requirement for the SAPT Block Grant, Contract DSHS-Indian Nation Contract Consolidation Project Guidelines

Requirements, and Compliance for more information on each requirement. The Crosswalk provides detail on expectations of the State and of the entities receiving block grant funding

3. Service Utilization Data requires the completion of treatment and prevention data. SAMHSA has given the states the discretion to determine how to collect the information. DBHR has chosen to use the Treatment and Assessment Report Generation Tool (TARGET) and the Performance Based Prevention system (PBPS).
4. RCW 70.96A.047, Local funding and donative funding requirements — Facilities, plans, programs. This is considered a Participation Match which is the cost shared for treatment and prevention services..
 - a. Match is determined by total award divided by 90% times 10%. Example of Match Formula: $\$20,500 * .90 * .10 = \$2,278$. Match will be adjusted when amendments are completed.
 - b. A DBHR Participation Match Form will be submitted at the end of each fiscal year to document that the participation match has been met.
5. Administration/Indirect Costs will be no more than 8% of the total award.

Reference B - Crosswalk of Federal Requirement for the SAPT Block Grant, Contract Requirements, and Compliance

The Public Health Service Act (42 USC 300x-21 through 300x-66) authorized the Substance Abuse Prevention and Treatment (SAPT) Block Grant and specifies requirements attached to the use of these funds. The SAPT funds are annually authorized under separate appropriations by Congress.

According to the Office of Management and Budget (OMB) Circular A-133, DBHR is considered a primary pass-through entity and the Counties and Tribes become secondary pass-through entities having the same responsibility for enforcing the audit requirement among their subcontractors.

SAPT Item	Brief Description of Federal Requirement	DBHR is required to describe	Contractors/Partners will need to describe
<p>State Plan- Intended Use Substance Abuse Prevention and Treatment Block Grant Funds- This section documents the States plan to use the Federal Substance Abuse Prevention and Treatment Block Grant. States are encouraged to incorporate information on needs assessment, resource availability and State priorities in their plan.</p>			
Planning - Needs Assessment Summary	<p>Each fiscal year, the State Plan shall submit a statewide assessment of need. 42 U.S.C. 300x-29, 45 C.F.R. 96.122(g)(13) and 45 C.F. R. 96.133.</p>	<ul style="list-style-type: none"> • What areas have the highest incidence, prevalence, and greatest need? • How data is collected and how it is used in making these decisions. Any biases of the data should be included, and how the reliability and validity of data will be improved. • What monitoring processes are in place to assure programs serve communities with the highest prevalence and need. • How advisory councils are utilized. The State Epidemiological Outcomes Workgroup (SEOW) role in the planning process for primary prevention and treatment planning. • How the evaluation process is completed on activities related to prevention and treatment efforts, such as performance data, programs, policies and practices, and how this data is produced and used for planning. • What the State priorities and activities are as they relate to State and Federal priorities and requirements. • What criteria are used in deciding how to allocate block grant funds. 	<ul style="list-style-type: none"> • What is the greatest need, • What are the benchmarks and performance targets. • What the strategic prevention plan is, as well as, goals and/ or objectives expected, • Which data will be used and what are the bias' associated with the data, • What role the councils play in the planning process. • If subcontracting, <ul style="list-style-type: none"> ✓ How the funding formula is processed. ✓ How monitoring is conducted.
Goal 1	<p>The State shall expend block grant funds to maintain a continuum of substance abuse treatment services that meet these needs for the services identified by the State. Describe the continuum of block grant-funded treatment services available. (42 USC 300x-21(b) and 45 CFR 96.122 (f)(g))</p>	<ul style="list-style-type: none"> • What types of comprehensive services are available in the State. • How the specialty program(s) are supported; • How contracts are developed and maintained; • How local appropriations are determined; • What training and/or technical assistance is available for the contractor. 	<ul style="list-style-type: none"> • How a continuum of prevention and treatment services (including specialized services) are provided • How the Contracts are processed • How services are or will be implemented and maintained.
Goal 2	<p>An agreement to spend no less than 20 percent on</p>	<p>Activities proposed for each of the six strategies and include</p>	<ul style="list-style-type: none"> • What community

	primary prevention programs for individuals who do not require treatment for substance abuse, specifying the activities proposed for each of the six strategies. (42 USC 300x-22(a)(1) and 45 CFR 96.124 (b)(1))	information on: <ul style="list-style-type: none"> • Developing and/or maintaining contracts; • Holding community forums/coalitions; • Using or maintaining a management information system (MIS); • Site monitoring visits 	forums/coalitions have been formed; including <ul style="list-style-type: none"> ▪ Outcomes • Contract deliverables • Challenges. <ul style="list-style-type: none"> • How site monitoring visits are conducted.
Goal 3	An agreement to expend not less than an amount equal to the amount expended by the State for FY1994 to establish new programs or expand the capacity of existing programs to make available treatment services designed for pregnant women and women with dependent children; and, directly or through arrangements with other public or nonprofit entities, to make available prenatal care to women receiving such treatment services, and while the women are receiving services, child care. The State is required to expend at least 5 percent of the block grants to increase the availability of treatment services designed for pregnant women and women with dependent children. (42 USC 300x-22(b)(1)(c) and 45 CFR 96.124 (c)(e))	<ul style="list-style-type: none"> • What types of projects or services are provided specifically for serving pregnant women and women with dependent children, to include <ul style="list-style-type: none"> • Prenatal Care; • Residential Treatment; • Case Management; • Outpatient Services; • Childcare Services; • Outreach Services • How compliance ensured. • What methods are used to monitor the adequacy of efforts to meet the special needs of pregnant women and women with dependent children • What sources of data are used in estimating treatment capacity and utilization by pregnant women and women with dependent children? • How funds are used to establish new programs or expand the capacity of existing programs for pregnant women and women with dependent children. 	<ul style="list-style-type: none"> • What are the providers doing differently when serving the PPW population (from the regular adult population); • What special methods are in place to monitor the adequacy of efforts to meet the special needs of pregnant women and women with dependent children.
Goal 4- IVDU Services	An agreement to provide treatment to intravenous drug abusers that fulfills the 90 percent capacity reporting, 14-120 day performance requirement, interim services, outreach activities and monitoring requirements. (42 USC 300x-23and 45 CFR 96.126)	<ul style="list-style-type: none"> • How the State defines IVDUs in need of treatment services. • Who notified the State when they reached 90% capacity. • How the State ensures programs are in compliance with the 14-120 day performance requirement. • How the State ensures that outreach activities directed toward IVDUs are accomplished. • The strategies developed for monitoring compliance. • The problems identified and corrective actions taken. <p>Activities or initiatives related to the provision of:</p> <ul style="list-style-type: none"> • Interim services; • Outreach Waiting list(s); • Referrals; 	<ul style="list-style-type: none"> • What outreach programs are available; • How the waiting list protocol works, including: <ul style="list-style-type: none"> ○ # on waiting list ○ Interim services provided • How compliance is ensured and common issues and solutions; and • How treatment admission within 14-120 days is ensured

		<ul style="list-style-type: none"> • Methadone maintenance; • Compliance reviews; • HIV/AIDS testing/education; • Outpatient services; • Education; • Risk reduction; • Residential services; • Detoxification; and • Assessments. 	
Goal 5 – TB -Early Intervention	An agreement, directly or through arrangements with other public or nonprofit private entities, to routinely make available tuberculosis services to each individual receiving treatment for substance abuse and to monitor such service delivery. (42 USC 300x-24 (a) and 45 CFR 96.127)	<ul style="list-style-type: none"> • How much funding was expended for tuberculosis services. • What the procedures are for tuberculosis services. • What the Screening and Referrals process is. • The cooperative agreements that have been established. • The number and how long individuals are on waiting lists. • The type and amount of training made available to providers to ensure that tuberculosis services are routinely made available to each individual receiving treatment for substance abuse; • The linkages between IVDU outreach and the projects to deliver early intervention services for HIV. • What technical assistance has been provided. 	<ul style="list-style-type: none"> • How compliance is ensured; • What activities, initiatives or process have been implemented with other services providers; and • What training s have been provided and who participated.
Goal 9 Pregnant Women Preferences	An agreement to ensure that each pregnant woman be given preference in admission to treatment facilities; and, when the facility has insufficient capacity, to ensure that the pregnant woman be referred to the State, which will refer the woman to a facility that does have capacity to admit the woman, or if no such facility has the capacity to admit the woman, will make available interim services within 48 hours, including a referral for prenatal care (See 42 USC 300x-27 and 45 CFR 96.131). Childcare Services (45 CFR 96.124, WAC 170-296, WAC 170-295, 42 CFR Parts 2).	Activities or initiatives related to the provision of: <ul style="list-style-type: none"> • Priority admissions; • Publicizing availability of services • Referral to Interim services; • Prenatal care; • Provider contracts; • Routine reporting; • Waiting lists; • Screening/assessment; • Residential treatment; Counseling; • Training/TA • Educational materials; HIV/AIDS/TB Testing 	<ul style="list-style-type: none"> • How availability is publicized; • What procedures or processes are used to ensure PPWs are provided interim services within 48 hrs; • How monitoring for interim services, waiting lists is conducted, including <ul style="list-style-type: none"> ○ Waiting lists times ○ How quickly are interim provided • How referrals for prenatal care and childcare are made; • How childcare is ensured to be licensed or certified • Compliance of subcontractors
Attachment G Capacity	State's procedures and activities, and the total of funds expended to develop capacity management and waiting	<ul style="list-style-type: none"> • Total amount of funds expended (or obligated if expenditure data is not available), to comply with the 	<ul style="list-style-type: none"> • What the wait list procedures are for Pregnant Women and IVDU

Management - PPW	list systems for intravenous drug users and pregnant women. This report should include information regarding the utilization of these systems 45 C.F.R. 96.122(f)(3)(vi) 45 C.F.R. 96.126(c) 45 C.F.R. 96.131(c) .	<p>requirement to develop capacity management and waiting list systems for intravenous drug users and pregnant women</p> <ul style="list-style-type: none"> • Procedures developed to reasonably implement a capacity management and waiting list system; • The role of the Single State Agency (SSA) for substance abuse prevention and treatment; • The role of intermediaries (county or regional entity), if applicable, and substance abuse treatment providers; and • The use of technology, e.g., toll-free telephone numbers, automated reporting systems, etc. • How interim services are made available to individuals awaiting admission to treatment; • The mechanism(s) utilized by programs for maintaining contact with individuals awaiting admission to treatment; and • Technical assistance. 	<ul style="list-style-type: none"> • How interim services are made available; • What mechanisms are in place to stay in contact with client who is on waiting list; • What types of outreach provided and how often; • How subcontractors notifying the agency when below 90% capacity; • What efforts are in place to stay in contact with client; and • What training or technical assistance has been provided.
Goal 10 Referral Process	An agreement to improve the process in the State for referring individuals to the treatment modality that is most appropriate for the individual (see 42 USC 300x-28(a) and 45 CFR 96.132 (a)).	<p>Activities or initiatives related to the provision of:</p> <ul style="list-style-type: none"> • Implementation of ASAM criteria • Use of Standardized assessments; • Patient placement using levels of care; • Monitoring visits/inspections; • Information systems; • Reporting mechanisms; • Training/TA 	<ul style="list-style-type: none"> • How subcontractors refer clients; and • What training regarding referrals has been provided
Goal 11 Continuing Education	An agreement to provide continuing education for the employees of facilities which provide prevention activities or treatment services (or both as the case may be) (See 42 USC 300x-28(b) and 45 CFR 96.132 (b)).	<p>Activities or initiatives related to the provision of:</p> <ul style="list-style-type: none"> • Counselor certification; • Co-occurring training; • Motivational interviewing training; HIV/AIDS/TB training; • Ethics training; • Confidentiality and privacy training; • Special populations training; • Case management training; • Train-the-trainer model; • Domestic violence training; • Faith-based training; • Suicide prevention training; • Crisis intervention training. 	<ul style="list-style-type: none"> • What efforts have been made to ensure that training is made available to tx and px staff; • What types of training have been provided; • How many attended; • How many subcontract sent staff; • How subcontractors are monitored; and • Compliance issues
Goal 12 Coordinate	An agreement to coordinate prevention activities and treatment services with the provision of other appropriate	<p>Activities or initiatives related to the provision of:</p> <ul style="list-style-type: none"> • Convened work groups/task force/councils; Partnering 	<ul style="list-style-type: none"> • If there are MOAs with other entities; and

Services	services (See 42 USC 300x-28(c) and 45 CFR 96.132(c)).	<ul style="list-style-type: none"> with association(s)/other agencies; Coordination of prevention and treatment activities; Convening routine meetings; Development of polices for coordination; Convening town hall meetings to raise public awareness; Implementation of evidence-based services. 	<ul style="list-style-type: none"> What work groups, task forces, or councils have been established for better coordination, include <ul style="list-style-type: none"> Outcomes/Challenges Successes/weaknesses
Goal 13 Assessment of Need	An agreement to submit an assessment of the need for both treatment and prevention in the State for authorized activities, both by locality and by the State in general (See 42 USC 300x-29 and 45 CFR 96.133).	<p>Activities or initiatives related to the provision of:</p> <ul style="list-style-type: none"> Data-based planning; Statewide surveys; Youth survey(s); Archival/social indicator data; Data work groups; Risk and protective factors Household survey data utilization; Prioritization of services; Provider surveys; Online surveys/Web-based reporting systems; Site visits. 	<ul style="list-style-type: none"> What data is used; including <ul style="list-style-type: none"> Biases of data Gaps Priorities
Goal 14 Hypodermic Needle Program	An agreement to ensure that no program funded through the block grant will use funds to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs (See 42 USC 300x-31(a)(1)(F) and 45 CFR 96.135 (a)(6)).	<p>Activities or initiatives related to the provision of:</p> <ul style="list-style-type: none"> Prohibitions written into provider contracts; Compliance site visits; Training/TA. 	What process is in place to ensure compliance; and What trainings have been provided.
Goal 15 Independent Peer Review	An agreement to assess and improve, through independent peer review, the quality and appropriateness of treatment services delivered by providers that receive funds from the block grant (See 42 USC 300x-53(a) and 45 CFR 96.136).	<p>Activities or initiatives related to the provision of:</p> <ul style="list-style-type: none"> Peer review process and/or protocols; The role of DBHR for substance abuse treatment services in the development of operational procedures implementing independent peer review; The role of the State Medical Director for Substance Abuse Services in the development of such procedures; The role of the independent peer reviewers; The role of the entity (ies) reviewed. The number of entities reviewed during the applicable fiscal year; Technical assistance made available to the entity(ies) reviewed; and Technical assistance made available to the reviewers, if applicable. Quality control/quality improvement activities as a result 	All contractors and chemical dependency counselors are responsible to participate in the peer review process.

		of peer review report.	
Goal 16 Disclosure of Patient Records	Ensure that the State has in effect a system to protect patient records from inappropriate disclosure. 42 U.S.C. 300x-53(b) 45 C.F.R. 96.132(e) 42 C.F.R. Part 2.	Activities or initiatives related to the provision of: <ul style="list-style-type: none"> • Confidentiality training/TA; • Compliance visits/inspections; • Licensure requirements/reviews; • Corrective action plans; 	<ul style="list-style-type: none"> • What process is in place to ensure compliance; and • What trainings have been provided.
Goal 17 Charitable Choice	<p>An agreement to ensure that the State has in effect a system to comply with 42 USC 300x-65 and 42 CFR part 54 (See 42 CFR 54.8(b) and 54.8(c)(4), Charitable Choice Provisions and Regulations).</p> <p>Under Charitable Choice, States, local governments, and religious organizations, each as SAMHSA grant recipients, must: (1) ensure that religious organizations that are providers provide notice of their right to alternative services to all potential and actual program beneficiaries (services recipients); (2) ensure that religious organizations that are providers refer program beneficiaries to alternative services; and (3) fund and/or provide alternative services. The term “alternative services” means services determined by the State to be accessible and comparable and provided within a reasonable period of time from another substance abuse provider (“alternative provider”) to which the program beneficiary (“services recipient”) has no religious objection.</p>	<p>How we:</p> <ul style="list-style-type: none"> • Ensure that religious organizations that are providers provide notice of their right to alternative services to all potential and actual program beneficiaries (services recipients); • Ensure that religious organizations that are providers refer program beneficiaries to alternative services; and • Fund and/or provide alternative services. Alternative services means services determined by the State to be accessible and comparable and provided within a reasonable period of time from another substance abuse provider to which the program beneficiary has not religious objection. • Any training for local governments and faith-based and community organizations on these requirements. 	<ul style="list-style-type: none"> • How clients are offered choice of providers; • How clients are referred; • How many subcontracts that are FBO; • How FBOs participate in the RFP process; • What of FBO services are available; and • What compliance efforts are in place to ensure funding is not used for religious activities

Reference C - HOW TO REVIEW A-133 AUDIT REPORTS ONLINE FOR TRIBES AND FEDERAL SUB-RECIPIENTS

A review process for tribal block grants that would meet Federal requirements would consist of the following steps:

1) Access the Federal Audit Clearinghouse search page using the link below.

<http://harvester.census.gov/sac/dissemin/entity.html>

If an entity has filed their A-133 with the Federal government as required, key audit information will be available on this website.

2) Enter part of the entity's name (or EIN) in the search page (ex. Tulalip) Click the "View Results" button.

SEARCH SINGLE AUDIT DATABASE - WINDOWS INTERNET EXPLORER PROVIDED BY DSHS - EXEC IT

http://harvester.census.gov/sac/dissemin/entity.html

Live Search

FILE EDIT VIEW FAVORITES TOOLS HELP

SEARCH SINGLE AUDIT DATABASE

Page Tools

SEARCH THE SINGLE AUDIT DATABASE - ENTITY SEARCH

Enter part of the Auditee Name, Complete 9-digit EIN, or State to search the database.

Tulalip

OR

Enter a list of multiple EIN numbers (one per line):

Optional Search Criteria:

Limit Number of Records Returned to :

Sort Options:

Either view all the entities or download the results of the search (excludes CFDA lines).

View Results

Download Results

Trouble viewing downloaded data? Click [here](#) for help.

Single Audit Search Options

Error on page. Internet 100%

- 3) A list of available A-133 audit reports will appear. Find the appropriate fiscal year (ex. FYE 12/30/2010). You can also view the date the report was submitted to the clearinghouse on this page (ex. 9/30/2010)

Results from Query of Single Audit Database

Your search has produced 20 records

These results are based on the following search criteria:
 ● Auditee Name: TULALIP.

Auditee Name	City	State	EIN	Fiscal Year Ending Date	Initial Date Received	Form Date Received	Component Date Received	Processing Completed On Date	Processing Previously Completed On Date	FAC Accepted Date
GOVERNMENTAL DEPARTMENTS OF THE TULALIP TRIBES OF WASHINGTON	TULALIP	WA	910557816	12/31/2008	09/30/2009	09/30/2009	09/30/2009	10/01/2009		09/30/2009
GOVERNMENTAL DEPARTMENTS OF THE TULALIP TRIBES OF WASHINGTON	TULALIP	WA	910557816	12/31/2009	09/30/2010	09/30/2010	09/30/2010	10/07/2010		09/30/2010
GOVERNMENTAL DEPARTMENTS OF THE TULALIP TRIBES OF WASHINGTON	TULALIP	WA	910557816	12/31/2010	09/30/2011	09/30/2011	09/30/2011	10/06/2011		09/30/2011
TULALIP TRIBES HOUSING AUTHORITY	MARYSVILLE	WA	911054095	6/30/2000	03/31/2001	10/23/2001		10/30/2001		10/23/2001
TULALIP TRIBES HOUSING AUTHORITY	TULALIP	WA	911054095	6/30/2001	08/13/2002	12/27/2005	12/27/2005	01/31/2006	08/16/2002	08/13/2002
TULALIP TRIBES HOUSING AUTHORITY	MARYSVILLE	WA	911054095	6/30/2002	02/13/2006	02/13/2006	02/13/2006	03/07/2006		02/13/2006
TULALIP TRIBES										

- 4) A PDF copy of the “Data Collection Form” will appear. (Note this form can be downloaded and placed in contract monitoring file within the Agency Contracts Database).



Tulalip FYE
12-31-2010.pdf

- 5) Review pertinent information in the “Data Collection Form” Part II:
- **Part II, Item #1: Is the “Unqualified Opinion” box checked? If yes, proceed to next step.**
 - If the “Qualified Opinion” box is checked, this means there was something in the financial statements may not be in accordance with GAAP, certain material information could not be verified by the auditor, etc. **You will need to request a copy of the audit report.**
 - If the “Adverse Opinion” box is checked, this is similar to “Qualified Opinion” but means there is something very serious or materially wrong with the financial statements. **You will need to request a copy of the audit report.**

- If the “Disclaimer of Opinion” box is checked, this means the auditor was unable to certify the accuracy of the financial statements, or may even have withdrawn without completing the audit. This is also very serious. **You will need to request a copy of the audit report or possibly contact the auditor for more information.**
- **Part II, Item #2: Is the “No” box checked? If yes, proceed to the next step.**
 - If the “Yes” box is checked this means the entity is at risk of bankruptcy and could cease to operate in the future. **You will need to request a copy of the audit report. You may need to discuss plans for continuing operations or increasing cash flows with the entity. In particular – if the entity provides a direct service, you may want to set up financial monitoring to ensure there is no lapse in services for affected recipients/clients.**
- **Part II, Item #3: Is the “No” box checked? If yes, proceed to the next step.**
 - If the “Yes” box is checked this means there is a “finding” in the audit report related to Financial Reporting. **Proceed to Step 6, below.**
- **Part II, Item #4: Is the “No” box checked? If yes, proceed to the next step.**
 - If the “Yes” box is checked this means there is a “finding” in the audit report related to Internal Controls. **You will need to request a copy of the audit report. If there is an internal control deficiency, the entity should be assigned to a higher risk category and receive closer financial monitoring. Ask one of ORCs consultants if you need help understanding the control deficiency. A Corrective Action Plan is required.**
- **Part II, Item #5: Is the “No” box checked? If yes, proceed to the next step.**
 - If the “Yes” box is checked this means there is a “finding” in the audit report related to Federal Compliance. **Proceed to Step 7, below.**

Primary EIN: 94-0557816

PART II FINANCIAL STATEMENTS (To be completed by auditor)	
1. Type of audit report Mark either: 1 <input checked="" type="checkbox"/> Unqualified opinion OR any combination of: 2 <input type="checkbox"/> Qualified opinion 3 <input type="checkbox"/> Adverse opinion 4 <input type="checkbox"/> Disclaimer of opinion	
2. Is a "going concern" explanatory paragraph included in the audit report?	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No
3. Is a significant deficiency disclosed?	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No
4. Is a material weakness disclosed?	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No
5. Is a material noncompliance disclosed?	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No
PART III FEDERAL PROGRAMS (To be completed by auditor)	
1. Does the auditor's report include a statement that the auditee's financial statements include departments, agencies, or other organizational units expending \$500,000 or more in Federal awards that have separate A-133 audits which are not included in this audit? (AICPA Audit Guide, Chapter 13)	
	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No
2. What is the dollar threshold to distinguish Type A and Type B programs? (OMB Circular A-133 § .520(b))	
	\$ 655,309
3. Did the auditee qualify as a low-risk auditee? (§ .530)	
	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No

6) If Part II, Item #3 indicated there was a finding related to financial reporting, review Part III, Item #6, related to Questioned Costs. Is the "No" box checked? If so, proceed to the next step.

- If there is a questioned cost related to your program, you will need to request a copy of the report and follow up with the entity. You will also need to determine if an overpayment needs to be established with the Office of Financial Recovery.

7) If Part II, Item 5 indicated there was a finding related to Federal Compliance, you will need to Review Part III, Section 9 and 10 – they are on the same pages – part 9 identifies the program and dollar amounts, while part 10 identifies the related findings.

- Review Section 9 to identify your program(s). Tip: Most DSHS programs are under the DHHS and will be grouped together in the list which is sorted by awarding agency and CFDA number.
- Once you have located your program(s) on the list, check Section 10 to see if the findings identified in Part II Item 5 relate to your program. If you want to understand what the compliance requirements are, the categories in the bottom of the key are the letter of the applicable subsection of the A-133 Compliance Supplement.
- If you have findings associated with your program, you will need to request a copy of the audit report and follow-up with the entity. A Corrective Action Plan may be required.

The screenshot shows a web browser window displaying a table titled "PART III FEDERAL PROGRAMS - Continued". The table is divided into two main sections: "9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR" and "10. AUDIT FINDINGS".

Section 9: FEDERAL AWARDS EXPENDED DURING FISCAL YEAR

Federal Agency Prefix (a)	CFDA Number (b)	Research and development (c)	A R A3 (d)	Name of Federal program (e)	Amount expended (f)	Direct award (g)	Major program (h)	If yes, type of audit report 4 (i)	Type(s) of compliance requirement(s) 5 (a)	Audit finding reference number(s) 6 (b)
8 1	.128	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	1 <input checked="" type="checkbox"/> Y 2 <input type="checkbox"/> N	ARRA - SOLAR LIGHTS	\$ 195,278.00	1 <input checked="" type="checkbox"/> Y 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N		O	N/A
9 3	.068	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	MACHO	\$ 5,531.00	1 <input checked="" type="checkbox"/> Y 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N		O	N/A
9 3	.047	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	SPECIAL PROGRAMS FOR THE AGING - TITLE VI PART A	\$ 117,977.00	1 <input checked="" type="checkbox"/> Y 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N		O	N/A
9 3	.053	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	NUTRITION SERVICES INCENTIVE PROGRAM	\$ 16,878.00	1 <input checked="" type="checkbox"/> Y 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N		O	N/A
9 3	.054	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	CAREGIVER SUPPORT PROGRAM	\$ 50,863.00	1 <input checked="" type="checkbox"/> Y 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N		O	N/A
9 3	.237	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	SPECIAL DIABETES PROGRAM	\$ 229,533.00	1 <input checked="" type="checkbox"/> Y 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N		O	N/A
9 3	.556	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	SAFE AND STABLE FAMILIES	\$ 30,087.00	1 <input checked="" type="checkbox"/> Y 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N		O	N/A
9 3	.556	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	SAFE AND STABLE FAMILIES	\$ 11,868.00	1 <input checked="" type="checkbox"/> Y 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N		O	N/A
9 3	.558	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	TANF	\$ 1,029,016.00	1 <input checked="" type="checkbox"/> Y 2 <input type="checkbox"/> N	1 <input checked="" type="checkbox"/> Y 2 <input type="checkbox"/> N	U	EPBL	10-01, 10-02, 10-03, 10-06, 10-07
9 3	.558	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	STATE TANF - DIRECT	\$ 664,991.00	1 <input checked="" type="checkbox"/> Y 2 <input type="checkbox"/> N	1 <input checked="" type="checkbox"/> Y 2 <input type="checkbox"/> N	U	EPBL	10-01, 10-02, 10-03, 10-06, 10-07
TOTAL FEDERAL AWARDS EXPENDED					\$ 21,843,649.00					

Section 10: AUDIT FINDINGS

The table shows findings for the TANF program (rows 9 3 .558). The findings are categorized as "EPBL" (Eligibility, Procurement and suspension and debarment, Reporting, Subsequent monitoring, Special tests and provisions, Other).

Key:

- A. Activities allowed or unallowed
- B. Allowable costs/cost principles
- C. Cash management
- D. Davis - Bacon Act
- E. Eligibility
- F. Equipment and real property management
- G. Matching, level of effort, earmarking
- H. Period of availability of Federal funds
- I. Procurement and suspension and debarment
- J. Program income
- K. Real property acquisition and relocation assistance
- L. Reporting
- M. Subsequent monitoring
- N. Special tests and provisions
- O. None
- P. Other

In the example above, the entity has findings related to Allowable Costs/Cost Principles, Eligibility, Reporting, and Other related to the TANF program.

Reference D – Overview of the Consolidation Project

Introduction

The Indian Nation Contract Consolidation Project (Contract Consolidation) is a manifestation of the government-to-government relationship between the Tribes and the State of Washington Department of Social and Health Services (DSHS). It marks a significant step in State/Tribal governmental relations and promises to serve as a model of cooperation, not only in the State of Washington, but also for any government's relationship with indigenous peoples.

Participation in Contract Consolidation does not make a Tribe eligible for any program funds that it would not otherwise be eligible to receive, nor does it increase or decrease the amount of funds for which a Tribe is eligible.

Reasons for Consolidation

There are twenty-nine federally recognized Indian Tribes or nations in Washington State. Most Tribes have numerous contractual agreements with DSHS through which they provide a variety of social and health services to their citizens. This results in numerous audit, reporting, and documentation requirements, as well as on-site monitoring visits to the Tribe by different DSHS program staff. Consolidation will reduce administrative and staff burdens by reducing the number of individual agreements between a participating Tribe and DSHS, without reducing funding to the Tribe or services to its citizens. It will also reduce the number of required reports, on-site visits, and the amount of documentation required.

Consolidation supports Indian self-determination because participating Tribes must adhere to fewer DSHS requirements regarding the design and delivery of their social and health services programs. The result is services or programs better tailored to the needs of the populations to be served, which can be changed in response to changing needs.

History of the Project

Members of the Indian Policy Advisory Committee (IPAC) first presented the consolidation idea to DSHS. IPAC members wanted improvements established between the federal government and Indian Tribes to be applied to agreements between DSHS and Tribes in the State of Washington. In particular, IPAC members wanted to streamline billing and payment procedures and reporting requirements, incorporate culturally relevant treatment and services, obtain waivers from some statutory and regulatory requirements, and reduce the number of on-site visits to Tribes by DSHS.

In February 2001, IPAC and DSHS began to develop a framework for consolidation. In June of that year, a large Tribe, the Confederated Tribes of the Colville Reservation, and a smaller Tribe, the Port Gamble S'Klallam Tribe, volunteered to participate in the pilot project. DSHS and the Tribes began meeting in July 2001 to design the project and negotiate the contents of a consolidated contract. Since that time, DSHS and the Tribes have made periodic progress reports to IPAC.

Key Components of Consolidation

1. As suggested by the Tribes, the Project is modeled after Public Law 102-477 and contains many of the same requirements, in particular, DSHS' development of Project Guidelines for Tribes to use in developing their own Tribal Social and Health Services

Plans (Tribal Plans). Tribal Plans will describe how the Tribe plans to provide culturally relevant services in each program area while meeting all applicable statutory and regulatory requirements.

2. Tribal Plans reduce reporting requirements for services provided. Specifically, Tribes submit one consolidated Annual Report, except when statute, regulation, or legislative body requires more frequent reporting.
3. Required billing documentation is reduced and participating Tribes receive an annual working capital advance payment.
4. Upon written request from a participating Tribe, DSHS will, whenever possible, support the Tribe in pursuing waivers.