

**KITSAP PUBLIC HEALTH DISTRICT  
2022-2024 CONSOLIDATED CONTRACT**

**CONTRACT NUMBER: CLH31014**

**AMENDMENT NUMBER: 10**

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as “DOH”, and KITSAP PUBLIC HEALTH DISTRICT, a Local Health Jurisdiction, 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, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:  
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitepages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>

- Adds Statements of Work for the following programs:  
 TB Program - Effective July 1, 2022
- Amends Statements of Work for the following programs:  
 Age-Friendly Public Health Systems (AFPHS) Learning & Action Network - Effective February 1, 2022  
 HIV Client Services-HOPWA - Effective July 1, 2022  
 Infectious Disease Care & Prevention (IDCP) - Effective January 1, 2022  
 Infectious Disease Care & Prevention - Effective July 1, 2022  
 Injury & Violence Prevention Overdose Data to Action - Effective September 1, 2022  
 Office of Drinking Water Group B Programs - Effective January 1, 2022  
 Office of Immunization COVID-19 Vaccine - Effective January 1, 2022

Deletes Statements of Work for the following programs:

2. Exhibit B-10 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-9 Allocations as follows:

- Increase of **\$90,795** for a revised maximum consideration of **\$11,981,934**.
- Decrease of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_\_.
- No change in the maximum consideration of \_\_\_\_\_.  
 Exhibit B Allocations are attached only for informational purposes.

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
Signature: <i>Kath Grubbs</i>	Signature: <i>Brenda Henriksen</i> <small>Brenda Henriksen (Feb 8, 2023 01:37 PST)</small>
Date: Feb 7, 2023	Date: Feb 8, 2023

APPROVED AS TO FORM ONLY  
Assistant Attorney General

Indirect Rate January 1, 2022-December 31, 2022: 37.96% Admin & Facilities; 37.96% Community Hlth Pgms (inc. Admin) & 39.47% Environmental Hlth Pgms (inc. Admin)

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work		DOH Use Only		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period		Chart of Accounts Funding Period				
					Start Date	End Date	Start Date	End Date			
FFY23 IAR SNAP Ed Prog Mgnt-Region 5	NGA Not Received	Amd 9	10.561	333.10.56	10/01/22	09/30/23	10/01/22	09/30/23	\$115,813	\$115,813	\$213,829
FFY22 IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 7	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	(\$19,204)	\$98,016	
FFY22 IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 4	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	\$12,723		
FFY22 IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 1	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	\$104,497		
Hous. Opp. for Ppl w/AIDS CARES COVID-19	WA-H2001W074	Amd 4	14.241	333.14.24	01/01/22	06/30/23	01/01/22	06/30/23	\$11,418	\$11,418	\$11,418
<b>FFY22 Housing People with AIDS Formula</b>	<b>WAH21-F999</b>	<b>Amd 10</b>	<b>14.241</b>	<b>333.14.24</b>	<b>10/01/22</b>	<b>06/30/23</b>	<b>09/12/22</b>	<b>06/30/23</b>	<b>\$103,989</b>	<b>\$103,989</b>	<b>\$211,168</b>
<b>FFY21 Housing People with AIDS Formula</b>	<b>WAH21-F999</b>	<b>Amd 10</b>	<b>14.241</b>	<b>333.14.24</b>	<b>07/01/22</b>	<b>06/30/23</b>	<b>07/01/20</b>	<b>06/30/23</b>	<b>(\$103,989)</b>	<b>\$27,229</b>	
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 5	14.241	333.14.24	07/01/22	06/30/23	07/01/20	06/30/23	\$131,218		
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 4	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$28,622	\$49,215	
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 2	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$20,593		
FFY20 Housing People with AIDS Formula	WAH20-F999	Amd 4	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$4,045	\$30,735	
FFY20 Housing People with AIDS Formula	WAH20-F999	Amd 1	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$26,690		
FFY22 Swimming Beach Act Grant IAR (ECY)	NGA Not Received	Amd 2	66.472	333.66.47	03/01/22	10/31/22	01/01/22	11/30/22	\$25,000	\$25,000	\$25,000
FFY22 PHEP BP4 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$295,345	\$295,345	\$495,235
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/21	06/30/23	\$4,176	\$4,176	
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/23	\$195,714	\$195,714	
<b>FFY22 TB Uniting for Ukraine Supp</b>	<b>NGA Not Received</b>	<b>Amd 10</b>	<b>93.116</b>	<b>333.93.11</b>	<b>07/01/22</b>	<b>12/31/22</b>	<b>05/21/22</b>	<b>12/31/22</b>	<b>\$7,500</b>	<b>\$7,500</b>	<b>\$7,500</b>
<b>FFY22 Overdose Data to Action Prev</b>	<b>NGA Not Received</b>	<b>Amd 10</b>	<b>93.136</b>	<b>333.93.13</b>	<b>09/01/22</b>	<b>08/31/23</b>	<b>09/01/22</b>	<b>08/31/23</b>	<b>\$57,417</b>	<b>\$107,417</b>	<b>\$127,324</b>
FFY22 Overdose Data to Action Prev	NGA Not Received	Amd 7	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$50,000		
FFY21 Overdose Data to Action Prev	NU17CE925007	Amd 3	93.136	333.93.13	01/01/22	08/31/22	09/01/21	08/31/22	\$19,907	\$19,907	
COVID19 Vaccines	NH23IP922619	Amd 7	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$283,424	\$283,424	\$283,424
COVID19 Vaccines R4	NH23IP922619	Amd 5	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$5,000	\$1,032,214	\$1,032,214
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$1,027,214		
FFY23 PPHF Ops	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$2,500	\$2,500	\$4,459
FFY22 PPHF Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$1,959	\$1,959	
FFY23 VFC IQIP	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$27,588	\$27,588	\$27,588
FFY23 VFC Ops	NH23IP922619	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$16,134	\$16,134	\$29,004
FFY22 VFC Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$12,870	\$12,870	
FFY19 COVID CARES	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	04/22/22	04/23/20	07/31/24	\$314,824	\$314,824	\$314,824

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Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work LHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 7	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	(\$989,616)	\$155,419	\$155,419
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	\$1,145,035		
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 7, 9	93.323	333.93.32	01/01/22	07/31/23	01/15/21	07/31/24	(\$199,494)	\$2,720,344	\$2,720,344
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2, 9	93.323	333.93.32	01/01/22	07/31/23	01/15/21	07/31/24	\$2,919,838		
FFY21 SHARP HAI ELC	NGA Not Received	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	\$192,500	\$192,500	\$192,500
FFY22 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 5, 9	93.387	333.93.38	04/29/22	04/28/23	04/29/22	04/28/23	\$24,482	\$24,482	\$48,964
FFY21 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 2	93.387	333.93.38	01/01/22	04/28/22	04/29/21	04/28/22	\$24,482	\$24,482	
FFY22 Phys Actvty & Nutrition Prog	NGA Not Received	Amd 7	93.439	333.93.43	09/30/22	09/29/23	09/30/22	09/29/23	\$80,000	\$80,000	\$147,000
FFY21 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 7	93.439	333.93.43	01/01/22	09/29/22	09/30/21	09/29/22	\$15,000	\$67,000	
FFY21 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 1	93.439	333.93.43	01/01/22	09/29/22	09/30/21	09/29/22	\$52,000		
FFY23 MCHBG LHJ Contracts	NGA Not Received	Amd 7	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$159,854	\$159,854	\$294,435
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$14,691	\$134,581	
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$119,890		
<b>GFS-Group B (FO-SW)</b>		<b>Amd 10</b>	<b>N/A</b>	<b>334.04.90</b>	<b>01/01/23</b>	<b>06/30/23</b>	<b>07/01/22</b>	<b>06/30/23</b>	<b>\$25,878</b>	<b>\$25,878</b>	<b>\$51,755</b>
GFS-Group B (FO-SW)		Amd 1	N/A	334.04.90	01/01/22	06/30/22	07/01/21	06/30/22	\$25,877	\$25,877	
State Drug User Health Program		Amd 7	N/A	334.04.91	07/01/22	06/30/23	07/01/21	06/30/23	(\$40,000)	\$0	\$20,000
State Drug User Health Program		Amd 5	N/A	334.04.91	07/01/22	06/30/23	07/01/21	06/30/23	\$40,000		
State Drug User Health Program		Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	\$20,000	\$20,000	
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	\$20,000	\$20,000	\$20,000
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$15,000	\$15,000	\$37,500
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$22,500	\$22,500	
SFY23 Dedicated Cannabis Account		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$247,509	\$247,509	\$247,509
SFY22 Marijuana Education		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$132,277	\$132,277	\$139,848
SFY22 Marijuana Education		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$7,571	\$7,571	
SFY23 Tobacco Prevention Proviso		Amd 7, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$4,000	\$194,000	\$194,000
SFY23 Tobacco Prevention Proviso		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$190,000		
SFY23 Youth Tobacco Vapor Products		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$38,402	\$38,402	\$65,704
SFY22 Youth Tobacco Vapor Products		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$27,302	\$27,302	

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Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work		DOH Use Only		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date			
Wastewater Management-GFS		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$30,000	\$30,000	\$30,000
HIV Local Proviso-RW Grant Year 2023		Amd 5	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	\$30,814	\$30,814	\$185,184
HIV Local Proviso-RW Grant Year 2022		Amd 5	N/A	334.04.98	07/01/22	03/31/23	04/01/22	03/31/23	\$92,442	\$92,442	
<b>HIV Local Proviso-RW Grant Year 2022</b>		<b>Amd 10</b>	<b>N/A</b>	<b>334.04.98</b>	<b>04/01/22</b>	<b>06/30/22</b>	<b>04/01/22</b>	<b>03/31/23</b>	<b>(\$19,580)</b>	<b>\$21,174</b>	
HIV Local Proviso-RW Grant Year 2022		Amd 2	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$19,880		
HIV Local Proviso-RW Grant Year 2022		Amd 1	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$20,874		
HIV Local Proviso-RW Grant Year 2021		Amd 2	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$19,880	\$40,754	
HIV Local Proviso-RW Grant Year 2021		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$20,874		
RW FFY23 Grant Year Local (Rebate)		Amd 7	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	\$9,940	\$126,086	\$804,785
RW FFY23 Grant Year Local (Rebate)		Amd 5	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	\$116,146		
RW FFY22 Grant Year Local (Rebate)		Amd 7	N/A	334.04.98	07/01/22	03/31/23	04/01/22	03/31/23	\$29,820	\$378,258	
RW FFY22 Grant Year Local (Rebate)		Amd 5	N/A	334.04.98	07/01/22	03/31/23	04/01/22	03/31/23	\$348,438		
<b>RW FFY22 Grant Year Local (Rebate)</b>		<b>Amd 10</b>	<b>N/A</b>	<b>334.04.98</b>	<b>04/01/22</b>	<b>06/30/22</b>	<b>04/01/22</b>	<b>03/31/23</b>	<b>\$19,580</b>	<b>\$135,726</b>	
RW FFY22 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$116,146		
RW FFY21 Grant Year Local (Rebate)		Amd 2	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$48,569	\$164,715	
RW FFY21 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$116,146		
YR3 TFAH-Trust for America's Health		Amd 2, <b>10</b>	N/A	334.04.98	10/01/22	<b>03/31/23</b>	10/01/22	09/30/23	\$5,400	\$5,400	\$10,000
YR2 TFAH-Trust for America's Health		Amd 2	N/A	334.04.98	02/01/22	09/30/22	10/01/21	09/30/22	\$4,600	\$4,600	
FPHS-LHJ-Proviso (YR2)		Amd 6	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$2,469,000	\$2,469,000	\$3,814,000
FPHS-LHJ-Proviso (YR2)		Amd 7	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	(\$1,345,000)	\$0	
FPHS-LHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$1,345,000		
FPHS-LHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$1,345,000	\$1,345,000	
YR24 SRF - Local Asst (15%) (FO-SW) SS		Amd 7	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$1,500	\$19,000	\$19,000
YR24 SRF - Local Asst (15%) (FO-SW) SS		Amd 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$17,500		
YR24 SRF - Local Asst (15%) (FO-SW) TA		Amd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$1,000	\$1,000	\$1,000
<b>TOTAL</b>									<b>\$11,981,934</b>	<b>\$11,981,934</b>	
<b>Total consideration:</b>				<b>\$11,891,139</b>						<b>GRAND TOTAL</b>	<b>\$11,981,934</b>
				<b>\$90,795</b>							
<b>GRAND TOTAL</b>				<b>\$11,981,934</b>						<b>Total Fed</b>	<b>\$6,341,649</b>
										<b>Total State</b>	<b>\$5,640,285</b>

\*Catalog of Federal Domestic Assistance

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

**Exhibit A  
Statement of Work  
Contract Term: 2022-2024**

**DOH Program Name or Title:** Age-Friendly Public Health Systems (AFPHS) Learning & Action Network - Effective February 1, 2022

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

**SOW Type:** Revision      **Revision # (for this SOW)** 3

**Period of Performance:** February 1, 2022 through March 31, 2023

<b>Funding Source</b> <input type="checkbox"/> Federal <Select One> <input type="checkbox"/> State <input checked="" type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** To support local health jurisdictions (LHJs) to explore and expand their roles to address the health needs of older adults in their community through participating in the AFPHS Learning and Action Network and completing the tasks listed in the Statement of Work.

**Revision Purpose:** The purpose of this revision is to extend the period of performance and YR2 funding from 3/1/23 to 3/31/23 to allow for in-person convening under task # 6.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change None	Total Allocation
				Start Date	End Date			
YR2 TFAH-Trust for America's Health	98117002	N/A	334.04.98	02/01/22	09/30/22	4,600	0	4,600
YR3 TFAH-Trust for America's Health	98117003	N/A	334.04.98	10/01/22	03/31/23	5,400	0	5,400
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>10,000</b>	<b>0</b>	<b>10,000</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Participate in Age-Friendly Public Health Systems (AFPHS) Learning and Action Network calls that will last 1—2 hours	Designated project lead or their back-up contact actively participate in monthly calls.	The following are the dates of the calls in 2022: 2/1, 3/2, 4/12, 6/14, 8/23, 10/18 & 12/13	Total for attending all these meetings -\$1,200. Billing directions: For 2/1/22 & 3/2/22-\$100 per meeting. For 4/12, 6/14, 8/23, 10/18 & 12/13/22-\$200 per meeting.
2	Participate in at least 12 of the AFPHS Trust for America’s Health (TFAH) monthly webinar trainings-either live or recorded versions.	Attend and/or listen to at least 12 of the TFAH AFPHS monthly one-hour webinar trainings and include the names of the training webinars either attended and/or	Final report due by 3/1/23	\$1,200

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		listened to in a written final report template to be provided by DOH.		
3	Develop county specific AFPHS Action Plan with Area Agency on Aging, utilizing the data from the Older Adult Health County Profiles. The plan should include at least one activity that falls within the AFPHS 6C's framework.	Prior to finalization of the plan, review Draft plan with DOH and TFAH, via a virtual meeting. The meeting should take place by 3/17/22. Submit an electronic copy or a hyperlink to the finalized plan.	Finalize plan by 3/31/22	\$1,000
4	Implement at least one activity that falls within the AFPHS 6Cs Framework. Examples are included in the <a href="#">application for this funding</a> and additional ideas can be discussed with TFAH and DOH.	Begin to implement the 6C or 6C's listed in AFPHS Action Plan.	9/30/22	\$500 must be billed by 9/30/22
		Complete the AFPHS 6C's framework activity. This activity is documented in the county specific AFPHS Action Plan.	2/17/23	\$500 must be billed at the completion of the 6C or 6C's listed in the county specific AFPHS Action Plan
5	Provide content specific to healthy aging, brain health, and Alzheimer's disease/dementia on agency website, including links to national, state, and local resources.	Healthy aging, brain health, and Alzheimer's disease/dementia content is available on LHJ's website and includes links to national, state, and local resources.	Content available on website June 1, 2022 through August 31, 2022	\$500
6	Attend one 6-hour convening	Attend convening-when safe to travel meeting in Olympia. If not safe to travel convenings will be held virtually.	TBD - Travel costs will be covered via additional grant funding-not out of this contract funds.	Payment is for staff time to attend convening: \$500. Payment for attending the in-person convening must be billed after 10/1/22.
		Spend time reviewing resources about and/or related to AFPHS work. No specific deliverable is due for the capacity building-it is assumed as part of this work	Capacity building-before 9/30/22	The \$500 payment for capacity building must be billed prior to 9/30/22.
7	Implement and complete items in AFPHS Action Plan	Report on completion of AFPHS Action Plan in final report.	2/17/23	\$2,500
8	Complete five-month update	Two five-month updates.	6/30/22 & 11/30/22	\$500 per report (2x\$500 totaling \$1000)
9	Final Report	Final report Template to be provided by DOH.	3/1/23	\$600

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### **Program Specific Requirements**

**Special Requirements:**

- Grant funds **may be** used for project staff salaries, supplies, project-related (local) travel, subcontracts, community convenings, and other direct expenses. Funding can be used towards the cost of implementing the AFPHS Action Plan. For example, if there are costs associated with renting space to meet or if food is needed for in-person group meetings.

**Staffing Requirements:** Designate project lead and a back-up contact

**Restrictions on Funds (i.e., disallowed expenses or activities, indirect costs, etc.):**

- Grant funds **may not** be used to substitute for or replace funds already allocated or spent for the same activity; or for equipment, construction or renovation of facilities, lobbying, travel unrelated to the project, or as a substitute for funds currently being used to support similar activities.

**Definitions:** TFAH stands for Trust for America’s Health. AFPHS stands for Age-Friendly Public Health Systems.

**Other:**

- Travel to Olympia or another location for AFPHS Learning and Action Network convening(s) is required and will be reimbursed separately, based on [WA State Per Diem Rates](#) and will include mileage and per diem for meals and hotel. This will be reimbursed separately for one participant from the LHJ and AAA per county team. In-person convenings will take place once it is safe to do so; until then convenings will take place virtually, due to COVID-19. There will be up to two in-person convenings depending on travel restrictions due to COVID-19.

**Exhibit A  
Statement of Work  
Contract Term: 2022-2024**

**DOH Program Name or Title:** HIV Client Services-HOPWA - Effective July 1, 2022

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

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

**Period of Performance:** October 1, 2022 through June 30, 2023

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <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 provide funding to help the housing needs of persons with human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) or related diseases and their families.

**Revision Purpose:** The purpose of this revision is to break out funding between the 2021 and 2022 HOPWA Formula Grant. There were no other changes to this statement of work.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change None	Total Allocation
				Start Date	End Date			
FFY21 HOUSING-PEOPLE W/AIDS FORMULA	12660221	14.241	333.14.24	07/01/22	06/30/23	131,218	-103,989	27,229
FFY22 HOUSING-PEOPLE W/AIDS FORMULA	12660222	14.251	333.14.24	10/01/22	06/30/23	0	103,989	103,989
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>131,218</b>	<b>0</b>	<b>131,218</b>

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
1	<p>Provide funding to help the housing needs of persons with HIV/AIDS or related diseases and their families.</p> <p>The outcome of this performance-based grant is safe, affordable and stable housing for the clients of the Housing Opportunities for Persons with AIDS (HOPWA) Program.</p> <p>Services are restricted to households with at least one person who has HIV/AIDS</p>	<p>-Perform prompt housing inspections.</p> <p>-Make prompt rent and deposit payments to landlords and make utility payments to utility companies.</p> <p>-Develop housing plans for clients receiving housing assistance [Short-Term Rent, Mortgage and Utility (STRMU), Tenant-Based Rental Assistance (TBRA), and Facility Based Housing] and update housing plans at least annually.</p> <p>-Provide or refer eligible clients to supportive services and permanent housing placement when appropriate.</p> <p>-Prepare and submit monthly invoice vouchers by the 25th of the month following provision of services, except in July, when it is due on the 10<sup>th</sup> of the month.</p>	<p>Required reports are to be submitted in a timely manner.</p> <p>DOH may delay payment until the reports are received or recapture unclaimed funds.</p>	<p><b>MI 12660221 (effective 7/1/22)</b></p> <p><b>Administrative:</b> <del>\$1,781.29</del> <del>\$8,584</del></p> <p><b>Support Services:</b> <del>\$1,132.88</del> <del>\$5,000</del></p> <p><b>STRMU:</b> <del>\$6,730.17</del> <del>\$26,250</del></p>



Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
	and whose total household income is less than 80% of the Area Median Income (AMI) as defined by Housing and Urban Development (HUD).	-Submission of Consolidated Annual Performance Report (CAPER) by August 10. -Submission of Monitor responses by the due date requested.		<p><del>Permanent Housing Placement: \$0</del></p> <p><b>Tenant Based Rental Assistance:</b>  <i>\$17,583.97 \$91,384</i></p> <p><del>Housing Information Services: \$0</del></p> <p><b>TOTAL: \$27,228.31</b>  <b>\$131,218</b></p> <p><i>MI 12660222 (effective 10/1/22)</i>  <b>Administrative:</b>  <i>\$6,802.71</i></p> <p><b>Support Services:</b>  <i>\$3867.12</i></p> <p><b>STRMU: \$19,519.83</b></p> <p><b>Tenant Based Rental Assistance:</b>  <i>\$73,800.03</i></p> <p><b>TOTAL: \$103,989.69</b></p>

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**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 Unique Entity Identifier (UEI) generated by SAM.gov. 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**

The outcome of this performance-based grant is safe, affordable and stable housing for the clients of the HOPWA Program. LHJ shall provide the following inputs:

- Staff who provide services described in this Statement of Work (SOW)

**Compensation and Payment:**

- i) The LHJ shall submit all claims for payment for costs due and payable under this SOW and incurred during this period by **July 31, 2023**. 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 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 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 25<sup>th</sup> of the following month.**
  - (1) The LHJ shall use and adhere to the DOH Infectious Disease Reimbursement Guidelines and Forms when submitting A19 invoice voucher 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.  
E-mail invoices to: [ID.Operations@doh.wa.gov](mailto:ID.Operations@doh.wa.gov)  
Payment to LHJ: The LHJ will be reimbursed the amount for payments listed on the monthly invoice voucher upon receipt and approval of the required reports submitted by the due dates listed.

**Contract Modifications:**

- (1) **Notice of Change in Services** – LHJ shall notify DOH program staff, within 45 days, if any situations arise that may impede provision of the services contained in this Statement of Work. DOH and LHJ will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of noncompliance.
- (2) **Contract Amendments – Effective Date** – LHJ shall not begin providing the services authorized by a contract amendment until such time as LHJ has received a signed, fully executed copy of the contract amendment from DOH.

**Confidentiality Requirements:**

LHJ must preserve the confidentiality of the clients they serve pursuant to the Washington Administrative Code (WAC) and the Revised Code of Washington (RCW). Failure to maintain client confidentiality could result in civil or legal litigation against employees or agencies per the WAC and RCW.

**Category One: Contractors 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\*. Proof of LHJ meeting these requirements may be requested during a site visit or audit. To meet the requirements LHJ must have the following in place:

- Clearly written agency policies regarding confidentiality and security of records;
- Appropriate physical and electronic security measures to prevent unauthorized disclosures;
- Signed statements of confidentiality and security for the staff member hired under this agreement who has access to sensitive information, either through access to files or through direct contact with clients. This statement will be on file at LHJ’s office and updated yearly; and
- Appropriate confidentiality training provided to the staff member hired under this agreement with records of attendance.

Technical assistance is available through the Washington State Department of Health.

\* 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.

**Exhibit A  
Statement of Work  
Contract Term: 2022-2024**

**DOH Program Name or Title:** Infectious Disease Care & Prevention (IDCP) - Effective January 1, 2022

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

**SOW Type:** Revision      **Revision # (for this SOW)** 3

**Period of Performance:** January 1, 2022 through June 30, 2022

<b>Funding Source</b> <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <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 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 comprehensive Syringe Service Program (SSP) to people who use drugs (PWUD).

**Revision Purpose:** The purpose of this revision is to move funds from HIV LOCAL PROVISO-RW GRANT YEAR 2022 to FFY22 RW GRANT YEAR LOCAL (REBATE) to allow for payment of the June invoice.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change None	Total Allocation
				Start Date	End Date			
FFY21 RW GRANT YEAR LOCAL (REBATE)	1261851C	N/A	334.04.98	01/01/22	03/31/22	164,715	0	164,715
FFY22 RW GRANT YEAR LOCAL (REBATE)	1261852C	N/A	334.04.98	04/01/22	06/30/22	116,146	19,580	135,726
STATE DRUG USER HEALTH PROGRAM	12405100	N/A	334.04.91	01/01/22	06/30/22	20,000	0	20,000
HIV LOCAL PROVISO - RW GRANT YEAR 2021	12618511	N/A	334.04.98	01/01/22	03/31/22	40,754	0	40,754
HIV LOCAL PROVISO - RW GRANT YEAR 2022	12618521	N/A	334.04.98	04/01/22	06/30/22	40,754	-19,580	21,174
						0	0	0
<b>TOTALS</b>						<b>382,369</b>	<b>0</b>	<b>382,369</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>Drug User Health</b>				
Syringe Service Program (SSP)	<b>Syringe Service Program (SSP):</b> 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 supplies and syringes to prevent transmission of disease. SSP will offer	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.	<b>\$20,000 – MI 12405100 – State Drug User Health</b>  \$20,000 for 1/1/22-6/30/22

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	referrals to address social determinants of health.			
<b>HIV Community Services - Care</b>				
Outreach Services – Peer Navigation	<p>Outreach Services provide the following activities: 1) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services and/or medical care, 2) referral to appropriate supportive services.</p> <p>Outreach Services provided to an individual or in small group settings cannot be delivered anonymously, as some information is needed to facilitate any necessary follow-up and care.</p>	Agency must enter data into the approved DOH data system for each consumer receiving Outreach Services within 48 business hours from the time of Client Intake.	Agency must adhere to DOH ID Reporting Requirements	<p><b>\$21,174– MI 12618511 – Local Proviso</b></p> <p>\$21,174 for 1/1/22-3/31/22</p> <p><b>\$21,174 – MI 12618521 – Local Proviso</b></p> <p>\$21,174 for 4/1/22-6/30/22</p>
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.	<p>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.</p> <p>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</p> <p>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.</p> <p>Deliverables for this reporting period have been identified and</p>	Agency must adhere to DOH ID Reporting Requirements	<p><b>\$172,703 – MI 1261851C – Local Rebates</b></p> <p>\$172,703 for 1/1/22-3/31/22</p> <p><b>\$125,391– MI 1261852C – Local Rebates</b></p> <p>\$125,391 for 4/1/22-6/30/22</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		can be referenced in LHJ's Quarterly Report Grid.		
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.	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	<p><b>\$1,377– MI 1261851C – Local Rebates</b></p> <p>\$1,377 for 1/1/22-3/31/22</p> <p><b>\$1,125 – MI 1261852C – Local Rebates</b></p> <p>\$1,125 for 4/1/22-6/30/22</p>
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	<p><b>\$4,012– MI 1261851C – Local Rebates</b></p> <p>\$4,012 for 1/1/22-3/31/22</p> <p><b>\$800 – MI 1261852C – Local Rebates</b></p> <p>\$800 for 4/1/22-6/30/22</p>
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	<p><b>\$2,873– MI 1261851C – Local Rebates</b></p> <p>\$2,873 for 1/1/22-3/31/22</p> <p><b>\$5,080– MI 1261852C – Local Rebates</b></p> <p>\$5,080 for 4/1/22-6/30/22</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Emergency Financial Assistance	<p>Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.</p> <p><b>Please note:</b> Any service(s) costing greater than \$1000.00 must be pre-approved by DOH.</p>	<p>Agency must enter data into the approved DOH data system for each consumer receiving Emergency Financial Assistance within 48 business hours from the time of Client Intake.</p> <p><b>Please note:</b> This task requires client level data to be entered into Provide</p>	Agency must adhere to DOH ID Reporting Requirements	<p><b>\$0 – MI 1261851C – Local Rebates</b></p> <p>\$0 for 1/1/22-3/31/22</p> <p><b>\$0 – MI 1261852C – Local Rebates</b></p> <p>\$0 for 4/1/22-6/30/22</p>
HIV Clinical Quality Management (CQM)/Improvement	<p>CQM activities should be continuous and fit within and support the framework of improving client care, health outcomes, and client satisfaction.</p> <p>Assesses the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines (otherwise known as the HHS guidelines) for the treatment of HIV disease and related opportunistic infections; and Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services.</p> <p>Performance measurement prioritization and alignment with other RWHAP Parts in the service area.</p> <p>Data extraction for clinical quality management purposes (collect, aggregate, analyze, and report on measurement data)</p>	<p>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 Management Team.</p> <p>Deliverables for this reporting period have been identified and can be referenced in the Quality Management Plan.</p>	Agency must adhere to DOH ID Reporting Requirements	<p><b>\$3,330 – MI 1261851C – Local Rebates</b></p> <p>\$3,330 for 1/1/22-3/31/22</p> <p><b>\$3,330 – MI 1261852C – Local Rebates</b></p> <p>\$3,330 for 4/1/22-6/30/22</p>

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## **Program Specific Requirements/Narrative**

### **1. Definitions**

CONTRACTOR – LHJ 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 the HCS Manual for more information.

**3. Title XIX HIV Medical Case Management** – Reference the HCS Manual for more information.

**4. Quality Management/Improvement Activities** – Reference the HCS Manual for more information.

**5. HIV Statewide Data System** – Reference the HCS Manual for more information.

### **6. HIV and STD Testing Services**

- a. HIV testing services must follow DOH and CDC guidance for HIV testing.
- b. Persons with a reactive test result must be provided with partner services (PS) that follow current CDC and WA DOH guidelines for HIV/STD/HCV partner services. CONTRACTOR must refer newly identified HIV infected persons to the local health jurisdiction for PS within three (3) business days of a positive result.
- c. Any funds generated from charging clients for HIV testing must be used to support or enhance HIV prevention activities.
- d. HIV test kits and controls should be procured through DOH.
- e. 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.
- 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. Testing for infections other than HIV is not to be performed anonymously.
- g. In the event of a standalone HIV test, if STD testing is available at the agency, the reason for no accompanying STD test must be documented. If the agency does not offer STD or HCV testing, a referral for STD and HCV testing must be documented.
- h. 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.
- i. CONTRACTOR will ensure that sufficient staff is available to perform HIV testing using capillary and venous draws.

**7. PAHR Services** – Reference page 26 in the HCS Manual. Deliverables grid will have identified contract.

- a. PAHR Services programs must follow FY21 PAHR Services Implementation Guidelines.
- b. All PAHR Services data should be tracked through Provide unless written exception is approved.
- c. Minimum PAHR Services data elements should be collected by all agencies funded to provide PAHR Services. These data elements may be referenced in FY21 PAHR Services Implementation Guidelines.

**8. Reporting Requirements** – Reference the HCS Manual for more information.

**9. Participation in Capacity Building and Technical Assistance Activities designed to increase efficacy of HIV Community Services**

Capacity building is the process by which individuals and organizations obtain, improve, and retain the skills, knowledge, tools, equipment, and other resources needed to do their jobs competently. It allows individuals and organizations to perform at a greater capacity.

**10. Training Requirements** – Reference the HCS Manual for more information.

**11. Participation in Washington State’s HIV Planning Process** - Reference the HCS Manual for more information.

**12. Contract Management** – Reference the HCS Manual for more information.

**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, 2022. 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 25<sup>th</sup> of the following month.**
- iv) **Advance Payments Prohibited** – Reference the HCS Manual for more information.
- v) **Payer of Last Resort** – Reference the HCS Manual for more information.
- vi) **Cost of Services** – Reference the HCS Manual for more information.
- 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** – CONTRACTOR shall not expend contract funds to support needle exchange programs using funds from HIV Community Services Tasks.
- 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.



- xi) **Small and Attractive items** – Each agency shall perform a risk assessment (both financial and operational) on the agency’s assets to identify those assets that are particularly at risk or vulnerable to loss. Operational risks include risks associated with data security on mobile or portable computing devices that store or have access to state data. Assets so identified that fall below the state’s capitalization policy are considered small and attractive assets. Agency shall develop written internal policies for managing small and attractive assets. Internal policies should take into consideration the Office of the Chief Information Officer (OCIO) IT Security Standard 141 Section 5.8 Mobile Computing and Section 8.3 Media Handling and Disposal at <https://ocio.wa.gov/policies>.

The agency shall implement specific measures to control small and attractive assets in order to minimize identified risks. Periodically, the agency should perform a follow up risk assessment to determine if the additional controls implemented are effective in managing the identified risks.

Agency must include, at a minimum, the following assets with unit costs of \$300 or more:

- 1) Laptops and Notebook Computers
- 2) Tablets and Smart Phones

Agencies must also include the following assets with unit costs of \$1,000 or more:

- 1) Optical Devices, Binoculars, Telescopes, Infrared Viewers, and Rangefinders
- 2) Cameras and Photographic Projection Equipment
- 3) Desktop Computers (PCs)
- 4) Television Sets, DVD Players, Blu-ray Players, and Video Cameras (home type)

- xii) **Food and Refreshments** - Food and refreshments are not allowable direct costs, unless provided in conjunction with allowable meetings, whose primary purpose is the dissemination of technical information. Pre-approval is required when food and refreshments are purchased for these meetings. A sign in sheet with the clients ID number from the DOH approved data system as well as an agenda is required in order to receive reimbursement for these charges.

Food for staff meetings/trainings is not allowable.

**PLEASE NOTE:** If meals/refreshments are purchased for lunch and learns or other allowable meetings, food can only be purchased for the clients only at per diem. Any expenses over per diem will be denied

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.
- ii) **Contract Amendments** – Effective Date – The CONTRACTOR shall not begin providing the services authorized by a contract amendment until the CONTRACTOR has received a signed, fully executed copy of the contract amendment from DOH.

c. **Subcontracting**

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

d. **Written Agreements**

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 47841, Olympia, WA 98504-7841  
Phone: (360) 236-3579/Fax: (360) 664-2216  
Email: [Michael.Barnes@doh.wa.gov](mailto: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 the HCS Manual for more information.

### 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>

\*\*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)

**Exhibit A  
Statement of Work  
Contract Term: 2022-2024**

**DOH Program Name or Title:** Infectious Disease Care & Prevention - Effective July 1, 2022

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

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

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

**Period of Performance:** July 1, 2022 through June 30, 2023

**Statement of Work Purpose:** The purpose of this statement of work is to provide client-centered activities that improving health outcomes in support of the HIV care continuum.

**Revision Purpose:** Update MI Codes and reallocate funding in tasks and update deliverable/outcome language.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY22 RW GRANT YEAR LOCAL (REBATE)	1261852C	N/A	334.04.98	07/01/22	03/31/23	378,258	0	378,258
FFY23 RW GRANT YEAR LOCAL (REBATE)	1261853C	N/A	334.04.98	04/01/23	06/30/23	126,086	0	126,086
HIV LOCAL PROVISIO - RW GRANT YEAR 2022	12618521	N/A	334.04.98	07/01/22	03/31/23	92,442	0	92,442
HIV LOCAL PROVISIO - RW GRANT YEAR 2023	12618531	N/A	334.04.98	04/01/23	06/30/23	30,814	0	30,814
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>627,600</b>	<b>0</b>	<b>627,600</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>HIV Community Services - Care</b>				
Outreach Services – Peer Navigation	<p>Outreach Services provide the following activities: 1) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services and/or medical care, 2) referral to appropriate supportive services.</p> <p>Outreach Services provided to an individual or in small group settings cannot be delivered anonymously, as some information is needed to facilitate any necessary follow-up and care.</p>	<p>Agency must enter data into the approved DOH data system for each consumer receiving Outreach Services within 48 business hours from the time of Client Intake.</p>	<p>Agency must adhere to DOH ID Reporting Requirements</p>	<p><b>Total reimbursement not to exceed \$84,696. See split out below by code.</b></p> <p><b>\$63,522– MI 12618521 – Local Proviso</b></p> <p>\$63,522 for 7/1/22-3/31/23</p> <p><b>\$21,174 – MI 12618531 – Local Proviso</b></p> <p>\$21,174 for 4/1/23-6/30/23</p>
Case Management	<p>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.</p>	<p><i>Agency will ensure hours of operation provide a minimum of 40 hours per week for clients to access case management services. Any exceptions require prior approval from the Program Manager.</i></p> <p>Agency must create a file in the DOH approved data system. <i>Provide</i> for each PLWH receiving Case Management services within 48 business hours from the time of Client Intake.</p> <p>Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in the DOH approved data system. <i>Provide</i> as appropriate, within five (5) business days from Client Interaction or on behalf of Client</p> <p>Agency must Track and report within the DOH-approved data</p>	<p>Agency must adhere to DOH ID Reporting Requirements</p>	<p><b>Total reimbursement not to exceed \$502,354 <del>\$501,565</del>. See split out below by code.</b></p> <p><b><del>\$376,766</del> <del>\$376,173</del> – MI 1261852C – Local Rebates</b></p> <p><del>\$376,766</del> <del>\$376,173</del> for 7/1/22-3/31/23</p> <p><b><del>\$125,588</del> <del>\$125,391</del> – MI 1261853C – Local Rebates</b></p> <p><del>\$125,588</del> <del>\$125,391</del> for 4/1/23-6/30/23</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<p>system. <i>Provide</i> any and all Performance Measures related to this Service Category as directed by DOH Quality Team.</p> <p>Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.</p>		
Medical Transportation	<p>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:</p> <p>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.</p>	<p>Agency must track and report within the DOH-approved data system. <i>Provide</i> any and all activity related to this Service Category.</p> <p>Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.</p>	Agency must adhere to DOH ID Reporting Requirements	<p><b>Total reimbursement not to exceed \$4,500. See split out below by code.</b></p> <p><del>\$1,492</del> <del>\$3,375</del> – MI 1261852C – Local Rebates</p> <p><del>\$1,492</del> <del>\$3,375</del> for 7/1/22-3/31/23</p> <p><del>\$1,883</del> – MI 12618521 – Rebates Proviso</p> <p><del>\$1,883</del> for 7/1/22-3/31/23</p> <p><del>\$497</del> <del>\$1,125</del> – MI 1261853C – Local Rebates</p> <p><del>\$497</del> <del>\$1,125</del> for 4/1/23-6/30/23</p> <p><del>\$628</del> – MI 12618531 – Rebates Proviso</p> <p><del>\$628</del> for 4/1/23-6/30/23</p>
Food Bank	<p>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).</p>	<p>Agency must track and report within the DOH-approved data system. <i>Provide</i> any and all activity related to this Service Category</p> <p>Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.</p>	Agency must adhere to DOH ID Reporting Requirements	<p><b>Total reimbursement not to exceed \$10,000 <del>\$14,972</del>. See split out below by code.</b></p> <p><del>\$14,972</del> – MI 1261852C – Local Rebates</p> <p><del>\$14,972</del> for 7/1/22-3/31/23</p> <p><del>\$3,743</del> – MI 1261853C – Local Rebates</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
				<p><del>\$3,743 for 4/1/23-6/30/23</del></p> <p><del>\$7,500 – MI 12618521 – Rebates Proviso</del></p> <p><del>\$7,500 for 7/1/22-3/31/23</del></p> <p><del>\$2,500 – MI 12618531 – Rebates Proviso</del></p> <p><del>\$2,500 for 4/1/23-6/30/23</del></p>
Housing	<p>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.</p>	<p>Agency must track and report within the DOH approved data system. <i>Provide</i> any and all activity related to this Service Category</p> <p>Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.</p>	<p>Agency must adhere to DOH ID Reporting Requirements</p>	<p><b>Total reimbursement not to exceed <del>\$8,200</del> <del>\$8,548</del>. See split out below by code.</b></p> <p><del>\$6,411 – MI 1261852C – Local Rebates</del></p> <p><del>\$6,411 for 7/1/22-3/31/23</del></p> <p><del>\$2,137 – MI 1261853C – Local Rebates</del></p> <p><del>\$2,137 for 4/1/23-6/30/23</del></p> <p><del>\$6,150 – MI 12618521 – Rebates Proviso</del></p> <p><del>\$6,150 for 7/1/22-3/31/23</del></p> <p><del>\$2,050 – MI 12618531 – Rebates Proviso</del></p> <p><del>\$2,050 for 4/1/23-6/30/23</del></p>
HIV Clinical Quality Management (CQM)/Improvement	<p>CQM activities should be continuous and fit within and support the framework of improving client care, health outcomes, and client satisfaction.</p> <p>Assesses the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public</p>	<p>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 Management Team.</p>	<p>Agency must adhere to DOH ID Reporting Requirements</p>	<p><b>Total reimbursement not to exceed <del>\$16,650</del> <del>\$13,320</del>. See split out below by code.</b></p> <p><del>\$13,320 – MI 1261852C – Local Rebates</del></p> <p><del>\$13,320 for 7/1/22-3/31/23</del></p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Health Service guidelines (otherwise known as the HHS guidelines) for the treatment of HIV disease and related opportunistic infections; and Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services.</p> <p>Performance measurement prioritization and alignment with other RWHAP Parts in the service area.</p> <p>Data extraction for clinical quality management purposes (collect, aggregate, analyze, and report on measurement data)</p>	<p>Deliverables for this reporting period have been identified and can be referenced in the Quality Management Plan.</p>		<p><del>\$3,330 – MI 1261853C – Local Rebates</del></p> <p><del>\$3,330 for 4/1/23-6/30/23</del></p> <p><del>\$12,488 – MI 12618521 – Rebates Proviso</del></p> <p><del>\$12,488 for 7/1/22-3/31/23</del></p> <p><del>\$4,162 – MI 12618531 – Rebates Proviso</del></p> <p><del>\$4,162 for 4/1/23-6/30/23</del></p>
Emergency Financial Assistance	<p>Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes including utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.</p> <p><b>Please note:</b> Any service(s) costing greater than \$1000.00 must be pre-approved by DOH.</p>	<p>Agency must enter data into the approved DOH data system. <i>Provide</i> for each consumer receiving Emergency Financial Assistance within 48 business hours from the time of Client Intake.</p> <p><b>Please note:</b> This task requires client level data to be entered into Provide</p>	Agency must adhere to DOH ID Reporting Requirements	<p><b>Total reimbursement not to exceed <del>\$1,200 \$0</del>. See split out below by code.</b></p> <p><del>\$0 – MI 1261851C – Local Rebates</del></p> <p><del>\$0 for 1/1/22-3/31/22</del></p> <p><del>\$0 – MI 1261852C – Local Rebates</del></p> <p><del>\$0 for 4/1/22-6/30/22</del></p> <p><del>\$900 – MI 12618521 – Rebates Proviso</del></p> <p><del>\$900 for 7/1/22-3/31/23</del></p> <p><del>\$300 – MI 12618531 – Rebates Proviso</del></p> <p><del>\$300 for 4/1/23-6/30/23</del></p>

**DOH Program and Fiscal Contact Information** for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to [finance@doh.wa.gov](mailto:finance@doh.wa.gov).



**PROGRAM SPECIFIC REQUIREMENTS/NARRATIVE****1. Definitions**

- a. CONTRACTOR – Entity receiving funds directly from Washington State Department of Health (DOH) for client services to prevent or treat conditions named in the statement of work

**2. Client Eligibility and re-certification** – Reference the [Ryan White Part B, HIV Community Services \(HCS\) Manual](#) for more information**3. Title XIX HIV Medical Case Management** – Reference the [HCS Manual](#) and Infectious Disease Fiscal Manual for more information. Any funds generated from Title XIX must be used to support or enhance Medical Case Management activities.**4. Fiscal Management** – Reference the Infectious Disease Fiscal Manual for more information.**5. Participation in Quality Management/Improvement activities** – Reference the [HCS Manual](#) for more information. For information not available in the HCS manual, connect with your Office of Infectious Disease (OID) contract manager**6. HIV Statewide Data System** – All services funded through Ryan Part B, Ryan White Rebates or Title XIX must have client level data entered into the Provide™ Database System**7. HIV, HCV and STI Testing Services (removed if just a care contract)**

- a. HIV testing services must follow [DOH Non-Clinical Testing Guidance](#) and [CDC Guidance for HIV Non-Clinical testing](#).
- b. All DOH-funded HIV & STI testing data must be entered into EvaluationWeb unless written exception is approved. All testing data must be entered by the 10<sup>th</sup> of each month for tests conducted the month prior (eg: all tests conducted in January but be entered by February 10<sup>th</sup>).
- c. HCV testing must follow the Hep C Overview Implementation plan. For more information contact your contract manager.
- d. Monthly data collection for Hep C testing submitted to DOH as well as the appropriate surveillance reporting form if applicable. Please contact the DOH OID Integrated Testing Coordinator for more information.
- e. Any funds generated from payment for services should be reinvested with program intent.
- f. All testing contractors will have Quality Assurance plans outlining their testing programs on file with the Office of Infectious Disease. Please contact the DOH OID Integrated Testing Coordinator for more information.
- g. HIV test kits and controls should be procured through DOH.
- h. Hepatitis C test kits and controls should be procured through DOH approved sources. Please contact the DOH OID Integrated Testing Coordinator for more information.
- i. STI (GC/CT) test kits should be procured through PHSKC Lab and CDD.
- j. Contractor will present confidential HIV testing as the default option for all persons tested. If an anonymous test is performed for HIV, 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. Testing for infections other than HIV is not to be performed anonymously.
- k. In the event of a standalone HIV test, if STI testing is available at the agency, the reason for no accompanying STI test must be documented. If the agency does not offer STI and/or HCV testing, a referral for STI and/or HCV testing must be documented.
- l. Contractor will ensure that staff are licensed and available to perform HIV, Syphilis and HCV testing, as appropriate, using capillary and venous draws. Chlamydia and Gonorrhea testing can be accomplished by using DOH-supported self-collection kits provided by PHSKC or another lab.
- m. HIV counseling/testing must be performed by personnel who have completed DOH-approved training. Staff providing STI testing services must also attend and complete any additional training as determined necessary by DOH.
- n. For contractors offering HCV testing services, contractor must complete the DOH HCV testing and education course and be approved by the Office of Infectious Disease before providing HCV screening services. Please contact the DOH OID Testing Coordinator for more information.
- o. Contractor shall report all reactive HIV, STI and HCV results to their LHJ as required by rule and in the manner prescribed by the local health jurisdictions.
- p. Contractor must report all reactive HIV and Hep C results to DOH using the Preliminary Positive Reporting Form (provided by DOH), or the electronic equivalent, in the manner prescribed 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 EvaluationWeb. Preliminary Positive Reports must be submitted to DOH directly, not to local public health departments.
- q. Persons with a reactive test result must be provided with partner services (PS) that follow current CDC and WA DOH guidelines for HIV/STI/HCV partner services.

Contractors must refer people with reactive HIV/STI/HCV results to the local health jurisdiction for additional follow-up within 3 business days of a positive result. Please contact the DOH OID Testing Coordinator or your Local Health Jurisdiction for more information.

- r. Contractor is expected to screen a minimum of 85% of testing clients. Screeners should be conducted for the following: PrEP eligibility, behavioral health, social services, benefits navigation (PrEP or health insurance), and risk reduction interventions. Please reference FY23 HIV community Services Prevention Implementation Guidelines for additional details about screeners.

**8. HIV Community Services – Prevention Programs**

- a. HIV Community Services – Prevention programs must follow FY22 HIV Community Services- Prevention Implementation Guidelines.
- b. All HIV Community Services – Prevention data, including individual level navigation services, outreach activities, and condom distribution, should be tracked through Provide unless written exception is approved. All client-level data must be entered into Provide™ within three (3) days of service provision.
- c. HIV Community Services – Prevention data elements should be collected by all agencies funded to provide HIV Community Services- Prevention activities. These data elements may be referenced in FY23 HIV Community Services- Prevention Guidelines.

**9. Reporting Requirements** – Quarterly narrative reports are due on 25th of January, April, July, and October

**10. Participation in Capacity Building and Technical Assistance Activities designed to increase efficacy of HIV Community Services**

- a. Capacity building is the process by which individuals and organizations obtain, improve, and retain the skills, knowledge, tools, equipment, and other resources needed to do their jobs competently. Opportunities for capacity building and technical assistance for subcontractors will be offered throughout the contract year by WA DOH and other regional or national capacity building organizations.

**11. Participation in Ending the HIV Epidemic and End the Syndemic Planning & Activities (only for services in King county)**

- a. Ending the HIV Epidemic: A Plan for America (EHE) is a bold plan that aims to end the HIV epidemic in the United States by 2030. EHE is the operational plan developed by agencies across the U.S. Department of Health and Human Services (HHS) to pursue that goal. King County has been identified as one of the jurisdictions included in the ETE plan and Public Health Seattle & King County (PHSKC) is the lead agency in implementing this work. Subcontractors operating in King County will be expected to participate in ETE planning and activities in collaboration with PHSKC, as necessary, throughout the contract year.

**12. Training requirements** – Reference the [HCS Manual](#) for more information

**13. Participation in Washington Syndemic Planning Process** – Connect with your Office of Infectious Disease contract manager

**14. Contract Management** – Reference the [HCS Manual](#) and HCS Fiscal Manual for more information

**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 31, 2023. 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 the [HCS Manual](#) for more information
- v) **Payer of Last Resort** – Reference the [HCS Manual](#) for more information
- vi) **Cost of Services** – Reference the [HCS Manual](#) for more information
- 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** – CONTRACTOR shall not expend contract funds to support needle exchange programs using funds from HIV Community Services Tasks.
- 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.

- xi) **Small and Attractive items** – Each agency shall perform a risk assessment (both financial and operational) on the agency’s assets to identify those assets that are particularly at risk or vulnerable to loss. Operational risks include risks associated with data security on mobile or portable computing devices that store or have access to state data. Assets so identified that fall below the state’s capitalization policy are considered small and attractive assets. Agency shall develop written internal policies for managing small and attractive assets. Internal policies should take into consideration the Office of the Chief Information Officer (OCIO) IT Security Standard 141 Section 5.8 Mobile Computing and Section 8.3 Media Handling and Disposal at <https://ocio.wa.gov/policies>.

The agency shall implement specific measures to control small and attractive assets in order to minimize identified risks. Periodically, the agency should perform a follow up risk assessment to determine if the additional controls implemented are effective in managing the identified risks.

Agency must include, at a minimum, the following assets with unit costs of \$300 or more:

- 1) Laptops and Notebook Computers
- 2) Tablets and Smart Phones

Agencies must also include the following assets with unit costs of \$1,000 or more:

- 1) Optical Devices, Binoculars, Telescopes, Infrared Viewers, and Rangefinders
- 2) Cameras and Photographic Projection Equipment
- 3) Desktop Computers (PCs)
- 4) Television Sets, DVD Players, Blu-ray Players, and Video Cameras (home type)

- xii) **Food and Refreshments** - Food and refreshments are not allowable direct costs, unless provided in conjunction with allowable meetings, whose primary purpose is the dissemination of technical information. Pre-approval is required when food and refreshments are purchased for these meetings. A sign in sheet with the clients’ ID number from the DOH approved data system as well as an agenda is required in order to receive reimbursement for these charges.

Food for staff meetings/trainings is not allowable.

**PLEASE NOTE:** If meals/refreshments are purchased for lunch and learns or other allowable meetings, food can only be purchased for the clients only at per diem. Any expenses over per diem will be denied.

**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.

- ii. **Contract Amendments** – Effective Date – The CONTRACTOR shall not begin providing the services authorized by a contract amendment until the CONTRACTOR has received a signed, fully executed copy of the contract amendment from DOH.

**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:
  - a. Partner Counseling and Re-Linkage Services (PCRS)
  - b. HIV Testing Services
  - c. Medical Providers providing services to agency's medical case management clients
  - d. Other Local Health Jurisdictions in the counties regularly served by the CONTRACTOR

Technical assistance is available through DOH.

**15. Content Review and Website Disclaimer Notice)**

In accordance with all federal guidance, contractors receiving funds through DOH will submit all proposed written materials requiring review for HIV-related scientific or medical accuracy including written materials, audio visual materials, and pictorials, including social marketing and advertising materials, educational materials, social media communications (e.g., Facebook, twitter) and other electronic communications, such as internet/webpages to the OID Content Review Committee. CONTRACTOR shall submit all materials to be reviewed for scientific or medical accuracy to:

Michael Barnes, Washington State Department of Health  
 PO Box 47841  
 Olympia, WA 98504-7841  
 Phone: 360-810-1880  
 Email: [Michael.Barnes@doh.wa.gov](mailto:Michael.Barnes@doh.wa.gov)

For social marketing campaigns and media strategies, please adhere to the program guidance on the review of HIV-related educational and informational materials for CDC assistance programs [Program Guidance on the Review of HIV-related Educational and Informational Materials for CDC Assistance Programs](#)

**16. 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.

**17. Confidentiality Requirements** – Reference the [HCS Manual](#) for more information

**18. 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:
  - c. Inform their employees working on any federal award they are subject to the whistleblower rights and remedies of the pilot program;

- d. Inform their employees in writing of employee whistleblower protections under 41 U.S.C. & 4712 in the predominant native language of the workforce; and,
- e. CONTRACTOR and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

**19. 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 STI 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)

**Exhibit A  
Statement of Work  
Contract Term: 2022-2024**

**DOH Program Name or Title:** Injury & Violence Prevention Overdose Data to Action - Effective September 1, 2022

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Period of Performance:** September 1, 2022 through August 31, 2023

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to add level funding for Overdose Data to Action (OD2A) Year 3 Supplement. Kitsap Public Health District will support Strategy 6 - Establishing Linkages to Care, Strategy 8 - Partnerships with Public Safety and First Responders, and Strategy 9 - Empowering Individuals to Make Safer Choices.

**Revision Purpose:** The purpose of this revision is to add \$7,417 and \$50,000 in redirected Y3 funds to Y4. An activity is being added under Strategy 6 and some minor changes are being made to other activities.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY22 OVERDOSE DATA TO ACTION PREV	77520272	93.136	333.93.13	09/01/22	08/31/23	50,000	57,417	107,417
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>50,000</b>	<b>57,417</b>	<b>107,417</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Strategy 6: Continue to expand the Peninsula Harm Reduction Network by engaging local healthcare providers, behavioral health, EMS, law enforcement, and other community members to partner on harm reduction and anti-stigma education and improve access to substance use disorder (SUD) treatment and comprehensive care for people who access syringe exchange services. Timeline: By the end of March 2023, LHJ will expand its network to include local health care providers and local EMS.	Progress report: Describe procedures, policies, participation in network and program design. Describe successes, challenges, and ongoing changes to program. Demonstrate how work aligns with OD2A logic model.	Quarterly progress reports to DOH for all tasks.  Due Dates: September-November due December 9, 2022. December-February due March 10, 2023.	Monthly invoices for actual cost reimbursement will be submitted to DOH.  Total of all invoices will not exceed <del>\$50,000</del> <b>\$107,417</b> through August 31, 2023.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2.	Strategy 9: Continue to convene monthly community-wide meetings with partners and potential partners to discuss stigma reduction education programs and overdose prevention strategies for our community. Timeline: Ongoing, monthly.	Progress report: <i>Share</i> outcomes of meetings and what strategies and educational programs are being implemented. Successes and challenges. Share materials with DOH. <i>Demonstrate how work aligns with OD2A logic model.</i>	March-May due June 9, 2023. June-August final report for this funding period due September 29, 2023.	(See Special Billing Requirements below.)
3.	Strategy 6: Conduct site visits with current and future syringe exchange sites to ensure they are following policies and procedures and collecting appropriate data for exchanges. Continue to provide support and guidance where needed. Timeline: site visits for existing sites will be completed annually. LHJ lead will continue to have monthly check-ins via Zoom or telephone, with the syringe exchange sites it contracts with.	Progress report: Report site visit outcomes, collected data and any important finds, updates or changes to policies. <i>Demonstrate how work aligns with OD2A logic model.</i>		
4.	Strategy 6: Will implement QA system checklist created in 2022 during site visits with existing syringe exchange sites. Timeline: The Q`A system checklist utilized annually during site visits beginning May 2022.	Progress report: Share progress with implementation of QA system. <i>Demonstrate how work aligns with OD2A logic model.</i>		
5.	<i>Strategy 6: Provide overdose education and naloxone distribution in the county to agencies for their staff, and community members for individual use. Includes visiting agencies to provide training and participating in community events. Timeline: Ongoing as requested by agencies or community members and as community events occur.</i>	<i>Progress report: Report on types of education provided and to whom and amount of naloxone that was distributed. Provide names of agencies that training was provided for and types of community events that were participated in. Demonstrate how work aligns with OD2A logic model.</i>		
<del>5</del> 6.	Strategy 8: Continue to build a relationship with EMS and other agencies/programs to begin discussing co-creating a post overdose outreach plan to help connect people who inject drugs with SUD treatment and other services after experiencing an overdose. Timeline: Ongoing - building these relationships will take time but the LHJ lead started that process in 2021/2022.	Progress report: <i>Updates on creation and implementation of plan. Demonstrate how work aligns with OD2A logic model.</i>		
<del>6</del> 7.	Continue to participate in quarterly and monthly calls with DOH and LHJ's to share lessons learned and successes. Timeline: Ongoing.	Collaboration with grant partners and DOH to improve statewide efforts to address the opioid/all drug epidemic.		

**DOH Program and Fiscal Contact Information** for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to [finance@doh.wa.gov](mailto:finance@doh.wa.gov).

**Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)**

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 Unique Entity Identifier (UEI) generated by SAM.gov.

Information about the LHJ and this statement of work will be made available on [USASpending.gov](https://USASpending.gov) by DOH as required by P.L. 109-282.

**Program Specific Requirements****Restrictions on Funds (i.e., disallowed expenses or activities, indirect costs, etc.):**

- Subrecipients may not use funds for research.
- Subrecipients may not use funds for clinical care except as allowed by law.
- Subrecipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, subrecipients may not use funds to purchase furniture or equipment.
- No funds may be used for:
  - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
  - In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (<https://www.cdc.gov/grants/additional-requirements/index.html>).
- Program funds cannot be used for purchasing naloxone, implementing or expanding drug “take back” programs or other drug disposal programs (e.g. drop boxes or disposal bags), or directly funding or expanding direct provision of substance abuse treatment programs. Such activities are outside the scope of this Notice of Funding Opportunity (NOFO).

**Monitoring Visits (i.e., frequency, type, etc.):**

DOH program staff may conduct site visits up to twice per funding year.

**Billing Requirements:**

Billing on an A19-1A invoice voucher must be received by DOH monthly.

**Special Instructions:****The following funding statement must be used for media (publications, presentations, manuscripts, posters, etc.) created using OD2A funding:**

This publication (journal article, etc.) was supported by the Grant or Cooperative Agreement Number, NU17CE925007, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.



**Exhibit A  
Statement of Work  
Contract Term: 2022-2024**

**DOH Program Name or Title:** Office of Drinking Water Group B Programs -  
Effective January 1, 2022

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

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

**Period of Performance:** January 1, 2022 through June 30, 2023

<b>Funding Source</b> <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <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 (SOW) is to provide financial support to LHJs implementing local Group B water systems programs.

**Revision Purpose:** The purpose of this revision is to provide additional financial support from 01/01/23 through 06/30/23 to LHJs implementing local Group B water systems programs.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
GFS Group B (FO-SW)	24230103	N/A	334.04.90	01/01/22	06/30/22	25,877	0	25,877
GFS Group B (FO-SW)	24230104	N/A	334.04.90	01/01/23	06/30/23	0	25,878	25,878
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>25,877</b>	<b>25,878</b>	<b>51,755</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Implement a Group B water system program through a Local Ordinance. Reference DOH MOA #CLH23660.	An executed Memorandum of Agreement (MOA) with DOH identifying responsibilities of a full Group B program through a Local Ordinance.	January 1, 202 <del>2</del> <sup>3</sup> thru June 30, 202 <del>2</del> <sup>3</sup>	Lump sum payment (See Special Billing Requirements)

**DOH Program and Fiscal Contact Information** for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to [finance@doh.wa.gov](mailto:finance@doh.wa.gov).

**\*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 Billing Requirements:** For January 1, 202~~2~~3 thru June 30, 202~~2~~3, LHJ shall submit one invoice no later than June 30, 202~~2~~3 and payment cannot exceed a maximum cumulative fee of \$25,87~~7~~8.

**Exhibit A  
Statement of Work  
Contract Term: 2022-2024**

**DOH Program Name or Title:** Office of Immunization COVID-19 Vaccine - Effective January 1, 2022

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

**SOW Type:** Revision      **Revision # (for this SOW)** 4

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Period of Performance:** January 1, 2022 through June 30, 2024

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide funding to conduct COVID-19 vaccine activities.

**Revision Purpose:** The purpose of this revision is to modify activities, deliverables, and deliverable due dates.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change None	Total Allocation
				Start Date	End Date			
COVID19 Vaccines R4	74310230	93.268	333.93.26	01/01/22	06/30/24	1,032,214	0	1,032,214
COVID19 Vaccines	74310229	93.268	333.93.26	01/01/22	06/30/24	283,424	0	283,424
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>1,315,638</b>	<b>0</b>	<b>1,315,638</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.A	Identify activity/activities to support COVID vaccine response in your community, using the examples below as a guideline.  <b>Example 1:</b> Develop and implement communication strategies with health care providers, community, and/or other partners to help build vaccine confidence broadly and among groups anticipated to receive early vaccination, as well as dispel vaccine misinformation. Document and provide a plan that shows the communication strategies used with health care providers and other partners and the locally identified population anticipated to reach.	Summary of the engagement strategies to be used with health care providers and other partners, and the locally identified population to be reached.	January 31, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<b>Example 2:</b> Engage in other vaccination planning activities such as partnership development, provider education, vaccination point of dispensing (POD) planning, tabletop exercises, engagement with communities, leaders, non-traditional provider, or vulnerable populations to develop strategies to ensure equitable access to vaccination services			
3.B	Implement the communication strategies or other activities, working with health care providers and other partners to reach the locally identified population, support providers in vaccination plans, and support equitable access to vaccination services.	<i>Mid-term</i> written report describing activity/activities and progress made to-date and strategies used (template to be provided)	June 30, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.C	Catalog activities and conduct an evaluation of the strategies used	<i>Final</i> written report, showing the strategies used and the final progress of the reach (template to be provided)	<del>December 31</del> June 30, annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.D	<del>Between January 1, 2022, and December 31, 2022</del> As needed to meet community needs, perform as a vaccine depot to provide COVID vaccine. Duties include ordering and redistributing of COVID-19 vaccine, assure storage space for minimum order sizes, initiating transfer in the Immunization Information System (IIS), coordinate with providers for physical transport of doses, and maintaining inventory of COVID vaccine by manufacturer.  Immunization COVID-19 funding is specifically required to address COVID-19 vaccination activities. However, the funding can be leveraged to also address and incorporate other non-COVID vaccination activities concurrent to COVID-19 vaccination activities. For example, COVID vaccine storage and distribution may also support monkeypox vaccine storage and distribution, concurrently	a. Complete a redistribution agreement. b. Report inventory reconciliation page. c. Report lost (expired, spoiled, wasted) vaccine to the IIS. d. Report transfer doses in the IIS and VaccineFinder. e. Monitor and maintain vaccine temperature logs from digital data logger and/or the temperature monitoring system for a minimum of 3 years.	a. <del>Complete by January 31 (if not previously submitted)</del> Submit upon completion b. Reconcile and submit inventory once monthly in the IIS. c. Report lost vaccine within 72 hours in the IIS. d. Update within 24 hours from when transfers occur. e. Download as needed (retain temperature data on site for 3 years)	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.E	As needed to meet community needs, expand operations to increase vaccine throughput (i.e., providing vaccinations during evenings, overnight, and on weekends). Activities may include vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics to travel and provide vaccination services in non-traditional settings, or to supplement the work of local health departments in underserved communities, and may include administration costs for other vaccines co-administered at the events. These activities may be done by the	<i>Quarterly</i> reports summarizing quantity, type, and frequency of activities	<del>March December 31;</del> annually June 30, <i>annually</i>	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	local health department or in collaboration with community partners. (see Restrictions on Funds below)			
3.F	At the LHJ discretion, provide incentives to persons receiving COVID vaccine, adhering to <i>LHJ Guidance for COVID Initiatives Application</i> requirements and allowable/unallowable use of federal funds.	<ul style="list-style-type: none"> <li>a. LHJ Incentive Plan Proposal</li> <li>b. <del>Quarterly</del> report that summarizes quantity of incentives purchased and distributed</li> </ul>	<ul style="list-style-type: none"> <li>a. Prior to implementing</li> <li>b. <del>March 31, Annually</del> June 30, Annually</li> </ul>	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

**DOH Program and Fiscal Contact Information** for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to [finance@doh.wa.gov](mailto:finance@doh.wa.gov).

### **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 Unique Entity Identifier (UEI) generated by SAM.gov.

Information about the LHJ and this statement of work will be made available on [USASpending.gov](http://USASpending.gov) by DOH as required by P.L. 109-282.

### **Program Specific Requirements**

#### **Restrictions on Funds:**

Coverage of co-administration costs for other vaccines administered at vaccination events does NOT apply to the FEMA Mass Vaccination funding. Coverage of co-administration costs only applies to the vaccine funding (COVID19 Vaccine R4, MI 74310230) allocated for Task 3 of the consolidated contract. FEMA Mass Vaccination funding is only available to cover the costs for COVID vaccine administration and cannot be used for co-administration costs of other vaccines.

**Exhibit A  
Statement of Work  
Contract Term: 2022-2024**

**DOH Program Name or Title:** TB Program - Effective July 1, 2022

**Local Health Jurisdiction Name:** Kitsap Public Health District  
**Contract Number:** CLH31014

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Period of Performance:** July 1, 2022 through December 31, 2022

**Statement of Work Purpose:** This statement of work is to provide funding for 2022 U4U activities from the State TB Program for tuberculosis (TB) prevention and control

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY22 TB UNITING FOR UKRAINE SUPP	18402204	93.116	333.93.11	07/01/22	12/31/22	0	7,500	7,500
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>7,500</b>	<b>7,500</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Provide TB screening, evaluation, IGRA, chest x-rays, and other clinical services as indicated, including treatment* for latent or active TB disease for newcomers from Ukraine. (*These federal dollars can be used to provide TB medications to TB patients)	Consolidated Contract “TB Deliverables Report” include aggregate information for all Ukrainians directly clinically served with these funds for 2022. This includes the number: evaluated, diagnosed with TB infection, started treatment, and completed treatment.	January 31, 2023	Payment for tasks will be reimbursed for actual expenses up to the maximum available within the FFY22 TB UNITING FOR UKRAINE SUPP funding period described in the Funding Table above.  See below <b>Restrictions on Funds.</b>
2	For any 340B medication received the LHJ agrees to: <ul style="list-style-type: none"> <li>Maintain auditable records for a minimum of 3 years including a separate medication inventory</li> </ul>	Summary of expired medications included in the Consolidated Contract “Deliverables Report” for 2022.	January 31, 2023	DOH TB Program provides without cost to LHJs.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>tracking system with records tied to patients receiving the medication.</p> <ul style="list-style-type: none"> <li>• Store 340B separately from non-340B medications.</li> <li>• Conduct regular annual internal audits of inventory and patient records to maintain HRSA standards and compliance regarding diversion and patient eligibility.</li> <li>• Participate in audits by DOH or HRSA of TB-related 340B practices and provide access to records demonstrating compliance with HRSA 340B regulations.</li> <li>• Will not bill Medicaid for any 340B TB medications provided by DOH TB Program.</li> <li>• Notify DOH TB Program of any medication loss or expiration of medications including any breach of 340B regulations.</li> </ul> <p>Notify DOH TB Program of changes regarding the prescribing provider within 10 days. And the prescribing provider must be either employed by or under contract with the LHJ.</p>			
3	<p>An LHJ using the VDOT tool, that DOH provides without cost, agrees to establish and follow a VDOT policy for their staff and patients based on VDOT best practice. This policy is developed and/or approved by the LHJ's Health Officer and/or TB Program Manager.</p> <p>Guidance and direction for this policy is posted on the TB Program's VDOT SharePoint page (<a href="#">Video Directly Observed Therapy for Local Health Jurisdictions Using SureAdhere (sharepoint.com)</a>).</p>	<p>Summary of VDOT treatment completion, with goal that your LHJ's completion rate is at least on par with in-person DOT, if not better.</p>	<p>Report due December 31, 2023 for 2023 TB activities; to be received by DOH by January 31, 2024</p>	<p>DOH TB Program provides without cost to LHJs.</p>

**DOH Program and Fiscal Contact Information** for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to [finance@doh.wa.gov](mailto:finance@doh.wa.gov).

**Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)**

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 Unique Entity Identifier (UEI) generated by SAM.gov.

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**

### **Program Manual, Handbook, Policy References:**

TB Manual: Link to be provided on DOH Website ([www.doh.wa.gov/tb](http://www.doh.wa.gov/tb)) when revision is completed.

LHJ TB SharePoint pages: [TB LHJ Home \(sharepoint.com\)](http://TB.LHJ.Home.sharepoint.com)

Health Officer Handbook: [Washington State Tuberculosis Law Manual for Health Officers](#)

### **Restrictions on Funds (i.e., disallowed expenses or activities, indirect costs, etc.):**

1. Emphasis must be given to directing the majority of funds to core TB control activities.
2. Federal Funds may not be used **except where noted:**
  - To supplant State or LHJ funds;
  - For inpatient care or construction or renovation of facilities;
  - To purchase treatment medications

### **Special References (i.e., RCWs, WACs, etc.):**

TB Laws and Regulations (<http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Tuberculosis/LawsGuidelines.aspx>)

Health Officer Handbook: [Washington State Tuberculosis Law Manual for Health Officers](#)

### **Monitoring Visits (i.e., frequency, type, etc.):**

The DOH program contact may conduct monitoring visits during the life of this project. The type, duration, and timing of visit will be determined and scheduled in cooperation with the sub-awardee. The DOH Fiscal Monitoring Unit may conduct fiscal monitoring site visits during the life of this project.

**Billing Requirements:** Local Health Jurisdiction may bill monthly. Invoices must be received no more than 60 days after billing period.