

**PROFESSIONAL SERVICES AGREEMENT**  
**Between**  
**KITTITAS COUNTY PUBLIC HEALTH**  
**And**  
**COMMUNITY HEALTH OF CENTRAL WASHINGTON**

This Agreement dated as of January 1, 2012 is made by and between Kittitas County (hereinafter "the County") and Community Health of Central Washington (hereinafter "Contractor"). The County and Contractor agree as follows:

General Conditions; Exhibit A (Scope of Work);  
Exhibit B (Compensation); Exhibit C (Proof of Insurance);  
Exhibit D (2012-2014 Consolidated Contract #C16889 between Kittitas County  
and the Washington State Department of Health)

copies of which are attached hereto and incorporated herein by this reference as fully as if set forth herein.  
The following documents and/or laws are incorporated by reference as fully as if set forth herein:

- HRSA -Understanding Title V of the Social Security Act:  
<ftp://ftp.hrsa.gov/mchb/titlevtoday/UnderstandingTitleV.pdf>
- 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)


The term of this Agreement shall commence on January 1, 2012 and continue until December 31, 2012. Any party may terminate this Agreement by giving thirty (30) days notice in writing either personally delivered or mailed postage-prepaid by certified mail, return receipt requested, to the party's last known address for the purposes of giving notice under this paragraph.

Contractor acknowledges and by signing this Agreement agrees that the Indemnification provisions set forth in Paragraphs 7 (Independent Contractor), 9 (Taxes), 15 (Defense and Indemnity Agreement), 21 (Patent/Copyright Infringement) and 24 (Confidentiality), are totally and fully part of this Agreement and have been mutually negotiated by the parties.

IN WITNESS WHEREOF, the parties have executed this Agreement this \_\_\_\_ day of \_\_\_\_, 2012.

**APPROVED:**

COMMUNITY HEALTH OF  
CENTRAL WASHINGTON

  
Signature of Signatory  
(Date 5/12/2012)

Paul Kaschmitter  
Print Name of Signatory


BOARD OF COUNTY COMMISSIONERS  
KITITAS COUNTY, WASHINGTON

  
Alan Crankovich, Chairman

  
Obie O'Brien, Vice-Chairman

  
Paul Jewell, Commissioner



  
Linda Navarre, Clerk of the Board

**Contractor Address:**

Community Health of Central Washington  
1806 W Lincoln Ave  
Yakima, WA 98902

**County's Address:**

Kittitas County Public Health Department  
205 West 5<sup>th</sup> Avenue, Suite 108  
Ellensburg, WA 98926

**Project Contact:**

Paul Kaschmitter

**Project Contact:**

Linda Navarre

## **GENERAL CONDITIONS**

### **1. Scope of Contractor's Services:**

Contractor agrees to provide to the County services and any materials set forth in the project narrative identified in Exhibit "A" during the Agreement period. No material, labor, or facilities will be furnished by the County, unless otherwise provided for in the Agreement.

### **2. Performance of Work:**

Contractor shall perform work in accordance with, and shall comply with, all of the provisions of this Agreement. All work shall comply with applicable codes, ordinances and the Consolidated Contract (Exhibit D).

### **3. Schedule of Performance:**

Unless directed otherwise by the County, Contractor shall perform the work in accordance with any schedules made a part of this Agreement.

### **4. Definitions:**

- 4.1 "Additional Insured's" means the County, its successors and assigns, and the respective directors, officers, employees, agents and representatives of the County and its successors and assigns.
- 4.2 "Support" means the following: Contractor's directors, officers, employees, agents and representatives; and sub-Contractors of any tier; the respective directors, officers, employees, agents and representatives of these sub-Contractors of any tier; and any other person or entity acting under the direction or control of, or on behalf of, Contractor or any Contractor's sub-Contractors of any tier in connection with or incident to the performance of the Work or this Agreement.
- 4.3 The "Work" means all of the duties listed in Exhibit A and the performance of all other obligations, under this Agreement by Contractor or its Support.

### **5. Accounting and Payment for Contractor Services:**

Payment to the Contractor for services rendered under this Agreement shall be as set forth in Exhibit "B". Where Exhibit "B" requires payments by the County, payment shall be based upon billings, supported unless otherwise provided in Exhibit "B", by documentation of units of work actually performed and amounts earned, including where appropriate, the actual number of days worked each month, total number of hours for the month, and the total dollar payment requested. Unless specifically stated in Exhibit "B" or approved in writing in advance by the Kittitas County Board of Commissioners, the County will not reimburse the Contractor for any costs or expenses incurred by the Contractor in performance of this Agreement.

Where required, the County shall, upon receipt of appropriate documentation, compensate the Contractor, no more often than monthly, through the County voucher system, for the Contractor's service pursuant to the fee schedule set forth in Exhibit "B".

### **6. Assignment and Subcontracting:**

No portion of this Agreement may be assigned or subcontracted to any other individual, firm or entity without the express and prior written approval of the County.

7. Independent Contractor:

The Contractor's services shall be furnished by the Contractor as an independent Contractor and nothing herein contained shall be construed to create a relationship of employer-employee or master-servant, but all payments made hereunder and all services performed shall be made and performed pursuant to this Agreement by the Contractor as an independent Contractor.

The Contractor acknowledges that the entire compensation for this Agreement is specified in Exhibit "B" and the Contractor is not entitled to any County benefits including, but not limited to: vacation pay, holiday pay, sick leave pay, medical, dental, or other insurance benefits, or any other rights or privileges afforded to Kittitas County employees.

Contractor will defend, indemnify and hold harmless the County, its Additional Insured's, officers, agents or employees from any loss or expense, including but not limited to settlements, judgments, setoffs, attorneys' fees or costs incurred by reason of claims or demands because of breach of the provisions of this paragraph.

8. No Guarantee of Employment:

The performance of all or part of this Agreement by the Contractor shall not operate to vest any employment rights whatsoever and shall not be deemed to guarantee any employment of the Contractor or any employee of the Contractor or any sub-Contractor or any employee of any sub-Contractor by the County at the present time or in the future.

9. Taxes:

The Contractor understands and acknowledges that the County will not withhold Federal or State income taxes. Where required by State or Federal law, the Contractor authorizes the County to make withholding for any taxes other than income taxes (i.e. Medicare). All compensation received by the Contractor will be reported to the Internal Revenue Service at the end of the calendar year in accordance with the applicable IRS regulations. It is the responsibility of the Contractor to make the necessary estimated tax payments throughout the year, if any, and the Contractor is solely liable for any tax obligation arising from the Contractor's performance of this Agreement. The Contractor hereby agrees to indemnify the County against any demand to pay taxes arising from the Contractor's failure to pay taxes on compensation earned pursuant to this Agreement.

The County will pay sales and use taxes imposed on goods or services acquired hereunder as required by law. The Contractor must pay all other taxes including, but not limited to: Business and Occupation Tax, taxes based on the Contractor's gross or net income, or personal property to which the County does not hold title. The County is exempt from Federal Excise Tax.

10. Regulations and Requirement:

This Agreement shall be subject to all laws, rules and regulations of the United States of America, and State of Washington, and political subdivisions of the State of Washington and to any other provisions set forth herein or in the attached exhibits. The Contractor agrees to comply with all terms and conditions of the Consolidated Contract (Exhibit D), including all terms, conditions, assurances and certifications for the tasks subcontracted in the Scope of Work (Exhibit A).

11. Right to Review:

This contract is subject to review by any Federal or State auditor. The County or its designee shall have the right to review and monitor the financial and service components of this program by whatever means are deemed expedient by the County. Such review may occur with or without notice, and may include, but is not limited to, on-site inspection by County agents or employees, inspection of all records or other materials which the County deems pertinent to the Agreement and its performance, and any and all communications with or evaluation by service recipients under this Agreement. The Contractor shall preserve and maintain all financial records and records relating to the performance of work under this Agreement for 6 years after contract termination, and shall make them available for such review, within Kittitas County, State of Washington, upon request.

12. Modifications:

- 12.1 Either party may request changes in the Agreement. Any and all agreed modifications shall be in writing, signed by each of the parties.
- 12.2 The County may, at any time, by written notice thereof to Contractor ("Change Notice") makes changes in the Work within the general scope of this Agreement, including, but not limited to: (a) changes in, revisions to, substitutions for, additions to or deletions of any Work; (b) changes in schedule; and (c) acceleration, deceleration or suspension of performance of any Work.
- 12.3 If any change in the Work causes an increase or decrease on Contractor's cost of, or the time required for, performance of the Work, an equitable adjustment in the compensation to Contractor and in the schedule for the performance of the Work shall be made to reflect such an increase or decrease.
- 12.4 Notwithstanding any dispute or delay in arriving at a mutually acceptable equitable adjustment, Contractor shall proceed in accordance with all Change Notices. Contractor must, within thirty (30) days after receipt of any Change Notice that does not set forth any acceptable adjustment, submit to the County a written statement setting forth any adjustment claimed.
- 12.5 If any change results in a decrease in the Work performed, Contractor shall be entitled to compensation associated with changing the Work, such as revising design already completed, revising calculations already performed, and revising documents.

13. Termination for Default:

If the Contractor defaults by failing to perform any of the obligations of the Agreement or becomes insolvent or is declared bankrupt or commits any act of bankruptcy or insolvency or makes an assignment for the benefit of creditors, the County may, by depositing written notice to the Contractor in the U.S. mail, postage prepaid, terminate the Agreement, and at the County's option, obtain performance of the work elsewhere. If the Agreement is terminated for default, the Contractor shall not be entitled to receive any further payments under the Agreement until all work called for has been fully performed. Any extra cost or damage to the County resulting from such default(s) shall be deducted from any money due or coming due to the Contractor. The Contractor shall bear any extra expenses incurred by the County in completing the work, and all damage sustained, or which may be sustained by the County by reason of such default.

If a notice of termination for default has been issued and it is later determined for any reason that the Contractor was not in default, the rights and obligations of the parties shall be the same as if the notice of termination had been issued pursuant to the Termination for Public Convenience paragraph hereof.

14. Termination for Public Convenience:

The County may terminate the Agreement in whole or in part whenever the County determines, in its sole discretion that such termination is in the best interests of the County. Whenever the Agreement is terminated in accordance with this paragraph, the Contractor shall be entitled to payment for actual work performed at unit contract prices for completed items of work. In the event of such termination, an equitable adjustment shall be made in the compensation payable to Contractor.

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. Termination of this Agreement by the County at any time during the term, whether for default or convenience, shall not constitute a breach of contract by the County.

15. Defense & Indemnity Agreement:

The Contractor agrees to and shall defend, indemnify and hold harmless the County, its Additional Insured's, appointed and elective officers, agents and employees, from and against all loss or expense, including but not limited to judgments, settlements, attorney's fees and costs by reason of any and all claims and demands upon the County, its Additional Insured's, its elected or appointed officials, agents, or employees for damages because of personal or bodily injury, including death at any time resulting therefrom, sustained by any person or persons and on account of damage to property including loss of use thereof, whether such injury to persons or damage to property is due to the negligence of the Contractor, its sub-Contractors, its elected officers, employees or their agents, except only such injury or damage as shall have been occasioned by the sole negligence of the County, its Additional Insured's, appointed or elected officials, agents, or employees. It is further provided that no liability shall attach to the County by reason of entering into this contract, except as expressly provided herein.

16. Industrial Insurance Waiver:

With respect to the performance of this Agreement and as to claims against the County, its Additional Insured's, officers, agents and employees, the Contractor expressly waives its immunity under Title 51 of the Revised Code of Washington, the Industrial Insurance Act, for injuries to its employees and agrees that the obligations to indemnify, defend and hold harmless provided in this agreement extend to any claim brought by or on behalf of any employee of the Contractor. **This waiver is mutually negotiated by the parties to this Agreement.**

17. Venue and Choice of Law:

In the event that any litigation should arise concerning the construction or interpretation of any of the terms of this Agreement, the venue of such action of litigation shall be in the Superior Court of the State of Washington in and for the County of Kittitas. This Agreement shall be governed by the law of the State of Washington.

18. Withholding Payment:

In the event the Contractor has failed to perform any obligation to be performed by the Contractor under this Agreement within the time set forth in this Agreement, then the County may, upon written notice, withhold

all monies due and payable to Contractor, without penalty, until such failure to perform is cured or otherwise adjudicated.

19. Future Non-Allocation of Funds:

If sufficient funds are not appropriated or allocated for payment under this Agreement for any future fiscal period, the County will not be obligated to make payments for services or amounts incurred after the end of the current fiscal period. No penalty or expense shall accrue to the County in the event this provision applies.

20. Contractor Commitments, Warranties and Representations:

The Contractor represents and warrants to the County as follows:

- 20.1 The Contractor is duly incorporated, validly existing and in good standing under the laws of the State of Washington, and has all requisite corporate power and authority to enter into and to perform its obligations under this Agreement.
- 20.2 The Contractor has the authority to execute this Agreement, to make the representations and warranties set forth in it and to perform the obligations of the Contractor under this Agreement in accordance with its terms.
- 20.3 This Agreement has been validly executed by an authorized representative of the Contractor and constitutes a valid and legally binding and enforceable obligation of Contractor.
- 20.4 The Contractor has or will obtain prior to the commencement date such licenses, permits and other authorizations from federal, state and other governmental authorities, as are necessary for the performance of its obligations under this Agreement.
- 20.5 The Contractor is not in violation of any applicable law, ordinance or regulation the consequence of which will or may materially affect Contractor's ability to perform its obligations under this Agreement. The Contractor is not subject to any order or judgment of any court, tribunal or governmental agency which materially and adversely affects its operations or assets in the State of Washington, or its ability to perform its obligations under this Agreement.
- 20.6 None of the representations or warranties in this Agreement, and none of the documents, statements, certificates or schedules furnished or to be furnished by Contractor pursuant hereto or in connection with the performance of the obligations contemplated under this Agreement, contains or will contain any untrue statement of a material fact or omits or will omit to state a material fact necessary to make the statements of fact contained therein not misleading.

21. Patent/Copyright Infringement:

Contractor will defend and indemnify the County from any claimed action, cause or demand brought against the County; to the extent such action is based on the claim that information supplied by the Contractor infringes any patent or copyright. The Contractor will pay those costs and damages attributable to any such claims that are finally awarded against the County in any action. Such defense and payments are conditioned upon the following:

- 21.1 Contractor shall be notified promptly in writing by County of any notice of such claim.
- 21.2 Contractor shall have the right, hereunder, at its option and expense, to obtain for the County the right to continue using the information, in the event such claim of infringement is made, provided no reduction in performance or loss results to the County.

22. Disputes:

22.1 General

Differences between the Contractor and the County, arising under and by virtue of the Agreement Documents shall be brought to the attention of the County at the earliest possible time in order that such matters may be settled or other appropriate action promptly taken. Except for such objections as are made of record in the manner hereinafter specified and within the time limits stated, the records, orders, instructions, and decisions of the Kittitas County Commissioners shall be final and conclusive.

22.2 Notice of Potential Claims

The Contractor shall not be entitled to additional compensation which otherwise may be payable, or to extension of time for (1) any act or failure to act by the County, or (2) the happening of any event or occurrence, unless the Contractor has given the County a written Notice of Potential Claim within ten (10) days of the commencement of the act, failure, or event giving rise to the claim, and before final payment by the County. The written Notice of Potential Claim shall set forth the reasons for which the Contractor believes additional compensation or extension of time is due, the nature of the cost involved, and insofar as possible, the amount of the potential claim. Contractor shall keep full and complete daily records of the work performed, labor and material used, and all costs and additional time claimed to be additional.

22.3. Detailed Claim

The Contractor shall not be entitled to claim any such additional compensation, or extension of time, unless within thirty (30) days of the completion of the portion of the work from which the claim arose, and before final payment by the County, the Contractor has given the County a detailed written statement of each element of cost or other compensation requested and of all elements of additional time required, and copies of any supporting documents evidencing the amount or extension of time claimed to be due.

23. Ownership of Items Produced:

All writings, programs, data, public records or other materials prepared by the Contractor and/or its consultants or sub-Contractors, in connection with performance of this Agreement shall be the sole and absolute property of the County.

24. Confidentiality:

The Contractor, its employees, sub-Contractors, and their employees shall maintain the confidentiality of all information provided by the County or acquired by the Contractor in performance of this Agreement, except upon the prior written consent of the Kittitas County Prosecuting Attorney or an order entered by a court after having acquired jurisdiction over the County. Contractor shall immediately give to the County notice of any judicial proceedings seeking disclosure of such information. Contractor shall indemnify and hold harmless the County, its Additional Insured's, officials, agents or employees from all loss or expense, including, but not limited to settlements, judgments, setoffs, attorneys' fees and costs resulting from Contractor's breach of this provision.

25. Notice:

Except as set forth elsewhere in the Agreement, for all purposes under this Agreement, except service of process, notice shall be given by the Contractor to the department head of the department for whom services are rendered, and to the Kittitas County Commissioners, 205 W 5<sup>th</sup> Ave, Suite 108, Ellensburg, WA 98926.

Notice to the Contractor for all purposes under this Agreement shall be given to the address reflected on the signature page. Notice may be given by delivery or by depositing in the U.S. Mail, first class, postage prepaid.

26. Severability:

If any term or condition of this Agreement or the application thereof to any person(s) or circumstances is held invalid, such invalidity shall not affect other terms, conditions or applications which can be given effect without the invalid term, condition or application. To this end, the terms and conditions of this Agreement are declared severable.

27. Miscellaneous:

- 27.1 The County's failure or delay to insist upon strict performance of any of the provisions of this Agreement or to exercise any rights or remedies under this Agreement shall not be construed as a waiver or relinquishment to any extent of its right to assert or rely upon any such provisions, rights or remedies in that or any other instance; rather the same shall be and remain in full force and effect.
- 27.2 This Agreement embodies the entire Agreement between the County and Contractor, and supersedes any and all prior agreements, regarding the Work. No change, amendment or modification of any provisions of this Agreement shall be valid unless set forth in a written instrument signed by the party to be bound thereby.
- 27.3 The rights and remedies of the County set forth in any provision of this Agreement are in addition to and do not in any way limit any other rights or remedies afforded to the County by any other provisions of this Agreement, by any of Contractor's Support or by law.
- 27.4 The headings of sections and paragraphs of this Agreement are for convenience of reference only and are not intended to restrict, affect or be of any weight in the interpretation or construction of the provisions of such sections or paragraphs.

28. Waiver:

Waiver of any breach or condition of this Agreement shall not be deemed a waiver of any prior or subsequent breach. No terms or conditions of this Agreement shall be held to be waived, modified or deleted except by an instrument, in writing, signed by the parties hereto.

29. Survival:

The provisions of paragraphs 7, 9, 11, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 28, 30, and 31, shall survive, notwithstanding the termination or invalidity of this Agreement for any reason.

30. Nondiscrimination:

- 30.1 The County is an equal opportunity employer.

- 30.2 Nondiscrimination in Employment

In the performance of this Agreement, the Contractor will not discriminate against any employee or applicant for employment on the grounds of race, creed, color, national origin, sex, sexual orientation, marital status, age or the presence of any sensory, mental or physical handicap; provided that the prohibition against discrimination in employment because of handicap shall not apply if the particular

disability prevents the proper performance of the particular worker involved. The Contractor shall ensure that applicants are employed, and that employees are treated during employment without discrimination because of their race, creed, color, national origin, sex, sexual orientation, marital status, age or the presence of any sensory, mental or physical handicap. Such action shall include, but not be limited to: employment, upgrading, demotion or transfers, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and programs for training including apprenticeships. The Contractor shall take such action with respect to this Agreement as may be required to ensure full compliance with local, state and federal laws prohibiting discrimination in employment.

30.3 Nondiscrimination in Services

The Contractor will not discriminate against any recipient of any services or benefits provided for in this Agreement on the grounds of race, creed, color, national origin, sex, sexual orientation, marital status, age or the presence of any sensory, mental or physical handicap.

- 30.4 If any assignment and/or subcontracting has been authorized by the County, said assignment or subcontract shall include appropriate safeguards against discrimination. The Contractor shall take such action as may be required to ensure full compliance with the provisions in the immediately preceding paragraphs herein.

31. Prevailing Wage:

Contractor shall pay the prevailing rate of wages to all workers, laborers, or mechanics employed in the performance of any part of the Work in accordance with RCW 39.12 and the rules and regulations of the Department of Labor and Industries. The schedule of prevailing wages rates for the locality or localities of the Work is determined by the Industrial Statistician of the Department of Labor and Industries. It is the Contractor's responsibility to verify the applicable prevailing wage rate. It is understood that the Contractor is responsible for obtaining and completing all required government forms and submitting same to the proper authorities.

Disputes regarding prevailing wage rates shall be referred for arbitration to the Director of the Department of Labor and Industries. The arbitration decision shall be final and conclusive and binding on all parties involved in the dispute as provided for by RCW 39.12.060.

## **EXHIBIT "A"**

### **SCOPE OF WORK**

In addition to providing all material and labor, the Contractor shall perform the following:

- 1) Employ a registered nurse, fully licensed within the State of Washington to perform the work described below within the Children with Special Health Care Needs Program (Maternal and Child Health: Task 2 in Exhibit D). This work includes:
  - a) Providing community access to the CSHCN program, commitment for CSHCN staff to participate in local, regional and statewide coordinator functions, trainings, meetings and conferences.
  - b) Preparation and submittal of data reports to the Washington State Department of Health on a quarterly basis.
  - c) Preparation and submittal of data reports, including client insurance coverage data, to the KCPHD CHS Supervisor on a quarterly and year end basis utilizing the attached 2012 CSHCN Quarterly MCHBG Reporting Form.(2012 CSHCN Quarterly MCHBG Reporting Form in Exhibit E)
  - d) Meet annually with the KCPHD CHS Supervisor for a program work plan review.
  - e) Administering allocated funds for diagnosis and treatment of infants and children according to CSHCN Program policies and procedures.
  - f) Perform the following Consolidated Contract Requirements and copy the County on all submissions to the Washington State Department of Health:
    - i) Completing intake and renewal process into Child Health Intake Form (CHIF) Automated System on all infants and children receiving assistance and accessing services through the CSHCN Program. Submit CHIF client data on computer diskette for all children served, both new and renewals, according to CSHCN Program policies and procedures. (Maternal and Child Health: Task 2.1 in Exhibit D)
    - ii) Complete and submit all required Health Services Authorization (HSA) form for purchased CSHCN services to the state. (Maternal and Child Health:Task 2.2 in Exhibit D)
    - iii) Manage DX/TX allocation fund balance; track and report status of obligations according to CSHCN Program policies & procedures. (Maternal and Child Health: Task 2.3 in Exhibit D).

## EXHIBIT "B"

### COMPENSATION

As full compensation for satisfactory performance of the work, the County shall pay Contractor compensation not to exceed:

- 1) Payments up to the amount of \$14,600 for the delivery of CSHCN care coordination program services (based on projected funding from the Washington State Department of Health Maternal Child Block Grant. This is contingent on approval of the MCHBG budget by the 2012 Washington State legislature in April of 2012. Reduction of funding may occur.

Restrictions on Funds: Contractor agrees that payments received from the County under this Agreement shall 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 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)]*.

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)]*.

Contractor agrees to submit an invoice for services provided during each calendar month. The invoice for services is due to the Accountant at the Kittitas County Public Health Department (the County) by the 15<sup>th</sup> of the following month. County will make payments within thirty (30) days of receipt of invoice. County is not liable for services provided unless the invoice is received on time or prior arrangement are agreed to in a writing signed by the County. In no event will payments total more than \$14,600 under this agreement.

### EXHIBIT "C"

The Contractor shall secure and maintain in effect at all times during performance of the Work such insurance as will protect Contractor, its Support and the Additional Insured's from all claims, losses, harm, costs, liabilities, damages and expenses arising out of personal injury (including death) or property damage that may result from performance of the work or this Agreement, whether such performance is by Contractor or any of its Support.

All insurance shall be issued by companies admitted to do business in the State of Washington and have a rating of A-, Class VII or better in the most recently published edition of Best's Reports unless otherwise approved by the County. If an insurer is not admitted, all insurance policies and procedures for issuing the insurance policies must comply with Chapter 48.15 RCW and 284-15 WAC.

The Contractor shall provide proof of insurance for:

- 1) Commercial General Liability Insurance.
  - Coverage limits not less than:
    - \$1,000,000 per occurrence per project
    - \$2,000,000 general aggregate
    - \$1,000,000 products & completed operations aggregate
    - \$1,000,000 personal and advertising injury, each offense
  - Certificate Holder – Kittitas County
  - The Certificate must name the County as additional insured as defined in the Agreement
  - Thirty (30) days written notice to the County of cancellation of the insurance policy.
- 2) Commercial Automobile Liability Insurance.
  - Automobile Liability for owned, non-owned, hired, and leased vehicles, with an MCS 90 endorsement and a CA 9946 endorsement attached if 'pollutants' are to be transported.
  - Coverage limits not less than:
    - \$1,000,000 combined single limit
  - Thirty (30) days written notice to the County of cancellation of the insurance policy.
- 3) Workers' Compensation.
  - Workers' Compensation in amounts required by law.
- 4) Professional Liability.
  - The Contractor and/or its Subcontractor shall provide evidence of Professional Liability Insurance covering professional errors and omissions. Such policy must provide the following minimum limits:
    - \$1,000,000 per Claim
    - \$1,000,000 annual aggregate

- If the scope of such design-related professional services includes work related to pollution conditions, the Professional Liability insurance shall include Pollution Liability coverage
- If insurance is on a claims-made form, its retroactive date, and that of all subsequent renewals, shall be no later than the effective date of this Agreement.

Contractor shall furnish the County a certificate of insurance with Endorsement as evidence that policies providing insurance required by this Agreement are in full force and effect. Contractor hereby waives all rights of recourse, including any right to which another may be subrogated, against Kittitas County for personal injury, including death, and property damage. Contractor's insurance policies required above shall be primary insurance and shall be non-contributing with any other insurance maintained by Kittitas County.

The Contractor shall assume full responsibility for all loss or damage from any cause whatsoever to any tools, Contractor's employee-owned tools, machinery, equipment, or motor vehicles owned or rented by the Contractor, or the Contractor's agents, suppliers or contractors as well as to any temporary structures, scaffolding and protective fences.

The Contractor shall have sole responsibility for ensuring the insurance coverage and limits required are obtained by subcontractors.

NOTE: No contract shall form until and unless a copy of the Certificate of Insurance with Endorsement, properly completed and in the amount required, is attached hereto.

**EXHIBIT "D"**

**2012-2014 Consolidated Contract #C16889 between Kittitas County and the Washington State  
Department of Health**

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

**CONTRACT NUMBER: C16889**

**AMENDMENT NUMBER: 1**

**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 Statement of Work for the following programs:
  - 5930 Public Health Funding - Effective January 1, 2012
  - Local Capacity Development Funds - Effective January 1, 2012
  - Performance Management Center for Excellence-QI Project - Effective January 1, 2012
- ☒ Amends Statements of Work for the following programs:
  - Maternal & Child Health - Effective January 1, 2012
  - Office of Drinking Water Group A Program - Effective January 1, 2017
  - Office of Immunization & Child Profile (OICP) - Effective January 1, 2012
  - Public Health Emergency Preparedness & Response (PHEPR) - Effective January 1, 2012
- ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-1 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B Allocations as follows:

- ☒ Increase of \$84,198 for a revised maximum consideration of \$169,153.
- ☐ Decrease of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_\_.
- ☐ No change in the maximum consideration of \_\_\_\_\_.  
Exhibit B Allocations are attached only for informational purposes.

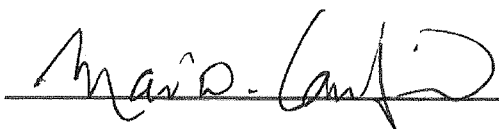
Unless designated otherwise herein, the effective date of this amendment is the date of execution.

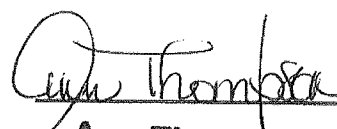
ALL OTHER TERMS AND CONDITIONS of the original contract and any subsequent amendments remain in full force and effect.

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

KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

 4/5/12  
Date

 4/9/12  
Date  
**Ann Thompson**  
Contract Administrator  
APPROVED AS TO FORM ONLY  
Assistant Attorney General

**2012-2014 CONSOLIDATED CONTRACT  
EXHIBIT A  
STATEMENTS OF WORK  
TABLE OF CONTENTS**

<b>DOH Program Name or Title:</b> 5930 Public Health Funding - Effective January 1, 2012 .....	3
<b>DOH Program Name or Title:</b> Local Capacity Development Funds - Effective January 1, 2012.....	5
<b>DOH Program Name or Title:</b> Maternal & Child Health - Effective January 1, 2012 .....	8
<b>DOH Program Name or Title:</b> Office of Drinking Water Group A Program - Effective January 1, 2012.....	11
<b>DOH Program Name or Title:</b> Office of Immunization & Child Profile (OICP) - Effective January 1, 2012.....	16
<b>DOH Program Name or Title:</b> Performance Management Center for Excellence-QI Project - Effective January 1, 2012.....	22
<b>DOH Program Name or Title:</b> Public Health Emergency Preparedness & Response (PHEPR) – Effective January 1, 2012 .....	25

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

**DOH Program Name or Title:** 5930 Public Health Funding - Effective January 1, 2012

**Local Health Jurisdiction Name:** Kittitas County Public Health Department  
**Contract Number:** C16889

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

**Period of Performance:** January 1, 2012 through Ongoing

<b>Funding Source</b> <input type="checkbox"/> Federal <Select One> <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"/> One-Time Distribution
---	--	---

**Statement of Work Purpose:** The purpose of this statement of work is to set forth the requirements for use of funding distributed under the provisions of E2SSB5930 enacted in the 2007 legislative session. This is a performance-based agreement, the purpose of which is to improve the three performance measures as itemized below, in rank order.

**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			
Blue Ribbon Local Health Funds	N/A	334.04.99	79211100	N/A	N/A	0	30,000	30,000
<b>TOTALS</b>						<b>0</b>	<b>30,000</b>	<b>30,000</b>

Number	Performance Measure	Activities	Deliverables/Due Dates	Payment Amount
1.	Increase the uptake of new and under-used child and adolescent vaccines.	The LHJ shall review its local data related to the respective performance measure, identify areas for improvement, and develop and implement a work plan to make improvements in the respective measure.  The LHJ will begin new or add to or enhance existing work in such a manner to positively impact the performance measures in rank order.  The LHJ will report required data for each performance measure. See additional note in Special References section.	LHJ will submit a work plan, using the template provided by the DOH, for its 2012 work addressing the performance measures by February 15, 2012. The template for the work plan should be accessed at <a href="http://www.doh.wa.gov/phip/products/5930/doc/wrkpln-temp.doc">http://www.doh.wa.gov/phip/products/5930/doc/wrkpln-temp.doc</a> .  At any time LHJ substantively changes its work plan, it will promptly submit the updated work plan to DOH.  LHJ will report required data for each performance measure based on the guidelines contained in the document "Metrics to Support 5930 Performance Measures" amended June 1, 2009. This document may be updated from time to time to provide additional information in the "Notes" section only (no changes will be made to the "Performance Measure," "Reporting Measure" or "Data Source" sections) and should be accessed on the DOH website at <a href="http://www.doh.wa.gov/PHIP/products/5930/doc/metrics.pdf">http://www.doh.wa.gov/PHIP/products/5930/doc/metrics.pdf</a> for the most up-to-date revision.	Lump sum payment as follows:  January 2012: \$30,000
2.	Improve the timely, complete identification and standard, effective investigation of notifiable conditions per WAC 246-101.			
3.	Develop and implement effective community and health care system interventions to address obesity and its consequent burden of chronic disease. Interventions may target worksites, schools, communities or primary medical care.			

**Program Specific Requirements/Narrative**

RCW 43.70.512, RCW 43.70.514, RCW 43.70.516, RCW 43.70.520, and RCW 43.70.522.

**DOH Program Contact (Name, Program Title, Mailing Address, Email Address, Phone & Fax Number)**

Kay Koth

Office of Public Health Systems Development

Department of Health

Mailing address: P O Box 47890, Olympia, WA 98504-7890

Street address: 101 Israel Rd SE, Tumwater, WA 98501

360-236-4061/Fax 360-586-7424

Email: [kay.koth@doh.wa.gov](mailto:kay.koth@doh.wa.gov)

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

**DOH Program Name or Title:** Local Capacity Development Funds -  
Effective January 1, 2012

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

**Contract Number:** C16889

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

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

<b>Funding Source</b> <input type="checkbox"/> Federal <Select One> <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
---	--	---

**Statement of Work Purpose:** The purpose of this statement of work is to identify the five tasks, as identified and detailed in Appendix A appended hereto, that will be the focus of work for the 2012 calendar year. LHJ will choose one or more of these five tasks on which to work.

**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			
GFS Local Capacity	N/A	334.04.92	79110100	01/01/12	06/30/12	0	22,920	22,920
GFS Local Capacity	N/A	334.04.92	79110100	07/01/12	12/31/12	0	22,920	22,920
<b>TOTALS</b>						<b>0</b>	<b>45,840</b>	<b>45,840</b>

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	<p>LHJ will select one or more of the following tasks as the basis of work that it will undertake to show progress toward achieving that task:</p> <ol style="list-style-type: none"> <li>1. Participate in or conduct a collaborative process resulting in a comprehensive community health assessment.</li> <li>2. Conduct a comprehensive planning process in partnership with other community organizations resulting in a community health improvement plan.</li> <li>3. Develop and implement a health department organization strategic plan.</li> </ol> <p>LHJ will complete Appendix A and submit to the DOH per the instructions therein.</p>	Submission of completed Appendix A and documentation that demonstrates the status of achieving the tasks selected to be worked on.	Between February 15 and March 31, 2012.	\$22,920

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2.	LHJ will work in the area(s) it identified in Appendix A. LHJ will submit documentation demonstrating progress made in the areas identified.	Submission of documentation that demonstrates progress made in the areas identified in Appendix A. Documentation shall include at least Appendix A updated to reflect status of work at time of submission, a progress report describing work accomplished to date and a work plan that describes activities expected to be accomplished in remainder of contract year.	By July 31, 2012.	\$18,336
		Submission of final project report that describes progress to date in the five areas of work identified in Appendix A.	By December 31, 2012.	\$4,584

**Program Specific Requirements/Narrative**

This section is for program specific information not included elsewhere.

**Program Manual, Handbook, Policy References**

See Supporting Document at <http://www.doh.wa.gov/concon/FmsReptTitlePage/titlepage.htm> on the DOH website for helpful reference material.

**Special Billing Requirements**

This is a fixed price statement of work. Subsequent to submission of deliverable as identified above, LHJ shall bill for the amount associated with that deliverable.

**Special Instructions**

LHJ should access Appendix A at <http://www.doh.wa.gov/concon/FmsReptTitlePage/titlepage.htm>, download, complete and submit per time frame in table above. LHJ will use BARS expenditure coding as reflected on Appendix A to report expenditures incurred to undertake the work of this statement of work.

**DOH Program Contact (Name, Program Title, Mailing Address, Email Address, Phone & Fax Number)**

Department of Health  
Public Health Systems Development  
P O Box 47890, Olympia, WA 98504-7890

Marie Flake  
Local Health Liaison  
360-236-4063  
[marie.flake@doh.wa.gov](mailto:marie.flake@doh.wa.gov)

Kay Koth  
Budget and Operations Manager  
360-236-4061  
[kay.koth@doh.wa.gov](mailto:kay.koth@doh.wa.gov)

**2012 Local Capacity Development Funds Statement of Work**  
**APPENDIX A**  
**How the LHJ Will Use LCDF**

Return to Kay Koth – [kay.koth@doh.wa.gov](mailto:kay.koth@doh.wa.gov), phone 360-236-4061, fax 360-586-7424.  
 For questions, contact Kay or Marie Flake – [marie.flake@doh.wa.gov](mailto:marie.flake@doh.wa.gov), phone 360-236-4063

Date \_\_\_\_\_ Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

LHJ _____ Please indicate status of each task and how LCDF funds will be used by placing an X the appropriate cell	Recommended BARS Expenditure Code	Completed	Will Use LCDF Funds to Support This Task
1. Participate in or conduct a collaborative process resulting in a <b>community health assessment*</b> .	562.8		
2. <b>Conduct</b> a comprehensive planning process in partnership with others that results in a <b>community health improvement plan*</b> .	562.8		
3. <b>Implement</b> elements and strategies of the <b>community health improvement plan</b> and monitor progress.	Dependent on the activity		
4. <b>Develop and adopt</b> an agency strategic plan*.	562.1		
5. <b>Implement</b> an agency strategic plan.	Dependent on the activity		

\*If completed, please submit the web link or an electronic copy to DOH

**Work Plan for Tasks Supported by LCDF (high level) – Due Feb 15 – March 31; update if needed July 31.**

- Key Components
- Milestones and Timeline
- Final Product Expected

**Progress Report – Due July 31**

**Final Project Report – Due Dec 31**

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

**DOH Program Name or Title:** Maternal & Child Health - Effective January 1, 2012

**Local Health Jurisdiction Name:** Kittitas County Public Health Department  
**Contract Number:** C16889

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (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
---	---	---

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

**Statement of Work Purpose:** The purpose of this statement of work is to add Maternal and Child Health Block Grant (MCHBG) activities and funding for the contract year January 1, 2012 to December 31, 2012.

**Revision Purpose:** The purpose of this revision is to add activity PB 7.5 Injury Prevention to task 1. See MCHBG activity plan for details. No changes to contracted amount; effective January 1, 2012.

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
FFY12 MCHBG HCO CONCON FEDERAL	93.994	333.99.94	78131221	Start Date	End Date	32,713	0	32,713
<b>TOTALS</b>						<b>32,713</b>	<b>0</b>	<b>32,713</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
The MCHBG Activity Plans are operational documents which include further details of those LHJ contract activities listed in the Task/Activity column of this statement of work and may change over the course of this contract period.					
1.	Work with the local community to assure maternal-child health problems are identified and addressed and that women, children, adolescents and their families, including those with special health care needs, have access to comprehensive, quality systems of care and are linked to needed services.				
	<b>POPULATION BASED SERVICES</b> <b>PB 3.2</b> Media campaigns or educational programs  <i>PB 7.5 Injury prevention services such as car seat safety, traffic safety, bicycle helmets</i>  <b>PB 7.8</b> Vaccine distribution and immunization outreach  <b>PB 7.7</b> Write In: School health programs		Complete a <b>Final Annual Report</b> and <b>Federal MCH Report</b> on 2011 activities.  Complete <b>Mid-Year Review</b> , via phone or email, with Maternal and Child Health (MCH) ConCon Coordinator, of progress on contract activities listed in your MCHBG 2011-2012 Activity Plan.	March 2, 2012  July 13, 2012	Reimbursement for actual costs, not to exceed total MCH program contract 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
	<b><u>ENABLING SERVICES</u></b> EN 7.1 Care coordination for CSHCN  <b><u>DIRECT HEALTH SERVICES</u></b> DHS 7.6.2 Direct health services for incarcerated women		Submit an <b>Interim Annual Report and Federal MCH Report</b> on submitted and approved work activities listed on your MCHBG 2011-2012 Activity Plan to MCH ConCon Coordinator.	December 31, 2012	
2.	Administer allocated funds for diagnosis and treatment of infants and children according to Children with Special Health Care Needs (CSHCN) Program policies and procedures.				
2.1	Complete intake and renewal process into Child Health Intake Form (CHIF) Automated System on all infants and children receiving assistance and accessing services through the CSHCN Program. Submit CHIF client data on computer diskette for all children served, both new and renewals, according to CSHCN Program policies and procedures.		Client data on CD	Submit quarterly	NA
2.2	Complete a Health Services Authorization (HSA) form for purchased CSHCN services.		Completed HSA forms	Submit when generated	NA
2.3	Manage DX/TX allocation fund balance; track and report status of obligations according to CSHCN Program policies & procedures.		DX/TX Allocation fund report	Submit monthly	NA

**\*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/PHIP/catalog/topic/phs.htm>

**Program Specific Requirements/Narrative**

This section is for program specific information not included elsewhere.

**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:**

See submitted MCHBG 2011-2012 Activity Plans for agency specific approved work activities.

Children with Special Health Care Needs Manual 11/09

**Staffing Requirements:** N/A

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

1. 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)]. An exception process is available.
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)

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

1. Mid-year check-in - July
2. Review and Approve Program Reports for calendar year 2011 and 2012

**Definitions:** N/A

**Assurances/Certifications:** N/A

**Special Billing Requirements:** N/A

**Special Instructions:** N/A

**Other:** N/A

**DOH Program Contact**

Donna Compton, MCH ConCon Coordinator

Department of Health

PO Box 47855, Olympia, WA 98504-7855

[donna.compton@doh.wa.gov](mailto:donna.compton@doh.wa.gov)

360-236-3558

**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)** 1

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

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

**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 decrease funding consideration and to 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 Decrease (-)	Total Consideration
				Start Date	End Date			
Drinking Water Group A - SS	66.468	333.66.48	2421921C	01/01/12	12/31/12	3,500	-3,250	250
Drinking Water Group A - TA	66.468	333.66.48	2421921D	01/01/12	12/31/12	2,000	0	2,000
Drinking Water Group A - SS State	N/A	334.04.98	2421252C	01/01/12	12/31/12	3,500	-3,250	250
<b>TOTALS</b>						<b>9,000</b>	<b>-6,500</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	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. 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/PHIP/catalog/topic/phs.htm>

**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 ~~\$7,000~~ \$500 for **Task 1** and \$2,000 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 ~~14~~ 1 surveys to be completed during this contracting period.

**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

TASK	ODW	LHJ
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.		X
Inspection reports to include deliverables as specified above for each task.		
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, 2012

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

**Contract Number:** C16889

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

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

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

**Statement of Work Purpose:** The purpose of this statement of work is to define required immunization tasks, deliverables, and funding.

**Revision Purpose:** The purpose of this revision is to amend tasks, deliverables, due dates, and reference materials.

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			
FFY12 VFC Ops	93.268	333.92.68	74203210	01/01/12	12/31/12	3,506	0	3,506
FFY12 317 Ops	93.268	333.92.68	74201210	01/01/12	12/31/12	1,885	0	1,885
FFY12 AFIX	93.268	333.92.68	74205210	01/01/12	12/31/12	8,014	0	8,014
<b>TOTALS</b>						<b>13,405</b>	<b>0</b>	<b>13,405</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 on-line 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:  FFY12 AFIX, 74205210  *See Restrictions on Funds below.

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
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:  FFY12 AFIX, 74205210  *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:  FFY12 VFC Ops, 74203210  FFY12 317 Ops, 74201210
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 15 <sup>th</sup> 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 LHJ site visit by DOH	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.  *Funds available for this task:  FFY12 AFIX, 74205210  *See Restrictions on Funds below.

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.	3) Notify the Office of Immunization and Child Profile within 7 days of the incident  4) Notify the Office of Immunization and Child Profile within 7 days of the incident	
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.	Annually by December 31	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.  Funds available for this task:  FFY12 VFC Ops, 74203210  FFY12 317 Ops, 74201210
6.	Conduct VFC site visits at four (4) 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 <i>Guide Manual</i> , and as directed by the state administrators of the Vaccines for Children program  <i>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 mail that corrective actions were completed.</i>		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.  3) A copy of the <i>Site Visit completed Quality Assurance Activity Cover Sheet</i> (DOH 348-151) and supporting documentation	1) Annually by January 15  2) Within thirty (30) days of when the site visit is conducted (no later than October 31, annually)  3) Within thirty (30) days of when the site visit is conducted (no later than October 31, annually)	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.  *Funds available for this task:  FFY12 AFIX, 74205210  <b>*See Restrictions on Funds below.</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>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, for each public and private provider site visit where non-compliance is identified, documenting corrective action(s).</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>	4) By the 15 <sup>th</sup> of the month following the end of each quarter.	
7.	<p>Conduct AFIX (Assessment, Feedback, Incentive, eXchange) site visits at one (1) private provider site within your jurisdiction. Each AFIX visit should include: an assessment of practice immunization coverage rates for children ages 24 – 35 months old, sharing the coverage rate information with the provider and discussing opportunities for improvement in coverage rates and immunization practices.</p> <p>For family practices providers who primarily serve adolescent patients, an adolescent-only AFIX visit may be performed, assessing immunization coverage rates for patients 13-18 years old, per the <u>Adolescent-Only AFIX Protocols</u> (DOH 348-258).</p> <p>CoCASA (Comprehensive Clinical Assessment Software Application) should be used to assess the clinic's immunization coverage rates.</p>		<p>1) VFC/AFIX Site Visit Selection Planning Form (DOH 348-158) identifying all providers who will receive an AFIX site visit</p> <p>2) 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</li> </ul>	<p>1) Annually by January 15</p> <p>2) Within thirty (30) days of when the AFIX assessment visit is conducted (no later than October 31, annually)</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p> <p>Funds available for this task*:</p> <p>FFY12 AFIX, 74205210</p> <p><b>*See Restrictions on Funds below.</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
			<i>(13 – 18 year old): 32121 Adolescent Coverage Report</i>  3) Provide the private health care provider with feedback and a copy of the final printed report(s) that were generated using CoCASA.  4) <i>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.</i>	3) Within thirty (30) days of when the AFIX <i>assessment</i> visit is conducted (no later than October 31, annually)  4) <i>By the 15<sup>th</sup> of the month following the end of each quarter.</i>	
8.	Conduct activities to prevent perinatal hepatitis B infection in accordance with the <u>Perinatal Hepatitis B Prevention Program Guidelines</u> , including the following:  1) identification and reporting of HBsAg-positive mothers and their infants;  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  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.		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  2) Quarterly Perinatal Hepatitis B Outreach Summary (DOH 348-268 <del>XXX</del> )	1) By the 15 <sup>th</sup> of each month          2) By the 15 <sup>th</sup> of the month following the end of each quarter	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.  Funds available for this task:  FFY12 317 Ops, 74201210

**\*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/PHIP/catalog/topic/phs.htm>

**Program Specific Requirements/Narrative**

- All LHJ staff who conduct 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:**

- Annual VFC Provider Agreement Update Schedule posted on the DOH Consolidated Contract website at <http://www.doh.wa.gov/concon/>
- Guidelines for VFC Status Screening at <http://www.doh.wa.gov/cfh/immunize/documents/vfcstatusscreen.pdf>
- Vaccine Accountability and Management Business Rules and Guidelines at <http://www.doh.wa.gov/cfh/immunize/documents/3rdpartyguides.pdf>
- Adolescent-only AFIX Protocols <http://www.doh.wa.gov/cfh/immunize/documents/adolonlyprotocol.pdf>
- Site Visit Selection Protocol <http://www.doh.wa.gov/cfh/immunize/documents/selectprotocol.pdf>
- Perinatal Hepatitis B Prevention Program Guidelines at <http://www.doh.wa.gov/cfh/immunize/documents/hepbmanual.pdf>

**CDC Reference:**

- VFC Operations Guide at <http://www.cdc.gov/vaccines/programs/vfc/operations-guide.htm> (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/concon/>
- In addition to the funding listed in the Payment Information and/or Amount column for each task, FFY12 317 Ops funding may be used for any activity in this statement of work, per funding availability.

**Special References (RCWs, WACs, etc.):** N/A**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.

**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:** Performance Management Center for Excellence-  
QI Project - Effective January 1, 2012

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

**Contract Number:** C16889

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

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

**Period of Performance:** January 1, 2012 through September 29, 2012

**Statement of Work Purpose:** The purpose of this statement of work is to provide funding for quality improvement (QI) training to LHJ staff that presents concepts, tools, and methods based on the Lean Enterprise principles. Once training is completed, they will work with their community hospital and begin to identify improvement projects to use Lean tools.

**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			
FFY11 Strengthening Pub Hlth Infrastructure	93.507	333.95.07	91106211	01/01/12	09/29/12	0	9,858	9,858
<b>TOTALS</b>						<b>0</b>	<b>9,858</b>	<b>9,858</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 pre- and post-evaluations by the Northwest Center for Public Health Practice during this grant period	Public Health Accreditation Board Standards and Measures Version 1.0 Domain 9	LHJ will provide timely responses to pre- and post-evaluations by the Northwest Center for Public Health Practice during this grant period.	January 31, 2012 and August 31, 2012	Reimbursement for actual costs incurred, upon DOH receipt and approval of deliverables, not to exceed total funding
2	LHJ will host one (1) eight-hour quality training introducing quality improvement in public health with emphasis on Lean concepts, tools, and methods, presented by Spokane Performance Management Center for Excellence. All LHJ staff members will attend.	Public Health Accreditation Board Standards and Measures Version 1.0 Domain 9	Attendance of fifteen (15) staff at the eight-hour training  Training materials presented by the Spokane Center staff  Travel by Spokane Center staff to Ellensburg	February 29, 2012	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
3	An interim report will describe activities through March 1, 2012.	Public Health Accreditation Board Standards and Measures Version 1.0 Domain 9	One (1) written, interim report describing how the training is being implemented, the activities completed, number of staff trained, reference materials supplied and remaining training planned. The report will include attendees at each training	March 1, 2012	Reimbursement for actual costs incurred, upon DOH receipt and approval of deliverables, not to exceed total funding
4	LHJ will host a second eight-hour quality training specifically focused on Lean concepts, tools, and methods, presented by Spokane Performance Management Center for Excellence. The LHJ's six (6) management team members will attend the second training.	Public Health Accreditation Board Standards and Measures Version 1.0 Domain 9	Attendance of all six (6) management team members at the eight-hour training  Training materials presented by the Spokane Center staff  Travel by Spokane Center staff to Ellensburg	March 31, 2012	Reimbursement for actual costs incurred, upon DOH receipt and approval of deliverables, not to exceed total funding
5	LHJ will coordinate with Kittitas Valley Community Hospital Lean team to learn about their Lean efforts	Public Health Accreditation Board Standards and Measures Version 1.0 Domain 9	Attendance of all six (6) management team members at a two-hour meeting with Kittitas Valley Community Hospital staff  Record of meeting: agenda, attendance, minutes, planned next steps	March 31, 2012	Reimbursement for actual costs incurred, upon DOH receipt and approval of deliverables, not to exceed total funding
6	LHJ will hold a brainstorming meeting with Kittitas Valley Community Hospital staff to gather ideas for process/quality improvement in 2012	Public Health Accreditation Board Standards and Measures Version 1.0 Domain 9	Attendance of fifteen (15) LHJ staff at a one-hour brainstorm meeting  Record of meeting: agenda, attendance, minutes, planned next steps	March 31, 2012	Reimbursement for actual costs incurred, upon DOH receipt and approval of deliverables, not to exceed total funding
7	The LHJ management team will select at least two (2) small or one (1) large quality improvement project that will use Lean tools and methods	Public Health Accreditation Board Standards and Measures Version 1.0 Domain 9	Attendance of all six (6) management team members at a two-hour meeting to select project(s)  Record of meeting: agenda, attendance, minutes, planned next steps	April 30, 2012	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
8	LHJ will purchase reference materials for a quality management library	Public Health Accreditation Board Standards and Measures Version 1.0 Domain 8	Documentation of purchase of: "North Carolina Center for Public Health Quality Improvement: The Improvement Guide" "The Quality Toolbox" "The Public Health Quality Improvement Handbook"	April 30, 2012	Reimbursement for actual costs incurred, upon DOH receipt and approval of deliverables, not to exceed total funding
9	LHJ will submit a final written report	Public Health Accreditation Board Standards and Measures Version 1.0 Domain 9	One (1) written, final report describing the activities completed, number of staff trained, attendance at trainings and meetings, how the training was used to benefit the agency, decisions made, implementation of quality improvement efforts, involvement of Kittitas Valley Community Hospital.	September 29, 2012	Reimbursement for actual costs incurred, upon DOH receipt and approval of deliverables, not to exceed total funding

**\*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/PHIP/catalog/topic/phs.htm>

**Program Specific Requirements/Narrative**

N/A

**DOH Program Contact (Name, Program Title, Mailing Address, Email Address, Phone & Fax Number)**

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

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

**DOH Program Name or Title:** Public Health Emergency Preparedness & Response (PHEPR) – Effective January 1, 2012

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

**Contract Number:** C16889

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

**Period of Performance:** January 1, 2012 through August 9, 2012

<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 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 FFY11 Public Health Emergency Preparedness & Response activities beginning January 1, 2012.

**Revision Purpose:** The purpose of this revision is to remove requirements for FFATA compliance and add Office of the Assistant Secretary for Preparedness and Response (ASPR) activities and funding.

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			
FFY11 PHEPR LHJ FUNDING	93.069	333.90.69	18101239	01/01/12	08/09/12	26,944	0	26,944
FFY11 PHEPR HC SYSTEMS - PREP	93.889	333.98.89	61308201	01/01/12	06/30/12	0	5,000	5,000
<b>TOTALS</b>						<b>26,944</b>	<b>5,000</b>	<b>31,944</b>

**ASPR ACTIVITIES:**

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.20	Attend six regional Health Care Coalition meetings  Provide Region 7 Health Care Coalition update to community emergency management partners		After Action Report of the meeting, a list of tasks for Kittitas County (if any), a list of key points to be communicate to local coalition, and ideas for improving emergency preparedness in Kittitas County.  Documentation (meeting minutes) that an update was provided to county emergency response partners, Kittitas County Emergency	10 days post attendance	Reimbursement for costs, not to exceed total funding consideration amount.

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			<i>Management Council (KCEMC) and Kittitas County Health Care Coalition (KCHCC).</i>		
1.21	<i>Participate in the two scheduled Region 7 functional exercises which include a healthcare component.</i>		<i>After Action Report of the exercise, a list of key points to be communicate to local partners, and ideas for improving emergency preparedness in Kittitas County.</i>	<i>10 days post attendance</i>	
	<i>Educate county emergency management partners on Region 7 functional exercises lessons learned.</i>		<i>Updated emergency response plans with lessons learned in functional exercise.</i>	<i>06/30/12</i>	
			<i>Documentation (meeting minutes) that an update was provided to county emergency response partners, Kittitas County Emergency Management Council (KCEMC) and Kittitas County Health Care Coalition (KCHCC).</i>	<i>By the end of the month.</i>	
1.22	<i>Educate Central Washington University (CWU) Paramedic students on the importance of participation in emergency response activities.</i>		<i>A copy of the presentation.</i>	<i>06/30/12</i>	
	<i>Facilitate enrollment of paramedic students into WASERVE (formerly WAHVE).</i>		<i>Number of paramedic students enrolled in WASERVE (formerly WAHVE).</i>	<i>06/30/12</i>	
1.23	<i>Integrate lessons learned from regional meetings and Region 7 functional exercises into LHJ annual all staff training.</i>		<i>A summary of content integrated into all staff training.</i>	<i>06/30/12</i>	

**CDC ACTIVITIES:**

AMENDMENT #1

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2.1	Complete a DOH provided gap analysis tool of the Centers for Disease Control (CDC) Public Health Emergency Preparedness (PHEP) Capabilities		Submit completed gap analysis.	Within 45 days of receipt of tool, whichever is later	Reimbursement for costs, not to exceed total funding consideration amount.
2.2	Complete a DOH provided work plan template outlining details for the first year, and projected activities for the following 4 years. First year activities should be based on the priorities identified in the gap analysis.		Submit a completed work plan.	01/31/12 or within 45 days of the receipt of the template, whichever is later	
			Submit end of year progress report on activities.	08/01/12	
2.3	Update local plans (emergency response, emergency communications, communicable disease, and training and exercise) as the 15 CDC capabilities are developed in the jurisdiction.		Submit updated plans, procedures, and/or protocols (as applicable) to DOH.	08/01/12	
2.4	Each LHJ is to be available 24/7 for urgent or emergency issues and participate in regular state-initiated testing.		Provide DOH (Office of Public Health Planning and Development) with current agency emergency phone number(s).	08/01/12	
2.5	Provide training and educational opportunities to public health staff and community partners as applicable.		Submit training records not contained in SmartPH using the format provided by DOH.	03/01/12 and 08/01/12	
2.6	Each LHJ will conduct a tabletop or more complex exercise of a portion of their emergency response plan (see PHEPR Activities Guidance and Clarification document for specific requirements).  Participate in the Regional Healthcare Coalition medical surge exercise.		Submit after action reviews and corrective action plans.	60 days after the exercise	
2.7	Maintain emergency communications equipment and participate in a quarterly test of satellite phones.		Submit test results to DOH	Quarterly	
2.8	Adhere to federal National Incident Management System (NIMS) compliance guidelines and report compliance activities. Specific information about current NIMS requirements can be found on the Federal Emergency Management Agency (FEMA) website: : <a href="http://www.fema.gov/emergency/nims/">http://www.fema.gov/emergency/nims/</a>		Report compliance activities through DOH provided on-line reporting tool.	08/01/12	
2.9	Participate in DOH initiated surveys regarding systems and surveillance data as requested.		Submit completed surveys, assessments, and disease outbreak summaries.	Within 30 days of request.	

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2.10	Each non-Cities Readiness Initiative (CRI) LHJ will participate with state or regional officials in a Technical Assistance Review (TAR) of Strategic National Stockpile (SNS) Plan and work to achieve the SNS mandated score of 69 or higher.		Submit all documents to be reviewed to the state and regional officials 21 days prior to the scheduled TAR.  Participate with state or regional officials to accomplish TAR.	21 days prior to TAR  As scheduled	

**\*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/PHIP/catalog/topic/phs.htm>

**Program Specific Requirements/Narrative**

This section is for program specific information not included elsewhere.

**DOH Program Contact:**

Brad Halstead, Finance Analyst

Department of Health

PO Box 47890, Olympia, WA 98504-7890

[brad.halstead@doh.wa.gov](mailto:brad.halstead@doh.wa.gov)

PHEPR Deliverable Submission: [concondeliverables@doh.wa.gov](mailto:concondeliverables@doh.wa.gov)

360-236-4054

**EXHIBIT B-1  
ALLOCATIONS**  
Contract Term: 2012-2014

Contract Number: C16889  
Date: January 17, 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	333.66.48	01/01/12	12/31/12	07/01/11	06/30/13	\$3,500		
Drinking Water Group A - SS	Amend 1	66.468	333.66.48	01/01/12	12/31/12	07/01/11	06/30/13	(\$3,250)	\$250	\$250
Drinking Water Group A - TA	N/A	66.468	333.66.48	01/01/12	12/31/12	07/01/11	06/30/13	\$2,000	\$2,000	\$2,000
PHEPR LHJ Funding	N/A	93.069	333.90.69	01/01/12	08/09/12	08/10/11	08/09/12	\$26,944	\$26,944	\$26,944
AFIX	N/A	93.268	333.92.68	01/01/12	12/31/12	01/01/12	12/31/12	\$8,014	\$8,014	\$8,014
317 Ops	N/A	93.268	333.92.68	01/01/12	12/31/12	01/01/12	12/31/12	\$1,885	\$1,885	\$1,885
VFC Ops	N/A	93.268	333.92.68	01/01/12	12/31/12	01/01/12	12/31/12	\$3,506	\$3,506	\$3,506
Strengthening Pub Hlth Infrastructure	Amend 1	93.507	333.95.07	01/01/12	09/29/12	09/30/11	09/29/12	\$9,858	\$9,858	\$9,858
PHEPR HC Systems - Prep	Amend 1	93.889	333.98.89	01/01/12	06/30/12	07/01/11	06/30/12	\$5,000	\$5,000	\$5,000
MCHBG HCO ConCon Federal	N/A	93.994	333.99.94	01/01/12	09/30/12	10/01/11	09/30/12	\$32,713	\$32,713	\$32,713
GFS Local Capacity	Amend 1	N/A	334.04.92	01/01/12	06/30/12	07/01/11	06/30/13	\$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	\$45,840	\$45,840
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	\$2,893
Drinking Water Group A - SS State	N/A	N/A	334.04.98	01/01/12	12/31/12	07/01/11	06/30/13	\$3,500		
Drinking Water Group A - SS State	Amend 1	N/A	334.04.98	01/01/12	12/31/12	07/01/11	06/30/13	(\$3,250)	\$250	\$250
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	\$30,000	\$30,000
<b>TOTAL</b>								\$169,153	\$169,153	
<b>Total consideration:</b>			\$84,955							
<b>GRAND TOTAL</b>			\$84,198							
			\$169,153							
								<b>GRAND TOTAL</b>		\$169,153
								<b>Total Fed</b>		\$90,170
								<b>Total State</b>		\$78,983

\*Catalog of Federal Domestic Assistance

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

**EXHIBIT "E"**

2012 CSHCN Quarterly MCHBG Reporting Form

## 2012 CSHCN Quarterly Report for the MCHBG

Facility reporting: \_\_\_\_\_ Quarter period: \_\_\_\_\_

Name of reporter: \_\_\_\_\_

Email report to [linda.navarre@co.kittitas.wa.us](mailto:linda.navarre@co.kittitas.wa.us) or fax: 933-8246 by the 15<sup>th</sup> of the following month of the quarter ending period.

Quarter	# Home Visits	# Office Visits	# New Referrals	# Title V served	% Title XIX served	% other served	Outreach #community events	Outreach # provider events
Quarter 1								
Quarter 2								
Quarter 3								
Quarter 4								
<b>Yearend total</b>								