

**KITSAP PUBLIC HEALTH DISTRICT
2018 – 2020 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: CLH18248

AMENDMENT NUMBER: 3

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and KITSAP PUBLIC HEALTH DISTRICT hereinafter referred to as "LHJ", pursuant to the Modifications/Waivers clause, and to make necessary changes within the scope of this contract and any subsequent amendments thereto.

IT IS MUTUALLY AGREED: That the contract is hereby amended as follows:

1. Exhibit A Statements of Work, attached and incorporated by this reference, are amended as follows:

- Adds Statements of Work for the following programs:
 - FPHS Communicable Disease & Support Capabilities - Effective January 1, 2018
 - Office of Immunization & Child Profile-Perinatal Hepatitis B - Effective July 1, 2018
 - OICP-Promotion of Immunization to Improve Vaccination Rates - Effective July 1, 2018
- Amends Statements of Work for the following programs:
 - Childhood Lead Poisoning Prevention Program - Effective January 1, 2018
 - HIV Client Services - Effective January 1, 2018
 - Marijuana Prevention & Education Program - Effective January 1, 2018
 - Office of Drinking Water Group A Program - Effective January 1, 2018
 - Office of Drinking Water Group B Program - Effective January 1, 2018
 - P-TCPI Regional Care Coordination Project - Effective January 1, 2018
 - Tobacco & Vapor Product Prevention & Control Program - Effective January 1, 2018
- Deletes Statements of Work for the following programs:

2. Exhibit B-3 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-2 Allocations as follows:

- Increase of \$578,009 for a revised maximum consideration of \$2,276,940.
- Decrease of _____ for a revised maximum consideration of _____.
- No change in the maximum consideration of _____.
Exhibit B Allocations are attached only for informational purposes.

3. Exhibit C-3 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-2.

Unless designated otherwise herein, the effective date of this amendment is the date of execution.

ALL OTHER TERMS AND CONDITIONS of the original contract and any subsequent amendments remain in full force and effect.

IN WITNESS WHEREOF, the undersigned has affixed his/her signature in execution thereof.

KITSAP PUBLIC HEALTH DISTRICT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

 7/3/2018

 7/9/18

Date

Date

APPROVED AS TO FORM ONLY
Assistant Attorney General

**2018-2020 CONSOLIDATED CONTRACT
EXHIBIT A
STATEMENTS OF WORK
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**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: Childhood Lead Poisoning Prevention Program - Effective January 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

SOW Type: Revision **Revision # (for this SOW)** 1

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2018 through June 30, 2018

Statement of Work Purpose: The purpose of this statement of work is to support local interventions with the case management of elevated blood lead levels in children 14 years of age and younger. The focus of this program in 2018 is to build local capacity statewide to provide standard case management services to all children with elevated blood lead levels.

Revision Purpose: The purpose of this revision is to add case management related training opportunities.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change None	Total Consideration
				Start Date	End Date			
SFY1 Lead Environments of Children (proviso funds)	N/A	334.04.93	25715110	01/01/18	06/30/18	3,000	0	3,000
TOTALS						3,000	0	3,000

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Contact the provider to gather complete information on the assigned elevated blood lead case to conduct an environmental assessment</p> <p>a) Verify the blood lead level (BLL) is confirmed. Reference Centers for Disease Control and Prevention's (CDC's) confirmed case definition: https://wwwn.cdc.gov/nndss/conditions/lead-elevated-blood-levels/case-definition/2016/</p> <p>b) Call family and schedule a home visit</p> <p>c) Visit the child's residence (or other sites where the child spends significant amounts of time) at least once</p> <p>d) Interview the caregivers using the Child Blood Lead Investigation Form and conduct an environmental assessment to identify factors that may impact the child's blood lead level</p>		<p>Submit the completed Child Blood Lead Investigation Form available through WA DOH <u>indicating:</u></p> <p>a) Confirmed BLL</p> <p>b) Date LHJ contacted the family</p> <p>c) Date the environmental assessment was completed</p> <p>d) Date the interview was completed</p> <p>e) Specify if the home is Section 8 or HUD Housing and if the child is Medicaid enrolled</p> <p>f) (If applicable) If DOH assistance is requested, list the DOH contact and date contacted</p>	Monthly, by the 30 th of the following month	\$500 per home visit, up to two (2) home visits per child

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>e) Determine if the family lives in Section 8 or HUD Housing. If the child is Medicaid enrolled collect the Provider One number</p> <p>f) Provide educational material to the child's caregivers in the family's primary language</p> <p>g) (Optional) If warranted, contact DOH to request technical or environmental investigation assistance with an X-ray fluorescent (XRF) analyzer</p> <p>Have the child retested following the Pediatric Environmental Health Specialty Units (PEHSU) medical management guidelines. If the lead level remains $\geq 5 \mu\text{g/dL}$ the LHJ will conduct a second home visit to connect the family to other service providers as needed.</p> <p>PEHSU medical management guidelines: https://www.pehsu.net/Library/facts/medical-mgmt-childhood-lead-exposure-June-2013.pdf</p> <p>If the second lead level drops to $< 5 \mu\text{g/dL}$, the LHJ has the option to: 1) Mail the child's caregivers a letter recommending a developmental and nutritional screening, the letter will include providers in the child's residential area. The LHJ may then close the case. (DOH will provide a template letter.); or 2) proceed to Task 2 and conduct a second home visit.</p>		<p>g) (If applicable) If the LHJ opts to close the case after verifying that the second lead level has dropped to $< 5 \mu\text{g/dL}$, it must submit a copy of the letter mailed to the family</p> <p>Submit a written report summarizing the environmental assessment lab test results and a Plan of Care that lists recommendations on how to remove and remediate lead exposure. Include the educational material provided to the family that addresses the child's needs. (DOH will provide a generic template.) The LHJ will provide a copy of the report to DOH, the child's caregivers and provider.</p>		
2	<p>The purpose of the second home visit is to connect the family to other service providers as needed:</p> <p>a) LHJ staff will facilitate and guide the child's caregiver in completing the WithinReach Developmental Screening Questionnaire online http://www.parenthelp123.org/. The LHJ must provide a hard copy of the developmental screening in case it cannot be submitted online. In unusual, and DOH approved cases, in which the WithinReach assessment cannot be performed, the LHJ may refer the family to the child's physician or to another entity that is trained to administer developmental screening tests</p> <p>b) Encourage blood lead testing of other children less than 72 months of age and pregnant or nursing caregivers in the home</p>		<p>Submit an updated Plan of Care to DOH, the child's caregivers and provider that includes:</p> <p>a) Completion date and results of the online WithinReach Developmental Screening Questionnaire</p> <p>b) If blood lead testing of at-risk family members was recommended, list the individuals</p> <p>c) The referral date and provider of the nutritional assessment, include all other referrals</p>	Monthly, by the 30 th of the following month	\$500 per home visit, up to two (2) home visits per child

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	c) If appropriate, refer the child's caregivers to the Women, Infants, and Children (WIC) program or a Registered Dietitian Nutritionist (RDN) for a nutritional assessment and to other service providers as appropriate d) Coordinate services and communicate regularly with members of the case management team		d) The members of the case management team, their involvement, and the case information provided to them		
3	<i>DOH will reimburse LIIJ staff for DOH-approved case management related training opportunities and travel.</i>		<i>Attend approved training and submit training invoices and receipts to DOH</i>	<i>As needed</i>	<i>Reimbursement for actual costs not to exceed funding consideration.</i>

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Program Specific Requirements/Narrative

Program Manual, Handbook, Policy References

A Targeted Approach to Blood Lead Screening in Children, Washington State
2015 Expert Panel Recommendations

<https://www.doh.wa.gov/Portals/1/Documents/Pubs/334-383.pdf>

Special References (RCWs, WACs, etc)

Laboratories are required to report to the Department of Health all Blood Lead test results ([WAC 246-101-201](#)). Elevated results (≥ 5 mcg/dL) must be reported within 2 days; non-elevated results ≤ 5 mcg/dL need to be reported within one month.

Monitoring Visits (frequency, type)

Telephone calls with contract manager at least once every quarter.

Definitions

BLL- Blood Lead Level

EBLL- Elevated Blood Lead Level

PEHSU- Pediatric Environmental Health Specialty Units

Special Billing Requirements

Payment is contingent upon DOH receipt and approval of all deliverables and an acceptable written report to include a plan of care. Payment to completely expend the "Total Consideration" for a specific funding period will not be processed until all deliverables are accepted and approved by DOH. Invoices must be submitted monthly by the 30th of each month following the month in which the expenditures were incurred and must be based on actual allowable program costs. Billing for services on a monthly fraction of the "Total Consideration" will not be accepted or approved.

DOH Program Contact

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Washington State Department of Health
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Telephone: 360-236-3392 / Fax: 360-236-3059
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DOH Fiscal Contact

Victoria Reyes, Management Analyst 1
Assistant Secretary's Office
Telephone: 360-236-3071

**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: FPHS Communicable Disease & Support Capabilities - Effective January 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

SOW Type: Original **Revision # (for this SOW)**

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> One-Time Distribution
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Period of Performance: January 1, 2018 through August 15, 2019

Statement of Work Purpose: The purpose of this statement of work is to specify how Foundational Public Health Services (FPHS) state funds will be used.

Note: The total lump sum payment for SFY18 (07/01/17-06/30/18) was distributed to LHJs in their 2015-2017 Consolidated Contracts that ended 12/31/17. This statement of work is to include tasks and deliverables for the remainder of SFY18 (01/01/18-06/30/18) and SFY19 (07/01/18-06/30/19) in the 2018-2020 Consolidated Contracts.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding (LHJ Use) Start Date	Period (Only) End Date	Current Consideration	Change Increase (+)	Total Consideration
FPHS FUNDING FOR LHJS DIR (Funding for SFY18 was distributed to LHJs in 2015-2017 Consolidated Contracts. The funding amount shown as Current Consideration in this Statement of Work is for Informational Purposes Only.)	N/A	336.04.25	91106102	01/01/18	06/30/18	147,345	0	147,345
FPHS FUNDING FOR LHJS DIR	N/A	336.04.25	91106102	07/01/18	06/30/19	0	147,345	147,345
TOTALS						147,345	147,345	294,690

Task Number	Task/Activity/Description	Impact Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	These funds are for delivering ANY or all of the FPHS communicable disease service and can also be used for the FPHS capabilities that support FPHS communicable disease services as defined in the most current version of FPHS Definitions – Version 1.3 (November 2017) Control of Communicable Disease and Other Notifiable Conditions	Percent of toddlers and school age children that have completed the standard series of recommended vaccinations. Percent of new positive Hepatitis C lab reports that are received electronically which have a completed case report.	SFY18 (07/01/17-06/30/18) Report: Actual Activities and Estimated Expenditures SFY19 (07/01/18-06/30/19) Work Plan: Planned Activities and Projected Spending	By 08/15/18 By 08/15/18	SFY19 (07/01/18-06/30/19) funds are available beginning July 1, 2018 and the full year allocation will be dispersed upon receipt of the SFY18 Report and SFY19 Work Plan.

Task Number	Task/Activity/Description	Impact Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>1-1. Provide timely, statewide, locally relevant and accurate information statewide and to communities on prevention and control of communicable disease and other notifiable conditions.</p> <p>1-2. Identify statewide and local community assets for the control of communicable diseases and other notifiable conditions, develop and implement a prioritized control plan addressing communicable diseases and other notifiable conditions, seek resources and advocate for high priority prevention and control policies and initiatives regarding communicable diseases and other notifiable conditions.</p> <p>1-3. Promote immunization through evidence based strategies and collaboration with schools, health care providers and other community partners to increase immunization rates.</p> <p>1-4. Ensure disease surveillance, investigation and control for communicable disease and notifiable conditions in accordance with local, state and federal mandates and guidelines. See activities in the definitions.</p>	<p>Percent of new positive Hepatitis C case reports with completed investigations.</p> <p>Percent of Gonorrhea cases investigated.</p> <p>Percent of Gonorrhea cases investigated that are receiving dual treatment (treatment for both Gonorrhea and Chlamydia at the same time)</p> <p>Percent of newly diagnosed syphilis cases that receive partner services interview.</p>	<p>SFY19 (07/01/18-06/30/19) Report: Actual Activities and Estimated Expenditures</p> <p>(Note: Use DOH online tool for reports and work plans. See Special Instructions below.)</p>	<p>By 08/15/19</p>	

Program Specific Requirements/Narrative

Special References (RCWs, WACs, etc)

- Immunizations – <http://www.doh.wa.gov/YouandYourFamily/Immunization>
- Notifiable Conditions - <http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions>
- Sexually Transmitted Diseases (STD) – <http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/SexuallyTransmittedDisease>
- Human Immunodeficiency Virus (HIV) – <http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/HIVAIDS>
- Tuberculosis (TB) – <http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Tuberculosis>
- Hepatitis C (HCV) - <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions/HepatitisC>

Definitions

- [FPHS Definitions, Version 1.3, November 2017](#)

Special Instructions

There are two different BARS Revenue Codes for “state flexible funds” to be tracked separately and reported separately on your annual BARS report. These two BARS Revenue Codes and definitions from the State Auditor’s Office (SAO’s) are listed below along with a link to the BARS Manual. 336.04.25 is the new BARS Revenue Code to use for the Foundational Public Health Services (FPHS) funds included in this statement of work.

336.04.24 – County Public Health Assistance

Use this account for the state distribution authorized by the 2013 2ESSB 5034, section 710. The local health jurisdictions are required to provide reports regarding expenditures to the legislature from this revenue source.

336.04.25 – Foundational Public Health Services

Use this account for the funding designated for the local health jurisdictions to provide a set of core services that government is responsible for in all communities in the WA state. This set of core services provides the foundation to support the work of the broader public health system and community partners. At this time the funding from this account is for delivering ANY or all of the FPHS communicable disease services (listed above) and can also be used for the FPHS capabilities that support FPHS communicable disease services as defined in the most current version of [FPHS Definitions – Version 1.3, November 2017](#)

SAO’s BARS Manual – <http://www.sao.wa.gov/local/pages/BARSManual.aspx>

Deliverables are to be submitted via the DOH online reporting tool at: https://www.surveymonkey.com/r/FPHS_2018

Note: This online tool replaces previously provided Word document reporting templates.

DOH Program Contact

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DOH Program Contact

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**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: HIV Client Services - Effective January 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District
Contract Number: CLH18248

SOW Type: Revision **Revision # (for this SOW)** 2

Funding Source	Federal Compliance (check if applicable)	Type of Payment
<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> FFATA (Transparency Act)	<input checked="" type="checkbox"/> Reimbursement
<input checked="" type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Fixed Price
<input checked="" type="checkbox"/> Other		

Period of Performance: January 1, 2018 through June 30, 2019

Statement of Work Purpose: The purpose of this statement of work is a provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Includes all types of case management encounters with or on behalf of client (face-to-face, phone contact, any other forms of communication). Activities may include: 1) initial assessment of need; 2) development of individualized care plan; 3) coordinated access to health and support services; 4) client monitoring to assess the care plan; 5) re-evaluation of the care plan; 6) ongoing assessment of client's needs; 7) treatment adherence counseling; 8) client specific advocacy or review of utilization of services; 9) benefits counseling; 10) provide clinic space for Harborview Medical Center physician to provide primary medical care to HIV-positive individuals: Registered Nurse to assist physician one day per week and an additional day every other week; and administrative support staff to assist with the project.

Revision Purpose: The purpose of this revision is to change the end date for FFY17 ADAP Rebate Local 17-19 from 12/31/18 to 06/30/19 and add \$91,728 for new Task SAS-1 for the period of 07/01/18-06/30/19.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
FFY17 ADAP Rebate Local 17-19	N/A	334.04.98	12618570	01/01/18	06/30/18	266,278	0	266,278
FFY17 ADAP Rebate Local 17-19	N/A	334.04.98	12618570	07/01/18	06/30/19	225,000	82,556	307,556
FFY18 RW HIV PROVIDER CAPACITY-PROVISO	N/A	334.04.98	1261228B	04/01/18	03/31/19	30,695	0	30,695
FFY18 RW HIV PEER NAV PROJ-PROVISO	N/A	334.04.98	1261228A	04/01/18	03/31/19	34,541	0	34,541
STATE HIV CS / END AIDS WA	N/A	334.04.91	12630100	03/01/18	06/30/18	3,123	0	3,123
STATE HIV CS / END AIDS WA	N/A	334.04.91	12630100	07/01/18	12/31/18	6,246	0	6,246
STATE HIV PREVENTION PrEP	N/A	334.04.91	12430100	01/01/18	06/30/18	4,586	0	4,586
STATE HIV PREVENTION PrEP	N/A	334.04.91	12430100	07/01/18	06/30/19	0	9,172	9,172
TOTALS						570,469	91,728	662,197

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
See contract tasks and deliverables below.					

Task: HCS-4 Case Management – Persons Living With HIV (PLWH)																																		
Service Definition: Provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Includes all types of case management encounters with or on behalf of client (face-to-face, phone contact, any other forms of communication). Activities may include: 1) initial assessment of need; 2) development of individualized care plan; 3) coordinated access to health and support services; 4) client monitoring to assess the care plan; 5) re-evaluation of the care plan; 6) ongoing assessment of client's needs; 7) treatment adherence counseling; 8) client specific advocacy or review of utilization of services; 9) benefits counseling.	<table border="1"> <thead> <tr> <th colspan="3">Budget</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Salaries</td> <td>\$198,414</td> </tr> <tr> <td>B</td> <td>Benefits</td> <td>\$92,268</td> </tr> <tr> <td>C</td> <td>Service Contracts</td> <td>-</td> </tr> <tr> <td>E</td> <td>Supplies/Goods</td> <td>-</td> </tr> <tr> <td>G</td> <td>Travel</td> <td>\$2,576</td> </tr> <tr> <td>J</td> <td>Equipment</td> <td>-</td> </tr> <tr> <td>N</td> <td>Sub-Contracts</td> <td>-</td> </tr> <tr> <td>O</td> <td>Other</td> <td>-</td> </tr> <tr> <td>IDC</td> <td>%</td> <td>\$122,142</td> </tr> <tr> <td colspan="2" style="text-align: right;">Subtotal</td> <td>\$415,400</td> </tr> </tbody> </table>	Budget			A	Salaries	\$198,414	B	Benefits	\$92,268	C	Service Contracts	-	E	Supplies/Goods	-	G	Travel	\$2,576	J	Equipment	-	N	Sub-Contracts	-	O	Other	-	IDC	%	\$122,142	Subtotal		\$415,400
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Strategies: <ul style="list-style-type: none"> • Provide case management services for PLWH living in Kitsap, Mason, Clallam, and Jefferson Counties in compliance with WA State HIV CM Standards. • Utilize Acuity Guidelines to ensure delivery of appropriate level of services and related resources. • Prioritize medical engagement/retention, viral suppression and stable housing as recognized indicators of positive health outcomes and quality of life. • Utilize Client Centered Approach. • Practice Cultural Humility in all aspects of care and service delivery. • Intentionally track and address Health Disparities for Populations of Interest within your community(ies) as related to Case Management services and outcomes. • Meaningfully incorporate consumer feedback into ongoing program design, implementation and evaluation. 	<p>\$415,400 – Rebates \$207,700 for 01/01/18-06/30/18 and \$207,700 for 07/01/18-12/31/18</p>																																	
Targeted population:	Persons living with HIV																																	
Deliverables/Measures:	<table> <tr> <td>Number of PLWH to be served:</td> <td>Kitsap</td> <td>175</td> </tr> <tr> <td></td> <td>Mason</td> <td>30</td> </tr> <tr> <td></td> <td>Clallam</td> <td>40</td> </tr> <tr> <td></td> <td>Jefferson</td> <td>17</td> </tr> <tr> <td></td> <td>Total</td> <td>262</td> </tr> </table>	Number of PLWH to be served:	Kitsap	175		Mason	30		Clallam	40		Jefferson	17		Total	262																		
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	Total	262																																

Reporting:		<ul style="list-style-type: none"> Agency must create a CAREWare file for each PLWH receiving Case Management services within forty-eight (48) business hours from the time of Client Intake. Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in CAREWare, as appropriate, within five (5) business days from Client Intake, identified change in Client Status, delivery of a support service or benefit, or interaction with or on behalf of Client. Requirements around documentation within CAREWare can be found in your HCS Manual. Agency must Track and report within CAREWare any and all Performance Measures related to this Service Category as directed by DOH Quality Team. These include, but may not be limited to, medical engagement, medical retention, viral load, housing status, and household poverty level.
Task:	HCS-5	Medical Transportation
Service Definition:	Provision of non-emergency transportation services that enable an eligible client to access or are retained in medical and support services. May be provided by: <ol style="list-style-type: none"> providers of transportation services; mileage reimbursement (non-cash) that does not exceed the established rates for federal programs; organization and use of volunteer drivers through programs with insurance and other liability issues specifically addressed; voucher or token systems. 	
Strategies:	<ul style="list-style-type: none"> Agency will issue fuel cards and bus passes to PLWH to enable access to medical care and support services. Agency will consider poverty, capacity, stigma and health disparity related barriers to transportation and attempt resolution through provision of medical transportation assistance or other available resources. Ongoing medical transportation needs must be documented in the Client's Service Plan. Long term sustainable resolutions need to be explored and strategized. Medical Transportation direct assists must be used as payer of last resort. 	
Targeted population:	Persons living with HIV	
Deliverables/Measures:	Number of PLWH to be served:	100

Budget		
A	Salaries	
B	Benefits	
C	Service Contracts	
E	Supplies/Goods	\$5,500
G	Travel	
J	Equipment	
N	Sub-Contracts	
O	Other	
IDC	%	
Subtotal		\$5,500

\$5,500 – Rebates
\$2,750 for 01/01/18-06/30/18 and
\$2,750 for 07/01/18-12/31/18

- Reporting:**
- Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in CAREWare, as appropriate, within five (5) business days from Client Intake, identified change in Client Status, delivery of a support service or benefit, or Interaction with or on behalf of Client. Requirements around documentation within CAREWare can be found in your HCS Manual.
 - Agency must track and report within CAREWare any and all Performance Measures related to this Service Category as directed by DOH Quality Team. These include, but may not be limited to, medical engagement, medical retention, viral load, housing status, and household poverty level.

Task: HCS-6 Food Bank/Home Delivered Meals - PLWH

Service Definition: Provision of actual food items, hot meals, or a voucher program to purchase food. This also includes providing essential non-food items (limited to personal hygiene products, household cleaning supplies, water filtration in communities where issues of water safety exist).

- Strategies:**
- Agency will distribute food bags to PLWH under guidance of nutritionist or dietician oversight.
 - Agency will consider poverty, capacity, stigma and health disparity related barriers to food security and attempt resolution through provision of food assistance or other available resources.
 - Ongoing food insecurity needs must be documented in the Client's Service Plan. Long term sustainable resolutions need to be explored and strategized.
 - Food/Meal disbursement must be used as payer of last resort.

Budget		
A	Salaries	
B	Benefits	
C	Service Contracts	
E	Supplies/Goods	\$19,800
G	Travel	
J	Equipment	
N	Sub-Contracts	
O	Other	
IDC	%	
Subtotal		\$19,800

\$19,800 – Rebates
\$9,900 for 01/01/18-06/30/18 and
\$9,900 for 07/01/18-12/31/18

Targeted population: Persons living with HIV

Deliverables/Measures: Number of PLWH to be served: 200

- Reporting:**
- Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in CAREWare, as appropriate, within five (5) business days from Client Intake, identified change in Client Status, delivery of a support service or benefit, or Interaction with or on behalf of Client. Requirements around documentation within CAREWare can be found in your HCS Manual.

- Agency must Track and report within CAREWare any and all Performance Measures related to this Service Category as directed by DOH Quality Team. These include, but may not be limited to, medical engagement, medical retention, viral load, housing status, and household poverty level.

Task: HCS-7 Housing Services - PLWH

Service Definition:

Provision of limited short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain health services. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services. Housing services are accompanied by a strategy to identify, relocate, or ensure the client is moved to, or capable of maintaining a long-term, stable living situation. Housing must be linked to client gaining or maintaining compliance with HIV-related health services and treatment.

Budget		
A	Salaries	
B	Benefits	
C	Service Contracts	
E	Supplies/Goods	\$9,300
G	Travel	
J	Equipment	
N	Sub-Contracts	
O	Other	
IDC	%	
Subtotal		\$9,300

Strategies:

- Agency will provide housing support to PLWH by paying for emergency shelter and hotel stays.
- Agency will consider poverty, capacity, mental health, substance use and stigma related barriers to housing stability and provide directly, or through referral and linkage, services to support and address any of these connected life domains.
- Intentionally track and address Health Disparities for Populations of Interest within your community(ies) as related to Housing services and outcomes.
- Housing direct assists must be used as payer of last resort.

\$9,300 – Rebates
\$4,650 for 01/01/18-06/30/18 and
\$4,650 for 07/01/18-12/31/18

Targeted population:

Persons living with HIV

Deliverables/Measures:

Number of PLWH to be served: 12

Reporting:

- Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in CAREWare, as appropriate, within five (5) business days from Client Intake, identified change in Client Status, delivery of a support service or benefit, or Interaction with or on behalf of Client. Requirements around documentation within CAREWare can be found in your HCS Manual.
- Agency must track and report within CAREWare any and all Performance Measures related to this Service Category as directed by DOH Quality Team. These include, but may not be limited to, medical engagement, medical retention, viral load, housing status, and household poverty level.

Task: EAW-2 End AIDS Washington – Community Engagement		Budget	
Service Definition:	End AIDS Washington Recommendation #11 calls to invigorate and strengthen meaningful community engagement and empowerment for people and communities disproportionately affected by HIV-related health disparities and stigma. These funds are to be used to develop innovative projects for invigorating meaningful community engagement with PLWH and PAHR in Washington State.	A	Salaries \$5,319
		B	Benefits \$1,489
		C	Service Contracts
		E	Supplies/Goods
		G	Travel
		J	Equipment
		N	Sub-Contracts
		O	Other
		IDC	% \$2,561
			Subtotal \$9,369
Strategies:	<ul style="list-style-type: none"> Agency will develop and implement a single (or multiple) community engagement project(s). Agency will develop processes that engage PAHR and PLWH creatively and effectively. Agency will ensure messaging and program development is led by the communities that services are meant to benefit. Agency will share best practices and lessons learned throughout the project funding period with DOH and statewide HCS partners to support other community engagement efforts. 		<p>\$9,369 – State HIV CS EAW \$3,123 for 03/01/18-06/30/18 and \$6,246 for 07/01/18-12/31/18</p>
Targeted population:	<ul style="list-style-type: none"> -Persons living with HIV (PLWH) -Persons at High Risk for HIV (PAHR) -All races and ethnicities of MSM/TSM (Primary) -US born black persons (Special Emphasis, Health Disparities) -Foreign born black persons (Special Emphasis, health Disparities) -Foreign born Hispanic persons (Special Emphasis, Health Disparities) 		
Deliverables/Measures:	Measures of success should be included in written narrative reports.		
Reporting:	<p>Agencies will submit two (2) written narrative reports to DOH outlining progress made on community engagement project, challenges, successes, lessons learned, and next steps.</p> <ul style="list-style-type: none"> First narrative due July 25 (March 1 - June 30 funding period) Second narrative due January 25 (July 1- December 31 funding period) 		

Task: PRO-2 Training - Proviso		Budget	
Service Definition:	Conferences and trainings on stigma, health disparities, or racism for subrecipient staff providing HIV care services.	A	Salaries
		B	Benefits
		C	Service Contracts
		E	Supplies/Goods
		G	Travel \$30,695
		J	Equipment
		N	Sub-Contracts
		O	Other
		IDC	%
Strategies:	<ul style="list-style-type: none"> Agency will send HIV care staff to conferences or trainings that address stigma, racism, and health disparities. Agency will offer on-site training on stigma, health disparities, and racism. 	Subtotal \$30,695	
		\$30,695 – Provider Capacity (Training) \$30,695 for 04/01/18-03/31/19	
Targeted population:	Subrecipient staff who provide HIV care services.		
Deliverables/Measures:	Proposed number of staff trained:		
Reporting:	Quarterly agency reports including names and job titles of staff members who attend training or conferences. Report includes name of training or conference attended.		

Task: PRO-3 Peer Navigation - Proviso		Budget		
Service Definition:	Provide education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics may include: 1) education on risk reduction strategies such as PrEP for client partners and treatment as prevention; 2) education on health care coverage; 3) health literacy; 4) treatment adherence education.	A	Salaries	\$18,750
		B	Benefits	\$5,250
		C	Service Contracts	
		E	Supplies/Goods	
		G	Travel	\$1,090
		J	Equipment	
		N	Sub-Contracts	
		O	Other	
		IDC	%	\$9,451
Strategies:	Agency will provide education to clients living with HIV about HIV transmission and risk reduction in a programmatic way that is designed to provide quantified reporting of activities and outcomes to accommodate evaluation of effectiveness.	\$34,541 – Peer Navigation \$34,541 for 04/01/18-03/31/19		
Targeted population:	People living with HIV (PLWH)			
Deliverables/Measures:	PLWH served			
Reporting:	<ul style="list-style-type: none"> Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in CAREWare, as appropriate, within five (5) business days from Client Intake, identified change in Client Status, delivery of a support service or benefit, or Interaction with or on behalf of Client. Requirements around documentation within CAREWare can be found in your HCS Manual. Agency must Track and report within CAREWare any and all Performance Measures related to this Service Category as directed by DOH Quality Team. These include, but may not be limited to, medical engagement, medical retention, viral load, housing status, and household poverty level. 			

Task:	SAS-1	Space and Staff			
Service Definition:	LHJ will provide necessary clinic space to accommodate the provision of medical care to HIV-positive individuals one (1) day per week and an additional day every other week by a physician from Harborview Medical Center; Registered Nurse to assist physician and administrative support staff to assist with project		Budget		
			A	Salaries	\$19,880
			B	Benefits	\$10,705
			C	Service Contracts	
			E	Supplies/Goods	
			G	Travel	
			J	Equipment	
			N	Sub-Contracts	
			O	Other	\$3,686
			IDC	%	\$11,593
			Subtotal	\$45,864	
Strategies:	LHJ shall inform prospective patients of available medical care through notification by HIV case managers and other announcements as determined by Harborview Medical Center and the LHJ.		\$41,278 – Rebates		
			\$41,278 for 01/01/18-06/30/18		
			\$4,586 – State PrEP		
		\$4,586 for 01/01/18-06/30/18			
Deliverables/Measures:	Annual Narrative Report describing successes/challenges, suggestions for changes/improvements due June 30, 2018.				

Task:	SAS-1	Space and Staff			
Service Definition:	LHJ will provide necessary clinic space to accommodate the provision of medical care to HIV-positive individuals one (1) day per week and an additional day every other week by a physician from Harborview Medical Center; Registered Nurse to assist physician and administrative support staff to assist with project		Budget		
			A	Salaries	\$39,760
			B	Benefits	\$21,410
			C	Service Contracts	
			E	Supplies/Goods	
			G	Travel	
			J	Equipment	
			N	Sub-Contracts	
			O	Other	\$7,372
			IDC	%	\$23,186
			Subtotal	\$91,728	

<i>Strategies:</i>	<i>LHJ shall inform prospective patients of available medical care through notification by HIV case managers and other announcements as determined by Harborview Medical Center and the LHJ.</i>	<i>\$82,556 – Rebates \$82,556 for 07/01/18-06/30/19 \$9,172 – State PrEP \$9,172 for 07/01/18-06/30/19</i>
<i>Deliverables/Measures:</i>	<i>Annual Narrative Report describing successes/challenges, suggestions for changes/improvements due June 30, 2019.</i>	

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

PROGRAM SPECIFIC REQUIREMENTS/NARRATIVE

1. Definitions

LHJ – Entity receiving funds directly from Washington State Department of Health (DOH) to provide services for people at high risk (PAHR) and /or persons living with HIV (PLWH).

2. Client Eligibility and Certification

PLWH LHJ shall:

- a. Maintain written documentation that each client receiving services is HIV positive.
- b. Implement an eligibility certification process upon entry (Intake) into case management services to ensure that only eligible clients are being served. Certification includes assessment of client:
 - i) Income – There are no income eligibility requirements related to the services of Case Management, Health Education/Risk Reduction (HE/RR), Early Intervention Services (EIS), Outreach, or Psychosocial Support, regardless of acuity. Income eligibility certification applies only for Food/Meals, Medical Transportation, Housing, Medical Nutrition Therapy, Mental Health, and Substance Abuse Treatment is on par with that set for Washington State’s Early Intervention Program. At the time of the writing of this contract, that figure is set at 400% of the federal poverty level (FPL).
 - ii) Insurance status – All funding received under this statement of work must be treated as payer of last resort. As such, if there is another available payer for any service(s) covered under this statement of work, the LHJ is obligated to pursue that funding source first. This applies as well to the availability of Targeted HIV Case Management under Title XIX.
 - iii) Washington State residency
- c. Implement an eligibility recertification process for each client actively receiving Engagement Services to be conducted, at minimum, once every six (6) months. Recertification includes assessment of client.
 - i) Income – There are no income eligibility requirements related to the services of Case Management, HE/RR, EIS, Outreach, or Psychosocial Support, regardless of acuity. Income eligibility recertification applies only for Food/Meals, Medical Transportation, Housing, Medical Nutrition Therapy, Mental Health, and Substance Abuse Treatment is on par with that set for AIDS Drug Assistance Program (ADAP). At the time of the writing of this statement of work that figure is set at 400% of the FPL.

- ii) Insurance status – All funding received under this statement of work must be treated as payer of last resort. As such, if there is another available payer for any service(s) covered under this contract, the LHJ is obligated to pursue that funding source first. This applies as well to the availability of Targeted HIV Case Management under Title XIX.
- iii) Washington State residency
- d. LHJ providing HIV medical case management shall engage with Title XIX HIV Medical Case Management in the following ways:
 - i) Have a signed contract with the Health Care Authority (HCA) to provide Title XIX HIV Medical Case Management for eligible clients
 - ii) Adhere to the Title XIX (Medicaid) HIV/AIDS Case Management Billing Instructions.
 - iii) Adhere to the following system for meeting Medicaid match:
 - (1) Providers will bill HCA for Title XIX case management services.
 - (2) HCA will pay providers for services rendered
 - (3) HCA will bill DOH for the state match
 - (4) DOH will pay the state match to HCA

This system will remain in place as long as DOH has sufficient state general funds to meet Medicaid match.
 - iv) Have clients sign Release of Information Forms granting DOH permission to review client charts and client level data for quality assurance and evaluation purposes. PAHR and PLWH LHJ shall:
- e. Monitor expenditures of funds to assure confidentiality, client equity, compliance with federal and state guidelines, and to remain within annual budget.
- f. Adhere to the Statewide Standards for HIV Case Management or to the Standards, Requirements or Guidelines articulated within the HIV Community Services Manual.
- g. Inform clients upon Intake of the relationship between the LHJ and DOH as it applies to DOH access to client information created or obtained through the provision of services funded by this contract. DOH, as the grantor, and in the role of fiscal and clinical compliance auditor has the right to review client charts and client level data for quality assurance and evaluation purposes. LHJ must obtain signatory proof from client that this information was shared and received.
 - i) Have clients sign Release of Information Forms granting DOH permission to review client charts and client level data for quality assurance and evaluation purposes.

3. Quality Management/Improvement Activities.

- a. Quality Management/Improvement Programs must include the ability to access the extent to which services are consistent with the DOH and Health and Human Services (HHS) guidelines for the treatment of HIV. Quality Management/Improvement Programs must include coordination of activities aimed at improving quality of care, health outcomes and client satisfaction. Improvement will include specific activities to improve services in response to DOH identified performance measures. Clients/consumers must be included in the Quality Management/Improvement Program. Required Quality Management/Improvement activities:
 - i) LHJ must identify a Quality Management/Improvement Program lead for both PLWH and PAHR. The LHJ's Quality Management/Improvement Program Lead must participate in Quality Management/Improvement training provided by DOH. The LHJ must identify at least one (1) PLWH consumer and one (1) PAHR consumer to participate in the Quality Improvement training provided by DOH.
 - ii) LHJ must develop and submit their Quality Management/Improvement Plan. DOH must approve all Quality Management/Improvement Plans. LHJ may use the Quality Management/Improvement plan template provided by DOH or submit a Quality Management/Improvement Plan of their own choosing that addresses all components listed in the Template.

- iii) LHJ must participate in DOH onsite visits that will include Quality Management/Improvement components including the review of progress in implementing their annual Quality Management/Improvement Plan.
- iv) LHJ may be required to participate in other DOH quality improvement activities.
- v) LHJ must collect medical visit dates and HIV viral load dates and test results for all clients.

4. HIV Statewide CAREWare Data System

- a. The LHJ shall directly enter client level and service data in the HIV Statewide CAREWare Data System.
- b. Legal Authorization to Collect Data:

DOH represents and warrants that it is legally authorized to collect and/or receive the Medical Case Management information described in this statement of work, including review of client charts and client level data, ("Data Elements"), in the conduct of its public health activities. Disclosure of the Data Elements by LHJ to DOH is required under the terms of this agreement. Transmittal of the Data Elements through DOH's secure CAREWare system is appropriate under this agreement and will not be deemed to violate the confidentiality provisions of this agreement

Pursuant to RCW 70.02.220(7), DOH requires the last name, first name, middle name, address, telephone, full date of birth, and such other medical case management data variables as are set forth herein, in order to protect the public health and to ensure ongoing quality management. DOH will use data obtained to further the ongoing reduction of HIV transmission rates and ensure HIV-positive individuals are engaged in healthcare.

- c. The LHJ shall have a valid data share agreement with DOH.

5. HIV and STD Testing Services

- a. HIV testing services must follow DOH and CDC guidance for HIV testing.
- b. Persons found to be sero-positive must be provided with partner services (PS) that follow current CDC guidelines for HIV PS and DOH HIV Partner Services Standards. LHJs must refer newly identified HIV infected persons to the local health jurisdiction for PS.
- c. Any funds generated from charging clients for HIV testing must be used to support or enhance HIV prevention activities.
- d. HIV counseling/testing must be performed by personnel who have completed DOH-approved training. Staff providing testing services must also attend and complete any additional training as determined necessary by DOH.
- e. Persons performing HIV testing must be authorized by a licensed provider whose scope of practice includes ordering of diagnostic tests. This can be achieved with memorandum of understanding / agreement (MOU/A) between agencies if there is no licensed provider directly accountable to the contracted agency. Persons performing HIV testing must obtain all necessary and required Washington State certification.
- f. LHJ will present confidential HIV testing as the default option for all persons tested. If an anonymous test is performed, refusal by the client for confidential testing must be documented and permission by the client for conversion to confidential testing in the event of a reactive result must be obtained prior to the test being provided.
- g. LHJ must report all reactive results to DOH using the Preliminary Positive Reporting Form (provided by DOH). The information on this form allows DOH to determine whether the preliminary result is confirmed by subsequent testing and if the person diagnosed with HIV is linked to medical care and complete data entry in Evaluation Web. Preliminary Positive Reports must be submitted to DOH directly, not local public health departments by confidential transmittal as indicated on the form.
- h. LHJ will ensure that sufficient staff is available to perform HIV testing using capillary and/or venous draws.

6. Reporting Requirements

- a. The LHJ shall provide the following reports by electronic mail (preferred), U. S. mail, or fax no later than the close of business on the dates indicated. LHJ shall submit reports to:

Abby Gilliland, Washington State Department of Health
PO Box 47841, Olympia, WA 98504-7841
Phone: (360) 236-3351/Fax: (360) 664-2216

Email: Abby.gilliland@doh.wa.gov

Receipt of timely program reports by DOH is imperative. Failure to comply with reporting requirements may result in the withholding of funds.

- b. LHJ may contact Abby Gilliland at abby.gilliland@doh.wa.gov for electronic forms or with reporting questions.
- c. Narrative Reports

Reporting Time Period	Report due date
January 1, 2018 – March 31, 2018	April 15, 2018
April 1, 2018 – June 30, 2018	July 15, 2018
July 1, 2018 – September 30, 2018	October 15, 2018
October 1, 2018 – December 31, 2018	December 31, 2018

- d. Reports shall include the following components:

- i) Narrative –LHJ shall describe
 - (1) Changes to service delivery plan
 - (2) New access points for HIV Community Services funded direct services
 - (3) Participation in the Washington HIV planning process
 - (4) Program accomplishments, for example:
 - (a) Outreach
 - (b) Linkage to care
 - (c) Success in reaching underserved populations
 - (d) Success in meeting or exceeding planned outcome targets
 - (e) Effective strategies used to recruit, train, or use workers
 - (f) Enhanced linkages with HIV/AIDS prevention and counseling/testing programs
 - (g) Coordinating services with other health-care delivery systems
 - (h) Evaluating the impact of HCS funds and making needed improvements.
 - (i) Documenting clients served and outcomes achieved
 - (5) Challenges and lessons learned, for example:
 - (a) Tools and protocols
 - (b) Health disparities
 - (6) Technical Assistance needed

NOTE: DOH will run routine CAREWare data summaries in lieu of LHJ submitting quarterly demographic data. Aggregate population-based PAHR data must be submitted quarterly.

- ii) Fiscal – Using a DOH-approved Fiscal Reporting Form; LHJ shall indicate funds expended to date.
- iii) **Quality Management/Improvement Reporting** – LHJ must develop Quality Management/Improvement Programs to measure, monitor, and improve the quality of their services. The LHJ must complete and submit quarterly:
 - (1) Quality Management/Improvement Plan Template or Quality Management Plan Update (PLWH and PAHR)
 - (2) Statewide Case Management Performance Data (PLWH)Templates are available from DOH.

e. Additional Reporting Requirements:

Within thirty (30) days of written notification, the LHJ shall comply with any additional reporting requirements mandated by state directive during the contract period.

7. Training Requirements

- a. LHJ shall ensure that all staff participating in direct client care receives a minimum of twenty (20) hours of applicable training annually. Recommended trainings include Culturally and Linguistically Appropriate Services (CLAS) Standards, ethics and boundaries, cultural humility, harm reduction, motivational interviewing, trauma informed practice, and safe de-escalation.
- b. LHJ shall remain current on best practices around case management, HIV related benefits and systems, resources outside of HIV Community Services, as well as maintaining awareness of advancements with HIV medications, prevention, treatment and practice.
- c. LHJ shall ensure new direct client care staff participate in the DOH New Case Management training(s) within six (6) months of hire or at first offering following staff initial start date.
- d. LHJ shall participate in any fiscal training put on by DOH related to the execution of this contract.
- e. LHJ shall participate in any Quality trainings put on by DOH related to the execution of this contract.
- f. LHJ shall participate in the DOH Community Programs Annual Update.
- g. LHJ shall participate in all DOH required trainings related to responsible and quality service delivery of HIV Case Management and related support services, including services for PAHR.

8. Participation in Washington State’s HIV Planning Process

The vision of the HIV Planning System is to end the HIV epidemic in Washington State. Collectively we will accomplish this by preventing new HIV infections and by keeping people with HIV healthy. The planning system looks at how HIV impacts populations across the state, the factors influencing people’s HIV risk and the structures that impact successful HIV efforts. The components of the planning system recommend the most successful HIV prevention, care and treatment strategies. Stakeholder Villages and Special Emphasis Workgroups are designed specifically to amplify the voices of individuals and communities experiencing HIV related disparities.

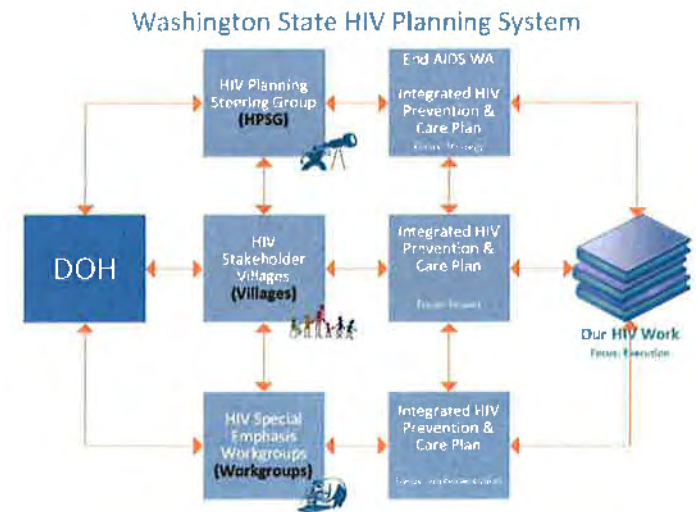
a. Planning System components

HIV Stakeholder Villages (Villages) have no formal membership and serve the dual purpose of educating a broad range of stakeholders on the current and proposed HIV interventions and strategies receiving input from stakeholders to enhance HIV service delivery. Village meet in person or via web interface in town hall style meetings held within various communities in Washington State in coordination with local service delivery providers.

HIV Special Emphasis Workgroups (SEW) are informal, ad-hoc, and advisory bodies that are convened by DOH to identify specific and effective implementation strategies that add operational value to prevention, care and treatment continuum activities.

The **HIV Planning Steering Group** is a 21 member, formal, standing, advisory committee.

- b. Contracted Agencies have unique connections to communities and connecting communities to the planning system is integral to a successful HIV service delivery system. DOH is responsible for implementation of the HIV Planning System. Contracted Agencies are responsible to work directly with DOH to implement and recruit participants for Villages and SEW that in their service provision area or target population.



9. Participation in End AIDS Washington Initiative

The End AIDS Washington Initiative is a collaboration of community-based organizations, government agencies and education and research institutions working together to reduce the rate of new HIV infections in Washington by 50% by 2020. The End AIDS Washington initiative and the forthcoming implementation plan are not owned by any one government agency or CBO. End AIDS Washington is a community-owned effort, and will only be successful if all stakeholders—communities, government, the health care system, and people most affected by HIV—are fully engaged in its implementation efforts and empowered to make decisions and set priorities.

10. Participation in End AIDS Washington Statewide Media Campaign

i) The End AIDS Washington Statewide Media Campaign effort aims to promote the priorities laid out in the EAW Initiative around the state through various ways. Funded agencies will ensure the participation of at least one staff member funded through PAHR Services in End AIDS Washington Campaign related activities including, but not limited to, the End AIDS Washington Champions program. Funded agencies will, whenever possible, utilize End AIDS Washington messaging and branding on educational and outreach materials.

11. Contract Management

b. Fiscal Guidance

- i) **Funding** – Funds provided in the Budget are for services provided during the period January 1, 2018 –December 31, 2018. The LHJ shall submit all claims for payment for costs due and payable under this statement of work by January 31, 2019. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
- ii) The LHJ agrees to reimburse DOH for expenditures billed to the DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- iii) **Submission of Invoice Vouchers** -- On a monthly basis, the LHJ shall submit correct A19-1A invoice vouchers amounts billable to DOH under this statement of work. All A19-1A invoice vouchers must be submitted by the 25th of the following month.

Month of A19-1A Invoice	A19-1A Invoice Due Date
January 1-31, 2018	February 25, 2018
February 1-29, 2018	March 25, 2018
March 1-31, 2018	April 25, 2018
April 1-30, 2018	May 25, 2018
May 1-31, 2018	June 25, 2018
June 1-30, 2018	July 25, 2018
July 1-31, 2018	August 25, 2018
August 1-31, 2018	September 25, 2018
September 1-30, 2018	October 25, 2018
October 1-31, 2018	November 25, 2018
November 1-30, 2018	December 25, 2018
December 1-31, 2018	January 31, 2019

The LHJ shall use and adhere to the DOH Infectious Disease Reimbursement Guidelines and Forms when submitting A19-1A invoice voucher payment requests to DOH.

- iv) **Advance Payments Prohibited** Funds are “cost reimbursement” funds. DOH will not make payment in advance or in anticipation of services or supplies provided under this agreement. This includes payments of “one-twelfth” of the current fiscal year’s funding.

- v) **Payer of Last Resort** – No funds shall be used to provide items or services for which payment has been made or reasonably can be expected to be made, by third party payers, including Medicaid, Medicare, the Early Intervention Program (EIP) and/or State or local entitlement programs, prepaid health plans or private insurance. Therefore, LHJ providing case management services shall expeditiously enroll eligible clients in Medicaid. LHJ will not use funds to pay for any Medicaid-covered services for Medicaid enrollees.
- vi) **Cost of Services** – The LHJ will not charge more for HIV services than allowed by Sec. 2617 (c) of Ryan White legislation (Public Law 101-381; 42 USC 300ff-27).
- vii) **Emergency Financial Assistance** –The LHJ shall not use contract funds to provide a parallel medication service to EIP. LHJ's providing case management services shall make every effort to enroll clients in EIP.
- viii) **Payment of Cash or Checks to Clients Not Allowed** – Where direct provision of service is not possible or effective, vouchers or similar programs, which may only be exchanged for a specific service (e.g., transportation), shall be used to meet the need for such services. LHJ shall administer voucher programs to assure that recipients cannot readily convert vouchers into cash.
- ix) **Funds for Needle Exchange Programs Not Allowed** – LHJ shall not expend contract funds to support needle exchange programs.
- x) **Supervision**, under DOH Community Programs contracts, will be understood as the delivery of a set of interrelated functions encompassing administrative, educational and supportive roles that work collectively to ensure clinical staff (i.e. case managers, navigators, coordinators, assistants, coaches) are equipped with the skills necessary to deliver competent and ethical services to clients that adhere to best practices within applicable fields as well as all relevant Statewide Standards. Supervisors must meet the criteria set forth within the WA State HIV Case Management Standards and provide the level of interaction and review detailed in that document.

It is the understanding of DOH that Supervision funded under the direct program portion of this contract include at minimum the provision of at least two of the three functions detailed here: administrative, educational or supportive supervision. Supervision that encompasses only administrative functions will not be considered billable under Direct Program. To that end, it is the expectation of DOH that those personnel identified as Supervisors have no more than one degree of separation from direct client care. Exceptions to this rule can be presented and considered to and by DOH Contract Management. It will fall to the requesting organization to satisfactorily demonstrate that any Supervisory positions falling within the scope of Direct Program are meeting the expectation of provision of educational or supportive supervision with the aim of directly impacting client experiences, quality of services, and adherence to best practices and Statewide Standards.

c. Contract Modifications

- i) **Notice of Change in Services** – The LHJ shall notify DOH program staff, within 45 days, if any situations arise that may impede implementation of the services contained in the statement of work. DOH and the LHJ will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of substantial noncompliance.
- ii) **Contract Amendments – Effective Date** – The LHJ shall not begin providing the services authorized by a contract amendment until the LHJ has received a signed, fully executed copy of the contract amendment from DOH.

d. Subcontracting

This statement of work does not allow a LHJ to subcontract for services.

e. Written Agreements

The LHJ should execute written agreements with the providers listed below to document how the providers' services and activities will be coordinated with funded Medical HIV Case Management services and activities:

- (1) Partner Counseling and Re-Linkage Services (PCRS)
- (2) HIV Testing Services
- (3) Medical Providers providing services to agency's medical case management clients
- (4) Other Local Health Jurisdictions in the counties regularly served by the LHJ

Technical assistance is available through DOH.

12. Material Review and Website Disclaimer Notice

In accordance with all federal guidance, LHJs receiving funds through this RFA will:

- a. Submit all proposed written materials including, but not limited to, pictorials, audiovisuals, questionnaires, survey instruments, agendas for conferences, plans for educational sessions, and client satisfaction surveys purchased, produced, or used by staff funded with DOH funds to the State HIV/AIDS Materials Review Committee. LHJ shall submit all materials to be reviewed to:

Michael Barnes, Washington State Department of Health
PO Box 47841, Olympia, WA 98504-7841
Phone: (360) 236-3579/Fax: (360) 664-2216
Email: Michael.Barnes@doh.wa.gov

- b. Assure prominent display of disclaimer notice on all websites containing HIV/AIDS education information (including sub-contractors). Such notice must consist of language similar to the following: "This site contains HIV prevention messages that may not be appropriate for all audiences. Since HIV infection is spread primarily through sexual practices or by sharing needles, prevention messages and programs may address these topics. If you are not seeking such information or may be offended by such materials, please exit this website."

13. Youth and Peer Outreach Workers

For purposes of this agreement, the term "youth" applies to persons under the age of 18. All programs, including subcontractors, using youth (either paid or volunteer) in program activities will use caution and judgment in the venues / situations where youth workers are placed. Agencies will give careful consideration to the age appropriateness of the activity or venue; will ensure that youth comply with all relevant laws and regulations regarding entrance into adult establishments and environments; and will implement appropriate safety protocols that include clear explanation of the appropriate laws and curfews and clearly delineate safe and appropriate participation of youth in program outreach activities.

14. Confidentiality Requirements

The LHJ must preserve the confidentiality of the clients they serve pursuant to the Washington Administrative Code (WAC) and the Revised Code of Washington (RCW). Please see below to identify the category your agency best fits. Failure to maintain client confidentiality could result in civil or legal litigation against employees or agencies per the WAC and RCW.

Category One: Agencies that keep confidential and identifiable records including medical diagnosis and lab slips.

If your agency fits this definition, you must comply with federal and state requirements regarding the confidentiality of client records. During site visits or audits, DOH may request proof that the LHJ meets confidentiality requirements. To meet the requirements the LHJ must have the following in place:

- a. Clearly written agency policies regarding confidentiality and security of records.
- b. Appropriate physical and electronic security measures to prevent unauthorized disclosures.
- c. Signed statements of confidentiality and security for all staff members who have access to sensitive information, either through access to files or through direct contact with clients.
- d. Signed confidentiality statements on file at the LHJ's office and updated yearly.
- e. Appropriate confidentiality training provided to employees with records of attendance.

Category Two: Agencies that have access to HIV/STD (Sexually Transmitted Disease) information (through contact with clients or target populations), but do not maintain client records.

If your agency fits this definition, you are required to have the following in place:

- (1) Signed confidentiality statements from each employee
- (2) Signed confidentiality statements are on file at the LHJ 's office and updated yearly
- (3) Appropriate confidentiality training provided to employees with records of attendance

Technical assistance is available through DOH.

15. Whistleblower

- a. Whistleblower statute, 41 U.S.C. & 4712, applies to all employees working for LHJ, subcontractors, and subgrantees on federal grants and contracts. The statute (41 U.S.C. & 4712) states that an “employee of a LHJ, subcontractor, grantee, or subgrantee, may not be discharged, demoted, or otherwise discriminated against as a reprisal for “whistleblowing.” In addition, whistleblower protections cannot be waived by an agreement, policy, form, or condition of employment.
- b. The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) mandates a pilot program entitled “Pilot Program for Enhancement of Contractor Employee Whistleblower Protections.” This program requires all grantees, their subgrantees, and subcontractors to:
 - i) Inform their employees working on any federal award they are subject to the whistleblower rights and remedies of the pilot program;
 - ii) Inform their employees in writing of employee whistleblower protections under 41 U.S.C. & 4712 in the predominant native language of the workforce; and,
 - iii) LHJ and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

16. Allowable Costs

All expenditures incurred and reimbursements made for performance under this statement of work shall be based on actual allowable costs. Costs can include direct labor, direct material, and other direct costs specific to the performance of activities or achievement of deliverables under this statement of work.

For information in determining allowable costs, please reference OMB Circulars:

2 CFR200 (State, Local and Indian Tribal governments) at: <https://www.federalregister.gov/documents/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards>

****Disclosure of information is governed by the Washington Administrative Code (WAC) 246-101-120, 520 and 635, and the Revised Code of Washington (RCW) 70.24.080, 70.24.084, and 70.24.105 regarding the exchange of medical information among health care providers related to HIV/AIDS or STD diagnosis and treatment. Please note that LHJs fit under the definition of “health care providers” and “individuals with knowledge of a person with a reportable disease or condition” in the WAC and RCW.**

DOH statutory authority to have access to the confidential information or limited Dataset(s) identified in this agreement to the Information Recipient: RCW 43.70.050
Information Recipient’s statutory authority to receive the confidential information or limited Dataset(s) identified in this Agreement: RCW 70.02.220 (7)

DOH Program Contact, PLWH

Karen Robinson
DOH, HIV Client Services
PO Box 47841, Olympia, WA 98504-7841
360-236-3437/Fax: 360-664-2216
Karen.Robinson@doh.wa.gov

DOH Program Contact, PAHR

Michael Barnes
DOH, Infectious Disease Prevention
PO Box 47841, Olympia, WA 98504-7841
360-236-3579/Fax: 360-664-2216
Michae.Barnes@doh.wa.gov

**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: Marijuana Prevention & Education Program - Effective January 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

SOW Type: Revision **Revision # (for this SOW)** 1


Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2018 through June 30, 2019

Statement of Work Purpose: The purpose of this statement of work is to fund the activities of a regional Youth Marijuana Prevention and Education Programs

Revision Purpose: This purpose of this revision is to extend the period of performance from June 30, 2018 to June 30, 2019, add unspent funds from the first 6 months of SFY18 (July-December 2017) to the final 6 months of SFY18 (January-June 2018) and funding and deliverable due dates for the SFY19 contract period

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
SFY18 MARIJUANA TOBACCO EDU	N/A	334.04.93	77420880	01/01/18	06/30/18	98,755	49,558	148,313
SFY19 MARIJUANA TOBACCO EDU	N/A	334.04.93	77420890	07/01/18	06/30/19	0	247,509	247,509
TOTALS						98,755	297,067	395,822

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
LHJ is required to complete the following tasks and deliverables and adhere to all requirements contained in the attached Youth Marijuana Prevention and Education Guide.  YMPEPRegGuide.pdf					
1. Groundwork – Build program and regional capacity to plan, coordinate, implement and evaluate regional Youth Marijuana Prevention and Education Program (YMPEP) activities based on the regionally developed strategic plan:					
A.	Hire YMPEP Regional Coordinator.		Report progress and submit invoices monthly	06/30/18 06/30/19	Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice voucher forms are due the 30th of the month following the month in which costs were incurred.
B.	Create and maintain Regional Network and partnerships with people throughout the region.		Report progress and submit invoices monthly	06/30/18 06/30/19	
C.	Provide needed education and skill enhancement opportunities for Regional Network.		Report progress and submit invoices monthly	06/30/18 06/30/19	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
D.	Identify organizational structure of the Regional Network		Report progress and submit invoices monthly	06/30/18 <i>06/30/19</i>	
E.	Form a subcommittee of the Regional Network; refer to them as the Planning Team		Report progress and submit invoices monthly	06/30/18 <i>06/30/19</i>	
2. Assessment – Conduct ongoing needs assessment data within the region to support planning activities					
A.	Form or identify an Epidemiological Workgroup		Report progress and submit invoices monthly	06/30/18 <i>06/30/19</i>	Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice voucher forms are due the 30th of the month following the month in which costs were incurred.
B.	Conduct/update a needs assessment to assess regional needs, assets, gaps, and readiness.		Report progress and submit invoices monthly	06/30/18 <i>06/30/19</i>	
C.	Determine which of the most pressing needs prevention efforts can influence.		Report progress and submit invoices monthly	06/30/18 <i>06/30/19</i>	
3. Capacity – Recruit and convene a regional network and raise awareness of its mission and purpose					
A.	Host regular meetings with Regional Network. (Planning team meets monthly during Strategic Planning Process; Full network meets quarterly at a minimum.)		Report progress and submit invoices monthly	06/30/18 <i>06/30/19</i>	Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice voucher forms are due the 30th of the month following the month in which costs were incurred.
B.	Use knowledge about the community’s level of readiness to publicize the issue and encourage participation on Regional Network		Report progress and submit invoices monthly	06/30/18 <i>06/30/19</i>	
C.	Expand the Regional Network to include sectors within the region and other members interested in preventing substance use disorder.		Report progress and submit invoices monthly	06/30/18 <i>06/30/19</i>	
D.	Develop a plan for attending health equity trainings, recruiting and developing partnerships with a diverse representation of the community, etc.		Report progress and submit invoices monthly	06/30/18 <i>06/30/19</i>	
4. Planning – Coordinate development of a mission, logic model and strategic and sustainability plans for the region.					
A.	Convene the planning team.		Report progress and submit invoices monthly.	06/30/18 <i>06/30/19</i>	Reimbursement for actual expenditures, not to exceed total funding consideration.
B.	Train the planning team.		Report progress an submit invoices monthly	06/30/18 <i>06/30/19</i>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount	
C.	Analyze risk and protective factors and local conditions		Report progress and submit invoices monthly	06/30/18 <i>06/30/19</i>	A19 invoice voucher forms are due the 30th of the month following the month in which costs were incurred.	
D.	Choose the factors on which the region will concentrate		Choose the factors on which the region will concentrate	06/30/18 <i>06/30/19</i>		
E.	Establish Mission of YMPEP region		Report progress and submit invoices monthly	06/30/18 <i>06/30/19</i>		
F.	Develop logic model to guide effort		Report progress and submit invoices monthly	06/30/18 <i>06/30/19</i>		
G.	Create regional strategic plan to include policies, programs and practices. Include a minimum of 70 percent of time to Primary activities and up to 30 percent of time to implement approved Innovative activities		Report progress and submit invoices monthly	06/30/18 <i>06/30/19</i>		
H.	Choose policy, systems, and environmental (PSE) activities to address the risk and protective factors the Regional Network prioritized.		Report progress and submit invoices monthly.	06/30/18 <i>06/30/19</i>		
I.	Present the plan to the communities it will serve throughout the region and gather support		Report progress and submit invoices monthly	06/30/18 <i>06/30/19</i>		
J.	Create Sustainability Plan		Report progress and submit invoices monthly	06/30/18 <i>06/30/19</i>		
5. Implementation – Coordinate implementation of the strategic plan						
A.	Hire staff, subcontract and/or recruit volunteers to implement Regional Strategic Plan.		Report progress and submit invoices monthly.	06/30/18 <i>06/30/19</i>		Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice voucher forms are due the 30th of the month following the month in which costs were incurred.
B.	Follow the Regional Strategic Plan throughout the implementation process		Report progress and submit invoices monthly	06/30/18 <i>06/30/19</i>		
C.	Continue to track and monitor resources annually. Update and revise resource assessment as needed.		Report progress and submit invoices monthly	06/30/18 <i>06/30/19</i>		
D.	Meet regularly with Regional Network.		Report progress and submit invoices monthly	06/30/18 <i>06/30/19</i>		
E.	Keep regional partners informed using a newsletter, listserv, monthly meetings		Report progress and submit invoices monthly	06/30/18 <i>06/30/19</i>		

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
F.	Write grant applications (as appropriate) to increase funding opportunities and ensure sustainability of YMPEP region		Report progress and submit invoices monthly	06/30/18 <i>06/30/19</i>	
6. Evaluation – Plan and participate in state and regional evaluation efforts					
A.	Create Regional Evaluation Plan		Report progress and submit invoices monthly	06/30/18 <i>06/30/19</i>	Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice voucher forms are due the 30th of the month following the month in which costs were incurred.
7. Work Plan – LHJ must prepare and submit a work plan and budget for the remainder of the biennium					
A.	Prepare and submit a work plan and budget for January 2018-June 2019		Completed work plan and budget	06/30/18 <i>06/30/19</i>	Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice voucher forms are due the 30th of the month following the month in which costs were incurred.

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Program Specific Requirements/Narrative

Local Health Jurisdiction (LHJ) will:

1. Fulfill program administration roles and responsibilities:
 - a) Ensure at least 1.0 FTE (divided among no more than three (3) people) is dedicated to coordination of regional network activities.
 - b) Participate in required conference calls, trainings, webinars, and in-person meetings for YMPEP contractors hosted by DOH.
 - c) Submit accurate and complete progress reports, budgets, and A19 invoices, using the required guidance, reporting tool or system, and deadlines (see Section IV below) provided by DOH.
 - d) Act as the fiduciary agent if subcontracting. Notify the DOH when entering into a subcontract. DOH does not need to approve subcontractors. Subcontractor performance is the responsibility of each LHJ.
 - e) Meet requirements outlined in the YMPEP Regional Implementation guide provided by MPEP, which include (but not limited to) conducting a regional assessment of needs, coordinating and maintaining a regional network, preparing, annually updating and managing the implementation of the region’s strategic plan.

2. **Meet evaluation requirements:**
 - a) Perform annual close out procedures if directed by the DOH.
 - b) Participate in performance measure data collection activities in collaboration with DOH.
 - c) Participate in project evaluation activities developed and coordinated by DOH.
3. **Written Policies and Procedures/Documents**
 - a) Written policies and procedures, consistent with federal and state regulations, as applicable, shall be kept on file in the office of the LHJ and be available for review at the request of DOH staff. Such policies and procedures shall include, but not be limited to, as appropriate:
 - i. Position Descriptions
 - ii. Confidentiality Policy
 - iii. Regional Needs Assessment
 - iv. 5-Year Regional Strategic Plan (includes biennial work plan)
 - v. Background Checks for those staff, subcontractors or volunteers working directly with youth (ages 0-17).
 - vi. Latest Agency Audit
 - vii. Subcontractor Agreements

DOH will support LHJ by providing:

1. Timely communications regarding funding amounts and/or funding reductions.
2. An annual calendar of key events, required and optional trainings and other key dates.
3. Contract oversight and point of contact for overall project coordination, technical assistance, and facilitation of project communication.
4. Templates for 5-year regional strategic plan, annual work plan, needs assessment, project deliverables with reporting requirements.
5. Technical assistance on meeting project goals, objectives, and activities related to:
 - a) Updating regional needs assessment by providing a template and supporting materials.
 - b) Adapting required and innovative activities to ensure they are culturally and linguistically appropriate evidence-based or evidence-informed, or promising programs.
 - c) Developing and adapting project materials so they are culturally and linguistically appropriate using Cultural and Linguistically Appropriate Services (CLAS) standards <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>.
 - d) Providing relevant resources and training.
 - e) Meeting performance measure, evaluation, and data collection requirements.
 - f) Developing 5-year regional strategic plans, annual work plans and logic models.
 - g) Interpreting DOH guidelines, requirements, and expectations and seeking approval from DOH staff, as needed, on grant-related activities and products.

Program Administration

1. The LHJ shall perform the requirements and activities defined in this agreement and the YMPEP Regional Implementation Guide. At a minimum, program and fiscal performance will be monitored and evaluated monthly by the assigned DOH staff based on each LHJ's Monthly Progress Report, and Monthly Expenditure Worksheet and A19 invoice. DOH staff will also monitor and evaluate regional program performance during on-site visits (minimum 1 per year).
2. The LHJ shall ensure the DOH has the most current contact information of the local program administrator that is responsible for the performance of this statement of work.
3. The LHJ shall provide DOH with the program administrator's name, address, telephone number, and any subsequent changes. This contract information will be kept in an internal DOH database, along with the same information of all staff supported in part/full with YMPEP funds. Failure of the LHJ to perform activities (including those subcontracted to other agencies or organizations) as described in the DOH-approved SOW included herein and subsequent amendments, and in accordance with DOH administrative and Contract Performance Policies, and with any applicable local, state, or federal law or regulation, may result in the reduction of funds, suspension of services, or the termination of this statement of work.
4. DOH reserves the right to determine the amount of any reduction, based on LHJ's performance, and to unilaterally amend the contract to effect any reduction. Any reduction shall be based on a review of the LHJ's expenditure patterns and actual performance.

Subcontractor Requirements: None

Required Reports

The LHJ shall submit required reports by the date due using required forms according to procedures issued by DOH. These reports and their due dates shall include, but not be limited to:

Report	Date Due
1. Expenditure Worksheet and A19	The 30th of the month following the month in which costs were incurred, except during closeout at the end of each state fiscal year (see below).
2. Final Expenditure Report and Request for Reimbursement (FY Closeout)	The year-end/final Expenditure Worksheet and A19 are due as follows: FY18: August 30, 2018 (See Special Instructions below) FY19: August 30, 2019 (See Special Instructions below)
4. Contractor Monthly Progress Report	The 15 th of the month following the month in which activities were performed, including the final monthly progress report.

The LHJ shall be obligated to submit required reports after the close of the contract period, during the transfer of obligations to another contractor, or upon termination of the contract for any reason.

1. Payment

- a) All expenditures incurred and reimbursements made for performance under this statement of work shall be based on actual allowable costs. Billings for services on a monthly fraction of the budget will not be accepted or approved. Costs can include direct labor, direct material, and other direct costs specific to the performance of activities or achievement of deliverables under this statement of work.
- b) DOH shall pay the LHJ all allowable costs incurred as evidenced by a proper invoice (A19) submitted to DOH on a timely basis, insofar as those allowable and allocable costs do not exceed that amount appropriated or otherwise available for such purposes as stated herein, or in subsequent amendments.
- c) DOH shall pay for costs under this statement of work up to a total not exceeding the total funding consideration amount. Costs allowable under this statement of work are based on DOH-approved budget for periods of performance: Year 3: July 1, 2017 to June 30, 2018 and Year 4: July 1, 2018- June 30, 2019.
- d) The LHJ's proposed regional budget, using the Budget Workbook template provided by DOH, is incorporated herein.
- e) Authorized and allowable program expenditures shall be reimbursed upon receipt and approval of the A19 submitted to DOH Grants Management. Approval shall be granted given that the LHJ has submitted its Monthly Progress Report, and Monthly Expenditure Worksheet and A19 to MPEP within 30 days following the month in which costs were incurred.
- f) If DOH does not receive the Monthly Expenditure Worksheet and A19 by the 30th of the month, DOH may withhold approval and payment, at its discretion, until the 30th of the month following submittal.
- g) Back-up documentation can include, but is not limited to; receipts, invoices, billing records, work orders, positive time and attendance records (timesheets), travel vouchers and accounting expense reports. Backup documentation shall be kept on file by the fiscal agent and made available upon request by DOH.
- h) Submission of electronic reports, deliverables, and other invoice attachments are preferred; however hard copies are acceptable.

2. Evaluation of LHJ's Performance

LHJ's performance will be evaluated on the following:

- a) Annual submittal and MPEP approval of an up-to-date Regional Needs Assessment.
- b) Submittal and MPEP approval of 5-year Regional Strategic Plan by March 2017 for July 2018 – June 30, 2023.
- c) Timely completion, submission and MPEP approval of proposed Annual Budget Tracking Tool (Budget Line Items, Summary Budget Projections, Budget Narrative) and work plans on the YMPEP SharePoint.
- d) Submission of Electronic A19 Invoice and Financial Back-up Document to DOH Grants Management and the YMPEP SharePoint by the due dates listed above.
- e) Submission of 24 monthly Progress Reports by the due dates listed above on the YMPEP SharePoint.

3. Restrictions on Funds (what funds can be used for which activities, not direct payments, etc.):

- a) Recipients may not use funds for research.
- b) Recipients may not use funds for clinical care.
- c) Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- d) Recipients may not generally use funding for the purchase of furniture or equipment. However, if equipment purchase is integral to a selected strategy, it will be considered. Any such proposed spending must be identified in the budget and approved by DOH Contract Manager.
- e) Recipients may not use funding for construction.
- f) The contractor must comply with DOH MPEP guidance on food, incentives and use of DOH logo outlined in the YMPEP Regional Implementation Guide, and should not exceed federal per diem rates.
- g) Reimbursement of pre-award costs is not allowed.

DOH - Primary Point of Contact:

Cristal Connelly, YMPEP Contract Manager

Office Phone: 360-236- 3757

Email Address: cristal.connelly@doh.wa.gov

Mailing Address: PO Box 47855, Olympia, WA 98504-7855

**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: Office of Drinking Water Group A Program - Effective January 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

SOW Type: Revision **Revision # (for this SOW)** 1

Funding Source	Federal Compliance (check if applicable)	Type of Payment
<input checked="" type="checkbox"/> Federal Contractor	<input type="checkbox"/> FFATA (Transparency Act)	<input type="checkbox"/> Reimbursement
<input type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input checked="" type="checkbox"/> Fixed Price
<input type="checkbox"/> Other		

Period of Performance: January 1, 2018 through December 31, 2020

Statement of Work Purpose: The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems.

Revision Purpose: The purpose of this revision is to change end date in Funding Period from 12/31/20 to 12/31/18 and change chart of accounts title and MI for SS and TA.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding (LHJ Use) Start Date	Period Only) End Date	Current Consideration	Change None	Total Consideration
Yr 20 SRF - Local Asst (15%) (FS) SS	N/A	346.26.64	24139220	01/01/18	12/31/18	14,750	-14,750	0
Yr 20 SRF - Local Asst (15%) (FS) TA	N/A	346.26.66	24139220	01/01/18	12/31/18	2,000	-2,000	0
Yr 20 SRF - Prog Mgmt (10%) (FS) TA	N/A	346.26.66	24137220	01/01/18	12/31/18	0	800	800
Yr 21 SRF - Local Asst (15%) (FS) SS	N/A	346.26.64	24139221	01/01/18	12/31/18	0	14,750	14,750
Yr 21 SRF - Local Asst (15%) (FS) TA	N/A	346.26.66	24139221	01/01/18	12/31/18	0	1,200	1,200
TOTALS						16,750	0	16,750

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Trained LHJ staff will conduct sanitary surveys of small community and non-community Group A water systems identified by the DOH Office of Drinking Water (ODW) Regional Office. See Special Instructions for task activity.		Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include: 1. Cover letter identifying significant deficiencies, significant findings, observations, recommendations, and referrals for further ODW follow-up. 2. Completed Small Water System checklist.	Final Sanitary Survey Reports must be received by the ODW Regional Office within 30 calendar days of conducting the sanitary survey.	Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$250 for each sanitary survey of a non-community system with three or fewer connections. Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$500 for each sanitary survey of a non-community system with four or more connections and each community system.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	DOH will provide a tablet and GPS unit for the LHJ to gather source data during a routine sanitary survey. DOH expects the LHJ to commit to using the tablet and GPS for a five-year period.		3. Updated Water Facilities Inventory (WFI). 4. Photos of water system with text identifying features 5. Any other supporting documents. *Final Reports reviewed and accepted by the ODW Regional Office. The LHJ surveyor will record at least two (2) GPS data points, for each source, into the preloaded Excel template on the tablet and submit that data file with the associated sanitary survey.		Payment is inclusive of all associated costs such as travel, lodging, per diem. Payment is authorized upon receipt and acceptance of the Final Sanitary Survey Report within the 30 day deadline. Late or incomplete reports may not be accepted for payment.
2	Trained LHJ staff will conduct Special Purpose Investigations (SPI) of small community and non-community Group A water systems identified by the ODW Regional Office. See Special Instructions for task activity.		Provide completed SPI Report and any supporting documents and photos to ODW Regional Office.	Completed SPI Reports must be received by the ODW Regional Office within 2 working days of the service request.	Upon acceptance of the completed SPI Report, the LHJ shall be paid \$800 for each SPI. Payment is inclusive of all associated costs such as travel, lodging, per diem. Payment is authorized upon receipt and acceptance of completed SPI Report within the 2 working day deadline. Late or incomplete reports may not be accepted for payment.
3	Trained LHJ staff will provide direct technical assistance (TA) to small community and non-community Group A water systems identified by the ODW Regional Office. See Special Instructions for task activity.		Provide completed TA Report and any supporting documents and photos to ODW Regional Office.	Completed TA Report must be received by the ODW Regional Office within 30 calendar days of providing technical assistance.	Upon acceptance of the completed TA Report, the LHJ shall be paid for each technical assistance activity as follows: <ul style="list-style-type: none"> • Up to 3 hours of work: \$250 • 3-6 hours of work: \$500 • More than 6 hours of work: \$750 Payment is inclusive of all associated costs such as consulting fee, travel, lodging, per diem.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					Payment is authorized upon receipt and acceptance of completed TA Report within the 30-day deadline. Late or incomplete reports may not be accepted for payment.
4	LHJ staff performing the activities under tasks 1, 2 and 3 must have completed the mandatory Sanitary Survey Training. See Special Instructions for task activity.		Prior to attending the training, submit an "Authorization for Travel (Non-Employee)" DOH Form 710-013 to the ODW Program Contact below for approval (to ensure that enough funds are available).	Annually	LHJ shall be paid mileage, per diem, lodging, and registration costs as approved on the pre-authorization form in accordance with the current rates listed on the OFM Website http://www.ofm.wa.gov/resources/travel.asp

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at: <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Program Specific Requirements/Narrative

Special References (RCWs, WACs, etc)

Chapter 246-290 WAC is the set of rules that regulate Group A water systems. By this statement of work, ODW contracts with the LHJ to conduct sanitary surveys (and SPIs, and provide technical assistance) for small community and non-community water systems with groundwater sources. ODW retains responsibility for conducting sanitary surveys (and SPIs, and provide technical assistance) for small community and non-community water systems with surface water sources, large water systems, and systems with complex treatment.

LHJ staff assigned to perform activities under tasks 1, 2, and 3 must be trained and approved by ODW prior to performing work. See special instructions under Task 4, below.

Special Billing Requirements

The LHJ shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Payment cannot exceed a maximum accumulative fee of \$14,750 for Task 1, and \$2,000 for Task 2, Task 3 and Task 4 combined during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above.

When invoicing for Task 1, submit the list of WS Name, ID #, Amount Billed, Survey Date and Letter Date that you are requesting payment.

When invoicing for Task 2-3, submit the list of WS Name, ID #, TA Date and description of TA work performed, and Amount Billed.

When invoicing for Task 4, submit receipts and the signed pre-authorization form for non-employee travel to the ODW Program Contact below and a signed A19-1A Invoice Voucher to the DOH Grants Management, billing to BARS Revenue Code 346.26.66 under Technical Assistance (TA).

Special Instructions

Task 1

Trained LHJ staff will evaluate the water system for physical and operational deficiencies and prepare a Final Sanitary Survey Report which has been accepted by ODW. Detailed guidance is provided in the *Field Guide for Sanitary Surveys, Special Purpose Investigations and Technical Assistance* (Field Guide). The sanitary survey will include an evaluation of the following eight elements: source; treatment; distribution system; finished water storage; pumps, pump facilities and controls; monitoring, reporting and data verification; system management and operation; and certified operator compliance. If a system is more complex than anticipated or other significant issues arise, the LHJ may request ODW assistance.

- No more than 3 surveys of non-community systems with three or fewer connections to be completed between January 1, 2018 and December 31, 2018.
- No more than 28 surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2018 and December 31, 2018.

The process for assignment of surveys to the LHJ, notification of the water system, and ODW follow-up with unresponsive water systems; and other roles and responsibilities of the LHJ are described in the Field Guide.

Task 2

Trained LHJ staff will perform Special Purpose Investigations (SPIs) as assigned by ODW. SPIs are inspections to determine the cause of positive coliform samples or the cause of other emergency conditions. SPIs may also include sanitary surveys of newly discovered Group A water systems. Additional detail about conducting SPIs is described in the Field Guide. The ODW Regional Office must authorize in advance any SPI conducted by LHJ staff.

Task 3

Trained LHJ staff will conduct Technical assistance as assigned by ODW. Technical Assistance includes assisting water system personnel in completing work or verifying work has been addressed as required, requested, or advised by the ODW to meet applicable drinking water regulations. Examples of technical assistance activities are described in the Field Guide. The ODW Regional Office must authorize in advance any technical assistance provided by the LHJ to a water system.

Task 4

LHJ staff assigned to perform activities under tasks 1, 2, and 3 must be trained and approved by ODW prior to performing work. LHJ staff performing the activities under tasks 1, 2 and 3 must have completed, with a passing score, the ODW Online Sanitary Survey Training and the ODW Sanitary Survey Field Training. LHJ staff performing activities under tasks 1, 2, and 3 must attend the Annual ODW Sanitary Survey Workshop, and are expected to attend the Regional ODW LHJ Drinking Water Meetings.

If required trainings, workshops or meetings are not available, not scheduled, or if the LHJ staff person is unable to attend these activities prior to conducting assigned tasks, the LHJ staff person may, with ODW approval, substitute other training activities to be determined by ODW. Such substitute activities may include one-on-one training with ODW staff, co-surveys with ODW staff, or other activities as arranged and pre-approved by ODW. LHJ staff may not perform the activities under tasks 1, 2, and 3 without completing the training that has been arranged and approved by ODW.

Program Manual, Handbook, Policy References

<http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-486.pdf>

DOH Program Contact

Denise Miles
DOH Office of Drinking Water
243 Israel Rd SE
Tumwater, WA 98501
Denise.Miles@doh.wa.gov
(360) 236-3028

DOH Fiscal Contact

Karena McGovern
DOH Office of Drinking Water
243 Israel Rd SE
Tumwater, WA 98501
Karena.McGovern@doh.wa.gov
(360) 236-3094

**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: Office of Drinking Water Group B Program -
Effective January 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

SOW Type: Revision **Revision # (for this SOW)** 1

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2018 through June 30, 2019

Statement of Work Purpose: The purpose of this statement of work is to provide financial support to LHJs implementing local Group B water system programs.

Revision Purpose: The purpose of this revision is to extend the Period of Performance from June 30, 2018 to June 30, 2019, increase Current Consideration, and revise Special Billing Requirements.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding (LHJ Use) Start Date	Period Only End Date	Current Consideration	Change Increase (+)	Total Consideration
GFS - Group B (FO-SW)	N/A	334.04.90	24230103	01/01/18	06/30/18	10,000	-10,000	0
FY1 Group B Programs for DW (FO-SW)	N/A	334.04.90	24230104	01/01/18	06/30/18	0	10,000	10,000
FY2 Group B Programs for DW (FO-SW)	N/A	334.04.90	24230105	07/01/18	06/30/19	0	20,000	20,000
TOTALS						10,000	20,000	30,000

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Memorandum of Agreement Number	Payment Information and/or Amount
1	Implement a Group B water system program through a local ordinance.		An executed memorandum of agreement (MOA) identifying responsibilities of a full Group B program through a local ordinance.	Reference DOH MOA #N20493	Lump sum payment (See Special Billing Requirements)

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at: <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Program Specific Requirements/Narrative

Special Billing Requirements

The LHJ shall submit a \$10,000 invoice before May 15, 2018. The LHJ shall submit three semi-annual invoices as follows: \$10,000 in the first half of each calendar year (no later than May 15) and \$10,000 in the second half of each calendar year (no later than November 15). Payment cannot exceed a maximum cumulative fee of \$20,000 per year.

DOH Program Contact

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(360) 236-3025

DOH Fiscal Contact

Karena McGovern
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(360) 236-3094

**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: Office of Immunization & Child Profile-Perinatal Hepatitis B - Effective July 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

SOW Type: Original **Revision # (for this SOW)**

Funding Source	Federal Compliance (check if applicable)	Type of Payment
<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> FFATA (Transparency Act)	<input checked="" type="checkbox"/> Reimbursement
<input type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other		

Period of Performance: July 1, 2018 through June 30, 2019

Statement of Work Purpose: The purpose of this statement of work is to define required Perinatal Hepatitis B activities, deliverables, and funding.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
FFY18 PPHF Ops	93.268	333.93.26	74310284	07/01/18	06/30/19	0	2,500	2,500
TOTALS						0	2,500	2,500

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>1. In coordination with hospitals, health care providers, and health plans (if applicable), conduct activities to prevent perinatal hepatitis B infection in accordance with the Perinatal Hepatitis B Prevention Program Guidelines, including the following:</p> <ul style="list-style-type: none"> • Identification of hepatitis B surface antigen (HBsAg)-positive pregnant women and pregnant women with unknown HBsAg status. • Reporting of HBsAg-positive women and their infants. • Case management for infants born to HBsAg-positive women to ensure administration of hepatitis B immune globulin (HBIG) and hepatitis B vaccine within 12 hours of birth, the completion of the 3-dose hepatitis B vaccine series, and post vaccination serologic testing. 		Enter information for each case identified into the Perinatal Hepatitis B module of the Washington Immunization Information System	By the last day of each month	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	2. Provide technical assistance to birthing hospitals to encourage administration of the hepatitis B birth dose to all newborns within 12 hours of birth, in accordance with Advisory Committee on Immunization Practices (ACIP) recommendations. 3. Report all perinatal hepatitis B investigations, including HBsAg-positive infants, in the Perinatal Hepatitis B Module of the Washington State Immunization Information System.				

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Program Specific Requirements/Narrative

Tasks in this statement of work may not be subcontracted without prior written approval from DOH OICP.

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act).

The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number.

Information about the LHJ and this statement of work will be made available on USASpending.gov by DOH as required by P.L. 109-282.

Program Manual, Handbook, Policy References

Staffing Requirements

Provide notification via email to oicpcontracts@doh.wa.gov within fifteen (15) days of any changes to staffing for those who conduct work outlined in this statement of work.

DOH Contract Manager

Tawney Harper, MPA
Budget and Operations Manager
Office of Immunization and Child Profile
Department of Health
PO Box 47843, Olympia WA 98504-7843
tawney.harper@doh.wa.gov, 360-236-3525

DOH Program Contact

Steffen Burney
Perinatal Hepatitis B Coordinator
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DOH Fiscal Contact

Vanessa Mojica
Special Projects Coordinator
Office of Immunization and Child Profile
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**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: OICP-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

SOW Type: Original **Revision # (for this SOW)**

Funding Source	Federal Compliance (check if applicable)	Type of Payment
<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> FFATA (Transparency Act)	<input checked="" type="checkbox"/> Reimbursement
<input type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other		

Period of Performance: July 1, 2018 through June 30, 2019

Statement of Work Purpose: The purpose of this statement of work is to contract with local health to conduct activities to improve immunization coverage rates.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
FFY18 Increasing Immzs Rates ConCon	93.268	333.93.26	74310285	07/01/18	06/30/19	0	16,134	16,134
TOTALS						0	16,134	16,134

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Develop a proposal to improve immunization coverage rates for a target population by increasing promotion activities and collaborating with community partners. The proposal must meet guidelines outlined in the <u>Local Health Jurisdiction Funding Opportunity, Promotion of Immunizations to Increase Vaccination Rates</u> announcement.		Written proposal and a report that shows starting immunization rates for the target population	August 1, 2018	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. See Restrictions on Funds below.
2	Upon approval of proposal, implement the plan to increase immunization coverage rates with the target population identified.		Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	November 30, 2018 March 31, 2019	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. See Restrictions on Funds below

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	Conduct an evaluation of the interventions implemented.		Final written report, including a report showing ending immunization rates for the target population (template will be provided)	June 15, 2019	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. See Restrictions on Funds below

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at: <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Program Specific Requirements/Narrative

Tasks in this statement of work may not be subcontracted without prior written approval from DOH OICP.

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number.

Information about the LHJ and this statement of work will be made available on USASpending.gov by DOH as required by P.L. 109-282.

Restrictions on Funds (what funds can be used for which activities, not direct payments, etc.)

Allowable Uses of Federal Operations Funds document (dated 12/20/2017) is posted on the DOH Consolidated Contract website at this [link](#). These federal funds may not be used for expenses related to travel or attendance at any non-DOH sponsored conference, training, or event without prior written approval from the DOH Office of Immunization and Child Profile.

Other

Deliverables may be sent electronically via email to oiicpcontracts@doh.wa.gov, by fax to 360-236-3590, or by mail to PO Box 47843, Olympia WA 98504-7843

DOH Program Contact

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DOH Fiscal Contact

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**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: P-TCPI Regional Care Coordination Project - Effective January 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

SOW Type: Revision **Revision # (for this SOW)** 2

Funding Source	Federal Compliance (check if applicable)	Type of Payment
<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> FFATA (Transparency Act)	<input checked="" type="checkbox"/> Reimbursement
<input type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Fixed Price
<input checked="" type="checkbox"/> Other		

Period of Performance: January 1, 2018 through September 28, 2018

Statement of Work Purpose: The purpose of this statement of work is to enhance and mobilize the Medical Home Neighborhood model of care for the whole child and family in pediatric practice transformation, a statewide network of Regional Care Facilitators (RCF), one in each of the nine Accountable Communities of Health (ACHs), will be created to join the Pediatric-Transforming Clinical Practice Initiative (P-TCPI) regional teams to emphasize physical and behavioral health integration and care coordination for children within participating practices, the ACH regional partners, and the state. Each RCF will have state, regional, and Practice Facilitator interface roles to facilitate the Medical Home Neighborhood concept and have a lasting impact on the system of pediatric services for children on Medicaid in Washington to improve children's health.

Revision Purpose: The purpose of this revision is to adjust the start date for TCPI funding from 02/01/18 to 01/01/18, clarify deliverable due dates, modify some tasks for clarity, revise staffing requirements, add special billing requirements, remove special instructions and change the DOH program contact.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change None	Total Consideration
				Start Date	End Date			
SFY17 MANAGED CARE ORG	N/A	334.04.98	78301680	01/01/18	06/30/18	6,536	0	6,536
FFY17 TCPI PTN CONTRACTS	93.638	333.93.63	78450271	01/01/18	09/28/18	73,117	0	73,117
TOTALS						79,653	0	79,653

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Staffing Support a system of care coordination that strengthens linkages to primary care providers and improves health outcomes for children.</p> <p>1a: Designate staff to Serve as the Regional Care Facilitator (RCF) for the Olympic Region. 1b: In conjunction with DOH, participate in orientation and project start-up activities. 1c: In conjunction with DOH, participate in project evaluation activities.</p>		<p>Narrative Report using the templates provided by DOH, that includes:</p> <ul style="list-style-type: none"> Staffing plan and implementation Description of evaluation activities Completed travel log for all travel billed (Template to be provided by DOH). Quarterly TCPI reporting using the provided template 	<p>Quarterly by the 15th of January, March, June, and September</p> <p>TCPI quarterly report due: April 30, 2018 July 30, 2018 October 30, 2018</p> <p>July 15, 2018 September 28, 2018</p>	Reimbursement for actual staff time and travel related to TCPI activities.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<i>Id: Complete and submit quarterly TCPI related reporting to DOH by the required deadline.</i>				
2	<p><u>Regional Pediatric-Transforming Clinical Practice Initiative (P-TCPI) Accountable Communities of Health (ACH) Teams</u> Bring the needs and strengths of the TCPI practices and communities to the attention of the ACH.</p> <p><i>2a: The Regional Care Facilitators (RCF) will participate on the regional P-TCPI Practice Transformation Team in their ACH region. RCF or designee will participate in person and virtual meetings and workgroups.</i></p> <p>2b: Identify and contribute to the practice coaching curriculum being used by P-TCPI Practice Facilitators</p>		<p>Narrative Report using the template provided by DOH, that includes:</p> <ul style="list-style-type: none"> • Description of meetings RCF participated in. • Description of outcomes of the meetings as they relate to children's health. • Identify progress and/or challenges completing this activity • Description of identified topics added to curriculum. 	<p>Quarterly by the 15th of January, March, June, and September</p> <p><i>July 15, 2018</i> <i>September 28, 2018</i></p>	<p>Reimbursement for actual costs, not to exceed total funding consideration.</p>
3	<p><u>Promoting Medical Homes</u> Be an advocate for the Medical Home Neighborhood model of care for children in this region and in the Medicaid Demonstration proposals that may be developed.</p> <p>3a: Identify common strategies and track resources within the region to enhance the Medical Home Neighborhood model of care for the whole child and family</p> <p>3b: Participate on the P-TCPI Medical Home Neighborhood Team monthly virtual meetings</p> <p>3c: Attend and participate in quarterly DOH Children with Special Health Care Needs (CSHCN) Communication Network meetings in January, April, and July.</p>		<p>Narrative Report using the template provided by DOH, that includes:</p> <ul style="list-style-type: none"> • Description of methodology to track regional resources. • List of meetings attended and description of participation 	<p>Quarterly by the 15th of January, March, June, and September</p> <p><i>July 15, 2018</i> <i>September 28, 2018</i></p>	<p>Reimbursement for actual costs, not to exceed total funding consideration.</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
4	<p><u>Create a Network of Coordinators</u> Develop relationships with local care coordinators who serve children to stay abreast of issues and resources to bridge gaps and minimize duplication of effort across the region to assure that families can easily get connected to services and supports in the community.</p> <p>4a: Create and track a network of coordinators in this region to support regional pediatric care coordination.</p> <p>4b: Establish a forum for regular networking with care coordinators in this region to facilitate an integrated care coordination approach that builds relationships and bridges between care coordinators from all sectors of the community, including primary care and behavioral health, to increase shared learning and knowledge of resources.</p> <ul style="list-style-type: none"> • Host at least one (1) regional meeting/event with this network of coordinators in the first quarter. • Serve as the CSHCN Regional Representative for this region and host quarterly CSHCN Regional meetings or include this meeting/event within the forum described above. <p>4c: Create a regular mechanism for sharing information directly to care coordinators in network that will be consistent with proposed Medicaid Demonstration Projects for children, including Community Care Coordination Pathways</p>		<p>Narrative Report using the template provided by DOH, that includes:</p> <ul style="list-style-type: none"> • Description of methodology to track identified coordinators and organizations. • Description of meeting/ event should include: Attendees, date, location, agenda topics, copies of meeting evaluations (to be provided by DOH) and a summary of outcomes, challenges and successes • Description of information sharing methodology 	<p>Quarterly by the 15th of January, March, June, and September</p> <p><i>July 15, 2018</i> <i>September 28, 2018</i></p>	<p>Reimbursement for actual costs, not to exceed total funding consideration.</p>
5	<p><u>Regional Asset Mapping</u> Participate in Regional Asset Mapping (and/or a Regional Health Needs Inventory) to look at community resources as a whole.</p>		<p>Narrative Report using the template provided by DOH, that includes:</p> <ul style="list-style-type: none"> • Description of progress, challenges and successes in Regional Asset Mapping process. 	<p>Quarterly by the 15th of January, March, June, and September</p> <p><i>July 15, 2018</i> <i>September 28, 2018</i></p>	<p>Reimbursement for actual costs, not to exceed total funding consideration.</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>5a: Plan and conduct assessment/mapping of care coordination resources available in the region to determine capacity and gaps.</p> <p>5b: Identify regional and community partners and others in the region who are doing a piece of care coordination to promote better collaboration, prevent duplication and confusion for families, and identify resources for children and families</p> <p>5c: Coordinate with the UW Medical Home Partnerships Project staff and other Medical Home Neighborhood Team partners to build on promising practices and tools where communities have already identified their local resources for specific topics and worked together to develop new needed resources</p> <p>5d: Identify which organizations are already involved with their ACH.</p>				
6	<p><u>Promote and Support Systems Integration</u> Enhance and coordinate behavioral health integration efforts by other TCPI teams</p> <p>6a: Promote family participation and representation into regional and Medicaid Demonstration activities</p> <p>6b: Promote the WithinReach Shared Resource and cshcn.org for families and providers</p> <p>6c: Include Early Learning Regional Coalitions to explore the integration of health, early learning, and early intervention services.</p>		<p>Narrative Report using the template provided by DOH, that includes:</p> <ul style="list-style-type: none"> Description of progress, challenges and successes with systems integration activities 	<p>Quarterly by the 15th of January, March, June, and September</p> <p><i>July 15, 2018</i> <i>September 28, 2018</i></p>	<p>Reimbursement for actual costs, not to exceed total funding consideration.</p>
7	<p><u>Collaborate with Medicaid Managed Care Organizations (MCOs)</u></p> <p>Develop relationships with representatives from the Medicaid Managed Care plans in this region around care coordination; include MCO reps in regional networking meetings and planning activities.</p>		<p>Narrative Report using the template provided by DOH, that includes:</p> <ul style="list-style-type: none"> Description of progress, challenges and successes with collaboration with the MCOs 	<p>Quarterly by the 15th of January, March, June, and September</p> <p><i>July 15, 2018</i> <i>September 28, 2018</i></p>	<p>Reimbursement for actual costs, not to exceed total funding consideration.</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
8	<p><u>Partner with the P-TCPI Regional Practice Facilitator</u> Establish a partnership with the Practice Facilitator to uncover the front-line concerns, successes, and perspectives of both primary care providers and behavioral health professionals within the TCPI practices and identify local resources to build the Medical Home Neighborhood</p> <p>8a: Work with the Practice Facilitator to increase awareness of resources and opportunities with the Medical Home Neighborhood model to provide content for technical assistance (TA) to participating practices in the ACH region. <i>This may include joining Practice Facilitator on clinic visits.</i></p> <p>8b: Share information about family organizations and family engagement with Practice Facilitators and other care coordinators</p>		<p>Narrative Report using the template provided by DOH, that includes:</p> <ul style="list-style-type: none"> Description of progress, challenges and successes with collaboration with the Practice Facilitator and their role with primary care and behavioral health practices 	<p>Quarterly by the 15th of January, March, June, and September</p> <p><i>July 15, 2018</i> <i>September 28, 2018</i></p>	<p>Reimbursement for actual costs, not to exceed total funding consideration.</p>

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at: <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Program Specific Requirements/Narrative

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number.

Information about the LHJ and this statement of work will be made available on USASpending.gov by DOH as required by P.L. 109-282.

Staffing Requirements

Designate staff to serve as the Regional Care Facilitator. *Compensation will include funding for staff, benefits, regional and statewide travel (miles, lodging, per diem), allowable start-up technology, and allowable indirect.*

Special Billing Requirements

Travel expenses including mileage, lodging and per diem will be calculated at the current federal General Services Administration (GSA) rates at the time of travel. Current federal rates can be found at: <https://www.gsa.gov/travel/plan-book/per-diem-rates/per-diem-rates-lookup>

Budget	
<i>Staff Salary</i>	<i>\$36,470</i>
<i>Fringe Benefits</i>	<i>\$12,583</i>
<i>Travel</i>	<i>\$3,577</i>
<i>Supplies</i>	<i>\$500</i>
Total Direct	\$53,130
<i>Indirect (37.62%)</i>	<i>\$19,987</i>
Total	\$73,117

Special Instructions

This statement of work funds activities through December 31, 2017. Task and deliverable due dates beyond December 31, 2017 are for reference only and will be included in a new statement of work under the new consolidated contract term beginning January 1, 2018.

DOH Program Contact

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DOH Program Contact

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DOH Fiscal Contact

*Chi Sharma
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**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: Tobacco & Vapor Product Prevention & Control Program - Effective January 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

SOW Type: Revision **Revision # (for this SOW)** 2

Funding Source	Federal Compliance (check if applicable)	Type of Payment
<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> FFATA (Transparency Act)	<input checked="" type="checkbox"/> Reimbursement
<input checked="" type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other		

Period of Performance: January 1, 2018 through June 30, 2019

Statement of Work Purpose: The purpose of this statement of work is to provide state and federal funding for tobacco and vapor product prevention and control activities

Revision Purpose: The purpose of this revision is to extend the FFY17 PHBG Tobacco PPHF funding period from 06/30/18 to 09/29/18 and add funding and remove minimum staffing requirement.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
Youth Tobacco Vapor Products	N/A	334.04.93	77410880	01/01/18	06/30/18	21,144	0	21,144
FFY17 PHBG Tobacco PPHF	93.758	333.93.75	77410272	01/01/18	09/29/18	25,799	3,235	29,034
FFY18 Tobacco Prevention	93.305	333.93.30	77410270	03/29/18	03/28/19	11,012	0	11,012
Youth Tobacco Vapor Products	N/A	334.04.93	77410880	07/01/18	06/30/19	25,544	0	25,544
SFY19 Marijuana Tobacco Edu	N/A	334.04.93	77420890	07/01/18	06/30/19	7,501	0	7,501
TOTALS						91,000	3,235	94,235

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Eliminate Exposure to Secondhand Smoke and Electronic Cigarette/Vape Emissions</p> <ol style="list-style-type: none"> Plan and implement activities within LHJ's respective Accountable Community of Health (ACH) region addressing local vaping in public places policies. Conduct outreach and provide technical assistance to local agencies and organizations that are interested in adopting voluntary smoke-free and vape-free campus and/or organizational policies. 		Monthly reports must be submitted to DOH on the 15 th of every month.	June 30, 2019	Reimbursement for actual expenditures, not to exceed total funding consideration.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	<p>Reduce Tobacco-Related Disparities In collaboration with priority population partners, educate stakeholders, community leaders, and decision-makers about tobacco-related disparities, evidence-based and promising interventions needed to address health equity, and local level policies and programs that can be designed to eliminate disparities.</p>		Monthly reports must be submitted to DOH on the 15 th of every month.	June 30, 2019	Reimbursement for actual expenditures, not to exceed total funding consideration
3	<p>Promote and Support Tobacco Cessation</p> <ol style="list-style-type: none"> 1. Share information about cessation resources, including the WA State Quitline and smartphone application as alternative or complementary interventions, with payers and providers. 2. In collaboration with the DOH Tobacco and Vapor Product Prevention and Control Program (TVPPCP), implement outreach and educational activities to increase the number of clinics and hospitals with tobacco dependence treatment embedded in the workflow/EHR, as well as the number of providers billing for cessation services and referring patients to the WA State Quitline and smartphone application. 3. In collaboration with TVPPCP, incorporate 2018-2019 Centers for Disease Control and Prevention (CDC) TIPS campaign materials into agency social media content, and report communications and media efforts in a template provided by the TVPPCP as part of the monthly reporting requirement. 		Monthly reports must be submitted to DOH on the 15 th of every month.	June 30, 2019	Reimbursement for actual expenditures, not to exceed total funding consideration.
4	<p>Prevent Initiation Among Youth and Young Adults Educate and inform decision-makers, and stakeholders about evidence-based policies, systems and environmental changes to prevent the initiation of tobacco and vapor product use among youth and young adults.</p>		Monthly reports must be submitted to DOH on the 15 th of every month.	June 30, 2019	Reimbursement for actual expenditures, not to exceed total funding consideration.
5	<p>Decision-Maker Outreach and Education Educate decision-makers and stakeholders on the value of a comprehensive tobacco and vapor product prevention program and best practices.</p>		Monthly reports must be submitted to DOH on the 15 th of every month.	June 30, 2019	Reimbursement for actual expenditures, not to exceed total funding consideration.
6	<p>Health Communications Plan and implement one or more of the following interventions to prevent youth initiation and support cessation, as resources permit:</p> <ol style="list-style-type: none"> a) Paid television, radio, out-of-home (e.g., billboards, transit), print, and digital advertising at the state and local levels. 		Monthly reports must be submitted to DOH on the 15 th of every month.	June 30, 2019	Reimbursement for actual expenditures, not to exceed total funding consideration.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> b) Media advocacy through public relations/ earned media efforts (e.g., press releases/ conferences, social media, and local events), which are often timed to coincide with holidays, heritage months, and health observances. c) Health promotion activities, such as working with health care professionals and other partners and promoting quit lines. 				
7	<p>Administration and Management</p> <ol style="list-style-type: none"> 1. Meetings and Conference Calls: <ol style="list-style-type: none"> a) Participate in contract management conference calls/webinars with TVPPCP every other month, beginning in July 2018. The purpose of the calls are to review activity status and plans, identify next steps and timelines, request for and receive technical assistance, and for collaboration and sharing regional work. b) Attend at least one (1) full day in-person meeting with all regional and priority population contractors. 2. Reporting: Submit monthly reports of work including a narrative on overall progress using the reporting template located on SharePoint provided by TVPPCP. All documents related to task activities will be attached. 3. Budget*: Submit an annual budget to TVPPCP to reflect planned activities, using a template provided by TVPPCP. Update as needed on SharePoint. 4. Billing: Submit A19 invoice voucher form monthly. An updated budget workbook is due the 30th of the month following the month in which costs are incurred. 5. Assessment and Evaluation: Using a template provided by TVPPCP, complete project evaluation activity developed and coordinated by TVPPCP as requested. 		<p>Monthly reports must be submitted to DOH on the 15th of every month.</p> <p>*Annual budget due by July 30, 2018</p>	June 30, 2019	<p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p> <p>A19 forms due the 30th of the month following the month in which costs were incurred.</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
8	<p>Planning and Coordination Revise and update 2017-2018 implementation plan using a template provided by TVPPCP, involving representatives from all counties within the respective ACH region. The 2018-2019 implementation plan will include the following strategies/activities:</p> <ol style="list-style-type: none"> 1. Provide technical assistance (TA) to schools and colleges/universities to implement or strengthen tobacco-free and vape-free campus policies. 2. Educate stakeholders and community leaders about the impact of flavors and menthol on tobacco-related disparities and youth initiation. 3. Communicate with multi-unit trade organizations, landlords and the public on smoke-free and/or vape-free policies. Plan and implement one or more of the following interventions, as resources permit: <ol style="list-style-type: none"> i. Provide technical assistance to multi-unit housing trade organizations and landlords interested in adopting voluntary smoke-free and/or vape-free policies. ii. Respond to and provide referrals to residents of multi-unit housing concerned about the implementation or enforcement of smoke-free and/or vape-free policies. iii. Provide technical assistance to public housing authorities and residents in the implementation and enforcement of required smoke-free policies per Housing and Urban Development (HUD)'s Smoke-Free Public Housing Rule. 		Monthly reports must be submitted to DOH on the 15 th of every month.	June 30, 2019	Reimbursement for actual expenditures, not to exceed total funding consideration.

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Program Specific Requirements/Narrative

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number.

Information about the LHJ and this statement of work will be made available on USASpending.gov by DOH as required by P.L. 109-282.

Program Manual, Handbook, Policy References

Tobacco and Vapor Product Prevention and Control Program (TVPPCP) Work Plan and Reporting Guidebook, Budget Workbook

Staffing Requirements

~~A minimum of 0.25 FTE must be committed to the implementation of the program. This may be split between up to two (2) staff persons.~~

Federal Funding Restrictions and Limitations:

- Awardees may not use federal funds for lobbying.
- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Awardees may not use funds to supplant existing state funding or to supplant funds from federal or state sources.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and sources.
- Awardees are the direct and primary recipients in a cooperative agreement program and must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Awardees are generally not allowed to use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Awardees may not be reimbursed for pre-award costs.
- Awardees may only use funds for evidence-based tobacco control interventions, strategies, and activities.
- Awardees may not use funds to provide direct cessation services or other direct services other than those through evidence-based quit line services.
- Awardees may not use funds to purchase nicotine replacement therapy or other products used for cessation.
- Awardees may not use funds to purchase K-12 school curricula.

Special References (RCWs, WACs, etc)

As a provision of The Youth Tobacco and Vapor Product Prevention Account, [RCW 70.155.120](#), DOH shall, within up to seventy percent of available funds, provide grants to local health departments or other local community agencies to develop and implement coordinated tobacco and vapor product intervention strategies to prevent and reduce tobacco and vapor product use by youth.

Monitoring Visits

Monthly telephone calls with DOH contract manager.

Special Billing Requirements

DOH will reimburse for actual allowable program costs. Billings for services on a monthly fraction of the budget will not be accepted or approved.

Authorized and allowable program expenditures shall be reimbursed upon receipt and approval of the A19-1A invoice voucher form (A19) and required deliverables, to be submitted by the LHJ within 30 days following the month in which costs were incurred. The A19 must be provided to DOH by the 30th of each month in order to receive reimbursement for the previous month. If DOH does not receive the A19 form by the 30th of the month with the required deliverables, DOH may withhold approval and payment, at its discretion, until the 30th of the month following submittal of both the A19 form and required deliverables.

Payment is contingent upon DOH receipt and approval of all deliverables and an acceptable A19 invoice voucher. Payment to completely expend the "Total Consideration" for a specific funding period will not be processed until all deliverables are accepted and approved by DOH.

Quarterly billing and submission of deliverables may be allowed upon written request from the LHJ and written approval from the DOH Contract Manager.

General Funds State unexpended in each fiscal year may not be carried forward into the new budget period.

Special Instructions

LHJ must:

- Conduct criminal background checks on all staff who have unsupervised contact with minors
- Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of this contract. This requirement is consistent with existing statute RCW 9.96A.020

DOH Program Contact

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DOH Fiscal Contact

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Fiscal Consultant
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Email: sharon.shields@doh.wa.gov

Kitsap Public Health District

**EXHIBIT B-3
ALLOCATIONS**
Contract Term: 2018-2020

Contract Number:
Date:

CLH18248
May 15, 2018

Indirect Rate as of January 2018: 37.79% Admin & Fac.; 41.65% Community Hlth Pgms (inc. Admin) & 40.77% Environmental Hlth Pgms (inc. Admin)

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY19 CSS USDA FINI Prog Mgnt	20157001823357	N/A	10.331	333.10.33	10/01/18	09/30/19	10/01/18	09/30/19	\$89,063	\$89,063	\$234,905
FFY18 CSS USDA FINI Prog Mgnt	20157001823357	Amd 2	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	\$55,060	\$145,842	
FFY18 CSS USDA FINI Prog Mgnt	20157001823357	N/A	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	\$90,782		
FFY18 CSS IAR SNAP ED Program Mgnt	NGA Not Received	Amd 2	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$26,548	\$61,131	\$68,048
FFY18 CSS IAR SNAP ED Program Mgnt	NGA Not Received	N/A	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$34,583		
FFY17 CSS IAR SNAP ED Program Mgnt CF	NGA Not Received	N/A	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$6,917	\$6,917	
PS SSI 1-5 BEACH Task 4	01J18001	Amd 1	66.123	333.66.12	03/01/18	10/31/18	07/01/17	06/30/19	\$5,800	\$5,800	\$5,800
PS SSI 1-5 PIC Task 4	01J18001	Amd 2	66.123	333.66.12	01/01/18	03/31/19	07/01/17	06/30/19	(\$50,000)	\$28,805	\$28,805
PS SSI 1-5 PIC Task 4	01J18001	N/A	66.123	333.66.12	01/01/18	03/31/19	07/01/17	06/30/19	\$78,805		
FFY18 Swimming Beach Act Grant IAR (ECY)	00J75501	Amd 1	66.472	333.66.47	03/01/18	10/31/18	12/15/17	12/14/18	\$14,000	\$14,000	\$14,000
FFY17 EPR PHEP BPI LHJ Funding	NU90TP921889-01	Amd 2	93.069	333.93.06	01/01/18	06/30/18	07/01/17	07/02/18	\$44,006	\$163,223	\$163,223
FFY17 EPR PHEP BPI LHJ Funding	NU90TP921889-01	N/A	93.069	333.93.06	01/01/18	06/30/18	07/01/17	07/02/18	\$119,217		
FFY17 317 Ops	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	05/30/18	\$4,837	\$4,837	\$4,837
FFY18 AFIX	NGA Not Received	Amd 2	93.268	333.93.26	07/01/18	06/30/19	07/01/18	06/30/19	\$27,563	\$27,563	\$41,821
FFY17 AFIX	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	05/30/18	\$14,258	\$14,258	
FFY18 Increasing Immzs Rates ContCon	NGA Not Received	Amd 3	93.268	333.93.26	07/01/18	06/30/19	07/01/18	06/30/19	\$16,134	\$16,134	\$16,134
FFY18 PPHF Ops	NGA Not Received	Amd 3	93.268	333.93.26	07/01/18	06/30/19	07/01/18	06/30/19	\$2,500	\$2,500	\$2,500
FFY17 VFC Ops	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$7,054	\$7,054	\$7,054
FFY18 Tobacco Prevention	NGA Not Received	Amd 2	93.305	333.93.30	03/29/18	03/28/19	03/29/18	03/28/19	\$11,012	\$11,012	\$11,012
FFY17 TCPI PTN Contracts	1L1331455	Amd 1, 3	93.638	333.93.63	01/01/18	09/28/18	09/29/17	09/28/18	\$73,117	\$73,117	\$73,117
FFY17 PHBG Tobacco PPHF	NB01OT00918	Amd 3	93.758	333.93.75	01/01/18	09/29/18	07/01/17	09/30/18	\$3,235	\$29,034	\$29,034
FFY17 PHBG Tobacco PPHF	NB01OT00918	Amd 2, 3	93.758	333.93.75	01/01/18	09/29/18	07/01/17	09/20/18	\$5,799		
FFY17 PHBG Tobacco PPHF	NB01OT00918	N/A, Amd 3	93.758	333.93.75	01/01/18	09/29/18	07/01/17	09/30/18	\$20,000		

**EXHIBIT B-3
ALLOCATIONS**
Contract Term: 2018-2020

Contract Number:
Date:

CLH18248
May 15, 2018

Indirect Rate as of January 2018: 37.79% Admin & Fac.; 41.65% Community Hlth Pgms (inc. Admin) & 40.77% Environmental Hlth Pgms (inc. Admin)

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY17 EPR HPP BP1 Healthcare System Prep	NU90TP921889-01	Amd 2	93.889	333.93.88	01/01/18	06/30/18	07/01/17	07/02/18	\$4,477	\$18,420	\$18,420
FFY17 EPR HPP BP1 Healthcare System Prep	NU90TP921889-01	N/A	93.889	333.93.88	01/01/18	06/30/18	07/01/17	07/02/18	\$13,943		
FFY18 MCHBG LHJ Contracts	B04MC31524	N/A	93.994	333.93.99	01/01/18	09/30/18	10/01/17	09/30/18	\$119,891	\$119,891	\$119,891
GFS-Group B (FO-SW)		Amd 3	N/A	334.04.90	01/01/18	06/30/18	07/01/17	06/30/19	(\$10,000)	\$0	\$0
GFS-Group B (FO-SW)		N/A	N/A	334.04.90	01/01/18	06/30/18	07/01/17	06/30/19	\$10,000		
FY2 Group B Programs for DW (FO-SW)		Amd 3	N/A	334.04.90	07/01/18	06/30/19	07/01/18	06/30/19	\$10,000	\$10,000	\$30,000
FY1 Group B Programs for DW (FO-SW)		Amd 3	N/A	334.04.90	01/01/18	06/30/18	01/01/18	06/30/18	\$20,000	\$20,000	
State HIV CS/End AIDS WA		Amd 2	N/A	334.04.91	07/01/18	12/31/18	07/01/17	06/30/19	\$6,246	\$6,246	\$9,369
State HIV CS/End AIDS WA		Amd 2	N/A	334.04.91	03/01/18	06/30/18	07/01/17	06/30/19	\$3,123	\$3,123	
State HIV Prevention		N/A	N/A	334.04.91	07/01/18	12/31/18	07/01/17	06/30/19	\$20,000	\$20,000	\$40,000
State HIV Prevention		N/A	N/A	334.04.91	01/01/18	06/30/18	07/01/17	06/30/19	\$20,000	\$20,000	
State HIV Prevention PrEP		Amd 3	N/A	334.04.91	07/01/18	06/30/19	07/01/17	06/30/17	\$9,172	\$9,172	\$13,758
State HIV Prevention PrEP		Amd 2	N/A	334.04.91	01/01/18	06/30/18	07/01/17	06/30/19	\$4,586	\$4,586	
SFY1 Lead Environments of Children		Amd 1	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$3,000	\$3,000	\$3,000
SFY19 Marijuana Tobacco Edu		Amd 3	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$247,509	\$247,509	\$403,323
SFY19 Marijuana Tobacco Edu		Amd 2	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$7,501	\$7,501	
SFY18 Marijuana Tobacco Edu		Amd 3	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$49,558	\$148,313	
SFY18 Marijuana Tobacco Edu		N/A	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$98,755		
Rec Shellfish/Biotoxin		N/A	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$22,500	\$22,500	\$22,500
Small Onsite Management (ALEA)		N/A	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$30,000	\$30,000	\$30,000
Wastewater Management-GFS		N/A	N/A	334.04.93	07/01/18	06/30/19	07/01/17	06/30/19	\$30,000	\$30,000	\$30,000
Youth Tobacco Vapor Products		Amd 2	N/A	334.04.93	07/01/18	06/30/19	07/01/17	06/30/19	\$25,544	\$25,544	\$46,688
Youth Tobacco Vapor Products		Amd 2	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/19	\$4,655	\$21,144	
Youth Tobacco Vapor Products		N/A	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/19	\$16,489		

Kitsap Public Health District

**EXHIBIT B-3
ALLOCATIONS
Contract Term: 2018-2020**

Contract Number:
Date:

CLH18248
May 15, 2018

Indirect Rate as of January 2018: 37.79% Admin & Fac.; 41.65% Community Hlth Pgms (inc. Admin) & 40.77% Environmental Hlth Pgms (inc. Admin)

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY17 ADAP Rebate (Local) 17-19		Amd 3	N/A	334.04.98	07/01/18	06/30/19	07/01/17	06/30/19	\$82,556	\$307,556	\$573,834
FFY17 ADAP Rebate (Local) 17-19		N/A, Amd 3	N/A	334.04.98	07/01/18	06/30/19	07/01/17	06/30/19	\$225,000		
FFY17 ADAP Rebate (Local) 17-19		Amd 2	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/19	\$41,278	\$266,278	
FFY17 ADAP Rebate (Local) 17-19		N/A	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/19	\$225,000		
FFY18 RW HIV Peer Nav Proj-Proviso		Amd 2	N/A	334.04.98	04/01/18	03/31/19	04/01/18	03/31/19	\$34,541	\$34,541	\$34,541
FFY18 RW HIV Provider Capacity-Proviso		Amd 2	N/A	334.04.98	04/01/18	03/31/19	04/01/18	03/31/19	\$30,695	\$30,695	\$30,695
SFY17 Managed Care Org		Amd 1	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/18	(\$32,678)	\$6,536	\$6,536
SFY17 Managed Care Org		N/A	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/18	\$39,214		
FPHS Funding for LHJs Dir		Amd 3	N/A	336.04.25	07/01/18	06/30/19	07/01/17	06/30/19	\$147,345	\$147,345	\$147,345
YR 20 SRF - Local Asst (15%) (FS) SS		Amd 3	N/A	346.26.64	01/01/18	12/31/18	07/01/15	12/31/18	(\$14,750)	\$0	\$0
YR 20 SRF - Local Asst (15%) (FS) SS		N/A, Amd 3	N/A	346.26.64	01/01/18	12/31/18	07/01/15	12/31/18	\$14,750		
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 3	N/A	346.26.64	01/01/18	12/31/18	07/01/17	06/30/19	\$14,750	\$14,750	\$14,750
YR 20 SRF - Local Asst (15%) (FS) TA		Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/15	12/31/18	(\$2,000)	\$0	\$0
Yr 20 SRF - Local Asst (15%) (FS) TA		N/A, Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/17	12/31/18	\$2,000		
YR 20 SRF - Prog Mgmt (10%) (FS) TA		Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/15	12/31/18	\$800	\$800	\$800
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/17	06/30/19	\$1,200	\$1,200	\$1,200
TOTAL									\$2,276,940	\$2,276,940	
Total consideration:				\$1,698,931 \$578,009						GRAND TOTAL	\$2,276,940
GRAND TOTAL				\$2,276,940						Total Fed	\$838,601
										Total State	\$1,438,339

*Catalog of Federal Domestic Assistance

**Federal revenue codes begin with "333". State revenue codes begin with "334".

Exhibit C-3 Schedule of Federal Awards

AMENDMENT #3

Date: May 15, 2018

KITSAP PUBLIC HEALTH DISTRICT-SWW0027369-00
CONTRACT CLH10240-Kiteap Public Health District
CONTRACT PERIOD: 01/01/2018-12/31/2020

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period Start Date	Allocation Period End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY19 CSS USDA FINI PROGRAM MGMT	333.10.33	08/26/15	\$5,859,307	10/01/18	09/30/19	\$89,063	10.331	Food Insecurity Nutrition Incentive Grants	USDA-National Institute of Food and Agriculture	20157001823357	WASHINGTON STATE DEPARTMENT OF HEALTH FINI GRANT PROJECT
FFY18 CSS USDA FINI PROGRAM MGMT	333.10.33	08/26/15	\$5,859,307	01/01/18	09/30/18	\$145,842	10.331	Food Insecurity Nutrition Incentive Grants	USDA-National Institute of Food and Agriculture	20157001823357	WASHINGTON STATE DEPARTMENT OF HEALTH FINI GRANT PROJECT
FFY15 CSS IAR SNAP-ED PROGRAM MGMT	333.10.56	NGA Not Received	NGA Not Received	01/01/18	09/30/18	\$61,131	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	NGA Not Received	NGA Not Received
FFY17 CSS IAR SNAP-ED PROGRAM MGMT CF	333.10.56	NGA Not Received	NGA Not Received	01/01/18	09/30/18	\$8,917	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	NGA Not Received	NGA Not Received
PS SSI 1-5 PIC TASK 4	333.66.12	08/02/16	\$9,200,000	01/01/18	03/31/19	\$28,805	66.123	Puget Sound Action Agenda: Technical Investigations and Implementation Assistance Program	Environmental Protection Agency Region 10	01J18001	PUGET SOUND SHELLFISH STRATEGIC INITIATIVE LEAD
PS SSI 1-5 BEACH TASK 4	333.66.12	08/02/16	\$9,200,000	03/01/18	10/31/18	\$5,800	66.123	Puget Sound Action Agenda: Technical Investigations and Implementation Assistance Program	Environmental Protection Agency Region 10	01J18001	PUGET SOUND SHELLFISH STRATEGIC INITIATIVE LEAD
FFY18 SWIMMING BEACH ACT GRANT IAR (ECY)	333.66.47	12/15/17	\$91,890	03/01/18	10/31/18	\$14,000	66.472	Beach Monitoring and Notification Program Implementation Grants	Environmental Protection Agency Office of Water	00J75501	MARINE SWIMMING BEACH MONITORING AND PUBLIC NOTIFICATION
FFY17 EPR PHEP BP1 LHJ FUNDING	333.93.06	07/18/17	\$11,062,782	01/01/18	06/30/18	\$163,223	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921889-01	HPP AND PHEP COOPERATIVE AGREEMENT
FFY18 PPHF OPS	333.93.26	NGA Not Received	NGA Not Received	07/01/18	06/30/19	\$2,500	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
FFY18 INCREASING IMMZS RATES CONCON	333.93.26	NGA Not Received	NGA Not Received	07/01/18	06/30/19	\$16,134	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
FFY18 AFIX	333.93.26	NGA Not Received	NGA Not Received	07/01/18	06/30/19	\$27,563	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
FFY17 VFC OPS	333.93.26	03/03/17	\$1,201,805	01/01/18	06/30/18	\$7,054	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 AFIX	333.93.26	03/03/17	\$1,672,289	01/01/18	06/30/18	\$14,258	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 317 OPS	333.93.26	03/03/17	\$575,969	01/01/18	06/30/18	\$4,837	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY18 TOBACCO PREVENTION	333.93.30	NGA Not Received	NGA Not Received	03/29/18	03/28/19	\$11,012	93.305	National State Based Tobacco Control Programs	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
FFY17 TCPI PTN CONTRACTS	333.63.63	08/24/15	\$11,254,883	01/01/18	09/28/18	\$73,117	93.638	ACA-Transforming Clinical Practice Initiative: Practice Transformation Networks (PTNs)	Department of Health and Human Services Centers for Medicare and Medicaid Services	1L1331455	TRANSFORMING CLINICAL PRACTICES INITIATIVE

Exhibit C-3 Schedule of Federal Awards

AMENDMENT #3

Date: May 15, 2018

KITSAP PUBLIC HEALTH DISTRICT-SWV0027369-00
CONTRACT CLH18248-Kitsap Public Health District
CONTRACT PERIOD: 01/01/2018-12/31/2020

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period Start Date	Allocation Period End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY17 PHBG TOBACCO PPHF	333 93.75	03/09/17	\$1,557,831	01/01/18	09/29/18	\$29,034	63.758	Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF)	Department of Health and Human Services Health Centers for Disease Control and Prevention	NB01OT00918	PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT
FFY17 EPR HPP BP1 HEALTHCARE SYS PREP	333 93.88	07/18/17	\$4,279,234	01/01/18	09/30/18	\$18,420	93.889	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU00TP921889-01	HPP AND PHEP COOPERATIVE AGREEMENT
FFY18 MCHBG LHJ CONTRACTS	333 93.99	10/20/17	\$1,650,528	01/01/18	09/30/18	\$119,891	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC31524	MATERNAL AND CHILD HEALTH SERVICES
TOTAL						\$938,601					