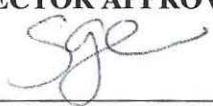


CITY OF MARYSVILLE AGENDA BILL

EXECUTIVE SUMMARY FOR ACTION

CITY COUNCIL MEETING DATE: November 26, 2018

AGENDA ITEM:	
DSHS Database Access agreement	
PREPARED BY:	DIRECTOR APPROVAL: 
Suzanne Elsner, Court Administrator	
DEPARTMENT:	
Court	
ATTACHMENTS:	
DSHS Agreement	
BUDGET CODE:	AMOUNT:
SUMMARY:	

Marysville Municipal Court Staff currently conducts public defense screening to determine if someone is eligible for a public defender. A question in the screening process asks clients if they receive any State benefits/assistance. In most cases the client does not have any proof with them to provide to the court staff to confirm the benefits. This agreement will allow the court staff to enter the DSHS database to confirm State benefits.

RECOMMENDED ACTION: Authorize the Mayor to sign the agreement to allow court staff to access DSHS database to confirm State benefits

ECONOMIC SERVICES ADMINISTRATION (ESA)
Database Access Request

The Department of Social and Health Services (DSHS) has a legal duty to protect and safeguard confidential client information. DSHS can provide outside entities with access to confidential information for which it is the primary source only under certain limited conditions unless state or federal law requires DSHS to share confidential information with you. Before we can do so, you must:

1. Have legal authority to access confidential information, and provide a service such as:
 - Administer or determine eligibility for a DSHS program.
 - Determine eligibility or coordinate services of DSHS clients for other non-DSHS governmental programs and services.
 - Perform audits, program reviews or evaluations/quality assurance.
 - Carry out research approved by the DSHS Institutional Review Board.
2. Be willing to have each client sign a DSHS-approved consent form if it is determined necessary to comply with state and federal law.
3. Provide security measures required by DSHS to safeguard information and limit access.
4. Sign a negotiated data sharing agreement with DSHS. The data sharing agreement will require you to establish and share information technology and privacy/confidentiality policies and standards that address:
 - Employee/user expectations for ensuring confidentiality.
 - Safeguards to prevent access to confidential materials by unauthorized employees.
 - Employee training on confidentiality and privacy issues.

Instructions: If you agree to these conditions, please answer the following questions as completely as possible and return this form to: Data Sharing Coordinator, Economic Services Administration, Department of Social and Health Services, PO Box 45857, Olympia 98504-5857 or email to: ESADSA@DSHS.WA.GOV. DSHS will review and respond to your request within 30 business days.

Check here if you believe you meet the conditions above and agree to follow them. This form is not needed for de-identified/aggregate data, discovery requests related to legal action, or public disclosure requests.

Section A: Who is requesting confidential information?

1. Who are you representing?	Name of entity: Marysville Municipal Court Address: 1015 State Avenue, Marysville, WA 98270 Contact name and title: Kim Ricker, Asst Court Administrator Contact phone/email/fax: 360-363-8059
2. What type of entity are you?	<input type="checkbox"/> Individual <input type="checkbox"/> Provider <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit Corporation <input checked="" type="checkbox"/> Government <input type="checkbox"/> Other:
3. What is the type of government, if applicable?	<input type="checkbox"/> Tribe <input type="checkbox"/> Federal agency <input type="checkbox"/> State agency <input type="checkbox"/> County agency <input checked="" type="checkbox"/> City agency <input type="checkbox"/> Other government (please describe):

Section B: What confidential information are you requesting?	
1. Why do you need this confidential information?	<input type="checkbox"/> Administer, coordinate services, or determine eligibility for a DSHS program <input checked="" type="checkbox"/> Determine eligibility of DSHS clients for other non-DSHS programs and services <input type="checkbox"/> Perform audits, program reviews or evaluations/quality assurance <input type="checkbox"/> Carry out research approved by the Washington State Institutional Review Board <input type="checkbox"/> Other, explain:
2. What law allows DSHS to share confidential information with you?	<input type="checkbox"/> Citations: <i>RCW 10.001.010, RCW 74.09.035</i> <input checked="" type="checkbox"/> Not known
3. What confidential information do you need?	Benefits, including all financial resources being provided
4. What services do you provide that require this information?	Appointment of free or reduced-fee public defenders for criminal cases in our court
5. Are you getting this information another way now?	<input type="checkbox"/> Yes, explain: Occasionally the participant brings in their eligibility letter but they usually cannot find it and we cannot process their request for court-appointed counsel until we review their finances. <input checked="" type="checkbox"/> No
6. Have you gotten confidential information from DSHS in the past?	<input type="checkbox"/> Yes, explain what it was and how you got it: <input checked="" type="checkbox"/> No
Section C: Who will have access to this confidential information?	
1. How many employees will access this information?	possibly 4 - 6
2. What type of employees (example: social workers, case managers, and intake workers)?	Please list all that apply: public defense screener, court administrator, asst court administrator, and *possibly* a judge, in rare cases
3. How long will they need the information?	<input type="checkbox"/> One time <input checked="" type="checkbox"/> On-going
4. Will any other entities (such as subcontractors) have access to this information?	<input type="checkbox"/> Yes, list: <input checked="" type="checkbox"/> No
5. Are you subject to outside audit?	<input type="checkbox"/> Yes, provide laws or other sources of authority for audit and types of audits conducted: <input checked="" type="checkbox"/> No
<ul style="list-style-type: none"> • After the review, you will receive an email or letter with the review decision. If your request is approved, ESA will contact you to discuss the technical details of access. • ESA will then draft a Data Sharing Agreement and send a copy to you for review. You will be asked to print, sign and return four copies. Once they are returned, all approved employees will be required to sign or digitally accept an ESA non-disclosure form and will work with IT staff to obtain passwords if needed for database access. 	

Contractor Intake Instructions

All New DSHS Contractors must:

- Complete, sign and submit the **Intake Form** to the **Department of Social and Health Services (DSHS)**.
- Register in the **Statewide Payee Registration System**. This system is maintained by the Washington State Department of Enterprise Services (DES) to process payments for all Washington state agencies. To register, **follow the online instructions at <http://des.wa.gov/services/ContractingPurchasing/Business/VendorPay/Pages/default.aspx>**. You must complete this step in order to be paid.

Please **do not** return this DSHS Contractor Intake Form to DES; they will **not** process it.

All Existing DSHS Contractors who have changed their business name or business organization, or experienced other significant changes, **must**:

- Update their information in the **Statewide Payee Registration System** by following the instructions at <http://des.wa.gov/services/ContractingPurchasing/Business/VendorPay/Pages/default.aspx>.
- Complete, sign and submit a new **Contractor Intake** form to the **Department of Social and Health Services (DSHS)**.

Section One: Contractor Name/Business Organization

1. Contractor name.

- For an Individual or Sole Proprietor, enter your name as shown on your Social Security card on the "Name" line. Sole Proprietors provide Last Name, First Name, Middle Name, and Suffix.
- Other entities. Enter your business name as shown on the legal document creating the entity.

2. Business Organization. Please mark only one.

- If you are a nonresident alien foreign person or a business entity established in another state or country, the IRS may require you to complete Form W-8.
- If you are a Non-profit Corporation or a Faith-Based Non-Profit Corporation **attach a copy of your 501(c) status**.

3. Taxpayer Identification Number (TIN).

- Individual or Sole Proprietor - If you are a sole proprietor you may enter either your Social Security Number (SSN), or if you have one, your federal Employer Identification Number (EIN).
- Other Business Entities - Enter the entity's Employer Identification Number (EIN). If the entity does not have an EIN, enter the SSN of the owner of the business.
- Resident alien - If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the SSN box.

4. Default Reported, Fiscal Year, UBI Number, Business License, and DUNS Number.

- List any contracts that you have had with the state that have been terminated for default.
- Provide your fiscal year end date.
- Provide your Washington State Uniform Business Identifier (UBI) Number.
- **Attach a copy of your State Master Business License**. You may be exempt from registering with the State of Washington under certain circumstances. For more information review: <http://bls.dor.wa.gov/faqlicense.aspx>
- Provide your Dun and Bradstreet (DUNS) Number.

Section Two: Contractor Primary Address Enter the primary address information of your business. If you are completing this form for a new DSHS contract, and you want to provide a contract-specific address in addition to your primary one, please do so in Section Five.

Section Three: Contractor Ownership Check those that, in your opinion, apply to your organization. If you have a certification number, please provide that also. For the definition of microbusiness, minibusiness and small business, see RCW 39.26.010 (16), (17) and (22).

Section Four: Contractor Contact Person(s) Enter the primary contact information, and job title, for your business. If you are completing this form for a new DSHS contract, and you want to provide a contract-specific contact person other than your primary one, please do so in Section Five.

Section Five: Additional Information

- 1. Contractor Additional Addresses.** If applicable, provide additional addresses used for DSHS Contracts.
- 2. Contractor Additional Staff.** If applicable, provide additional staff information for DSHS Contracts. Additional staff may include those who have authority to sign a DSHS contract on behalf of the business, and are referred to as a signatory.

Section Six: Contractor Certification You must sign, date, and return this form before DSHS will issue a contract.

Contractor Intake

Section One: Contractor Name/Business Organization		(DSHS staff enter on ACD Intake Detail screen)	
1. CONTRACTOR NAME Marysville Municipal Court		DBA OR FACILITY NAME	
2. BUSINESS ORGANIZATION			
<input type="checkbox"/> Individual or Sole Proprietor <input type="checkbox"/> Non-Profit Corporation (Attach a copy of 501(c) status) <input type="checkbox"/> For Profit Corporation <input type="checkbox"/> Faith Based (FBO) Non-Profit Corporation <input type="checkbox"/> Faith Based (FBO) Unincorporated <input checked="" type="checkbox"/> Governmental Entity <input type="checkbox"/> Foreign Person or Entity		<input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Limited Liability Limited Partnership (LLLLP) <input type="checkbox"/> Limited Liability Company, filing as a Corporation <input type="checkbox"/> Limited Liability Company, filing as a Partnership <input type="checkbox"/> Limited Liability Company, filing as a Sole Proprietor	
If your business is NOT a sole proprietorship, attach a list of the partners, members, directors, officers, and board members.			
3. TAXPAYER IDENTIFICATION NUMBER (TIN) Enter your TIN in the appropriate box. <ul style="list-style-type: none"> • For individuals, this may be your Social Security Number (SSN). • For other entities, it is your Employer Identification Number. 		Social Security Number OR Employer Identification Number	_____ (Enter all 9 numbers, NO DASHES) <u>91-6001459</u> (Enter all 9 numbers, NO DASHES)
4. DEFAULT REPORTED, FISCAL YEAR, UBI NUMBER, BUSINESS LICENSE, AND DUNS NUMBER			
Have you had any contract with the state terminated for default? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, attach a list of terminated contracts with an explanation why each contract was terminated.			
Is your fiscal year end the same as the calendar year (January 1 through December 31)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If the answer is no, what is your fiscal year end date? _____			
What is your Washington State Uniform Business Identifier (UBI) Number? _____ (Enter all 9 numbers, NO DASHES) Attach a copy of your current Washington State Master Business License . If you do not have a Washington State Master Business License, explain below why you are exempt from registering your business with the State of Washington. (See page 1 for information on exemptions.)			
What is your Dun and Bradstreet (DUNS) number? _____ (Enter all nine numbers, NO DASHES).			
Section Two: Contractor Primary Address		(DSHS staff enter on ACD Intake Detail screen)	
CONTRACTOR PRIMARY ADDRESS (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER) 1015 State Ave			
CITY, STATE, AND ZIP CODE Marysville, WA 98270			
EMAIL ADDRESS kriker@marysvillewa.gov		COUNTY WHERE PRIMARY ADDRESS IS (FOR OUT-OF-STATE CONTRACTORS) Snohomish	
PHONE NUMBER (INCLUDE AREA CODE) (360) 363-8059		FAX NUMBER (INCLUDE AREA CODE) (360) 657-2960	

Section Three: Contractor Ownership Type (DSHS staff enter, as applicable, on ACD Intake Detail screen)

Is your business owned by a person (or persons) who is (or are):

	No	Yes; but we are NOT certified*	Yes and we ARE Certified*	Certification Number
A Woman?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A Minority?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A Veteran?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Certified means either the business entity (or, when the business is a sole proprietorship, the individual) has received a certification number from Washington State's Office of Minority and Women-Owned Business Enterprises (OMWBE) www.omwbe.wa.gov, or Department of Veterans' Affairs (DVA).

Is your business a certified Disadvantaged Business Entity? No Yes, Certification No.

Does your business qualify as a Microbusiness, Minibusiness, or Small Business under RCW 39.26.020? No Yes

Section Four: Contractor Primary Contact Person (DSHS staff enter on ACD Intake Detail screen)

Primary contact person is a(n):

- Owner Officer or Board Member Partner Staff Member Elected Official
 Other (please identify) _____ (DSHS staff enter as applicable on ACD)

Is the primary contact person authorized to sign contracts? Yes No

PRIMARY CONTACT NAME AND JOB TITLE Kim Ricker Assistant Court Administrator		PHONE NUMBER (INCLUDE AREA CODE) (360) 363-8059
FAX NUMBER (INCLUDE AREA CODE) (360) 657-2960	PRIMARY CONTACT EMAIL ADDRESS kricke@marysvillewa.gov	CELLULAR PHONE NUMBER (INCLUDE AREA CODE) ()

Section Five: Additional Information (DSHS staff enter on Intake Detail – Sub Information Summary screens)

1. ADDITIONAL CONTRACTOR ADDRESSES: IF YOU HAVE MORE THAN TWO ADDITIONAL ADDRESSES, YOU MAY **ATTACH** A LISTING OF ADDITIONAL ADDRESSES.

ADDRESS DESCRIPTION	ADDITIONAL ADDRESS (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER)	
<input type="checkbox"/> Billing address <input type="checkbox"/> Facility address <input type="checkbox"/> Mailing address	CITY, STATE, AND ZIP CODE	
PHONE NUMBER (INCLUDE AREA CODE) ()	COUNTY WHERE PRIMARY ADDRESS IS (FOR OUT-OF-STATE CONTRACTORS)	
FAX NUMBER (INCLUDE AREA CODE) ()	EMAIL ADDRESS	

ADDRESS DESCRIPTION	ADDITIONAL ADDRESS (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER)	
<input type="checkbox"/> Billing address <input type="checkbox"/> Facility address <input type="checkbox"/> Mailing address	CITY, STATE, AND ZIP CODE	
PHONE NUMBER (INCLUDE AREA CODE) ()	COUNTY WHERE PRIMARY ADDRESS IS (FOR OUT-OF-STATE CONTRACTORS)	
FAX NUMBER (INCLUDE AREA CODE) ()	EMAIL ADDRESS	

2. ADDITIONAL STAFF: IF YOU HAVE MORE THAN TWO ADDITIONAL STAFF (LISTED BELOW), WHO ARE ALSO RELEVANT TO YOUR DSHS CONTRACTS, PLEASE PROVIDE INFORMATION ABOUT THOSE STAFF ON A SEPARATE PAGE.

Additional staff person is a(n):

- Officer or Board Member
 Partner
 Staff Member
 Elected Official
 Other (please identify) _____ (DSHS staff enter as applicable on ACD)

Is the additional staff authorized to sign contracts? Yes No

Is the additional staff a contact for DSHS contracts? Yes No

ADDITIONAL STAFF NAME AND TITLE	ADDITIONAL STAFF EMAIL ADDRESS
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FAX NUMBER (INCLUDE AREA CODE) ()	PRIMARY CONTACT EMAIL ADDRESS	CELLULAR PHONE NUMBER (INCLUDE AREA CODE) ()
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Additional staff person is a(n):

- Officer or Board Member
 Partner
 Staff Member
 Elected Official
 Other (please identify) _____ (DSHS staff enter as applicable on ACD)

Is the additional staff authorized to sign contracts? Yes No

Is the additional staff a contact for DSHS contracts? Yes No

ADDITIONAL STAFF NAME	ADDITIONAL STAFF EMAIL ADDRESS
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FAX NUMBER (INCLUDE AREA CODE) ()	PRIMARY CONTACT EMAIL ADDRESS	CELLULAR PHONE NUMBER (INCLUDE AREA CODE) ()
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Section Six: Contractor Certification (DSHS staff enter on ACD Intake Detail as Intake Form Date)

You must sign, date, and return this form.

I certify, under penalty of perjury as provided by the laws of the State of Washington, that all of the foregoing statements are true and correct, and that I will notify DSHS of any changes in any statement.

SIGNATURE	DATE	PRINTED NAME
		TITLE

ATTACHED SUPPORTING DOCUMENTATION CHECKLIST

- Copy of your W-9 - Request or Taxpayer Identification Number and Certification
- Copy of statement showing non-profit 501(c) status (if applicable)
- List of partners, members, directors, officers, and board members (not applicable to sole proprietors)
- Copy of your Washington State Master Business License or proof of exemption
- List of any contracts you have had with the state that have been terminated for default, including a brief explanation (if applicable)
- List of Additional Addresses (if applicable)
- List of Additional Staff (if applicable)
- Copy of your Certificate of Insurance (if applicable)