

**Kitsap Public Health District
Consent Agenda Agreement Summary
February 7, 2017**

KPHD Contract Number	Their Contract Number	Contractor and Agreement Name	Type of Agreement	Term of Agreement	Amount to District	Amount to Other Agency
1316 Amendment 12 (1666)	C17113	Washington State Department of Health <i>2015-2017 Consolidated Contract</i>	Interlocal Agreement	01/01/2015 – 12/31/2017	\$634,033	\$0
Description: Adds statements of work for HIV Client Services, Infectious Disease Prevention Section, Office of Drinking Water Group B Program, and Office of Immunization and Child Profile; Amends statements of work for Emergency Preparedness and Response, Family Planning, Maternal and Child Health Block Grant, and Office of Drinking Water Group A Program. Adds \$634,033 in funding.						
1343 Amendment 2 (1642)	K1406-2	Washington State Health Care Authority <i>Medicaid Administrative Claiming</i>	Contract	01/01/2017 – 12/31/2018	No Max	\$0
Description: Supports Medicaid related outreach and linkage activities performed by Local Health Jurisdictions to Washington State residents who live within its jurisdiction.						
1560		City of Bremerton <i>Services Reimbursement Agreement</i>	Interagency Agreement	02/01/2017 – 04/31/2017	\$30,000	\$0
Description: The District shall maintain a contract with the Salvation Army to employ a trained security guard for security services in support of Kitsap Connect project. The City shall reimburse the expenses for security services provided.						
1611		Olympic Community of Health <i>Professional Services Agreement</i>	Interagency Agreement	02/02/2017-01/31/2018	\$45,872	\$0
Description: The District to provide Assessment and Epidemiology services in support of Olympic Community of Health (OCH) objectives. The District shall assist OCH conduct Regional Health Needs Assessment Inventory, identify regional health needs and service gaps, and provide analytic support to OCH projects including the Three-County Coordinated Opioid Response Project.						
1639		Olympic Community of Health <i>Administrative Support Services</i>	Interagency Agreement	02/01/2017 – 04/31/2017	\$5,000	\$0
Description: The District to provide transitional administrative support services to Olympic Community of Health during its early beginning as a newly formed public agency independent from the District. Support services include assistance from the District Confidential Secretary, Finance Manager and IT Manager.						

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1653		Jefferson County Public Health <i>Data Management</i>	Interlocal Agreement	01/01/2017 – 12/31/2018	\$14,357	\$0
Description: The District to provide an Epidemiologist to manage evaluation tracking data systems for Mental Health, Substance Abuse in Jefferson County and prepare and present data reports to Jefferson County and its community partners; Perform analysis of data from U.S. Census, BRFSS, Healthy Youth Survey, communicable disease, mental health, substance abuse, births and deaths.						

**KITSAP PUBLIC HEALTH DISTRICT
2015 – 2017 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: C17113

AMENDMENT NUMBER: 12

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

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

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

- ☒ Adds Statements of Work for the following programs:
 - HIV Client Services - Effective January 1, 2017
 - Infectious Disease Prevention Section (IDPS) - Effective January 1, 2017
 - Office of Drinking Water Group B Program - Effective January 1, 2017
 - Office of Immunization & Child Profile - Effective January 1, 2017
- ☒ Amends Statements of Work for the following programs:
 - Emergency Preparedness & Response - Effective July 1, 2015
 - Emergency Preparedness & Response - Effective July 1, 2016
 - Family Planning - Effective January 1, 2016
 - Maternal & Child Health Block Grant - Effective January 1, 2015
 - Office of Drinking Water Group A Program - Effective January 1, 2015
- ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-12 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-11 Allocations as follows:

- ☒ Increase of **\$634,033** for a revised maximum consideration of **\$4,703,829**.
- ☐ Decrease of _____ for a revised maximum consideration of _____.
- ☐ No change in the maximum consideration of _____.
Exhibit B Allocations are attached only for informational purposes.

3. Exhibit C-12 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-11.

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

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

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

KITSAP PUBLIC HEALTH DISTRICT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Date

Date

APPROVED AS TO FORM ONLY
Assistant Attorney General

2015-2017 CONSOLIDATED CONTRACT
EXHIBIT A
STATEMENTS OF WORK
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**Exhibit A
Statement of Work
Contract Term: 2015-2017**

DOH Program Name or Title: Emergency Preparedness & Response -
Effective July 1, 2015

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: C17113

SOW Type: Revision **Revision # (for this SOW)** 6

Period of Performance: July 1, 2015 through June 30, 2016

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to establish the funding and tasks for the Public Health Emergency Preparedness and Response program for the 2015 grant period through June 30, 2016.

Revision Purpose: The purpose of this revision is to transfer an additional amount from FFY15 EPR PHEP Ebola Supplemental #2 BP4 to the EPR BP5 statement of work effective July 1, 2016.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Decrease (-)	Total Consideration
				Start Date	End Date			
FFY15 EPR PHEP BP4 LHJ Funding	93.069	333.93.06	18101800	07/01/15	06/30/16	300,555	0	300,555
FFY15 EPR HPP BP4 Healthcare System Prep	93.889	333.93.88	18101810	07/01/15	06/30/16	72,191	0	72,191
FFY15 EPR HPP Ebola Part A Prep & Response	93.817	333.93.81	18101680	07/01/15	06/30/16	24,531	0	24,531
FFY15 EPR PHEP Ebola Supplemental #2	93.074	333.93.07	18101670	07/01/15	06/30/16	23,639	-1,538	22,101
FFY15 EPR PHEP BP4 Oper Readiness	93.069	333.93.06	18101740	07/01/15	06/30/16	46,815	0	46,815
FFY15 EPR PHEP BP4 Risk Communications	93.069	333.93.06	18101750	07/01/15	06/30/16	16,270	0	16,270
TOTALS						484,001	-1,538	482,463

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
FFY15 EPR PHEP BP4 LHJ Funding					
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 mid-year and end-of-year progress reports. Include name and contact information of all attendees and event agendas.	December 31, 2015 and June 30, 2016	Reimbursement for actual costs, not to exceed total funding consideration amount.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	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	See mid-year and end-of-year reporting templates for dates.	
3	Draft, review and/or update, the local comprehensive public health and emergency response plan. In it, describe the command structure utilized by public health to manage emergency response as well as the relationship between the LHJ and the county EOC during a response. 3.1) Train staff to the completed plan.		Submit mid-year and end-of-year progress reports. Submit copy of latest comprehensive public health and emergency response plan. Submit training records to DOH	December 31, 2015 and June 30, 2016 June 30, 2016 June 30, 2016	
4	Maintain registration of (at minimum) all critical LHJ positions within the Washington Secure Electronic Communication, Urgent Response and Exchange System (WASECURES) program as the primary emergency notification system. Registered users must log in quarterly at a minimum. Other communication systems may be maintained as well. 4.1) Conduct a notification drill using WASECURES.		Submit mid-year and end-of-year progress reports. Submit list of registered users to include their title and role in the emergency response plan. Submit results of notification drill to DOH	December 31, 2015 and June 30, 2016 June 30, 2016 June 30, 2016	
5	Develop a process to activate the Health and Medical Emergency Response Plan within the LHJ. Process must include: <ul style="list-style-type: none"> • Identification of an emergency operations center (EOC) location from which public health can coordinate the health and medical response. • A description of the process for notifying and mobilizing staff during an emergent event. 		Submit mid-year and end-of-year progress reports. Submit process to activate the Health and Medical Emergency Response Plan within the LHJ.	December 31, 2015 and June 30, 2016 June 30, 2016	
6	Develop processes/procedures to establish and maintain situational awareness during a public health emergency.		Submit mid-year and end-of-year progress reports.	December 31, 2015 and June 30, 2016	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Develop forms, or adapt templates developed by DOH and other partners, to guide collection of key data elements. Key data elements shall include:</p> <ul style="list-style-type: none"> • The functionality of critical public health operations • The functionality of critical healthcare facilities and the services they provide • The functionality of critical infrastructure serving public health and healthcare facilities (roads, water, sewer, power, communications) • Number of disease cases • Number of fatalities attributed to an accident <p>If key elements are collected by partners; submit documentation that describes how the LHJ gains access to that information.</p> <p>6.1) Train staff to all procedures established to establish and maintain situational awareness during a public health emergency.</p>		<p>Submit policies/procedures describing LHJ's capability to establish and maintain situational awareness during a public health emergency.</p> <p>Submit training records to DOH</p>	<p>June 30, 2016</p> <p>June 30, 2016</p>	
7	<p>Develop a public health and medical situation report form to be used at the jurisdictional level.</p> <p>7.1) Create a list of the type of organizations that would receive a situation report.</p>		<p>Submit mid-year and end-of-year progress reports.</p> <p>Submit situation report form template to DOH</p> <p>Submit list of the type of organizations that would receive the situation report.</p>	<p>December 31, 2015 and June 30, 2016</p> <p>June 30, 2016</p> <p>June 30, 2016</p>	
8	<p>Develop a process to provide policy leaders in the LHJ with critical information needed to support decision making around activating emergency response measures, exercising public health authorities, and managing resources.</p>		<p>Submit mid-year and end-of-year progress reports.</p> <p>Submit process for policy decision making by the Local Health Officer.</p> <p>Submit and agenda template for a policy meeting during an</p>	<p>December 31, 2015 and June 30, 2016</p> <p>June 30, 2016</p> <p>June 30, 2016</p>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			incident.		
9	Develop a process to disseminate regional situation status reports to response partners outside of the LHJ. 9.1) Create a list of the types of organizations that would receive situational status reports.		Submit mid-year and end-of-year progress reports. Submit process documentation to disseminate regional situation status reports to response partners outside of the LHJ to DOH. Submit list of the types of organizations that would receive situational status reports to DOH.	December 31, 2015 and June 30, 2016 June 30, 2016 June 30, 2016	
10	Develop procedures for requesting and receiving resource assistance. Include a definition of how resource requests are coordinated with the local emergency operations center (EOC), and the logistics plans around receiving resources from DOH and other resources.		Submit mid-year and end-of-year progress reports. Submit procedure for requesting and receiving resource assistance to DOH.	December 31, 2015 and June 30, 2016 June 30, 2016	
11	Conduct and/or participate in one or more exercises testing each the following: <ul style="list-style-type: none"> • The process for requesting and receiving mutual aid resources • The process for gaining and maintaining situational awareness • The appropriate use of the public health and medical situational report. • EOC or ICS activation • The continuity of operations plan (COOP) for the LHJ • The process for policy decision making by the Local Health Officer. 		Submit mid-year and end-of-year progress reports. Submit after action report (AAR) and improvement plan (IP) for each exercise to DOH.	December 31, 2015 and June 30, 2016 June 30, 2016	
12	Develop procedures to request, receive and dispense medical countermeasures. This can be satisfied by developing and submitting a medical countermeasures component of the ESF-8 response plan.		Submit mid-year and end-of-year progress reports. Submit procedure to request, receive and dispense medical countermeasures to DOH.	December 31, 2015 and June 30, 2016 June 30, 2016	

AMENDMENT #12

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
13	Develop procedures on how health and medical volunteers are managed during disaster response, including roles non-vetted volunteers can perform. If this function is managed entirely by local emergency management (EM), describe that local procedure.		Submit mid-year and end-of-year progress reports. Submit procedure regarding management of medical volunteers to DOH.	December 31, 2015 and June 30, 2016 June 30, 2016	
14	Provide training to all LHJ staff and partners who serve in the public health emergency operations center (PH EOC) and the essential support function 8 (ESF-8) role on Incident Command courses (ICS) and ESF-8 response plans and key policies.		Submit mid-year and end-of-year progress reports. Submit training rosters to DOH	December 31, 2015 and June 30, 2016 June 30, 2016	
15	Provide training to appropriate public health emergency response staff on Web EOC, or applicable information management system utilized by local emergency management in the county.		Submit mid-year and end-of-year reports detailing all trainings. Submit training rosters to DOH	December 31, 2015 and June 30, 2016 June 30, 2016	
16	Develop procedures to inform the public of threats to health and safety. Include a list of the various mechanisms used by the LHJ for releasing information to the public during incident response.		Submit mid-year and end-of-year progress reports. Submit procedure to inform the public of threats to health and safety to DOH.	December 31, 2015 and June 30, 2016 June 30, 2016	
17	Develop and maintain templates for news releases for specific hazards such as disease outbreaks and natural disasters.		Submit mid-year and end-of-year progress reports. Submit draft templates for news releases to DOH.	December 31, 2015 and June 30, 2016 June 30, 2016	
18	Develop/update and maintain a COOP for the LHJ. Plan shall include: <ul style="list-style-type: none"> • Definition and identification of essential services to sustain LHJ mission and operations • Line of succession and written delegation of authority for select critical positions in the LHJ, including Local Health Officer • Plans for cross training and reassigning staff (scalable workforce reduction) and temporarily discontinuing select LHJ 		Submit mid-year and end-of-year progress reports. Submit COOP to DOH	December 31, 2015 and June 30, 2016 June 30, 2016	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	functions to sustain critical services				
19	Develop after-action-reports (AARs) and improvement plans (IPs) following all emergency incidents that include ICS activation. The format of AARs may be abbreviated to an Improvement Matrix to match the scale of the incident.		Submit AARs and IPs to DOH	June 30, 2016	
20	Participate in an annual assessment of response capabilities based on a standard assessment tool created by DOH.		Submit completed assessment tools to DOH	June 30, 2016	
21	Develop and/or contribute to an incident action plan that addresses public health and medical operational objectives. Plans for real world, planned events or exercises will satisfy this activity.		Submit mid-year and end-of-year progress reports. Submit incident action plan to DOH	December 31, 2015 and June 30, 2016 June 30, 2016	
22	Develop procedures for coordinating incident information with LHJs and other health and medical partners throughout the region.		Submit mid-year and end-of-year progress reports Submit procedures for coordinating incident information with LHJs and other health and medical partners to DOH.	December 31, 2015 and June 30, 2016 June 30, 2016	
23	Develop and maintain public health preparedness training and exercise plan for the regional lead jurisdiction.		Submit mid-year and end-of-year progress reports Submit training plan to DOH	December 31, 2015 and June 30, 2016 June 30, 2016	
24	Develop policies and procedures to notify, mobilize and deploy volunteers registered by the local jurisdiction to support health and medical response operations. In those procedures, identify the capabilities volunteers would support, and how volunteers are trained.		Submit mid-year and end-of-year progress reports Submit training plan to DOH	December 31, 2015 and June 30, 2016 June 30, 2016	
25	Develop logistical support plans for individuals placed into isolation or quarantine (this need not include identification of quarantine facilities).		Submit mid-year and end-of-year progress reports Submit logistical support plans	December 31, 2015 and June 30, 2016 June 30, 2016	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Plans must at a minimum meet requirements defined in Washington Administrative Code (WAC).		to DOH.		
26	Draft, review and/or update agreements with facilities within the region that could serve as a medical needs shelter or alternative care facility.		Submit mid-year and end-of-year progress reports	December 31, 2015 and June 30, 2016	
27	Provide consultation and grant support to Clallam and Jefferson Local Emergency Response Coordinators (LERCs). Provide consultation to DOH on behalf of Region 2 as requested.		Submit mid-year and end of year progress reports	December 31, 2015 and June 30, 2016	
28	Participate in public health preparedness partnerships.		Submit mid-year and end of year progress reports	December 31, 2015 and June 30, 2016	
29	Maintain local system to provide information and warnings to community and response partners		Submit mid-year and end of year progress reports	December 31, 2015 and June 30, 2016	
30	Be available 24/7 for urgent or emergency issues, and participate in regular state-initiated testing. Participate in regional answering service program.		Submit mid-year and end of year progress reports	December 31, 2015 and June 30, 2016	
31	Conduct outreach strategies to at-risk populations to foster community resilience by activities such as distributing wallet medication cards to community partners, providing information on individual health preparedness and how to receive emergency health information.		Submit mid-year and end of year progress reports	December 31, 2015 and June 30, 2016	
FFY15 EPR HPP BP4 Healthcare System Prep					
1	Attend emergency preparedness events, (e.g. trainings, meetings, conference calls, and conferences) as necessary to advance LHJ’s preparedness or complete the deliverables in this statement of work.		Submit mid-year and end-of-year progress reports. Include name and contact information of all attendees and event agendas.	December 31, 2015 and June 30, 2016	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	See mid-year and end-of-year reporting templates for dates.	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	<p>Maintain a Regional Lead for WATRAC. The Regional Lead is responsible for the following:</p> <ul style="list-style-type: none"> Maintaining proficiency in using WATrac throughout key healthcare system partners (hospitals at the minimum). <ul style="list-style-type: none"> Consider including EMS/dispatch partners to encourage daily use of the system. Provide technical assistance to regional healthcare facilities on WATrac. <ul style="list-style-type: none"> Work with Statewide WATrac Coordinator to resolve issues when needed. Encourage all regional hospitals to participate in WATrac/HAvBED user drills. 		<p>Submit mid-year and end-of-year progress reports.</p> <p>Submit name and contact information for WATrac Regional Lead to DOH.</p> <p>Submit a summary of how the LHJ solicited partner participation in drills.</p>	<p>December 31, 2015 and June 30, 2016</p> <p>December 31, 2015</p> <p>June 30, 2016</p>	
4	<p>Develop a process to establish contact by voice and email during disasters with all LHJs and critical healthcare facilities in the region to include, but not limited to;</p> <ul style="list-style-type: none"> Hospitals Skilled Nursing Facilities Dialysis Centers Blood Centers 		<p>Submit mid-year and end-of-year progress reports.</p> <p>Submit process to establish contact during disasters to DOH.</p>	<p>December 31, 2015 and June 30, 2016</p> <p>June 30, 2016</p>	
5	<p>Develop forms and processes including key elements to gain and maintain regional healthcare situational awareness during a medical emergency. Key elements to include are:</p> <ul style="list-style-type: none"> The functionality of all critical healthcare facilities in the region. The functionality of critical infrastructure serving healthcare facilities (roads, water, sewer, power, communications). The immediate and long term needs of critical healthcare facilities. 		<p>Submit mid-year and end-of-year progress reports.</p> <p>Submit a copy of the forms used to gain situational awareness.</p>	<p>December 31, 2015 and June 30, 2016</p> <p>June 30, 2015</p>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	5.1) Create and facilitate trainings for partners on all forms and processes that are built to guide collection of key data elements.		Submit training rosters to DOH	June 30, 2016	
6	Create a regional healthcare situation status report form (either a stand-alone document, or as part of a county, or ESF-8 Situation Report).		Submit draft situation status report form.	June 30, 2016	
7	Develop a process to disseminate regional situation status reports to health and medical response partners.		Submit mid-year and end-of-year progress reports. Submit process documentation to disseminate regional healthcare situation status reports to DOH.	December 31, 2015 and June 30, 2016 June 30, 2016	
8	Develop, review and/or update procedures to include key elements in defining how critical healthcare facilities would request assistance during disasters. Key elements to include are: <ul style="list-style-type: none"> Where critical healthcare facilities will direct their requests for medical and non-medical resources or information Define the circumstances under which resource requests from critical healthcare facilities across the region are coordinated with county or city emergency operations centers (EOCs). 8.1) Provide guidance to critical healthcare facilities that have mutual aid agreements on the process that should be used for requesting and receiving assistance under these agreements.		Submit mid-year and end-of-year progress reports. Submit procedures defining how critical healthcare facilities would request assistance during disasters to DOH.	December 31, 2015 and June 30, 2016 June 30, 2016	
9	Conduct and/or participate in one or more exercises testing each of the following: <ul style="list-style-type: none"> The use and dissemination of situational awareness tools and processes The procedure for requesting regional mutual aid across critical healthcare facilities that have agreements in place. 		Submit mid-year and end-of-year progress reports. Submit after action report (AAR) and improvement plan (IP) for each exercise to DOH.	December 31, 2015 and June 30, 2016 June 30, 2016	
10	Conduct an annual assessment of training needs among coalition partners.		Submit assessment of training needs to DOH.	June 30, 2016	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
11	Contribute to after-action-reports (AARs) and improvement plans (IPs) developed by local health jurisdictions, local emergency management, and hospitals following all emergency incidents involving healthcare response.		Submit AARs and IPs to DOH.	June 30, 2016	
12	Participate in an annual assessment of response capabilities based on a standard assessment tool created by DOH.		Submit completed assessment tools to DOH	June 30, 2016	
13	Participate in healthcare coalition and other healthcare preparedness partnerships		Submit mid-year and end of year progress reports	December 31, 2015 and June 30, 2016	
14	Continue to work on the Region 2 Triage and Treatment Center (TTC project). Recruit clinics and other relevant facilities to receive the TTC training. Research and document ways to enhance the TTC training modules.		Submit mid-year and end of year progress reports.	December 31, 2015 and June 30, 2016	
FFY15 EPR HPP Ebola Part A Prep & Response					
1	Coordinate Ebola preparedness activities and training with local healthcare system partners. <ul style="list-style-type: none">Participate with DOH in building a gap analysis toolAdminister the gap analysis for its participating hospital(s)Participate with DOH in identifying training gaps and needs for its participating hospitalsCoordinate with DOH in implementing trainings that are identified using the gap analysisParticipate in state-led exercisesSupport local Ebola assessment/treatment facility-led exercises within its region.Support local Ebola assessment/treatment facility-led exercises within its region.		Submit mid-year and end-of-year progress reports.	December 31, 2015 and June 30, 2016	Reimbursement for actual costs, not to exceed total funding consideration amount.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
FFY15 EPR PHEP Ebola Second Supplemental					
15-16.ES01	Persons Under Investigation (PUI) Monitoring				Reimbursement for actual costs, not to exceed total funding consideration amount
1	Develop a plan and procedures for active and direct monitoring to include specific planning scenarios, creating a staffing roster and a plan for training staff for these scenarios. Consult with Clallam and Jefferson LHJs.		Submit mid-year and end-of-year progress reports. Submit monitoring plan, procedures, staffing roster and training plan.	December 31, 2015 and June 30, 2016 June 30, 2016	
2	Create an epidemiological monitoring database that can be used to track PUIs or contacts of case-patients for communicable diseases such as Ebola or other novel, emerging, or highly infectious diseases.		Submit mid-year and end-of-year progress reports. Submit database template.	December 31, 2015 and June 30, 2016 June 30, 2016	
15-16.ES02	Mass Fatality				
1	Using Centers for Disease Control and Prevention (CDC) guidance, assess the capacity and operations of the of Kitsap County funeral homes and crematoriums ability to handle, transport, and store human remains and personal effects related to highly infectious diseases including Ebola. Address any jurisdictional issues.		Submit mid-year and end-of-year progress reports. Submit assessment results.	December 31, 2015 and June 30, 2016 June 30, 2016	Reimbursement for actual costs, not to exceed total funding consideration amount
2	Collaborate with the Kitsap County Coroner's Office on handling human remains related to highly infectious diseases including Ebola and determine any jurisdictional issues and services currently provided by that office.		Submit meeting documentation to include agenda, roster and minutes.	June 30, 2016	
3	Develop a Kitsap County plan for handling of human remains for any communicable disease including novel or highly infectious diseases such as Ebola. Share this plan with Clallam and Jefferson.		Submit mid-year and end-of-year progress reports. Submit plan to DOH	December 31, 2015 and June 30, 2016 June 30, 2016	

AMENDMENT #12

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
15-16.ES03	Non-Pharmaceutical Intervention (NPI) Plan Revision and Development of Implement Procedures and Public Information Materials				
1	Conduct a regional workshop for staff and potential surge staff regarding the implementation of non-pharmaceutical interventions (NPIs) for highly infectious diseases, including Ebola.		Submit workshop date, training materials and participant roster.	June 30, 2016	Reimbursement for actual costs, not to exceed total funding consideration amount
2	Develop Kitsap County procedures for implementing NPIs to help contain an outbreak for highly infectious diseases, such as Ebola. Share procedures with Clallam and Jefferson for their potential customization.		Submit mid-year progress report Submit finalized procedures	December 31, 2015 June 30, 2016	
3	Test NPI procedures in a tabletop exercise focusing on a highly pathogenic emerging disease scenario, such as Ebola.		Submit mid-year and end-of-year progress reports. Submit tabletop slides, participant roster, and after action report.	December 31, 2015 and June 30, 2016 June 30, 2016	
4	Create a public information document on NPIs that can be used during a communicable disease outbreak of novel, emerging, or highly infectious diseases such as Ebola. Develop a distribution plan.		Submit mid-year and end-of-year progress reports. Submit the public information document and distribution plan.	December 31, 2015 and June 30, 2016 June 30, 2016	
FFY15 EPR PHEP BP4 Operational Readiness Special Project #15-16.02 Nation al Association of County and City Health Officials (NACCHO) Preparedness Conference (\$5,271)					
1	Send three (3) Kitsap Public Health District (KPHD) staff members to attend the NACCHO Preparedness Summit in April 2016. <ul style="list-style-type: none">Share information received from conference with local, regional, tribal, and DOH partners.		Submit end-of-year progress report. Submit a summary of information that was taken from the conference and shared with partners.	June 30, 2016	Reimbursement for actual costs, not to exceed total funding consideration amount.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
FFY15 EPR PHEP BP4 Operational Readiness Special Project #15-16.06 Improving Operational Readiness (\$24,859)					
1	Hire a support position for nine (9) months to help with the following activities: <ul style="list-style-type: none"> Revise emergency response plans (ERP) and procedures Update and implement staff training curriculum as it pertains to preparedness Recruit additional staff to participate on agency response teams Planning for and implementing play for Cascadia Rising exercise 		Submit copies of all updated plans and procedures Submit updated roster of agency response teams	June 30, 2016 June 30, 2016	Reimbursement for actual costs, not to exceed total funding consideration amount.
FFY15 EPR PHEP Risk Communication Special Project #15-16.03.1 Building Risk Communications Capability and Capacity (\$16,269)					
1	Build upon current risk communications capability: <ul style="list-style-type: none"> Send Communications Coordinator to crisis emergency risk communications training (preferred: National Information Officers Association Training Conference) Update Risk Communications Plan and procedures Train a risk communications support team from various District programs to ensure redundancy/surge capacity Conduct media spokesperson training for key staff (Directors, Managers, and certain specialists) who may need to speak to the media during an emergency Conduct an exercise with the risk communications support team to test their training and the revised plans and procedures 		Submit the updated Risk Communications Plan and procedures Submit sign-in sheet and contact information for the risk communications support team Submit sign-in sheet and contact information for the attendees of the media spokesperson training Submit AAR for risk communications support team exercise	June 30, 2016 June 30, 2016 June 30, 2016 June 30, 2016	Reimbursement for actual costs, not to exceed total funding consideration amount.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
FFY15 EPR PHEP Operational Readiness Special Project #15-16.22 Information Sharing Plan Development (\$16,685)					
1	In coordination with the District's Chronic Disease Prevention (CDP) Program, develop a new ERP Information Sharing Plan Annex and emergency contact database policy.		Submit a copy of the Information Sharing Annex and its supporting documents Submit emergency contacts policy and supporting procedures and processes	June 30, 2016 June 30, 2016	Reimbursement for actual costs, not to exceed total funding consideration amount.

***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>

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

DOH Program Contact

Jennifer Moore, Contract & Finance Specialist

Department of Health

P O Box 47960

Olympia, WA 98504-7960

360-236-4596

jennifer.moore@doh.wa.gov

PHEP/HPP Deliverable Submission: concondeliverables@doh.wa.gov

**Exhibit A
Statement of Work
Contract Term: 2015-2017**

DOH Program Name or Title: Emergency Preparedness & Response - Effective July 1, 2016

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: C17113

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

Period of Performance: July 1, 2016 through June 30, 2017

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to establish the funding and tasks for the Public Health Emergency Preparedness and Response program for the 2016 grant period ending June 30, 2017.

Revision Purpose: The purpose of this revision is to add an additional \$1,538 of FFY15 EPR PHEP Ebola Supplemental #2 funds unspent from the fiscal year 2015-2016 EPR BP4 statement of work.

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			
FFY16 PHEP BP5 LHJ Funding	93.069	333.93.06	18101190	07/01/16	06/30/17	300,555	0	300,555
FFY16 EPR HPP BP5 Healthcare System Prep	93.889	333.93.88	18101200	07/01/16	06/30/17	72,191	0	72,191
FFY16 EPR HPP BP5 Healthcare System Prep	93.889	333.93.88	18101200	07/01/16	06/30/17	20,000	0	20,000
FFY15 EPR HPP Ebola Part A Prep & Response	93.817	333.93.81	18101680	07/01/16	06/30/17	43,767	0	43,767
FFY15 EPR PHEP Ebola Second Supplemental	93.074	333.93.07	18101670	07/01/16	03/30/17	16,361	1,538	17,899
TOTALS						452,874	1,538	454,412

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
FFY16 PHEP BP5 LHJ Funding					
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 mid-year and end-of-year progress reports.	December 31, 2016 and June 30, 2017	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	June 30, 2017	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	<p>Develop or update and maintain written procedures to activate an Emergency Response Plan within the jurisdiction. Include the following:</p> <ul style="list-style-type: none"> Describe how the command structure is utilized to manage emergency response Describe the relationship between the LHJ and the county Emergency Operating Center (EOC) during a response. Identify and maintain an EOC location from which public health will coordinate the Emergency Support Function #8 (ESF#8) response (this may be the County's EOC) Identify the actions the LHJ will take in response to public health incidents that initiate a response. Describe the process for notifying and mobilizing staff during an incident. <p>3.1) Document that ESF#8 is identified in the Public Health Emergency Plan and is integrated with the City and/or County Emergency Plans.</p> <p>3.2) Provide training on ESF#8 response plans and policies for appropriate staff who serve in the EOC in the ESF#8 role within the Incident Command System (ICS).</p> <p>3.3) 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>Submit mid-year and end-of-year progress reports.</p> <p>Submit the most recent Emergency Response Plan.</p> <p>Submit written ESF#8 documentation showing inclusion in city and/or county emergency plans.</p> <p>Provide agenda and sign-in sheets for training conducted.</p> <p>Provide syllabus and sign-in sheets for training conducted.</p>	<p>December 31, 2016 and June 30, 2017</p> <p>June 30, 2017</p> <p>June 30, 2017</p> <p>June 30, 2017</p> <p>June 30, 2017</p> <p>June 30, 2017</p>	
4	Develop or update and maintain a decision making protocol to support the Local Health Officer (LHO) and the Public Health Administrator in making policy level decisions during an emergency. Ensure the LHO is		Submit completed protocol to DOH	June 30, 2017	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	capable of exercising legal authorities as necessary to protect public health.				
5	<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>5.1) Conduct a notification drill, within the jurisdiction, using WASECURES.</p> <p>Notes: Registered users of WASECURES must log in quarterly at a minimum. DOH will provide on-site technical assistance to LHJ, as needed, on utilizing WASECURES. LHJ may choose to utilize other notification systems <u>in addition</u> to WASECURES to alert staff during incidents.</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>June 30, 2017</p> <p>June 30, 2017</p>	
6	<p>Develop or update and maintain procedures for defining how LHJ will request assistance during disasters from the local Emergency Operations Center (EOC), neighboring LHJs, and DOH.</p> <ul style="list-style-type: none"> Identify how resources are coordinated with the local EOC. Identify how to coordinate logistics to receive resources from DOH and other partners. (If LHJs rely on local Emergency Management (EM) or other partners to coordinate logistical issues for receiving resources, and the local EM plan documents this fact, that documentation will suffice.) 		Submit the updated procedures to DOH	June 30, 2017	
7	Develop or update and maintain procedures and tools to demonstrate the ability to inform the public of threats to health and safety by various means. Include a list of the various mechanisms used by your LHJ for releasing information to the public during drills, exercises or incident response.		Submit up to date procedures used to inform the public during drills, exercise or incident response. Include a summary of how communication tools were used.	June 30, 2017	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	7.1) Create and maintain templates for news releases for categories of public health hazards.		Submit sample templates.	June 30, 2017	
8	Develop and/or update and maintain a continuity of operations plan (COOP) for your jurisdiction. Plan shall include: <ul style="list-style-type: none"> • Definition and identification of essential services to sustain LHJ mission and operations • Line of succession and written delegation of authority for select critical positions in the LHJ, including LHO. • Plans for cross training and reassigning staff (scalable workforce reduction) and temporarily discontinuing select LHJ functions to sustain critical services. 		Submit the most current COOP plan to DOH	June 30, 2017	
9	Develop or update and maintain the capability to gain and maintain situational awareness during an incident. Develop or update and maintain forms and procedures for collecting key data elements during disasters including: <ul style="list-style-type: none"> • The functionality of critical public health operations • The functionality of critical healthcare facilities and the services they provide • The functionality of critical infrastructure serving public health and healthcare facilities (roads, water, sewer, power, communications) • Number of disease cases • Number of fatalities attributed to an incident • If key elements are collected by others, such as local EM, Healthcare Coalition (HCC) or Coroner or Medical Examiner, describe how the LHJ gains access to that information. 		Submit a summary of how these policies and procedures were used to maintain situational awareness during all drills, exercises and incidents in the mid and end-of-year progress reports. Submit data collection forms	June 30, 2017 June 30, 2017	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	9.1) Train staff to all procedures used to establish and maintain situational awareness during an incident.		Submit sign-in sheets for trainings conducted.	June 30, 2017	
10	Participate in an annual evaluation of response capabilities based on a standard evaluation tool created by DOH.		Document participation on end-of-year progress report	June 30, 2017	
11	Participate in one or more drills, exercises or real world incidents testing each of the following: <ul style="list-style-type: none"> The process for requesting and receiving resources The process for gaining and maintaining situational awareness Development of an ESF#8 situation report, or compilation of situational awareness information to be included in a County situation report EOC or ICS activation The COOP plan for the LHJ 		Submit mid-year and end-of-year progress reports Submit after action review (AAR) and improvement plan (IP) for each drill, exercise, or incident. (Note: If LHJ participates in a drill, exercise or real world incident lead by another entity and are unable to obtain the documents, write an AAR and IP for your LHJ's role in the drill, exercise or incident.)	December 31, 2016 and June 30, 2017 Within 45 days of completion of the exercise.	
12	Develop or update and maintain an ESF#8 situation report form based on an established planning cycle. 12.1) Develop or update and maintain procedures for disseminating situation reports to ESF#8 response partners.		Submit situation report template. Submit situation report dissemination procedures	June 30, 2017 June 30, 2017	
13	For non-Cities Readiness Initiative (CRI) counties: Develop or update and maintain procedures to request, receive, and dispense medical countermeasures. 13.1) Develop or update and maintain medication distribution plans to ensure strategic national stockpile (SNS) resources delivered to the health jurisdiction reach dispensing locations identified by the LHO.		Submit the most recent procedure to request, receive and dispense medical countermeasures to DOH. Submit most recent medication distribution plans.	June 30, 2017 June 30, 2017	

AMENDMENT #12

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
14	Develop or update and maintain procedures on how spontaneous health and medical volunteers are managed during disaster response, including roles non-vetted volunteers can perform.		Submit procedure regarding management of medical volunteers to DOH.	June 30, 2017	
15	Develop and/or update and maintain a public health preparedness training and exercise plan for the regional lead jurisdiction.		Submit the most current training and exercise plan.	June 30, 2017	
16	Develop and/or update and maintain logistical support plans for individuals placed into isolation or quarantine (this need not include identification of quarantine facilities). Plans must meet requirements defined in WAC Chapter 246-100.		Submit the most current isolation/quarantine plans.	June 30, 2017	
17	Demonstrate the ability to develop, or contribute to, an incident action plan (IAP) that addresses public health and supports medical operational objectives. IAPs developed for real world incidents, planned events, and during exercises may satisfy this activity.		Submit IAPs developed for planned events, exercises or real world incidents during the contract period.	June 30, 2017	
18	Develop and/or update and maintain agreements with facilities within the region that could serve as medical needs shelter or an Alternate Care Facility (ACF) or Federal Medical Stations (FMS).		Submit a list of facilities and copies of current agreements.	June 30, 2017	
19	Develop or update and maintain a jurisdictional Epidemiology Response Plan. Assure the capability to lead disease surveillance and investigation response for public health hazards affecting the jurisdiction.		Submit Epidemiology Response Plan	June 30, 2017	
	19.1) Train staff on roles and responsibilities in the Epidemiology Response Plan.		Submit training agenda and signed rosters.	June 30, 2017	
20	Provide consultation and grant support to Clallam and Jefferson Local Emergency Response Coordinators (LERCs). Provide consultation to DOH on behalf of Region 2 as requested.		Submit mid-year and end-of-year progress reports.	December 31, 2016 and June 30, 2017	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
21	Maintain local system to provide information and warnings to community and response partners.		Submit mid-year and end-of-year progress reports.	December 31, 2016 and June 30, 2017	
22	Maintain regional answering service program and Kitsap Public Health District (KPHD) Duty Officer program.		Submit mid-year and end-of-year progress reports.	December 31, 2016 and June 30, 2017	
23	Conduct outreach strategies to at-risk populations to foster community resilience by activities such as distributing wallet medication cards to community partners, providing information on individual health preparedness and how to receive emergency health information.		Submit mid-year and end-of-year progress reports. Submit a copy of the wallet medication card.	December 31, 2016 and June 30, 2017 June 30, 2017	
FFY16 EPR HPP BP5 Healthcare System Prep					
1	Attend emergency preparedness events, (e.g. trainings, meetings, conference calls, and conferences) as necessary to advance LHJ’s preparedness or complete the deliverables in this statement of work.		Submit mid-year and end-of-year progress reports.	December 31, 2016 and June 30, 2017	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 in the mid-year and end-of-year reports.	December 31, 2016 and June 30, 2017	
3	Maintain a Regional Lead for WATRAC (<i>HOSCAP for Region 4</i>). The Regional Lead is responsible for the following: <ul style="list-style-type: none">Maintaining proficiency in using WATrac/HOSCAP throughout key healthcare system partners (hospitals at a minimum).Encourage EMS/dispatch partners’ use of the system during emergencies and disasters.Provide training, registration assistance and technical assistance to regional healthcare facilities on WATrac/HOSCAP.		Submit mid-year and end-of-year progress reports. Submit name and contact information for WATrac/HOSCAP Regional Lead to DOH. Submit training rosters and/or drill After Action Report and Improvement Plan.	December 31, 2016 and June 30, 2017 December 31, 2016 June 30, 2017	

Exhibit A, Statements of Work
Revised as of November 15, 2016

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
6	Review and/or update a regional healthcare situation status report form (either a stand-alone document, or as part of a county, or ESF#8 Situation Report).		Submit situation status report form.	June 30, 2017	
7	Review and/or update a procedure to disseminate regional situation status reports to health and medical response partners.		Submit procedures to disseminate regional healthcare situation status reports to partners.	June 30, 2017	
8	Review and/or update procedures to define how critical healthcare facilities would request assistance during disasters. Key elements to include are: <ul style="list-style-type: none">Where critical healthcare facilities will direct their requests for medical and non-medical resources or informationDefine the circumstances under which resource requests from critical healthcare facilities across the region are coordinated with county or city emergency operations centers (EOCs). 8.1) Provide guidance to critical healthcare facilities that have mutual aid agreements on the process to be used for requesting and receiving assistance under these agreements. 8.2) Encourage all hospitals within the region to participate in the statewide hospital mutual aid agreement		Submit mid-year and end-of-year progress reports. Submit procedures defining how critical healthcare facilities would request assistance during disasters.	December 31, 2016 and June 30, 2017 June 30, 2017	
9	Participate in and disseminate a survey to regional healthcare partners on the need for acquiring and maintaining state level stockpiles of medical equipment and supplies and share the information with DOH.		Submit mid-year and end-of-year progress reports. Submit survey results.	December 31, 2016 and June 30, 2017 June 30, 2017	
10	Attend and participate with DOH in, no more than monthly, meetings or conference calls to facilitate statewide medical surge planning for catastrophic disasters involving large-scale patient transport.		Submit mid-year and end-of-year progress reports.	December 31, 2016 and June 30, 2017	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
11	Participate with the U.S Department of Health and Human Services (HHS) in an evaluation of existing Alternate Care Facilities (ACF) agreements for suitability as a Federal Medical Station (FMS). If existing ACF sites are not suitable, work with HHS to identify one suitable FMS site per healthcare coalition (HCC) region. Attend HHS assessments to determine suitability of facilities as FMS sites.		Submit mid-year and end-of-year progress reports.	December 31, 2016 and June 30, 2017	
12	Conduct and/or participate in one or more exercises testing each of the following: <ul style="list-style-type: none">The use and dissemination of situational awareness tools and processesThe procedure for requesting regional mutual aid across critical healthcare facilities that have agreements in place. Contribute to an AAR and IP in a real world event or exercise.		Submit after action review (AAR) and improvement plan (IP) for each exercise to DOH. Submit procedures for requesting mutual aid. Submit AAR and IP	June 30, 2017 June 30, 2017 June 30, 2017	
13	Conduct an annual assessment of training needs among coalition partners to inform the state level training and exercise workshop.		Submit assessment of training needs to DOH.	November 30, 2016	
14	Participate and contribute to AAR processes and IPs by local health jurisdictions, local emergency management and critical healthcare facilities following all emergency incidents involving healthcare response.		Submit contributions to AARs and IPs to DOH.	June 30, 2017	
15	Participate in an annual assessment of response capabilities based on a standard assessment tool created by DOH.		Document participation in end-of-year report.	June 30, 2017	
FFY16 EPR HPP BP5 Healthcare System Prep - Triage and Treatment Center Project - \$20,000					
1	Revise and update Clinic Triage and Treatment Center instructor curriculum.		Submit mid-year and end-of-year progress reports. Submit updated Triage and Treatment Center instructor curriculum.	December 31, 2016 and June 30, 2017 June 30, 2017	Reimbursement for actual costs, not to exceed total funding consideration amount.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Conduct three Triage and Treatment Center instructor trainings for healthcare facility staff in three regions of the state: west, central and east. 2.1) Promote trainings at conferences, meetings, and other events.		Submit mid-year and end-of-year progress reports. Submit training invitation, presentation slides, participant feedback surveys, and rosters.	December 31, 2016 and June 30, 2017 June 30, 2017	
FFY15 EPR HPP Ebola Part A Prep and Response [Note: This federal grant funding award is for the period of July 1, 2016 through June 30, 2020. Unspent funding for Ebola activities in this consolidated contract will be carried over into the new consolidated contract beginning January 1, 2018 through June 30, 2020.]					
1	Coordinate Ebola preparedness activities and training with local healthcare system partners.		Submit mid-year and end-of-year progress reports.	December 31, 2016 and June 30, 2017	Reimbursement for actual costs, not to exceed total funding consideration amount.
2	Participate in DOH-led workgroups around preparedness for Ebola and other special pathogens.		Submit mid-year and end-of-year progress reports	December 31, 2016 and June 30, 2017	
3	Provide all coalition partners in your region, to include at least EMS, hospitals, and emergency management agencies, access to annual training in order to ensure the competency of workers to identify, assess, and treat suspected or confirmed patients with Ebola.		Submit materials and rosters for each training. Training rosters must identify the home agency of each attendee.	June 30, 2017	
4	Provide all coalition partners in your region, to include at least EMS, hospitals, and emergency management agencies, access to annual exercises to validate their ability to perform their respective role in the healthcare system in the identification, assessment, movement, and treatment of a patient with Ebola or other highly infectious disease (including MERS-CoV, measles, etc.)		Submit exercise attendance roster and after action report and improvement plan (AAR/IP). Exercise rosters must identify the home agency of each attendee.	June 30, 2017	
5	Participate in state-led exercises		Submit mid-year and end-of-year progress reports	December 31, 2016 and June 30, 2017	
6	Support local Ebola assessment/treatment facility-led exercises within your region if applicable.		Submit mid-year and end-of-year progress reports	December 31, 2016 and June 30, 2017	
7	Support local Ebola assessment/treatment facility-led training within its region if applicable.		Submit mid-year and end-of-year progress reports	December 31, 2016 and June 30, 2017	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
FFY15 EPR PHEP Ebola Second Supplemental					
15-16.ES01	Persons Under Investigation (PUI) Monitoring				Reimbursement for actual costs, not to exceed total funding consideration amount
1	Develop a plan and procedures for active and direct monitoring to include specific planning scenarios, creating a staffing roster and a plan for training staff for these scenarios. Consult with Clallam and Jefferson LHJs.		Submit mid-year and end-of-year progress reports. Submit monitoring plan, procedures, staffing roster and training plan.	December 31, 2016 and June 30, 2017 March 30, 2017	
2	Create an epidemiological monitoring database that can be used to track PUIs or contacts of case-patients for communicable diseases such as Ebola or other novel, emerging, or highly infectious diseases.		Submit mid-year and end-of-year progress reports. Submit database template.	December 31, 2016 and June 30, 2017 March 30, 2017	
15-16.ES02	Mass Fatality				Reimbursement for actual costs, not to exceed total funding consideration amount
1	Using Centers for Disease Control and Prevention (CDC) guidance, assess the capacity and operations of the of Kitsap County funeral homes and crematoriums ability to handle, transport, and store human remains and personal effects related to highly infectious diseases including Ebola. Address any jurisdictional issues.		Submit mid-year and end-of-year progress reports. Submit assessment results.	December 31, 2016 and June 30, 2017 September 30, 2016	
2	Collaborate with the Kitsap County Coroner's Office on handling human remains related to highly infectious diseases including Ebola and determine any jurisdictional issues and services currently provided by that office.		Submit meeting documentation to include agenda, roster and minutes.	September 30, 2016	
3	Develop a Kitsap County plan for handling of human remains for any communicable disease including novel or highly infectious diseases such as Ebola. Share this plan with Clallam and Jefferson.		Submit mid-year and end-of-year progress reports. Submit plan to DOH	December 31, 2016 and June 30, 2017 March 30, 2017	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
15-16.ES03	Non-Pharmaceutical Intervention Plan Revision and Development of Implement Procedures and Public Information Materials				Reimbursement for actual costs, not to exceed total funding consideration amount
1	Conduct a regional workshop for staff and potential surge staff regarding the implementation of non-pharmaceutical interventions (NPIs) for highly infectious diseases, including Ebola.		Submit workshop date, training materials and participant roster.	September 30, 2016	
2	Develop Kitsap County procedures for implementing NPIs to help contain an outbreak for highly infectious diseases, such as Ebola. Share procedures with Clallam and Jefferson for their potential customization.		Submit mid-year and end-of-year progress reports. Submit finalized procedures	December 31, 2016 and June 30, 2017 March 30, 2017	
3	Test NPI procedures in a tabletop exercise focusing on a highly pathogenic emerging disease scenario, such as Ebola.		Submit mid-year and end-of-year progress reports. Submit tabletop slides, participant roster, and after action report.	December 31, 2016 and June 30, 2017 March 30, 2017	
4	Create a public information document on NPIs that can be used during a communicable disease outbreak of novel, emerging, or highly infectious diseases such as Ebola. Develop a distribution plan.		Submit mid-year and end-of-year progress reports. Submit the public information document and distribution plan.	December 31, 2016 and June 30, 2017 March 30, 2017	

***For Information Only:**

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

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

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

DOH Program Contact

Jennifer Moore, Contract and Finance Specialist

Department of Health

P O Box 47960, Olympia, WA 98504-7960

jennifer.moore@doh.wa.gov /PHEP/HPP Deliverable Submission email address: concondeliverables@doh.wa.gov

Exhibit A, Statements of Work

Revised as of November 15, 2016

**Exhibit A
Statement of Work
Contract Term: 2015-2017**

DOH Program Name or Title: Family Planning - Effective January 1, 2016

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: C17113

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

Period of Performance: January 1, 2016 through April 30, 2017

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

Statement of Work Purpose: The purpose of this statement of work is to provide family planning services to Washington State residents. The provided services will comply with all federal and state requirements and with the guidelines in the DOH Family Planning Manual. This statement of work highlights specific requirements and guidelines, but LHJ must comply with all requirements.

Revision Purpose: The purpose of this revision is to extend the period of performance from January 15, 2017 to April 30, 2017; add funding and extend funding periods from December 2016 to March 31, 2017; and add task deliverables, due dates, and payment information.

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			
SFY16 Family Planning Cost Share	N/A	334.04.91	78440160	01/01/16	06/30/16	66,678	0	66,678
SFY17 Family Planning Cost Share	N/A	334.04.91	78440170	01/01/16	03/31/17	66,678	34,833	101,511
FFY16 Family Planning-Title X	93.217	333.93.21	78440260	01/01/16	03/31/17	51,786	16,788	68,574
TOTALS						185,142	51,621	236,763

Task Number	Task/Activity/Description	*May Support PHAB Standards/ Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1. Overarching requirements A. Comply with federal Title X requirements. B. Keep DOH informed of LHJ staff contact information and notify DOH contract manager of any key staff changes, clinic site additions, or clinic site closures. C. Provide medical services and community education consistent with state and federal Title X requirements: 1. Provide medical, laboratory, and related services specified in the Title X Guidelines, the DOH Family Planning Manual, and state laws. 2. Provide a broad range of acceptable and medically approved family planning methods and services either onsite or by referral.			Signed Title X Assurance of Compliance.	01-31-16	DOH reserves the right to withhold payment if compliance issues are not corrected or repeat findings are not addressed; until acceptable data has been submitted; or until deliverables are met. Up to the maximum funds available for each funding source in the funding table above, DOH will reimburse for:
			Signed Form A: Agency Information (provided by DOH)	01-31-16 and as needed	
			<ul style="list-style-type: none"> Documentation that medical component is conducted as required. Documentation that Client Referral List is maintained and updated regularly Other documentation as requested by DOH 	As requested	

Task Number	Task/Activity/Description	*May Support PHAB Standards/ Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>3. Make all methods of contraception approved by the Food and Drug Administration available to clients.</p> <p>4. Provide community education services based on the needs of the community.</p> <p>D. Conduct medical component of contract under written protocols that are signed by the medical director. Medical director must have special training and/or experience in family planning. (DOH Family Planning Manual 6100)</p> <p>E. Maintain a Client Referral List: a list of public and private social and health care providers and agencies to use when providing referrals. This list must be updated regularly (DOH Family Planning Manual 6600)</p> <p>F. Maintain an Information and Education committee (I&E) with membership that is broadly representative of the community. This committee must:</p> <ol style="list-style-type: none"> 1. Have 5-9 members. 2. Meet at least once a year. 3. Follow the Title X guidelines and regulations. 4. Review and approve informational or educational materials developed by, or made available under, the Title X project, using a process that makes sure that: <ol style="list-style-type: none"> a. There is community participation in both review and approval b. Materials are suitable for the population or community that they are intended for, factually accurate, and appropriate for the purposes of Title X. <p>The committee may delegate responsibility for the review of factual, technical, and clinical accuracy to appropriate project staff. (Title X 6.8)</p> <p>G. Facilitate DOH site-visits by making sure that appropriate staff and documentation are readily available prior and during review. (DOH performs Administrative and Clinical site visits on a three-year cycle)</p> <p>H. Provide information as requested to DOH family planning staff in a timely manner.</p>		<ul style="list-style-type: none"> • Requested data in requested format. 		<ul style="list-style-type: none"> • Actual allowable costs incurred through direct association or through an approved cost allocation rate/method <p>or</p> <ul style="list-style-type: none"> • The amount remaining in the contract divided by the number of months remaining, plus one. <p>(DOH Family Planning Manual 4600)</p> <p>All services 01-01-16 through 06-30-16 must be billed by 07-15-16.</p> <p>All services 07-01-16 through 12-31-16 must be billed by 01-15-17.</p> <p><i>All services 01-01-17 through 03-31-17 must be billed by 04-30-17</i></p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/ Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2. Services in the Title X Project	In addition the other requirements of this contract, Title X Project activities must also comply with the Title X Program Guidelines for Project Grants for Family Planning Services. A. Title X Project must be administered by a qualified program director as defined in Title X requirements. (Title X 6.5, 6.8, 6.9). B. Do not provide abortion as a method of family planning within the Title X Project. (42CFR59.5(5)). C. Clinics designation (inside or outside Title X Project) must remain unchanged for the entire contract period.		Completed reimbursement workbook (template provided by DOH) for time period that shows all sources of revenue that support Title X Project activities:		
			• Jan-Mar 2016	04-30-16	
			• Apr-Jun 2016	07-31-16	
			• Jul-Sep 2016	10-31-16	
			• Oct-Dec 2016	01-15-17	
	• Jan-Mar 2017		04-30-17		
	D. Inform staff that individuals may be subject to prosecution under federal law if they coerce or endeavor to coerce any person to undergo abortion or sterilization.		Documentation that all staff has been informed about prosecution for coercion.	As requested	
	E. Have written policies about access to timely quality language assistance services for limited English proficient persons. These policies must be consistent with the Office of Civil Rights Policy: Guidance on Prohibitions Against National Origin Discrimination As It Affects Persons with Limited English Proficiency.		Documentation that policies are in place.	As requested	
	F. Collect, maintain, provide client visit and agency level data for the Title X project. 1. Client Visit Record (CVR) data: a. Collect all data items for client visits as specified in CVR Manual provided by DOH; b. Submit CVR data to DOH data contractor (Ahlers & Associates) c. Respond to notification of data errors and omissions from the data contractor or DOH family planning data manager.		CVR data for the previous month submitted to DOH data contractor. Data must be submitted: • Electronically • In format compatible with contractor’s software.	The 15 th of each month	
			Corrected CVR data submitted to DOH data contractor as specified above.	Within 30 days of receiving error/ rejection report	
2. Agency level data: Collect the following agency level data items required for the federal family planning annual report. (FPAR)	Email agency level data to DOH family planning data manager for period				
	01-01-15 to 12-31-15	01-15-16			

Task Number	Task/Activity/Description	*May Support PHAB Standards/ Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Number of:</p> <ol style="list-style-type: none"> Pap tests with an ASC or higher result; Pap tests with an HSIL or higher result; HIV Positive confidential tests; HIV Anonymous tests; FTE Physicians; FTE Physician assistants/nurse practitioners/certified nurse midwives; FTE registered nurses with an expanded scope of practice who are trained and permitted by Washington regulations to perform all aspects of the user physical measures. <p>3. Data security:</p> <ol style="list-style-type: none"> Clinics that keep CVR information as computerized data must also keep hard copy CVRs in the client's medical record, or maintain a computer system that includes normal safety precautions against the loss of information; Data entry personnel are subject to the rules of confidentiality as specified in this contract and the Title X program guidelines. <p>4. LHJ must be able to retrieve all information for auditing and monitoring by DOH or its designee.</p>		<p>01-01-16 to 12-31-16</p> <p><i>01-01-17 to 03-31-17</i></p>	<p>01-15-17</p> <p><i>04-30-17</i></p>	
	<p>G. Annual audit that meets state and federal requirements</p> <ol style="list-style-type: none"> Audits must be conducted by an outside source Financial and program audits or reviews conducted by other entities must be made available to DOH or its designee. 		Copies of program and financial audits and reviews including summaries	As requested	
	<p>H. Equipment (items that cost more than \$5,000 per unit):</p> <ol style="list-style-type: none"> Obtain prior approval from DOH contract manager before purchasing equipment: <ol style="list-style-type: none"> LHJ must submit budget that itemizes planned equipment purchase DOH approval of this budget approves the itemized items only. 		Budget itemizing equipment	As needed	

Task Number	Task/Activity/Description	*May Support PHAB Standards/ Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2.	Maintain property control system to prevent loss, damage, or theft.		Annual equipment inventory showing all equipment:		
			<ul style="list-style-type: none"> Costing over \$5,000 per unit Purchased, in whole or in part, with state or federal funds Purchased from 		
			01-01-15 to 12-31-15	01-31-16	
			01-01-16 to 12-31-16 <i>01-01-17 to 03-31-17</i>	01-31-17 <i>04-30-17</i>	
I.	If applying for the 2017 Title X Grant, submit the Title X Competitive Grant Application by requested due date. Develop plan for next year using forms and instructions provided by DOH. (DOH Family Planning Manual 3310)		Title X Grant Application for 01-01-17 to 12-31-17	05-31-16	
3. Services outside Title X project					
A.	Surgical and medical procedures and ambulatory procedures to eligible clients. (DOH Family Planning Manual 3210):		Documentation that access to surgical services and ambulatory procedures is available to eligible clients.	As requested	This statement of work does not provide funding for these services.
1.	Make sure funding is available, from this contract or another funding source, to provide this throughout the contract period.				
2.	Comply with all federal and state regulations that apply to pregnancy terminations and sterilization procedures.				
3.	The LHJ may provide these services and procedures through service providers in the same geographical area. The LHJ must:				
a.	Obtain formal subcontracts or provider agreements when feasible. If service providers are unwilling to sign a formal agreement, keep documentation of the refusal on file				
b.	Inform all such providers of applicable billing and reimbursement procedures.				
c.	Be responsible for making sure that the service providers comply with the terms of this contract.				

Task Number	Task/Activity/Description	*May Support PHAB Standards/ Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
4.	DOH will base surgical and medical procedure reimbursement rates on the current HCA Medicaid approved reimbursement amounts.				
5.	Payment for surgical and medical procedures under this contract constitutes full payment. LHJ will not seek additional payment from the client, physician, hospital or other provider.				

***For Information Only:**

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

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

Program Specific Requirements/Narrative

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

Program Manual, Handbook, Policy References

LHJ must comply with all federal Title X, state, and DOH Family Planning Program requirements, policies, and regulations. If the LHJ changes the scope of project outlined in their current DOH approved Annual Plan they must resubmit those parts of the plan that have changed to their site consultant for approval.

See the DOH Family Planning Manual, Chapter 1, Section 1400 and 1500 for a complete list of federal and state requirements.

Reference documents include:

- DOH Family Planning Manual (DOH publication 930-122). See especially section 1500. Some provisions of this manual are highlighted in this (Program Specific Requirements) section, but all provisions of the manual must be complied with.
- Title X Guidelines
- Client Visit Record Manual
- LHJ's approved Annual Plan (grant application) for this time period (submitted during the previous contract period).

Definitions

- DOH contract manager is the same as DOH program contact. Changes to the DOH contract manager will be emailed to LHJ (no contract amendment will be executed for DOH contract manager changes).

- **Title X Project** means services that have been designated by contractor as in-project. These must be services that are allowed under federal Title X requirements. This includes all funds used to pay for Title X project tasks and services (not just funds received through this contract): client fees, insurance reimbursements, Take Charge reimbursements, other Medicaid reimbursements, and other income or revenue generated through providing Title X project services. The Title X Project must not include sterilizations, abortions, or any flat rated service (for instance some STD or HIV testing); or income/revenue generated from them.

Special Billing Requirements

LHJ may bill no more than monthly and no less than quarterly.

Accessibility of Services

(DOH Family Planning Manual 5500, Title X Guidelines 6.4)

- Adolescents and low-and marginal-income clients must receive priority in the provision of services.
- LHJ must make sure that the community is informed of the services available through the LHJ.
- LHJ must make sure that all services provided are accessible to target populations.
 - Facilities must be geographically accessible to the populations served.
 - As much as possible, services will be available at times convenient to those seeking services.
 - Clinics must be handicapped-accessible in accordance with federal and state laws, policies, and procedures.
 - Facilities must meet applicable standards established by the Federal, State, and local governments. (including local fire, building, and licensing codes).
 - Clinic settings must ensure respect for the privacy and dignity of the individual.
- Clients must be accepted on referral from any source.
- Services must be delivered without discrimination against people who have AIDS, are perceived to have AIDS, are related to or residing with someone with AIDS, have tested positive for the HIV antibody, or are perceived to be at high risk for contracting HIV.
- Services must be provided solely on a voluntary basis. Acceptance of family planning services must not be a prerequisite to eligibility for, or receipt of, services in any non-family planning programs of the LHJ.

Availability of Emergency Services

(DOH Family Planning Manual 6800)

The LHJ must have written plans and procedures for the management of on-site medical emergencies and emergencies requiring ambulance services and transport to a medical facility.

The LHJ must inform clients of after-hours emergency procedures through the interview process, posters, or written instructions.

DOH Program Contact

Carol Oakes
PO Box 47855, Olympia, WA 98504-7855
carol.oakes@doh.wa.gov, Ph: (360) 236-3588

DOH Fiscal Contact

Charles Messer
PO Box 47855, Olympia, WA 98504-7855
charles.messer@doh.wa.gov, Ph: (360) 236-3701

**Exhibit A
Statement of Work
Contract Term: 2015-2017**

DOH Program Name or Title: HIV Client Services - Effective January 1, 2017

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: C17113

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

Period of Performance: January 1, 2017 through December 31, 2017

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

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			
FFY15 ADAP Rebate Local 15-17	N/A	334.04.98	12618550	01/01/17	06/30/17	0	225,000	225,000
FFY15 ADAP Rebate Local 15-17	N/A	334.04.98	TBD	07/01/17	12/31/17	0	225,000	225,000
TOTALS						0	450,000	450,000

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.					

***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>

Task: HIV Community Services (HCS)-1	Not applicable to this statement of work (SOW)
Task: HCS-2	Not applicable to this SOW
Task: HCS-3	Not applicable to this SOW

Task: HCS-4		Case Management – Persons Living With HIV (PLWH)		
Service Definition:	Provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Includes all types of case management encounters with or on behalf of client (face-to-face, phone contact, any other forms of communication). Activities may include: 1) initial assessment of need; 2) development of individualized care plan; 3) coordinated access to health and support services; 4) client monitoring to assess the care plan; 5) re-evaluation of the care plan; 6) ongoing assessment of client's needs; 7) treatment adherence counseling; 8) client specific advocacy or review of utilization of services; 9) benefits counseling.		Budget	
		A	Salaries	\$229,258
		B	Benefits	\$68,187
		C	Service Contracts	-
		E	Supplies/Goods	
		G	Travel	\$5,000
		J	Equipment	-
		N	Sub-Contracts	-
		O	Other	
		IDC	37.12%	\$110,412
		Subtotal	\$412,857	
Strategies:	<ul style="list-style-type: none">• Provide case management services for PLWH living in Kitsap, Mason, Clallam, and Jefferson Counties in compliance with WA State HIV CM Standards.• Utilize Acuity Guidelines to ensure delivery of appropriate level of services and related resources.• Prioritize medical engagement/retention, viral suppression and stable housing as recognized indicators of positive health outcomes and quality of life.• Utilize Client Centered Approach.• Practice Cultural Humility in all aspects of care and service delivery.• Intentionally track and address Health Disparities for Populations of Interest within your community(ies) as related to Case Management services and outcomes.• Meaningfully incorporate consumer feedback into ongoing program design, implementation and evaluation.			
Targeted population:	Persons living with HIV			
Deliverables/Measures:	Number of PLWH to be served:	Kitsap	175	
		Mason	30	
		Clallam	40	
		Jefferson	17	
		Total	262	

Reporting:	<ul style="list-style-type: none"> Agency must create a CAREWare file for each PLWH receiving Case Management services within forty-eight (48) business hours from the time of Client Intake. Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in CAREWare, as appropriate, within five (5) business days from Client Intake, identified change in Client Status, delivery of a support service or benefit, or interaction with or on behalf of Client. Requirements around documentation within CAREWare can be found in your HCS Manual. Agency must Track and report within CAREWare any and all Performance Measures related to this Service Category as directed by DOH Quality Team. These include, but may not be limited to, medical engagement, medical retention, viral load, housing status, and household poverty level. 				
Task: HCS-5	Medical Transportation				
Service Definition:	Provision of non-emergency transportation services that enable an eligible client to access or are retained in medical and support services. May be provided by:			Budget	
	1) providers of transportation services;	A	Salaries		
	2) mileage reimbursement (non-cash) that does not exceed the established rates for federal programs;	B	Benefits		
	3) organization and use of volunteer drivers through programs with insurance and other liability issues specifically addressed;	C	Service Contracts		
	4) voucher or token systems.	E	Supplies/Goods		\$6,143
		G	Travel		
		J	Equipment		
		N	Sub-Contracts		
		O	Other		
Strategies:	<ul style="list-style-type: none"> Agency will issue fuel cards and bus passes to PLWH to enable access to medical care and support services. Agency will consider poverty, capacity, stigma and health disparity related barriers to transportation and attempt resolution through provision of medical transportation assistance or other available resources. Ongoing medical transportation needs must be documented in the Client's Service Plan. Long term sustainable resolutions need to be explored and strategized. Medical Transportation direct assists must be used as payer of last resort. 	IDC		%	
				Subtotal	\$6,143
Targeted population:	Persons living with HIV				
Deliverables/Measures:	Number of PLWH to be served:	100			

Reporting:	<ul style="list-style-type: none">Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in CAREWare, as appropriate, within five (5) business days from Client Intake, identified change in Client Status, delivery of a support service or benefit, or Interaction with or on behalf of Client. Requirements around documentation within CAREWare can be found in your HCS Manual.Agency must track and report within CAREWare any and all Performance Measures related to this Service Category as directed by DOH Quality Team. These include, but may not be limited to, medical engagement, medical retention, viral load, housing status, and household poverty level.				
Task:	HCS-6	Food Bank/Home Delivered Meals - PLWH			
Service Definition:	Provision of actual food items, hot meals, or a voucher program to purchase food. This also includes providing essential non-food items (limited to personal hygiene products, household cleaning supplies, water filtration in communities where issues of water safety exist).		Budget		
			A	Salaries	
			B	Benefits	
			C	Service Contracts	
			E	Supplies/Goods	\$25,000
			G	Travel	
			J	Equipment	
			N	Sub-Contracts	
			O	Other	
			IDC	%	
				Subtotal	\$25,000
Strategies:	<ul style="list-style-type: none">Agency will distribute food bags to PLWH under guidance of nutritionist or dietician oversight.Agency will consider poverty, capacity, stigma and health disparity related barriers to food security and attempt resolution through provision of food assistance or other available resources.Ongoing food insecurity needs must be documented in the Client's Service Plan. Long term sustainable resolutions need to be explored and strategized.Food/M meal disbursement must be used as payer of last resort.				
Targeted population:	Persons living with HIV				
Deliverables/Measures:	Number of PLWH to be served:		200		
Reporting:	<ul style="list-style-type: none">Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in CAREWare, as appropriate, within five (5) business days from Client Intake, identified change in Client Status, delivery of a support service or benefit, or Interaction with or on behalf of Client. Requirements around documentation within CAREWare can be found in your HCS Manual.				

<ul style="list-style-type: none"> 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:	<div> <div> 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. </div> <div> <table> <tr> <th colspan="2">Budget</th></tr> <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></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></tr> <tr> <td></td><td>Subtotal</td></tr> <tr> <td></td><td>\$6,000</td></tr> </table> </div> </div>	Budget		A	Salaries	B	Benefits	C	Service Contracts	E	Supplies/Goods	G	Travel	J	Equipment	N	Sub-Contracts	O	Other	IDC	%		Subtotal		\$6,000
Budget																									
A	Salaries																								
B	Benefits																								
C	Service Contracts																								
E	Supplies/Goods																								
G	Travel																								
J	Equipment																								
N	Sub-Contracts																								
O	Other																								
IDC	%																								
	Subtotal																								
	\$6,000																								
Strategies:	<ul style="list-style-type: none"> 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. 																								
Targeted population:	Persons living with HIV																								
Deliverables/Measures:	Number of PLWH to be served: 12																								
Reporting:	<ul style="list-style-type: none"> Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in CAREWare, as appropriate, within five (5) business days from Client Intake, identified change in Client Status, delivery of a support service or benefit, or Interaction with or on behalf of Client. Requirements around documentation within CAREWare can be found in your HCS Manual. Agency must track and report within CAREWare any and all Performance Measures related to this Service Category as directed by DOH Quality Team. These include, but may not be limited to, medical engagement, medical retention, viral load, housing status, and household poverty level. 																								

PROGRAM SPECIFIC REQUIREMENTS/NARRATIVE

1. Definitions

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

2. Client Eligibility and Certification

PLWH LHJ shall:

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

This system will remain in place as long as DOH has sufficient state general funds to meet Medicaid match.

iv) Have clients sign Release of Information Forms granting DOH permission to review client charts and client level data for quality assurance and evaluation purposes. PAHR and PLWH LHJ shall:

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

3. Quality Management/Improvement Activities.

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

4. HIV Statewide CAREWare Data System

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

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

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

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

5. HIV and STD Testing Services

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

6. Reporting Requirements

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

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

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

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

Reporting Time Period	Report due date
January 1, 2017 – March 31, 2017	April 15, 2017
April 1, 2017 – June 30, 2017	July 15, 2017
July 1, 2017 – September 30, 2017	October 15, 2017
October 1, 2017 – December 31, 2017	December 31, 2017

- 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.
 - i) Required: Fiscal Health Training in April 2017.
- e. LHJ shall participate in any Quality trainings put on by DOH related to the execution of this contract.
 - i) Required: Quality Management Training in February 2017.

- f. LHJ shall participate in the DOH Community Programs Annual Update.
 - i) Required: Annual Update in April or May 2017.
- 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.
 - i) Required: LHJ Training in January 2017.

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

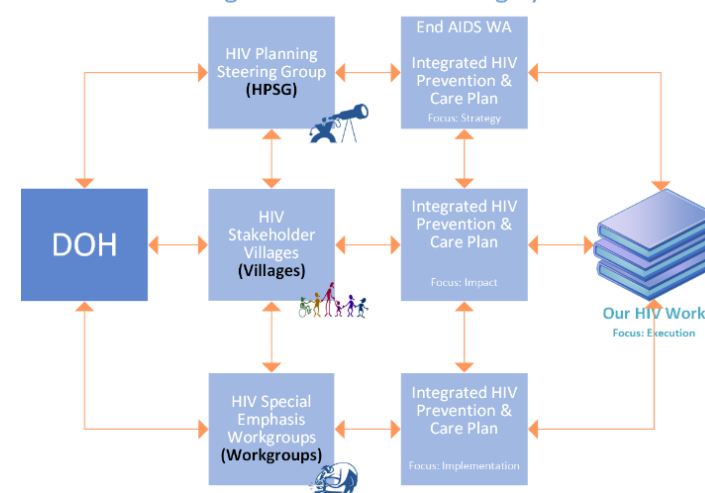
HIV Stakeholder Villages (Villages) have no formal membership and serve the dual purpose of educating a broad range of stakeholders on the current and proposed HIV interventions and strategies receiving input from stakeholders to enhance HIV service delivery. Village meet in person or via web interface 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.

Washington State HIV Planning System



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

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

a. Fiscal Guidance

- i) **Funding** – Funds provided in the Budget are for services provided during the period January 1, 2017 –December 31, 2017. The LHJ shall submit all claims for payment for costs due and payable under this statement of work by January 31, 2018. 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 Office of Management and Budget (OMB) Circular A-122 (Cost Principles for Non-Profit Organizations).
- iii) **Submission of Invoice Vouchers** – On a monthly basis, the LHJ shall submit correct A19-1A invoice vouchers amounts billable to DOH under this statement of work. **All A19-1A invoice vouchers must be submitted by the 25th of the following month.**

Month of A19-1A Invoice	A19-1A Invoice Due Date
January 1-31, 2017	February 25, 2017
February 1-29, 2017	March 25, 2017
March 1-31, 2017	April 25, 2017
April 1-30, 2017	May 25, 2017
May 1-31, 2017	June 25, 2017
June 1-30, 2017	July 25, 2017
July 1-31, 2017	August 25, 2017
August 1-31, 2017	September 25, 2017
September 1-30, 2017	October 25, 2017
October 1-31, 2017	November 25, 2017
November 1-30, 2017	December 25, 2017
December 1-31, 2017	January 31, 2018

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.

b. **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.

c. **Subcontracting**

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

d. **Written Agreements**

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

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

Technical assistance is available through DOH.

12. Material Review and Website Disclaimer Notice

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

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

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

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

13. Youth and Peer Outreach Workers

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

14. Confidentiality Requirements

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

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

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

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

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

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

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

Technical assistance is available through DOH.

15. Whistleblower

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

16. Allowable Costs

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

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

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

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

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

DOH Program Contact, PLWH

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

DOH Program Contact, PAHR

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

**Exhibit A
Statement of Work
Contract Term: 2015-2017**

DOH Program Name or Title: Infectious Disease Prevention Section (IDPS) -
Effective January 1, 2017

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: C17113

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

Period of Performance: January 1, 2017 through December 31, 2017

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to provide infectious disease (HIV, STD, and Adult Viral Hepatitis) prevention services.

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			
STATE HIV PREVENTION	N/A	334.04.91	12401100	01/01/17	06/30/17	0	20,000	20,000
STATE HIV PREVENTION	N/A	334.04.91	TBD	07/01/17	12/31/17	0	20,000	20,000
TOTALS						0	40,000	40,000

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.					

***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>

Task: SSP-1 Syringe Service Programs (SSP): People Who Use Drugs (PWUD)		Period: January 1, 2017 - December 31, 2017	
Service Definition: To provide comprehensive Syringe Service Program (SSP) to people who use drugs (PWUD). This plan of action is directed to distribute syringes to communities that use drugs to prevent transmission of infectious disease. SSP programs will provide clean works / harm reduction supplies with syringes to prevent transmission of disease. SSP will provide referrals to address social determinants of health.		Budget	
		A	Salaries \$23,540
Strategies: <ul style="list-style-type: none"> Provide fixed site and/or outreach to engage communities that use drugs. Distribution of syringes will be on participant needs and/or one for one based on program policy SSPs will provide referrals to address social determinants of health and provide follow-up within program capacity. SSP programs will distribute needles, cottons, cookers, and wound care items while providing risk reduction counseling around human immunodeficiency virus (HIV) and hepatitis C virus (HCV) transmission. When possible, SSPs will refer and provide testing for participants based on the programs supports. 		B	Benefits \$6,271
		C	Service Contracts
		E	Supplies/Goods
		G	Travel
		J	Equipment
		N	Sub-Contracts
		O	Other
		IND	% \$10,189
		Total: \$40,000	
Targeted Population: People who use drugs			
Deliverables/ Measures:	a. Number of PWUD served	3,500 duplicated	
	b. Number of Syringes Distributed	1,000,000	
	c. Number of Referrals to address social determinants of health	250	
	d. Number of Clean Works/Harm Reduction supplies distributed	250,000	
	e. Number of Participants referred to testing/care: HIV/HCV/STD	100	
	f. Number of Condoms Distributed	5,000	
Reporting: By the 15th of the month, enter previous month's deliverable data into Statewide HIV Activity Reporting and Evaluation (SHARE) system.			

Fiscal Guidance

- ii) **Funding** – Funds provided in the Budget are for services provided during the period January 1, 2017 –December 31, 2017. The LHJ shall submit all claims for payment for costs due and payable under this statement of work by January 31, 2018. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
- iii) 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 Office of Management and Budget (OMB) Circular A-122 (Cost Principles for Non-Profit Organizations).
- iv) **Submission of Invoice Vouchers** – On a monthly basis, the LHJ shall submit correct A19-1A invoice vouchers amounts billable to DOH under this statement of work. **All A19-1A invoice vouchers must be submitted by the 25th of the following month.**

Month of A19-1A Invoice	A19-1A Invoice Due Date
January 1-31, 2017	February 25, 2017
February 1-29, 2017	March 25, 2017
March 1-31, 2017	April 25, 2017
April 1-30, 2017	May 25, 2017
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July 1-31, 2017	August 25, 2017
August 1-31, 2017	September 25, 2017
September 1-30, 2017	October 25, 2017
October 1-31, 2017	November 25, 2017
November 1-30, 2017	December 25, 2017
December 1-31, 2017	January 31, 2018

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.

DOH Program Contact, SSP

Tim Candela
DOH, Infectious Disease Prevention
PO Box 47841, Olympia, WA 98504-7841
360-236-3456/Fax: 360-664-2216
Tim.Candela@doh.wa.gov

DOH Fiscal Contact

Abby Gilliland
DOH, Infectious Disease Operations Unit
PO Box 47840, Olympia, WA 98504-7841
360-236-3351/Fax: 360-664-2216
Abby.Gilliland@doh.wa.gov

**Exhibit A
Statement of Work
Contract Term: 2015-2017**

DOH Program Name or Title: Maternal & Child Health Block Grant -
Effective January 1, 2015

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: C17113

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

Period of Performance: January 1, 2015 through September 30, 2017

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to support local interventions that impact the target population of the Maternal and Child Health Block Grant.

Revision Purpose: The purpose of this revision is to add new billing language to the "Special Billing Requirements" section.

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			
FFY15 MCHBG CBP CONCON	93.994	333.93.99	78734250	01/01/15	09/30/15	119,891	0	119,891
FFY16 MCHBG LHJ & OTHER CONTRACTS	93.994	333.93.99	78730260	10/01/15	09/30/16	159,854	0	159,854
FFY17 MCHBG LHJ & OTHER CONTRACTS	93.994	333.93.99	78730270	10/01/16	09/30/17	159,854	0	159,854
TOTALS						439,599	0	439,599

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Maternal and Child Health Block Grant (MCHBG) Administration					
1a	Participate in calls, at a minimum of every other month, with DOH contract manager. Dates and time for calls are mutually agreed upon between DOH and LHJ.		Designated LHJ staff will participate in contract management calls.	September 30, 2017	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
1b	Participate in DOH sponsored MCHBG-related quarterly conference calls and/or webinars, including up to two (2) in-person meetings.		Designated LHJ staff will participate in calls, webinars, and meetings.	September 30, 2017	
1c	Complete 2015-2016 MCHBG Budget Workbook for October 1, 2015 through September 30, 2016 using DOH provided template.		Submit completed MCHBG Budget Workbook to DOH contract manager.	September 4, 2015	
1d	Report actual expenditures for October 1, 2014 – December 31, 2014.		Submit actual expenditures using the MCHBG Budget Workbook	February 18, 2015	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			(Sections A and B only) to contract manager.		See Program Specific Requirements and Special Billing Requirements.
1e	Report actual expenditures for January 1, 2015 through September 30, 2015.		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	November 30, 2015	
1f	Complete 2016-2017 MCHBG Budget Workbook for October 1, 2016 through September 30, 2017 using DOH-provided template.		Submit completed MCHBG Budget Workbook to DOH contract manager.	September 2, 2016	
1g	Report actual expenditures for October 1, 2015 through September 30, 2016.		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	November 30, 2016	
1h	Report actual expenditures for October1, 2016 through March 31, 2017.		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	May 26, 2017	
1i	Complete 2017-2018 MCHBG Budget Workbook for October 1, 2017 through September 30, 2018 using DOH-provided template		Submit completed MCHBG Budget Workbook to DOH contract manager.	September 1, 2017	
MCHBG Assessment and Evaluation					
2a	Participate in statewide capacity and needs assessment activities in preparation for next statewide 5 year plan, as requested.		Documentation using report template provided by DOH.	May 1, 2015	Reimbursement for actual costs, not to exceed total funding consideration. See Program Specific Requirements and Special Billing Requirements.
2b	Participate in project evaluation activities developed and coordinated by DOH, as requested.		Documentation using report template provided by DOH.	September 30, 2017	
2c	Report program level strategy measure data		Documentation using Action Plan Quarterly Report and MCHBG Budget Workbook	January 15, 2017 April 15, 2017 July 15, 2017	
MCHBG Implementation					
3a	Develop 2015-2016 MCHBG Action Plan for October 1, 2015 through September 30, 2016 using DOH provided template.		Submit MCHBG Action Plan to DOH contract manager.	Draft - August 21, 2015 Final - September 4, 2015	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for
3b	Report activities and outcomes of 2014-2015 MCHBG Action Plan using DOH provided template.		Submit Action Plan quarterly reports to DOH contract manager.	January 15, 2015 April 15, 2015 July 15, 2015 October 15, 2015	

AMENDMENT #12

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
				If LHJ chooses to bill on a monthly basis, reports are due on or before the 15 th of the following month.	the specified funding period. See Program Specific Requirements and Special Billing Requirements.
3c	Develop 2016-2017 MCHBG Action Plan for October 1, 2016 through September 30, 2017 using DOH-provided template.		Submit MCHBG Action Plan to DOH contract manager.	Draft- August 19, 2016 Final-September 2, 2016	
3d	Report activities and outcomes of 2015-2016 MCHBG Action Plan using DOH-provided template.		Submit Action Plan quarterly reports to DOH contract manager.	January 15, 2016 April 15, 2016 July 15, 2016 October 15, 2016 If LHJ chooses to bill on a monthly basis, reports are due on or before the 15 th of the following month.	
3e	Develop 2017-2018 MCHBG Action Plan for October 1, 2017 through September 30, 2018 using DOH-provided template.		Submit MCHBG Action Plan to DOH contract manager.	Draft- August 18, 2017 Final-September 1, 2017	
3f	Report activities and outcomes of 2016-2017 MCHBG Action Plan using DOH-provided template.		Submit Action Plan quarterly reports to DOH contract manager.	January 15, 2017 April 15, 2017 July 15, 2017 If LHJ chooses to bill on a monthly basis, reports are due on or before the 15th of the following month.	
Children with Special Health Care Needs (CSHCN)					
4a	Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children served by the CSHCN Program as referenced in CSHCN Program Manual.		Submit CHIF data into Secure File Transport (SFT) website: https://sft.wa.gov	January 15, 2015 April 15, 2015 July 15, 2015 October 15, 2015 January 15, 2016 April 15, 2016 July 15, 2016 October 15, 2016 January 15, 2017 April 15, 2017 July 15, 2017	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
4b	Administer requested DOH Diagnostic and Treatment funds for infants and children per CSHCN Program Manual when funds are used.		Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CSHCN Program as needed.	30 days after forms are completed.	period. See Program Specific Requirements and Special Billing Requirements.
4c	Participate in the CSHCN Regional System and quarterly meetings as described in the CSHCN Program Manual.		Submit Action Plan quarterly reports including number of regional meetings attended to the DOH contract manager.	January 15, 2015 April 15, 2015 July 15, 2015 October 15, 2015 January 15, 2016 April 15, 2016 July 15, 2016 October 15, 2016 January 15, 2017 April 15, 2017 July 15, 2017	

***For Information Only:**

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

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

Program Specific Requirements/Narrative

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

Program Manual, Handbook, Policy References

Children with Special Health Care Needs Manual - <http://www.doh.wa.gov/Portals/1/Documents/Pubs/970-209-CSHCN-Manual.pdf>

Health Services Authorization (HSA) Form

<http://www.doh.wa.gov/Portals/1/Documents/Pubs/910-002-ApprovedHSA.docx>

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

- At least 30% of federal Title V funds must be used for preventive and primary care services for children and at least 30% must be used services for children with special health care needs. [Social Security Law, Sec. 505(a)(3)].

2. Funds may not be used for:
 - a. Inpatient services, other than inpatient services for children with special health care needs or high risk pregnant women and infants, and other patient services approved by Health Resources and Services Administration (HRSA).
 - b. Cash payments to intended recipients of health services.
 - c. The purchase or improvement of land, the purchase, construction, or permanent improvement of any building or other facility, or the purchase of major medical equipment.
 - d. Meeting other federal matching funds requirements.
 - e. Providing funds for research or training to any entity other than a public or nonprofit private entity.
 - f. payment for any services furnished by a provider or entity who has been excluded under Title XVIII (Medicare), Title XIX (Medicaid), or Title XX (social services block grant).[Social Security Law, Sec 504(b)].
3. If any charges are imposed for the provision of health services using Title V (MCH Block Grant) funds, such charges will be pursuant to a public schedule of charges; will not be imposed with respect to services provided to low income mothers or children; and will be adjusted to reflect the income, resources, and family size of the individual provided the services. [Social Security Law, Sec. 505 (1)(D)].

Monitoring Visits (frequency, type)

Telephone calls with contract manager at least one every other month.

Special Billing Requirements

Payment is contingent upon DOH receipt and approval of all deliverables and an acceptable A19-1A 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. Invoices must be submitted ~~at least quarterly~~ *monthly on the 30th of each month following the month in which the expenditures were incurred* and must be based on actual allowable program costs. Billing for services on a monthly ~~or quarterly~~ fraction of the “Total Consideration” will not be accepted or approved. ~~Monthly invoices on actual allowable program costs will be accepted but an updated Action Plan Progress Report must also be submitted.~~

Special Instructions

Any materials or communication products developed regarding work related to this Statement of Work should include the following text: “Supported by the Washington State Department of Health, Office of Healthy Communities through the Maternal and Child Health Block Grant award from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration”.

DOH Program Contact

Chris Zipperer
Healthy Communities Consultant
Office of Healthy Communities
Washington State Department of Health
Street Address: 310 Israel Rd SE, Tumwater, WA 98501
Mailing Address: PO Box 47848, Olympia, WA 98504
Telephone: 360-236-3614/ Fax: 360-236-3646
Email: chris.zipperer@doh.wa.gov

**Exhibit A
Statement of Work
Contract Term: 2015-2017**

DOH Program Name or Title: Office of Drinking Water Group A Program - Effective January 1, 2015

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: C17113

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

Period of Performance: January 1, 2015 through December 31, 2017

Funding Source <input checked="" type="checkbox"/> Federal Contractor <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems.

Revision Purpose: The purpose of this revision is to increase funding consideration and extend funding period end dates from 12/31/16 to 12/31/17, revise Payment Information on Task 4, revise Special Billing Requirements and Special Instructions, and change DOH Contact name.

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			
Drinking Water Group A - SS	N/A	346.26.64	2421921C	01/01/15	12/31/17	23,500	19,250	42,750
Drinking Water Group A - TA	N/A	346.26.66	2421921D	01/01/15	12/31/17	5,600	2,000	7,600
TOTALS						29,100	21,250	50,350

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Trained LHJ staff will conduct sanitary surveys of small community and non-community Group A water systems identified by the DOH Office of Drinking Water (ODW) Regional Office. See Special Instructions for task activity.		Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include: 1. Cover letter identifying significant deficiencies, significant findings, observations, recommendations, and referrals for further ODW follow-up. 2. Completed Small Water System checklist. 3. Updated Water Facilities Inventory (WFI). 4. Photos of water system with text identifying features	Final Sanitary Survey Reports must be received by the ODW Regional Office within 30 calendar days of conducting the sanitary survey.	Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$250 for each sanitary survey of a non-community system with three or fewer connections. Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$500 for each sanitary survey of a

AMENDMENT #12

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	DOH will provide a tablet and GPS unit for the LHJ to gather source data during a routine sanitary survey. DOH expects the LHJ to commit to using the tablet and GPS for a five-year period.		<p>5. Any other supporting documents.</p> <p>*Final Reports reviewed and accepted by the ODW Regional Office.</p> <p>The LHJ surveyor will record at least two (2) GPS data points, for each source, into the preloaded Excel template on the tablet and submit that data file with the associated sanitary survey.</p>		<p>non-community system with four or more connections and each community system.</p> <p>Payment is inclusive of all associated costs such as travel, lodging, per diem.</p> <p>Payment is authorized upon receipt and acceptance of the Final Sanitary Survey Report within the 30 day deadline.</p> <p>Late or incomplete reports may not be accepted for payment.</p>
2	<p>Trained LHJ staff will conduct Special Purpose Investigations (SPI) of small community and non-community Group A water systems identified by the ODW Regional Office.</p> <p>See Special Instructions for task activity.</p>		Provide completed SPI Report and any supporting documents and photos to ODW Regional Office.	Completed SPI Reports must be received by the ODW Regional Office within 2 working days of the service request.	<p>Upon acceptance of the completed SPI Report, the LHJ shall be paid \$800 for each SPI.</p> <p>Payment is inclusive of all associated costs such as travel, lodging, per diem.</p> <p>Payment is authorized upon receipt and acceptance of completed SPI Report within the 2 working day deadline.</p> <p>Late or incomplete reports may not be accepted for payment.</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	<p>Trained LHJ staff will provide direct technical assistance (TA) to small community and non-community Group A water systems identified by the ODW Regional Office.</p> <p>See Special Instructions for task activity.</p>		Provide completed TA Report and any supporting documents and photos to ODW Regional Office.	Completed TA Report must be received by the ODW Regional Office within 30 calendar days of providing technical assistance.	<p>Upon acceptance of the completed TA Report, the LHJ shall be paid for each technical assistance activity as follows:</p> <ul style="list-style-type: none"> • Up to 3 hours of work: \$250 • 3-6 hours of work: \$500 • More than 6 hours of work: \$750 <p>Payment is inclusive of all associated costs such as consulting fee, travel, lodging, per diem.</p> <p>Payment is authorized upon receipt and acceptance of completed TA Report within the 30-day deadline.</p> <p>Late or incomplete reports may not be accepted for payment.</p>
4	<p>LHJ staff performing the activities under tasks 1, 2 and 3 must have completed the mandatory Sanitary Survey Training.</p> <p>See Special Instructions for task activity.</p>		Prior to attending the training, submit an “Authorization for Travel (Non-Employee)” DOH Form 710-013 to the ODW Program Contact below for approval (to ensure that enough funds are available).	Annually	<p>LHJ shall be paid mileage, per diem, and lodging costs, and <i>registration costs as approved on the pre-authorization form</i> in accordance with the current rates listed on the OFM Website http://www.ofm.wa.gov/resources/travel.asp</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 References (RCWs, WACs, etc)

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

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

Special Billing Requirements

The LHJ shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Payment cannot exceed a maximum accumulative fee of ~~\$23,500~~ **\$42,750** for **Task 1**, and ~~\$5,600~~ **\$7,600** for **Task 2, Task 3 and Task 4 combined** during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above.

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

Special Instructions

Task 1

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

- No more than **19** surveys of non-community systems with three or fewer connections to be completed between January 1, 2015 and December 31, 2015.
- No more than **7** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2015 and December 31, 2015.
- No more than **7** surveys of non-community systems with three or fewer connections to be completed between January 1, 2016 and December 31, 2016.
- No more than **27** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2016 and December 31, 2016.
- *No more than 8 surveys of non-community systems with three or fewer connections to be completed between January 1, 2017 and December 31, 2017.*
- *No more than 35 surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2017 and December 31, 2017.*

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

Task 2

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

Task 3

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

Task 4

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

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

Program Manual, Handbook, Policy References

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

DOH Program Contact

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

DOH Fiscal Contact

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

**Exhibit A
Statement of Work
Contract Term: 2015-2017**

DOH Program Name or Title: Office of Drinking Water Group B Program -
Effective January 1, 2017

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: C17113

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

Period of Performance: January 1, 2017 through December 31, 2017

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to provide financial support to LHJs implementing local Group B water system programs.

Revision Purpose: 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			
Drinking Water Group B	N/A	334.04.90	24230103	01/01/17	06/30/17	0	10,000	10,000
Drinking Water Group B	N/A	334.04.90	24230103	07/01/17	12/31/17	0	10,000	10,000
TOTALS						0	20,000	20,000

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

***For Information Only:**

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

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

Program Specific Requirements/Narrative

Special Billing Requirements

The LHJ shall submit semi-annual invoices as follows: \$10,000 in the first half of the calendar year and \$10,000 in the second half of the calendar year. Payment cannot exceed a maximum accumulative fee of \$20,000 per year.

DOH Program Contact

Bonnie Waybright, P.E.
Southwest Regional Manager
DOH Office of Drinking Water
243 Israel Rd SE
Tumwater, WA 98501
Bonnie.Waybright@doh.wa.gov
(360) 236-3025

DOH Fiscal Contact

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

**Exhibit A
Statement of Work
Contract Term: 2015-2017**

DOH Program Name or Title: Office of Immunization & Child Profile -
Effective January 1, 2017

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: C17113

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

Period of Performance: January 1, 2017 through December 31, 2017

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to define required immunization tasks, deliverables, and funding. The period of performance for this statement of work is divided into two funding allocation periods, January through March 2017 and April through December 2017. Tasks and deliverables will be divided proportionately between the two funding periods.

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			
FFY16 PPHF 317 Ops	93.539	333.93.53	74110267	01/01/17	03/31/17	0	11,720	11,720
FFY17 VFC Ops	93.268	333.93.26	74110273	04/01/17	12/31/17	0	7,089	7,089
FFY17 VFC Ordering	93.268	333.93.26	74110274	04/01/17	12/31/17	0	4,284	4,284
FFY17 317 Ops	93.268	333.93.26	74110271	04/01/17	12/31/17	0	7,102	7,102
FFY17 AFIX	93.268	333.93.26	74110275	04/01/17	12/31/17	0	20,967	20,967
TOTALS						0	51,162	51,162

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Perform accountability activities in accordance with state and federal requirements for the Vaccines for Children (VFC) Program as outlined in the Centers for Disease Control and Prevention (CDC) VFC Operations Guide and as directed by the state administrators of the VFC program. Accountability requirements include, but are not limited to: provider education, provider site visits and required corrective action, quality assurance activities, VFC screening, satisfaction survey, outside provider agreements, new provider enrollment visits, fraud and abuse reporting, monthly accountability reports, and private provider report of vaccine usage.					
1	Facilitate annual renewal of the provider agreement for receipt of state-supplied vaccine for all healthcare providers receiving state-supplied childhood vaccines.		Provider Agreements for Receipt of State Supplied Vaccine received online via the Washington Immunization Information System.	Annually, per Annual VFC Provider Agreement Update Schedule	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task*:

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					<p>January 2017 – March 2017 FFY16 PPHF 317 Ops - 74110267</p> <p>April 2017 – December 2017 FFY17 AFIX - 74110275</p> <p>*See Restrictions on Funds below</p>
2	Enroll new providers. Conduct an enrollment site visit to all new providers, and gather information needed to complete Program enrollment		Provider Agreement for Receipt of State Supplied Vaccine with original signature – DOH 348-002 (NOTE: a photocopy will not be accepted)	Within ten (10) days after the date of the provider enrollment visit	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p> <p>Funds available for this task*:</p> <p>January 2017 – March 2017 FFY16 PPHF 317 Ops - 74110267</p> <p>April 2017 – December 2017 FFY17 AFIX - 74110275</p> <p>*See Restrictions on Funds below</p>
3	Use and facilitate provider use of the Washington Immunization Information System to place and approve provider vaccine orders. Monitor provider orders for appropriateness (including: accuracy of shipping information, order frequency, timing, quantity and type) and approve vaccine order online after assuring the appropriateness of the order.		Electronic submission of provider vaccine orders via the Washington Immunization Information System	Based on provider order schedules	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p> <p>Funds available for this task*:</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					<p>January 2017 – March 2017 FFY16 PPHF 317 Ops - 74110267</p> <p>April 2017 – December 2017 FFY17 VFC Ordering – 74110274</p> <p>FFY17 VFC Ops – 74110273</p> <p>FFY17 317 Ops - 74110271</p> <p>*See Restrictions on Funds below</p>
4	Monitor and assure electronic or paper submission of vaccine accountability reports for compliance with Provider Agreement related to vaccine management (ordering, inventory management, reconciliation, compliance with storage and handling, and reporting of all vaccine incidents and returns).		<p>a) Monthly Vaccine Accountability Report (DOH 348-006)</p> <p>b) Inclusion in the online ordering system of doses used in the last month and inventory on hand.</p> <p>c) Report of Vaccine Storage Incidents (DOH 348-154) complete with reason and corrective action as needed.</p> <p>d) Report all cases (or suspected cases) of vaccine fraud or abuse.</p>	<p>a) By the 25th of each month</p> <p>b) Based on provider order schedules</p> <p>c) Within seven (7) days of the incident</p> <p>d) Within seven (7) days of the incident</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p> <p>Funds available for this task*:</p> <p>January 2017 – March 2017 FFY16 PPHF 317 Ops - 74110267</p> <p>April 2017 – December 2017 FFY17 AFIX - 74110275</p> <p>*See Restrictions on Funds below</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	Provide communication, technical assistance, consultation, and education to providers about vaccine quality assurance, accountability, program participation and vaccine management.		Summary of LHJ Technical Assistance Form (DOH 348-257)	December 31st	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p> <p>Funds available for this task*:</p> <p>January 2017 – March 2017 FFY16 PPHF 317 Ops - 74110267</p> <p>April 2017 – December 2017 FFY17 VFC Ops – 74110273</p> <p>FFY17 317 Ops - 74110271</p> <p>*See Restrictions on Funds below</p>
6	<p>Conduct a total of fifteen (15) VFC compliance site visits at enrolled provider site(s) within your jurisdiction per the following schedule:</p> <p>January 1, 2017 – March 31, 2017: four (4) April 1, 2017 – September 30, 2017: eleven (11)</p> <p>Site visits should address all requirements outlined in the Provider Agreement, the CDC Vaccines for Children (VFC) Operations Guide, and as directed by the state administrators of the VFC program.</p> <p>Conduct VFC Compliance Site Visit Follow-Up to assure providers resolve all corrective actions identified during the initial VFC compliance site visit. Follow-up may include another physical site visit or verification by email, phone, fax, or</p>		<p>a) VFC Site Visit Selection Planning tool (will be supplied by DOH)</p> <p>b) Enter responses from the VFC Provider Compliance Site Visit questionnaire into the VFC Provider Education, Assessment, and Reporting (VFC-PEAR) online system for each provider site visit. Follow all corrective action and follow-up guidance provided by VFC-PEAR for each incorrect response.</p>	<p>a) January 15th</p> <p>b) At the time of the VFC Compliance Site Visit or within five (5) business days of the site visit.</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p> <p>Funds available for this task*:</p> <p>January 2017 – March 2017 FFY16 PPHF 317 Ops - 74110267</p> <p>April 2017 – December 2017 FFY17 AFIX - 74110275</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>mail that corrective actions were completed. Documentation that all VFC Site Visit corrective actions have been completed must be available to DOH upon request.</p> <p>All VFC compliance site visits and the required site visit follow-ups conducted in the January – March time period must be completed by March 31st.</p> <p>All VFC compliance site visits and the required site visit follow-ups conducted in the April – September time period must be completed by September 30th.</p>		c) Submit copy of signed Acknowledgement of Receipt	<p>c) Within five (5) days of the visit</p> <p>NOTE: All VFC compliance site visits and the required site visit follow-ups conducted in the January – March time period must be completed by March 31st.</p> <p>All VFC compliance site visits and the required site visit follow-ups conducted in the April – September time period must be completed by September 30th.</p>	*See Restrictions on Funds below
7	<p>NOTE: The period of performance for this task is April 1, 2017 through December 31, 2017. Any AFIX visits conducted prior to April 1, 2017 will not be counted toward the requirements of this task.</p> <p>a) Conduct AFIX (Assessment, Feedback, Incentive, and Exchange) visits with nine (9) provider sites in your jurisdiction between April 1, 2017 and December 31, 2017.</p> <p>Visits can be conducted in-person, by telephone, or by webinar. All initial AFIX visits must be completed by December 31st.</p> <p>b) Conduct AFIX follow-up visits with all provider sites receiving an AFIX visit. Follow-up visits can be conducted in-person, by telephone, or by webinar. All AFIX follow-up visits must be completed six (6) months after the feedback visit.</p> <p>Continue following up with provider sites until they fully implement their selected quality</p>		<p>a) Enter the following data in the AFIX Online Tool:</p> <ul style="list-style-type: none"> • General Site Visit Information. • Questionnaire responses. • Coverage assessment results (from CoCASA reports or SMART AFIX Tool). Assessments must be completed within seven (7) days of feedback visit • Feedback visit information. <p>b) Enter the following data in the Exchange tab of the AFIX Online Tool for follow-up visits:</p> <ul style="list-style-type: none"> • Clinic progress on implementing quality improvement strategies. • Follow-up coverage assessment results (from CoCASA reports). 	<p>a) Within five (5) days of visit. All AFIX visits must be completed by December 31, 2017</p> <p>b) Within five (5) days of visit. All follow-up visits must be completed 6 months after the feedback visit.</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p> <p>Funds available for this task*:</p> <p>April 2017 – December 2017 FFY17 AFIX - 74110275</p> <p>*See Restrictions on Funds below</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	improvement activities.				
8	<p>a) In coordination with hospitals, health care providers, and health plans (if applicable), conduct activities to prevent perinatal hepatitis B infection in accordance with the Perinatal Hepatitis B Prevention Program Guidelines, including the following:</p> <ol style="list-style-type: none"> 1) Identification of HBsAg-positive pregnant women, and pregnant women with unknown HBsAg status 2) Reporting of HBsAg-positive women and their infants 3) Case management for infants born to HBsAg-positive women to ensure administration of hepatitis B immune globulin (HBIG) and hepatitis B vaccine within twelve (12) hours of birth, the completion of the 3-dose hepatitis B vaccine series, and post-vaccination serologic testing. <p>b) Provide technical assistance to birthing hospitals to encourage administration of the hepatitis B birth dose to all newborns within twelve (12) hours of birth, in accordance with Advisory Committee on Immunization Practices (ACIP) recommendations.</p> <p>c). Report all perinatal hepatitis B investigations, including HBsAg-positive infants, in the Perinatal Hepatitis B Module of the Washington State Immunization Information System.</p>		<p>a) Enter information for each case identified into the Perinatal Hepatitis B module of the WA Immunization Information System</p> <p>b) Annual Perinatal Hepatitis B Outreach Summary (DOH 348 268)</p>	<p>a) By the last day of each month</p> <p>b) December 15th</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p> <p>Funds available for this task*:</p> <p>January 2017 – March 2017 FFY16 PPHF 317 Ops - 74110267</p> <p>April 2017 – December 2017 FFY17 317 Ops - 74110271</p> <p>*See Restrictions on Funds below</p>

***For Information Only:**

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

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

Program Specific Requirements/Narrative

- All LHJ staff who conducts VFC Compliance Site Visits and AFIX visits must participate in an annual VFC and AFIX training, conducted by DOH Office of Immunization and Child Profile (OICP) staff or their designee.
- All new LHJ site visit reviewers are required to have at least one (1) observational visit conducted by DOH OICP staff or their designee. DOH OICP staff (or designee) will periodically conduct observational VFC/AFIX site visits with all other LHJ reviewers who conduct VFC Compliance Site Visits.

- All LHJ staff who conducts VFC Compliance Site Visits must participate in at least one (1) joint (observational) VFC compliance visit with DOH staff every other year. The observational visit will occur during a regularly scheduled site visit conducted by the LHJ reviewer. DOH will determine the Observational visit.
- Tasks in this statement of work may not be subcontracted without prior written approval from DOH OICP.

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

Program Manual, Handbook, Policy References

Office of Immunization and Child Profile References and Resources for vaccine management, VFC compliance site visits, AFIX visits, and Perinatal Hepatitis B activities can be found at this [link](#) to our website.

VFC Operations Guide - A copy will be provided by the Office of Immunization and Child Profile. (Note: All site visit reviewers are required to have access to the most current CDC VFC Operations Guide at every VFC compliance site visit).

Staffing Requirements

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

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

Allowable expenses with 317 and VFC FA Operations Funds (dated September 7, 2011) document is posted on the DOH Consolidated Contract website at this [link](#). In addition to the funding listed in the Payment Information and/or Amount column for each task, FFY17 317 Ops funding may be used for any activity in this statement of work conducted between April 1, 2017 and December 1, 2017, per funding availability and period of performance.

These federal funds may not be used for expenses related to travel or attendance at any CDC-sponsored conference, training, or event without prior written approval from the DOH Office of Immunization and Child Profile.

DOH Program Contact

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

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

DOH Fiscal Contact

Sonja Morris
Contracts and Budget Coordinator
Office of Immunization and Child Profile
PO Box 47843, Olympia WA 98504-7843
Sonja.morris@doh.wa.gov, 360-236-3545

Kitsap Public Health District

**EXHIBIT B-12
ALLOCATIONS**
Contract Term: 2015-2017

Contract Number: C17113
Date: November 15, 2016

Indirect Rate as of January 2015: 31.56% for Admin & Fac.;
36.56% for Community Hlth Pgms and 34.91% for Environmental Hlth Pgms

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY17 DSHS SNAP-Ed IAR	NGA Not Received	Amend 10	10.561	333.10.56	10/01/16	09/30/17	10/01/16	09/30/17	\$66,930	\$66,930	\$165,785
FFY16 DSHS SNAP-Ed IAR	Requested	Amend 4	10.561	333.10.56	10/01/15	09/30/16	10/01/15	09/30/16	\$98,855	\$98,855	
NEP 1-4 Onsite Sewage Management	00J32601	Amend 9	66.12	333.66.12	11/01/15	09/30/16	07/01/12	01/31/17	(\$10,000)	\$51,250	\$76,150
NEP 1-4 Onsite Sewage Management	00J32601	Amend 6, 9	66.12	333.66.12	11/01/15	09/30/16	07/01/12	01/31/17	\$61,250		
NEP 1-4 Onsite Sewage Management	00J32601	Amend 1	66.12	333.66.12	01/01/15	06/30/15	07/01/12	01/31/17	\$24,900	\$24,900	
NEP 5-6 Onsite Sewage Management	00J88801	Amend 11	66.12	333.66.12	11/01/15	09/30/17	10/01/14	08/31/19	\$10,000	\$71,250	\$133,750
NEP 5-6 Onsite Sewage Management	00J88801	Amend 6, 9	66.12	333.66.12	11/01/15	09/30/17	10/01/14	08/31/19	\$61,250		
NEP 5-6 Onsite Sewage Management	00J88801	Amend 1	66.12	333.66.12	01/01/15	06/30/16	10/01/14	08/31/19	\$62,500	\$62,500	
NEP 1-4 Pollution ID & Correction	00J32601	Amend 3	66.12	333.66.12	01/01/15	12/31/15	07/01/12	01/31/17	\$22,042	\$104,423	\$104,423
NEP 1-4 Pollution ID & Correction	00J32601	Amend 2	66.12	333.66.12	01/01/15	12/31/15	07/01/12	01/31/17	\$4,636		
NEP 1-4 Pollution ID & Correction	00J32601	Amend 1	66.12	333.66.12	01/01/15	12/31/15	07/01/12	01/31/17	\$77,745		
NEP 5-6 Pollution ID & Correction	00J88801	Amend 1	66.12	333.66.12	01/01/15	07/31/17	10/01/14	09/01/17	\$149,012	\$149,012	\$149,012
NEP 5-6 Swimming BEACH	00J88801	Amend 7	66.12	333.66.12	02/29/16	10/31/16	10/01/14	08/31/19	\$20,000	\$20,000	\$47,000
NEP 5-6 Swimming BEACH	00J88801	Amend 1	66.12	333.66.12	03/01/15	10/31/15	10/01/14	08/31/19	\$27,000	\$27,000	
FFY14 EPR LHIJ Funding	U90TP000559	Amend 2	93.07	333.93.06	01/01/15	06/30/15	07/01/14	06/30/15	\$5,905	\$129,137	\$129,137
FFY14 EPR LHIJ Funding	U90TP000559	N/A	93.07	333.93.06	01/01/15	06/30/15	07/01/14	06/30/15	\$123,232		
FFY16 EPR PHEP BP5 LHIJ Funding	U90TP000559	Amend 10	93.069	333.93.06	07/01/16	06/30/17	07/01/16	06/30/17	\$300,555	\$300,555	\$601,110
FFY15 EPR PHEP BP4 LHIJ Funding	U90TP000559	Amend 4	93.069	333.93.06	07/01/15	06/30/16	07/01/15	06/30/16	\$300,555	\$300,555	
FFY15 EPR PHEP Oper Readiness	U90TP000559	Amend 8	93.07	333.93.06	07/01/15	06/30/16	07/01/15	06/30/16	\$16,685	\$46,815	\$46,815
FFY15 EPR PHEP Oper Readiness	U90TP000559	Amend 7	93.07	333.93.06	07/01/15	06/30/16	07/01/15	06/30/16	\$30,130		
FFY15 EPR PHEP Risk Communications	U90TP000559	Amend 8	93.07	333.93.06	07/01/15	06/30/16	07/01/15	06/30/16	(\$16,685)	\$16,270	\$16,270
FFY15 EPR PHEP Risk Communications	U90TP000559	Amend 7	93.07	333.93.06	07/01/15	06/30/16	07/01/15	06/30/16	\$32,955		
FFY14 EPR Planning & Exercises	U90TP000559	Amend 3	93.07	333.93.06	01/01/15	06/30/15	07/01/14	06/30/15	(\$5,500)	\$42,175	\$42,175
FFY14 EPR Planning & Exercises	U90TP000559	Amend 2	93.07	333.93.06	01/01/15	06/30/15	07/01/14	06/30/15	(\$5,000)		
FFY14 EPR Planning & Exercises	U90TP000559	Amend 1	93.07	333.93.06	01/01/15	06/30/15	07/01/14	06/30/15	\$52,675		
FFY15 EPR PHEP Ebola Supplemental #2	U90TP000559	Amend 12	93.074	333.93.07	07/01/16	03/30/17	04/01/15	06/30/17	\$1,538	\$17,899	\$40,000
FFY15 EPR PHEP Ebola Supplemental #2	U90TP000559	Amend 11	93.074	333.93.07	07/01/16	03/30/17	04/01/15	06/30/17	\$16,361		
FFY15 EPR PHEP Ebola Supplemental #2	U90TP000559	Amend 12	93.074	333.93.07	07/01/15	06/30/16	04/01/15	06/30/17	(\$1,538)	\$22,101	
FFY15 EPR PHEP Ebola Supplemental #2	U90TP000559	Amend 11	93.074	333.93.07	07/01/15	06/30/16	04/01/15	06/30/17	(\$16,361)		
FFY15 EPR PHEP Ebola Supplemental #2	U90TP000559	Amend 4, 9, 11	93.074	333.93.07	07/01/15	06/30/16	04/01/15	06/30/17	\$40,000		

Kitsap Public Health District

**EXHIBIT B-12
ALLOCATIONS**
Contract Term: 2015-2017

Contract Number: C17113
Date: November 15, 2016

Indirect Rate as of January 2015: 31.56% for Admin & Fac.;
36.56% for Community Hlth Pgms and 34.91% for Environmental Hlth Pgms

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			
FFY16 Family Planning-TitleX	FPHPA106023	Amend 12	93.22	333.93.21	01/01/16	03/31/17	12/31/15	03/31/17	\$16,788	\$68,574	\$68,574
FFY16 Family Planning-TitleX	FPHPA106023	Amend 6, 12	93.22	333.93.21	01/01/16	03/31/17	12/31/15	03/31/17	\$51,786		
YR4 Title X Fed (2012-2016)	FPHPA106023	N/A	93.22	333.93.21	01/01/15	12/30/15	12/31/14	12/30/15	\$54,832	\$54,832	\$54,832
FFY17 317 Ops	NGA Not Received	Amend 12	93.268	333.93.26	04/01/17	12/31/17	04/01/17	06/30/18	\$7,102	\$7,102	\$26,432
FFY16 317 Ops	H23IP000762	Amend 6	93.27	333.93.26	01/01/16	12/31/16	01/01/16	12/31/16	\$9,112	\$9,112	
FFY15 317 Ops	H23IP000762	N/A	93.27	333.93.26	01/01/15	12/31/15	01/01/15	12/31/15	\$10,218	\$10,218	
FFY17 AFIX	NGA Not Received	Amend 12	93.268	333.93.26	04/01/17	12/31/17	04/01/17	06/30/18	\$20,967	\$20,967	\$86,347
FFY16 AFIX	H23IP000762	Amend 6	93.27	333.93.26	01/01/16	12/31/16	01/01/16	12/31/16	\$28,356	\$28,356	
FFY15 AFIX	H23IP000762	N/A	93.27	333.93.26	01/01/15	12/31/15	01/01/15	12/31/15	\$37,024	\$37,024	
FFY17 VFC Ops	NGA Not Received	Amend 12	93.268	333.93.26	04/01/17	12/31/17	04/01/17	06/30/18	\$7,089	\$7,089	\$20,419
FFY16 VFC Ops	H23IP000762	Amend 6	93.27	333.93.26	01/01/16	12/31/16	01/01/16	12/31/16	\$5,242	\$5,242	
FFY15 VFC Ops	H23IP000762	N/A	93.27	333.93.26	01/01/15	12/31/15	01/01/15	12/31/15	\$8,088	\$8,088	
FFY17 VFC Ordering	NGA Not Received	Amend 12	93.268	333.93.26	04/01/17	12/31/17	04/01/17	06/30/18	\$4,284	\$4,284	\$21,417
FFY16 VFC Ordering	H23IP000762	Amend 6	93.27	333.93.26	01/01/16	12/31/16	01/01/16	12/31/16	\$8,865	\$8,865	
FFY15 VFC Ordering	H23IP000762	N/A	93.27	333.93.26	01/01/15	12/31/15	01/01/15	12/31/15	\$8,268	\$8,268	
FFY16 Viral Hepatitis Surv Part B	U51PS004091	Amend 6, 9	93.270	333.93.27	11/01/15	10/31/16	11/01/15	10/31/16	\$10,816	\$10,816	\$10,816
FFY15 Viral Hepatitis Surv Part B	U51PS004091	Amend 6	93.270	333.93.27	07/01/15	10/31/15	11/01/14	10/31/15	(\$10,816)	\$0	
FFY15 Viral Hepatitis Surv Part B	U51PS004091	Amend 5	93.270	333.93.27	07/01/15	10/31/15	11/01/14	10/31/15	\$10,816		
FFY16 PPHF 317 Ops	NGA Not Received	Amend 12	93.539	333.93.53	01/01/17	03/31/17	01/01/16	03/31/17	\$11,720	\$11,720	\$11,720
FFY14 Enhance IIS and VTrckS	H23IP000922	Amend 6	93.733	333.93.73	12/01/15	08/31/16	09/30/14	09/29/16	\$4,750	\$4,750	\$4,750
FFY14 PHBG CBP HEAL-PPHF	B01OT009058	Amend 1	93.76	333.93.75	01/01/15	09/30/15	10/01/13	09/30/15	\$44,395	\$44,395	\$44,395
FFY15 EPR HPP Ebola Part A Prep & Resp	U3REP150480	Amend 11	93.817	333.93.81	07/01/16	06/30/17	05/18/15	06/30/17	\$19,236	\$43,767	\$68,298
FFY15 EPR HPP Ebola Part A Prep & Resp	U3REP150480	Amend 10	93.817	333.93.81	07/01/16	06/30/17	05/18/15	06/30/17	\$24,531		
FFY15 EPR HPP Ebola Part A Prep & Resp	U90TP000559	Amend 4	93.817	333.93.81	07/01/15	06/30/16	05/18/15	05/17/17	\$24,531	\$24,531	
FFY16 EPR HPP BP5 Healthcare Sys Prep	U90TP000559	Amend 10	93.889	333.93.88	07/01/16	06/30/17	07/01/16	06/30/17	\$20,000	\$20,000	\$164,382
FFY16 EPR HPP BP5 Healthcare Sys Prep	U90TP000559	Amend 10	93.889	333.93.88	07/01/16	06/30/17	07/01/16	06/30/17	\$72,191	\$72,191	
FFY15 EPR HPP BP4 Healthcare Sys Prep	U90TP000559	Amend 4	93.889	333.93.88	07/01/15	06/30/16	07/01/15	06/30/16	\$72,191	\$72,191	
FFY14 EPR HPP BP3-Prep	U90TP000559	Amend 2	93.89	333.93.88	01/01/15	06/30/15	07/01/14	06/30/15	\$8,060	\$46,207	\$46,207
FFY14 EPR HPP BP3-Prep	U90TP000559	Amend 1	93.89	333.93.88	01/01/15	06/30/15	07/01/14	06/30/15	\$5,100		
FFY14 EPR HPP BP3-Prep	U90TP000559	N/A	93.89	333.93.88	01/01/15	06/30/15	07/01/14	06/30/15	\$33,047		

Kitsap Public Health District

**EXHIBIT B-12
ALLOCATIONS**
Contract Term: 2015-2017

Contract Number: C17113
Date: November 15, 2016

Indirect Rate as of January 2015: 31.56% for Admin & Fac.;
36.56% for Community Hlth Pgms and 34.91% for Environmental Hlth Pgms

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			
FFY14 RW Base Contracts	No FAIN	Amend 2	93.92	333.93.91	01/01/15	03/31/15	04/01/14	03/31/15	\$7,200	\$52,199	\$52,199
FFY14 RW Base Contracts	No FAIN	N/A	93.92	333.93.91	01/01/15	03/31/15	04/01/14	03/31/15	\$44,999		
FFY15 MCHBG CBP ConCon	B04MC28134	N/A	93.99	333.93.99	01/01/15	09/30/15	10/01/14	09/30/15	\$119,891	\$119,891	\$119,891
FFY17 MCHBG LHJ & Other Contracts	NGA Not Received	Amend 10	93.994	333.93.99	10/01/16	09/30/17	10/01/16	09/30/17	\$159,854	\$159,854	\$319,708
FFY16 MCHBG LHJ & Other Contracts	B04MC29364	Amend 4	93.994	333.93.99	10/01/15	09/30/16	10/01/15	09/30/16	\$159,854	\$159,854	
Drinking Water Group B		Amend 12	N/A	334.04.90	07/01/17	12/31/17	07/01/17	12/31/17	\$10,000	\$10,000	\$20,000
Drinking Water Group B		Amend 12	N/A	334.04.90	01/01/17	06/30/17	07/01/15	06/30/17	\$10,000	\$10,000	
Adult Viral Hepatitis Prev		Amend 1	N/A	334.04.91	01/01/15	06/30/15	07/01/13	06/30/15	\$17,500	\$17,500	\$17,500
Client Services Admin		Amend 1	N/A	334.04.91	01/01/15	06/30/15	07/01/13	06/30/15	\$26,682	\$26,682	\$26,682
Client Services Case Mgmt		Amend 2	N/A	334.04.91	04/01/15	06/30/15	07/01/14	06/30/15	\$48,365	\$48,365	\$48,365
SFY17 Family Planning Cost Share		Amend 12	N/A	334.04.91	07/01/16	03/31/17	07/01/16	06/30/17	\$34,833	\$101,511	\$168,189
SFY17 Family Planning Cost Share		Amend 6, 12	N/A	334.04.91	07/01/16	03/31/17	07/01/16	06/30/17	\$66,678		
SFY16 Family Planning Cost Share		Amend 6	N/A	334.04.91	01/01/16	06/30/16	07/01/15	06/30/16	\$66,678	\$66,678	
State Adult Viral Hepatitis Prevention		Amend 9	N/A	334.04.91	07/01/15	12/31/16	07/01/15	06/30/17	\$17,500	\$52,500	\$52,500
State Adult Viral Hepatitis Prevention		Amend 3, 9	N/A	334.04.91	07/01/15	12/31/16	07/01/15	06/30/17	\$35,000		
State HIV Prevention		Amend 12	N/A	334.04.91	07/01/17	12/31/17	07/01/17	12/31/17	\$20,000	\$20,000	\$100,000
State HIV Prevention		Amend 12	N/A	334.04.91	01/01/17	06/30/17	07/01/15	06/30/17	\$20,000	\$20,000	
State HIV Prevention		Amend 9	N/A	334.04.91	07/01/15	12/31/16	07/01/15	06/30/17	\$20,000	\$60,000	
State HIV Prevention		Amend 3, 9	N/A	334.04.91	07/01/15	12/31/16	07/01/15	06/30/16	\$40,000		
State HIV Prev Services		Amend 1	N/A	334.04.91	01/01/15	06/30/15	07/01/13	06/30/15	\$20,000	\$20,000	\$20,000
STD Control		Amend 1	N/A	334.04.91	01/01/15	06/30/15	07/01/13	06/30/15	\$7,710	\$7,710	\$7,710
State STD Prevention		Amend 9	N/A	334.04.91	07/01/15	12/31/16	07/01/15	06/30/17	\$7,710	\$23,130	\$23,130
State STD Prevention		Amend 3, 9	N/A	334.04.91	07/01/15	12/31/16	07/01/15	06/30/17	\$15,420		
FY15 Title X State (2015 Cost Share)		Amend 1	N/A	334.04.91	01/01/15	06/30/15	01/01/15	06/30/15	\$4,916	\$79,078	\$79,078
FY15 Title X State (2015 Cost Share)		N/A	N/A	334.04.91	01/01/15	06/30/15	01/01/15	06/30/15	\$74,162		
TBD [FY16 Title X State (2015 Cost Share)]		N/A	N/A	334.04.91	07/01/15	12/31/15	07/01/15	12/31/15	\$72,478	\$72,478	\$72,478

Kitsap Public Health District

**EXHIBIT B-12
ALLOCATIONS**
Contract Term: 2015-2017

Contract Number: C17113
Date: November 15, 2016

Indirect Rate as of January 2015: 31.56% for Admin & Fac.;
36.56% for Community Hlth Pgms and 34.91% for Environmental Hlth Pgms

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			
State HIV Client Services		Amend 9	N/A	334.04.91	07/01/16	12/31/16	07/01/15	06/30/17	\$8,660	\$8,660	\$95,266
State HIV Client Services		Amend 3	N/A	334.04.91	07/01/15	06/30/16	07/01/15	06/30/17	\$86,606	\$86,606	
Puget Sound OSS LMP Implementation		Amend 4	N/A	334.04.93	07/01/15	06/30/17	07/01/15	06/30/17	\$90,000	\$90,000	\$120,000
Puget Sound OSS LMP Implementation		N/A	N/A	334.04.93	01/01/15	06/30/15	07/01/13	06/30/15	\$30,000	\$30,000	
Rec Shellfish / Biotoxin		Amend 9	N/A	334.04.93	07/01/16	06/30/17	07/01/15	06/30/17	\$15,000	\$15,000	\$37,000
Rec Shellfish / Biotoxin		Amend 4	N/A	334.04.93	07/01/15	06/30/16	07/01/15	06/30/17	\$15,000	\$15,000	
Rec Shellfish / Biotoxin (PSAA)		N/A	N/A	334.04.93	01/01/15	06/30/15	07/01/13	06/30/15	\$7,000	\$7,000	
FFY15 ADAP Rebate (Local) 15-17		Amend 12	N/A	334.04.98	07/01/17	12/31/17	07/01/17	12/31/17	\$225,000	\$225,000	\$1,090,203
FFY15 ADAP Rebate (Local) 15-17		Amend 12	N/A	334.04.98	01/01/17	06/30/17	07/01/15	06/30/17	\$225,000	\$225,000	
FY15 ADAP Rebate Local 15-17		Amend 9	N/A	334.04.98	07/01/16	06/30/17	07/01/15	06/30/17	\$77,946	\$77,946	
FY15 ADAP Rebate (Local) 15-17		Amend 11	N/A	334.04.98	07/01/16	12/31/16	07/01/15	06/30/17	\$187,419	\$187,419	
FY15 ADAP Rebate (Local) 15-17		Amend 11	N/A	334.04.98	07/01/15	06/30/16	07/01/15	06/30/17	(\$187,419)	\$374,838	
FY15 ADAP Rebate Local 15-17		Amend 9, 11	N/A	334.04.98	07/01/15	06/30/16	07/01/15	06/30/17	\$187,419		
FY15 ADAP Rebate Local 15-17		Amend 6, 9, 11	N/A	334.04.98	07/01/15	06/30/16	07/01/15	06/30/17	\$110,241		
FY15 ADAP Rebate Local 15-17		Amend 3, 9, 11	N/A	334.04.98	07/01/15	06/30/16	07/01/15	06/30/17	\$264,597		
ADAP State (Rebate) 11-13		N/A	N/A	334.04.98	01/01/15	03/31/15	07/01/13	06/30/15	\$3,364	\$3,364	\$3,364
Drinking Water Group A - SS		Amend 12	N/A	346.26.64	01/01/15	12/31/17	01/01/15	12/31/17	\$19,250	\$42,750	\$42,750
Drinking Water Group A - SS		Amend 7, 12	N/A	346.26.64	01/01/15	12/31/17	01/01/15	12/31/17	\$15,000		
Drinking Water Group A - SS		N/A, Amd 7, 12	N/A	346.26.64	01/01/15	12/31/17	01/01/15	12/31/17	\$8,500		
Drinking Water Group A - TA		Amend 12	N/A	346.26.66	01/01/15	12/31/17	01/01/15	12/31/17	\$2,000	\$7,600	\$7,600
Drinking Water Group A - TA		Amend 7, 12	N/A	346.26.66	01/01/15	12/31/17	01/01/15	12/31/17	\$1,600		
Drinking Water Group A - TA		N/A, Amd 7, 12	N/A	346.26.66	01/01/15	12/31/17	01/01/15	12/31/17	\$4,000		
TOTAL									\$4,703,829	\$4,703,829	
Total consideration:	\$4,069,796									GRAND TOTAL	\$4,703,829
	\$634,033										
GRAND TOTAL	\$4,703,829									Total Fed	\$2,672,014
										Total State	\$2,031,815

*Catalog of Federal Domestic Assistance

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

Exhibit C-12 Schedule of Federal Awards

AMENDMENT #12

AFRS Through Bien 2013 Fiscal Month 19

Date: November 15, 2016

KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00

CONTRACT C17113-Kitsap Public Health District

CONTRACT PERIOD 1/1/2015-12/31/2017

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period		Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY17 DSHS SNAP-ED IAR	333.10.56	NGA Not Received	NGA Not Received	10/01/16	09/30/17	\$66,930	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
FFY16 DSHS SNAP-ED IAR	333.10.56	09/30/15	\$4,012,002	10/01/15	09/30/16	\$98,855	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	16167WAWA51390	Supplemental Nutrition Assistance Program Education (SNAP-Ed)
NEP 5-6 SWIMMING BEACH	333.66.12	09/11/14	\$2,490,000	03/01/15	10/31/16	\$47,000	66.123	Puget Sound Action Agenda: Technical Investigations and Implementation Assistance Program	Environmental Protection Agency Region 10	00J88801	PUGET SOUND RESTORATION PROJECT
NEP 5-6 POLLUTION ID & CORRECTION	333.66.12	09/11/14	\$2,490,000	01/01/15	07/31/17	\$149,012	66.123	Puget Sound Action Agenda: Technical Investigations and Implementation Assistance Program	Environmental Protection Agency Region 10	00J88801	PUGET SOUND RESTORATION PROJECT
NEP 5-6 ONSITE SEWAGE MANAGEMENT	333.66.12	09/11/14	\$2,490,000	01/01/15	09/30/17	\$133,750	66.123	Puget Sound Action Agenda: Technical Investigations and Implementation Assistance Program	Environmental Protection Agency Region 10	00J88801	PUGET SOUND RESTORATION PROJECT
NEP 1-4 POLLUTION ID & CORRECTION	333.66.12	01/09/11	\$12,178,243	01/01/15	12/31/15	\$104,423	66.123	Puget Sound Action Agenda: Technical Investigations and Implementation Assistance Program	Environmental Protection Agency Region 10	00J32601	PUGET SOUND RESTORATION
NEP 1-4 ONSITE SEWAGE MANAGEMENT	333.66.12	01/09/11	\$12,178,243	01/01/15	09/30/16	\$76,150	66.123	Puget Sound Action Agenda: Technical Investigations and Implementation Assistance Program	Environmental Protection Agency Region 10	00J32601	PUGET SOUND RESTORATION
FFY16 EPR PHEP BP5 LHJ FUNDING	333.93.06	06/23/16	\$10,222,879	07/01/16	06/30/17	\$300,555	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	U90TP000559	TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS
FFY15 EPR PHEP RISK COMMUNICATIONS	333.93.06	06/30/14	\$11,064,407	07/01/15	06/30/16	\$16,270	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	U90TP000559	TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS
FFY15 EPR PHEP OPER READINESS	333.93.06	06/30/14	\$11,064,407	07/01/15	06/30/16	\$46,815	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	U90TP000559	TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS
FFY15 EPR PHEP BP4 LHJ FUNDING	333.93.06	06/26/15	\$12,132,694	07/01/15	06/30/16	\$300,555	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	U90TP000559	TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS
FFY14 EPR PLANNING & EXERCISES	333.93.06	06/30/14	\$12,663,227	01/01/15	06/30/15	\$42,175	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	U90TP000559	TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS
FFY14 EPR LHJ FUNDING	333.93.06	06/30/14	\$12,663,227	01/01/15	06/30/15	\$129,137	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	U90TP000559	TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS
FFY15 EPR PHEP EBOLA SUPPLEMENTAL #2	333.93.07	03/30/15	\$2,547,759	07/01/15	03/30/17	\$40,000	93.074	Hospital Preparedness Program & Public Health Emergency Prep Aligned Coop Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	U90TP000559	TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS
YR4 TITLE X FED (2012-2016)	333.93.21	12/12/13	\$5,687,200	01/01/15	12/30/15	\$54,832	93.217	Family Planning_Services	Department of Health and Human Services Office of Population Affairs	FPHPA106023	TITLE X FAMILY PLANNING SERVICES GRANT

Exhibit C-12 Schedule of Federal Awards

AMENDMENT #12

AFRS Through Bien 2013 Fiscal Month 19

Date: November 15, 2016

KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00

CONTRACT C17113-Kitsap Public Health District

CONTRACT PERIOD 1/1/2015-12/31/2017

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period		Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
Start Date	End Date										
FFY16 FAMILY PLANNING-TITLE X	333.93.21	12/12/13	\$11,453,200	01/01/16	03/31/17	\$68,574	93.217	Family Planning_Services	Department of Health and Human Services Office of Population Affairs	FPHPA106023	TITLE X FAMILY PLANNING SERVICES GRANT
FFY17 VFC ORDERING	333.93.26	NGA Not Received	NGA Not Received	04/01/17	12/31/17	\$4,284	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
FFY17 VFC OPS	333.93.26	NGA Not Received	NGA Not Received	04/01/17	12/31/17	\$7,089	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
FFY17 AFIX	333.93.26	NGA Not Received	NGA Not Received	04/01/17	12/31/17	\$20,967	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
FFY17 317 OPS	333.93.26	NGA Not Received	NGA Not Received	04/01/17	12/31/17	\$7,102	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
FFY16 VFC ORDERING	333.93.26	01/19/16	\$3,991,784	01/01/16	12/31/16	\$8,865	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY16 VFC OPS	333.93.26	01/19/16	\$3,991,784	01/01/16	12/31/16	\$5,242	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY16 AFIX	333.93.26	01/19/16	\$3,991,784	01/01/16	12/31/16	\$28,356	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY16 317 OPS	333.93.26	01/19/16	\$3,991,784	01/01/16	12/31/16	\$9,112	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY15 VFC ORDERING	333.93.26	12/17/14	\$3,437,046	01/01/15	12/31/15	\$8,268	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY15 VFC OPS	333.93.26	12/17/14	\$3,437,046	01/01/15	12/31/15	\$8,088	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY15 AFIX	333.93.26	12/17/14	\$3,437,046	01/01/15	12/31/15	\$37,024	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY15 317 OPS	333.93.26	12/17/14	\$3,437,046	01/01/15	12/31/15	\$10,218	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY16 VIRAL HEPATITIS SURV PART B	333.93.27	11/01/12	\$335,060	11/01/15	10/31/16	\$10,816	93.270	Adult Viral Hepatitis Prevention and Control	Department of Health and Human Services Centers for Disease Control and Prevention	U51PS004091	VIRAL HEPATITIS - PREVENTION & SURVEILLANCE
FFY16 PPHF 317 OPS	333.93.53	NGA Not Received	NGA Not Received	01/01/17	03/31/17	\$11,720	93.539	Assistance to Strengthen Public Health Immunization Infrastructure and Performance financed in part by Prevention	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received

Exhibit C-12 Schedule of Federal Awards

AMENDMENT #12

AFRS Through Bien 2013 Fiscal Month 19

Date: November 15, 2016

KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00

CONTRACT C17113-Kitsap Public Health District

CONTRACT PERIOD 1/1/2015-12/31/2017

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period		Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY14 ENHANCE IIS AND VTRCKS	333.93.73	09/16/14	\$700,000	12/01/15	08/31/16	\$4,750	93.733	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure & Performance - Financed in part	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000922	PPHF 2014: IMMUNIZATION ENHANCE AN IMMUNIZATION INFORMATION SYSTEM (IIS) TO INTERFACE WITH CDC'S VTRCKS VACCINE ORDERING
FFY14 PHBG CBP HEAL-PPHF	333.93.75	07/02/14	\$1,544,578	01/01/15	09/30/15	\$44,395	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	B01OT009058	PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT
FFY15 EPR HPP EBOLA PART A PREP & RESPONSE	333.93.81	05/19/15	\$3,485,778	07/01/15	06/30/17	\$68,298	93.817	Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities	Department of Health & Human Services Office of the Secretary	U3REP150480	EBOLA-HOSPITAL PREPAREDNESS PROGRAM SUPPLEMENTAL
FFY16 EPR HPP BP5 HEALTHCARE SYS PREP	333.93.88	06/23/16	\$4,292,040	07/01/16	06/30/17	\$92,191	93.889	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	U90TP000559	TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS
FFY15 EPR HPP BP4 HEALTHCARE SYS PREP	333.93.88	06/26/15	\$4,220,025	07/01/15	06/30/16	\$72,191	93.889	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	U90TP000559	TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS
FFY14 EPR HPP BP3-PREP	333.93.88	06/30/14	\$12,663,227	01/01/15	06/30/15	\$46,207	93.889	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	U90TP000559	TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS
FFY14 RW BASE CONTRACTS	333.93.91	03/20/14	\$13,394,710	01/01/15	03/31/15	\$52,199	93.917	HIV Care Formula Grants	Department of Health and Human Services Health Resources and Services Administration	NO FAIN	RYAN WHITE CARE ACT TITLE II
FFY17 MCHBG LHJ & OTHER CONTRACTS	333.93.99	NGA Not Received	NGA Not Received	10/01/16	09/30/17	\$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
FFY16 MCHBG LHJ & OTHER CONTRACTS	333.93.99	10/22/15	\$1,739,609	10/01/15	09/30/16	\$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	B04MC29364	MATERNAL AND CHILD HEALTH SERVICES
FFY15 MCHBG CBP CONCON	333.93.99	10/21/14	\$8,846,149	01/01/15	09/30/15	\$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	B04MC28134	MATERNAL AND CHILD HEALTH SERVICES
TOTAL						\$2,672,014					


		CONTRACT		HCA Contract Number: K1406 Amendment Number: 2	
THIS AGREEMENT made by and between Washington State Health Care Authority, hereinafter referred to as "HCA," and the party whose name appears below, hereinafter referred to as the "Contractor."					
CONTRACTOR NAME Kitsap Public Health District			CONTRACTOR doing business as (DBA)		
CONTRACTOR ADDRESS 345 6 th Street, Suite 300 Bremerton, WA 98370			WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 601139034		
CONTRACTOR CONTACT Keith Grellner		CONTRACTOR TELEPHONE (360) 728-5284		CONTRACTOR E-MAIL ADDRESS keith.grellner@kitsappublichealth.org	
HCA PROGRAM Medicaid Administrative Claiming (MAC)			HCA DIVISION/SECTION HCS		
HCA CONTACT NAME AND TITLE Jennifer Inman			HCA CONTACT ADDRESS PO Box 45506 Olympia, WA 98504		
HCA CONTACT TELEPHONE (360) 725-1738			HCA CONTACT E-MAIL ADDRESS jennifer.inman@hca.wa.gov		
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			CFDA NUMBER(S) 93.778		FFATA Form Required <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
CONTRACT START DATE 01/01/2017		CONTRACT END DATE 12/31/2018		TOTAL MAXIMUM CONTRACT AMOUNT No max	
PURPOSE OF CONTRACT: The purpose of this Contract is to support Medicaid related outreach and linkage activities performed by Local Health Jurisdictions (LHJ) to Washington State residents who live within its jurisdiction.					
ATTACHMENTS/EXHIBITS. When the box below is marked with an X, the following Exhibits/Attachments are attached and are incorporated into this Contract Amendment by reference: <input type="checkbox"/> Exhibit(s) (specify): <input checked="" type="checkbox"/> Attachment(s) (specify): Attachment 2 – MAC Coordinator Manual (Incorporated by reference) <input checked="" type="checkbox"/> Schedule(s) (specify): Schedule A – Statement of Work <input type="checkbox"/> No Exhibits/Attachment					
The terms and conditions of this Contract are an integration and representation of the final, entire and exclusive understanding between the parties superseding and merging all previous agreements, writings, and communications, oral or otherwise, regarding the subject matter of this Contract. The parties signing below warrant that they have read and understand this Contract, and have authority to execute this Contract. This Contract shall be binding on HCA only upon signature by HCA.					
CONTRACTOR SIGNATURE		PRINTED NAME AND TITLE Keith Grellner Administrator		DATE SIGNED	
HCA SIGNATURE		PRINTED NAME AND TITLE Annette Schuffenhauer, Chief Legal Officer Division of Legal Services		DATE SIGNED	

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Schedules

Schedule A: Statement of Work (SOW)

Attachments

Attachment 2 – MAC Coordinator Manual (Incorporated by reference)

1 OVERVIEW

1.1 PURPOSE

The purpose of this Contract is to support Medicaid related outreach and linkage activities performed by Local Health Jurisdictions (LHJ) to Washington State residents who live within its jurisdiction. These activities assist residents who have no or inadequate medical coverage, and includes explaining the benefits of the Medicaid program, assisting them in the Medicaid application and renewal processes, and linking them to Medicaid covered services. This Agreement provides a process for partially reimbursing the Contractor for allowable and reasonable expenses associated with the time its staff spend performing Medicaid Administrative Claiming (MAC) activities.

1.2 STATEMENT OF WORK (SOW)

The Contractor shall provide the goods and/or services and staff as described in Schedule A, Statement of Work.

2 SPECIAL TERMS AND CONDITIONS

2.1 TERM

Subject to its other provisions, the Term under this Contract shall be from January 1, 2017 through December 31, 2018 unless terminated sooner as provided herein.

HCA, at its sole discretion, may extend this Contract for two (2) additional one-year periods unless terminated sooner as provided herein.

Work performed without a contract or amendment, signed by authorized representative of both parties, shall be at the sole risk of the Contractor. HCA shall not pay any costs incurred before a contract or any subsequent amendment is fully executed.

2.2 COMPENSATION AND PAYMENT

Compensation payable to the Contractor for satisfactory performance of the work under this Agreement will be made on a cost reimbursement basis and shall be based on the following:

2.2.1 There is no maximum consideration payable to the Contractor under the Agreement;

2.2.2 The Federal Financial Participation Rate shall be:

2.2.2.1 50%, except;

2.2.2.2 75% for appropriately documented Skilled Professional Medical Personnel and appropriately documented Interpreter staff. See Schedule A, Section 9, d and g, and Section 10.

2.2.3 Federal funds disbursed through this Contract were received by HCA through OMB Catalogue of Federal Domestic Assistance (CFDA) Number: 93.778. Contractor agrees to comply with applicable rules and regulations associated with these federal funds and has signed Attachment 1, Federal Compliance, Certification and

Assurances, attached.

2.2.4 HCA will not issue reimbursement for any quarters where HCA receives credible evidence or suspected evidence of a system failure that has the potential to impact the integrity of the reimbursement request. This includes but is not limited to failures related to the time study, MER calculation, claim calculation, or reconciliation.

2.2.4.1 HCA will pursue corrective action as needed, and will restore payment after any issues related to the reimbursement request are resolved, and the requested amount is accurate.

2.3 BILLING AND INVOICE

Contractor shall submit correct invoices to the HCA Contract Manager for all amounts to be paid by the HCA hereunder.

All invoices submitted must meet with the approval of the Contract Manager or his/her designee prior to payment, which approval shall not be unreasonably withheld.

Contractor shall only submit invoices for Services or Deliverables as permitted by this section of the Contract. The Contractor shall not bill the HCA for services performed under this Contract, and the HCA shall not pay the Contractor if the Contractor is entitled to payment or has been or will be paid by any other source, including grants, for such services/deliverables.

Contractor shall submit properly itemized invoices to include the following information, as applicable:

- 2.3.1 HCA Contract number K1406;
- 2.3.2 Contractor name, address, phone number;
- 2.3.3 Description of Services;
- 2.3.4 Date(s) of delivery;
- 2.3.5 Net invoice price for each item;
- 2.3.6 Applicable taxes;
- 2.3.7 Total invoice price; and
- 2.3.8 Payment terms and any available prompt payment discount.

HCA will return incorrect or incomplete invoices, to the Contractor for correction and reissue. The Contract Number must appear on all invoices, bills of lading, packages, and correspondence relating to this Contract.

Invoices shall describe and document to the HCA's satisfaction, a description of the work performed; the progress of the project; and fees. If expenses are invoiced, provide a detailed breakdown of each type.

Payment shall be considered timely if made by the HCA within thirty (30) days of receipt of properly completed invoices. Payment shall be sent to the address designated by the Contractor. (Note: Failure to submit a properly completed IRS form W-9 may result in delayed payments.)

Upon expiration of the Contract, any claims for payment for costs due and payable under

this Contract that are incurred prior to the expiration date must be submitted by the Contractor to HCA within sixty (60) days after the Contract expiration date. Belated claims shall be paid at the discretion of the HCA and are contingent upon the availability of funds.

The HCA may, in its sole discretion, terminate the Contract or withhold payments claimed by the Contractor for services rendered if the Contractor fails to satisfactorily comply with any term or condition of this Contract. HCA will not make advance payments or payments in anticipation of services or supplies to be provided under this Contract.

Electronic Payment: The State of Washington prefers to utilize electronic payment in its transactions. Contractor will be expected to register as a statewide vendor. This allows Contractors to receive payments from all participating state agencies by direct deposit, which is the State's preferred method of payment. Forms necessary for registration can be obtained at www.ofm.wa.gov.

2.4 CONTRACT MANAGER CONTACT INFORMATION

The individuals listed below, or their successors shall be the main points of contact for services provided under this Contract. HCA's Contract Manager or his/her successor is responsible for monitoring the Contractor's performance and shall be the contact person for all communications regarding contract performance, deliverables, and invoices. The Contract Manager has the authority to accept or reject the services provided and if satisfactory, certify acceptance of each invoice submitted for payment. Notifications regarding changes to this section must be in writing (e-mail) and maintained in the project file, but will not require a formal contract amendment.

The Contract Manager for HCA is:

Name: Jennifer Inman
 Title: Program Manager
 Address: PO Box 45506
 Olympia, WA 98501
 Email: Jennifer.inman@hca.wa.gov
 Phone: 360-725-1738

The Contract Manager for Contractor is:

Name: Keith Grellner
 Title: Administrator
 Address: 345 6th Street, Suite 300
 Bremerton, WA 98337
 Email: keith.grellner@kitsappublichealth.org
 Phone: (360) 728-5284

2.5 NOTICES

Whenever one party is required to give notice to the other under this Contract, it shall be deemed given if mailed by United States Postal Services, registered or certified mail, return receipt requested, postage prepaid and addressed as follows:

2.5.1 In the case of notice to the Contractor, notice will be sent to:

Attention: Keith Grellner
Kitsap Public Health District
345 6th Street, Suite 300
Bremerton, WA 98337

2.5.2 In the case of notice to HCA, send notice to:

Attention: Contract Administrator
Health Care Authority
Division of Legal Services
Contract Services
PO Box 42702
Olympia, WA 98504-2702

2.5.3 Notices shall be effective on the date delivered, as evidenced by the return receipt or the date returned to the sender for non-delivery other than for insufficient postage.

2.5.4 Either party may change its address for notification purposes at any time by mailing a notice in accord with this Section, stating the change and setting for the new address, which shall be effective on the tenth (10th) day following the effective date of such notice unless a later date is specified.

2.6 ORDER OF PRECEDENCE

Each of the items listed below is incorporated by reference into this Contract. In the event of an inconsistency, the inconsistency shall be resolved by giving precedence in the following order:

- Applicable Federal and State of Washington statutes and regulations;
- Special Terms and Conditions;
- General Terms and Conditions;
- Schedule A – Statement of Work;
- Attachment 1 – Federal Compliance, Certification and Assurances;
- Attachment 2 – MAC Coordinator Manual; and
- Any other provision, term or material incorporated herein by reference or otherwise incorporated.

3 GENERAL TERMS AND CONDITIONS

3.1 DEFINITIONS

As used throughout this Contract, the following terms shall have the meaning set forth below:

"Allowable Expense" means an expenditure which meets the test of the appropriate OMB Circular (see Section I. Federal Compliance of Attachment 1). The most significant factors affecting allowability of expenses are: 1) they must be necessary and reasonable, 2) they must be allocable, 3) they must be authorized or not published under state or local laws and regulations, and 4) they must be documented.

"Authorized representative" means the person in HCA to whom signature authority has been delegated, in writing, acting within the limits of his/her authority.

"Business Associate" is as defined in 45 CFR, Part 160.103 and includes any entity that performs or assists in performing a function or activity involving the use/disclosure of Individually Identifiable Health Information or involving any other function or activity regulated by HIPAA; or provides legal, accounting, actuarial, consulting, data aggregation, management, accreditation, or financial service where the services involve Individually Identifiable Health Information.

"Business Days and Hours" means Monday through Friday, 8:00 a.m. to 5:00 p.m., Pacific Time, except for holidays observed by the state of Washington.

"Confidential Information" means information that may be exempt from disclosure to the public or other unauthorized persons under chapter 42.56 RCW or chapter 70.02 RCW or other state or federal statutes. Confidential Information includes, but is not limited to, any information identifiable to an individual that relates to a natural person's health, finances, education, business, use or receipt of governmental services, names, addresses, telephone numbers, social security numbers, driver license numbers, financial profiles, credit card numbers, financial identifiers and any other identifying numbers, law enforcement records, HCA source code or object code, or HCA or State security information.

"Contract" means this Contract document, all schedules, exhibits, attachments, and amendments.

"Contractor" means that firm, provider, organization, individual or other entity performing services under this Contract. It shall include any subcontractor retained by the prime contractor as permitted under the terms of this Contract.

"Effective Date" means the first date this Contract is in full force and effect. It may be a specific date agreed to by the parties; or, if not so specified, the date of the last signature of a party to this Contract.

"Equipment" means an article of non-expendable, tangible property having a useful life of more than one year and an acquisition cost of \$5,000 or more.

"Health Care Authority"(HCA) means the Washington State Health Care Authority, any division, section, office, unit or other entity of HCA, or any of the officers or other officials

lawfully representing HCA.

"Protected Health Information" has the same meaning as in the HIPAA Rules except that in this Contract the term includes only information created by any of its contractors, or received from or on behalf of HCA, and relating to Clients. "PHI" means Protected Health Information.

"Statement of Work" or "SOW" means a detailed description that captures and defines the work activities, deliverables, and timeline the Contractor is required to perform under this Contract. SOW is usually incorporated in a contract, indirectly by reference or directly as an attachment.

"Subrecipient" means a contractor operating a federal or state assistance program receiving federal funds and having the authority to determine both the services rendered and disposition of program. See 2 CFR 200 for additional detail.

"Successor" means any entity or individual which, through amalgamation, consolidation, or other legal succession becomes invested with rights and assumes burdens of the first contractor/vendor or any person who succeeds to the office, rights, responsibilities or place of another.

3.2 ACCESS TO DATA

In compliance with Chapter 39.26 RCW, the Contractor shall provide access to data generated under this Contract to HCA, the Joint Legislative Audit and Review Committee, and the State Auditor at no additional cost. This includes access to all information that supports the findings, conclusions, and recommendations of the Contractor's reports, including computer models and methodology for those models.

3.3 ADVANCE PAYMENT PROHIBITED

No advance payment shall be made for services furnished by the Contractor pursuant to this Contract.

3.4 AMERICANS WITH DISABILITIES ACT (ADA) OF 1990, PUBLIC LAW 101-336, also referred to as the "ADA" 28 CFR Part 35

The Contractor must comply with the ADA, which provides comprehensive civil rights protection to individuals with disabilities in the areas of employment, public accommodations, state and local government services, and telecommunications.

3.5 ASSIGNMENT

With the prior written consent of HCA, which consent shall not be unreasonably withheld, Contractor may assign this Contract including the proceeds hereof, provided that such assignment shall not operate to relieve Contractor of any of its duties and obligations hereunder, nor shall such assignment affect any remedies available to HCA that may arise from any breach of the sections of this Contract, Statements of Work, or warranties made herein including but not limited to, rights of setoff.

HCA may assign this Contract or Statements of Work to any public agency, commission, board, or the like, within the political boundaries of the state of Washington, provided that

such assignment shall not operate to relieve HCA of any of its duties and obligations hereunder.

3.6 ATTORNEYS' FEES

In the event of litigation or other action brought to enforce contract terms, each party agrees to bear its own attorney's fees and costs.

3.7 CHANGE IN STATUS

In the event of substantive change in the legal status, organizational structure, or fiscal reporting responsibility of the Contractor, Contractor agrees to notify the HCA of the change. Contractor shall provide notice as soon as practicable, but no later than thirty (30) days after such a change takes effect.

3.8 CONFIDENTIAL INFORMATION PROTECTION

Contractor acknowledges that some of the material and information that may come into its possession or knowledge in connection with this Contract or its performance may consist of Confidential Information. Contractor agrees to hold Confidential Information in strictest confidence and not to make use of Confidential Information for any purpose other than the performance of this Contract, to release it only to authorized employees or Subcontractors requiring such information for the purposes of carrying out this Contract, and not to release, divulge, publish, transfer, sell, disclose, or otherwise make the information known to any other party without HCA's express written consent or as provided by law. Contractor agrees to implement physical, electronic, and managerial safeguards to prevent unauthorized access to Confidential Information.

Contractors that may come into contact with Protected Health Information will be required to complete a Business Associate agreement, as required by federal or state laws, including HIPAA, prior to the commencement of any work.

Immediately upon expiration or termination of this Contract, Contractor shall, at HCA's option: (i) certify to HCA that Contractor has destroyed all Confidential Information; or (ii) return all Confidential Information to HCA; or (iii) take whatever other steps HCA requires of Contractor to protect HCA's Confidential Information.

HCA reserves the right to monitor, audit, or investigate the use of Confidential Information collected, used, or acquired by Contractor through this Contract. Violation of this section by Contractor or its Subcontractors may result in termination of this Contract and demand for return of all Confidential Information, monetary damages, or penalties.

The obligations set forth in this Section shall survive completion, cancellation, expiration, or termination of this Contract.

3.9 CONFIDENTIAL BREACH – REQUIRED NOTIFICATION

Upon a breach or suspected breach of confidentiality, the Contractor shall immediately notify the HCA Privacy Officer. For the purposes of this Contract, "immediately" shall mean within one calendar day.

The Contractor will take steps necessary to mitigate any known harmful effects of such unauthorized access including, but not limited to, sanctioning employees, notifying subjects, and taking steps necessary to stop further unauthorized access. The Contractor agrees to indemnify and hold harmless HCA for any damages related to unauthorized use or disclosure of Confidential Information by the Contractor, its officers, directors, employees, Subcontractors or agents.

Any breach of this clause may result in termination of the Contract and the demand for return of all Confidential Information.

Contractor acknowledges the HCA is subject to chapter 42.56 RCW and that this Contract and any Work Orders shall be a public record as defined in chapter 42.56 RCW. Any specific information that is claimed by Contractor to be Proprietary Information must be clearly identified as such by Contractor. To the extent consistent with chapter 42.56 RCW, HCA shall maintain the confidentiality of all such information marked Proprietary Information in their possession. If a public disclosure request is made to view Contractor's Proprietary Information, HCA will notify Contractor of the request and of the date that such records will be released to the requester unless Contractor obtains a court order from a court of competent jurisdiction enjoining that disclosure. If Contractor fails to obtain the court order enjoining disclosure, HCA will release the requested information on the date specified

3.10 CONFLICT OF INTEREST

HCA may terminate this Contract, by written notice to the Contractor, if it is found, after due notice and examination, that there is a violation of the Ethics in Public Service Act, Chapter 42.52 RCW, or any other laws regarding ethics in public acquisitions and procurement and performance of contracts.

In the event this Contract is so terminated, HCA shall be entitled to pursue the same remedies against the Contractor as it could pursue in the event of a breach of the contract by the Contractor.

3.11 CONFORMANCE

If any provision of this Contract violates any statute or rule of law of the State of Washington, it is considered modified to conform to that statute or rule of law.

3.12 COVENANT AGAINST CONTINGENT FEES

The Contractor warrants that no person or selling agent has been employed or retained to solicit or secure this Contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, excepting bona fide employees or bona fide established agents maintained by the Contractor for the purpose of securing business. HCA shall have the right, in the event of breach of this clause by the Contractor, to annul this Contract without liability or, in its discretion, to deduct from the contract price or consideration or recover by other means the full amount of such commission, percentage, brokerage or contingent fee.

3.13 DEBARMENT

The Contractor, by signing this Contract, certifies that the Contractor is not presently

debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded in any Washington State or Federal department or agency from participating in transactions (debarred). The Contractor agrees to include the above requirement in any and all subcontracts into which it enters, and also agrees that it will not employ debarred individuals. The Contractor shall immediately notify HCA if, during the term of this Contract, Contractor becomes debarred. HCA may immediately terminate this Contract by providing Contractor written notice, if Contractor becomes debarred during the term hereof.

3.14 DISPUTES

The parties shall use their best, good faith efforts to cooperatively resolve disputes and problems that arise in connection with this Contract. Both parties will continue, without delay, to carry out their respective responsibilities under this Contract while attempting to resolve the dispute under this section. When a genuine dispute arises between HCA and the Contractor regarding the terms of this Contract or the responsibilities imposed herein that cannot be resolved at the project management level, either party may submit a request for a dispute resolution to the HCA Contract Administrator who shall oversee the following Dispute Resolution Process: HCA shall appoint a representative to a dispute panel; the Contractor shall appoint a representative to the dispute panel; HCA's and Contractor's representatives shall mutually agree on a third person to chair the dispute panel. The dispute panel shall thereafter decide the dispute with the majority prevailing.

A party's request for a dispute resolution must:

- 3.14.1 Be in writing,
- 3.14.2 State the disputed issues,
- 3.14.3 State the relative positions of the parties,
- 3.14.4 State the remedies sought,
- 3.14.5 State the Contractor's name, address, and his/her department Contract number,
- 3.14.6 Be mailed to HCA Contracts Office, PO Box 42702, Olympia, WA 98504-2702 within thirty (30) calendar days after the party could reasonably be expected to have knowledge of the issue which he/she now disputes.

This dispute resolution process constitutes the sole administrative remedy available under this Contract. The parties agree that this resolution process shall precede any action in a judicial and quasi-judicial tribunal.

3.15 FORCE MAJEURE

A party shall not be liable for any failure of or delay in the performance of this Contract for the period that such failure or delay is due to causes beyond its reasonable control, including but not limited to: acts of God, war, strikes or labor disputes, embargoes, government orders or any other force majeure event.

3.16 GOVERNING LAW

This Contract shall be governed, in all respects, by the law and statutes of the state of Washington, without reference to conflict of law principles. The jurisdiction for any action hereunder shall be exclusively in the Superior Court for the state of Washington and the venue of any action hereunder shall be in the Superior Court for Thurston County, Washington.

3.17 INDEMNIFICATION

Each party shall defend, protect, and hold harmless the other party from and against all claims, suits, and/or actions arising from any negligent or intentional act or omission of that party's employees, agents, and/or authorized subcontractor(s) while performing this Contract.

3.18 INDEPENDENT CAPACITY OF THE CONTRACTOR

The parties intend that an independent contractor relationship will be created by this Contract. The Contractor and his or her employees or agents performing under this Contract are not employees or agents of HCA. The Contractor will not hold himself/herself out as or claim to be an officer or employee of HCA or of the State of Washington by reason hereof, nor will the Contractor make any claim of right, privilege or benefit which would accrue to such employee under law. Conduct and control of the work will be solely with the Contractor.

3.19 INDUSTRIAL INSURANCE COVERAGE

Prior to performing work under this Contract, the Contractor shall provide or purchase industrial insurance coverage for the Contractor's employees, as may be required of an "employer" as defined in Title 51 RCW, and shall maintain full compliance with Title 51 RCW during the course of this Contract. Should the Contractor fail to secure industrial insurance coverage or fail to pay premiums, as may be required under Title 51 RCW, HCA may deduct the amount of premiums and any penalties owing from the amount payable to the Contractor under the Contract and transmit the same to the Department of Labor and Industries, Division of Insurance Services. This provision does not waive any right under RCW 51.12.050 to collect from the Contractor amounts paid by HCA.

3.20 INSURANCE

The Contractor shall provide insurance coverage as set out in this section. The intent of the required insurance is to protect the State should there be any claims, suits, actions, costs, damages or expenses arising from any negligent or intentional act or omission of the Contractor or subcontractor, or agents of either, while performing under the terms of this Contract.

The Contractor shall provide insurance coverage that shall be maintained in full force and effect during the term of this Contract, as follows:

3.20.1 Commercial General Liability Insurance Policy - Provide a Commercial General Liability Insurance Policy, including contractual liability, in adequate quantity to protect against legal liability arising out of contract activity but no less than \$1,000,000 per occurrence. Additionally, the Contractor is responsible for ensuring that any subcontractors provide adequate insurance coverage for the activities arising out of subcontracts.

3.20.2 Business Automobile Liability. In the event that services delivered pursuant to this Contract involve the use of vehicles, either owned, hired, or non-owned by the Contractor, automobile liability insurance shall be required covering the risks of bodily injury (including death) and property damage, including coverage for contractual

liability. The minimum limit for automobile liability is:

\$1,000,000 per occurrence, using a Combined Single Limit for bodily injury and property damage.

3.20.3 The insurance required shall be issued by an insurance company/ies authorized to do business within the state of Washington, and shall name HCA and The State of Washington, its agents and employees as additional insured's under the insurance policy/ies. All policies shall be primary to any other valid and collectable insurance. Contractor shall instruct the insurers to give HCA 30 days advance notice of any insurance cancellation.

Upon request, Contractor shall submit to HCA, a certificate of insurance that outlines the coverage and limits defined in the *Insurance* section. If a certificate of insurance is requested, Contractor shall submit renewal certificates as appropriate during the term of the contract.

3.21 LEGAL AND REGULATORY COMPLIANCE

During the term of this Contract, Contractor shall comply with all local, state, and federal licensing, accreditation and registration requirements/standards, necessary for the performance of this Contract and all other applicable federal, state and local laws, rules, and regulations.

3.22 LICENSING, ACCREDITATION AND REGISTRATION

The Contractor shall comply with all applicable local, state, and federal licensing, accreditation and registration requirements/standards, necessary for the performance of this Contract.

3.23 LIMITATION OF AUTHORITY

Only the HCA Authorized Representative or his/her designee by writing (delegation to be made prior to action) shall have the express, implied, or apparent authority to alter, amend, modify, or waive any clause or condition of this Contract. Furthermore, any alteration, amendment, modification, or waiver or any clause or condition of this Contract is not effective or binding unless made in writing and signed by the Authorized Representative.

3.24 NO THIRD-PARTY BENEFICIARIES

The HCA and the Contractor are the only parties to this contract. Nothing in this Contract gives or is intended to give any benefit of this contract to third parties or third persons.

3.25 NONDISCRIMINATION

During the performance of this Contract, the Contractor shall comply with all federal and state nondiscrimination laws, regulations and policies.

3.26 OVERPAYMENT AND ASSERTION OF LIEN

In the event that overpayments or erroneous payments have been made to the Contractor

under this Contract, HCA shall provide written notice to Contractor and Contractor shall refund the full amount to HCA within thirty (30) days of the notice. HCA may secure repayment, plus interest, if any, through the filing of a lien against the Contractor's real property, or by requiring the posting of a bond, assignment or deposit, or some other form of security acceptable to HCA.

3.27 PUBLICITY

The Contractor agrees to submit to HCA all advertising and publicity matters relating to this Contract wherein HCA's name is mentioned or, in HCA's judgment, the language used may infer or imply a connection with HCA's name. The Contractor agrees not to publish or use such advertising and publicity matters without the prior written consent of HCA.

3.28 RECORDS, DOCUMENTS, AND REPORTS

The Contractor shall maintain books, records, documents, magnetic media, receipts, invoices and other evidence relating to this Contract and the performance of the services rendered, along with accounting procedures and practices, all of which sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this Contract. At no additional cost, these records including materials generated under this Contract, shall be subject at all reasonable times to inspection, review, or audit by HCA, the Office of the State Auditor, and state and federal officials so authorized by law, rule, regulation, or agreement. The Contractor shall retain such records for a period of six (6) years after the date of final payment.

If any litigation, claim or audit is started before the expiration of the six (6) year period, the records shall be retained until all litigation, claims, or audit findings involving the records have been resolved.

3.29 REGISTRATION WITH DEPARTMENT OF REVENUE

The Contractor shall complete registration with the Washington State Department of Revenue and be responsible for payment of all taxes due on payments made under this Contract.

3.30 REMEDIES NON-EXCLUSIVE

The remedies provided in this Contract shall not be exclusive, but are in addition to all other remedies available under law.

3.31 RIGHT OF INSPECTION

The Contractor shall provide access to its facilities to HCA, or any of HCA's officers, or to any other authorized agent or official of the state of Washington or the federal government, at all reasonable times, in order to monitor and evaluate performance, compliance, and/or quality assurance under this Contract.

3.32 RIGHTS IN DATA/COPYRIGHT

Unless otherwise provided, all materials produced exclusively under this Contract shall be considered "works for hire" as defined by the U.S. Copyright Act and shall be owned by

HCA. HCA shall be considered the author of such Materials. In the event the Materials are not considered "works for hire" under the U.S. Copyright laws, Contractor hereby irrevocably assigns all right, title, and interest in Materials, including all intellectual property rights, to HCA effective from the moment of creation of such Materials.

Materials means all items in any format and includes, but is not limited to, data, reports, documents, pamphlets, advertisements, books, magazines, surveys, studies, computer programs, films, tapes, and/or sound reproductions that derive exclusively from the Contractor's work under this Contract. Ownership includes the right to copyright, patent, register and the ability to transfer these rights.

For Materials that are delivered under the Contract, but that incorporate pre-existing materials not produced under the Contract, Contractor hereby grants to HCA a nonexclusive, royalty-free, irrevocable license (with rights to sublicense others) in such Materials to translate, reproduce, distribute, prepare derivative works, publicly perform, and publicly display. The Contractor warrants and represents that Contractor has all rights and permissions, including intellectual property rights, moral rights and rights of publicity, necessary to grant such a license to HCA.

The Contractor shall exert all reasonable effort to advise HCA, at the time of delivery of Materials furnished under this Contract, of all known or potential invasions of privacy contained therein and of any portion of such document which was not produced in the performance of this Contract. HCA shall receive prompt written notice of each notice or claim of copyright infringement received by the Contractor with respect to any data delivered under this Contract. HCA shall have the right to modify or remove any restrictive markings placed upon the data by the Contractor.

3.33 SAFEGUARDING OF INFORMATION

The use or disclosure by any party, of any information concerning HCA, for any purpose not directly connected with the administration of HCA's or the Contractor's responsibilities with respect to services provided under this Contract, is prohibited except by written consent of HCA.

3.34 SEVERABILITY

If any provision of this Contract, or the application thereof to any person(s) or circumstances is held invalid, such invalidity shall not affect the other provisions or applications of this Contract that can be given effect without the invalid provision, and to this end the provisions or application of this Contract are declared severable.

3.35 SITE SECURITY

While on HCA premises, Contractor, its agents, employees, or subcontractors shall conform in all respects with physical, fire or other security policies or regulations. Failure to comply with these regulations may be grounds for revoking or suspending security access to these facilities. HCA reserves the right and authority to immediately revoke security access to Contractor staff for any real or threatened breach of this provision. Upon reassignment or termination of any Contractor staff, Contractor agrees to promptly notify HCA.

3.36 SUBCONTRACTING

Neither the Contractor, nor any Subcontractors, shall enter into subcontracts for any of the work contemplated under this Contract without prior written approval of HCA. In no event shall the existence of the subcontract operate to release or reduce the liability of the Contractor to HCA for any breach in the performance of the Contractor's duties.

Additionally, the Contractor is responsible for ensuring that all terms, conditions, assurances and certifications set forth in this Contract are included in any subcontracts. Contractor and its subcontractors agree not to release, divulge, publish, transfer, sell or otherwise make known to unauthorized persons confidential information without the express written consent of HCA or as provided by law.

If, at any time during the progress of the work, the HCA determines in its sole judgment that any subcontractor is incompetent or undesirable, the HCA shall notify the Contractor, and the Contractor shall take immediate steps to terminate the subcontractor's involvement in the work.

The rejection or approval by the HCA of any subcontractor or the termination of a subcontractor shall not relieve the Contractor of any of its responsibilities under the Contract, nor be the basis for additional charges to the HCA.

The HCA has no contractual obligations to any subcontractor or vendor under contract to the Contractor. The Contractor is fully responsible for all contractual obligations, financial or otherwise, to their subcontractors.

The Contractor is prohibited from entering into subrecipient subcontracts for the purpose of participating in the MAC program.

3.37 SUBRECIPIENT

3.37.1 General

If the Contractor is a sub-recipient of federal awards as defined by Office of Management and Budget (OMB) 2 CFR 200 and this Contract, the Contractor shall:

- 3.37.1.1 Maintain records that identify, in its accounts, all federal awards received and expended and the federal programs under which they were received, by Catalog of Federal Domestic Assistance (CFDA) title and number, award number and year, name of the federal agency, and name of the pass-through entity;
- 3.37.1.2 Maintain internal controls that provide reasonable assurance that the Contractor is managing federal awards in compliance with laws, regulations, and provisions of contracts or grant agreements that could have a material effect on each of its federal programs;
- 3.37.1.3 Prepare appropriate financial statements, including a schedule of expenditures of federal awards;
- 3.37.1.4 Incorporate OMB 2 CFR 200 audit requirements into all agreements

between the Contractor and its Subcontractors who are sub-recipients;

- 3.37.1.5 Comply with any future amendments to OMB 2 CFR 200 and any successor or replacement Circular or regulation;
- 3.37.1.6 Comply with the applicable requirements of OMB 2 CFR 200 and any future amendments to OMB 2 CFR 200, and any successor or replacement Circular or regulation; and
- 3.37.1.7 Comply with the Omnibus Crime Control and Safe Streets Act of 1968, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990, Title IX of the Education Amendments of 1972, The Age Discrimination Act of 1975, and The Department of Justice Non-Discrimination Regulations, 28 C.F.R. Part 42, Subparts C.D.E. and G, and 28 C.F.R. Part 35 and 39. (Go to <http://ojp.gov/about/offices/ocr.htm> for additional information and access to the aforementioned Federal laws and regulations.)

3.37.2 Single Audit Act Compliance

If the Contractor is a sub-recipient and expends \$750,000 or more in federal awards from any and/or all sources in any fiscal year, the Contractor shall procure and pay for a single audit or a program-specific audit for that fiscal year. Upon completion of each audit, the Contractor shall:

- 3.37.2.1 Submit to the Authority contact person the data collection form and reporting package specified in OMB 2 CFR 200, reports required by the program-specific audit guide (if applicable), and a copy of any management letters issued by the auditor;
- 3.37.2.2 Follow-up and develop corrective action for all audit findings; in accordance with OMB 2 CFR 200, prepare a "Summary Schedule of Prior Audit Findings."

3.37.3 Overpayments

If it is determined by the HCA, or during the course of a required audit, that the Contractor has been paid unallowable costs under this or any Program Agreement, the Authority may require the Contractor to reimburse the Authority in accordance with OMB 2 CFR 200.

3.38 SURVIVABILITY

The terms and conditions contained in this Contract, which by their sense and context are intended to survive the completion, cancellation, termination, or expiration of the Contract, shall survive.

3.39 SYSTEM SECURITY

Contractor agrees not to attach any Contractor-supplied computers, peripherals or software to the HCA Network without prior written authorization from HCA's Information Systems

Manager. Contractor-supplied computer equipment, including both hardware and software, must be reviewed by the HCA Information Services prior to being connected to any HCA network connection and that it must have up to date anti-virus software and personal firewall software installed and activated on it.

Unauthorized access to HCA networks and systems is a violation of HCA Policy 06-03 and constitutes computer trespass in the first degree pursuant to RCW 9A.52.110. Violation of any of these laws or policies could result in termination of the contract and other penalties.

3.40 TAXES

Unless otherwise indicated, HCA will pay sales and use taxes, if any, imposed on the services acquired hereunder. Contractor must pay all other taxes including, but not limited to, Washington Business and Occupation Tax, other taxes based on Contractor's income or gross receipts, or personal property taxes levied or assessed on Contractor's personal property. HCA, as an agency of Washington State government, is exempt from property tax.

3.41 TERMINATION

3.41.1 TERMINATION FOR CAUSE

In the event the Contractor violates any material term or condition of this Contract or any Work Order, or fails to fulfill in a timely and proper manner its material obligations under this Contract or any Work Order, as applicable, or fails to comply with the conditions of this Contract in a timely manner, HCA has the right to suspend or terminate this Contract. HCA shall notify the Contractor, in writing, of the need to take corrective action. If corrective action is not taken within three (3) days, or other time period agreed to in writing, the Contract may be terminated. HCA reserves the right to suspend all or part of the Contract, withhold further payments, or prohibit the Contractor from incurring additional obligations of funds during investigation of the alleged compliance breach and pending corrective action by the Contractor or a decision by HCA to terminate the Contract.

3.41.2 TERMINATION DUE TO CHANGE IN FUNDING, SUSPENSION OR CONTRACT RENOGTIATION

If the funds HCA relied upon to establish this Contract are withdrawn, reduced or limited, or if additional or modified conditions are placed on such funding, after the effective date of this contract but prior to the normal completion of this Contract:

3.41.2.1 At HCA's discretion, the Contract may be renegotiated under the revised funding conditions.

3.41.2.2 At HCA's discretion, HCA may give notice to Contractor to suspend performance when HCA determines that there is reasonable likelihood that the funding insufficiency may be resolved in a timeframe that would allow Contractor's performance to be resumed prior to the normal completion date of this contract.

3.41.2.2.1 During the period of suspension of performance, each party will inform the other of any conditions that may reasonably

affect the potential for resumption of performance.

3.41.2.2.2 When HCA determines that the funding insufficiency is resolved, it will give Contractor written notice to resume performance. Upon the receipt of this notice, Contractor will provide written notice to HCA informing HCA whether it can resume performance and, if so, the date of resumption. For purposes of this subsection, "written notice" may include email.

3.41.2.2.3 If the Contractor's proposed resumption date is not acceptable to HCA and an acceptable date cannot be negotiated, HCA may terminate the Contract by giving written notice to Contractor. The parties agree that the Contract will be terminated retroactive to the date of the notice of suspension. HCA shall be liable only for payment in accordance with the terms of this Contract for services rendered prior to the retroactive date of termination.

3.41.2.3 HCA may immediately terminate this Contract by providing written notice to the Contractor. The termination shall be effective on the date specified in the termination notice. HCA shall be liable only for payment in accordance with the terms of this Contract for services rendered prior to the effective date of termination. No penalty shall accrue to HCA in the event the termination option in this section is exercised.

3.41.3 TERMINATION FOR CONVENIENCE

When, at HCA's sole discretion, it is in the best interest of the State, HCA may terminate this Contract in whole or in part by providing thirty (30) Business Day's notice. If this Contract is so terminated, HCA shall be liable only for payment in accordance with the terms of this Contract for services rendered prior to the effective date of termination.

The Contractor, at their discretion, may terminate this Contract in whole or in part by providing fifteen (15) Business Day's written notice to HCA before the beginning of the next calendar quarter.

3.41.4 TERMINATION PROCEDURES

Upon termination of this Contract, HCA, in addition to any other rights provided in this Contract or available under law, may require the Contractor to deliver to HCA any property specifically produced or acquired for the performance of such part of this Contract as has been terminated.

HCA shall pay to the Contractor the agreed upon price, if separately stated, for completed work and service accepted by HCA and the amount agreed upon by the Contractor and HCA for (i) completed work and services for which no separate price is stated; (ii) partially completed work and services; (iii) other property or services which are accepted by HCA; and (iv) the protection and preservation of property, unless the termination is for default, in which case the HCA shall determine the

extent of the liability. Failure to agree with such determination shall be a dispute within the meaning of the "Disputes" clause of this Contract. HCA may withhold from any amounts due the Contractor such sum as HCA determines to be necessary to protect HCA against potential loss or liability.

Upon receipt of notice of termination, and except as otherwise directed by the HCA, the Contractor shall:

- 3.41.4.1 Stop work under the Contract on the date, and to the extent specified in the notice;
- 3.41.4.2 Place no further orders or subcontracts for materials, services, or facilities except as may be necessary for completion of such portion of the work under the Contract that is not terminated;
- 3.41.4.3 Assign to HCA, in the manner, at the times, and to the extent directed by HCA, all the rights, title, and interest of the Contractor under the orders and subcontracts so terminated; in which case HCA has the right, at its discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts;
- 3.41.4.4 Settle all outstanding liabilities and all claims arising out of such termination of orders and subcontracts, with the approval or ratification of HCA to the extent HCA may require, which approval or ratification shall be final for all the purposes of this clause;
- 3.41.4.5 Transfer title to HCA and deliver in the manner, at the times, and to the extent directed by HCA any property which, if the Contract has been completed, would have been required to be furnished to HCA;
- 3.41.4.6 Complete performance of such part of the work as shall not have been terminated by HCA; and
- 3.41.4.7 Take such action as may be necessary, or as HCA may direct, for the protection and preservation of the property related to this Contract which is in the possession of the Contractor and in which HCA has or may acquire an interest.

3.41.5 TERMINATION FOR WITHDRAWAL OF AUTHORITY

In the event that the authority of HCA to perform any of its duties is withdrawn, reduced, or limited in any way after the commencement of this Contract and prior to normal completion, HCA may terminate this Contract in whole or in part, under Section 3.41.3 of this Contract. No penalty will accrue to HCA in the event this section is exercised. This Section shall not be construed so as to permit HCA to terminate this Contract in order to acquire similar Services from a third party.

3.42 WAIVER

Waiver of any default shall not be deemed to be a waiver of any subsequent default. Waiver of breach of any provision of this Contract shall not be deemed to be a waiver of any other or

subsequent breach and shall not be construed to be a modification of the terms of this Contract unless stated to be such in writing signed by HCA and attached to the original Contract.

SCHEDULE A STATEMENT OF WORK

1. **DEFINITIONS**

Definitions specific to this Agreement. The words and phrases listed below, as used in this Agreement, shall each have the following definitions:

- a) "A19-1A" or "A19" means the State of Washington Invoice Voucher used by contractors and vendors to submit claims for payment in return for goods and/or services provided to HCA or its Clients.
- b) "Activity Code" or "Code" means the code assigned to the daily activities performed by Contractor staff in order to identify the percentage of time spent on any given activity.
- c) "Administrative Fee" means the dollar amount charged to the Contractor by HCA based on a percentage of each Contractor's billing for Federal Financial Participation claimed at the federally approved match rate, to offset HCA's costs incurred in administering this Agreement.
- d) "Allocated" or "Allocated Cost" means an Operating Expense that is Allocated across more than one cost pool.
- e) "Budgeting, Accounting and Reporting System" or "BARS" or "BARS manual" The BARS Manual prescribes accounting and reporting for local governments in accordance with RCW 43.09.200 and found at this website http://www.sao.wa.gov/local/BarsManual/Pages/BarsManual_GAAP.aspx#.VY3K_03bLcs.
- f) "Billing Quarter" means a calendar quarter consisting of three (3) consecutive calendar months beginning with the first date of the calendar quarter during which this Agreement starts. The Contractor shall use Billing Quarters as the time periods for which claims for Federal Financial Participation are made.
- g) "Centers for Medicare and Medicaid Services" or "CMS" means the federal office under the United States Department of Health and Human Services responsible for the administration of the Medicare, Medicaid and Children's Health Insurance Program.
- h) "[Centers for Medicare and Medicaid Services School-Based Administrative Claiming Guide](#)" or "CMS Guide" or "Guide" means the document issued by CMS in 2003 and any supplements, amendments or successor; incorporated herein by reference which provides guidance to States for developing and managing Medicaid Administrative Claiming programs.
- i) "Certified Public Expenditure" or "CPE" means the sources of funds certified as actual expenditures by a local or public governmental entity and used as the State share in order to receive federal matching Medicaid funds, or Federal Financial Participation (FFP).
- j) "CPE Local Match Certification" means HCA's form the Contractor must submit with each quarterly invoice to report the source of funds certified as public expenditures and therefore eligible to be used as match for the MAC program.

- k) "Claiming unit" means the individual contractor eligible to submit a claim for reimbursement to HCA, and includes all of its subunits
- l) "Client" means an individual served within budget unit or cost center of the Contractor.
- m) "Cognizant Agency" means the single agency representing all others in dealing with grantees in common areas and who reviews and approves grantees' indirect cost rates. OMB published a list of Cognizant Agency assignments for some State agencies, cities and counties on January 6, 1986 (51 FR 552). The Cognizant Agency for governmental units not on that list is the one that provides the most grant funds to the entity.
- n) "Coordinator Manual" or "Manual" means the HCA document or its successor including any updates, that describes how the Contractor must manage their MAC program and provides program guidance.
- o) "Corrective Action Plan" or "Corrective Action" means the written description of the plan the Contractor will complete in order to correct any finding or deficiency as identified by HCA or government entity.
- p) "Cost Allocation Plan" or "CAP" means the HCA document that describes the allocation methodology that includes a description of the procedures HCA will use to identify and measure costs for a MAC program and must be approved by CMS.
- q) "Data" means the information that is disclosed or exchanged as described in the CAP, manual or this Agreement.
- r) "Direct Charge Method" means the method of accounting for Direct Costs without a step-down allocation for single funding sources expenses wholly attributed to the MAC program.
- s) "Direct Cost" means an Operating Expense that is wholly attributable to the MAC program and is not included in an Indirect Cost Rate. Direct costs must be a single cost objective, and must be certified quarterly.
- t) "Direct Medical Service" means the provision of a medical, dental, vision, mental health, family planning, pharmacy, substance abuse or a Medicaid covered service and all related activities, administrative or otherwise, that are integral to, or an extension of the healthcare service."
- u) "Eligible Staff" or "Participant" or "RMTS Participant" means an employee of the Contractor that is in compliance with all federal, state, and HCA regulations including this agreement, the CAP, the manual, CMS guidance and any other requirements for participation in the Medicaid Administrative Claiming program and whose costs are eligible for claiming their staff time costs for conducting Medicaid Administrative Claiming activities.
- v) "Federal Financial Participation" or "FFP" means the federal payment (or federal "match") that is available at a rate of 50% for amounts expended by a state "as found necessary by the Secretary for the proper and efficient administration of the state plan" per 42 Code of Federal Regulations (CFR § 433.15(b)(7). An enhanced FFP rate of seventy five percent (75%) is available for certain SPMP or interpretation administrative costs. Only permissible, non-federal funding sources are allowed to be used as the state match for FFP.

- w) "Fiscal Coordinator" means an employee(s) of the Contractor who is assigned to be the liaison between HCA and the Contractor for the accounting purposes of this Agreement. The contractor may assign the fiscal and RMTS coordinator roles to the same staff if desired.
- x) "Indirect Cost" means an Operating Expense that is Allocated across more than one program. Indirect costs are only allowable for FFP reimbursement by the application of an Indirect Cost Rate submitted to the Contractor's Cognizant Agency. The indirect cost must be certified by the Contractor annually using the HCA Certificate of Indirect Costs form.
- y) "Integral Activity" or "Extension Activity" means an activity that is necessary for or incidental to the provision of a direct medical service.
- z) "MAC Activity" or "Allowable Activity" or "Reimbursable Activity" or "Claimable Activity" means an activity that is administrative in nature, and necessary for the proper and efficient administration for the Medicaid state plan which must be in compliance as described in applicable federal, state, HCA and CMS Regulations, the CAP, Manual, and this Agreement.
- aa) "Manual" or "Coordinator Manual" means the document that describes how the Contractor must implement the CAP locally and includes detailed instructions for implementing and monitoring the MAC program at the local level. The Manual is incorporated into this Agreement by reference.
- bb) "Medicaid Administrative Claiming" or "MAC" means the program within title XIX of the Social Security Act (the Act) authorizing federal grants to states for a proportion of expenditures for medical assistance under the approved Medicaid state plan, and for expenditures necessary for administration of the state plan. This joint federal-state financing of expenditures is described in section 1903(a) of the Act, which sets forth the rates of federal financing for different types of expenditures. In order for Medicaid administrative expenditures to be claimed for federal matching funds an allocation methodology must appear in the state's approved Public Assistance Cost Allocation Plan (42 CFR § 433.34) and be described in detail in a MAC CAP.
- cc) "Medicaid Administrative Claiming Program Specialist" means the HCA employee assigned responsibility for oversight and monitoring of the Contractor's MAC program and claiming and identified as the point of contact on this Agreement.
- dd) "Medicaid Eligibility Rate" or "MER" means the proportional share of Medicaid individuals to the total number of individuals in the target population (Contractor's jurisdiction) as defined in the CAP, manual and this Agreement.
- ee) "Medicaid Outreach Unit" means the unit within HCA's Health Care Services division that administers and monitors Washington State's MAC program.
- ff) "National Institutional Reimbursement Team (NIRT)" means the group of individuals comprised from both the CMS central office and regional offices who are responsible for providing technical assistance to the states on Medicaid institutional reimbursement issues and the development and promulgation of all Medicaid institutional reimbursement regulations and policies including review and approval of donated funds certified as public expenditures (CPE).

- gg) "Operating Expense" means those costs incurred by the Contractor to perform business activities and includes both Direct Costs and Indirect Costs. Only operating expenses necessary to operate the Contractor's MAC program are allowable for FFP reimbursement.
- hh) "Potential Medicaid Client" means a Washington resident who may be determined by HCA to meet the eligibility criteria for enrollment in Medicaid.
- ii) "Random Moment Time Study (RMTS)" or "System" or "Time Study" means an electronic System that quantifies the daily activities of eligible time study Participants through a statistically valid sampling methodology and allocates allowable participant costs to the MAC program. The System calculates the amount of FFP reimbursement based on the Contractors RMTS results, staff costs, MER, costs and other applicable calculations as described in the CAP, manual and this Agreement.
- jj) "Regulation" means any federal, state, or local Regulation, rule, or ordinance.
- kk) "RMTS Consortium" "RMTS Consortia" or "Consortium" or "Consortia" means a group of Contractors who have organized together based on similar duties their staff perform, organizational structure, type of programs, scope of work, or regional working relationships and will participate in a single time study together in order to achieve statistical validity.
- ll) "RMTS Coordinator" means an employee(s) of the Contractor who is assigned to be the time study liaison between HCA and the Contractor for purposes of this Agreement. The contractor may assign the fiscal and RMTS coordinator roles to the same staff if desired.
- mm) "Skilled Professional Medical Personnel" or "SPMP" means an individual who has completed a two-or-more-year program leading to an academic degree or certificate in a medically related profession, demonstrated by possession of a medical license, certificate or other document issued by a recognized National or State medical licensure or certifying organization or a degree in a medical field issued by a college or university certified by a professional medical organization.
- nn) "State Fiscal Year" means a twelve-month period beginning on July 1st of one calendar year and ending on June 30th of the following calendar year.
- oo) "State Medicaid Plan" means the comprehensive written commitment by HCA, submitted under 1902(a) of the Social Security Act and approved by the Centers for Medicare and Medicaid Services, to administer or supervise administration of a Medicaid program in accordance with Federal and state requirements.
- pp) "Subcontract" means any separate agreement or contract between the Contractor and an individual third party or entity ("Subcontractor") to perform all or a portion of the duties and obligations that the Contractor is obligated to perform pursuant to this Contract.
- qq) "Subunit" means individual cost centers or budget units within a claiming unit (LHJ).

2. GENERAL

The Contractor shall provide services and deliverables, and otherwise do all things necessary for or incidental to the performance of work as set forth below. The Contractor must:

- a) Provide the necessary staff to perform the allowable MAC activities described in the Cost Allocation Plan (CAP), and perform the work necessary to ensure all applicable laws, regulations and guidelines specific to the MAC program and this Agreement are in compliance including, but not limited to:

- i) Code of Federal Regulation (CFR) [Title 42](#) and [Title 45](#).
- ii) [1903\(w\)\(6\)\(A\) of the Social Security Act](#).
- iii) [Medicaid School-Based Administrative Claiming Guide May 2003](#).
- iv) [Revised Code of Washington \(RCW\)](#).
- v) [Washington Administrative Code \(WAC\)](#).
- vi) [The MAC Coordinator Manual](#).
- vii) [OMB 2 CFR 225](#) Cost Principles for State, Local, and Indian Tribal Governments.
- viii) [2 CFR 200](#) and [Compliance Supplement](#).
- ix) [Washington State Medicaid Plan](#).
- x) Secretary of State (SOS) [records retention schedule](#).

- b) Maintain documentation to support each administrative claim submitted to HCA for reimbursement as required by federal, state, HCA and CMS Regulations, the CAP, the Manual and this Agreement. The documentation must be sufficiently detailed in order to determine whether the activities are necessary for the proper and efficient administration of the Medicaid State Plan and support the appropriateness of the administrative claim. The Contractor must:

- i) Maintain all documentation related to staff participation in the RMTS according to section 1902(a)(4) of the Act and 42 CFR § 431.17; see also 45 CFR § 74.53 and 42 CFR § 433.32(a) (requiring source documentation to support accounting records) and 45 CFR § 74.20 and 42 CFR § 433.32(b and c) (retention period for records) and as described in the Medicaid School-Based Administrative Claiming Guide May 2003;
- ii) Maintain all documentation related to MAC claiming, according to section 1902(a)(4) of the Act and 42 CFR § 431.17; see also 45 CFR § 74.53 and 42 CFR § 433.32(a) (requiring source documentation to support accounting records) and 45 CFR § 74.20 and 42 CFR § 433.32(b and c) (retention period for records) and as described in Medicaid School-Based Administrative Claiming Guide May 2003;
- iii) Comply with the SOS records retention [schedule](#);
- iv) Assure all documentation is immediately accessible and available, is in a useful and readable format, and is stored electronically within the System at every opportunity as determined by HCA;
- v) Provide any and all information and documentation requested by HCA within thirty (30) calendar days, or within a written, mutually agreed upon time frame; and
- vi) Submit any audit related to its MAC program to HCA within thirty (30) calendar days of receipt of the final report. This includes but is not limited to SAO Audits, OMB 2

CFR 200 and Compliance Supplement Audits, Federal Reviews or Federal Audits. The Contractor must provide to HCA, any corrective action related to MAC findings and questioned costs within thirty (30) calendar days of submission.

- c) Abide by all roles, responsibilities, limitations, restrictions, and documentation requirements including but not limited to those described in the CAP, Manual, and this Agreement.

3. RESPONSIBILITIES

- a) Contractor:

The Contractor is responsible for monitoring its MAC program to ensure compliance with all applicable laws, regulations and guidelines specific to the MAC program as described in this Agreement and comply with all roles, responsibilities, limitations, restrictions, and documentation requirements described in the CAP, Manual, associated federal and state regulations, and this Agreement that include, but are not limited to, the following. Only expenses that are reasonable, allowable, and in compliance with Appendix A of 2 CFR 200 are permitted for reimbursement. HCA expects the MAC program to be managed similarly to other federal awards and expects the RMTS and Fiscal coordinators to report to, or work closely, with an administrator assigned oversight authority of the LHJ regarding the MAC program. The Contractor must:

- i) Only include LHJ staff in the claimed reimbursement (through the RMTS or direct charge method) who are eligible to participate. The Contractor is prohibited from including any staff in the RMTS or the claimed reimbursement unless their job positions comply with the criteria described in the CAP, the Manual and this Agreement. Staff who may be eligible to be included in the RMTS or claimed reimbursement must:
 - (1) Not be included in another MAC time study or reimbursement claim;
 - (2) Be direct or contracted staff of the Contractor (legal entity contracted with HCA);
 - (3) Be reasonably expected to perform MAC related activities;
 - (4) Have all federal dollars appropriately off-set;
 - (5) Not be included in the calculation of an indirect cost rate that is used to calculate FFP reimbursement;
 - (6) Not include any Federally Qualified Health Clinic (FQHC) staff (or expenses) whose costs are included in the FQHC cost report;
 - (7) Be job positions that fit within these job categories: nurses, other medical professionals, other professional classifications, community outreach and linkage classifications, manager/supervisor/administrator classifications, or administrative support classifications; and
- ii) Designate staff for each of the following roles: RMTS Coordinator and Fiscal Coordinator to be responsible for daily oversight and management of the Contractor's MAC program;

- (1) The RMTS and Fiscal Coordinator roles may be assumed by one individual if desired.
 - (2) The Contractor must submit contact information to the HCA Contract Manager for each coordinator, including their assigned role, name, telephone number, fax number, email, and address prior to participation in the MAC program, within seven (7) calendar days of the change.
 - (3) The Coordinators must participate in the monthly statewide coordinator conference calls.
 - (4) The Coordinators must participate in any scheduled RMTS consortium conference calls.
 - (5) The Coordinators must ensure federal, state, and HCA MAC policies are implemented.
 - (6) The Contractor must ensure the Coordinators accurately perform all responsibilities listed in the CAP, Manual, and this Agreement.
- iii) Certify all data entered into the System is true and accurate, and based on actual expenditures incurred during the period of performance of the invoice. This certification must be maintained within the System. This includes, but is not limited to: calendaring, Staff/Participant lists, salary and benefits, direct charges or other claimed costs, indirect rate, MER and any other data used to generate a claim to HCA for reimbursement;
- iv) Verify all data that is determined necessary to be stored electronically within the System or other associated websites, or databases as described in the CAP, Manual and this Agreement is physically entered and stored according to the SOS Retention Schedule. This data includes, but is not limited to: calendaring, Staff/Participant lists, salary and benefits, direct charges or other claimed costs, indirect rate, MER and any other data used to generate a claim to HCA for reimbursement;
- v) Prepare an annual MER proposal to include the MER calculation and formula, the data sources used to determine the MER, the data collection process, the Contractor's monitoring process to ensure accuracy of the MER and any other relevant information;
- (1) The proposal must be submitted to HCA no later than December first of each year
 - (2) The proposal must be updated and re-submitted if the data source or collection, calculations, or monitoring changes thirty (30) calendar days prior to the change.
- vi) Submit a quarterly MER certification with each invoice validating the accuracy of the MER (this certification may be maintained in the System);
- vii) Submit a quarterly CPE certification identifying the revenue account codes as found in the BARS manual with each invoice validating the accuracy of the CPE;

- viii) Submit an annual certificate of indirect costs that certifies the accuracy of indirect cost rate proposal submitted to its Cognizant Agency;
- ix) Certify the accuracy of all data used to determine a quarterly MAC reimbursement by signing the A19 by an authorized representative. This certification extends to all RMTS data and financial data;
- x) Complete a one hundred percent (100%) initial code review of all RMTS moments to ensure the code and narrative correlate, within forty five (45) calendar days after the end of the quarter;
 - (1) Finalize and certify the accuracy of the 10% quality assurance review within 10 (ten) calendar days;
- xi) Monitor the RMTS non response rate and identify any deficiencies in staff responses. Corrective action must:
 - (1) Be implemented within ten (10) calendar days; and
 - (2) Be documented and available to HCA upon request.
- xii) Use a System that is statistically valid and in compliance with all state, and federal laws and Regulations whether through a third-party or other means as stated in the CAP;
- xiii) Not participate in a time study or claiming process for the HCA MAC program with any entity that does not have an executed agreement with HCA.
- xiv) Not participate in an RMTS consortium without prior written approval from HCA;
 - (1) If identified as a Lead Agency for the RMTS Consortium, the Contractor must perform the Lead Agency duties described in the CAP and Manual and participate in the current statewide LHJ Steering Committee.
- xv) Ensure all interpreter staff have been tested and certified by Washington State Department of Social and Health Services (DSHS) as defined by DSHS;
 - (1) The Contractor is prohibited from claiming the enhanced seventy five percent (75%) rate for any interpretation activities unless the staff has been certified by DSHS;
 - (2) The Contractor is prohibited from claiming the enhanced seventy five percent (75%) rate for any interpretation activities unless MAC activities performed is part of the staff's assigned job duties; and
 - (3) The Contractor is prohibited from claiming the enhanced seventy five percent (75%) rate unless an allowable MAC activity was performed on behalf of children under twenty one (21).
- xvi) Ensure all Coordinators and Participants have completed and have certified their understanding of the training prior to participating in the MAC program, and annually thereafter. The Contractor is prohibited from allowing any staff to participate in the program unless they have completed and have certified their understanding of the training. The Contractor must:

- (1) Ensure all Coordinators receive HCA approved training prior to participation;
 - (2) Ensure all Participants certify completion of the online training before performing any duties within the System or participating in the RMTS;
 - (3) Ensure all Participants fully understand each activity code and how to answer moments according to what activity they are doing exactly at the sampled moment;
 - (4) Train all Participants to maintain proper documentation for MAC related activities;
 - (5) Only use training materials that have been approved in writing by HCA; and
 - (6) Track the completion and certification of training within the System, and records of such tracking must be available upon request by HCA.
- xvii) Comply with all HCA revisions and RMTS/claiming requirements as described in the Manual;
- xviii) Only use the Activity Codes (or their successor) in the Manual as approved by HCA, for participation in MAC and are responsible for ensuring all Participating Staff understand each code.
- b) Health Care Authority

HCA is responsible for performing oversight of the Contractor's MAC program to ensure the effective administration of the MAC program and complying with all roles, responsibilities, limitations, restrictions, and documentation requirements described in the CAP, Manual, and this Agreement includes, but is not limited to, the following. HCA must:

- i) Maintain oversight of the Contractor's MAC program and monitoring activities including review of all components of the time study, claiming, training, or anything MAC related. The Contractor is required to monitor its own MAC program to ensure compliance with all applicable Regulations and facilitating HCA's oversight of the program;
- ii) Direct the MAC activities reimbursable at the enhanced seventy five percent (75%) rate for all Skilled Professional Medical Personnel (SPMP) participating in the Contractor's MAC program. The Contractor is prohibited from claiming the enhanced rate for any SPMP activities without express, written approval from HCA, see section 9 below;
- iii) Review the Contractor's monitoring activities to ensure monitoring is occurring and any identified issues are addressed as deemed appropriate by HCA. This includes, but is not limited to, review of time study responses, accuracy of coding, appropriateness of code changes, sufficiency of backup documentation, non-response rates;
- iv) Verify the Contractor has entered all necessary data into the System and verify all data entered was certified by the Contractor as accurate;

- v) Review all claimed costs prior to issuing reimbursement to ensure they are allowable, reasonable, and are supported by documentation that is sufficiently detailed to permit HCA, CMS, or others to determine whether the costs are necessary for the proper and efficient administration of the state plan. This includes but is not limited to; source documentation of staff costs, operating expenses, and subcontracted vendor costs.
- vi) Review the RMTS Consortia organization and membership, including the Lead Agency identified, annually and issuing an official notice of approval or denial. The Contractor is prohibited from participating in a Consortium without express, written approval of the Consortia organization and membership;
- vii) Review all MAC related training materials prior to their use in the MAC program and issuing an official notice of approval or denial. This includes multimedia video, audio, digital or other electronic sources, and paper based training materials. The Contractor is prohibited from using any training materials without express, written approval from HCA;
- viii) Evaluate RMTS and claiming data prior to issuing quarterly reimbursements to ensure the RMTS results and claimed costs are appropriate according to all applicable laws, Regulations and guidelines specific to the MAC program. This evaluation will also be used to identify trends, best practices for the MAC program, quality assurance, training needs, areas in need of improvement, or other concerns related to the MAC program and HCA's oversight responsibilities;
- ix) Issue corrective action plans as necessary and determined by HCA's oversight capacity that includes but is not limited to, quarterly reviews of RMTS and claiming data, the Contractor's failure to be in compliance with all applicable laws, Regulations and guidelines specific to the MAC program and this Agreement, or other quality assurance needs. The Contractor is required to comply with any corrective action plan issued. Failure to do so will result in sanctions that may include, but is not limited to, reduced reimbursement and/or termination of this Agreement; and
- x) Produce and update the CAP, manual, contracts, training materials, or other MAC related documentation as needed and make it available to the Contractor.

4. MINIMUM RESPONSE RATE AND NON-RESPONSES

Non-responses are moments not completed by Participant within five (5) business days, with the exception of expired moments where the Participant was on paid or unpaid leave. The return rate of valid responses for the RMTS must be a minimum of eighty five percent (85%). The following remedial action is required of the Contractor if the RMTS response rate drops below eighty five percent (85%).

- a) Non-response rates greater than fifteen percent (15%):
 - i) HCA will send written notification to the Contractor requesting a Corrective Action Plan to ensure a minimum eighty five percent (85%) compliance rate for the RMTS is achieved in subsequent quarters.
 - ii) The Contractor must develop and submit the plan to HCA for approval within thirty (30) calendar days of HCA's notification.

- iii) Failure to provide a timely corrective action plan within thirty (30) calendar days may result in the Contractor being prohibited from participation in MAC for the following quarter.
 - iv) An eighty five percent (85%) compliance rate for the RMTS must be met in the following quarter.
- b) Non-response rates greater than fifteen percent (15%) for two (2) consecutive quarters:
 - i) HCA will reduce reimbursement by thirty five percent (35%) for the second consecutive quarter.
 - ii) The Contractor will be notified via Certified Mail of the reduced reimbursement.
 - iii) Eighty five percent (85%) compliance rate for the RMTS must be met in the following quarter.
- c) Non-response rates greater than fifteen percent (15%) for three (3) consecutive quarters:
 - i) HCA will notify the affected Contractor via certified mail of the denied reimbursement for the third consecutive quarter and prohibited participation in MAC.
 - ii) None of the affected Contractors may claim for any denied or reduced reimbursement from the three consecutive quarters of non-compliance. The Contractor may be prohibited from participating in MAC for the following quarter (4th consecutive quarter), and will be notified as such through the HCA notification.

5. **CORRECTIVE ACTION PLANS**

HCA will pursue a corrective action plan if a Contractor fails to meet any MAC program requirements described in the CAP, Manual, this Agreement or as determined by HCA. HCA will peruse a corrective action plan if the Contractor fails to address or correct any problems timely and sufficiently as determined by HCA. The Contractor must develop and submit a corrective action plan response to HCA for approval within thirty (30) calendar days of HCA's notification or as otherwise stated in this agreement or mutually agreed upon in writing. If a Contractor fails to meet the requirements outlined in the corrective action plan, HCA will impose sanctions that may include, but are not limited to; conducting more frequent reviews, delayed or denied payment of MAC claims, recoupment of funds, or termination of this Agreement.

Examples of Contractor actions that may result in corrective action and/or sanctions include, but are not limited to:

- a) Repeated and/or uncorrected errors in financial reporting;
- b) Failure to maintain adequate documentation;
- c) Failure to cooperate with state or federal staff;
- d) Failure to provide accurate and timely information to state or federal staff as required;
- e) Failure to meet time study minimum response rates;
- f) Failure to meet statistical validity requirements; and
- g) Failure to comply with the terms and conditions of this agreement.

6. ADMINISTRATIVE FEE

- a) Two times per year, HCA will invoice the Contractor for an Administrative Fee. This fee offsets and will not exceed the costs for administering the MAC program for the State of Washington. Administrative Fees charged to MAC contractors are used to provide the state share of match required to operate the program.
- b) The Contractor must submit payment of Administrative Fees within forty-five (45) business days of the date on the Administrative Fee invoice. The Administrative Fee must be paid with non-federal dollars. HCA will not process any A19s until the Administrative Fee is paid to HCA.
- c) The Administrative Fee is an unallowable expense and the Contractor is prohibited from including any portion of the Administrative Fee in its calculations for FFP reimbursement.

Contractor must mail Administrative Fee payment to the following address:

Health Care Authority
Financial Services/Accounting
PO Box 45500
Olympia, Washington 98504-5500

7. TIMELY FILING AND OVERPAYMENT REQUIREMENTS:

The Contractor must submit invoices for reimbursement to HCA for review and approval within one hundred twenty (120) calendar days following the end of each Billing Quarter. Upon approval, the Contractor must submit a signed A19-1A invoice voucher within fifteen (15) calendar days.

- a) Invoices submitted after one hundred twenty (120) calendar days following the end of the Billing Quarter may result in corrective action.
- b) HCA will not offset negative balances against future A19s. The Contractor must immediately remit a check to HCA for any funds requiring repayment.
- c) HCA is not a recovery agent and any overpayments that are at or beyond the one hundred eighty (180) calendar day mark will be turned over to the Office of Financial Recovery (OFR).

8. CALCULATING THE FFP AND GENERATING AN INVOICE

- a) The Contractor is responsible for ensuring all data (including all RMTS and financial data) used to calculate the amount of FFP submitted to HCA for reimbursement is accurate, based on actual expenses incurred during the period of performance, and complies with all federal, state, HCA and CMS Regulations, the CAP, Manual and this Agreement. The Contractor must certify the accuracy of all data used to calculate the amount of FFP by an authorized representative signing the A-19. The Contractor must use a System that is statistically valid and in compliance with all state, and federal laws and Regulations whether through a third-party or other means as stated in the CAP to calculate the amount of FFP and generate a claim.
 - i) The Contractor must submit invoices to HCA for FFP on a quarterly basis;
 - ii) All data used to calculate the FFP must be from the same period of service;

- iii) All data used to calculate the FFP must be the actual cost/expenditure and not approximated;
- iv) The FFP is determined by calculating the total adjusted costs, multiplying these costs by the adjusted RMTS results, and the applicable Medicaid Eligibility Rate (MER), adding any direct charges, and then applying the appropriate FFP rate;
- v) The invoice must be generated within one hundred twenty (120) calendar days of the end of the quarter; and
- vi) The invoice is generated based on following five components:
 - (1) Cost pool construction;
 - (2) Calculating allowable Medicaid administrative time via the System or direct charge method and documentation;
 - (3) Calculation and application of the pertinent MER;
 - (4) Calculation and application of the indirect cost rate; and
 - (5) Application of the appropriate FFP rate.

b) Cost pool construction

- i) The Contractor must comply with all federal, state, HCA and CMS Regulations, the CAP, Manual, and this Agreement when constructing cost pools.
- ii) The Contractor is prohibited from including any unallowable costs in any cost pool.
- iii) The Contractor must include all costs used to calculate the FFP reimbursement to one of these six cost pools:
 - (1) Cost Pool 1: MAC SPMP;
 - (2) Cost Pool 2: MAC Non-SPMP;
 - (3) Cost Pool 3a and 3b: Non-MAC;
 - (4) Cost Pool 4: MAC Direct Charge – enhanced;
 - (5) Cost Pool 5: MAC Direct Charge – non-enhanced; and
 - (6) Cost Pool 6: Allocated.
- iv) Costs included in the calculation of an indirect cost rate are prohibited from being assigned to any of the six cost pools except by application of the indirect cost rate.
- v) All costs assigned to each cost pool must be allowable and comply with the descriptions in the CAP and Manual.

c) Calculating allowable Medicaid Administrative Time

- i) The Contractor must only use the RMTS or the Direct Charge method to calculate the percent of reimbursable time.
- ii) The Contractor must use the RMTS for all eligible staff who are not certified as a Single Cost Objective.
 - (1) The Contractor must use the RMTS results produced by the System.
 - (2) The Contractor is prohibited from altering the RMTS results and certifies the accuracy of the data by signing the A19 by an authorized Contractor representative.
- iii) The Contractor may only use the Direct Charge method for staff who are certified as a Single Cost Objective.
 - (1) These staff are required to document their daily work activities in fifteen (15) minute increments.
 - (a) Daily logs must be maintained according to the SOS records retention schedule.
 - (b) All daily logs must have a quarterly summary rolling up all time over the quarter.
 - (2) These staff must complete a single cost objective certification quarterly using an HCA approved form.
 - (3) Each single cost objective staff must be reported individually on the invoice.
 - (4) The invoice must report the name, the actual amount of time spent performing allowable MAC activities, and total dollar amount claimed for reimbursement for each staff.

d) Direct Charge for Interpretation Service Contracts

- i) The Contractor may only direct charge for a portion of Interpretation Service contracts for allowable interpretation activities as described in this Agreement.
 - (1) Services direct charged must be for interpretation activities identified as allowable activities within the Manual, the CAP, and this Agreement. The Contractor is prohibited from including any other portion of an Interpretation Services Contract in the calculation for FFP reimbursement.
 - (2) Each interpretation activity must be documented to HCA's satisfaction, in fifteen (15) minute increments, using a patient encounter form that includes, at minimum, the following data elements:
 - (a) Appointment time/duration
 - (b) Client Name/ID/transaction information
 - (c) Interpreter Agency
 - (d) Interpreter Name or Employee ID
 - (e) Language/communication type
 - (f) Requestor or nurse name

- (g) The forms must be maintained according to SOS records retention schedule.
- (3) The above data from all patient encounter forms, except Client Name/ID Information, must be available. Upon request, must be provided in a mutually agreed upon format.
- (4) The Contractor is prohibited from altering the information on the patient encounter forms.

e) Calculation and application of the pertinent MER.

- i) All MERs must be calculated quarterly;
 - ii) All MERs must be based on the quarter claimed;
 - iii) All MAC activities that benefit the Contractor's Clients directly and are performed within a program that identifies Clients must use a Client-based MER as described in the CAP and Manual;
 - iv) All MAC activities that benefit the Contractor's Clients directly and are performed within a program that operates a primary care or specialty clinic must use a clinic-based MER as described in the CAP and Manual;
 - v) All MAC activities that benefit a larger population in the geographical region served by the Contractor, or in programs that do not identify Clients or collect demographic data must use the modified county-wide MER; and
 - vi) The Contractor is required to collect and maintain demographic data used to determine Medicaid enrollment for all Clients served within budget units whose costs are included in the FFP reimbursement. The Contractor is prohibited from including Clients from any budget unit that is not allowable within the MAC program.
- (1) All data related to Medicaid enrollment and the MER must be maintained according to the SOS records retention schedule;
 - (2) The information collected must be sufficiently detailed to determine Medicaid enrollment through HCA's ProviderOne System;
 - (3) The information must be entered in the Contractor's Client information System or data base;
 - (4) The Contractor must produce a single electronic list of all unduplicated Clients served over the quarter within thirty (30) calendar days of the end of the quarter;
 - (5) The Contractor is prohibited from including the same Client more than once (duplicating) on the quarterly list; and
 - (6) The Contractor must submit the quarterly list to either its third party System operator or other System operator which calculates the Client-based and clinic-based MER.

f) Calculation and application of the indirect cost rate

- i) All indirect cost rates must be developed in accordance with all applicable regulations and guidelines including the Office of Management and Budget 2 CFR Chapter I, Chapter II, part 200, et al (OMNI Circular);
- ii) The Contractor is required to submit an indirect cost rate proposal to its Cognizant Agency;
- iii) The Contractor is required to certify the accuracy of the indirect cost rate annually using HCA form 02-568 Certificate of Indirect Costs;
- iv) The Contractor is required to verify all costs submitted to HCA for reimbursement are not duplicated through the indirect rate or any other mechanism; and
- v) The Contractor is prohibited from requesting duplicate FFP for any cost.

g) Application of the appropriate FFP rate

The Contractor is:

- i) Permitted to claim seventy five percent (75%) enhanced FFP only for specific allowable MAC activities accurately reported to SPMP or Interpretation Activity Codes as described in the Manual. The Contractor is:
 - (1) Required to verify the accuracy of activities reported to activity codes 12b and 7d; and
 - (2) Prohibited from claiming seventy five percent (75%) FFP for any other activities.
- ii) Permitted to claim fifty percent (50%) for all other accurately reported MAC activity codes; and
- iii) Required to certify the accuracy of the FFP claimed for reimbursement by signing the A19 by an authorized contract representative.

h) Certified Public Expenditures

The Contractor is:

- i) Prohibited from using any source of funds that do not comply with federal, state, HCA and CMS Regulations, the CAP, Manual and this Agreement as CPE;
- ii) Required to certify all sources of funds used for CPE are accurate, allowable, and in compliance with all federal, state, HCA and CMS Regulations, the CAP, Manual and this Agreement quarterly by completing a Certified Public Expenditure Local Match Certification quarterly and by signing the A19. The quarterly CPE certification may be completed electronically through the System;
- iii) Is required to use the Budgeting, Accounting and Reporting System (BARS manual) prescribed accounting and reporting for local governments, found at this website
http://www.sao.wa.gov/local/BarsManual/Pages/BarsManual_GAAP.aspx#.VY3K

03bLcs, to identify and document the revenue account codes for all local matching funds reported as CPE;

- iv) Is required to ensure the source of all CPE funds are not federal tax money and are not used as a match for federal money (by the Contractor or any other agency);
- v) Must only use these funds to supplement, not supplant the amount of federal, state and local funds otherwise expended or services provided under this Agreement;
- vi) Must have funds available for MAC activities and the funds must be within the Contractor's control and budget;
- vii) Is prohibited from using provider-related donations or impermissible health care related tax source for CPE;
- viii) Is prohibited from using any private donations or non-public funds as a source for CPE without authorization from CMS' Center for Medicaid and State Operations' National Institutional Reimbursement Team (NIRT);
- ix) Is prohibited from requiring or allowing private non-profits to participate in the financing of the non-federal share of expenditures;
 - (1) Is prohibited from allowing non-governmental units to voluntarily provide, or be contractually required to provide, any portion of the non-federal share of the Medicaid expenditures.
- x) Is prohibited from using funds payable under this Agreement for lobbying activities of any nature. The Contractor certifies that no state or federal funds payable under this Agreement shall be paid to any person or organization to influence, or attempt to influence, either directly or indirectly, an officer or employee of a state or federal agency, or an officer or member of any state or federal legislative body or committee regarding the award, amendment, modification, extension, or renewal of a state or federal contract grant; and
- xi) Must expend the total computable cost to all Subcontracted vendors for performance of allowable MAC activities.
 - (1) The Contractor is prohibited from submitting a request for FFP reimbursement to HCA until it has actually incurred the total computable cost; and
 - (2) The Contractor is prohibited from requiring the Subcontractor to provide the non-federal share of the payment, or return any portion of the total computable cost to the Contractor.
- i) **Revenue Offset**

The Contractor is:

 - i) Prohibited from submitting a request for FFP reimbursement to HCA unless all funds are appropriately offset according to all federal, state, HCA and CMS Regulations, the CAP, Manual and this Agreement;

- ii) Required to certify the accuracy of the funds that are offset and the accuracy of the requested FFP reimbursement by signing the A19;
- iii) Required to complete and retain annual review of cost objectives to ensure there is no duplication in FFP reimbursement between programs or cost objectives;
- iv) Financially responsible for repayment of any duplicated funds;
- v) Required to provide documentation that Coordinators have been trained and fully understand the scope of work and terms of each funding source; and
- vi) The Contractor is required to perform an assessment to determine whether each cost objective contained within the MAC budget unit(s) has potential to overlap with MAC;
 - (1) The Contractor is prohibited from using any source of funds contained within the MAC budget unit until they have been assessed and determined appropriate;
 - (2) The Contractor must complete the assessment annually and submit the assessment to the HCA Contract Manager no later than January 31st or within thirty (30) calendar days of completion, whichever comes soonest;
 - (3) If the assessment determines any portion of the scope of work overlaps with MAC activities, the entire cost objective is deemed to overlap and is prohibited from being used as CPE; and
 - (4) Required to identify costs that must be offset, and verify the remaining net costs are allowable for inclusion in the MAC program and eligible for FFP reimbursement.

9. **SKILLED PROFESSIONAL MEDICAL PERSONNEL (SPMP)**

Contractor staff who have completed a two-or-more-year program leading to an academic degree or certificate in a medically related profession, demonstrated by possession of a medical license, certificate or other document issued by a recognized National or State medical licensure or certifying organization, or a degree in a medical field issued by a college or university certified by a professional medical organization are eligible for a seventy five percent (75%) enhanced reimbursement for specific MAC activities. Years of experience in the administration, direction, or implementation of the Medicaid program is not considered the equivalent of professional training in a field of medical care. The Contractor is permitted to perform SPMP activities as directed by HCA's Chief Medical Officer (CMO) to assist in achieving HCA's goals and administering the Medicaid State Plan. The Contractor must:

- a) Monitor and ensure that FFP reimbursement for SPMP activities are in compliance with all federal, state, HCA and CMS Regulations, the CAP, Manual and this Agreement. Federal requirements include 42 CFR § 432.2, 432.45, 432.50, and 433.15;
- b) Have all forms and documents supporting the designation of an SPMP entered into the System and retained according to the SOS records retention schedule;
- c) Not, and is prohibited from requesting seventy five percent (75%) enhanced reimbursement for:

- i) Any staff who are not certified as an SPMP, as stated above;
- ii) Any staff whose position descriptions do not require certified SPMP duties or responsibilities;
- iii) Any staff who are not directly employed by the Contractor;
- iv) Medical assistance expenditures;
- v) Any SPMP activities that are not directed by HCA's CMO and explicitly described in this Agreement (All other allowable MAC activities performed by an SPMP are eligible for 50% FFP); and
- vi) Any activities that are not directly related to the administration of the State Medicaid plan.

Contribute to a quarterly SPMP report as needed by HCA and/or WSALPHO. Provide details and additional information needed for the report as requested by HCA and/or WSALPHO, within a mutually agreed upon time frame;

- d) Participate in program planning and policy development meetings as requested by HCA;
 - i) The meetings will include discussions related to, but not limited to, reviewing the SPMP reports and related topics or the effectiveness of the activities performed in support of HCA's goals and the Medicaid State Plan.
- e) Comply with any changes to the allowable SPMP activities as directed by the CMO;
 - i) Failure to comply with CMO directives may result in termination of SPMP participation in the MAC program.
- f) Monitor and ensure that all activities reimbursed at the seventy five percent (75%) enhanced FFP are in support of the Medicaid State Plan and fall within the categories below. All other allowable MAC activities performed by an SPMP are eligible for fifty percent (50%) FFP;
- g) Comply with any changes to allowable SPMP activities as directed by the CMO that may include, but are not limited to:
 - i) Clinical consultation with medical providers regarding best practices and adequacy of medical care covered by Medicaid. Includes, but is not limited to the following areas:
 - (1) Pediatric immunization issues.
 - (2) Access to Baby and Child Dentistry (ABCD) Emerging treatment/therapies for high risk populations.
 - ii) Coordination of Medicaid-covered medical services for medically at-risk populations.
 - (1) Medically fragile children.

- (2) High risk pregnant women.
 - (3) Homeless individuals.
 - (4) Individuals with multiple medical conditions.
- iii) Case staffing on the medical aspects of cases requiring Medicaid-covered services.
 - (1) Medically involved children in foster care.
 - (2) High risk pregnant women.
 - (3) Individual with communicable diseases requiring extraordinary/non-standard medical care.
- iv) Planning and coordination with local medical providers to facilitate earlier referrals and treatment for high-risk populations.
 - (1) Children in foster care.
 - (2) Homeless individuals.
 - (3) Children with developmental delays or behavioral challenges
- v) Providing medical consultation to the state regarding the Medicaid state plan.
 - (1) Consultation with medical providers to improve birth outcomes for Medicaid children.
 - (2) Consultation with school personnel to improve health outcomes for children exhibiting developmental delays or behavioral challenges due to medical condition, family stress or other factors.
- vi) Pediatric immunizations.

SERVICES REIMBURSEMENT AGREEMENT

Kitsap Public Health District

The City of Bremerton (“City”) and the Kitsap Public Health District (“District”), referred to collectively as the “Parties,” enter into the following Agreement for services reimbursement:

I. Scope: The District shall provide the following service for the benefit of the City: maintaining a contract with the Salvation Army to employ a trained security guard for security services at its facility at 832 6th Street in Bremerton. The District’s contract with the Salvation Army, attached hereto as Exhibit A, sets forth the terms of their agreement. The City’s role in this Agreement is only reimbursement of expenses for services provided. The City has no interest, control or liability regarding the contract between the District and the Salvation Army.

II. Term: This agreement shall commence on the date of execution of this Agreement and shall continue in full force and effect until December 31, 2017, unless terminated earlier pursuant to Section IX of this Agreement.

III. Reimbursement: In consideration of the services provided pursuant to this Agreement, City shall reimburse the District its costs for these services in an amount not to exceed Thirty Thousand Dollars and 00/100 (\$30,000).

The District shall submit monthly billing statements detailing the services for which the District has contracted and the amount paid to the Salvation Army during the preceding month. Upon receipt of a conforming billing statement, the City shall promptly process payment. If a billing statement does not conform to this Agreement, the City may withhold payment until the statement is brought into compliance.

The District shall not be reimbursed for work beyond the scope of this Agreement, unless the Scope is modified pursuant to section VII.E herein.

IV. Relationship of Parties: District and its personnel are not employees or agents of the City. District and its personnel have no authority to bind the City or to control the City’s employees and the City’s contractors. None of the benefits provided by the City to its employees, including, but not limited to, compensation, insurance, and unemployment insurance are available from the City to the employees, agents, representatives, or sub-consultants of the District. District will be solely and entirely responsible for its acts and for the acts of District’s agents, employees, representatives and sub-consultants during the performance of this Agreement.

District is responsible for its own management. The City's administration and enforcement of this Agreement shall not be deemed an exercise of managerial control over District or its personnel.

V. Indemnification: District shall defend, indemnify and hold the City, its officers, officials, employees, agents and volunteers harmless from any and all claims, injuries, damages, losses or suits, including all legal costs and attorney fees, arising out of or in connection with the performance of this Agreement, except for that portion of the injuries and damages caused by the City's sole negligence.

The City's review or acceptance of any of the work when completed shall not be grounds to avoid any of these covenants of indemnification.

The provisions of this section shall survive the expiration or termination of this Agreement.

VI. Insurance: The City may require, as a condition of performance under this Agreement, that the District obtain public liability insurance naming the City as an additional insured. If the City so requires, it shall notify the District and give the District the option to withdraw its request.

VII. General Conditions:

A. Reports and Information: When requested by the City, District shall furnish periodic reports and documents on matters covered by this Agreement. The reports and documents shall be furnished in the time and form requested. District shall maintain accounting records in accordance with Generally Accepted Accounting Principles (GAAP) to substantiate all billed amounts.

B. Work Performed at District's Risk: District shall take all precautions necessary and shall be responsible for the safety of its employees, agents, and sub-consultants in the performance of the work hereunder and shall utilize all protection necessary for that purpose. All work shall be done at District's own risk.

C. Entire Agreement: This Agreement constitutes the entire agreement between the Parties, and the Parties acknowledge that there are no other agreements between them, written or oral, that have not been set forth in the text of this Agreement.

D. Severability: Should any part of this Agreement be found void, the balance of the Agreement shall remain in full force and effect.

E. Modification: This Agreement may only be modified by written instrument signed by both Parties.

F. Written Notices: All communications regarding this Agreement shall be sent to the parties at the addresses listed below by registered or 1st class mail, or by personal service, and shall be

deemed sufficiently given if sent to the addressee at the address stated in this Agreement or such other address as may be hereafter specified in writing.

City Address

City of Bremerton
345 6th Street, Suite 600
Attn: Financial Services
Bremerton, WA 98337
(360) 473-5303

District Address

Kitsap Public Health District
345 6th Street, Suite 300
Attn: Katie Eilers
Bremerton, WA 98337
(360) 337-5224

G. Waiver: Failure to enforce any provision of this Agreement shall not be deemed a waiver of that provision. Waiver of any right or power arising out of this Agreement shall not be deemed waiver of any other right or power.

H. Non-Waiver of Breach: The failure of the City to insist upon strict performance of any of the covenants and agreements contained herein, or to exercise any option herein conferred in one or more instances shall not be construed to be a waiver or relinquishment of said covenants, agreements or options, and the same shall be and remain in full force and effect.

I. Compliance with Laws: District shall comply with all applicable Federal, State, and local laws in performing its obligations under this Agreement.

J. Choice of Law and Venue: This Agreement shall be interpreted according to the laws of the State of Washington. Any judicial action to resolve disputes arising out of this Agreement shall be brought in Kitsap County Superior Court.

K. Attorneys' Fees: In the event of litigation to enforce any of the terms or provisions herein, each party shall pay all its own costs and attorney's fees.

L. Assignment: Any assignment of this agreement by the District without the written consent of the City shall be void.

VIII. Nondiscrimination: District shall not discriminate in employment or services to the public on the basis of race, color, national origin, sex, religion, age, marital status, or disability, except for employment actions based on bona fide occupational qualification.

IX. Termination: This Agreement may be terminated by either party for convenience upon thirty (30) days written notice to the other party, or for cause if either party fails substantially to perform through no fault of the other and does not commence correction within five (5) days of written notice and diligently completes the correction thereafter. Upon such termination, City will be entitled to reports showing the status of all services District is providing to the City as of the effective date of termination.

CITY OF BREMERTON

KITSAP PUBLIC HEALTH DISTRICT

Patty Lent, Mayor

Keith Grellner, Administrator

Date

Date

Approved as to form:

Bremerton City Attorney

Attest:

Shannon Corin, City Clerk

EXHIBIT A

PROFESSIONAL SERVICES AGREEMENT
Between
KITSAP PUBLIC HEALTH DISTRICT
And
THE SALVATION ARMY

This Professional Services Agreement (“Agreement”) is made and entered into between the Kitsap Public Health District, a Health District organized pursuant to chapter 70.46 Revised Code of Washington and Chapter 9.52 Kitsap County Code, hereinafter referred to as “District,” and the Salvation Army, a California corporation, through its Bremerton Corps, hereinafter referred to as “Contractor.” The parties mutually agree as follows:

- I. **Period of Performance:** The period of performance of this Agreement shall begin August 1, 2016, and be completed no later than December 31, 2017, unless terminated sooner or extended as provided for herein.
- II. **Services:** The District requires the Contractor to provide the services of a trained security guard in support of the crisis response team performing work related to Kitsap Connects grant project. The presence of security personnel is sought in order to preserve a peaceful work environment for staff employed by the grant as well as to mitigate hazards posed by at-risk clients. A guard shall be on site during core business hours of 8:00 AM to 2:00 PM. Contractor shall provide the vendor agreement specifying the employment and duties of the security guard to the District and it shall be attached as Attachment A.
- III. **Qualifications/Eligibility:** The Contractor will have the qualifications necessary to successfully complete the objectives of this Agreement. The Contractor hereby affirms that he/she is eligible to work in the United States as set forth in the Immigration Reform and Control Act (IRCA).
- IV. **Compensation:** The District agrees to contribute a total compensation not to exceed \$30,000 during the Agreement. Compensation will be based on invoices submitted by Contractor itemizing hours worked with a detailed description of services performed. Funding for this Agreement is contingent upon availability of funds from the city of Bremerton. The interlocal agreement between the district and the City of Bremerton detailing the intent to distribute the funds is attached as Attachment B.
- V. **Notices:** Notices pursuant to this agreement shall be sent to:

If to the District:
Kitsap Public Health District
ATTN: Katie Eilers
345 6th Street, Suite 300
Bremerton, WA 98337
(360) 728-2224

If to the Contractor:
Salvation Army
ATTN: Sheryl Percy
P.O. Box 886 – 832 6th Street
Bremerton, WA 98337
(360) 373-5550

- VI. **Billings:** Billings to the District shall be submitted no more frequently than every 30 days, and shall be sent to:

Kitsap Public Health District
Accounts Payable
345 6th Street, Suite 300
Bremerton, WA 98337
(360) 728-2215

- VII. **Independent Contractor:** Contractor and its employees or agents performing under this Agreement are not employees or agents of the District.

- VIII. **Indemnification:** Contractor shall defend, indemnify and hold the District, its officers, officials, employees and volunteers harmless from any and all claims, injuries, damages, losses or suits including attorney fees, arising out of or resulting from the acts, errors or omissions of the Contractor in performance of this Agreement, except for injuries and damages caused by the sole negligence of the District. Solely for the purposes of this provision, the Contractor waives its immunity under Title 51 (Industrial Insurance) of the Revised Code of Washington and acknowledges that this waiver was mutually negotiated by the parties. This provision will survive the expiration or termination of this Agreement.

- IX. **Insurance:** The Contractor shall procure and maintain for the duration of the Agreement, insurance against claims for injuries to persons or damage to property which may arise from or in connection with the performance of the work hereunder by the Contractor, its agents, representatives, or employees.

No Limitation. Contractor's maintenance of insurance as required by the agreement shall not be construed to limit the liability of the Contractor to the coverage provided by such insurance, or otherwise limit the District's recourse to any remedy available at law or in equity.

A. Minimum Scope of Insurance

Contractor shall obtain insurance of the types described below:

1. Commercial General Liability insurance shall be written on ISO occurrence form CG 00 01 and shall cover liability arising from premises, operations, independent Contractors and personal injury and advertising injury. The District shall be named as an insured under the Contractor's Commercial General Liability insurance policy with respect to the work performed for the District.
2. Workers' Compensation coverage as required by the Industrial Insurance laws of the state of Washington.
3. Professional Liability insurance appropriate to the Contractor's profession. The Contractor shall provide the District with proof of liability insurance or professional errors and omissions coverage appropriate to the Contractor's profession.

B. Minimum Amounts of Insurance

Contractor shall maintain the following insurance limits:

1. Commercial General Liability insurance shall be written with limits no less than \$1,000,000 each occurrence, \$2,000,000 general aggregate.
2. Professional Liability insurance shall be written with limits no less than \$1,000,000 per claim and \$1,000,000 policy aggregate limit.

C. Other Insurance Provisions

The insurance policies are to contain, or be endorsed to contain, the following provisions for Automobile Liability, Professional Liability and Commercial General Liability insurance:

1. The Contractor's insurance coverage shall be primary insurance in respect to the District. Any insurance, self-insurance, or insurance pool coverage maintained by the District shall be excess of the Contractor's insurance and shall not contribute with it.
2. The Contractor's insurance shall be endorsed to state that coverage shall not be cancelled by either party, except after thirty (30) days prior written notice by certified mail, return receipt requested, has been given to the District.

D. Acceptability of Insurers

Insurance is to be placed with insurers with a current A.M. Best rating of not less than A:VII.

E. Verification of Coverage

Contractor shall furnish the District with original certificates and a copy of the amendatory endorsements, including but not necessarily limited to the additional insured endorsement, evidencing the insurance requirements of the Contractor before commencement of the work.

- X. **Safeguarding of Information:** The use or disclosure by Contractor of any information or documents obtained by the Contractor in the course of contract performance for any purpose not directly connected with Contractor's responsibilities under this Agreement is prohibited except as may be required by law. The security guard will sign a statement of confidentiality and will safeguard any sensitive information encountered while performing the work of this contract. The confidentiality statement shall be attached as Attachment C.
- XI. **Statutory and Regulatory Compliance:** Contractor shall comply with all applicable federal, state, and local laws, regulations, guidelines, and standards in the performance of this Agreement.
- XII. **Compliance with State and Federal Confidentiality Laws:** The Contractor shall not use protected health information created or shared under this Agreement in any manner that would constitute a violation of the Health Information Portability and Accountability Act, commonly known as HIPAA, and any regulations enacted pursuant to its provisions.

- XIII. **Non-Discrimination**: Contractor shall not discriminate against any employee or applicant for employment because of race, color, sex, religion, national origin, creed, marital status, age, Vietnam era or disabled veteran status, sexual preference, or the presence of any sensory mental or physical handicap.
- XIV. **Dispute Resolution**: In the event that a dispute arises under the Agreement that the parties are unable to resolve, they shall allow the dispute to be decided by a Dispute Panel in the following manner: a Mediator shall be mutually appointed by both parties, and each party shall appoint an additional member to the Dispute Panel. The Dispute Panel shall review the facts, contract terms and applicable statutes and rules and make a determination of the dispute. The determination of the Dispute Panel shall be final and binding on the parties hereto. The parties shall equally share the costs, if any, for the services of the Dispute Panel.
- XV. **Choice of Law**: This Contract has been and shall be construed as having been made and delivered within the State of Washington and it is agreed by each party hereto that this Contract shall be governed by the laws of the State of Washington, both as to its interpretation and performance. Any action at law, suit in equity, or judicial proceeding arising out of this Contract shall be instituted and maintained only in any of the courts of competent jurisdiction in Kitsap County, Washington.
- XVI. **Severability**: If a court of competent jurisdiction holds any part, term, or provision of this Contract to be illegal, or invalid in whole or in part, the validity of the remaining provisions shall not be affected, and the parties' rights and obligations shall be construed and enforced as if the Contract did not contain the particular provision held to be invalid.
- XVII. **Amendment**: This Agreement may be modified only by a written amendment executed by authorized representatives of both parties.
- XVIII. **Termination**: This Agreement may be terminated by either party upon giving at least thirty (15) days advance written notice to the other party.

In the event that funding for this project is withdrawn, reduced or limited in any way after the effective date of this Contract, KPHD may summarily terminate this Contract notwithstanding any other termination provision of this Contract. Termination under this paragraph shall be effective upon the date specified in the written notice of termination sent by KPHD to the Contractor. After the effective date, no charges incurred under this Contract are allowable.

If the Contractor breaches any of its obligations hereunder, and fails to cure the breach within ten (10) calendar days of written notice to do so by the KPHD, KPHD may terminate this Contract, in which case KPHD shall pay the Contractor only for the costs of work performed.

- XIX. **Entire Agreement**: This Agreement constitutes the entire agreement between the parties regarding its subject matter. Any oral or written representations not expressly incorporated in this Agreement are specifically excluded.

KITSAP PUBLIC HEALTH DISTRICT

By: _____

Keith Grellner
Administrator

Date: _____

**THE SALVATION ARMY
'A California Corporation'
Through its Bremerton Corps**

By: _____

Bill Dickinson
Divisional Commander

Date: _____

Funding Source
Program: _____ Non-Federal Contract/Grant _____



Temporary Agreement of Service

08/15/2016

STEPHEN GROUP INTERNATIONAL has been requested to furnish uniformed security agents, which services client regards as critical to its business and or event operations, on the following terms and conditions:

Client: The Salvation Army, A California Corporation, through its Bremerton Corps. / P.O. Box 886-832 6th Street, Bremerton, WA 98337 / ATTN: Sheryl Piercy / office (360) 917-0675 / cell (360) 865-2932 / sheryl.piercy@usw.salvationarmy.org

Location of Service to be provided: THE SALVATION ARMY – BREMERTON - 832 6th St, Bremerton, WA 98337

Date/Time: TUESDAY AUGUST 15.16 – TUESDAY AUG 15.17 (10:00 am – 2:00 pm / M/T/W/T/F)

Classification of Agent -----Hours requested -----Regular hourly rate

Uniformed security agents on site **Total Hrs = 20 per week** \$25.00 per hour per security agent

Initial role requested of Stephen Group International security agent by Client:

Client request:

Secure Area of Operation –Providing Fire watch and Access control to Location named above, to authorize personnel deemed by client during said hours. Establish presence and deterrence of illegal activity through all legal means granted by Washington State Laws Regulating Private Security Guards Chapter 18.170 RCW/ Washington Administrative Code for Private Security Guards WAC 308 – 18/ Washington State Criminal Code Title 9A. Observe and Report unauthorized activity determined by Client to Client and or Client representative, Stephen Group International management staff and local law enforcement agencies if determined necessary by statute or Client request.

Client will pay Stephen Group International overtime rates equal to one and one – half (1.5) times above for any over time, supervision and training time requested or required by Client, arising from abnormally severe weather conditions, natural disasters or acts of God, or resulting from the special needs of clients operation. **Client will pay additional late fee of 20% of total invoice if full payment is not received within 15 days of completion of service.**

Stephen Group International is not an insurer of the Clients risks and exposure. Stephen Group International makes no guarantee that the no loss will occur or that the services provided will prevent events or occurrences that the services is designed to help detect or avert. Stephen Group International will be not be held liable for negligence on the part of independent contractors to Client or a third party.

These terms and conditions are limited to the terms and conditions located on this document

AGREED: (Client Name): Bill Dickinson

Client Signature and Date:  8-23-16

Stephen Group International representative Signature and Date: **Jake Stephen 8/17/2016**

ATTACHMENT B

PLACEHOLDER FOR AGREEMENT WITH CITY OF BREMERTON

ATTACHMENT C

STATEMENT OF CONFIDENTIALITY

As a contractor of the Salvation Army, I understand and agree to follow these principles of confidentiality:

To conduct myself in a manner that assures client confidentiality and ensures compliance with regard to “protected health information” (PHI) and “electronic protected health information” (EPI).

Not to handle, seek, or inquire about PHI or EPI.

To hold in confidence all identifying information about any potential, current, or former client utilizing the Kitsap Connects Program I may encounter.

Employee/Intern/Volunteer/Contractor Signature

Date

Supervisor/Program Manager Signature

Date

PROFESSIONAL SERVICES AGREEMENT
Between
OLYMPIC COMMUNITY OF HEALTH
And
KITSAP PUBLIC HEALTH DISTRICT

This Professional Services Agreement (“Agreement”) is made and entered into between the Olympic Community of Health, hereinafter referred to as “OCH” and Kitsap Public Health District, a Health District organized pursuant to chapter 70.46 Revised Code of Washington and Section 9.52 Kitsap County Code, hereinafter referred to as “Subcontractor.” The parties mutually agree as follows:

1. **Period of Performance:** This Agreement begins February 1, 2017, and shall be completed no later than January 31, 2018 unless terminated sooner or extended as provided for herein.
2. **Purpose:** OCH requires the expertise of Subcontractor to provide analytic support to all Olympic Community of Health Projects, including but not limited to the Three-County coordinated Opioid Response Project. The statement of work is referenced in **Attachment A** and is incorporated herein.
3. **Qualifications/Eligibility:** The Subcontractor will have the qualifications necessary to successfully complete the objectives of this Agreement. The Subcontractor hereby affirms that he/she is eligible to work in the United States as set forth in the Immigration Reform and Control Act (IRCA).
4. **Compensation:** OCH agrees to pay Subcontractor \$100.20 per hour for the services of its Assessment and Epidemiology Manager for a total compensation not to exceed \$45,872 during the Agreement. Hourly wages may be modified for 2018 and shall be honored. Compensation will be based on monthly invoices (form A-19) submitted by Subcontractor itemizing a detailed description of services performed per the agreed upon scope of work. Form A-19 is attached and herein after referenced as **Attachment B**. Mileage and travel reimbursement is authorized and compensated at the current rate established by the IRS.
5. **Federal Source of Funds:** The funding source for this Agreement is Federal.

	Item Description	Federal Funding Source #1
1	<i>Sub-contractor name (Exactly as listed in DUNS):</i> www.SAM.gov Click on web address above and then click on “search records” tab and enter the sub-recipient’s name in the “Quick Search” box, then press enter.	Kitsap Public Health District
2	<u>Sub-contractor DUNS Number:</u> www.SAM.gov A 9 digit number that can be found on the web address above.	169167202
3	<i>Federal Award Identification Number (FAIN):</i> If a FAIN number is not specifically listed, use “Grant Number” listed on notice of award.	Grant No. 1G1CMS331406-01-00
4	<i>Amount of Federal Funds Obligated by this Action:</i> Increase or decrease in federal funds for this sub-award agreement only.	\$45,872

5	<i>Total Amount of Federal Funds Obligated to the Subcontractor by OCH for this sub-award (per funding source):</i> Total amount of all federal funds given to the sub-recipient for each federal funding source identified.	TBD annually
6	<i>Total amount of Federal award to OCH:</i> www.ADDS.net Total of the federal funds awarded to HCA for each federal funding source identified. For total funds awarded to HCA go to the Grants Status report available by clicking on the ADDS.net link above.	\$203,287
7	<i>Project description as Listed on the FFATA form:</i> This can be found on the FFATA form	
8	<i>Name of federal Awarding Agency:</i> List both the federal agency and the awarding division (i.e. HHS/Centers for Disease Control and Prevention) Found in the Notice of Award.	Center for Medicaid Services
9	<i>Name of the pass-through entity:</i> For grants awarded directly from the federal government to DOH, list “Washington State Department of Health.” For grants sub-awarded to DOH by other state agencies, list the agency’s name.	Washington State Health Care Authority Olympic Community of Health
10	<i>Contact information for awarding official – Statement of Work:</i> Name of OCH Program’s Contract Manager(s) or project coordinator.	Elya Moore
11	<i>CFDA Number:</i> Catalog of Federal Domestic Assistance (CFDA) – a five digit number (i.e. 55.555) found on the notice of award.	93.624
12	<i>CFDA Name:</i> www.cfda.gov Click on the web address above, then enter the 5-digit CFDA number on the right hand side in the “keyword or program number” box and hit enter or “search.”	Center for Medicare and Medicaid Services
13	<i>Is the Award Research and Development:</i> Usually “no.” Check the grant application or notice of award to see if the award is for research and development.	No
14	<i>The Limiting Indirect Cost Rate for the Federal Award, if Any:</i> Check the grant application or notice of award for an approved indirect rate.	NA
15	<i>Certifications and assurances – all requirements imposed on the sub-recipient by the federal awarding agency:</i> The contract boilerplate covers all standard certifications and assurances.	
16	<i>Are there any additional requirements imposed by the pass through entity (OCH) to meet its own responsibilities to the awarding agency:</i>	Yes

	If applicable, this is identified by the OCH program staff writing the contract. This can also be found in the "Statement of Work" section of the contract.	
17	<i>Indirect Rate:</i> Check with entity. If your contract allows indirects, you must use the sub-recipient federally approved indirect rate. If the entity has never had a federally approved indirect rate they may use 10% De Minimis indirect rate.	38.05%
18	<i>Access to Sub-grantee's accounting records:</i> All sub-recipients are required to make their accounting records available and accessible to the awarding agency. You can find this requirement in the "Records Maintenance" section of the contract.	
19	<i>Closeout Requirement:</i> (1) Submit all final billings within 30 days of the end of the contract. (2) Submit all required program reports and deliverables within 30 days. (3) Dispose of property purchased with sub-award funds and dispose of or return government-furnished property no longer used for sub-award related activities (If applicable OCH must be contacted for disposal requirements) (4) Additional OCH program specific contract closeout requirements: (If applicable, see SOW for additional closeout requirements)	

6. **Performance Requirements and Notices:** The assigned OCH staff will monitor performance of this contract, approve billings submitted by the Subcontractor, and determine the acceptability of any reports provided by the Subcontractor. OCH staff will facilitate assistance and guidance to the Subcontractor as necessary. Notices pursuant to this agreement shall be sent to the designated Program Coordinator who is responsible for project coordination:

If to SUBCONTRACTOR:
Kitsap Public Health District
Attn: Siri Kushner
345 6th Street, Suite 300
Bremerton, WA 98337
(360) 633-9239

If to OCH:
Olympic Community of Health
Attn: Elya Moore
834 Sheridan Street
Port Townsend, WA 98368
(360) 633-9241

A. The Subcontractor will be responsible for project coordination.

B. The Subcontractor will participate in:

a. Performance measure data collection activities in collaboration with the OCH related to priority populations in the designated Community area;

b. As relevant, gain access/data sharing from participating venues and patient encounter data (for example, electronic health records) from health systems.

c. Data submissions related to these items will be provided as mutually agreed upon with OCH.

C. OCH will require Subcontractor to participate in meetings scheduled and published by OCH. OCH will reimburse the Subcontractor for travel to and from scheduled meetings.

7. **Billings:** Billings to the OCH shall be submitted no more frequently than every 30 days. Billings shall be sent to:

Olympic Community of Health
Attn: Elya Moore
834 Sheridan Street
Port Townsend, WA 98368
(360) 633-9241

Backup documentation will be provided to the OCH not later than the last business day of the month following the month in which services are provided. Backup documentation can include, but is not limited to: receipts, invoices, billing records, work orders, positive time and attendance records (timesheets), travel vouchers and accounting expense reports. Failure to provide the required information may result in nonpayment of invoices or termination of this contract.

This is a subcontract. All expenditures incurred and reimbursements made for performance under this contract will be based on actual allowable costs. Costs can include direct labor, direct material, and other direct or indirect costs specific to the performance of activities or achievement of deliverables under this contract.

For information in determining allowable costs, indirect rates and pass through agency requirements, such as fiscal monitoring of sub-recipients, please reference the document titled "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards:" (2 Code of Federal Regulation CFR 200)

Email submission of invoices, electronic reports, and deliverables is encouraged. However, original hardcopy of the invoices are required and shall be mailed to OCH.

Upon expiration of the Agreement, any claim for payment not already made shall be submitted to the OCH within 20 days after the expiration date.

8. **Independent Capacity:** Subcontractor and its employees or agents who are engaged in the performance of this Agreement shall continue to be employees or agents of Subcontractor and shall not be considered to be employees or agents of OCH for any purpose.
9. **Rights in Data:** Unless otherwise provided, data which originates from this Agreement shall be "works for hire" as defined by the U.S. Copyright act of 1976 and shall be owned by OCH. Data shall include, but not limited to, reports, documents, pamphlets, advertisements, books, magazines, surveys, studies, computer programs, films, tapes, and/or sound reproductions. Ownership includes the right to copyright, patent, register, and the ability to transfer these rights. OCH maintains all rights to the license to publish, translate, reproduce, modify, deliver, dispose of the data, and to authorize others to do so.

10. **Indemnification:** The Parties shall mutually defend, indemnify and hold each other's officers, officials, employees and volunteers harmless from any and all claims, injuries, damages, losses or suits including attorney fees, arising out of or resulting from the acts, errors or omissions in performance of this Agreement, except for injuries and damages caused by sole negligence. Solely for the purposes of this provision, the Subcontractor waives its immunity under Title 51 (Industrial Insurance) of the Revised Code of Washington and acknowledges that this waiver was mutually negotiated by the parties. This provision will survive the expiration or termination of this Agreement.
11. **Insurance:** The Subcontractor shall procure and maintain for the duration of the Agreement, insurance against claims for injuries to persons or damage to property which may arise from or in connection with the performance of the work hereunder by the Subcontractor, its agents, representatives, or employees.

No Limitation. Subcontractor's maintenance of insurance as required by the agreement shall not be construed to limit the liability of the Subcontractor to the coverage provided by such insurance, or otherwise limit OCH's recourse to any remedy available at law or in equity.

A. Minimum Scope of Insurance

Subcontractor shall obtain insurance of the types described below:

1. **Automobile Liability** insurance covering all owned, non-owned, hired and leased vehicles. Coverage shall be written on Insurance Services Office (ISO) form CA 00 01 or a substitute form providing equivalent liability coverage. If necessary, the policy shall be endorsed to provide contractual liability coverage.
2. **Commercial General Liability** insurance shall be written on ISO occurrence form CG 00 01 and shall cover liability arising from premises, operations, independent contractors and personal injury and advertising injury.
3. **Workers' Compensation** coverage as required by the Industrial Insurance laws of the state of Washington.
4. **Professional Liability** insurance appropriate to the Subcontractor's profession. The Subcontractor shall provide the OCH with proof of liability insurance or professional errors and omissions coverage as appropriate.

B. Minimum Amounts of Insurance

Subcontractor shall maintain the following insurance limits:

1. **Automobile Liability** insurance with a minimum combined single limit for bodily injury and property damage of \$1,000,000 per accident
2. **Commercial General Liability** insurance shall be written with limits no less than \$1,000,000 each occurrence, \$2,000,000 general aggregate.
3. **Professional Liability** insurance shall be written with limits no less than \$1,000,000 per claim and \$1,000,000 policy aggregate limit.

C. Other Insurance Provisions

The insurance policies are to contain, or be endorsed to contain, the following provisions for Automobile Liability, Professional Liability and Commercial General Liability insurance:

1. The Subcontractor's insurance coverage shall be primary insurance as respect the OCH. Any insurance, self-insurance, or insurance pool coverage maintained by the OCH shall be excess of the Subcontractor's insurance and shall not contribute with it.
2. The Subcontractor's insurance shall be endorsed to state that coverage shall not be cancelled by either party, except after thirty (30) days prior written notice by certified mail, return receipt requested, has been given to the OCH.

D. Acceptability of Insurers

Insurance is to be placed with insurers with a current A.M. Best rating of not less than A:VII.

E. Verification of Coverage

Subcontractor shall furnish the OCH with original certificates and a copy of the amendatory endorsements upon request, including but not necessarily limited to the additional insured endorsement, evidencing the insurance requirements of the Subcontractor before commencement of the work.

12. **Safeguarding of Information and Privacy:** The use or disclosure by any party of any information concerning client or patient information in connection with service under this agreement shall be subject to Chapter 42.56 RCW and Chapter 70.02 RCW, as well as any other applicable federal and state statutes and regulations. Personal information collected, used or acquired in connection with this agreement shall be used solely for the purposes of this Agreement. The Parties agree not to release, divulge, publish, transfer, sell or otherwise make known to unauthorized persons personal information without the express written consent of the agency or as provided by law.

The Parties agree to implement physical, electronic, and managerial safeguards to prevent unauthorized access to personal information. Any unauthorized access or use of confidential information must be reported to the OCH Program Coordinator. The notification must be made in the most expedient time possible (usually within 24 hours of discovery) and without unreasonable delay, consistent with the legitimate needs of law enforcement, or any measures necessary to determine the scope of the breach and restore the reasonable integrity of the data system. Subcontractor shall certify the return or destruction of all personal information upon expiration of the Agreement.

13. **Records Maintenance:** The parties to this Agreement shall each maintain books, records, documents, and other evidence which sufficiently and properly reflect all direct and indirect costs expended by either party in the performance of the services described herein. These records shall be subject to the inspection, review or audit by personnel of both parties, other personnel duly authorized by either party, the Office of the State Auditor, and federal officials so authorized by law. All books, records, documents, and other material relevant to this Agreement will be retained for six years after expiration and the Office of the State Auditor, federal auditors, and any persons duly authorized by the parties shall have full access and the right to examine any of these materials during this period.

Records and other documents, in any medium, furnished by one party to this Agreement to the other party, will remain the property of the furnishing party, unless otherwise agreed. The receiving party will not disclose or make available this material to any third parties without first giving notice to the furnishing party and giving that party a reasonable opportunity to respond. Each party will utilize reasonable security procedures and protections to assure that records and documents provided by the other party are not erroneously disclosed to third parties.

14. **Written Policies and Procedures/Documents on File:** Written policies and procedures, consistent with federal and state regulations, as applicable, will be kept on file in the office of the Subcontractor and available for review at the request of OCH staff. Such policies and procedures will include, but not be limited to, as appropriate:

- Job Description
- Confidentiality Policy
- Latest agency audit and subcontractor agreements.

15. **Required Reports:** The Subcontractor will submit required reports using required forms according to procedures issued by OCH.

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

Due dates outside the Budget Period are for reporting only. Subcontractor may not bill for work done outside the Budget Period.

16. **Statutory and Regulatory Compliance:** Subcontractor shall comply with all applicable federal, state, and local laws, regulations, guidelines, and standards in the performance of this Agreement.

17. **Compliance with State and Federal Confidentiality Laws:** The Subcontractor shall not use protected health information created or shared under this Agreement in any manner that would constitute a violation of RCW 70.02, RCW 42.56, the Health Information Portability and Accountability Act, commonly known as HIPAA, or any regulations enacted pursuant to its provisions.

18. **Certification Regarding Suspension and Debarment:** The Subcontractor, by signing and returning this Agreement to OCH certifies that it is

- a. not debarred, suspended, or proposed for debarment by any federal agency;
- b. have not within a three-year period preceding this contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offence in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses previously referenced in this certification; and
- d. have not within a three-year period preceding the contract had one or more public transactions (Federal, State or local) terminated for cause or default.

19. **Suspension of Performance and Resumption of Performance:** In the event contract funding from state, federal, or other sources is withdrawn, reduced, or limited in any way after the effective date of this Agreement and prior to normal completion, OCH may give notice to Subcontractor to suspend performance as an alternative to termination. OCH may elect to give written notice to Subcontractor to suspend performance when OCH determines that there is a reasonable likelihood that the funding insufficiency may be resolved in a timeframe that would allow performance to be resumed prior to the end date of this Agreement. Notice may occur by facsimile or email to Subcontractor's representative. Subcontractor shall suspend performance on the date stated in the written notice to suspend. During the period of suspension of performance, each party may inform the other of any conditions that may reasonably affect the potential for resumption of performance.

When OCH determines that the funding insufficiency is resolved, OCH may give Subcontractor written notice to resume performance and a proposed date to resume performance. Upon receipt of written notice to resume performance, Subcontractor will give written notice to OCH as to whether it can resume performance, and if so, the date upon which it agrees to resume performance. If Subcontractor gives notice to OCH that it cannot resume performance, the parties agree that the Agreement will be terminated retroactive to the original date of termination. If the date Subcontractor gives notice it can resume performance is not acceptable to OCH, the parties agree to discuss an alternative acceptable date. If an alternative date is not acceptable to OCH, the parties agree that the Agreement will be terminated retroactive to the original date of termination.

20. **Non-Discrimination:** Subcontractor shall not discriminate against any employee or applicant for employment because of race, color, sex, religion, national origin, creed, marital status, age, Vietnam era or disabled veteran status, sexual preference, or the presence of any sensory mental or physical handicap.
21. **Waiver:** A failure by either party to exercise its rights under this Agreement shall not preclude that party from subsequent exercise of such rights and shall not constitute a waiver of any other rights under this Agreement unless stated to be such in writing, signed by an authorized representative of the party and attached to the original Agreement.
22. **Assignment:** The work to be provided under this Agreement and any claim arising thereunder, is not assignable or delegable by either party in whole or in part without the express prior written consent of OCH, which consent shall not be unreasonably withheld.
23. **Amendment:** This Agreement may be modified only by a written amendment executed by authorized representatives of both parties.
24. **Termination:** This Agreement may be terminated by either party upon giving at least thirty (20) days advance written notice to the other party. If this Agreement is so terminated, the parties shall be liable only for performance rendered or costs incurred in accordance with the terms of this Agreement prior to the effective date of termination.
25. **Termination for Cause:** If for any cause, either party does not fulfill in a timely and proper manner its obligations under this Agreement, or if either party violates any of these terms and conditions, the aggrieved party will give the other party written notice of such failure or violation. The responsible party will be given the opportunity to correct the violation or failure within 15 working days. If the failure or violation is not corrected, this Agreement may be terminated immediately by written notice of the aggrieved part to the other.

26. **Choice of Law:** The Agreement has been and shall be construed as having been made and delivered within the State of Washington and it is agreed by each party hereto that the Agreement shall be governed by the laws of the State of Washington, both as to its interpretation and performance. Any action at law, suit in equity, or judicial proceeding arising out of the Agreement shall be instituted and maintained only in any of the courts of competent jurisdiction in Kitsap County, Washington.
27. **Severability:** If any provision of this Agreement or any provision of any document incorporated by reference shall be held invalid, such invalidity shall not affect the other provisions of this Agreement which can be given effect without the invalid provision, if such remainder conforms to the requirements of applicable law and the fundamental purpose of this Agreement, and to this end the provisions of this Agreement are declared to be severable.
28. **Subcontracting:** The Subcontractor shall not enter into subcontracts for any of the work contemplated under this Agreement without prior written approval of OCH.
29. **Entire Agreement:** This Agreement constitutes the entire agreement between the parties regarding its subject matter. Any oral or written representations not expressly incorporated in this Agreement are specifically excluded.

KITSAP PUBLIC HEALTH DISTRICT

OLYMPIC COMMUNITY OF HEALTH

By: _____
Keith Grellner
Administrator

By: _____
Elya Moore
Executive Director

Date: _____


Date: _____

ATTACHMENT A
STATEMENT OF WORK

- A. Subcontractor to provide the OCH Executive Director an annual narrative update describing activities by October 31, 2017.
- B. Subcontractor to provide assistance for the following activities on an ongoing basis through January 2018:
- Conduct Regional Health Needs and Assets Inventory (RHNI)
 - Support the Regional Health Assessment and Planning Committee by identifying regional health needs and service gaps
 - Provide evaluation and analytic support to all Olympic Community of Health Projects, including, but not limited to, the Three-County Coordinated Opioid Response Project
 - Attend meetings, give presentations, and travel, sometimes out of county, as needed to support the above tasks

ATTACHMENT B

FORM A-19 REQUEST FOR REIMBURSEMENT

FORM A 19-1A (Rev. 1/91)		 STATE OF WASHINGTON INVOICE VOUCHER		<div style="display: flex; justify-content: space-between;"> <div> EXHIBIT B </div> <div> Page A-11 </div> </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width:33%;">AGENCY NO.</td> <td style="width:33%;">LOCATION CODE</td> <td style="width:33%;">P.R. OR AUTH NO.</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> </table> <p style="margin-top: 20px;">INSTRUCTION TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.</p> <p style="margin-top: 20px;">VENDOR'S CERTIFICATE. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination on the grounds of race, creed, color, national origin, sex, or age.</p> <div style="margin-top: 20px;"> BY _____ <div style="text-align: right; margin-top: 10px;">(DATE)</div> </div>												AGENCY NO.	LOCATION CODE	P.R. OR AUTH NO.			
AGENCY NO.	LOCATION CODE	P.R. OR AUTH NO.																			
AGENCY NAME																					
VENDOR OR CLAIMANT (Warrant is to be payable to)																					
FEDERAL I.D. NO. OR SOCIAL SECURITY NO.										RECEIVED BY				DATE RECEIVED							
DATE		DESCRIPTION						QUANTITY	UNIT	UNIT PRICE	AMOUNT		FOR AGENCY USE								
		Billing Period																			
											\$ -										
		TOTAL DUE:									\$ -										
PREPARED BY				TELEPHONE NUMBER				DATE		AGENCY APPROVAL				DATE							
DOC. DATE		PMT DUE DATE		CURRENT DOC. NO.				REF. DOC. NO.		VENDOR NUMBER		VENDOR MESSAGE USE TAX			UBI NUMBER						
REF		M		MASTER INDEX			SUB		WKCLAS: COUNT' CITY					AMOUNT		INVOICE NUMBER					
DOC	TRANS	O	FUND	APPN	PROGRAM	SUB	SUB	ORG	ALLOC	BDGT	MOS	PRJT	SUB	PROJ							
SUF	CODE	D		INDEX	INDEX	OBJ		INDEX		UNIT			PROJ	PHAS							
ACCOUNTING APPROVAL FOR PAYMENT										DATE			WARRANT TOTAL			WARRANT NO.					

PROFESSIONAL SERVICES AGREEMENT
Between
KITSAP PUBLIC HEALTH DISTRICT
And
OLYMPIC COMMUNITY OF HEALTH

This Professional Services Agreement ("Agreement") is made and entered into between the Kitsap Public Health District, a Health District organized pursuant to chapter 70.46 Revised Code of Washington and Section 9.52 Kitsap County Code, hereinafter referred to as "District," and Olympic Community of Health, hereinafter referred to as "OCH." The parties mutually agree as follows:

- I. **Purpose:** OCH requires transitional administrative support during its early months as a newly established public agency. The District's Confidential Secretary, Finance/Accounting Program, and Information Technology Program shall assist the OCH on an "as needed" basis. A scope of work for these services is detailed in **ATTACHMENT A** and is hereby incorporated herein.
- II. **Period of Performance:** The period of performance of this Agreement shall begin February 1, 2017 and be completed no later than April 30, 2017, unless terminated sooner or extended as provided for herein. During the term, the District's Confidential Secretary shall be available for not more than forty (40) hours, the Finance/Accounting Program shall be available for not more than ten (10) hours, and the Information Technology Program shall be available for not more than ten (10) hours.
- III. **Compensation:** The OCH agrees to pay \$26.82/hour plus an indirect rate of 38.05% for the services of the Confidential Secretary. Total compensation for time and effort under this Agreement is not to exceed \$5,000.00 during the Agreement. Compensation will be based on invoices submitted by the District itemizing hours worked with a detailed description of services performed. Finance/Accounting and Information Technology service costs will be covered through the indirect rate for Confidential Secretary services.
- IV. **Reimbursement:** OCH shall also reimburse the District for miscellaneous OCH non-labor costs incurred prior to January 31, 2017, but paid by the District after January 31, 2017, including, but not limited to, mileage, postage, cell phone service, etc. OCH will purchase its District-issued cell phone (IMEI #356963064744294) for the published buy-back rate of \$65.00, and obtain its own contract for cell phone service, by February 28, 2017, the costs of which will be included on an invoice payable to the District by March 31, 2017. Mileage incurred by the Confidential Secretary will be reimbursed at the approved IRS rate.
- V. **Notices:** Notices pursuant to this agreement shall be sent to:

If to the District:

Kitsap Public Health District
Attn: Keith Grellner
345 6th Street, Suite 300
Bremerton, WA 98337
(360) 728-2294

If to the Contractor:

Olympic Community of Health
Attn: Elya Moore
834 Sheridan Street
Port Townsend, WA 98368
(360) 633-9241

- VI. **Billings:** Billings to the OCH shall be submitted no more frequently than every 30 days. Billings shall be paid within 30 days of the date of the invoice. Invoice billings shall be sent to:

Olympic Community of Health
Attn: Elya Moore
834 Sheridan Street
Port Townsend, WA 98368
(360) 633-9241

OCH payments to the District shall be sent to:

Kitsap Public Health District
Attention: Accounts Receivable --- OCH
345 6th Street, Suite 300
Bremerton, WA 98337

- VII. **Independent Contractor:** The District and its employees or agents performing under this Agreement are not employees or agents of the OCH. OCH and its employees or agents performing under Agreement are not employees or agents of the District.
- VIII. **Rights in Data:** Data that is delivered under this Agreement is the District's property and shall be transferred fully to the District with all rights to the license to publish, translate, reproduce, modify, deliver, dispose of, and to authorize others to do so.
- IX. **Indemnification:** OCH shall defend, indemnify and hold the District, its officers, officials, employees and volunteers harmless from any and all claims, injuries, damages, losses or suits including attorney fees, arising out of or resulting from the acts, errors or omissions of the District in performance of this Agreement, except for injuries and damages caused by the sole negligence of the District. Solely for the purposes of this provision, the District waives its immunity under Title 51 (Industrial Insurance) of the Revised Code of Washington and acknowledges that this waiver was mutually negotiated by the parties. This provision will survive the expiration or termination of this Agreement.
- X. **Insurance:**

The District shall obtain insurance of the types described below:

1. **Commercial General Liability** insurance shall be written on ISO occurrence form CG 00 01 and shall cover liability arising from premises, operations, independent contractors and personal injury and advertising injury.
2. **Workers' Compensation** coverage as required by the Industrial Insurance laws of the state of Washington.
3. **Professional Liability** insurance appropriate to the District's profession. The District shall provide OCH with proof of liability insurance or professional errors and omissions coverage as appropriate.

B. Minimum Amounts of Insurance

The District shall maintain the following insurance limits:

1. Commercial General Liability insurance shall be written with limits no less than \$1,000,000 each occurrence, \$2,000,000 general aggregate.
2. Professional Liability insurance shall be written with limits no less than \$1,000,000 per claim and \$1,000,000 policy aggregate limit.

C. Other Insurance Provisions

The insurance policies are to contain, or be endorsed to contain, the following provisions for Professional Liability and Commercial General Liability insurance:

1. The District's insurance coverage shall be primary insurance as respect the OCH. Any insurance, self-insurance, or insurance pool coverage maintained by the OCH shall be excess of the District's insurance and shall not contribute with it.
2. The District's insurance shall be endorsed to state that coverage shall not be cancelled by either party, except after thirty (30) days prior written notice by certified mail, return receipt requested, has been given to the District.

D. Acceptability of Insurers

Insurance is to be placed with insurers with a current A.M. Best rating of not less than A:VII.

E. Verification of Coverage

Upon request, the District shall furnish OCH with original certificates and a copy of the amendatory endorsements, including but not necessarily limited to the additional insured endorsement, evidencing the insurance requirements of the OCH before commencement of the work.

- XI. **Safeguarding of Information:** The use or disclosure by the Parties of any information or documents obtained during contract performance for any purpose not directly connected with the Parties responsibilities under this Agreement is prohibited except as may be required by law.
- XII. **Statutory and Regulatory Compliance:** The Parties shall comply with all applicable federal, state, and local laws, regulations, guidelines, and standards in the performance of this Agreement.
- XIII. **Compliance with State and Federal Confidentiality Laws:** The Parties shall not use protected health information created or shared under this Agreement in any manner that would constitute a violation of the Health Information Portability and Accountability Act, commonly known as HIPAA, and any regulations enacted pursuant to its provisions.
- XIV. **Certification Regarding Suspension and Debarment:** The Subcontractor, by signing and returning this Agreement to OCH certifies that it is
 - A. not debarred, suspended, or proposed for debarment by any federal agency;
 - B. have not within a three-year period preceding this contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offence in connection with obtaining, attempting to obtain, or performing a public (Federal , State or local) transaction or contract under a public transaction; violation Federal or State antitrust statutes or commission

of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

- C. are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses previously referenced in this certification; and
- D. have not within a three-year period preceding the contract had one or more public transactions (Federal, State or local) terminated for cause or default.

XV. **Non-Discrimination:** The Parties shall not discriminate against any employee or applicant for employment because of race, color, sex, religion, national origin, creed, marital status, age, Vietnam era or disabled veteran status, sexual preference, or the presence of any sensory mental or physical handicap.

XVI. **Amendment:** This Agreement may be modified only by a written amendment executed by authorized representatives of both parties.

XVII. **Termination:**

- A. **For Convenience:** Either party may terminate the Agreement, in whole or in part, at any time, by at least ten (10) days written notice to the other. The District shall be paid for work performed and expenses incurred to the date of termination.
- B. **For Funding:** If funding for the Agreement or matter is withdrawn, reduced or limited in any way after the Agreement is signed or becomes effective, the Parties may summarily terminate the Agreement notwithstanding any other termination provision in the Agreement. Termination under this provision will be effective upon the date specified in the written notice of termination. No costs incurred after the effective date of the termination will be paid.
- C. **For Cause:** If either party fails to perform in the manner called for in the Agreement, or if either party fails to comply with any other provision of the Agreement and fails to correct such noncompliance with ten (10) days written notice thereof, the aggrieved party may terminate the Agreement for cause. Termination shall be effected by serving a notice of termination on the party setting forth the manner in which the party is in default. The District shall be paid for services performed in accordance with the manner of performance set forth in this Agreement.
- D. **For Default:** Either party may terminate the Agreement upon giving written notice to the other party in the event the other party is in breach of a material provision of this agreement and shall have failed to cure such breach within five (10) days.

XVIII. **Dispute Resolution:** In the event that a dispute or conflict arises under the Agreement that the Parties are unable to resolve with good faith efforts, they shall allow the dispute to be decided by a Dispute Panel in the following manner: a Mediator shall be mutually appointed by both parties, and each party shall appoint an additional member to the Dispute Panel. The Dispute Panel shall review the facts, contract terms and applicable statutes and rules and make a determination of the dispute. The determination of the Dispute Panel shall be final and binding on the Parties hereto. The Parties shall equally share the costs, if any, for the services of the Dispute Panel.

- XIX. **Choice of Law:** The Agreement has been and shall be construed as having been made and delivered within the State of Washington and it is agreed by each party hereto that the Agreement shall be governed by the laws of the State of Washington, both as to its interpretation and performance. Any action at law, suit in equity, or judicial proceeding arising out of the Agreement shall be instituted and maintained only in any of the courts of competent jurisdiction in Kitsap County, Washington.
- XX. **Entire Agreement:** The Agreement constitutes the entire agreement between the parties regarding its subject matter. Any oral or written representations not expressly incorporated in this Agreement are specifically excluded.

KITSAP PUBLIC HEALTH DISTRICT

OLYMPIC COMMUNITY OF HEALTH

By: _____
KEITH GRELLNER
Administrator

By: _____
ELYA MOORE
Executive Director

Date: _____

Date: _____

Funding Source
Program: _____
Federal Contract/Grant _____

ATTACHMENT A STATEMENT OF WORK

Services shall be requested during the standard business hours of 7:30 a.m. – 4:00 p.m. District staff shall reply to requests for services within two (2) business days. District staff shall not be available to OCH for requests or tasks after hours, on holidays, or while on leave or comp time approved by the District.

OCH shall contact the District staff at a District desk phone number and / or District email address as follows:

Confidential Secretary: Phone: (360) 728-2216, Email: angie.larrabee@kitsappublichealth.org

Finance Manager: Phone: (360) 728-2283, Email: tracey.kellogg@kitsappublichealth.org

IT Manager: Phone: (360) 728-2268, Email: ed.north@kitsappublichealth.org

There is no expectation of travel requirements associated with the performance of this Agreement but if travel is authorized it will be reimbursed at the approved IRS rate.

District staff shall comply with procedures and policies of the District at all times. Requests for services are subject to the terms of the Professional Services Agreement and approval by the District's Administrator in consultation with the OCH Executive Director.

Confidential Secretary

Services of the District's Confidential Secretary shall be administrative or clerical in nature and requested on as "as needed" basis in order to facilitate the training of the newly hired OCH Program Coordinator. A maximum of forty (40) hours shall be requested during the term of the Agreement.

Finance/Accounting Program

The Finance/ Accounting Program shall assist OCH in grant closeout activities; these labor costs are included in the District's indirect rate and are not directly billed to the contract. Requests for services of the Finance/ Accounting Program shall not exceed ten (10) hours during the term of this Agreement.

Information Technology (IT) Program

The IT Program shall assist OCH with file transfer procedures in order to ensure continuity of OCH operations. Requests for services of the IT Manager shall not exceed ten (10) hours during the term of this Agreement.

INTERAGENCY AGREEMENT
Between
JEFFERSON COUNTY
And
KITSAP PUBLIC HEALTH DISTRICT

This Agreement, hereinafter referred to as the “**Agreement**,” is entered into between Jefferson County, a municipal corporation, hereinafter referred to as the “**County**,” and Kitsap Public Health District, hereinafter referred to as the “**Contractor**,” in consideration of the mutual benefits, terms, and conditions hereinafter specified.

Section 1. Purpose

The County, on behalf of Jefferson County Public Health, through this Agreement will contract with the Contractor to perform work as described in **Exhibit A**.

Section 2. Term

This Agreement shall commence on January 1, 2017, and will terminate on December 31, 2017.

Section 3. Scope of Work

- A. The Contractor agrees to perform the services identified in **Exhibit A**.
- B. The Contractor supports Jefferson County Public Health program goals and objectives.
- C. The Contractor shall provide reporting detailed in **Section 10**.

Section 4. Compensation

The Contractor shall be paid by the County for completed work and for services rendered under this Agreement as follows:

- A. Payment for the services provided by the Contractor as outlined in **Exhibit A** shall not exceed of \$14,357.00 per calendar year in the completion of this project without an express written amendment signed by both parties to this agreement. In the event that expected or actual funding from any funding source is withdrawn, reduced, or limited in any way after the effective date of this agreement, this contract may be renegotiated or terminated as provided herein.
- B. Contractor shall bill and County will pay for services on an hourly basis not to exceed the rate of \$96.00. Mileage will be reimbursed for travel related to performing the SOW and the number of miles to be reimbursed will be calculated using the policy in effect at the offices of the Contractor. The per-mile reimbursement for mileage will be set at the current rate specified by the IRS.

- C. The Contractor may submit invoices to the County for work completed to date. The County will review such invoices, and upon reasonable approval thereof, payment will be made to the Contractor in the amount approved. Payment will not be unreasonably withheld and the Contractor will be given a reasonable opportunity to correct any work reasonably determined by the County to be defective.
- D. The County will make final payment of any balance due the Contractor promptly upon its ascertainment and verification after the completion of the work under this Agreement and its reasonable acceptance by the County. Payment will not be unreasonably withheld and the Contractor will be given a reasonable opportunity to correct any work reasonably determined by the County to be defective.
- E. Contractor records and accounts pertaining to this agreement are to be kept available for inspection by representatives of the County and/or State of Washington for a period of six (6) years after final payment. Copies shall be made available upon request.
- F. Each invoice submitted by the Contractor to the County for services the Contractor rendered in fulfillment of this contract shall reflect the number of hours utilized in fulfilling the obligations of the Contractor under this contract and shall also include an hourly charge, rate or wage and detailed expenses related to fulfillment of this Agreement.

Section 5. Compliance with Laws

The Contractor shall, in performing the services contemplated by this agreement, faithfully observe and comply with all federal, state, and local laws, ordinances and regulations, applicable to the services to be rendered under this Agreement.

Section 6. Indemnification

Each party agrees to defend and indemnify the other party and its elected and appointed officials, officers, and employees against all claims, losses, damages, suits and expenses, including reasonable attorneys' fees and costs, to the extent they arise out of, or result from, the negligence or willful misconduct of the indemnitor or its elected or appointed officials, officers, and employees in the performance of this Agreement. The indemnitor's duty to defend and indemnify extends to claims by the elected or appointed officials, officers, and employees of the indemnitor. The indemnitor waives its immunity under Title 51 (Industrial Insurance) of the Revised Code of Washington solely for the purposes of this provision and acknowledges that this waiver was mutually negotiated. This provision shall survive the expiration or termination of this Agreement.

Section 7. Insurance

The Contractor shall obtain and keep in force during the terms of the Agreement, or as otherwise required.

- A. Commercial Automobile Liability Insurance providing bodily injury and property damage liability coverage for all owned and non-owned vehicles assigned to or used in the performance of the work for a combined single limit of not less than \$1,000,000 each occurrence.
- B. Contractor shall provide proof of insurance to the County, in care of, Contract Manager, at Jefferson County Public Health, 615 Sheridan Street, Port Townsend, Washington 98368, prior to commencing employment.
- C. The Contractor shall participate in the Worker's Compensation and Employer's Liability Insurance Program as may be required by the State of Washington.

Section 8. Independence

The Contractor and the County agree that the Contractor is an independent Contractor with respect to the services provided pursuant to this agreement. Nothing in this agreement shall be considered to create the relationship of employer and employee between the parties hereto. The Contractor shall not be entitled to any benefits accorded County employees by virtue of the services provided under this agreement. The County shall not be responsible for withholding or otherwise deducting federal income tax or social security or for contributing to the state industrial insurance program, otherwise assuming the duties of an employer with respect to employee.

Section 9. Assignments and Subcontracting

The Contractor shall not sublet or assign any of the services covered by this Agreement without the express written consent of the County.

Section 10. Reporting

The Contractor will provide a report to the County for payment for services rendered monthly. The report shall contain a brief summary of the work performed, relationship to the tasks identified in **Exhibit A** and the total hours worked. The report shall be submitted to Jefferson County Public Health, 615 Sheridan Street, Port Townsend, WA 98368.

Section 11. Termination

A. Termination for Convenience

Either party may terminate this Agreement for convenience, including as a result of changes in available funding, by providing at least 30 days' advance written notice to the other party.

B. Termination for Default

In the event of a default by either party under this Agreement, the nondefaulting party may give written notice to the defaulting party that it intends to terminate this Agreement if the default is not cured within 30 days of the date of the notice or such longer period of time as may be reasonable under the circumstances. If the default is not cured within that time, the nondefaulting party may then notify the defaulting party in writing that this Agreement is terminated. In the event of such termination, the nondefaulting party shall have all rights and remedies available to it under general law.

C. General Termination Provision

Whenever this Agreement is terminated in accordance with this Section, the Contractor shall be entitled to payment for actual work performed for completed items of work. An equitable adjustment in the contract price for partially completed items of work will be made, but such adjustment shall not include provision for loss of anticipated profit on deleted or uncompleted work.

Section 12. Modification

This Agreement may be modified at any time by written agreement of all parties.

Section 13. Integrated Agreement

This Agreement together with Exhibits or addenda represents the entire and integrated agreement between the County and the Contractor and supersedes all prior negotiations, representations, or agreements written or oral, between the parties. This Agreement may be amended only by written instrument signed by both County and Contractor.

Section 14. Notice

Whenever a notice is required or permitted to be given under this Agreement, it shall be provided as follows:

If to the County:

Jefferson County Public Health
615 Sheridan Street
Port Townsend, WA 98368
Attention : Anna Mc Enery
D.D. Coordinator

If to the Contractor:

Kitsap Public Health District
345 6th Street, Suite 300
Bremerton, WA 98337-1866
Attention : Siri Kushner
Lead Epidemiologist

Approved this _____ day of _____, 2017

BOARD OF COUNTY COMMISSIONERS
JEFFERSON COUNTY, WASHINGTON

Kathleen Kler, Chairperson

ATTEST:

Deputy/Clerk of the Board

Approved this _____ day of _____, 2017

Keith Grellner, Administrator
Kitsap Public Health District

EXHIBIT A
STATEMENT OF WORK
Kitsap Public Health District

The County will prioritize the following work for the Contractor. The Contractor and County will mutually agree upon the scope, data periods, number of meetings and format of deliverables for each work item below.

Contractor will:

- Manage evaluation tracking data system for Mental Health/Substance Abuse (MH/SA) and prepare and present data reports.
- Process, analyze and update Jefferson County data from U.S. Census, BRFSS, Healthy Youth Survey, communicable disease, mental health, substance abuse, births and deaths, and other available demographic and public health data sources.
- Prepare data reports that compare Jefferson County over time to Washington State.
- Present data reports to Jefferson County Public Health staff and to Jefferson County Mental Health, Substance Abuse Advisory Committee to identify if changes are needed in County policies and priorities.

New or Renewed Contracts for the Period of 12/01/2016 through 12/31/2016

KPHD Contract ID	KPHD Program	Contract Type	Contract Length	KPHB Approved	Contract Amount	Signed Date	Start Date	End Date	Client Contract ID
Active (15 contracts)									
Clallam County Department of Health and Human Serv									
ID: 1633	Clinical Services, Kerry Dobbelaere	Real Estate Contract	Closed	12/06/16	\$0.00	12/20/16	12/01/16	12/31/17	100512-KPHD1
Description: Facility Use Agreement. In-kind agreement extending office space to our public health nurse in support of our nurse providing Navigator services									
Department of Health & Human Services									
ID: 1610	Clinical Services, Katie Eilers	Contract for Services	Closed	12/06/16	\$14,000.00	12/06/16	11/21/16	06/30/17	1663-79326
Description: The District to assist DSHS staff in determining a parent's ability to participate in the WorkFirst program through an evaluation of a child's special needs.									
Harrison Health Partners									
ID: 1640	Administration, Susan Turner	Amendment	Closed		\$30,000.00	12/06/16	01/01/16	12/31/18	
Description: Tuberculosis care for uninsured and underinsured patients									
Jefferson County Public Health									
ID: 1586	Chronic Disease Prevention, Katie Eilers	Subcontract			\$30,000.00	12/12/16	09/30/16	09/29/17	
Description: Year 3 Subcontract with KPHD under CDC's State and Local Public Health Actions to Prevent Obesity, Diabetes, Heart Disease, and Stroke (1422). Subcontractor to implement Worksite Wellness program and 5-2-1-0 guidelines, continue to increase access to worksite blood pressure monitoring stations.									
Kitsap Lake Storage									
ID: 1612	Administration, Lacey Rhoades	Facilities Agreement	Closed		\$3,468.00	12/08/16	12/08/16	12/08/17	
Description: Storage Unit Space Rental Agreement for off-site storage.									
Kitsap Public Health Board									
ID: 1636	Administration, Karen Holt	Contract for Services	Closed	12/06/16	\$520,020.00	12/07/16	01/01/17	12/31/19	
Description: Employment Agreement for Dr Susan Turner, Director KPHD. Based on a 40 hour work week and subject to annual wage adjustments.									
Neogov									
ID: 1647	Administration, Karen Holt	Contract for Services	Closed		\$4,052.12	12/21/16	02/27/17	02/26/18	
Description: Distric Human Resources / Recruiting Software									
Peninsula Community Health Services									
ID: 1638	Clinical Services, Kerry Dobbelaere	MOU/MOA	Closed	12/16/16	\$0.00	12/06/16	01/01/17	12/31/17	
Description: The District shall provide navigator services to PCHS in order to maximize enrollment in Medicaid and Quality Health health insurance as described in the Affordable Care Act.									
Port Gamble S'Klallam Tribe									
ID: 1579	Chronic Disease Prevention, Katie Eilers	Subcontract	Closed		\$18,000.00	12/13/16	09/30/16	09/29/17	
Description: Subcontract with KPHD under CDC's State and Local Public Health Actions to Prevent Obesity, Diabetes, Heart Disease, and Stroke (1422). Subcontractor to explore the use of CHART tool in CHW Integration Pilot Project and participate in regional efforts to improve HER enhancements for hypertension.									

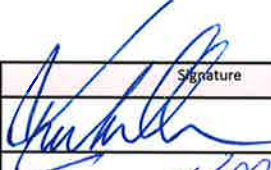
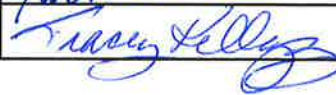
New or Renewed Contracts for the Period of 12/01/2016 through 12/31/2016

KPHD Contract ID	KPHD Program	Contract Type	Contract Length	KPHB Approved	Contract Amount	Signed Date	Start Date	End Date	Client Contract ID
Professional and Technical Employees, Local 17									
ID: 1651	Administration, Karen Holt	MOU/MOA	Open Ended		\$0.00	12/09/16	01/01/17	12/31/17	
Description: Memorializes the agreement reached between the parties regarding the introduction of a Social Worker 3 Classification in the Health Professional and Technical Unit Salary Schedule Unit.									
Sophie Trettevick Indian Health Center									
ID: 1577	Community Health, Katie Eilers	Subcontract	Closed		\$18,000.00	12/13/16	09/30/16	09/29/17	
Description: Year 3 Subcontract with KPHD under CDC's State and Local Public Health Actions to Prevent Obesity, Diabetes, Heart Disease, and Stroke (1422). Subcontractor to promote the Neah Bay Community Garden Group and Wellness Garden, which will increase access to locally grown produce on the Makah Indian Reservation, promote healthy community activities, and continue Chronic disease Self-Management Program utilizing the Wisdom Warriors curriculum.									
Treborn Company Inc									
ID: 1645	Information Technology, Ed North	Contract for Services	Closed		\$17,672.00	12/22/16	12/31/16	12/31/19	
Description: Sophos digital protection software									
Volunteers in Medicine of the Olympics									
ID: 1626	Clinical Services, Kerry Dobbelaere	MOU/MOA	Closed	12/06/16	\$0.00	12/13/16	10/01/16	09/30/17	
Description: The District shall provide navigator services to VIMO in order to maximize enrollment in Medicaid and Quality Health health insurance as described in the Affordable Care Act.									
Washington Health Care Authority (HCA)									
ID: 1662	Administration, Karen Holt	Interlocal/Interagency	Open Ended	01/03/17	\$0.00	12/28/16	01/01/17	12/31/21	K2112
Description: Provides insurance benefits from the Public Employees Benefits Board (PEBB) program through HCA for eligible members of the group(s) identified in the agreement and their dependents.									
YMCA of Pierce and Kitsap Counties									
ID: 1582	Chronic Disease Prevention, Yolanda Fong	Subcontract	Closed		\$18,000.00	12/20/16	09/30/16	09/29/17	
Description: Subcontract with KPHD under CDC's State and Local Public Health Actions to Prevent Obesity, Diabetes, Heart Disease, and Stroke (1422). Subcontractor to incorporate 5210 message into adult programs, collaborate with Healthy Eating and Active Living Coalition, enroll group with DPP provider									

Kitsap Public Health Board Meeting
Date: February 07, 2017

CONSENT AGENDA ITEM: Warrant and EFT Registers

Approvals:

	Signature	Date
Administrator		2/2/2017
Finance Manager		2/1/17

Recommended Motion: Approval

Items:

Type	Warrant/Electronic Fund Transfer Date	Beginning Warrant Number	Ending Warrant Number	Total Amount
Accounts Payable- Void lost warrant 3/16/16	12/23/2016	3671026	-	(\$5,718.76)
Accounts Payable-Re-issued	12/23/2016	3714976	-	\$5,718.76
Accounts Payable	12/27/2016	3715211	3715225	\$35,919.55
Accounts Payable	12/28/2016	DD53623	DD53627	\$3,197.45
Accounts Payable	12/19/2016	3714648	3714658	\$7,116.33
Accounts Payable	12/20/2016	DD53311	DD53336	\$11,061.93
Accounts Payable	12/14/2016	3714115	-	\$1,732.63
Accounts Payable	12/12/2016	3713933	3713956	\$84,987.12
Accounts Payable	12/13/2016	DD52933	DD52944	\$10,640.96
Accounts Payable	12/5/2016	3713307	3713324	\$43,913.65
Accounts Payable	12/6/2016	DD52613	DD52626	\$10,701.25
Accounts Payable- Void lost warrant	12/6/2016	3711182	-	(\$58.32)
Accounts Payable-Re-issued	12/6/2016	3713386	-	\$58.32
Accounts Payable Total				\$209,270.87
Payroll Benefits	12/30/2016	3715061	3715080	\$126,978.47
Payroll Benefits	12/30/2016	DD53542	DD53544	\$10,628.01
Payroll Benefits Total				\$137,606.48
Payroll	12/30/2016	N/A	N/A	\$375,426.85
Payroll	12/30/2016	N/A	N/A	\$6,513.77
Payroll Total				\$381,940.62
Grand Total				<u>\$728,817.97</u>

Kitsap Public Health Board Action:

- ☐ Approve
- ☐ Deny
- ☐ Table / Continue

	Signature	Date
Kitsap Public Health Board Chair		

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Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 Kitsap Public Health Di	95969 303789	LOWER ELWHA KLALLAM TRIBE		1408600	001	3714976	PK	12/23/16	5,718.76
Warrant 3714976 total									5,718.76
Department 95969 total									5,718.76

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Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 Kitsap Public Health Di	95969	15023 ANALYTICAL RESOURCES, INC		1407803	001	3715202	PK	12/27/16	340.00
Warrant 3715202 total									340.00
		BERRYMAN, KENT AND JULIE		1407805	001	3715203	PK	12/27/16	500.00
	369036	ONE TIME PAYMENT							500.00
Warrant 3715203 total									500.00
		224151 CENTURYLINK (PO BOX 91155)		1407807	001	3715204	PK	12/27/16	120.44
Warrant 3715204 total									120.44
		COLLIER, KAY		1407808	001	3715205	PK	12/27/16	250.00
	369036	ONE TIME PAYMENT							250.00
Warrant 3715205 total									250.00
		327621 COMCAST		1407809	001	3715206	PK	12/27/16	412.16
Warrant 3715206 total									412.16
		D'AMICO, ROBIN		1407811	001	3715207	PK	12/27/16	250.00
	369036	ONE TIME PAYMENT							250.00
Warrant 3715207 total									250.00
		17992 DELL MARKETING L.P. (CHIC		1407813	001	3715208	PK	12/27/16	17,357.57
Warrant 3715208 total									17,357.57
		DOBSON, WESTON		1407814	001	3715209	PK	12/27/16	250.00
	369036	ONE TIME PAYMENT							250.00
Warrant 3715209 total									250.00
		365850 DPE SYSTEMS, INC		1407812	001	3715210	PK	12/27/16	3,565.36
Warrant 3715210 total									3,565.36

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Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
	261508	GREEN, BRET		1407818	001	3715211	PK	12/27/16	250.00
Warrant 3715211 total									250.00
	369036	HANSON, CHRISTINE ONE TIME PAYMENT		1407825	001	3715212	PK	12/27/16	250.00
Warrant 3715212 total									250.00
	402886	IRON MOUNTAIN PO BOX 271		1407827	001	3715213	PK	12/27/16	107.24
Warrant 3715213 total									107.24
	15029	KITSAP PUBLIC HEALTH DIST		1407831	001	3715214	PK	12/27/16	200.05
Warrant 3715214 total									200.05
	404370	KITSAP SUN (ADVERTISING)		1407828	001	3715215	PK	12/27/16	27.29
	404370	KITSAP SUN (ADVERTISING)		1407829	001	3715215	PK	12/27/16	349.00
Warrant 3715215 total									376.29
	14532	LOOMIS - PALATINE		1408108	001	3715216	PK	12/27/16	400.00
Warrant 3715216 total									400.00
	369036	LUEDICKE, JANE ONE TIME PAYMENT		1407833	001	3715217	PK	12/27/16	250.00
Warrant 3715217 total									250.00
	325212	MORGAN, NEWTON		1407800	001	3715218	PK	12/27/16	71.51
Warrant 3715218 total									71.51
	369036	O'CONNELL, KEVIN ONE TIME PAYMENT		1407834	001	3715219	PK	12/27/16	250.00

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Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 95969 Kitsap Public Health Di	366503	CYTOCHECK LABORATORY, LLC		1407185	001	3714648	PK	12/19/16	637.30
Warrant 3714648 total									637.30
	280934	DREW, MICHAEL		1407011	001	3714649	PK	12/19/16	340.20
Warrant 3714649 total									340.20
	339396	GIUNTOLI, PAUL		1407034	001	3714650	PK	12/19/16	150.44
Warrant 3714650 total									150.44
	343697	GOVERNMENTJOBS.COM, INC.		1407210	001	3714651	PK	12/19/16	4,052.12
Warrant 3714651 total									4,052.12
	12265	MCKESSON CORPORATION (GE		1407208	001	3714652	PK	12/19/16	290.48
	12265	MCKESSON CORPORATION (GE		1407208	002	3714652	PK	12/19/16	90.00
Warrant 3714652 total									380.48
	408890	MOORE, ELYA E		1407067	001	3714653	PK	12/19/16	422.24
Warrant 3714653 total									422.24
	222931	OFFICE DEPOT (POB 70049)		1407211	001	3714654	PK	12/19/16	7.04
Warrant 3714654 total									7.04
	407504	STANDARD REGISTER, INC		1407214	001	3714655	PK	12/19/16	521.76
Warrant 3714655 total									521.76
	293092	TOTAL ACCESS GROUP, INC.		1407219	001	3714656	PK	12/19/16	502.16

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Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
Department 95969 00969 95969 Kitsap Public Health Di	281133	ACOSTA, NANCY		1406986	001	53311	PT	12/20/16	296.34
Warrant 53311 total									296.34
	397906	BALTAZAR, ELYA		1407004	001	53312	PT	12/20/16	145.12
Warrant 53312 total									145.12
	216294	BANIGAN, LESLIE		1406988	001	53313	PT	12/20/16	116.00
Warrant 53313 total									116.00
	404723	BIERMAN, DANA		1407005	001	53314	PT	12/20/16	46.04
Warrant 53314 total									46.04
	226171	BROWN, STEVEN		1407007	001	53315	PT	12/20/16	346.14
Warrant 53315 total									346.14
	400843	CIULLA, LAURA M.		1407010	001	53316	PT	12/20/16	782.62
Warrant 53316 total									782.62
	227445	DAVIS-MUNN, TINA		1407000	001	53317	PT	12/20/16	300.78
Warrant 53317 total									300.78
	395814	EILERS, KATHARINE		1407033	001	53318	PT	12/20/16	488.07
Warrant 53318 total									488.07
	10940	GRELLNER, KEITH		1407060	001	53319	PT	12/20/16	565.92

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Department		Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 Kitsap Public Health Di	95969	244803	WEX BANK		1407222	001	53336	PT	12/20/16	435.56
Warrant total										435.56
Department total										11,061.93

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Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 95969 Kitsap Public Health Di	323752	BREMERTON GOVERNMENT CENT		1405727	001	3713933	PK	12/12/16	25,623.68
Warrant 3713933 total									25,623.68
	224151	CENTURYLINK (PO BOX 91155		1405728	001	3713934	PK	12/12/16	534.62
Warrant 3713934 total									534.62
	323910	COLE GRAPHIC SOLUTIONS IN		1405729	001	3713935	PK	12/12/16	1,190.27
Warrant 3713935 total									1,190.27
	17992	DELL MARKETING L.P. (CHIC		1406243	001	3713936	PK	12/12/16	1,621.93
Warrant 3713936 total									1,621.93
	411738	HEALTH SUPPORT TEAM LLC		1405857	001	3713937	PK	12/12/16	1,100.00
Warrant 3713937 total									1,100.00
	398013	HEALTHCO INFORMATION SYST		1405854	001	3713938	PK	12/12/16	1,055.48
	398013	HEALTHCO INFORMATION SYST		1405854	002	3713938	PK	12/12/16	719.06
Warrant 3713938 total									1,774.54
	412029	INSURANCE SERVICES GROUP		1406423	001	3713939	PK	12/12/16	2,583.00
Warrant 3713939 total									2,583.00
	10699	KITSAP COUNTY INFORMATION		1405864	001	3713940	PK	12/12/16	5,877.30
Warrant 3713940 total									5,877.30
	405623	KNOWBE4, LLC		1405861	001	3713941	PK	12/12/16	329.12

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Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/Itm Date	Warrant Amount
00969 Kitsap Public Health Di	95969	TOTAL ACCESS GROUP, INC.		1405886	001	3713950	PK	12/12/16	270.00
Warrant 3713950 total									270.00
	327504	US BANK (JUNIOR DIST		1406311	001	3713952	PK	12/12/16	29.00
	327504	US BANK (JUNIOR DIST		1406311	002	3713952	PK	12/12/16	1,495.24
	327504	US BANK (JUNIOR DIST		1406367	001	3713952	PK	12/12/16	821.50
	327504	US BANK (JUNIOR DIST		1406372	001	3713952	PK	12/12/16	810.00
	327504	US BANK (JUNIOR DIST		1406382	001	3713952	PK	12/12/16	2,667.93
	327504	US BANK (JUNIOR DIST		1406385	001	3713952	PK	12/12/16	1,749.04
	327504	US BANK (JUNIOR DIST		1406385	002	3713952	PK	12/12/16	666.65
	327504	US BANK (JUNIOR DIST		1406391	001	3713952	PK	12/12/16	2,980.94
	327504	US BANK (JUNIOR DIST		1406391	002	3713952	PK	12/12/16	403.28
	327504	US BANK (JUNIOR DIST		1406395	001	3713952	PK	12/12/16	629.36
	327504	US BANK (JUNIOR DIST		1406412	001	3713952	PK	12/12/16	4.99
	327504	US BANK (JUNIOR DIST		1406412	002	3713952	PK	12/12/16	321.00
	327504	US BANK (JUNIOR DIST		1406413	001	3713952	PK	12/12/16	21.68
	327504	US BANK (JUNIOR DIST		1406413	002	3713952	PK	12/12/16	623.43
	327504	US BANK (JUNIOR DIST		1406415	001	3713952	PK	12/12/16	114.29
	327504	US BANK (JUNIOR DIST		1406415	002	3713952	PK	12/12/16	730.09
Warrant 3713952 total									13,261.86
	384588	VILLAGE GREEN METROPOLITA		1405882	001	3713953	PK	12/12/16	900.00
Warrant 3713953 total									900.00
	251810	WOSSA - WASH ON-SITE SEWA		1405887	001	3713954	PK	12/12/16	300.00
Warrant 3713954 total									300.00

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Department 95969

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
Department 95969 00969 95969 Kitsap Public Health Di	389023	AIRGAS USA, LLC		1405726	001	52933	PT	12/13/16	64.57
Warrant 52933 total									64.57
	400843	CIULLA, LAURA M.		1405685	001	52934	PT	12/13/16	426.28
Warrant 52934 total									426.28
	4331	DOBBELAERE, KERRY		1405691	001	52935	PT	12/13/16	319.12
Warrant 52935 total									319.12
	391025	ENTERPRISE FM TRUST		1406004	001	52936	PT	12/13/16	814.39
Warrant 52936 total									814.39
	10476	FEDEX (PO BOX 371461)		1405830	001	52937	PT	12/13/16	25.31
Warrant 52937 total									25.31
	225229	HOLT, KAREN		1405721	001	52938	PT	12/13/16	10.72
Warrant 52938 total									10.72
	9147	KITSAP MENTAL HEALTH SERV		1405858	001	52939	PT	12/13/16	8,013.96
Warrant 52939 total									8,013.96
	317954	LINDEN, LISA		1405722	001	52940	PT	12/13/16	286.80
Warrant 52940 total									286.80
	405919	O'GRADY, ROBIN B		1405723	001	52941	PT	12/13/16	67.88

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Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 95969 Kitsap Public Health Di	327621	COMCAST		1404474	001	3713307	PK	12/05/16	112.51
	327621	COMCAST		1404472	001	3713307	PK	12/05/16	416.88
Warrant 3713307 total									529.39
	369036	<i>DAY, BILL + SHELLEY</i> ONE TIME PAYMENT		1404475	001	3713308	PK	12/05/16	250.00
Warrant 3713308 total									250.00
	369036	<i>HEALTH CARE AUTHORITY</i> ONE TIME PAYMENT		1404502	001	3713309	PK	12/05/16	1,970.58
Warrant 3713309 total									1,970.58
	369036	<i>HEALTH CARE AUTHORITY</i> ONE TIME PAYMENT		1404503	001	3713310	PK	12/05/16	700.47
Warrant 3713310 total									700.47
	369036	<i>HEALTH CARE AUTHORITY</i> ONE TIME PAYMENT		1404505	001	3713311	PK	12/05/16	39.29
Warrant 3713311 total									39.29
	16054	KITSAP COUNTY DEPT OF ADM		1404482	001	3713312	PK	12/05/16	25,063.00
Warrant 3713312 total									25,063.00
	404370	KITSAP SUN (ADVERTISING)		1404480	001	3713313	PK	12/05/16	500.00
Warrant 3713313 total									500.00
	369036	<i>KUNTZ, JOHN</i> ONE TIME PAYMENT		1404481	001	3713314	PK	12/05/16	250.00
Warrant 3713314 total									250.00
	247128	LEEN, VICTOR H		1404483	001	3713315	PK	12/05/16	250.00

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Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 Kitsap Public Health Di	95969 209047	UNIVERSITY OF WASHINGTON		1404497	001	3713324	PK	12/05/16	195.00
Warrant 3713324 total									195.00
Department 95969 total									43,913.65

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Department 95969

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
Department 95969									
00969 95969 Kitsap Public Health Di	398736	BONSELL, KRISTINA		1404465	001	52613	PT	12/06/16	59.40
Warrant 52613 total									59.40
	365071	COASTWIDE LABORATORIES		1404509	001	52614	PT	12/06/16	788.65
Warrant 52614 total									788.65
	215766	EVANS, ERIC		1404466	001	52615	PT	12/06/16	119.46
Warrant 52615 total									119.46
	10476	FEDEX (PO BOX 371461)		1404477	001	52616	PT	12/06/16	16.43
Warrant 52616 total									16.43
	410696	GRIEGO, YANEISY		1404467	001	52617	PT	12/06/16	170.54
Warrant 52617 total									170.54
	200487	JEFFERSON COUNTY HEALTH/H		1404479	001	52618	PT	12/06/16	3,161.48
Warrant 52618 total									3,161.48
	362864	KELLOGG, TRACEY		1404468	001	52619	PT	12/06/16	40.56
Warrant 52619 total									40.56
	17216	KNOOP, MELINA		1404469	001	52620	PT	12/06/16	272.70
Warrant 52620 total									272.70
	10979	QUAYLE, TIM		1404470	001	52621	PT	12/06/16	137.70

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Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 Kitsap Public Health Di	95969 15901	WHITFORD, STUART S.		1405651	001	3713386	PK	12/06/16	58.32
Warrant 3713386 total									58.32
Department 95969 total									58.32

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<u>Department</u>		<u>Vendor Number</u>	<u>Vendor Name</u>	<u>Purchase Order</u>	<u>Voucher Number</u>	<u>Pay Itm</u>	<u>Warrant Number</u>	<u>Wrt Typ</u>	<u>Check/ Itm Date</u>	<u>Warrant Amount</u>
00969 Kitsap Public Health Di	95969	5628	AMERICAN FAMILY LIFE COUN		1407862	008	3715061	PK	12/30/16	3,581.61

Warrant 3715061 total										3,581.61

		383135	HEALTH EQUITY		1407920	001	3715062	PK	12/30/16	358.33

Warrant 3715062 total										358.33

		356091	MENDOCINO DSHS		1407909	001	3715063	PK	12/30/16	592.00

Warrant 3715063 total										592.00

		6831	NACO DEFERRED COMP XPH		1407873	001	3715064	PK	12/30/16	8,848.00

Warrant 3715064 total										8,848.00

		394347	PEAK 1 ADMINISTRATION, LL		1407923	001	3715065	PK	12/30/16	672.00

Warrant 3715065 total										672.00

		6811	PROF & TECHNICAL ENG XPH		1407868	001	3715066	PK	12/30/16	3,212.88

Warrant 3715066 total										3,212.88

		6825	UNITED WAY		1407872	004	3715067	PK	12/30/16	123.33

Warrant 3715067 total										123.33

		400958	VOYA RETIREMENT INSURANCE		1407928	001	3715068	PK	12/30/16	2,475.00

Warrant 3715068 total										2,475.00

		376566	WA HEALTH CARE AUTHORITY		1407915	001	3715069	PK	12/30/16	2,955.11

Warrant 3715069 total										2,955.11

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Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
total									162.40
	368370	WHIT-DELTA DENTAL OF WASH		1407911	001	3715079	PK	12/30/16	8,144.90
Warrant 3715079 total									8,144.90
	368371	WHIT-WILLIAMETTE		1407912	001	3715080	PK	12/30/16	1,267.65
Warrant 3715080 total									1,267.65
Department 95969 total									126,978.47

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Kitsap County
Summary Payroll Register

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Period - 12/31/16
Payroll ID - 512

Deductions & taxes are confidential and are redacted

Company - Home 00969 Kitsap Public Health District
Home Bus. Unit 95969 Kitsap Public Health District

Number	EMPLOYEE Name	Hours	Wages	Vendor#	Gross Pay	Deductions	Taxes	Net Pay	Check Control	I Err C Msg
4563	ABNEY, BEVERLY M.	173.32	4,423.00	1,324.92	4,423.00			3,127.21	8598003	N
278956	ACOSTA, NANCY M.	173.35	6,225.00	1,463.36	6,225.00			3,973.43	8598004	N
407901	ADHIKARI, ANISH	113.34	3,511.20	820.27	3,511.20			2,765.20	8598005	N
275982	ARTHUR, ELLEN C.	90.00	3,390.00	11.32	3,390.00			2,676.22	8598006	N
397902	BALTAZAR, ELYA	121.34	2,957.00	1,162.91	2,957.00			1,914.34	8598007	N
215189	BANIGAN, LESLIE B.	173.32	6,132.00	1,119.14	6,132.00			4,464.46	8598008	N
328436	BAZZELL, RICHARD L.	173.32	6,132.00	1,867.14	6,132.00			4,013.76	8598010	N
230914	BERNI, GRETCHEN C.	44.00	2,011.24	230.40	2,011.24			1,499.75	8598011	N
404611	BIERMAN, DANA J.	155.97	4,361.00	952.60	4,361.00			3,270.39	8598012	N
398569	BONSELL, KRISTINA S	173.32	3,931.00	1,740.53	3,931.00			2,822.68	8598013	N
2058	BOYSEN-KNAPP, KAREN	156.01	5,047.00	957.34	5,047.00			3,603.36	8598014	N
245475	BROWER, JANET L.	173.34	7,393.00	1,593.94	7,393.00			4,180.26	8598016	N
271677	BROWN, STEVEN J.	173.32	6,132.00	1,119.14	6,132.00			4,050.89	8598017	N
411387	CHANG, MARGO W.	157.37	2,346.44	1,933.56	2,346.44			1,648.74	8598018	N
400655	CIULLA, LAURA M.	173.34	5,767.00	1,412.15	5,767.00			3,922.55	8598019	N
409850	DAILY, RACHEL K.	161.25	1,527.04	20.29	1,527.04			1,236.79	8598020	N
246639	DALTON, MELANIE A.	173.34	6,854.00	1,596.71	6,854.00			5,225.70	8598021	N
226538	DAVIS-MUNN, TINA M.	173.35	6,225.00	1,526.39	6,225.00			4,508.93	8598022	N
359180	DENSON, DAYDRA D.	173.35	5,809.00	1,422.85	5,809.00			4,029.11	8598023	N
23825	DOBBELAERE, KERRY J	173.34	8,148.00	1,430.49	8,148.00			5,002.98	8598024	N
279990	DREW, MICHAEL E.	173.31	5,532.00	1,919.52	5,532.00			3,968.62	8598025	N
223648	EAKES, DEANNA L.	173.32	3,638.00	846.31	3,638.00			2,385.26	8598026	N
395244	EILERS, KATHARINE	173.33	8,398.00	2,120.48	8,398.00			6,286.08	8598027	N
4565	EVANS, ERIC V.	173.34	7,393.00	2,498.09	7,393.00			4,249.65	8598028	N
340919	EVANS, KELLY A.	173.35	4,677.00	1,353.32	4,677.00			3,274.60	8598029	N
321284	FISK, APRIL K.	173.35	4,911.00	2,220.60	4,911.00			3,075.93	8598030	N
356883	FONG, YOLANDA N.	173.34	7,249.00	1,992.02	7,249.00			5,057.03	8598031	N
337331	GIUNTOLI, PAUL A.	173.32	6,132.00	1,452.96	6,132.00			3,822.73	8598032	N
401905	GONZALEZ, ANNA K.	173.36	4,796.00	2,213.74	4,796.00			3,486.08	8598033	N
1264	GRELLNER, KEITH J.	173.34	10,000.00	1,685.25	10,000.00			6,978.89	8598034	N
410072	GRIEGO, YANEISY	173.30	3,005.00	1,096.70	3,005.00			2,350.08	8598035	N
355732	GUIDRY, JESSICA F.	173.34	7,393.00	2,498.09	7,393.00			5,320.20	8598036	N
356336	GUZMAN, DAMARYS L.	173.32	3,567.00	1,580.37	3,567.00			2,474.92	8598037	N
412171	HAMEL, PATRICK B.	173.33	5,018.00	3,021.32	5,018.00			3,628.24	8598038	N
3013	HANSEN-KELLER, JOH	156.00	5,711.00	1,031.57	5,711.00			4,125.85	8598039	N
405300	HILLIARD, MARGARET	173.32	3,820.00	1,187.82	3,820.00			2,896.68	8598040	N
352751	HINTON, ROBERT J.	173.34	6,854.00	2,437.83	6,854.00			1,781.82	8598041	N
1033	HOLBURN, NATHAN D.	173.31	5,532.00	1,385.88	5,532.00			3,306.42	8598042	N
4579	HOLDCROFT, GRANT A.	173.32	6,132.00	1,452.96	6,132.00			3,765.52	8598043	N
270783	HOLDCROFT, JODIE ST	173.32	6,132.00	1,452.96	6,132.00			3,762.37	8598044	N
1041	HOLT, JUDITH A.	173.34	7,393.00	1,393.79	7,393.00			4,666.99	8598045	N
2726	HOLT, KAREN L.	173.34	7,041.00	2,094.22	7,041.00			4,683.42	8598046	N
306605	HUGHES, RACHEL J.	173.32	3,638.00	1,167.47	3,638.00			2,640.49	8598047	N
409213	HUNTER, KARI L.	173.35	4,911.00	1,116.30	4,911.00			3,396.22	8598048	N
295036	JAMESON, BETTY S.	173.32	3,300.00	1,136.34	3,300.00			2,455.06	8598049	N
400651	JOHANSON, KRISTA M.	173.36	3,143.00	1,181.82	3,143.00			2,585.74	8598050	N
358933	JONES, KIMBERLY D.	173.32	6,132.00	1,119.14	6,132.00			4,130.47	8598051	N
393427	KATULA, DAYNA R.	173.36	4,334.00	1,785.58	4,334.00			2,716.49	8598052	N
362275	KELLOGG, TRACEY	173.34	7,998.00	1,588.20	7,998.00			5,615.94	8598053	N

Kitsap County
Summary Payroll Register

Company - Home - 00969 Kitsap Public Health District
Home Bus. Unit - 95969 Kitsap Public Health District

Deductions & taxes are confidential and are redacted

Number	EMPLOYEE Name	Hours	Wages	Vendor#	Gross Pay	Deductions	Taxes	Net Pay	Check Control	I Err C Msg
245476	KENCH, DONALD C.	173.34	3,609.00	2,252.34	3,609.00			2,275.18	8598054	N
250913	KIESS, JOHN F.	173.34	8,818.00	2,286.89	8,818.00			5,763.74	8598055	N
16125	KNOOP, MELINA V.	173.31	5,532.00	1,385.88	5,532.00			3,833.56	8598056	N
243184	KRUSE, CHARLES H.	173.32	6,217.00	1,996.10	6,217.00			4,588.83	8598057	N
327580	KUSHNER, SIRI E.	173.34	7,393.00	2,498.09	7,393.00			5,558.83	8598058	N
407902	LARRABEE, ANGELINE	173.30	2,759.00	1,069.20	2,759.00			2,076.26	8598059	N
316830	LINDEN, LISA B.	173.34	5,415.00	1,906.44	5,415.00			3,308.67	8598060	N
285038	LYTLE, ROSS D.	173.32	6,132.00	1,804.11	6,132.00			3,918.27	8598061	N
354918	MALLORY, TERRY L.	86.67	3,940.00	905.14	3,940.00			2,323.88	8598062	N
403130	MARKIEWICZ, SHELLY	12.84	360.80	679.00	360.80			328.32	8598063	N
388104	MAZUR, KARINA MARIA	173.33	5,122.00	1,340.04	5,122.00			3,546.98	8598064	N
398567	MCKAY BEVERS, KAREN	173.32	6,581.00	1,828.23	6,581.00			4,942.94	8598065	N
387088	MCKINNON, BRYAN	173.33	5,018.00	1,128.26	5,018.00			3,879.03	8598066	N
368977	MILLER, AKIKO	173.31	5,571.00	1,056.42	5,571.00			4,197.00	8598067	N
270056	MILLS, JACQUELYN F.	173.35	4,131.00	895.43	4,131.00			2,731.19	8598068	N
279971	MOEN, ANNE M.	173.31	4,551.00	1,690.38	4,551.00			3,075.48	8598069	N
406607	MOONTREE, KAEAL L.	173.31	3,681.00	1,593.12	3,681.00			2,501.24	8598070	N
408275	MOORE, ELYA E.	173.34	8,818.00	2,286.89	8,818.00			6,519.57	8598071	N
324204	MORGAN, W. NEWTON	173.32	6,132.00	1,867.14	6,132.00			4,490.01	8598072	N
406937	MORRILL, LYNDSEY N.	173.38	2,462.00	1,035.99	2,462.00			1,809.50	8598073	N
312378	MORRIS, DAWN M.	138.69	3,574.00	750.48	3,574.00			2,535.26	8598074	N
406005	MURRAY, KEISHA R.	152.00	3,648.00	19.12	3,648.00			3,096.66	8598075	N
295033	NGUYEN, LOAN T.	138.68	3,209.00	709.68	3,209.00			2,496.16	8598076	N
208456	NICOLAISEN, NIELS K	173.32	6,132.00	1,119.14	6,132.00			4,418.20	8598077	N
3128	NOBLE, GREGORIA A.	173.31	4,551.00	1,076.05	4,551.00			2,969.72	8598078	N
22459	NORTH, EDWIN	173.34	7,998.00	2,114.32	7,998.00			1,246.79	8598079	N
2386	NOSER, PATRICIA E.	173.32	3,638.00	1,167.47	3,638.00			2,614.23	8598080	N
405301	NUNO, CRYSTAL M.	173.34	4,779.00	973.87	4,779.00			3,358.47	8598081	N
230502	O'GRADY, ROBIN B	173.34	6,268.00	1,882.34	6,268.00			4,567.65	8598082	N
400650	OLSON, SARAH R.	173.30	4,128.00	1,276.79	4,128.00			2,778.22	8598083	N
407483	OSBORN, AMANDA N.	104.03	1,628.00	454.56	1,628.00			1,290.98	8598084	N
243679	OUTHWAITE, MINDI L.	104.01	3,761.00	868.06	3,761.00			2,608.90	8598085	N
388198	PHILLIPS, LYNN J.	129.99	4,061.00	1,434.43	4,061.00			2,698.36	8598086	N
229901	PHIPPS, BETH M.	173.35	6,375.00	1,146.31	6,375.00			3,955.69	8598087	N
268609	PLEMMONS, SUZANNE M	173.34	8,818.00	1,005.97	8,818.00			4,672.39	8598088	N
394466	PREWITT, SUSANA C.	173.27	3,247.00	796.59	3,247.00			2,488.13	8598089	N
1214	QUAYLE, TIMOTHY P.	173.35	6,549.00	2,403.73	6,549.00			4,457.94	8598090	N
324654	RHEA, SUSAN R.	173.32	3,638.00	1,167.47	3,638.00			2,680.89	8598091	N
396295	RHOADES, LACEY P.	173.31	4,454.00	2,169.51	4,454.00			2,400.31	8598092	N
267073	RIDGE, BETTI L.	173.34	5,415.00	1,372.80	5,415.00			3,787.74	8598093	N
404613	RORK, IAN M.	173.33	3,744.00	1,185.98	3,744.00			2,822.26	8598094	N
399854	SIFRIT, NICOLA M.	85.33	3,239.98	2,024.39	3,239.98			2,227.80	8598095	N
1224	SMITH-ROSE, SHELLEY	156.01	5,047.00	1,257.78	5,047.00			3,339.67	8598096	N
361388	SMITH, TERRI L.	173.34	6,854.00	1,533.68	6,854.00			4,703.65	8598097	N
347366	STEDMAN, KELSEY E.	104.00	3,227.00	667.32	3,227.00			2,225.33	8598098	N
410415	STUNTZ, JAYME M.	121.32	3,585.00	1,014.31	3,585.00			2,521.85	8598099	N
337963	TOURIGNY, LINDA L.	173.34	7,249.00	1,571.18	7,249.00			4,038.83	8598100	N
1682	TURNER, DENISE M.	173.32	4,423.00	1,014.03	4,423.00			2,730.53	8598101	N
401072	TURNER, SUSAN E.	173.34	14,162.00	2,890.35	14,162.00			9,040.51	8598102	N

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EMPLOYEE								Check	I Err	
Number	Name	Hours	Wages	Vendor#	Gross Pay	Deductions	Taxes	Net Pay	Control	C Msg
17666	ULTICAN, SHAWN P.	173.32	6,132.00	1,446.30	6,132.00			4,637.86	8598103	N
392243	WALTHER, SUSAN B.	173.34	4,779.00	1,715.87	4,779.00			3,198.71	8598104	N
14545	WELLBORN, BRIAN D.	130.02	2,707.00	1,078.90	2,759.00			1,854.38	8598105	N
397255	WENDT, JAN E.	173.35	6,225.00	1,997.00	6,225.00			4,534.40	8598106	N
2189	WERDALL, LORI E.	121.35	2,808.00	822.62	2,808.00			55.69	8598107	N
21402	WESTERGAARD, RUTH E	173.35	5,608.00	1,928.01	5,608.00			3,207.21	8598108	N
398570	WHEELER, AMANDA E.	173.31	2,993.00	1,635.66	2,993.00			2,086.99	8598109	N
14571	WHITFORD, STUART S.	173.34	7,393.00	2,008.12	7,393.00			5,127.94	8598110	N
301566	YANDA, KERRIE L.	173.35	6,719.00	1,971.32	6,719.00			4,382.12	8598111	N
2908	ZIMNY, JAMES A.	173.34	7,393.00	1,561.86	7,393.00			5,586.22	8598112	N
337082	ZOLLWEG, DAVID A.	173.31	5,532.00	1,185.73	5,532.00			4,002.96	8598113	N
Total		17646.68		156,302.29		78,764.06		381,940.62		
			570,035.70		570,087.70		109,383.02			