

**KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT  
2012 – 2014 CONSOLIDATED CONTRACT**

**CONTRACT NUMBER: C16889**

**AMENDMENT NUMBER: 6**

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT 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:
- Maternal & Child Health Block Grant - Effective January 1, 2013
  - Office of Immunization & Child Profile (OICP) - Effective January 1, 2013
  - OICP-PPHF Reimbursement Project - Effective January 1, 2013
  - Performance Management Center for Excellence-QI Project - Effective October 1, 2012
- ☒ Amends Statements of Work for the following programs:
- Office of Drinking Water Group A Program - Effective January 1, 2012
- ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-6 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-5 Allocations as follows:

- ☒ Increase of \$47,461 for a revised maximum consideration of \$334,969.
- ☐ 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. Adds Exhibit C Schedule of Federal Awards, attached and incorporated by this reference.

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.

KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

James Rivard

02/21/2013

Date

Brian D. [Signature] 03-06-13

Date

APPROVED AS TO FORM ONLY  
Assistant Attorney General

**2012-2014 CONSOLIDATED CONTRACT  
EXHIBIT A  
STATEMENTS OF WORK  
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**Exhibit A**  
**Statement of Work**  
**Contract Term: 2012-2014**

**DOH Program Name or Title:** Maternal & Child Health Block Grant -  
Effective January 1, 2013

**Local Health Jurisdiction Name:** Kittitas County Public Health Department

**Contract Number:** C16889

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

**Period of Performance:** January 1, 2013 through December 31, 2013

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (if applicable)</b> <input type="checkbox"/> ARRA (Recovery Act) <input checked="" type="checkbox"/> FFATA (Transparency Act)	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work is to add new focus of work and funding for Maternal and Child Health Block Grant (MCHBG) related activities.

**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
FFY13 MCHBG OHC CONCON FEDERAL	93.994	333.93.99	78131231	01/01/13	06/30/13	0	21,916	21,916
<b>TOTALS</b>						<b>0</b>	<b>21,916</b>	<b>21,916</b>

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>Maternal and Child Health Block Grant (MCHBG) Administration and Year End Closeout of 2013 Contract</b>					
1a	Identify MCHBG-focused carry forward activities and submit transition proposal to DOH contract manager, using DOH-supplied template.		Transition proposal	January 31, 2013	Reimbursement for actual costs, not to exceed total funding consideration. See Program Specific Requirements.
1b	Complete a proposed budget using template provided by DOH.		Completed budget submitted electronically.	April 15, 2013	
1c	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.	December 31, 2013	
1d	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.	December 31, 2013	

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1e	Complete MCHBG Federal Report Form 4, which includes budget details by types of individuals served. DOH will supply the form.		Submit MCHBG Federal Report Form 4 electronically to contract manager	December 31, 2013	
1f	Report actual expenditures for calendar year 2013 using template provided by DOH.		Submit actual expenditure budget forms electronically to contract manager	December 31, 2013	
Planning and Needs Assessments					
2a	Conduct a MCH Needs Assessment prior to March 31, 2013. DOH to supply guidance documents.		Submit 1. Electronic summary of MCH Needs Assessment 2. Electronic MCH Gap Analysis Tool	April 15, 2013	Reimbursement for actual costs, not to exceed total funding consideration. See Program Specific Requirements.
2b	Select Children and Youth with Special Health Care Needs (CYSHCN) performance measure (NPM05 required, others optional) and choose or develop SMART Objectives based on Needs Assessment findings from 2a and using DOH-supplied list.		Submit identified performance measure(s) and SMART Objectives electronically using DOH-supplied template	April 15, 2013	
2c	Select either Adverse Childhood Experiences (ACEs) or Universal Developmental Screening (UDS) performance measure and choose or develop SMART Objectives based on Needs Assessment findings from 2a and using DOH-supplied list.		Submit identified performance measure(s) and SMART Objectives electronically using DOH-supplied template	April 15, 2013	
2d	Select up to three (3) additional MCH performance measures and choose or develop SMART Objectives based on Needs Assessment findings related to 2a and using DOH-supplied list and template in coordination with DOH contract manager.		Submit identified performance measure(s) and SMART Objectives electronically.	April 15, 2013	
Implementation					
3a	Develop draft and final action plan that includes each identified SMART Objective from 2b, 2c, and 2d and using DOH-supplied template.		1. Submit draft Action Plan(s) to DOH contract manager for review. 2. Submit final Action Plan(s) to DOH contract manager for review.	1. Draft by June 15, 2013. 2. Final due by July 15, 2013.	Reimbursement for actual costs, not to exceed total funding consideration. See Program Specific Requirements.

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3b	Report activities and outcomes of action plan using DOH-provided template		Submit Action Plan Progress Reports for selected SMART Objectives	October 15, 2013 December 30, 2013	
<b>Children and Youth with Special Health Care Needs (CYSHCN)</b> The Maternal and Child Health Block Grant (MCHBG) continues to require the following basic minimum activities as specified in the CYSHCN Program Manual:					
4a	Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program Manual.		Submit CHIF data into Secure File Transport (SFT) website: <a href="https://sft.wa.gov">https://sft.wa.gov</a>	April 15, 2013 July 15, 2013 October 15, 2013 December 31, 2013	Reimbursement for actual costs, not to exceed total funding consideration. See Program Specific Requirements.
4b	Administer allocated DOH Diagnostic and Treatment funds for infants and children per CYSHCN Program Manual when funds are used.		Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed	
4c	Participate in the CYSHCN Regional System and quarterly meetings as described in the CYSHCN Program Manual.		Evidence of participation at CYSHCN Regional System and quarterly meetings, including quarterly updates and regional representative minutes.	April 15, 2013 July 15, 2013 October 15, 2013 December 31, 2013	

**\*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 revised Standards/Measures that may apply, can be found at:

<http://www.doh.wa.gov/PublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/PublicHealthImprovementPartnershipPHIP/ResourceCatalog/Standards.aspx>

**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 <http://USASpending.gov> by DOH as required by P.L. 109-282.

**Program Manual, Handbook, Policy References**

Children with Special Health Care Needs Manual

<ftp://ftp.doh.wa.gov/CSHCN/CSHCN%20Manual%20for%20WEB.pdf>

**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)].

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

- "HRSA -Understanding Title V of the Social Security Act" [http://ask.hrsa.gov/detail\\_materials.cfm?ProdID=687](http://ask.hrsa.gov/detail_materials.cfm?ProdID=687)
- "Social Security Act Title V Laws" [http://www.ssa.gov/OP\\_Home/ssact/title05/0500.htm](http://www.ssa.gov/OP_Home/ssact/title05/0500.htm)
- MCH Compendium

#### **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.

#### **Special Instructions**

This statement of work is for a twelve month period; however funds are only available until June 30, 2013 at this point. Please complete tasks due by June 30, 2013 only.

Implement all Children and Youth with Special Health Care Needs program activities in accordance with Program Manual.

<ftp://ftp.doh.wa.gov/CSHCN/CSHCN%20Manual%20for%20WEB.pdf>

Overall Requirements: LHJs will use at least 30 percent of the Federal MCH Block Grant funds received for preventive care services for children and at least 30 percent of Federal MCH Block Grant funds received for children with special health care needs.

#### **DOH Program Contact**

Mary Dussol  
 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: 360-236-3781 / Fax: 360-236-3646  
 Email: [mary.dussol@doh.wa.gov](mailto:mary.dussol@doh.wa.gov)

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2012-2014**

**DOH Program Name or Title:** Office of Drinking Water Group A Program -  
Effective January 1, 2012

**Local Health Jurisdiction Name:** Kittitas County Public Health Department

**Contract Number:** C16889

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

**Period of Performance:** January 1, 2012 through December 31, 2014

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

**Revision Purpose:** The purpose of this revision is to extend funding period, increase funding consideration, and revise Special Billing Requirements and Special Instructions.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
Drinking Water Group A - SS	66.468	333.66.48	2421921C	01/01/12	06/30/13	2,250	1,000	3,250
Drinking Water Group A - TA	66.468	333.66.48	2421921D	01/01/12	06/30/13	2,000	1,000	3,000
Drinking Water Group A – SS State	N/A	334.04.98	2421252C	01/01/12	06/30/13	2,250	1,000	3,250
Drinking Water Group A - SS	66.468	333.66.48	2421921C	07/01/13	12/31/13	0	1,250	1,250
Drinking Water Group A - TA	66.468	333.66.48	2421921D	07/01/13	12/31/13	0	1,000	1,000
Drinking Water Group A – SS State	N/A	334.04.98	2421252C	07/01/13	12/31/13	0	1,250	1,250
<b>TOTALS</b>						<b>6,500</b>	<b>6,500</b>	<b>13,000</b>

Task Number	Task/Activity/Description	*May Support PHIP State and Local 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 DOH Office of Drinking Water (DOH) Regional Office.  See Special Instructions for task activity.		1. Provide inspection reports to DOH Regional Office where the water system is located. Reports shall include: a. Cover letter. b. Small Water System checklist. c. Updated Water Facilities Inventory (WFI). d. Photos of water system. e. Any other supporting documents.	Inspection reports due to the DOH Regional Office within <b>30 days</b> of conducting the sanitary survey.	LHJ shall be paid <b>\$500</b> for each completed sanitary survey (inclusive of all associated costs such as consulting fee, travel, lodging, per diem).  <b>Payment is authorized upon receipt and acceptance of inspection reports and submittal of quarterly reports documenting deliverables.</b>

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			<p>2. Provide DOH Regional Office with quarterly reports documenting deliverables. Reports shall include:</p> <ul style="list-style-type: none"> <li>a. List of sanitary surveys conducted during the quarter.</li> <li>b. List of uncooperative systems.</li> <li>c. Water system identified by name, PWS ID#, county, and date surveyed.</li> </ul> <p>See Special Instructions for deliverable timeframes.</p>	<p>Quarterly reports due to the DOH Regional Office within <b>30 days</b> of the end of the quarter.</p> <p>Quarterly periods are:  Jan 1 - March 31  April 1 - June 30  July 1 – Sept 30  Oct 1 – Dec 31</p>	
2	<p>Trained LHJ staff will provide limited direct technical assistance to small community and non-community Group A water systems identified by DOH Regional Office. Limited direct technical assistance includes:</p> <p>A. Special Purpose Investigations (SPI)</p> <p>B. Follow-up visit after initial technical assistance or sanitary survey to confirm work and recommendations were addressed.</p> <p>C. Assist water system operator through one-on-one training or TA in completing work and recommendations requested by the DOH to meet applicable drinking water regulations.</p> <p>See Special Instructions for task activity.</p>		<p>1. Provide inspection reports to DOH Regional Office where the water system is located. Reports shall include:</p> <ul style="list-style-type: none"> <li>a. Summary of assistance provided, overall findings and recommendations.</li> <li>b. Any supporting documents and photos.</li> <li>c. Water system identified by name, PWS ID#, county, and date assistance provided.</li> </ul> <p>2. Provide DOH Regional Office with quarterly reports documenting deliverables. Reports shall include:</p> <ul style="list-style-type: none"> <li>a. List summarizing technical assistance provided during the quarter.</li> <li>b. Water system identified by name, PWS ID#, county, and date surveyed.</li> </ul>	<p>Inspection reports due to the DOH Regional Office within <b>30 days</b> of providing technical assistance, <b>except</b> that <b>SPIs</b> due to a coliform exceedance incident (Task 2A) must be completed and the report submitted to the DOH Regional Office within <b>2 working days</b> of the service request.</p> <p>Quarterly reports are due to the DOH Regional Office within <b>30 days</b> of the end of the quarter.</p> <p>Quarterly periods are:  Jan 1 - March 31  April 1 - June 30  July 1 – Sept 30  Oct 1 – Dec 31</p>	<p>LHJ shall be paid for each completed task at the rate specified below (inclusive of all associated costs):</p> <p><b>Task 2A: \$500</b>  <b>Task 2B: \$500</b>  <b>Task 2C: \$750</b></p> <p><b>Payment is authorized upon receipt and acceptance of inspection reports and submittal of quarterly reports documenting deliverables</b></p>



Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	<p>LHJ staff performing the activities under tasks 1 and 2 will participate annually in one or more of the following DOH-sponsored sanitary surveyor trainings and/or regional DOH-LHJ meetings:</p> <ul style="list-style-type: none"> <li>• Introductory Sanitary Survey Training</li> <li>• Intermediate Sanitary Survey Training</li> <li>• Advanced Sanitary Survey Workshop</li> <li>• Regional DOH-LHJ Drinking Water meetings</li> </ul>		Prior to attending the training, submit an "Authorization for Travel (Non Employee)" DOH Form 710-013 to the DOH Program Contact below for approval (to ensure that enough funds are available).	Annually	<p>LHJ shall be paid mileage, per diem, and lodging costs in accordance with the current rates listed on the OFM Website  <a href="http://www.ofm.wa.gov/resources/travel.asp">http://www.ofm.wa.gov/resources/travel.asp</a></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 revised Standards/Measures that may apply, can be found at:

<http://www.doh.wa.gov/PublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/PublicHealthImprovementPartnershipPHIP/ResourceCatalog/Standards.aspx>

**Program Specific Requirements/Narrative****Staffing Requirements**

Trained staff includes staff who have participated annually in one of the DOH-sponsored introductory, intermediate, or advanced Sanitary Surveyor trainings described under Task 3 above.

**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, DOH contracts with the LHJ to conduct sanitary surveys for small community and non-community water systems with groundwater sources. DOH retains responsibility for conducting sanitary surveys for small community and non-community water systems with surface water sources, with the option that the LHJ may request a joint survey.

**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 ~~\$4,250~~ **\$9,000** for **Task 1** and ~~\$2,000~~ **\$4,000** for **Task 2** and **Task 3** combined during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above. When invoicing for sanitary surveys, bill \$250 to BARS Revenue Code 333.66.48 and \$250 to BARS Revenue Code 334.04.98.

When invoicing for **Task 3**, submit receipts and the signed pre-authorization form for non-employee travel to the DOH Program Contact below and a signed A19-1A Invoice Voucher to the DOH Consolidated Contracts Office, billing to BARS Revenue Code 333.66.48 under Technical Assistance (TA).

**Special Instructions****Task 1**

LHJ will evaluate the water system for physical and operational deficiencies and prepare a written inspection report. The inspection 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 DOH assistance.

No more than ~~9~~ 13 surveys to be completed *during this contracting period between January 1, 2012 and June 30, 2013.*

*No more than 5 surveys to be completed between July 1, 2013 and December 31, 2013.*

**Task 2**

The DOH Regional Office shall authorize in advance any technical assistance provided by the LHJ to a water system. LHJ and DOH shall mutually agree on the technical assistance to be provided. Technical assistance is defined below and will be paid at the rate specified in the Payment Method/Amount section above.

Task 2A: Special Purpose Investigations (SPI) are inspections to determine the cause of positive coliform samples or emergency problems or as a follow-up investigation to help small water systems address deficiencies found during a routine sanitary survey. This can also include sanitary surveys of newly discovered Group A water systems. Activities could include:

- Assisting water system in preparing a coliform monitoring plan.
- Educating them on the importance of monitoring and reporting.
- Conducting one-on-one training on chlorinator operations and maintenance including, but not limited to, chlorine dosage solution preparation, chemical feed pump adjustments, and chlorine residual tests.
- Conducting one-on-one training on flushing and disinfecting techniques of lines after repairs or new construction.
- Assisting them to evaluate for potential high health cross connection hazards requiring premises isolation and determine the need for a cross connection control specialist to help them implement a cross connection control program.
- Other activities as necessary to help in achieving compliance with applicable drinking water regulations and sound operations and management.

Task 2B: Follow-up visit after initial technical assistance was provided or sanitary survey was conducted to confirm work and recommendations requested by DOH were addressed or completed.

Task 2C: Assist small water systems in completing work and recommendations requested by the DOH Regional Office to meet applicable drinking water regulations.

Activities could include:

- Assisting water system in completing a Source Susceptibility Assessment and pursuing a susceptibility waiver, as applicable.
- Assisting water system in developing a water quality monitoring, reporting and treatment technique program and conducting one-on-one training to help water system achieve compliance with applicable water quality parameters.
- Assisting water system in completing a Small Water System Management Program (SWSMP) guide or Existing System Approval (ESA) for submittal to the DOH regional office.
- Other activities and one-on-one training or consultation as necessary to help in achieving compliance with applicable drinking water regulations and sound operations and management.

**DOH Program Contact:**

Danielle Russell  
 DOH Office of Drinking Water  
 16201 E. Indiana Ave, Suite 1500  
 Spokane Valley, WA 99216  
[Danielle.Finley@doh.wa.gov](mailto:Danielle.Finley@doh.wa.gov)  
 (509) 329-2136

**DOH and LHJ Roles**

<b>TASK</b>	<b>ODW</b>	<b>LHJ</b>
Prioritize water systems to be surveyed and technical assistance to be provided during the contract period.	X	
Notify selected systems of the sanitary survey requirement or technical assistance to be provided.	X	
Schedule survey and if needed, request a pre-survey data packet.		X
Review pre-survey data prior to inspection.		X
Perform inspection and send draft inspection report to DOH for concurrence prior to sending a copy to the Purveyor. Inspection reports to include deliverables as specified above for each task.		X
Prior to sending inspection report to purveyor, DOH will review inspection report to determine the public health significance of any findings and (if needed) provide additional instructions to the purveyor. Draft report will be returned to LHJ within 3 days.	X	
When survey findings indicate a need for immediate corrective action per the Significant Deficiencies Directive Memorandum K.02, DOH will follow-up with the system to ensure the deficiencies have been corrected. If necessary, DOH will develop a compliance strategy. Formal enforcement could include: A Bilateral Compliance Agreement (BCA), Departmental Order (DO), or State Health Order (SHO).	X	
If the Purveyor is uncooperative and refuses the survey, LHJ will notify DOH Sanitary Survey Coordinator.		X
DOH will send a second letter reminding the system of their survey requirement.	X	
If the Purveyor is still uncooperative and refuses the survey, LHJ will notify DOH Sanitary Survey Coordinator.		X
DOH will issue a Notice of Violation (NOV) with an offer for a Bilateral Compliance Agreement (BCA) to the non-responsive system.	X	
DOH will invoice water system upon completion of inspection (unless LHJ collects local fees)	X	
Submit A-19 1A invoice to DOH Contracts Office for payment. Provide a copy to the Eastern Regional Office.		X
Perform joint quality control surveys with DOH.	X	X
Annually review and confirm work completed; schedule new assignments; re-negotiate contract and discuss concerns or provide feedback on the program and process.	X	X

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2012-2014**

**DOH Program Name or Title:** Office of Immunization & Child Profile (OICP) -  
Effective January 1, 2013

**Local Health Jurisdiction Name:** Kittitas County Public Health Department

**Contract Number:** C16889

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

**Period of Performance:** January 1, 2013 through June 30, 2013

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (if applicable)</b> <input type="checkbox"/> ARRA (Recovery Act) <input checked="" type="checkbox"/> FFATA (Transparency Act)	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work is to define required immunization tasks, deliverables, and funding.

**Revision Purpose:** N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
FFY13 VFC Ops	93.268	333.93.26	74203220	01/01/13	06/30/13	0	1,712	1,712
FFY13 317 Ops	93.268	333.93.26	74201220	01/01/13	06/30/13	0	920	920
FFY13 AFIX	93.268	333.93.26	74205220	01/01/13	06/30/13	0	3,913	3,913
<b>TOTALS</b>						<b>0</b>	<b>6,545</b>	<b>6,545</b>

Task Number	Task/Activity/Description	*May Support PHIP State and Local 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 Outside Provider Agreement for Receipt of State Supplied Vaccine for all health care providers receiving state-supplied childhood vaccines.		Outside Provider Agreements for Receipt of State Supplied Vaccine (DOH 348-022) paper form or 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:  FFY13 AFIX, 74205220

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					*See Restrictions on Funds below.
2.	Enroll new providers. Conduct an enrollment site visit to all new providers, and gather information needed to complete Program enrollment.		A copy of the Quality Assurance Activity Cover Sheet (DOH 348-151) and the Outside Provider Agreement for Receipt of State Supplied Vaccine (DOH 348-022)	At the time of new provider enrollment	Reimbursement for actual costs incurred, not to exceed total funding consideration amount  *Funds available for this task:  FFY13 AFIX, 74205220  *See Restrictions on Funds below.
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).		Electronic submission of provider vaccine orders via the Washington Immunization Information System or Provider Request for Childhood Vaccine (DOH 348-015) and Provider Request for Childhood Seasonal Flu Vaccine (DOH 348-118)	Monthly based on provider order schedule	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.  Funds available for this task:  FFY13 VFC Ops, 74203220  FFY13 317 Ops, 74201220
4.	Monitor vaccine accountability reports for compliance with VFC Provider Agreement related to vaccine management (ordering, inventory management, reconciliation, compliance with storage and handling, and reporting of all vaccine incidents and returns).		1) Monthly Vaccine Accountability Report (DOH 348-006)  2) Private Provider's Monthly Report of Vaccine Usage (DOH 348-025)	1) By the 15th of each month  2) Submit electronically at the time of vaccine order via the Washington Immunization Information System; retain paper form for review at the time of	Reimbursement for actual costs incurred, not to exceed total funding consideration amount  *Funds available for this task:  FFY13 AFIX, 74205220

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			3) Report of Vaccine Storage Incidents (DOH 348-154) complete with reason and corrective action  4) Report all cases (or suspected cases) of vaccine fraud or abuse.	LHJ site visit by DOH  3) Notify the Office of Immunization and Child Profile within seven (7) days of the incident  4) Notify the Office of Immunization and Child Profile within seven (7) days of the incident	*See Restrictions on Funds below.
5.	Provide communication, technical assistance, consultation, and education to providers about vaccine quality assurance, accountability, program participation and vaccine management.		A copy of the Summary of LHJ Technical Assistance Form (DOH 348-257) and as reflected in the completion of deliverables outlined in Tasks 1 – 4.	June 30th	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.  Funds available for this task:  FFY13 VFC Ops, 74203220  FFY13 317 Ops, 74201220
6.	Conduct VFC site visits at 2 private provider sites within your jurisdiction. Site visits should address all requirements outlined in the Outside Provider Agreement, the CDC Vaccines for Children (VFC) Operations Guide and as directed by the state administrators of the Vaccines for Children program.  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		1) VFC/AFIX Site Visit Selection Planning Form (DOH 348-158) identifying all providers who will receive a VFC site visit  2) A completed copy of the most recent CDC approved VFC Provider Compliance Site Visit Questionnaire (DOH 348-156) for each public and private provider site visit completed.	1) January 15th  2) Within thirty (30) days of when the site visit is conducted (no later than May 31)	Reimbursement for actual costs incurred, not to exceed total funding consideration amount  *Funds available for this task:  FFY13 AFIX, 74205220  *See Restrictions on

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	another physical site visit or verification by email, phone, fax, or mail that corrective actions were completed.		<p>3) A copy of the completed Quality Assurance Activity Cover Sheet (DOH 348-151) and supporting documentation that describes the type of VFC Compliance Follow-up (e.g., site visit, email, phone, fax, or mail) and how the provider corrected any identified non-compliance.</p> <p>4) A copy of the VFC/AFIX Site Visit Progress Report Form (DOH 348-157) listing which enrolled provider site visits were completed during the reporting period.</p>	<p>3) Within thirty (30) days of when the site visit is conducted (no later than May 31)</p> <p>4) By the 15th of the month following the end of each quarter.</p>	Funds below.
7.	<p>Conduct AFIX (Assessment, Feedback, Incentive, eXchange) at 1 private provider site(s) within your jurisdiction. Each AFIX visit should include: an assessment of practice immunization coverage rates for children ages 24 – 35 months old or 13-18 years old, sharing the coverage rate information with the provider and discussing opportunities for improvement in coverage rates and immunization practices. An AFIX visit may be conducted in person or by telephone.</p> <p>For family practice providers who primarily serve adolescent patients, an adolescent-only AFIX may be performed, assessing immunization coverage rates for patients 13-18 years old, per the Adolescent-Only AFIX Protocols (DOH 348-258).</p> <p>CoCASA (Comprehensive Clinical Assessment Software Application) must be used to assess the clinic's immunization coverage rates.</p>		<p>1) A copy of the following documents:</p> <ul style="list-style-type: none"> <li>• AFIX Feedback Form (DOH 348-159), which documents that providers were given verbal/written feedback regarding their immunization coverage rates.</li> <li>• CoCASA report(s) for Childhood Assessments (24 – 35 month old): 431331 and 4313314 Diagnostic Report Childhood.</li> <li>• CoCASA reports for Adolescent Assessments (13 – 18 year old): 32121 Adolescent Coverage Report and HPV Report.</li> </ul> <p>2) A copy of the VFC/AFIX Site Visit Progress Report Form (DOH 348-157) listing which enrolled provider site visits were completed during the reporting period.</p>	<p>1. Within thirty (30) days of when the AFIX visit is conducted (no later than May 31)</p> <p>2. By the 15th of the month following the end of each quarter.</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount</p> <p>*Funds available for this task:</p> <p>FFY13 AFIX, 74205220</p> <p>*See Restrictions on Funds below.</p>

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
8.	<p>Conduct activities to prevent perinatal hepatitis B infection in accordance with the Perinatal Hepatitis B Prevention Program Guidelines, including the following:</p> <p>1) identification and reporting of HBsAg-positive mothers and their infants;</p> <p>2) case management and tracking of infants to assure that they receive the first dose of HBIG and hepatitis B vaccine shortly after birth, the second dose at 1-2 months of age, the third dose at 6 months of age, and post-vaccination testing including HBsAg and anti-HBs at 9-18 months of age or 1-2 months after completing dose number three; and</p> <p>3) Identification and tracking of susceptible household and sexual contacts to assure that they receive HBIG and/or hepatitis B vaccine, and post-vaccination testing if appropriate.</p>		<p>1) Enter information for each case identified into the Perinatal Hepatitis B module of the WA Immunization Information System or complete a Perinatal Hepatitis B Confidential Case Report – Mother/Infant (DOH 348-030) and Household Contact (DOH 348-035) for each case identified</p> <p>2) Quarterly Perinatal Hepatitis B Outreach Summary (DOH 348-268 )</p>	<p>1) By the 15th of each month</p> <p>2) By the 15th of the month following the end of each quarter</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p> <p>Funds available for this task:</p> <p>FFY13 317 Ops, 74201220</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 revised Standards/Measures that may apply, can be found at:

<http://www.doh.wa.gov/PublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/PublicHealthImprovementPartnershipPHIP/ResourceCatalog/Standards.aspx>

**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 <http://USASpending.gov> by DOH as required by P.L. 109-282.

**Program Specific Requirements/Narrative**

- All LHJ staff who conducts VFC Compliance Site Visits and AFIX visits must participate in an annual VFC & AFIX training, conducted by DOH Office of Immunization and Child Profile (OICP) staff or their designee.



**Program Manual, Handbook, Policy References:****Office of Immunization and Child Profile References:**

- Guidelines for VFC Status Screening at: <http://www.doh.wa.gov/Portals/1/Documents/Pubs/GuidelinesVFCStatusScreening.pdf>
- Vaccine Accountability and Management Business Rules and Guidelines at: <http://www.doh.wa.gov/Portals/1/Documents/Pubs/348-212-VaccineAccountabilityManagementBusinessGuidelines.pdf>
- Adolescent-only AFIX Protocols <http://www.doh.wa.gov/Portals/1/Documents/Pubs/348-258-AdolOnlyAFIXVisitProtocol.pdf>
- Site Visit Selection Protocol <http://www.doh.wa.gov/Portals/1/Documents/Pubs/348-259-VFC-AFIXSiteVisitSelectionProtocol.pdf>
- Perinatal Hepatitis B Prevention Program Guidelines at [http://www.doh.wa.gov/Portals/1/Documents/Pubs/348-165\\_PerinatalHepatitisBPreventionProgramGuidelines.pdf](http://www.doh.wa.gov/Portals/1/Documents/Pubs/348-165_PerinatalHepatitisBPreventionProgramGuidelines.pdf)

**CDC Reference:**

- VFC Operations Guide at <http://www.cdc.gov/vaccines/programs/vfc/awardees/op-guide.html>  
(Note: All site visit reviewers are required to have access to the most current CDC VFC Operations Guide at every VFC compliance site visit).

**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 posted on the DOH Consolidated Contract website at <http://www.doh.wa.gov/PublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Funding/ConsolidatedContracts/FormsReportsandProgramInformation.aspx>. In addition to the funding listed in the Payment Information and/or Amount column for each task, FFY13 317 Ops funding may be used for any activity in this statement of work, per funding availability.

**Monitoring Visits (frequency, type):**

- All new LHJ site visit reviewers are required to have at least one 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.

**Special Billing Requirements:**

Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

**DOH Program Contact**

Tawney Harper, MPA  
Administrative Services Section Manager  
Office of Immunization and Child Profile  
Department of Health  
PO Box 47843, Olympia WA 98504-7843  
[tawney.harper@doh.wa.gov](mailto:tawney.harper@doh.wa.gov), 360-236-3525

Deliverables may be sent electronically via email at [OICPContracts@doh.wa.gov](mailto:OICPContracts@doh.wa.gov),  
by fax to 360-236-3590, or by mail to PO Box 47843, Olympia WA 98504-7843

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2012-2014**

**DOH Program Name or Title:** OICP-PPHF Reimbursement Project -  
Effective January 1, 2013

**Local Health Jurisdiction Name:** Kittitas County Public Health Department

**Contract Number:** C16889

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

**Period of Performance:** January 1, 2013 through June 30, 2013

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

**Statement of Work Purpose:** The purpose of this statement of work is to identify tasks, deliverables, and funding for participation in the Prevention and Public Health (PPHF) Reimbursement Project.

**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			
FFY12 PPHF Public Health Reimbursement	93.539	333.93.53	74901220	01/01/13	06/30/13	0	2,500	2,500
<b>TOTALS</b>						<b>0</b>	<b>2,500</b>	<b>2,500</b>

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Participate in Phase 1 of the Prevention and Public Health Fund (PPHF) Reimbursement Project by completing the following:  a. Complete a cost benefit assessment of billing for health care services provided by the LHJ.  b. Complete a four-part training on billing strategies conducted by DOH staff		a. Submit a cost benefit assessment (tool will be provided by DOH)  b. Submit a Reimbursement Training Evaluation form (to be provided by DOH)	a. 03/31/2013  b. 06/30/2013	Reimbursement for actual costs incurred, not to exceed total funding consideration amount
2	Upon completion of Task 1 activities, complete an Intent to Apply worksheet to indicate whether the LHJ intends to apply for participation in the implementation phase of the project (Phase 2)		Submit an "Intent to Apply" worksheet (to be provided by DOH)	06/30/2013	Reimbursement for actual costs incurred, 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 revised Standards/Measures that may apply, can be found at:

<http://www.doh.wa.gov/PublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/PublicHealthImprovementPartnershipPHIP/ResourceCatalog/Standards.aspx>

**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 <http://USASpending.gov> by DOH as required by P.L. 109-282.

**Special Billing Requirements:**

Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

**DOH Program Contact**

Carri Comer, Public Health Reimbursement Grant Coordinator

Office of Immunization and Child Profile

Department of Health

PO Box 47843, Olympia WA 98504-7843

[Carri.comer@doh.wa.gov](mailto:Carri.comer@doh.wa.gov) Phone: 360-236-3731 FAX: 360-236-3590

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2012-2014**

**DOH Program Name or Title:** Performance Management Center for Excellence-QI Project - Effective October 1, 2012

**Local Health Jurisdiction Name:** Kittitas County Public Health Department

**Contract Number:** C16889

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

**Period of Performance:** October 1, 2012 through September 29, 2013

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

**Statement of Work Purpose:** The purpose of this statement of work is to provide funding for the LHJ to carry out a quality improvement project. The project topic, Environmental Health (EH) Performance Measure Data Collection, addresses an area of need prioritized by the LHJ. It was selected based on data. The project responds to Public Health Accreditation Board Standards and Measures Version 1.0, 9.2.2A, addressing an administrative area. The project timeline includes implementation and early measurement of results of improvements during the contract period.

**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			
FFY12 Strengthening Pub Hlth Infrastructure	93.507	333.93.50	91106212	10/01/12	09/29/13	0	10,000	10,000
<b>TOTALS</b>						<b>0</b>	<b>10,000</b>	<b>10,000</b>

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	LHJ will participate in two (2) day-long Learning Congresses, to share results from activities	Public Health Accreditation Board Standards and Measures Version 1.0 Domain 9	Attendance of one (1) team members at each day-long Learning Congress Presentation of results of activities using formats provided by the Performance Management Centers for Excellence	November 1, 2012 and September 23, 2013	Reimbursement for actual costs incurred, upon DOH receipt and approval of deliverables, not to exceed total funding
2	LHJ will provide a project definition document before embarking on activities	Public Health Accreditation Board Standards and Measures Version 1.0 Domain 9	Project definition/charter document will at minimum contain: Project Title, Goal, AIM statement, Objectives with milestone dates, Scope, Action plan/tasks with dates and responsibilities assigned,	February 15, 2013	Reimbursement for actual costs incurred, upon DOH receipt and approval of deliverables, not to exceed total funding

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			Measures, Team members and roles		
3	LHJ will participate in one (1) training iLinc meeting and monthly 30-minute teleconferences with MarMason Consulting and staff from the Spokane Public Health Performance Management Center for Excellence, to provide consulting and support for ongoing activities.	Public Health Accreditation Board Standards and Measures Version 1.0 Domain 9	Participation in one (1) training iLinc meeting and monthly 30-minute teleconferences with MarMason Consulting and staff from the Spokane Public Health Performance Management Center for Excellence	December 18, 2012 Jan. 8 or 14, 2013 Feb. 11 or 12, 2013 Mar. 11 or 12, 2013 April 8 or 9, 2013 May 13 or 14, 2013 June 10 or 11, 2013 July 8 or 9, 2013 August 12 or 13, 2013	Reimbursement for actual costs incurred, upon DOH receipt and approval of deliverables, not to exceed total funding
4	LHJ will provide an interim report to describe activities through May 1, 2013	Public Health Accreditation Board Standards and Measures Version 1.0 Domain 9	One (1) written, interim report describing the activities completed, using formats provided by the Performance Management Centers for Excellence	May 15, 2013	Reimbursement for actual costs incurred, upon DOH receipt and approval of deliverables, not to exceed total funding
5	LHJ will participate in a post-evaluation by the Northwest Center for Public Health	Public Health Accreditation Board Standards and Measures Version 1.0 Domain 9	LHJ will provide timely responses to the post-evaluation by the Northwest Center for Public Health Practice during this grant period	July 31, 2013	Reimbursement for actual costs incurred, upon DOH receipt and approval of deliverables, not to exceed total funding
6	LHJ will work with the Spokane Public Health Performance Management Center for Excellence to receive technical assistance and/or training materials as needed	Public Health Accreditation Board Standards and Measures Version 1.0 Domain 9		As needed	Reimbursement for actual costs incurred, upon DOH receipt and approval of deliverables, not to exceed total funding
7	LHJ will submit a final report in preparation for the Learning Congress on September 23, 2013.	Public Health Accreditation Board Standards and Measures Version 1.0 Domain 9	One (1) written, final report describing the activities completed, improvements implemented, results to date, using formats provided by the Performance Management Centers for Excellence	August 15, 2013	Reimbursement for actual costs incurred, upon DOH receipt and approval of deliverables, not to exceed total funding

**\*For Information Only:**

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<http://www.doh.wa.gov/PublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/PublicHealthImprovementPartnershipPHIP/ResourceCatalog/Standards.aspx>

**Program Specific Requirements/Narrative****Special Requirements:****Federal Funding Accountability and Transparency Act (FFATA)**

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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 <http://USASpending.gov> by DOH as required by P.L. 109-282.

**DOH Program Contact**

Susan Ramsey  
Director of Performance and Accountability  
Department of Health  
PO Box 47890  
Olympia WA 98504-7890  
[Susan.ramsey@doh.wa.gov](mailto:Susan.ramsey@doh.wa.gov)  
(360) 236-4013 Fax (360) 586-7424

## Kittitas County Public Health Department

**EXHIBIT B-6**  
**ALLOCATIONS**  
**Contract Term: 2012-2014**

**Contract Number:** C16889  
**Date:** November 15, 2012

Chart of Accounts Program Title	Amendment	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			
Drinking Water Group A - SS	N/A	66.468	333.66.46	01/01/12	12/31/12	07/01/11	06/30/13	\$3,500		
Drinking Water Group A - SS	Amend 1	66.468	333.66.46	01/01/12	12/31/12	07/01/11	06/30/13	(\$3,250)		
Drinking Water Group A - SS	Amend 2	66.468	333.66.46	01/01/12	06/30/13	07/01/11	06/30/13	\$2,000		
Drinking Water Group A - SS	Amend 6	66.468	333.66.46	01/01/12	06/30/13	07/01/11	06/30/13	\$1,000	\$3,250	
Drinking Water Group A - SS	Amend 6	66.468	333.66.46	07/01/13	12/31/13	07/01/13	12/31/13	\$1,250	\$1,250	\$4,500
Drinking Water Group A - TA	N/A	66.468	333.66.46	01/01/12	06/30/13	07/01/11	06/30/13	\$2,000		
Drinking Water Group A - TA	Amend 6	66.468	333.66.46	01/01/12	06/30/13	07/01/11	06/30/13	\$1,000	\$3,000	
Drinking Water Group A - TA	Amend 6	66.468	333.66.46	07/01/13	12/31/13	07/01/13	12/31/13	\$1,000	\$1,000	\$4,000
FFY11 PHEPR LHJ Funding	N/A	93.069	333.93.06	01/01/12	08/09/12	08/10/11	08/09/12	\$26,944		
FFY11 PHEPR LHJ Funding	Amend 2	93.069	333.93.06	01/01/12	08/09/12	08/10/11	08/09/12	\$11,881	\$38,825	
FFY12 PHEPR LHJ Funding	Amend 4	93.069	333.93.06	08/10/12	06/30/13	07/01/12	06/30/13	\$53,888	\$53,888	\$92,713
FFY12 AFIX	N/A	93.268	333.93.26	01/01/12	12/31/12	01/01/12	12/31/12	\$8,014	\$8,014	
FFY13 AFIX	Amend 6	93.268	333.93.26	01/01/13	06/30/13	01/01/13	12/31/13	\$3,913	\$3,913	\$11,927
FFY12 317 Ops	N/A	93.268	333.93.26	01/01/12	12/31/12	01/01/12	12/31/12	\$1,885	\$1,885	
FFY13 317 Ops	Amend 6	93.268	333.93.26	01/01/13	06/30/13	01/01/13	12/31/13	\$920	\$920	\$2,805
FFY12 VFC Ops	N/A	93.268	333.93.26	01/01/12	12/31/12	01/01/12	12/31/12	\$3,506	\$3,506	
FFY13 VFC Ops	Amend 6	93.268	333.93.26	01/01/13	06/30/13	01/01/13	12/31/13	\$1,712	\$1,712	\$5,218
FFY11 Strengthening Pub Hlth Infrastructure	Amend 1	93.507	333.93.50	01/01/12	09/29/12	09/30/11	09/29/12	\$9,858	\$9,858	
FFY12 Strengthening Pub Hlth Infrastructure	Amend 6	93.507	333.93.50	01/01/13	09/29/13	09/30/12	09/29/13	\$10,000	\$10,000	\$19,858
FFY12 PPHF Public Health Reimbursement	Amend 6	93.539	333.93.53	01/01/13	06/30/13	09/30/12	09/29/13	\$2,500	\$2,500	\$2,500
FFY11 PHEPR HC Systems - Prep	Amend 1	93.889	333.93.88	01/01/12	06/30/12	07/01/11	06/30/12	\$5,000	\$5,000	\$5,000
FFY11 MCHBG HCO ConCon Federal	Amend 2	93.994	333.93.99	01/01/12	09/30/12	10/01/10	09/30/12	\$10,904	\$10,904	
FFY12 MCHBG HCO ConCon Federal	N/A	93.994	333.93.99	01/01/12	12/31/12	10/01/11	09/30/13	\$32,713		
FFY12 MCHBG HCO ConCon Federal	Amend 2	93.994	333.93.99	01/01/12	12/31/12	10/01/11	09/30/13	\$700	\$33,413	\$44,317
FFY13 MCHBG OHC ConCon Federal	Amend 6	93.994	333.93.99	01/01/13	06/30/13	10/01/12	09/30/13	\$21,916	\$21,916	\$21,916
GFS Local Capacity	Amend 1	N/A	334.04.92	01/01/12	06/30/12	07/01/11	06/30/13	\$22,920	\$22,920	
GFS Local Capacity	Amend 1	N/A	334.04.92	07/01/12	12/31/12	07/01/11	06/30/13	\$22,920	\$22,920	\$45,840

Kittitas County Public Health Department

**EXHIBIT B-6  
ALLOCATIONS  
Contract Term: 2012-2014**

**Contract Number: C16889  
Date: November 15, 2012**

Chart of Accounts Program Title	Amendment	CFDA*	BARS Revenue Code*	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period	Chart of Accounts
				Start Date	End Date	Start Date	End Date		Sub Total	Total
Youth Tobacco Prevention	N/A	N/A	334.04.93	01/01/12	06/30/12	07/01/11	06/30/13	\$2,893	\$2,893	
Youth Tobacco Prevention	Amend 3	N/A	334.04.93	07/01/12	06/30/13	07/01/11	06/30/13	\$6,982	\$6,982	\$9,875
Drinking Water Group A - SS State	N/A	N/A	334.04.98	01/01/12	06/30/13	07/01/11	06/30/13	\$3,500		
Drinking Water Group A - SS State	Amend 1	N/A	334.04.98	01/01/12	06/30/13	07/01/11	06/30/13	(\$3,250)		
Drinking Water Group A - SS State	Amend 2	N/A	334.04.98	01/01/12	06/30/13	07/01/11	06/30/13	\$2,000		
Drinking Water Group A - SS State	Amend 6	N/A	334.04.98	01/01/12	06/30/13	07/01/11	06/30/13	\$1,000	\$3,250	
Drinking Water Group A - SS State	Amend 6	N/A	334.04.98	07/01/13	12/31/13	07/01/13	12/31/13	\$1,250	\$1,250	\$4,500
Blue Ribbon Local Health Funds	Amend 1	N/A	334.04.99	00/00/00	00/00/00	00/00/00	00/00/00	\$30,000		
Blue Ribbon Local Health Funds	Amend 3	N/A	334.04.99	00/00/00	00/00/00	00/00/00	00/00/00	\$30,000	\$60,000	\$60,000
<b>TOTAL</b>								<b>\$334,969</b>	<b>\$334,969</b>	
<b>Total consideration:</b>			<b>\$287,508</b>					<b>GRAND TOTAL</b>		<b>\$334,969</b>
			<b>\$47,461</b>							
<b>GRAND TOTAL</b>			<b>\$334,969</b>					<b>Total Fed</b>		<b>\$214,754</b>
								<b>Total State</b>		<b>\$120,215</b>

\*Catalog of Federal Domestic Assistance

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



# Exhibit C - Schedule of Federal Awards

Date: November 15, 2012

AFRS Through Bien 2013 Fiscal Month 19

KITTITAS COUNTY HEALTH DEPT - SWV0010475-07  
CONTRACT C1688900 - Kittitas County Public Health Department  
CONTRACT PERIOD 1/1/2012 - 12/31/2014

DOH Title	BARS	DOH Project	Alloc Period	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Grant Award Number	Federal Grant Award Name
FFY11 PHEPR LHJ FUNDING	333.93.06	1844-09	01/01/12 - 08/09/12	\$38,825.00	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	2U90TP017010-11	PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT
FFY12 PHEPR LHJ FUNDING	333.93.06	1847-12	08/10/12 - 06/30/13	\$53,888.00	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	1U90TP000559-01AB	TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS
FFY11 PHEPR HC SYSTEMS - PREP	333.93.88	6139-01	01/01/12 - 06/30/12	\$5,000.00	93.889	National Bioterrorism Hospital Preparedness Program	Department of Health and Human Services Office of the Secretary	5U3REP090228-03-00	FY10 HOSPITAL PREPAREDNESS PROGRAM
FFY12 317 OPS	333.93.26	3840-10	01/01/12 - 12/31/12	\$1,885.00	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5H23IP022548-10	IMMUNIZATION AND VACCINES FOR CHILDREN GRANTS
FFY13 317 OPS	333.93.26	3841-10	01/01/13 - 06/30/13	\$920.00	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	1H23IP000762-317 OPS	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY12 VFC OPS	333.93.26	3840-12	01/01/12 - 12/31/12	\$3,506.00	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5H23IP022548-10	IMMUNIZATION AND VACCINES FOR CHILDREN GRANTS
FFY13 VFC OPS	333.93.26	3841-12	01/01/13 - 06/30/13	\$1,712.00	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	1H23IP000762- VFC OPS	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY12 AFIX	333.93.26	3840-14	01/01/12 - 12/31/12	\$8,014.00	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5H23IP022548-10	IMMUNIZATION AND VACCINES FOR CHILDREN GRANTS
FFY13 AFIX	333.93.26	3841-14	01/01/13 - 06/30/13	\$3,913.00	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	1H23IP000762-AFIX	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY12 PPHF Public Health Reimbursement	333.93.53	3842-99	01/01/13 - 06/30/13	\$2,500.00	93.539	PPHF 2012 - Prevention and Public Health Fund (Affordable Care Act) - Capacity Building Assistance to Strengthen Public Health Systems	Department of Health and Human Services Centers for Disease Control and Prevention	3H23IP000561-01S1	PREVENTION AND PUBLIC HEALTH FUND CAPACITY BUILDING ASSISTANCE TO STRENGTHEN PUB
FFY11 MCHBG HCO CONCON FEDERAL	333.93.99	3021-05	01/01/12 - 09/30/12	\$10,904.00	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	1B04MC21391-01	MATERNAL AND CHILD HEALTH SERVICES
FFY12 MCHBG HCO CONCON FEDERAL	333.93.99	3022-05	01/01/12 - 12/31/12	\$33,413.00	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	1B04MC23416-01-00	MATERNAL AND CHILD HEALTH SERVICES
FFY13 MCHBG OHC CONCON FEDERAL	333.93.99	3023-05	01/01/13 - 06/30/13	\$21,916.00	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	1 B04MC25378-01-00	MATERNAL AND CHILD HEALTH SERVICES
FFY11 STRENGTHENING PUB HLTH INFRAST	333.93.50	9107-99	01/01/12 - 09/29/12	\$9,858.00	93.500	Pregnancy Assistance Fund Program	Department of Health and Human Services Office of the Secretary	5U58CD001318-02	STRENGTHENING PUBLIC HEALTH INFRASTRUCTURES FOR IMPROVED HEALTH OUTCOMES
FFY12 STRENGTHENING PUB HLTH INFRAST	333.93.50	9108-99	10/01/12-09/29/13	\$10,000.00	93.500	Pregnancy Assistance Fund Program	Department of Health and Human Services Office of the Secretary	5U58CD001318-03	CD10-1011 STRENGTHENING PUBLIC HEALTH INFRASTRUCTURE