

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

CONTRACT NUMBER: CLH18248

AMENDMENT NUMBER: 12

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:
 - Amends Statements of Work for the following programs:
 - Childhood Lead Poisoning Prevention Program - Effective July 1, 2019
 - Infectious Disease Care & Prevention (IDCP) - Effective July 1, 2019
 - Office of Drinking Water Group A Program - Effective January 1, 2018
 - Office of Emergency Preparedness & Response - Effective July 1, 2019
 - Deletes Statements of Work for the following programs:

2. Exhibit B-12 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-11 Allocations as follows:
 - Increase of \$11,500 for a revised maximum consideration of \$5,716,677.
 - 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-12 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-11.

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



2/6/2020
Date



Date

APPROVED AS TO FORM ONLY
Assistant Attorney General

2018-2020 CONSOLIDATED CONTRACT
EXHIBIT A
STATEMENTS OF WORK
TABLE OF CONTENTS

DOH Program Name or Title: Childhood Lead Poisoning Prevention Program - Effective July 1, 2019 3
DOH Program Name or Title: Infectious Disease Care & Prevention (IDCP) - Effective July 1, 2019 6
DOH Program Name or Title: Office of Drinking Water Group A Program - Effective January 1, 2018 14
DOH Program Name or Title: Office of Emergency Preparedness & Response - Effective July 1, 2019 19

Exhibit A
Statement of Work
Contract Term: 2018-2020

DOH Program Name or Title: Childhood Lead Poisoning Prevention Program - Effective July 1, 2019

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

Period of Performance: July 1, 2019 through June 30, 2020

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

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 is to build local capacity statewide to provide case management services to all children with elevated blood lead levels.

Revision Purpose: The purpose of this revision is to move the funding from Healthy Communities (MI 25611100) to FPH Lead Case Mgmt - FPH (MI 25619702) for funding period 07/01/19-06/30/20. The SOW and total consideration remains the same.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change	Total Consideration
Healthy Communities	N/A	334.04.91	25611100	07/01/19 06/30/20	3,425	None	-3,425
FPH Lead Case Mgmt - FPH	N/A	334.04.93	25619702	07/01/19 06/30/20	0		3,425
TOTALS					3,425	0	3,425

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Home Visit 1 a) Contact the provider to gather complete information on the assigned elevated blood lead level case. b) Contact the family to schedule the visit. c) Visit the child's residence (or other sites where the child spends significant amounts of time). 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. e) Determine if the family lives in Section 8 or HUD housing, and if the child is Medicaid enrolled. f) Provide educational material to the child's caregivers in the family's primary language.		Submit the information collected during the home visit via the applicable fields of the Washington Disease Reporting System (WDRS). Submit, as attachment(s) via WDRS the documentation of the Plan of Care prepared for the family (DOH will provide a template) including a summary of the environmental assessment and suggestions for reducing or eliminating exposure. Provide a copy of this document or	Submit as needed within 60 days after completion.	Reimbursement of up to \$500 maximum per home visit, per child. Up to two (2) home visits per child not to exceed total funding consideration. Note: this excludes indirect costs.

AMENDMENT #12

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	<p>g) Arrange with family and provider to have the child retested following the Pediatric Environmental Health Specialty Unit (PEHSU) medical management guidelines: https://www.pehsu.net/Library/facts/medical-mgmt-childhood-lead-exposure-June-2013.pdf</p> <p>Home Visit 2 (optional)</p> <p>a) The purpose of the optional second home visit is to connect the family to other service providers, explain recommendations, answer questions, and provide any further needed assistance for the family in implementing recommendations.</p> <p>b) Facilitate the completion of a developmental screening to be conducted by LHJ staff, via the online WithinReach Developmental Screening Questionnaire http://www.parenthelp123.org/ or other methodology, or by referral to the child's physician or another entity trained to administer developmental screening tests.</p> <p>c) Encourage blood lead testing of other children less than 72 months of age and pregnant or nursing persons in the home.</p> <p>d) If appropriate, refer the family to the Women, Infants, and Children (WIC) program or a Registered Dietitian Nutritionist for a nutritional assessment and to other service providers as appropriate.</p> <p>e) Coordinate services and communicate with other involved professionals.</p>		<p>documents to the child's caregivers and provider.</p> <p>Submit a new or updated Plan of Care to DOH via WDRS and provide a copy to the child's caregivers and provider that includes:</p> <ul style="list-style-type: none"> a) A summary of the results of any assessments conducted by LHJ staff and/or information on all referrals made. b) The names of any at-risk family members referred for blood lead testing. c) The names of all professionals who have been part of the Plan of Care or to which the family has been referred for services. 	<p>Submit as needed within 60 days of completion</p>	<p>Reimbursement of up to \$500 maximum per home visit, per child. Up to two (2) home visits per child not to exceed total funding consideration. Note: this excludes indirect costs.</p>
3	<p>DOH will reimburse LHJ for costs incurred for field investigation sample laboratory testing, as well as costs incurred for interpretation and/or translation services needed as part of case management.</p>		<p>Submit vendor invoices to DOH to document the reimbursement request.</p>	<p>As needed.</p>	<p>Total reimbursements may not exceed total funding consideration. (See Special Billing Requirements below.)</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

Program Manual, Handbook, Policy References

Guide for Public Health Case Management of Children with Elevated Blood Lead Levels
<https://www.doh.wa.gov/Portals/1/Documents/4000/334-414.pdf>

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 (greater than or equal to 5 mcg/dL) must be reported within two (2) days; non-elevated results need to be reported within one (1) month.

Monitoring Visits (frequency, type)

Telephone calls and/or in person meetings with contract manager on as-needed basis.

Definitions

- BLL – Blood Lead Level
- EBLL – Elevated Blood Lead Level
- PEHSU – Pediatric Environmental Health Specialty Units

Special Billing Requirements

The average total amount expended for laboratory, interpreter, and translation services is suggested to be approximately \$185 per home visit, per child. It is recognized that more complex cases may require a higher level of services, while simpler cases may require fewer services. Total reimbursements may not exceed total funding consideration. Please note WDRS event number(s) on invoice to allow DOH review of deliverables via WDRS. 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 may be submitted as needed within 60 days after home visit completion and must be based on actual direct program costs. Billing for services on a monthly fraction of the “Total Consideration” will not be accepted or approved. If needed, additional funding may be requested and upon DOH approval may be added if funds are available.

Note: Blood Lead Case Management reimbursement excludes indirect costs.

DOH Program Contact

Amy Bertrand, Health Services Consultant/Case Management Coordinator
 Office of Environmental Health Sciences
 Washington State Department of Health
 Street Address: 310 Israel Rd SE, Tumwater WA 98501
 Telephone: 360-236-3392 / Fax 360-236-3059
 Email: amy.bertrand@doh.wa.gov

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: Infectious Disease Care & Prevention (IDCP) - Effective July 1, 2019

Local Health Jurisdiction Name: Kitsap Public Health District

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

Contract Number: CLH18248

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

Statement of Work Purpose: The purpose of this statement of work is for the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum as well as to provide infectious disease (HIV, STD, and Adult Viral Hepatitis) prevention services.

Revision Purpose: The purpose of this revision is to remove \$81,855 from FFY19 RW GRANT YEAR LOCAL (REBATE) (MI 1261859C) and \$27,285 from FFY20 RW GRANT YEAR LOCAL (REBATE) (MI 1261850C) and add \$109,140 to FFY19 RYAN WHITE SUPP DIRECT SVCS (MI 12615293) for the period 09/30/19-06/30/20 and add Special Requirements.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change None	Total Consideration
FFY19 RW GRANT YEAR LOCAL (REBATE)	N/A	334.04.98	1261859C	07/01/19 03/31/20	348,437	-81,855	266,582
FFY20 RW GRANT YEAR LOCAL (REBATE)	N/A	334.04.98	1261850C	04/01/20 06/30/20	116,146	-27,285	88,861
STATE DRUG USER HEALTH PROGRAM	N/A	334.04.91	12405100	07/01/19 06/30/20	40,000	0	40,000
ADAP REBATE (LOCAL) 19-21	N/A	334.04.98	12618590	07/01/19 06/30/20	91,728	0	91,728
FFY19 RW LOCAL PROVISO	N/A	334.04.98	12618595	07/01/19 06/30/20	41,749	0	41,749
FFY19 RYAN WHITE SUPP DIRECT SVCS	93.917	333.93.17	12615293	09/30/19 06/30/20	0	109,140	109,140
TOTALS					638,060	0	638,060

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Drug User Health				
Syringe Service Program (SSP)	Syringe Service Program (SSP): To provide comprehensive Syringe Service Program (SSP) to people who use drugs (PWUD). This plan of action is directed to distribute syringes to communities that use drugs to prevent transmission of infectious disease. SSP programs will operate during scheduled hours to provide new harm reduction	Identify and submit annual projections for each of the SSP deliverables. Enter deliverable data into database for tracking SSP activities by the 15th of each month following service.	Monthly by the 15th of the following month.	\$40,000 – MI 12405100 – State Drug User Health \$40,000 for 07/01/19-06/30/20

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	supplies and syringes to prevent transmission of disease. SSP will offer referrals to address social determinants of health.			
HIV Community Services - Care				
EIS- PLWH	Provision of 1) Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be HIV-infected; 2) Referral services to improve HIV care and treatment services; 3) Access and linkage to HIV care and treatment services; and 4) Outreach services and health education/risk reduction (HE/RR) related to HIV diagnosis.	Agency must enter data into the approved DOH data system for each consumer receiving Early Intervention Services within 48 business hours from the time of Client Intake. Quarterly Reports are Required - Deliverables for this reporting period have been identified and can be referenced in your Quarterly Report Grid.	Agency must adhere to DOH ID Reporting Requirements Meeting/Event Summary Forms should be submitted with A19s.	\$41,749 – MI 12618595 – Local Proviso \$41,749 for 07/01/19-06/30/20
Case Management	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.	Agency must create a file in the DOH approved data system for each PLWH receiving Case Management services within 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 the DOH approved data system, as appropriate, within five (5) business days from Client Interaction or on behalf of Client Agency must Track and report within the DOH-approved data system any and all Performance Measures related to this Service Category as directed by DOH Quality Team. Deliverables for this reporting period have been identified and	Agency must adhere to DOH ID Reporting Requirements	\$327,420 \$245,565 – MI 1261859C – Local Rebates \$227,420 \$245,565 for 07/01/19-03/31/20 \$109,144 \$81,856 – MI 1261850C – Local Rebates \$109,144 \$81,856 for 04/01/20-06/30/20 \$109,140 – MI 12615293 – RW Supp Direct Svcs \$109,140 for 09/30/19-06/30/20

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Medical Transportation	Provision of non-emergency transportation services that enable an eligible client to access or be retained in medical and support services. May be provided by: 1) providers of transportation services; 2) mileage reimbursement (non-cash) that does not exceed the established rates for federal programs; 3) organization and use of volunteer drivers through programs with insurance and other liability issues specifically addressed; 4) voucher or token systems.	can be referenced in LHJ's Quarterly Report Grid. Agency must track and report within the DOH-approved data system any and all activity related to this Service Category. Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.	Agency must adhere to DOH ID Reporting Requirements	\$3,375 – MI 1261859C – Local Rebates \$3,375 for 07/01/19-03/31/20 \$1,125 – MI 1261850C – Local Rebates \$1,125 for 04/01/20-06/30/20
Food Bank	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, and water filtration in communities where issues of water safety exist).	Agency must track and report within the DOH-approved data system any and all activity related to this Service Category. Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.	Agency must adhere to DOH ID Reporting Requirements	\$11,229 – MI 1261859C – Local Rebates \$11,229 for 07/01/19-03/31/20 \$3,743 – MI 1261850C – Local Rebates \$3,743 for 04/01/20-06/30/20
Housing	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.	Agency must track and report within the DOH approved data system any and all activity related to this Service Category. Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.	Agency must adhere to DOH ID Reporting Requirements	\$6,413 – MI 1261859C – Local Rebates \$6,413 for 07/01/19-03/31/20 \$2,137 – MI 1261850C – Local Rebates \$2,137 for 04/01/20-06/30/20
Space and Staff	LJH 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;	LJH shall inform prospective patients of available medical care through notification by HIV case managers and other announcements as determined by	Annual Narrative Report describing successes/challenges, suggestions for changes/improvements due June 30, 2020.	\$91,728 – MI 12618590 – Rebates \$91,728 for 07/01/19-06/30/20

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Registered Nurse to assist physician and administrative support staff to assist with project	Harborview Medical Center and the LHJ.		

***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>

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 Specific Requirements/Narrative

1. Definitions

CONTRACTOR – 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 - Reference pages 15-17 in the HIV Community Services (HCS) Manual.

3. Title XIX HIV Medical Case Management – Reference pages 42-43 in the HCS Manual.

4. Quality Management/Improvement Activities – Reference pages 132-135 in the HCS Manual.

5. HIV Statewide Data System – Reference pages 136-144 in the HCS Manual.

6. HIV and STD Testing Services

- a. HIV testing services must follow DOH and Centers for Disease Control and Prevention (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. Contractors 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. Contractor 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. Contractor 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. Contractor will ensure that sufficient staff is available to perform HIV testing using capillary and/or venous draws.

7. Reporting Requirements – Reference page 26 in the HCS Manual. Deliverables grid will have identified contract.

8. Training requirements – Reference pages 29-30 in the HCS Manual.

9. Participation in Washington State’s HIV Planning Process – Reference page 10-11 in the HCS Manual.

10. Participation in End AIDS Washington Initiative

The End AIDS Washington Initiative is a collaboration of community-based organizations (CBOs), 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.

11. Participation in End AIDS Washington Statewide Media Campaign

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.

12. Contract Management – Reference pages 32-48 in the HCS Manual.

- a. **Fiscal Guidance**
 - i) **Funding** –The CONTRACTOR shall submit all claims for payment for costs due and payable under this statement of work by July 25, 2020. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
 - ii) The CONTRACTOR 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 Audits.
 - iii) **Submission of Invoice Vouchers** – On a monthly basis, the CONTRACTOR 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.**
 - iv) **Advance Payments Prohibited** – Reference page 32 in the HCS Manual.
 - v) **Payer of Last Resort** – Reference page 44 in the HCS Manual.
 - vi) **Cost of Services** – Reference page 32 in the HCS Manual.

- vii) **Emergency Financial Assistance** – The CONTRACTOR shall not use contract funds to provide a parallel medication service to EIP. CONTRACTOR’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. CONTRACTOR shall administer voucher programs to assure that recipients cannot readily convert vouchers into cash.
- ix) **Funds for Needle Exchange Programs Not Allowed using Federal or Rebate dollars** – CONTRACTOR 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.

b. Contract Modifications

- i) **Notice of Change in Services** – The CONTRACTOR 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 CONTRACTOR will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of substantial noncompliance.

c. Subcontracting

- i) This statement of work does not allow a CONTRACTOR to subcontract for services.

d. Written Agreements

- i) The CONTRACTOR 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 CONTRACTOR Technical assistance is available through DOH

13. Material Review and Website Disclaimer Notice

In accordance with all federal guidance, contractors 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. CONTRACTOR shall submit all materials to be reviewed to:

Michael Barnes, Washington State Department of Health
PO Box 47840, Olympia, WA 98504-7841
Phone: (360) 810-1880/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."

14. 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.

15. Confidentiality Requirements – Reference pages 18-19 in the HCS Manual.**16. Whistleblower**

- a. Whistleblower statute, 41 U.S.C. & 4712, applies to all employees working for CONTRACTOR, subcontractors, and subgrantees on federal grants and contracts. The statute (41 U.S.C. & 4712) states that an "employee of a CONTRACTOR, 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. CONTRACTOR and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

17. 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>

AMENDMENT #12

**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 CONTRACTORS 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)

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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) 4

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

Funding Source <input checked="" type="checkbox"/> Federal Contractor <input 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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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 extend funding periods from 12/31/19 to 12/31/20 for Yr22 SRF SS and TA, increase Total Consideration to incorporate 2020 SS and TA, and revise Special Billing Requirements and Special Instructions.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
Yr 20 SRF - Local Asst (15%) (FS) SS	N/A	346.26.64	24139220	01/01/18 12/31/18	0	0	0
Yr 20 SRF - Local Asst (15%) (FS) TA	N/A	346.26.66	24139220	01/01/18 12/31/18	0	0	0
Yr 20 SRF - Prog Mgmt (10%) (FS) TA	N/A	346.26.66	24137220	01/01/18 12/31/18	1,268	0	1,268
Yr 21 SRF - Local Asst (15%) (FS) SS	N/A	346.26.64	24139221	01/01/18 06/30/19	14,250	0	14,250
Yr 21 SRF - Local Asst (15%) (FS) TA	N/A	346.26.66	24139221	01/01/18 06/30/19	1,900	0	1,900
Yr 22 SRF - Local Asst (15%) (FO-SW) SS	N/A	346.26.64	24239222	01/01/19 12/31/20	12,750	8,500	21,250
Yr 22 SRF - Local Asst (15%) (FO-SW) TA	N/A	346.26.66	24239222	01/01/19 12/31/20	1,249	3,000	4,249
TOTALS					31,417	11,500	42,917

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, observations, recommendations, and	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

AMENDMENT #12

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>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.</p>		<p>referrals for further ODW follow-up.</p> <ol style="list-style-type: none"> 2. Completed Small Water System checklist. 3. Updated Water Facilities Inventory (WFI). 4. Photos of water system with text identifying features 5. Any other supporting documents. <p>*Final Reports reviewed and accepted by the ODW Regional Office.</p> <p>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.</p>		<p>or more connections and each community system.</p> <p>Payment is inclusive of all associated costs such as travel, lodging, per diem.</p> <p>Payment is authorized upon receipt and acceptance of the Final Sanitary Survey Report within the 30 day deadline.</p> <p>Late or incomplete reports may not be accepted for payment.</p>
2	<p>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.</p> <p>See Special Instructions for task activity.</p>		<p>Provide completed SPI Report and any supporting documents and photos to ODW Regional Office.</p>	<p>Completed SPI Reports must be received by the ODW Regional Office within 2 working days of the service request.</p>	<p>Upon acceptance of the completed SPI Report, the LHJ shall be paid \$800 for each SPI.</p> <p>Payment is inclusive of all associated costs such as travel, lodging, per diem.</p> <p>Payment is authorized upon receipt and acceptance of completed SPI Report within the 2 working day deadline.</p> <p>Late or incomplete reports may not be accepted for payment.</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
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. 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 ~~\$27,000~~ **\$35,500** for **Task 1**, and ~~\$4,417~~ **\$7,417** 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 **27** 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.
- No more than **1** surveys of non-community systems with three or fewer connections to be completed between January 1, 2019 and December 31, 2019.
- No more than **25** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2019 and December 31, 2019.
- **No more than 18 surveys of non-community systems with three or fewer connections to be completed between January 1, 2020 and December 31, 2020.**
- **No more than 8 surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2020 and December 31, 2020.**

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

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Exhibit A
Statement of Work
Contract Term: 2018-2020

DOH Program Name or Title: Office of Emergency Preparedness & Response - Effective July 1, 2019

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

Period of Performance: July 1, 2019 through June 30, 2020

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" 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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Statement of Work Purpose: The purpose of this statement of work is to establish the funding and tasks for the Public Health Emergency Preparedness and Response program for the 2019 grant period.

Revision Purpose: The purpose of this revision is to add regional or statewide to scope of emergency preparedness events to be attended, spell out acronyms, update several deliverables and due dates to match activities, clarify health care coalition participation and deliverable, and update DOH contact information.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change	Total Consideration
FFY19 PHEP BP1 LHJ FUNDING	93.069	333.93.06	31102190	07/01/19 06/30/20	295,345	None	295,345
TOTALS					295,345	0	295,345

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Attend emergency preparedness events, (e.g. trainings, meetings, conference calls, and conferences) to advance LHJ <i>regional or statewide</i> preparedness or complete the deliverables in this statement of work.		Submit summary on the mid-year and end of year progress report.	December 31, 2019 and June 30, 2020	Reimbursement for actual costs not to exceed total funding consideration amount
2	Complete reporting templates as requested by DOH to comply with program and federal grant requirements including gap analysis, mid-year report and end-of-year report.		Submit completed templates to DOH.	Upon request	
3	Complete all performance measure reporting requirements as requested by DOH.		Submit completed performance measure data.	Upon request	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
4	<p>Training:</p> <p>4.1) Provide training for appropriate staff who serve in the Emergency Operations Center (EOC) and the Emergency Support Function #8: <i>Public Health and Medical Services</i> (ESF#8) role on the Incident Command System, ESF#8 response plans and policies.</p> <p>4.2) Train appropriate public health emergency response staff on Web EOC or applicable information management system utilized by the local health department</p>		<p>Submit mid-year and end-of-year progress reports.</p> <p>Provide sign in sheets of trainings conducted, with attendee signatures and contact information or registrations if training is conducted by an entity other than the LHH. If DOH, or a DOH Contractor, is providing the training, LHH does not need to submit sign in sheets.</p>	<p>December 31, 2019 and June 30, 2020</p> <p>Upon completion of training, but no later than June 30, 2020</p>	
5	<p>Washington Secure Electronic Communication, Urgent Response and Exchange System (WASECURES):</p> <p>5.1) Maintain WASECURES program as the primary emergency notification system within the LHJ for receiving alerts from DOH, and include all critical LHJ positions as registered users.</p> <p>5.2) Participate in DOH-led WASECURES notification drills</p> <p>5.3) Conduct a notification drill using LHJ's preferred staff notification system.</p> <p>Notes: Registered users must log in quarterly at a minimum. DOH will provide on-site technical assistance to LHJs on utilizing WASECURES. LHJs may choose to utilize other notification systems <u>in addition to</u> WASECURES to alert staff during incidents.</p>		<p>Submit mid-year and end of year progress reports.</p> <p>A list of registered users with their title and role in the emergency response plan.</p> <p>Submit results of notification drills conducted or participated in.</p>	<p>December 31, 2019 and June 30, 2020</p> <p>December 31, 2019</p> <p>Within one week of the drill, but no later than June 30, 2020</p>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
6	<p>Communications:</p> <p>6.1) Participate in at least one risk communications webinar hosted by DOH. Webinars will be offered twice; one in the first half of the budget period and one in the second half of the budget period.</p> <p>6.2) Participate in DOH Public Information Officer Workgroup.</p> <p>6.3) Participate in at least one risk communications drill conducted by DOH. Drill will occur via webinar, conference call, and email. Drill will test LHJ's ability to develop and disseminate key messages via social media, email to community partners, phone trees, newsletters, and other means preferred by the LHJ.</p> <p>6.4) Produce an after-action report (AAR) evaluating LHJ participation in the drill.</p> <p>6.4) Conduct a hot wash evaluating LHJ participation in the drill.</p> <p>6.5) Participation in a real-world incident will satisfy the need to participate in a communications drill.</p>		<p>Submit mid-year and end of year progress reports.</p> <p>Submit messaging used to inform the public during drills, including a summary of how communication tools were used.</p> <p>Submit-After-Action-Reports (AARs). Submit documentation of items identified in hot wash in mid-year and end of year reports.</p> <p>Submit documentation of participation in incident including communication methods and tools used. Submit AAR.</p> <p>Submit mid-year and end of year progress reports.</p> <p>Submit updated plan to request, receive and dispense medical countermeasures.</p>	<p>December 31, 2019 and June 30, 2020</p> <p>Within 90 days of drill, but no later than June 30, 2020</p> <p>Within 90 days of the drill, but no later than June 30, 2020</p> <p>December 31, 2019 and June 30, 2020</p> <p>Within 90 days of the end of the incident, but no later than June 30, 2020</p> <p>December 31, 2019 and June 30, 2020</p> <p>June 30, 2020</p>	
7	<p>Non-CRI LHJs:</p> <p>Update plans to request, receive, and dispense medical countermeasures. Plans should include the addresses of all local public Points of Dispensing (PODs) (not including pharmacies or healthcare facilities), sources of public POD staffing, local receiving and pickup sites (Hubs) identified by the LHJ, and whether the LHJ intends to pick countermeasures from DOH.</p> <p>Note: LHJs are not required to maintain a HUB; LHJs may partner with other organizations to centralize distribution.</p>				

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
8	Provide immediate notification to the DOH Duty Officer at 360-888-0838 or hanalert@doh.wa.gov for all response incidents involving utilization of emergency response plans and structures.		Submit mid-year and end of year progress reports including documentation that notification to DOH was provided; or statement that no incident response occurred. Send notification to DOH Duty Officer.	December 31, 2019 and June 30, 2020 As soon as possible (performance measure target is within 60 minutes) Upon completion	
9	Produce and provide situation reports documenting LHJ activity to DOH during all incidents involving an emergency response or activation by the LHJ. Situation reports may be developed by the LHJ, or may be jurisdictional situation reports that include input from the LHJ.		Submit situation reports to DOH Duty Officer by email to HANALERT@doh.wa.gov . Submit mid-year and end of year progress reports to include situation reports demonstrating DOH was notified of incident response, or statement that no incident response occurred. Provide essential elements of information upon request.	December 31, 2019 and June 30, 2020 Upon request	
10	Provide Essential Elements of Information (EEl)s during incident response upon request by DOH. Note: DOH will convey requests for specific data elements (EEl)s to the LHJ during an incident.				
11	<i>Attend regional Health Care Coalition (HCC) district meetings as requested by HCC Lead and deemed appropriate by LHH.</i>		<i>Submit mid-year and end of year progress reports documenting participation in meetings.</i>	<i>December 31, 2019 and June 30, 2020</i>	
12	<i>Participate in development of Disaster Clinical Advisory Committee (DCAC) meetings as appropriate. May include identifying local clinical participants, attending meetings via webinar and reviewing planning efforts.</i>		<i>Submit mid-year and end of year progress reports documenting participation in DCAC.</i>	<i>December 31, 2019 and June 30, 2020</i>	
13	<i>Participate in at least one HCC drill and/or exercise to include, but not limited to: redundant communications, WATrac, Coalition Surge Test (CST), or other drills and exercises to support planning and response efforts inclusive of public health and/or ESFS.</i>		<i>Submit mid-year and end of year progress reports documenting participation in drills/exercises.</i>	<i>December 31, 2019 and June 30, 2020</i>	
14	<i>Actively participate in discussions pertaining to Emergency Support Function #8 (ESF8) and HCC</i>		<i>Submit mid-year and end of year progress reports.</i>	<i>December 31, 2019 and June 30, 2020</i>	

AMENDMENT #12

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<i>roles and responsibilities, as requested by HCC Lead and deemed appropriate by LHJ.</i>				
15	<i>Participate in HCC planning process to update plans by reviewing coalition plans for alignment with local ESF8 plans.</i>		<i>Submit mid-year and end of year progress reports.</i>	<i>December 31, 2019 and June 30, 2020</i>	
16	<i>Coordinate with HCC during responses involving healthcare organizations within your jurisdiction. If no response occurred, document that in mid-year and end of year progress reports.</i>		<i>Submit mid-year and end of year progress reports.</i>	<i>December 31, 2019 and June 30, 2020</i>	
11	<p>Regional Health Care Coalition (HCC), participate in:</p> <ul style="list-style-type: none"> - Regional HCC district meetings as requested by HCC Lead and deemed appropriate by LHJ. - Development of Disaster Clinical Advisory Committee (DCAC) meetings as appropriate. May include identifying local clinical participants, attending meetings via webinar and reviewing planning efforts. - At least one HCC drill and/or exercise to include, but not limited to: redundant communications, WATrac, Coalition Surge Test (CST), or other drills and exercises to support planning and response efforts inclusive of public health and/or Emergency Support Function 8: Public Health and Medical Services (ESF8). - Discussions pertaining to ESF8 and HCC roles and responsibilities, as requested by HCC Lead and deemed appropriate by LHJ. - Reviewing HCC plans for alignment with local ESF8 plans. - Coordination with HCC during responses involving healthcare organizations within your jurisdiction. If no response occurred, document that in mid-year and end of year progress reports. 		<i>Submit mid-year and end of year progress reports documenting activities.</i>	<i>December 31, 2019 and June 30, 2020</i>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>17 12</p>	<p>Participate in one or more exercises or real world incidents testing each of the following:</p> <ul style="list-style-type: none"> • The process for requesting and receiving resource support • The process for gaining and maintaining situational awareness of, at a minimum: <ul style="list-style-type: none"> ○ The functionality of critical public health operations ○ The functionality of critical healthcare facilities and the services they provide ○ The functionality of critical infrastructure serving public health and healthcare facilities (roads, water, sewer, power, communications) ○ Number of disease cases ○ Number of fatalities attributed to an incident ○ Development of an ESF8 situation report, or compilation of situational awareness information to be included in a County situation report ○ Emergency Operations Center (EOC) or Incident Command System (ICS) activation 		<p>Submit mid-year and end of year progress reports.</p> <p>Submit After Action Reviews (AARs) and Corrective Action Plan (CAP) for each drill/exercise/incident conducted or participated in.</p>	<p>December 31, 2019 and June 30, 2020</p> <p>Within 60 days of completion of exercise/incident, but no later than June 30, 2020</p>	
<p>18 13</p>	<p>Vulnerable populations:</p> <p>18.1) Update and maintain the All Hazards Plan to address vulnerable populations.</p> <p>18.2) Provide a procedure, checklist, job action sheet, or other document(s) that describe how the needs of vulnerable populations (especially those with access and functional needs) will be addressed during a response. The document(s) should also describe how the LHJ will engage directly with the affected populations during a response.</p> <p>18.3) Document the primary groups within the LHJ boundaries identified in <i>Centers for Disease Control and Prevention (CDC)</i>'s Social Vulnerability Index to inform public health response planning.</p>		<p>Submit mid-year and end of year progress reports.</p> <p>Submit updated sections of the All Hazards Plan.</p> <p>Submit procedure checklist, job action sheet or other documentation.</p> <p>Documentation of primary vulnerable population groups.</p>	<p>December 31, 2019 and June 30, 2020</p> <p>June 30, 2020</p> <p>June 30, 2020</p> <p>June 30, 2020</p>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
19 14	Update and maintain logistical support plans for individuals placed into isolation or quarantine (this need not include identification of quarantine facilities). Plans must meet requirements defined in Washington Administrative Code (WAC) 246.100.045.		Submit mid-year and end of year progress reports. Submit logistical isolation and quarantine plan.	December 31, 2019 and June 30, 2020 June 30, 2020	
20 15	Develop and maintain agreements with facilities within the region that could serve as an Alternate Care Facility (ACF) or a Federal Medical Station (FMS).		Submit mid-year and end of year progress reports. List of facilities and copies of current agreements.	December 31, 2019 and June 30, 2020 June 30, 2020	
21 16	Develop and maintain specific vendor lists for logistical support services for Alternate Care Facilities (ACFs) or Federal Medical Station (FMS) operations including at a minimum: <ul style="list-style-type: none"> • Biohazard/Waste Management • Feeding • Laundry • Communications • Sanitation 		Submit mid-year and end of year progress reports Vendor lists for the support services listed.	December 31, 2019 and June 30, 2020 December 31, 2019	
22 17	Update and maintain public health preparedness training and exercise plan.		Submit updated training and exercise plan.	December 31, 2019	
23 18	Complete an evaluation of your response capabilities based on a standard evaluation tool provided by DOH.		Document evaluation participation in the mid-year end of year progress reports.	December 31, 2019 June 30, 2020	
24 19	Produce a budget plan including a detailed 12-month spending plan demonstrating how the LHJ plans to spend the funds during this period of performance, using a budget template provided by DOH. Note: 20% of LHJ's annual allocation will be withheld until this requirement is met. Failure to meet this requirement may result in DOH redirecting funds from the LHJ.		Submit budget plan using DOH-provided template.	August 1, 2019	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Additional activities as requested by the LHJ:					
25 20	Provide consultation and grant support to Clallam and Jefferson Local Emergency Response Coordinators (LERCs) as requested. Provide consultation to DOH on behalf of Region 2 as requested.		Submit mid-year and end-of-year progress reports	December 31, 2019 and June 30, 2020	
26 21	Maintain county and regional public health emergency answering service and duty officer program. Costs will be pro-rated and shared equally with Kitsap Public Health District Emergency Preparedness, Community Health and Environmental Health programs.		Submit mid-year and end-of-year progress reports	December 31, 2019 and June 30, 2020	
27 22	Update County Pandemic Influenza Plan based on Center for Disease Control & Prevention guidance.		Submit mid-year and end of year progress reports Submit County Pandemic Influenza Plan.	December 31, 2019 and June 30, 2020 June 30, 2020	
28 23	Update County Emergency Support Function # 8 resource documents.		Submit mid-year and end of year progress reports Submit updated ESF 8 resource documents.	December 31, 2019 and June 30, 2020 June 30, 2020	
29 24	Review and update, as needed, LHJ's response plans, including: <ul style="list-style-type: none"> All Hazards Emergency Response Plan LHJ Continuity of Operations Plan LHJ Risk Communications Plan 		Submit mid-year and end of year progress reports Submit updated plans.	December 31, 2019 and June 30, 2020 June 30, 2020	

***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

Any subcontract/s must be approved by DOH prior to executing the contract/s.

Deliverables are to be submitted to the ConCon deliverables mailbox at conconde@liverables@doh.wa.gov

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

Please reference the Code of Federal Regulations:

https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=I&SID=58ffddb5363a27f26e9d12ceec462549&ty=HTML&h=L&mc=true&r=PART&n=pt2.1.200#se2.1.200_1439

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