

# ECK CDDO of Coffey, Osage, Franklin Counties State Aid Emergent/Flex Request Form

Fiscal YR: 25

I recognize that funding is contingent on CDDO review, approval, and availability of funds. As the Targeted Case Manager, I acknowledge that I have exhausted all other avenues to fund this request and will remit all invoices pursuant to this request to the CDDO.

Affiliate: \_\_\_\_\_ TCM Name: \_\_\_\_\_  
Client's Name: \_\_\_\_\_ Amount Requested: \_\_\_\_\_ Date Requested: \_\_\_\_\_  
Provider of Requested Service \_\_\_\_\_ Federal ID: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Community Options Explored Prior to Request:**

**Detailed Explanation of Need:**

**Itemization of Fund Request:**

ECKAAA CDDO STATE AID REQUEST SIGNATURE PAGE

Received at CDDO: \_\_\_\_\_ CDDO Coord.: \_\_\_\_\_ Date: \_\_\_\_\_

Fiscal Man. \_\_\_\_\_ Date: \_\_\_\_\_

Exec. Dir. \_\_\_\_\_ Date: \_\_\_\_\_

Amount Approved \_\_\_\_\_ Approval Date \_\_\_\_\_

KDAD's taxonomy Code: \_\_\_\_\_

Person's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Approval of Business Agreement: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

TCM Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EAST CENTRAL KANSAS AREA AGENCY ON AGING, ECKAAA CDDO, BUSINESS AGREEMENT  
FISCAL YEAR 2025**

This agreement made this \_\_\_\_\_ day of \_\_\_\_\_, 2024/25 by and between East Central Kansas Area Agency on Aging, ECKAAA CDDO and \_\_\_\_\_ of \_\_\_\_\_, for provision of product services funded under State Aid Emergent/Flex Funds. The Contractor shall provide product services as indicated and agreed upon on the State Aid Emergent/Flex Funds Request Form.

**COUNTIES SERVED:** County of service will be Coffey, Franklin and/or Osage.

**SERVICE(S) TO BE PROVIDED:**

**RESPONSE TIME:** Contractor will begin process within seven (7) calendar days of approval.

**TERM AND TERMINATION:** Unless sooner terminated in accordance with these terms, this Business Agreement shall be in effect July 1, 2024 and ending June 30, 2025 (the State Fiscal Year).

- a. Either party may terminate the business agreement participation at any time by giving the other party written notice of termination at least ninety (90) calendar days prior to the termination date identified in the written notice;
- b. Either party may terminate the Contractor's participation in this contract at any time for the other party's failure to perform in accordance with any provision in this contract by giving the other party written notice of termination at least fifteen (15) calendar days prior to the termination date identified in the written notice; or
- c. The ECKAAA CDDO may terminate the Contractor's participation at any time without prior written notice if the ECKAAA CDDO first determines that termination is necessary to avoid harm to members of the public, to prevent fraud or abuse, to protect public funds, or pursuant to federal funds being available.
- d. The ECKAAA CDDO requires the *Statement of Usage of State Aid Funded Services* form to be included in all state aid requests, which allows the ECKAAA CDDO to terminate the business agreement after thirty (30) days of non-usage.
- e. Reimbursement by ECKAAA CDDO to contractor is based on the ability of the state to provide funding to the ECKAAA CDDO.

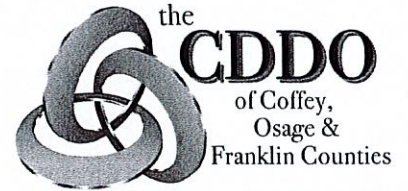
**AUTHORIZED REIMBURSEMENT:** Service fee will be reimbursed to contractor by ECKAAA on submission of invoice which includes customer name, address, date of service, type of service and/or product purchased. ONLY charges approved by the ECKAAA CDDO on the State Aid Emergent/Flex Funds Request Form BEFORE services are provided may be submitted for reimbursement. NO charges exceeding what is approved by ECKAAA CDDO reflected on the State Aid Emergent/Flex Funds Request Form will be accepted or paid. Service to be provided will be defined on said form. Rate and county of service will be approved by ECKAAA CDDO after request for service is received.

**Request for payment for service must be received by the 7<sup>th</sup> of the month following service provision.** No retroactive financial adjustment will be made for late submissions. Contractor's inability to meet billing deadline of 7<sup>th</sup> of month due to natural disaster or health related staffing emergencies requires notice to and pre-approval by the ECKAAA Executive Director by the 7<sup>th</sup> of the month in order for a contingency plan to be made.

- a. Payment by the ECKAAA CDDO to provider will be made within 30 days of the 7<sup>th</sup> of the month in which billing is received.
- b. When applicable an insurance company will be first payor.
- c. ECKAAA will not pay for services provided over the amount approved by ECKAAA CDDO
- d. When appropriate proof of liability insurance and workman's comp certificates will be provided to ECKAAA.

**HIPAA:** Contractor acknowledges that certain information received in the performance of this may constitute Protected Health Information or other confidential information. Contractor will establish and maintain procedures and controls as required in the Underlying Agreement for the protection of confidential information. Contractor agrees to enter into a Business Agreement with Contractor in the form as provided by the Kansas Department of Aging and Disability Services (KDADS).

**CONFIDENTIALITY:** The Contractor may have access to private or confidential data maintained by State to the extent necessary to carry out its responsibilities under this agreement. Contractor must comply with all the requirements of the Kansas Open Records Act (K.S.A. 42-215 *et seq.*) in providing services under this contract. Contractor shall accept full responsibility for providing adequate supervision and training to its agents and employees to ensure compliance with the Act. No private or confidential data collected, maintained or used in the course of performance of this contract shall be disseminated by either party except as authorized by the State promptly at the request of State in whatever form it is maintained by Contractor. On the termination or expiration of this contract, Contractor will not use any of such data or any material derived from the data for any purpose and, where so instructed by State, will destroy or render it unreadable.



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## Statement of Usage of State Aid Funded Services

I, \_\_\_\_\_, accept the State Aid Funded services as stated in my State Aid  
(person's name)

Funding request, which I have signed. I understand that if I do not access these services within 30 days, the State Aid that was allotted to me will end. I also understand that during the contract period, if I do not use my services for a 30 day consecutive period, my State Aid funding will also end, unless the CDDO receives a signed statement from me explaining why I did not access these funded services that I still need. I understand that if I have a legal guardian, my legal guardian must also sign these documents and statements.

Individual's signature: \_\_\_\_\_ date: \_\_\_\_\_

Legal Guardian Signature: \_\_\_\_\_ date: \_\_\_\_\_

TCM Signature: \_\_\_\_\_ date: \_\_\_\_\_

Provider of contracted service signature: \_\_\_\_\_ date: \_\_\_\_\_

Provider of contracted service signature: \_\_\_\_\_ date: \_\_\_\_\_