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

**CONTRACT NUMBER: CLH18248**

**AMENDMENT NUMBER: 5**

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

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

1. Exhibit A Statements of Work, attached and incorporated by this reference, are amended as follows:
  - Adds Statements of Work for the following programs:
    - HIV Client Services-HOPWA - Effective July 1, 2018
  - Amends Statements of Work for the following programs:
    - HIV Client Services - Effective January 1, 2018
    - Office of Emergency Preparedness & Response - Effective July 1, 2018
    - OSS LMP Implementation - Effective January 1, 2018
    - Tobacco & Vapor Product Prevention & Control Program - Effective January 1, 2018
  - Deletes Statements of Work for the following programs:
  
2. Exhibit B-5 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-4 Allocations as follows:
  - Increase of \$57,258 for a revised maximum consideration of \$2,943,100.
  - Decrease of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_\_.
  - No change in the maximum consideration of \_\_\_\_\_.  
Exhibit B Allocations are attached only for informational purposes.
  
3. Exhibit C-5 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-4.


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

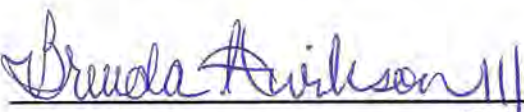
ALL OTHER TERMS AND CONDITIONS of the original contract and any subsequent amendments remain in full force and effect.

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

KITSAP PUBLIC HEALTH DISTRICT

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

  
 \_\_\_\_\_  
 11/7/2018  
 Date

  
 \_\_\_\_\_  
 11/2/18  
 Date

APPROVED AS TO FORM ONLY  
Assistant Attorney General

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

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

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

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

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

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

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

**Revision Purpose:** The purpose of this revision is to 1) Revise the funding sources for Tasks HCS 4-7. 2) Updated Task Number PRO-3 Peer Navigation-Proviso to the correct Task Number PRO-2 Peer Navigation-Proviso 3) Updated Task Number PRO-2 Training-Proviso to the correct Task Number PRO-3 Training-Proviso.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change None	Total Consideration
				Start Date	End Date			
FFY17 ADAP Rebate Local 17-19	N/A	334.04.98	12618570	01/01/18	06/30/18	266,278	0	266,278
FFY17 ADAP Rebate Local 17-19	N/A	334.04.98	12618570	07/01/18	06/30/19	307,556	-225,000	82,556
FFY18 RW HIV PROVIDER CAPACITY-PROVISO	93.917	333.93.91	1261228B	04/01/18	03/31/19	30,695	0	30,695
FFY18 RW HIV PEER NAV PROJ-PROVISO	93.917	333.93.91	1261228A	04/01/18	03/31/19	57,412	0	57,412
STATE HIV CS / END AIDS WA	N/A	334.04.91	12630100	03/01/18	06/30/18	3,123	0	3,123
STATE HIV CS / END AIDS WA	N/A	334.04.91	12630100	07/01/18	12/31/18	6,246	0	6,246
STATE HIV PREVENTION PrEP	N/A	334.04.91	12430100	01/01/18	06/30/18	4,586	0	4,586
STATE HIV PREVENTION PrEP	N/A	334.04.91	12430100	07/01/18	06/30/19	9,172	0	9,172
FFY18 RW GRANT YEAR LOCAL (REBATE)	N/A	334.04.98	1261858C	07/01/18	03/31/19	0	225,000	225,000
<b>TOTALS</b>						<b>685,068</b>	<b>0</b>	<b>685,068</b>

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

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

<b>Reporting:</b>		<ul style="list-style-type: none"> <li>Agency must create a CAREWare file for each PLWH receiving Case Management services within forty-eight (48) business hours from the time of Client Intake.</li> <li>Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in CAREWare, as appropriate, within five (5) business days from Client Intake, identified change in Client Status, delivery of a support service or benefit, or interaction with or on behalf of Client. Requirements around documentation within CAREWare can be found in your HCS Manual.</li> <li>Agency must Track and report within CAREWare any and all Performance Measures related to this Service Category as directed by DOH Quality Team. These include, but may not be limited to, medical engagement, medical retention, viral load, housing status, and household poverty level.</li> </ul>																									
<b>Task:</b>	<b>HCS-5</b>	<b>Medical Transportation</b>																									
<b>Service Definition:</b>	<p>Provision of non-emergency transportation services that enable an eligible client to access or are retained in medical and support services. May be provided by:</p> <ol style="list-style-type: none"> <li>providers of transportation services;</li> <li>mileage reimbursement (non-cash) that does not exceed the established rates for federal programs;</li> <li>organization and use of volunteer drivers through programs with insurance and other liability issues specifically addressed;</li> <li>voucher or token systems.</li> </ol>	<table border="1"> <thead> <tr> <th colspan="2">Budget</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Salaries</td> </tr> <tr> <td>B</td> <td>Benefits</td> </tr> <tr> <td>C</td> <td>Service Contracts</td> </tr> <tr> <td>E</td> <td>Supplies/Goods</td> <td>\$5,500</td> </tr> <tr> <td>G</td> <td>Travel</td> </tr> <tr> <td>J</td> <td>Equipment</td> </tr> <tr> <td>N</td> <td>Sub-Contracts</td> </tr> <tr> <td>O</td> <td>Other</td> </tr> <tr> <td>IDC</td> <td></td> <td>%</td> </tr> <tr> <td colspan="2">Subtotal</td> <td>\$5,500</td> </tr> </tbody> </table> <p style="text-align: right; color: red;"> <b><del>\$5,500</del> \$2,750 – Rebates</b>  <b>\$2,750 for 01/01/18-06/30/18 and</b>  <b><del>\$2,750 for 07/01/18-12/31/18</del></b>    <b>\$2,750 – RW Local Rebate</b>  <b>\$2,750 for 07/01/18-12/31/18</b> </p>	Budget		A	Salaries	B	Benefits	C	Service Contracts	E	Supplies/Goods	\$5,500	G	Travel	J	Equipment	N	Sub-Contracts	O	Other	IDC		%	Subtotal		\$5,500
Budget																											
A	Salaries																										
B	Benefits																										
C	Service Contracts																										
E	Supplies/Goods	\$5,500																									
G	Travel																										
J	Equipment																										
N	Sub-Contracts																										
O	Other																										
IDC		%																									
Subtotal		\$5,500																									
<b>Strategies:</b>	<ul style="list-style-type: none"> <li>Agency will issue fuel cards and bus passes to PLWH to enable access to medical care and support services.</li> <li>Agency will consider poverty, capacity, stigma and health disparity related barriers to transportation and attempt resolution through provision of medical transportation assistance or other available resources.</li> <li>Ongoing medical transportation needs must be documented in the Client's Service Plan. Long term sustainable resolutions need to be explored and strategized.</li> <li>Medical Transportation direct assists must be used as payer of last resort.</li> </ul>																										
<b>Targeted population:</b>	Persons living with HIV																										
<b>Deliverables/Measures:</b>	Number of PLWH to be served:	100																									

<b>Reporting:</b> <ul style="list-style-type: none"> <li>Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in CAREWare, as appropriate, within five (5) business days from Client Intake, identified change in Client Status, delivery of a support service or benefit, or Interaction with or on behalf of Client. Requirements around documentation within CAREWare can be found in your HCS Manual.</li> <li>Agency must track and report within CAREWare any and all Performance Measures related to this Service Category as directed by DOH Quality Team. These include, but may not be limited to, medical engagement, medical retention, viral load, housing status, and household poverty level.</li> </ul>	
<b>Task: HCS-6 Food Bank/Home Delivered Meals - PLWH</b>	
<b>Service Definition:</b>	Provision of actual food items, hot meals, or a voucher program to purchase food. This also includes providing essential non-food items (limited to personal hygiene products, household cleaning supplies, water filtration in communities where issues of water safety exist).
<b>Strategies:</b>	<ul style="list-style-type: none"> <li>Agency will distribute food bags to PLWH under guidance of nutritionist or dietician oversight.</li> <li>Agency will consider poverty, capacity, stigma and health disparity related barriers to food security and attempt resolution through provision of food assistance or other available resources.</li> <li>Ongoing food insecurity needs must be documented in the Client's Service Plan. Long term sustainable resolutions need to be explored and strategized.</li> <li>Food/Meal disbursement must be used as payer of last resort.</li> </ul>
<b>Targeted population:</b>	Persons living with HIV
<b>Deliverables/Measures:</b>	Number of PLWH to be served: 200

<b>Budget</b>		
A	Salaries	
B	Benefits	
C	Service Contracts	
E	Supplies/Goods	\$19,800
G	Travel	
J	Equipment	
N	Sub-Contracts	
O	Other	
IDC	%	
Subtotal		\$19,800
<del>\$19,800</del> \$9,900 – Rebates		
\$9,900 for 01/01/18-06/30/18 and		
<del>\$9,900 for 07/01/18-12/31/18</del>		
 \$9,900 – RW Local Rebate		
\$9,900 for 07/01/18-12/31/18		

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

**Task: HCS-7 Housing Services - PLWH**

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

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

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

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

**Targeted population:** Persons living with HIV

**Deliverables/Measures:** Number of PLWH to be served: 12

<b>Reporting:</b>	<ul style="list-style-type: none"> <li>Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in CAREWare, as appropriate, within five (5) business days from Client Intake, identified change in Client Status, delivery of a support service or benefit, or Interaction with or on behalf of Client. Requirements around documentation within CAREWare can be found in your HCS Manual.</li> <li>Agency must track and report within CAREWare any and all Performance Measures related to this Service Category as directed by DOH Quality Team. These include, but may not be limited to, medical engagement, medical retention, viral load, housing status, and household poverty level.</li> </ul>
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<b>Task:</b>	<b>EAW-2 End AIDS Washington – Community Engagement</b>																															
<b>Service Definition:</b>	End AIDS Washington Recommendation #11 calls to invigorate and strengthen meaningful community engagement and empowerment for people and communities disproportionately affected by HIV-related health disparities and stigma. These funds are to be used to develop innovative projects for invigorating meaningful community engagement with PLWH and PAHR in Washington State.	<b>Budget</b>																														
		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">A</td> <td style="width: 85%;">Salaries</td> <td style="width: 10%; text-align: right;">\$5,319</td> </tr> <tr> <td style="text-align: center;">B</td> <td>Benefits</td> <td style="text-align: right;">\$1,489</td> </tr> <tr> <td style="text-align: center;">C</td> <td>Service Contracts</td> <td></td> </tr> <tr> <td style="text-align: center;">E</td> <td>Supplies/Goods</td> <td></td> </tr> <tr> <td style="text-align: center;">G</td> <td>Travel</td> <td></td> </tr> <tr> <td style="text-align: center;">J</td> <td>Equipment</td> <td></td> </tr> <tr> <td style="text-align: center;">N</td> <td>Sub-Contracts</td> <td></td> </tr> <tr> <td style="text-align: center;">O</td> <td>Other</td> <td></td> </tr> <tr> <td style="text-align: center;">IDC</td> <td style="text-align: center;">%</td> <td style="text-align: right;">\$2,561</td> </tr> <tr style="border-top: 1px solid black;"> <td colspan="2" style="text-align: right;"><b>Subtotal</b></td> <td style="text-align: right;"><b>\$9,369</b></td> </tr> </table>	A	Salaries	\$5,319	B	Benefits	\$1,489	C	Service Contracts		E	Supplies/Goods		G	Travel		J	Equipment		N	Sub-Contracts		O	Other		IDC	%	\$2,561	<b>Subtotal</b>		<b>\$9,369</b>
A	Salaries	\$5,319																														
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O	Other																															
IDC	%	\$2,561																														
<b>Subtotal</b>		<b>\$9,369</b>																														
<b>Strategies:</b>	<ul style="list-style-type: none"> <li>Agency will develop and implement a single (or multiple) community engagement project(s).</li> <li>Agency will develop processes that engage PAHR and PLWH creatively and effectively.</li> <li>Agency will ensure messaging and program development is led by the communities that services are meant to benefit.</li> <li>Agency will share best practices and lessons learned throughout the project funding period with DOH and statewide HCS partners to support other community engagement efforts.</li> </ul>	<p><b>\$9,369 – State HIV CS EAW</b> \$3,123 for 03/01/18-06/30/18 and \$6,246 for 07/01/18-12/31/18</p>																														
<b>Targeted population:</b>	<ul style="list-style-type: none"> <li>-Persons living with HIV (PLWH)</li> <li>-Persons at High Risk for HIV (PAHR)</li> <li>-All races and ethnicities of MSM/TSM (Primary)</li> <li>-US born black persons (Special Emphasis, Health Disparities)</li> <li>-Foreign born black persons (Special Emphasis, health Disparities)</li> <li>-Foreign born Hispanic persons (Special Emphasis, Health Disparities)</li> </ul>																															



<b>Deliverables/Measures:</b>	Measures of success should be included in written narrative reports.
<b>Reporting:</b>	<p>Agencies will submit two (2) written narrative reports to DOH outlining progress made on community engagement project, challenges, successes, lessons learned, and next steps.</p> <ul style="list-style-type: none"> <li>• First narrative due July 25 (March 1 - June 30 funding period)</li> <li>• Second narrative due January 25 (July 1- December 31 funding period)</li> </ul>

<b>Task:</b>	<b>PRO-2-3</b>	<b>Training - Proviso</b>
<b>Service Definition:</b>	Conferences and trainings on stigma, health disparities, or racism for subrecipient staff providing HIV care services.	
<b>Strategies:</b>	<ul style="list-style-type: none"> <li>• Agency will send HIV care staff to conferences or trainings that address stigma, racism, and health disparities.</li> <li>• Agency will offer on-site training on stigma, health disparities, and racism.</li> </ul>	
<b>Targeted population:</b>	Subrecipient staff who provide HIV care services.	
<b>Deliverables/Measures:</b>	Proposed number of staff trained:	
<b>Reporting:</b>	Quarterly agency reports including names and job titles of staff members who attend training or conferences. Report includes name of training or conference attended.	

		<b>Budget</b>	
A	Salaries		
B	Benefits		
C	Service Contracts		
E	Supplies/Goods		
G	Travel		\$30,695
J	Equipment		
N	Sub-Contracts		
O	Other		
IDC	%		
		<b>Subtotal</b>	<b>\$30,695</b>
		<b>\$30,695 – Provider Capacity (Training)</b> \$30,695 for 04/01/18-03/31/19	

Task: <b>PRO-3.2</b> Peer Navigation - Proviso		Budget		
Service Definition: Provide education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics may include: 1) education on risk reduction strategies such as PrEP for client partners and treatment as prevention; 2) education on health care coverage; 3) health literacy; 4) treatment adherence education.	A	Salaries		\$30,000
	B	Benefits		\$8,119
	C	Service Contracts		
	E	Supplies/Goods		
	G	Travel		\$3,590
	J	Equipment		
	N	Sub-Contracts		
	O	Other		
	IDC		%	\$15,703
				Subtotal
Strategies:	Agency will provide education to clients living with HIV about HIV transmission and risk reduction in a programmatic way that is designed to provide quantified reporting of activities and outcomes to accommodate evaluation of effectiveness.			<b>\$57,412 – Peer Navigation</b> \$57,412 for 04/01/18-03/31/19
Targeted population:	People living with HIV (PLWH)			
Deliverables/Measures:	PLWH served			
Reporting:	<ul style="list-style-type: none"> <li>Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in CAREWare, as appropriate, within five (5) business days from Client Intake, identified change in Client Status, delivery of a support service or benefit, or Interaction with or on behalf of Client. Requirements around documentation within CAREWare can be found in your HCS Manual.</li> <li>Agency must Track and report within CAREWare any and all Performance Measures related to this Service Category as directed by DOH Quality Team. These include, but may not be limited to, medical engagement, medical retention, viral load, housing status, and household poverty level.</li> </ul>			

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

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

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

**\*For Information Only:**

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

**PROGRAM SPECIFIC REQUIREMENTS/NARRATIVE**

**1. Definitions**

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

**2. Client Eligibility and Certification**

PLWH LHJ shall:

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

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

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

### 3. Quality Management/Improvement Activities.

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

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

**4. HIV Statewide CAREWare Data System**

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

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

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

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

**5. HIV and STD Testing Services**

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

**6. Reporting Requirements**

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

Abby Gilliland, Washington State Department of Health  
PO Box 47841, Olympia, WA 98504-7841  
Phone: (360) 236-3351/Fax: (360) 664-2216  
Email: [Abby.gilliland@doh.wa.gov](mailto:Abby.gilliland@doh.wa.gov)

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

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

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

- d. Reports shall include the following components:

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

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

- ii) **Fiscal** – Using a DOH-approved Fiscal Reporting Form; LHJ shall indicate funds expended to date.
  - iii) **Quality Management/Improvement Reporting** – LHJ must develop Quality Management/Improvement Programs to measure, monitor, and improve the quality of their services. The LHJ must complete and submit quarterly:
    - (1) Quality Management/Improvement Plan Template or Quality Management Plan Update (PLWH and PAHR)
    - (2) Statewide Case Management Performance Data (PLWH)Templates are available from DOH.
- e. **Additional Reporting Requirements:**  
Within thirty (30) days of written notification, the LHJ shall comply with any additional reporting requirements mandated by state directive during the contract period.

#### 7. Training Requirements

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

#### 8. Participation in Washington State's HIV Planning Process

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



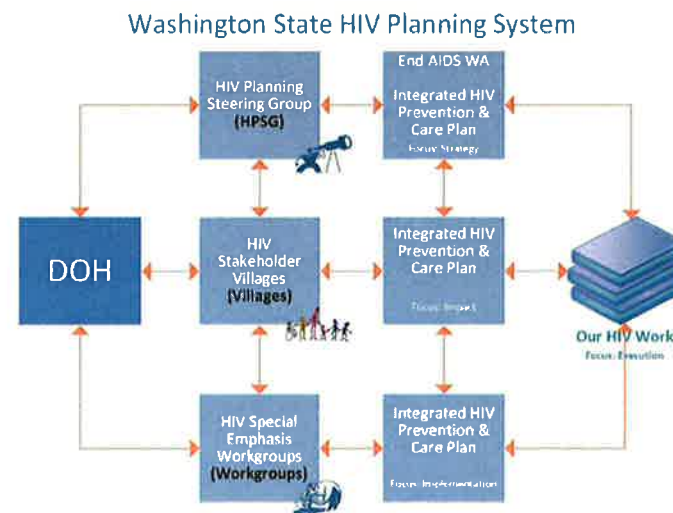
a. **Planning System components**

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

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

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

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



9. **Participation in End AIDS Washington Initiative**

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

10. **Participation in End AIDS Washington Statewide Media Campaign**

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

11. **Contract Management**

b. **Fiscal Guidance**

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

Month of A19-1A Invoice	A19-1A Invoice Due Date
January 1-31, 2018	February 25, 2018
February 1-29, 2018	March 25, 2018
March 1-31, 2018	April 25, 2018

April 1-30, 2018	May 25, 2018
May 1-31, 2018	June 25, 2018
June 1-30, 2018	July 25, 2018
July 1-31, 2018	August 25, 2018
August 1-31, 2018	September 25, 2018
September 1-30, 2018	October 25, 2018
October 1-31, 2018	November 25, 2018
November 1-30, 2018	December 25, 2018
December 1-31, 2018	January 31, 2019

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

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

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

**c. Contract Modifications**

- i) **Notice of Change in Services** – The LHJ shall notify DOH program staff, within 45 days, if any situations arise that may impede implementation of the services contained in the statement of work. DOH and the LHJ will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of substantial noncompliance.

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

d. **Subcontracting**

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

e. **Written Agreements**

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

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

Technical assistance is available through DOH.

**12. Material Review and Website Disclaimer Notice**

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

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

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

**13. Youth and Peer Outreach Workers**

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

**14. Confidentiality Requirements**

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

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

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

- a. Clearly written agency policies regarding confidentiality and security of records.

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

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

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

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

Technical assistance is available through DOH.

#### 15. Whistleblower

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

#### 16. Allowable Costs

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

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

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

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

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

**DOH Program Contact, PLWH**  
Karen Robinson  
DOH, HIV Client Services  
PO Box 47841, Olympia, WA 98504-7841  
360-236-3437/Fax: 360-664-2216  
[Karen.Robinson@doh.wa.gov](mailto:Karen.Robinson@doh.wa.gov)

**DOH Program Contact, PAHR**  
Michael Barnes  
DOH, Infectious Disease Prevention  
PO Box 47841, Olympia, WA 98504-7841  
360-236-3579/Fax: 360-664-2216  
[Michae.Barnes@doh.wa.gov](mailto:Michae.Barnes@doh.wa.gov)

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

**DOH Program Name or Title:** HIV Client Services-HOPWA - Effective July 1, 2018

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

**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, 2018 through June 30, 2019

**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:** N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
FFY18 HOUSING-PEOPLE WITH AIDS FORMULA	14.241	333.14.24	12660281	07/01/18	06/30/19	0	51,940	51,940
<b>TOTALS</b>						<b>0</b>	<b>51,940</b>	<b>51,940</b>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	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 and whose total household income is less than 80% of the Area Median Income (AMI) as defined by Housing and Urban Development (HUD).</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>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>Administrative:</b> \$3,577</p> <p><b>Support Services:</b> \$5,354</p> <p><b>STRMU:</b> \$7,378</p> <p><b>Housing Placement:</b> \$3,830</p> <p><b>Tenant Based Rental Assistance:</b> \$31,795</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			-Provide or refer eligible clients to supportive services and permanent housing placement when appropriate.  -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.  -Submission of Consolidated Annual Performance Report (CAPER) by August 10.  -Submission of Monitor responses by the due date requested.		Housing Information Services: \$6  <b>TOTAL: \$51,940</b>

**\*For Information Only:**

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

**Special Requirements**

**Federal Funding Accountability and Transparency Act (FFATA)**

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

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

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

**Program Specific Requirements/Narrative**

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:**

- Funds provided in the Budget are for services provided during the period July 1, 2018 – June 30, 2019. The LHJ shall submit all claims for payment for costs due and payable under this SOW and incurred during this period by **July 25, 2019**. DOH will pay belated claims at its discretion, contingent upon the availability of funds.

- ii) The LHJ agrees to reimburse DOH for expenditures billed to DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- iii) **Submission of Invoice Vouchers** – On a monthly basis, the LHJ shall submit correct A19-1A invoice vouchers for amounts billable to DOH under this SOW.

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

(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) **Transfer of Funds among Budget Categories** – The LHJ may transfer contracted funds identified in Task 1 among direct expense categories, EXCEPT equipment, as long as the amount of the **cumulative** transfer does not exceed ten percent of the total contracted funds for the fiscal year and does not change the Statement of Work.
- (3) **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.

**DOH Program Contact**

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[Abby.Gilliland@doh.wa.gov](mailto:Abby.Gilliland@doh.wa.gov)



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

**DOH Program Name or Title:** Office of Emergency Preparedness & Response - Effective July 1, 2018

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

**Contract Number:** CLH18248

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

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

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

**Statement of Work Purpose:** The purpose of this statement of work is to establish the funding and tasks for the Public Health Emergency Preparedness and Response program for the 2018 grant period.

**Revision Purpose:** The purpose of this revision is to increase PHEP funds and revise and add activities.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
FFY18 EPR PHEP BP1 SUPP LHJ FUNDING	93.069	333.93.06	18101580	07/01/18	06/30/19	290,027	5,318	295,345
<b>TOTALS</b>						<b>290,027</b>	<b>5,318</b>	<b>295,345</b>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>FFY18 EPR PHEP BP1 SUPP LHJ FUNDING</b>					
1	Attend emergency preparedness events, (e.g. trainings, meetings, conference calls, and conferences) as necessary to advance LHJ preparedness or complete the deliverables in this statement of work.		Submit summary on the mid-year and end of year progress report.	December 31, 2018 and June 28, 2019	Reimbursement for actual costs not to exceed total funding consideration amount.
2	Complete reporting templates as requested by DOH to comply with program and federal grant requirements (e.g. performance measures, gap analysis, mid-year and end-of-year reporting templates, etc.)		Submit completed templates to DOH	Upon request by DOH	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	<p><b>Training &amp; Evaluation:</b></p> <p><b>3.1)</b> Provide training for appropriate staff who serve in the Emergency Operations Center (EOC) and the Emergency Support Function #8 (ESF#8) role on the Incident Command System, ESF#8 response plans and policies.</p> <p><b>3.2)</b> Train appropriate public health emergency response staff on Web EOC or applicable information management system utilized by local emergency management in the county.</p> <p><b>3.3)</b> Participate in an evaluation of response capabilities based on a standard evaluation tool created by DOH.</p>		<p>Submit mid-year and end-of-year progress reports</p> <p>Provide agenda and sign in sheets of trainings conducted, with attendee signatures and contact information, or registrations if training is not conducted by the LHJ.</p> <p>Document participation in evaluation on midyear and end of year progress report.</p>	<p>December 31, 2018 and June 28, 2019</p> <p>June 28, 2019</p> <p>June 28, 2019</p>	
4	<p>Maintain Washington Secure Electronic Communication, Urgent Response and Exchange System (WASECURES) program as the primary emergency notification system within the LHJ and include all critical LHJ positions as registered users.</p> <p><b>4.1)</b> Conduct a notification drill using WASECURES.</p> <p><b>Notes:</b> Registered users must log in quarterly at a minimum. DOH will provide on-site technical assistance to LHJs, as needed, on utilizing WASECURES. LHJs may choose to utilize other notification systems <b>in addition</b> to WASECURES to alert staff during incidents.</p>		<p>Submit mid-year and end-of-year progress reports</p> <p>Submit list of registered users to include their title and role in the emergency response plan.</p> <p>Submit results of notification drill.</p>	<p>December 31, 2018 and June 28, 2019</p> <p>June 28, 2019</p> <p>June 28, 2019</p>	
5	<p>Update plan to request, receive and dispense medical countermeasures. Plans should include the addresses of all local distribution sites (Hub) identified by the LHJ.</p> <p><b>Note:</b> Not all LHJs require a distribution site; LHJs may partner with others to create a centralized distribution location.</p>		<p>Submit mid-year and end-of-year progress reports</p> <p>Submit updated plan to request, receive and dispense medical countermeasures including to DOH.</p>	<p>December 31, 2018 and June 28, 2019</p> <p>June 28, 2019</p>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
6	Provide notification to the DOH Duty Officer at 360-888-0838 or <a href="mailto:hanaalert@doh.wa.gov">hanaalert@doh.wa.gov</a> for all response incidents involving utilization of emergency response plans and structures.		Submit mid-year and end-of-year progress reports  Documentation that notification to DOH was provided; or statement that no incident response occurred.	December 31, 2018 and June 28, 2019  June 28, 2019	
7	Provide LHJ situation reports to DOH during all incidents involving an emergency response by the LHJ.		Submit mid-year and end-of-year progress reports  Submit Situation Reports or statement that no incident response occurred.	December 31, 2018 and June 28, 2019  During all responses	
8	Submit essential elements of information (EIs) during incident response upon request by DOH.		Submit mid-year and end-of-year progress reports  Provide information upon request or statement that information was not requested.	December 31, 2018 and June 28, 2019  Upon request by DOH	
9	Participate in the regional healthcare coalition (HCC) and attend coalition meetings as necessary and as LHJ resources allow.		Submit mid-year and end-of-year progress reports  Provide a summary of participation in coalition activities.	December 31, 2018 and June 28, 2019  June 28, 2019	
10	<p><i>For all LHJs that have identified a Hub for receipt of medical countermeasures from DOH during disasters:</i></p> <ul style="list-style-type: none"> <li>• <i>Participate in the 2019 T-Rex medication distribution exercise by receiving a shipment of exercise medications from DOH at the designated local Hub</i></li> </ul> <p><i>Participate in the T-REX 2019 Medical Materiel Management and Distribution exercise by:</i></p> <ol style="list-style-type: none"> <li><i>a) Determine level of play through Extent of Play Agreement that outlines at minimum receipt of simulated medical countermeasures at the jurisdiction's designated hub Point of Dispensing (POD) location/s</i></li> <li><i>b) Identify a hub POD location to be a delivery site for receiving, staging, and storing medical countermeasures</i></li> </ol>		<p>Submit mid-year and end-of-year progress reports</p> <p><i>Documentation of participation in the exercise</i></p> <p><i>Submit a completed Extent of Play Agreement form – provided by DOH</i></p> <p><i>Submit a completed Distribution hub POD Information form – provided by DOH</i></p>	<p>December 31, 2018 and June 28, 2019</p> <p><i>June 28, 2019</i></p> <p><i>December 1, 2018</i></p> <p><i>December 1, 2018</i></p>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p><i>c) Receive a shipment of simulated medical countermeasures from DOH at the jurisdiction's designated hub location/s</i></p> <p><i>d) Participate in After Action Review process with DOH</i></p> <p>LHJs are <u>not</u> required to test dispensing, transportation, or redistribution during the T-Rex exercise.</p>		<p><i>Summarize participation in T-REX 2019 exercise and participation in After Action Review with DOH in the end-of-year report.</i></p>	<p><i>June 28, 2019</i></p>	
11	<p>Conduct and/or participate in one or more exercises or real world incidents testing each of the following:</p> <ul style="list-style-type: none"> <li>• The process for requesting and receiving mutual aid resources</li> <li>• The process for gaining and maintaining situational awareness for, at a minimum:               <ul style="list-style-type: none"> <li>○ The functionality of critical public health operations</li> <li>○ The functionality of critical healthcare facilities and the services they provide</li> <li>○ The functionality of critical infrastructure serving public health and healthcare facilities (roads, water, sewer, power, communications)</li> <li>○ Number of disease cases</li> <li>○ Number of fatalities attributed to an incident</li> <li>○ Development of an ESF#8 situation report, or compilation of situational awareness information to be included in a County situation report</li> <li>○ EOC or Incident Command System (ICS) activation</li> <li>○ Development of an Incident Action Plan</li> <li>○ Meeting the needs of at-risk individuals or populations</li> <li>○ Priority functions determined by LHJ</li> </ul> </li> </ul> <p><b>Note:</b> The functions listed above may be tested in a single exercise or real-world incident or in multiple incidents and/or exercises.</p>		<p>Submit mid-year and end-of-year progress reports</p> <p>Submit After Action Report (AAR) and Corrective Action Plan for each drill/exercise/incident conducted or participated in.</p> <p>Submit completed situation report(s) and a summary of how reports were disseminated.</p> <p>Submit completed Incident Action Plan(s).</p>	<p>December 31, 2018 and June 28, 2019</p> <p>June 28, 2019</p> <p>June 28, 2019</p> <p>June 28, 2019</p>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
12	Develop plans that address the unique needs of individuals requiring special assistance during a response to be incorporated into existing emergency response plans. Develop exercises that include planning for the needs of individuals requiring special assistance.		Submit mid-year and end-of-year progress reports  Plans developed and incorporated in to existing ERP and AAR(s) for Exercises that include planning for individuals requiring special assistance during response.	December 31, 2018 and June 28, 2019  June 28, 2019	
13	Develop and maintain agreements with facilities within the region that could serve as an Alternate Care Facility (ACF) or a Federal Medical Station (FMS).		Submit mid-year and end-of-year progress reports  Submit list of facilities and copies of current agreements.	December 31, 2018 and June 28, 2019  June 28, 2019	
14	Review and, if needed update, specific vendor lists for logistical support services for ACFs or FMS operations including at a minimum: <ul style="list-style-type: none"> <li>• Biohazard/Waste Management</li> <li>• Feeding</li> <li>• Laundry</li> <li>• Communications</li> <li>• Sanitation</li> </ul>		Submit mid-year and end-of-year progress reports  Submit, if updated, vendor lists for the support services listed.	December 31, 2018 and June 28, 2019  June 28, 2019	
15	Update and maintain public health preparedness training and exercise plan.		Updated training and exercise plan.	December 31, 2018	
16	Participate with DOH in a process to develop and deliver situational awareness training to all LHJs.		Submit mid-year and end-of-year progress reports	December 31, 2018 and June 28, 2019	
17	Maintain county and regional public health emergency answering service and duty officer program.  Costs will be pro-rated and shared equally with Kitsap Public Health District Emergency Preparedness, Community Health and Environmental Health programs and Clallam and Jefferson Counties.		Submit mid-year and end-of-year progress reports	December 31, 2018 and June 28, 2019	
18	Provide consultation and grant support to Clallam and Jefferson Local Emergency Response Coordinators (LERCs) as requested. Provide consultation to DOH on behalf of Region 2 as requested.		Submit mid-year and end-of-year progress reports  Documentation of consultation and grant support provided.	December 31, 2018 and June 28, 2019  June 28, 2019	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>Additional activities as determined by the LHJ:</b>					
19	<p>Compile and update population estimates for individuals with functional and access needs for Kitsap, Clallam, and Jefferson Counties.</p> <p>Use population estimates to develop, update, and exercise emergency response plans.</p>		<p>Submit mid-year and end-of-year progress reports</p> <p>Submit population estimates reports.</p> <p>Summary of how population estimates were used to develop, update, and exercise emergency response plans.</p>	<p>December 31, 2018 June 28, 2019</p> <p>June 28, 2019</p> <p>June 28, 2019</p>	
20	<p>Review various guidance documents and existing research to identify standards and best practices regarding addressing populations with access and functional needs in public health emergency plans and procedures. Write a summary of best practices and recommendations based on this review.</p> <p>Guidance documents include CDC PHEP Capabilities Guidance and “Receiving, Distributing, and Dispensing SNS Assets Version 11.”</p>		<p>Submit mid-year and end-of-year progress reports</p> <p>Summary of best practices and recommendations on addressing populations with functional and access needs in emergency response plans.</p>	<p>December 31, 2018 June 28, 2019</p> <p>June 28, 2019</p>	
21	<p><i>Update and maintain plans, procedures and tools to demonstrate the ability to inform the public of threats to health and safety by various means</i></p>		<p><i>Submit mid-year and end-of-year progress reports</i></p> <p><i>Updated risk communications plans, procedures, and tools</i></p>	<p><i>December 31, 2018 June 28, 2019</i></p> <p><i>June 28, 2019</i></p>	

**\*For Information Only:**

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

**Program Specific Requirements/Narrative**

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

Deliverables are to be submitted to the ConCon deliverables mailbox at [concondeliverables@doh.wa.gov](mailto:concondeliverables@doh.wa.gov)

**Special Requirements**

**Federal Funding Accountability and Transparency Act (FFATA)**

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

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

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

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

Please reference the Code of Federal Regulations:

[https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58ffddb5363a27f26e9d12ccec462549&ty=HTML&h=L&mc=true&r=PART&n=pt2.1.200#se2.1.200\\_1439](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58ffddb5363a27f26e9d12ccec462549&ty=HTML&h=L&mc=true&r=PART&n=pt2.1.200#se2.1.200_1439)

**DOH Program Contact**

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P O Box 47960, Olympia, WA 98504-7960  
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**Exhibit A  
Statement of Work  
Contract Term: 2018-2020**

**DOH Program Name or Title:** OSS LMP Implementation - Effective January 1, 2018

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

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

<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 checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Period of Performance:** January 1, 2018 through June 30, 2019

**Statement of Work Purpose:** The purpose of this statement of work is to fund implementation of the on-site sewage system (OSS) local management plan (LMP)

**Revision Purpose:** The purpose of this revision is to change the ALEA funding period end date from 06/30/19 to 06/30/18 to align with the first state fiscal year of the 17-19 biennium, move unspent funding to the second state fiscal year of the 17-19 biennium, and change the DOH Program Contact.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change None	Total Consideration
				Start Date	End Date			
Small Onsite Management (ALEA)	N/A	334.04.93	26705100	01/01/18	06/30/18	30,000	-15,662	14,338
Wastewater Management - GFS	N/A	334.04.93	26701100	07/01/18	06/30/19	30,000	0	30,000
Small Onsite Management (ALEA)	N/A	334.04.93	26705100	07/01/18	06/30/19	0	15,662	15,662
<b>TOTALS</b>						<b>60,000</b>	<b>0</b>	<b>60,000</b>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p><b>Local Management Plan Implementation</b></p> <ul style="list-style-type: none"> <li>Enforcement for system deficiencies found during Maintenance and Monitoring (M&amp;M) inspections</li> <li>M&amp;M program administration</li> <li>Onsite Sewage System (OSS) complaint response</li> <li>M&amp;M data reports about deficiencies</li> </ul>		<p>Electronic copy of progress report and mapping data to include:</p> <ul style="list-style-type: none"> <li>Number of systems with known system type.</li> <li>Number of septic systems with current inspections.</li> <li>Number of septic failures.</li> </ul>	<p>Report Due Date: July 15, 2018 January 15, 2019 June 30, 2019</p> <p>Task is ongoing throughout the project period.</p>	\$60,000

**\*For Information Only:**

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

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



### Program Specific Requirements/Narrative

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

These funds can NOT be used for local match to federal grants.

#### **Special References (RCWs, WACs, etc)**

WAC 246-272A and RCW 70.118A

State funds from the Aquatic Lands Enhancement Account must be used to implement elements and activities of the local on-site sewage management plans that do not conflict with and are consistent with the goals, strategies, objectives, and actions of the Puget Sound Action Agenda.

#### **Definitions**

**Failure:** A condition of an on-site sewage system or component that threatens the public health by inadequately treating sewage or by creating a potential for direct or indirect contact between sewage and the public. Examples of failure include: (a) Sewage on the surface of the ground; (b) Sewage backing up into a structure caused by slow soil absorption of septic tank effluent; (c) Sewage leaking from a sewage tank or collection system; (d) Cesspools or seepage pits where evidence of ground water or surface water quality degradation exists; (e) Inadequately treated effluent contaminating ground water or surface water; or (f) Noncompliance with standards stipulated on the permit.

**Maintenance and Monitoring:** The actions necessary to keep the on-site sewage system components functioning as designed. Periodic or continuous checking of an on-site sewage system, which is performed by observations and measurements, to determine if the system is functioning as intended and if system maintenance is needed. Monitoring also includes maintaining accurate records that document monitoring activities.

#### **Special Billing Requirements**

##### Billing Information

1. Billings are submitted on an A19-1A form, which is provided by DOH.
2. A19-1A forms may be submitted monthly and must be submitted bi-monthly at minimum.

#### **Special Instructions**

Semiannual progress reports, including marine recovery area (MRA) mapping data, are due to DOH via email to [christie.durkin@doh.wa.gov](mailto:christie.durkin@doh.wa.gov) and [randal.freeby@doh.wa.gov](mailto:randal.freeby@doh.wa.gov).  
Progress Report Due Dates: July 15, 2018, January 15, 2019, and June 30, 2019

The report format will be provided by DOH and may be modified throughout the contract period via email announcement.

**DOH Program Contact:** ~~Christie Durkin~~ Heidi Kuykendall, Office of Environmental Health and Safety, PO Box 47824, Olympia WA 98504-7824; 360-236-3396;  
[heidi.kuykendall@doh.wa.gov](mailto:heidi.kuykendall@doh.wa.gov)

**DOH Fiscal Contact:** Kristy Warner, Environmental Public Health, PO Box 47820, Olympia WA 98504-7820, 360-236-3742, [kristy.warner@doh.wa.gov](mailto:kristy.warner@doh.wa.gov)

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

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

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

**Contract Number:** CLH18248

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

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

**Period of Performance:** January 1, 2018 through September 30, 2019

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

**Revision Purpose:** The purpose of this revision is to revise the SOW language in task #5, and align due dates to funding sources.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change None	Total Consideration
				Start Date	End Date			
Youth Tobacco Vapor Products	N/A	334.04.93	77410880	01/01/18	06/30/18	21,144	0	21,144
FFY17 PHBG Tobacco PPHF	93.758	333.93.75	77410272	01/01/18	09/29/18	29,034	0	29,034
FFY18 Tobacco Prevention	93.305	333.93.30	77410270	03/29/18	03/28/19	11,012	0	11,012
Youth Tobacco Vapor Products	N/A	334.04.93	77410880	07/01/18	06/30/19	25,544	0	25,544
SFY19 Marijauna Tobacco Edu	N/A	334.04.93	77420890	07/01/18	06/30/19	7,501	0	7,501
FFY18 PHBG Tobacco PPHF	93.758	333.93.75	77410282	10/01/18	09/30/19	40,000	0	40,000
<b>TOTALS</b>						<b>134,235</b>	<b>0</b>	<b>134,235</b>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<b>Eliminate Exposure to Secondhand Smoke and Electronic Cigarette/Vape Emissions</b> 1. Plan and implement activities within LHJ's respective Accountable Community of Health (ACH) region addressing local vaping in public places policies. 2. Conduct outreach and provide technical assistance to local agencies and organizations that are interested in adopting voluntary smoke-free and vape-free campus and/or organizational policies.		Monthly reports must be submitted to DOH on the 15 <sup>th</sup> of every month.	September 30, 2019	Reimbursement for actual expenditures, not to exceed total funding consideration.
2	<b>Reduce Tobacco-Related Disparities</b> In collaboration with priority population partners, educate stakeholders, community leaders, and decision-makers		Monthly reports must be submitted to DOH on the 15 <sup>th</sup> of every month.	<del>September 30, 2019</del> June 30, 2019	Reimbursement for actual expenditures, not to

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

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>which are often timed to coincide with holidays, heritage months, and health observances.</p> <p>c) Health promotion activities, such as working with health care professionals and other partners and promoting quit lines.</p>				
7	<p><b>Administration and Management</b></p> <p>1. <b>Meetings and Conference Calls:</b></p> <p>a) Participate in contract management conference calls/webinars with TVPPCP every other month, beginning in July 2018. The purpose of the calls are to review activity status and plans, identify next steps and timelines, request for and receive technical assistance, and for collaboration and sharing regional work.</p> <p>b) Attend at least one (1) full day in-person meeting with all regional and priority population contractors.</p> <p>2. <b>Reporting:</b> Submit monthly reports of work including a narrative on overall progress using the reporting template located on SharePoint provided by TVPPCP. All documents related to task activities will be attached.</p> <p>3. <b>Budget*:</b> Submit an annual budget to TVPPCP to reflect planned activities, using a template provided by TVPPCP. Update as needed on SharePoint.</p> <p>4. <b>Billing:</b> Submit A19 invoice voucher form monthly. An updated budget workbook is due the 30<sup>th</sup> of the month following the month in which costs are incurred.</p> <p>5. <b>Assessment and Evaluation:</b> Using a template provided by TVPPCP, complete project evaluation activity developed and coordinated by TVPPCP as requested.</p>		<p>Monthly reports must be submitted to DOH on the 15<sup>th</sup> of every month.</p> <p>*Annual budget due by July 30, 2018</p>	September 30, 2019	<p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p> <p>A19 forms due the 30<sup>th</sup> of the month following the month in which costs were incurred.</p>
8	<p><b>Planning and Coordination</b></p> <p>Revise and update 2017-2018 implementation plan using a template provided by TVPPCP, involving representatives</p>		Monthly reports must be submitted to DOH on the 15 <sup>th</sup> of every month.	September 30, 2019	Reimbursement for actual expenditures, not to

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>from all counties within the respective ACH region. The 2018-2019 implementation plan will include the following strategies/activities:</p> <ol style="list-style-type: none"> <li>1. Provide technical assistance (TA) to schools and colleges/universities to implement or strengthen tobacco-free and vape-free campus policies.</li> <li>2. Educate stakeholders and community leaders about the impact of flavors and menthol on tobacco-related disparities and youth initiation.</li> <li>3. Communicate with multi-unit trade organizations, landlords and the public on smoke-free and/or vape-free policies. Plan and implement one or more of the following interventions, as resources permit:               <ol style="list-style-type: none"> <li>i. Provide technical assistance to multi-unit housing trade organizations and landlords interested in adopting voluntary smoke-free and/or vape-free policies.</li> <li>ii. Respond to and provide referrals to residents of multi-unit housing concerned about the implementation or enforcement of smoke-free and/or vape-free policies.</li> <li>iii. Provide technical assistance to public housing authorities and residents in the implementation and enforcement of required smoke-free policies per Housing and Urban Development (HUD)'s Smoke-Free Public Housing Rule.</li> </ol> </li> </ol>				<p>exceed total funding consideration.</p>

**\*For Information Only:**

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

**Program Specific Requirements/Narrative**

**Special Requirements**

**Federal Funding Accountability and Transparency Act (FFATA)**

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

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

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

**Program Manual, Handbook, Policy References**

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

**Federal Funding Restrictions and Limitations:**

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

**Special References (RCWs, WACs, etc)**

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

**Monitoring Visits**

Monthly telephone calls with DOH contract manager.

**Special Billing Requirements**

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

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

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

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

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

**Special Instructions**

LHJ must:

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

**DOH Program Contact**

Stacia Wasmundt, Contract Manager  
Youth Tobacco and Vapor Product Prevention Consultant  
Office of Healthy Communities  
Tobacco and Vapor Product Prevention and Control Program  
Washington State Department of Health  
Street Address: 310 Israel Rd SE, Tumwater, WA 98501  
Mailing Address: PO Box 47848, Olympia, WA 98504  
Telephone: 360-236-2568 / Fax: 360-236-3646  
Email: [stacia.wasmundt@doh.wa.gov](mailto:stacia.wasmundt@doh.wa.gov)

**DOH Fiscal Contact**

Sharon Shields  
Fiscal Consultant  
Prevention and Community Health  
Washington State Department of Health  
Street Address: 310 Israel Rd SE, Tumwater, WA 98501  
Mailing Address: PO Box 47855, Olympia, WA 98504  
Telephone: 360-236-3609/ Fax: 360-664-2619  
Email: [sharon.shields@doh.wa.gov](mailto:sharon.shields@doh.wa.gov)

**EXHIBIT B-5  
ALLOCATIONS  
Contract Term: 2018-2020**

**Contract Number: CLH18248  
Date: September 17, 2018**

Indirect Rate as of January 2018: 34.98% Admin & Fac.; 37.62% Community Hlth Pgms (inc. Admin) & 40.39% Environmental Hlth Pgms (inc. Admin)

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY19 CSS USDA FINI Prog Mgnt	20157001823357	N/A	10.331	333.10.33	10/01/18	09/30/19	10/01/18	09/30/19	\$89,063	\$89,063	\$234,905
FFY18 CSS USDA FINI Prog Mgnt	20157001823357	Amd 2	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	\$55,060	\$145,842	
FFY18 CSS USDA FINI Prog Mgnt	20157001823357	N/A	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	\$90,782		
FFY19 CSS IAR SNAP Ed Program Mgnt	NGA Not Received	Amd 4	10.561	333.10.56	10/01/18	09/30/19	10/01/18	09/30/19	\$69,167	\$69,167	\$159,198
FFY18 CSS IAR SNAP Ed Program Mgnt CF	187WAWA5Q3903	Amd 4	10.561	333.10.56	10/01/18	09/30/19	10/01/18	09/30/19	\$13,833	\$13,833	
FFY18 CSS IAR SNAP Ed Program Mgnt	187WAWA5Q3903	Amd 4	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$8,150	\$69,281	
FFY18 CSS IAR SNAP Ed Program Mgnt	187WAWA5Q3903	Amd 2	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$26,548		
FFY18 CSS IAR SNAP Ed Program Mgnt	187WAWA5Q3903	N/A	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$34,583		
FFY17 CSS IAR SNAP Ed Program Mgnt CF	1717WAWA5Q390	N/A	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$6,917	\$6,917	
<b>FFY18 Housing People with AIDS Formula</b>	<b>WAH18-F999</b>	<b>Amd 5</b>	<b>14.241</b>	<b>333.14.24</b>	07/01/18	06/30/19	07/01/18	06/30/19	<b>\$51,940</b>	<b>\$51,940</b>	<b>\$51,940</b>
PS SSI 1-5 BEACH Task 4	01J18001	Amd 1	66.123	333.66.12	03/01/18	10/31/18	07/01/17	06/30/19	\$5,800	\$5,800	\$5,800
PS SSI 1-5 PIC Task 4	01J18001	Amd 2	66.123	333.66.12	01/01/18	03/31/19	07/01/17	06/30/19	(\$50,000)	\$28,805	\$28,805
PS SSI 1-5 PIC Task 4	01J18001	N/A	66.123	333.66.12	01/01/18	03/31/19	07/01/17	06/30/19	\$78,805		
FFY18 Swimming Beach Act Grant IAR (ECY)	00J75501	Amd 1	66.472	333.66.47	03/01/18	10/31/18	12/15/17	12/14/18	\$14,000	\$14,000	\$14,000
FFY17 EPR PHEP BP1 LHJ Funding	NU90TP921889-01	Amd 2	93.069	333.93.06	01/01/18	06/30/18	07/01/17	07/02/18	\$44,006	\$163,223	\$163,223
FFY17 EPR PHEP BP1 LHJ Funding	NU90TP921889-01	N/A	93.069	333.93.06	01/01/18	06/30/18	07/01/17	07/02/18	\$119,217		
<b>FFY18 EPR PHEP BP1 Supp LHJ Funding</b>	<b>NU90TP921889-01</b>	<b>Amd 5</b>	<b>93.069</b>	<b>333.93.06</b>	07/01/18	06/30/19	07/01/18	06/30/19	<b>\$5,318</b>	<b>\$295,345</b>	<b>\$295,345</b>
FFY18 EPR PHEP BP1 Supp LHJ Funding	NU90TP921889-01	Amd 4	93.069	333.93.06	07/01/18	06/30/19	07/01/18	06/30/19	\$290,027		
FFY17 317 Ops	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$4,837	\$4,837	\$4,837
FFY17 AFIX	5NH23IP000762-05-00	Amd 2, 4	93.268	333.93.26	07/01/18	06/30/19	04/01/17	06/30/19	\$27,563	\$27,563	\$41,821
FFY17 AFIX	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$14,258	\$14,258	
FFY17 Increasing Immunization Rates	<b>NH23IP000762</b>	Amd 3, 4	93.268	333.93.26	07/01/18	06/30/19	07/01/18	06/30/19	\$16,134	\$16,134	\$16,134
FFY17 PPHF Ops	<b>NH23IP000762</b>	Amd 3, 4	93.268	333.93.26	07/01/18	06/30/19	04/01/18	06/30/19	\$2,500	\$2,500	\$2,500
FFY17 VFC Ops	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$7,054	\$7,054	\$7,054



Kitsap Public Health District

**EXHIBIT B-5  
ALLOCATIONS**  
Contract Term: 2018-2020

Contract Number: **CLH18248**  
Date: **September 17, 2018**

Indirect Rate as of January 2018: 34.98% Admin & Fac.; 37.62% Community Hlth Pgms (inc. Admin) & 40.39% Environmental Hlth Pgms (inc. Admin)

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY18 Tobacco Prevention	U58DP006004	Amd 2	93.305	333.93.30	03/29/18	03/28/19	03/29/18	03/28/19	\$11,012	\$11,012	\$11,012
FFY17 TCPI PTN Contracts	1L1331455	Amd 1, 3	93.638	333.93.63	01/01/18	09/28/18	09/29/17	09/28/18	\$73,117	\$73,117	\$73,117
FFY18 PHBG Tobacco PPHF	NB01OT009234	Amd 4	93.758	333.93.75	10/01/18	09/30/19	10/01/18	09/30/19	\$40,000	\$40,000	\$69,034
FFY17 PHBG Tobacco PPHF	NB01OT00918	Amd 3	93.758	333.93.75	01/01/18	09/29/18	07/01/17	09/30/18	\$3,235	\$29,034	
FFY17 PHBG Tobacco PPHF	NB01OT00918	Amd 2, 3	93.758	333.93.75	01/01/18	09/29/18	07/01/17	09/30/18	\$5,799		
FFY17 PHBG Tobacco PPHF	NB01OT00918	N/A, Amd 3	93.758	333.93.75	01/01/18	09/29/18	07/01/17	09/30/18	\$20,000		
FFY17 EPR HPP BP1 Healthcare System Prep	NU90TP921889-01	Amd 2	93.889	333.93.88	01/01/18	06/30/18	07/01/17	07/02/18	\$4,477	\$18,420	\$18,420
FFY17 EPR HPP BP1 Healthcare System Prep	NU90TP921889-01	N/A	93.889	333.93.88	01/01/18	06/30/18	07/01/17	07/02/18	\$13,943		
FFY18 RW HIV Peer Nav Proj-Proviso	5X07HA000832800	Amd 4	93.917	333.93.91	04/01/18	03/31/19	04/01/18	03/31/19	\$22,871	\$57,412	\$57,412
FFY18 RW HIV Peer Nav Proj-Proviso	5X07HA000832800	Amd 2, 4	93.917	333.93.91	04/01/18	03/31/19	04/01/18	03/31/19	\$34,541		
FFY18 RW HIV Provider Capacity-Proviso	5X07HA000832800	Amd 2, 4	93.917	333.93.91	04/01/18	03/31/19	04/01/18	03/31/19	\$30,695	\$30,695	\$30,695
FFY19 MCHBG LHJ Contracts	NGA Not Received	Amd 4	93.994	333.93.99	10/01/18	09/30/19	10/01/18	09/30/19	\$159,854	\$159,854	\$279,745
FFY18 MCHBG LHJ Contracts	B04MC31524	N/A	93.994	333.93.99	01/01/18	09/30/18	10/01/17	09/30/18	\$119,891	\$119,891	
GFS-Group B (FO-SW)		Amd 3	N/A	334.04.90	01/01/18	06/30/18	07/01/17	06/30/19	(\$10,000)	\$0	\$0
GFS-Group B (FO-SW)		N/A	N/A	334.04.90	01/01/18	06/30/18	07/01/17	06/30/19	\$10,000		
FY2 Group B Programs for DW (FO-SW)		Amd 3	N/A	334.04.90	07/01/18	06/30/19	07/01/18	06/30/19	\$10,000	\$10,000	\$30,000
FY1 Group B Programs for DW (FO-SW)		Amd 3	N/A	334.04.90	01/01/18	06/30/18	01/01/18	06/30/18	\$20,000	\$20,000	
State HIV CS/End AIDS WA		Amd 2	N/A	334.04.91	07/01/18	12/31/18	07/01/17	06/30/19	\$6,246	\$6,246	\$9,369
State HIV CS/End AIDS WA		Amd 2	N/A	334.04.91	03/01/18	06/30/18	07/01/17	06/30/19	\$3,123	\$3,123	
State HIV Prevention		N/A	N/A	334.04.91	07/01/18	12/31/18	07/01/17	06/30/19	\$20,000	\$20,000	\$40,000
State HIV Prevention		N/A	N/A	334.04.91	01/01/18	06/30/18	07/01/17	06/30/19	\$20,000	\$20,000	
State HIV Prevention PrEP		Amd 3	N/A	334.04.91	07/01/18	06/30/19	07/01/17	06/30/17	\$9,172	\$9,172	\$13,758
State HIV Prevention PrEP		Amd 2	N/A	334.04.91	01/01/18	06/30/18	07/01/17	06/30/19	\$4,586	\$4,586	
SFY2 Lead Environments of Children		Amd 4	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$5,000	\$5,000	\$8,000
SFY1 Lead Environments of Children		Amd 1	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$3,000	\$3,000	

Kitsap Public Health District

**EXHIBIT B-5  
ALLOCATIONS**  
Contract Term: 2018-2020

Contract Number: CLH18248  
Date: September 17, 2018

Indirect Rate as of January 2018: 34.98% Admin & Fac.; 37.62% Community Hlth Pgms (inc. Admin) & 40.39% Environmental Hlth Pgms (inc. Admin)

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
SFY19 Marijuana Tobacco Edu		Amd 3	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$247,509	\$247,509	\$403,323
SFY19 Marijuana Tobacco Edu		Amd 2	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$7,501	\$7,501	
SFY18 Marijuana Tobacco Edu		Amd 3	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$49,558	\$148,313	
SFY18 Marijuana Tobacco Edu		N/A	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$98,755		
Rec Shellfish/Biototoxin		N/A	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$22,500	\$22,500	\$22,500
<b>Small Onsite Management (ALEA)</b>		<b>Amd 5</b>	<b>N/A</b>	<b>334.04.93</b>	07/01/18	06/30/18	07/01/17	06/30/19	<b>\$15,662</b>	<b>\$15,662</b>	<b>\$30,000</b>
<b>Small Onsite Management (ALEA)</b>		<b>Amd 5</b>	<b>N/A</b>	<b>334.04.93</b>	01/01/18	06/30/18	07/01/17	06/30/19	<b>(\$15,662)</b>	<b>\$14,338</b>	
Small Onsite Management (ALEA)		N/A, Amd 5	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/19	\$30,000		
Wastewater Management-GFS		N/A	N/A	334.04.93	07/01/18	06/30/19	07/01/17	06/30/19	\$30,000	\$30,000	\$30,000
Youth Tobacco Vapor Products		Amd 2	N/A	334.04.93	07/01/18	06/30/19	07/01/17	06/30/19	\$25,544	\$25,544	\$46,688
Youth Tobacco Vapor Products		Amd 2	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/19	\$4,655	\$21,144	
Youth Tobacco Vapor Products		N/A	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/19	\$16,489		
<b>FFY17 ADAP Rebate (Local) 17-19</b>		<b>Amd 5</b>	<b>N/A</b>	<b>334.04.98</b>	07/01/18	06/30/19	07/01/17	06/30/19	<b>(\$225,000)</b>	<b>\$82,556</b>	<b>\$348,834</b>
FFY17 ADAP Rebate (Local) 17-19		Amd 3	N/A	334.04.98	07/01/18	06/30/19	07/01/17	06/30/19	\$82,556		
FFY17 ADAP Rebate (Local) 17-19		N/A, Amd 3	N/A	334.04.98	07/01/18	06/30/19	07/01/17	06/30/19	\$225,000		
FFY17 ADAP Rebate (Local) 17-19		Amd 2	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/19	\$41,278	\$266,278	
FFY17 ADAP Rebate (Local) 17-19		N/A	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/19	\$225,000		
SFY17 Managed Care Org		Amd 1	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/18	(\$32,678)	\$6,536	\$6,536
SFY17 Managed Care Org		N/A	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/18	\$39,214		
<b>FFY18 RW Grant Year Local (Rebate)</b>		<b>Amd 5</b>	<b>N/A</b>	<b>334.04.98</b>	07/01/18	03/31/19	07/01/18	03/31/19	<b>\$225,000</b>	<b>\$225,000</b>	<b>\$225,000</b>
FPHS Funding for LHJs Dir		Amd 3	N/A	336.04.25	07/01/18	06/30/19	07/01/17	06/30/19	\$147,345	\$147,345	\$147,345
YR 20 SRF - Local Asst (15%) (FS) SS		Amd 3	N/A	346.26.64	01/01/18	12/31/18	07/01/15	12/31/18	(\$14,750)	\$0	\$0
YR 20 SRF - Local Asst (15%) (FS) SS		N/A, Amd 3	N/A	346.26.64	01/01/18	12/31/18	07/01/15	12/31/18	\$14,750		
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 3	N/A	346.26.64	01/01/18	12/31/18	07/01/17	06/30/19	\$14,750	\$14,750	\$14,750
YR 20 SRF - Local Asst (15%) (FS) TA		Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/15	12/31/18	(\$2,000)	\$0	\$0
Yr 20 SRF - Local Asst (15%) (FS) TA		N/A, Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/17	12/31/18	\$2,000		

Kitsap Public Health District

**EXHIBIT B-5  
ALLOCATIONS**  
Contract Term: 2018-2020

Contract Number: CLH18248  
Date: September 17, 2018

Indirect Rate as of January 2018: 34.98% Admin & Fac.; 37.62% Community Hlth Pgms (inc. Admin) & 40.39% Environmental Hlth Pgms (inc. Admin)

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period	Chart of Accounts
					Start Date	End Date	Start Date	End Date		Sub Total	Total
YR 20 SRF - Prog Mgmt (10%) (FS) TA		Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/15	12/31/18	\$800	\$800	\$800
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/17	06/30/19	\$1,200	\$1,200	\$1,200
<b>TOTAL</b>									<b>\$2,943,100</b>	<b>\$2,943,100</b>	
<b>Total consideration:</b>											<b>GRAND TOTAL</b>
											<b>\$2,943,100</b>
<b>GRAND TOTAL</b>											<b>Total Fed</b>
											<b>Total State</b>
											<b>\$1,564,997</b>
											<b>\$1,378,103</b>

\*Catalog of Federal Domestic Assistance

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

**Exhibit C-5 Schedule of Federal Awards**

**AMENDMENT #5**

**Date: September 17, 2018**

KITSAP PUBLIC HEALTH DISTRICT-SWW0027359-00  
 CONTRACT CLH18248-Kitsap Public Health District  
 CONTRACT PERIOD: 01/01/2018-12/31/2020

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period Start Date	End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY19 CSS USDA FINI PROGRAM MGMT	333.10.33	08/26/15	\$5,859,307	10/01/18	09/30/19	\$89,063	10.331	Food Insecurity Nutrition Incentive Grants	USDA-National Institute of Food and Agriculture	20157001823357	WASHINGTON STATE DEPARTMENT OF HEALTH FINI GRANT PROJECT
FFY18 CSS USDA FINI PROGRAM MGMT	333.10.33	08/26/15	\$5,859,307	01/01/18	09/30/18	\$145,842	10.331	Food Insecurity Nutrition Incentive Grants	USDA-National Institute of Food and Agriculture	20157001823357	WASHINGTON STATE DEPARTMENT OF HEALTH FINI GRANT PROJECT
FFY19 CSS IAR SNAP ED PROG MGMT	333.10.56	NGA Not Received	NGA Not Received	10/01/18	09/30/19	\$69,167	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	NGA Not Received	NGA Not Received
FFY18 CSS IAR SNAP-ED PROGRAM MGMT CF	333.10.56	09/28/17	\$5,300,000	10/01/18	09/30/19	\$13,833	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	187WAWA5Q3903	2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY18 CSS IAR SNAP-ED PROGRAM MGMT	333.10.56	09/28/17	\$5,300,000	01/01/18	09/30/18	\$69,281	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	187WAWA5Q3903	2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY17 CSS IAR SNAP-ED PROGRAM MGMT CF	333.10.56	09/10/16	\$5,739,856	01/01/18	09/30/18	\$6,917	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	1717WAWA5Q390	2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY18 HOUSING PEOPLE WITH AIDS FORMULA	333.14.24	08/07/18	\$955,996	07/01/18	06/30/19	\$51,940	14.241	Housing Opportunities for Persons with AIDS	Department of Housing and Urban Development	WAH18-F999	HOUSING OPPORTUNITIES FOR PERSON WITH AIDS (HOPWA) PROGRAM
PS SSI 1-5 PIC TASK 4	333.66.12	08/02/16	\$9,200,000	01/01/18	03/31/19	\$28,805	66.123	Puget Sound Action Agenda: Technical Investigations and Implementation Assistance Program	Environmental Protection Agency Region 10	01J18001	PUGET SOUND SHELLFISH STRATEGIC INITIATIVE LEAD
PS SSI 1-5 BEACH TASK 4	333.66.12	08/02/16	\$9,200,000	03/01/18	10/31/18	\$5,800	66.123	Puget Sound Action Agenda: Technical Investigations and Implementation Assistance Program	Environmental Protection Agency Region 10	01J18001	PUGET SOUND SHELLFISH STRATEGIC INITIATIVE LEAD
FFY18 SWIMMING BEACH ACT GRANT IAR (ECY)	333.66.47	12/15/17	\$91,990	03/01/18	10/31/18	\$14,000	66.472	Beach Monitoring and Notification Program Implementation Grants	Environmental Protection Agency Office of Water	00J75501	MARINE SWIMMING BEACH MONITORING AND PUBLIC NOTIFICATION
FFY18 EPR PHEP BP1 SUPP LHJ FUNDING	333.93.06	08/01/18	\$11,062,782	07/01/18	06/30/19	\$295,345	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921889-01	HOSPITAL PREPAREDNESS PROGRAM AND PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT
FFY17 EPR PHEP BP1 LHJ FUNDING	333.93.06	07/18/17	\$11,062,782	01/01/18	06/30/18	\$163,223	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921889-01	HOSPITAL PREPAREDNESS PROGRAM AND PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT
FFY17 VFC OPS	333.93.26	03/03/17	\$1,201,605	01/01/18	06/30/18	\$7,054	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 PPHF OPS	333.93.26	06/29/18	\$3,634,512	07/01/18	06/30/19	\$2,500	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 INCREASING IMMUNIZATION RATES	333.93.26	06/29/18	\$1,722,443	07/01/18	06/30/19	\$16,134	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 AFIX	333.93.26	03/03/17	\$1,672,289	01/01/18	06/30/19	\$41,821	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM

**Exhibit C-5 Schedule of Federal Awards**

**AMENDMENT #5**

**Date: September 17, 2018**

**KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00**  
**CONTRACT CLH18248-Kitsap Public Health District**  
**CONTRACT PERIOD: 01/01/2018-12/31/2020**

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period Start Date	Allocation Period End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY17 317 OPS	333.93.26	03/03/17	\$575,969	01/01/18	06/30/18	\$4,837	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY18 TOBACCO PREVENTION	333.93.30	03/22/18	\$1,081,051	03/29/18	03/28/19	\$11,012	93.305	National State Based Tobacco Control Programs	Department of Health and Human Services Centers for Disease Control and Prevention	U58DP006004	TOBACCO CONTROL PROGRAM
FFY17 TCPI PTN CONTRACTS	333.93.63	09/24/15	\$11,254,883	01/01/18	09/28/18	\$73,117	93.638	ACA-Transforming Clinical Practice Initiative: Practice Transformation Networks (PTNs)	Department of Health and Human Services Centers for Medicare and Medicaid Services	1L1331455	TRANSFORMING CLINICAL PRACTICES INITIATIVE
FFY18 PHBG TOBACCO PPHF	333.93.75	08/31/18	\$1,675,032	10/01/18	09/30/19	\$40,000	93.758	Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF)	Department of Health and Human Services Health Centers for Disease Control and Prevention	NB01OT009234	PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT 2018
FFY17 PHBG TOBACCO PPHF	333.93.75	03/09/17	\$1,557,831	01/01/18	09/29/18	\$29,034	93.758	Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF)	Department of Health and Human Services Health Centers for Disease Control and Prevention	NB01OT00918	PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT
FFY17 EPR HPP BP1 HEALTHCARE SYS PREP	333.93.88	07/18/17	\$4,279,234	01/01/18	06/30/18	\$18,420	93.889	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921889-01	HPP AND PHEP COOPERATIVE AGREEMENT
FFY18 RW HIV PROVIDER CAPACITY-PROVISO	333.93.91	04/02/18	\$13,631,623	04/01/18	03/31/19	\$30,695	93.917	HIV Care Formula Grants	Department of Health and Human Services Health Resources and Services Administration	5X07HA000832800	RYAN WHITE CARE ACT TITLE II
FFY18 RW HIV PEER NAV PROJ-PROVISO	333.93.91	04/02/18	\$13,631,623	04/01/18	03/31/19	\$57,412	93.917	HIV Care Formula Grants	Department of Health and Human Services Health Resources and Services Administration	5X07HA000832800	RYAN WHITE CARE ACT TITLE II
FFY19 MCHBG LHJ CONTRACTS	333.93.99	NGA Not Received	NGA Not Received	10/01/18	09/30/19	\$159,854	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	NGA Not Received	NGA Not Received
FFY18 MCHBG LHJ CONTRACTS	333.93.99	10/20/17	\$1,650,528	01/01/18	09/30/18	\$119,891	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC31524	MATERNAL AND CHILD HEALTH SERVICES
<b>TOTAL</b>						<b>\$1,564,997</b>					