

**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.

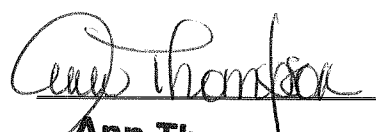
ALL OTHER TERMS AND CONDITIONS of the original contract and any subsequent amendments remain in full force and effect.

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  
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**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><br><input type="checkbox"/> Federal <Select One><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Other | <b>Federal Compliance (if applicable)</b><br><input type="checkbox"/> ARRA (Recovery Act)<br><input type="checkbox"/> FFATA (Transparency Act) | <b>Type of Payment</b><br><input type="checkbox"/> Reimbursement<br><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)<br>Start Date   End Date |     | Current Consideration | Change Increase (+) | Total Consideration |
|---|--------|-------------------|-------------------|--|-----|-----------------------|---------------------|---------------------|
| 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.   | 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> .  | Lump sum payment as follows: |
| 2.     | Improve the timely, complete identification and standard, effective investigation of notifiable conditions per WAC 246-101.   |  |  | January 2012: \$30,000       |
| 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. | <p>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.</p> <p>The LHJ will report required data for each performance measure. See additional note in Special References section.</p> | <p>At any time LHJ substantively changes its work plan, it will promptly submit the updated work plan to DOH.</p> <p>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.</p> |                              |

**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><br><input type="checkbox"/> Federal <Select One><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Other | <b>Federal Compliance (if applicable)</b><br><input type="checkbox"/> ARRA (Recovery Act)<br><input type="checkbox"/> FFATA (Transparency Act) | <b>Type of Payment</b><br><input type="checkbox"/> Reimbursement<br><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 _____<br>Please indicate status of each task and how LCDF funds will be used by placing an X the appropriate cell                       | Recommended<br>BARS<br>Expenditure<br>Code | Completed | Will Use<br>LCDF<br>Funds to<br>Support<br>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 <b>agency strategic plan</b> *.  | 562.1                                      |           |  |
| 5. <b>Implement</b> an <b>agency strategic plan</b> .   | 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

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

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

**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 |
|---|--------|-------------------|-------------------|-------------------------------|----------|-----------------------|-------------|---------------------|
|   |        |                   |                   | Start Date                    | End Date |                       |             |                     |
| FFY12 MCHBG HCO CONCON FEDERAL          | 93.994 | 333.99.94         | 78131221          | 01/01/12                      | 09/30/12 | 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   |
|---|---|--|--|------------------------------------|---|
| <b>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.</b> |   |  |  |                                    |   |
| 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><u>POPULATION BASED SERVICES</u></b><br><b>PB 3.2</b> Media campaigns or educational programs<br><br><i>PB 7.5 Injury prevention services such as car seat safety, traffic safety, bicycle helmets</i><br><br><b>PB 7.8</b> Vaccine distribution and immunization outreach<br><br><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.<br><br>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<br><br>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><br><b>EN 7.1</b> Care coordination for CSHCN<br><br><b><u>DIRECT HEALTH SERVICES</u></b><br><b>DHS 7.6.2</b> 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  
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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

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

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

**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           | <p>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.</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. Cover letter.</li> <li>b. Small Water System checklist.</li> <li>c. Updated Water Facilities Inventory (WFI).</li> <li>d. Photos of water system.</li> <li>e. Any other supporting documents.</li> </ul> | <p>Inspection reports due to the DOH Regional Office within <b>30 days</b> of conducting the sanitary survey.</p> | <p>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).</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  |
|-------------|---|--|--|---|--|
|             |   |  | <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:<br/> Jan 1 - March 31<br/> April 1 - June 30<br/> July 1 – Sept 30<br/> Oct 1 – Dec 31</p>   |  |
| 2           | <p>Trained LHJ staff will provide limited direct technical assistance to small community and non-community Group A water systems identified by DOH Regional Office. Limited direct technical assistance includes:</p> <p>A. Special Purpose Investigations (SPI)</p> <p>B. Follow-up visit after initial technical assistance or sanitary survey to confirm work and recommendations were addressed.</p> <p>C. Assist water system operator through one-on-one training or TA in completing work and recommendations requested by the DOH to meet applicable drinking water regulations.</p> <p>See Special Instructions for task activity.</p> |  | <p>1. Provide inspection reports to DOH Regional Office where the water system is located. Reports shall include:</p> <ul style="list-style-type: none"> <li>a. Summary of assistance provided, overall findings and recommendations.</li> <li>b. Any supporting documents and photos.</li> <li>c. Water system identified by name, PWS ID#, county, and date assistance provided.</li> </ul> <p>2. Provide DOH Regional Office with quarterly reports documenting deliverables. Reports shall include:</p> <ul style="list-style-type: none"> <li>a. List summarizing technical assistance provided during the quarter.</li> <li>b. Water system identified by name, PWS ID#, county, and date surveyed.</li> </ul> | <p>Inspection reports due to the DOH Regional Office within <b>30 days</b> of providing technical assistance, <b>except</b> that <b>SPIs</b> due to a coliform exceedance incident (Task 2A) must be completed and the report submitted to the DOH Regional Office within <b>2 working days</b> of the service request.</p> <p>Quarterly reports are due to the DOH Regional Office within <b>30 days</b> of the end of the quarter.</p> <p>Quarterly periods are:<br/> Jan 1 - March 31<br/> April 1 - June 30<br/> July 1 – Sept 30<br/> 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><br/> <b>Task 2B: \$500</b><br/> <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<br/> <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.<br>Inspection reports to include deliverables as specified above for each task.   |     | X   |
| Prior to sending inspection report to purveyor, DOH will review inspection report to determine the public health significance of any findings and (if needed) provide additional instructions to the purveyor. Draft report will be returned to LHJ within 3 days.  | X   |     |
| When survey findings indicate a need for immediate corrective action per the Significant Deficiencies Directive Memorandum K.02, DOH will follow-up with the system to ensure the deficiencies have been corrected. If necessary, DOH will develop a compliance strategy. Formal enforcement could include: A Bilateral Compliance Agreement (BCA), Departmental Order (DO), or State Health Order (SHO). | X   |     |
| If the Purveyor is uncooperative and refuses the survey, LHJ will notify DOH Sanitary Survey Coordinator.   |     | X   |
| DOH will send a second letter reminding the system of their survey requirement.   | X   |     |
| If the Purveyor is still uncooperative and refuses the survey, LHJ will notify DOH Sanitary Survey Coordinator.   |     | X   |
| DOH will issue a Notice of Violation (NOV) with an offer for a Bilateral Compliance Agreement (BCA) to the non-responsive system.   | X   |     |
| DOH will invoice water system upon completion of inspection (unless LHJ collects local fees)  | X   |     |
| Submit A-19 1A invoice to DOH Contracts Office for payment. Provide a copy to the Eastern Regional Office.  |     | X   |
| Perform joint quality control surveys with DOH.   | X   | X   |
| Annually review and confirm work completed; schedule new assignments; re-negotiate contract and discuss concerns or provide feedback on the program and process.  | X   | X   |

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

**DOH Program Name or Title:** Office of Immunization & Child Profile (OICP) -  
Effective January 1, 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 December 31, 2012

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

**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<br><br>*Funds available for this task:<br><br>FFY12 AFIX, 74205210<br><br>*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.<br><br>*Funds available for this task:<br><br>FFY12 AFIX, 74205210<br><br><b>*See Restrictions on Funds below.</b> |
| 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.<br><br>Funds available for this task:<br><br>FFY12 VFC Ops, 74203210<br><br>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)<br><br>2) Private Provider's Monthly Report of Vaccine Usage (DOH 348-025)   | 1) By the 15 <sup>th</sup> of each month<br><br>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.<br><br>*Funds available for this task:<br><br>FFY12 AFIX, 74205210<br><br><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   |
|-------------|--|--|--|---|---|
|             |  |  | 3) Report of Vaccine Storage Incidents (DOH 348-154) complete with reason and corrective action<br><br>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<br><br>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.<br><br>Funds available for this task:<br><br>FFY12 VFC Ops, 74203210<br><br>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<br><br><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<br><br>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.<br><br>3) A copy of the <del>Site Visit</del> completed <i>Quality Assurance Activity Cover Sheet</i> (DOH 348-151) and supporting documentation | 1) Annually by January 15<br><br>2) Within thirty (30) days of when the site visit is conducted (no later than October 31, annually)<br><br>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.<br><br>*Funds available for this task:<br><br>FFY12 AFIX, 74205210<br><br><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><i>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).</i></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 <i>following documents</i>:</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 <i>assessment visit</i> 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  |
|-------------|--|--|---|--|--|
|             |  |  | <p><i>(13 – 18 year old):</i><br/>32121 Adolescent Coverage Report</p> <p>3) Provide the private health care provider with feedback and a copy of the final printed report(s) that were generated using CoCASA.</p> <p>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></p> | <p>3) Within thirty (30) days of when the AFIX <i>assessment visit</i> is conducted (no later than October 31, annually)</p> <p>4) <i>By the 15<sup>th</sup> of the month following the end of each quarter.</i></p> |  |
| 8.          | <p>Conduct activities to prevent perinatal hepatitis B infection in accordance with the <u>Perinatal Hepatitis B Prevention Program Guidelines</u>, including the following:</p> <p>1) identification and reporting of HBsAg-positive mothers and their infants;</p> <p>2) case management and tracking of infants to assure that they receive the first dose of HBIG and hepatitis B vaccine shortly after birth, the second dose at 1-2 months of age, the third dose at 6 months of age, and post-vaccination testing including HBsAg and anti-HBs at 9-18 months of age or 1-2 months after completing dose number three; and</p> <p>3) identification and tracking of susceptible household and sexual contacts to assure that they receive HBIG and/or hepatitis B vaccine, and post-vaccination testing if appropriate.</p> |  | <p>1) Enter information for each case identified into the Perinatal Hepatitis B module of the WA Immunization Information System or complete a Perinatal Hepatitis B Confidential Case Report – Mother/Infant (DOH 348-030) and Household Contact (DOH 348-035) for each case identified</p> <p>2) Quarterly Perinatal Hepatitis B Outreach Summary (DOH 348-268 <del>XXX</del>)</p>              | <p>1) By the 15<sup>th</sup> of each month</p> <p>2) By the 15<sup>th</sup> of the month following the end of each quarter</p>   | <p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p> <p>Funds available for this task:</p> <p>FFY12 317 Ops, 74201210</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**

- 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)**

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

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

**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)<br>Start Date End Date |          | Current Consideration | Change Increase (+) | Total Consideration |
|---|--------|-------------------|-------------------|--|----------|-----------------------|---------------------|---------------------|
| 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<br><br>Training materials presented by the Spokane Center staff<br><br>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<br><br>Training materials presented by the Spokane Center staff<br><br>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<br><br>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<br><br>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)<br><br>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:<br>“North Carolina Center for Public Health Quality Improvement: The Improvement Guide”<br>“The Quality Toolbox”<br>“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)**

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**Contract Number:** C16889

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

**ASPR ACTIVITIES:**

Exhibit A, Statements of Work  
Revised as of January 17, 2012

| Task Number | Task/Activity Description   | *May Support PHIP State and Local Standards/Measures | Deliverables/Outcomes  | Due Date/Time Frame      | Payment Information and/or Amount |
|-------------|---|--|--|--------------------------|-----------------------------------|
|             |   |  | Management Council (KCEMC) and Kittitas County Health Care Coalition (KCHCC).  |                          |                                   |
| 1.21        | Participate in the two scheduled Region 7 functional exercises which include a healthcare component.                                |  | 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.  | 10 days post attendance  |                                   |
|             | Educate county emergency management partners on Region 7 functional exercises lessons learned.                                      |  | Updated emergency response plans with lessons learned in functional exercise.  | 06/30/12                 |                                   |
|             |   |  | 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). | By the end of the month. |                                   |
| 1.22        | Educate Central Washington University (CWU) Paramedic students on the importance of participation in emergency response activities. |  | A copy of the presentation.  | 06/30/12                 |                                   |
|             | Facilitate enrollment of paramedic students into WASERVE (formerly WAHVE).  |  | Number of paramedic students enrolled in WASERVE (formerly WAHVE).   | 06/30/12                 |                                   |
| 1.23        | Integrate lessons learned from regional meetings and Region 7 functional exercises into LHJ annual all staff training.              |  | A summary of content integrated into all staff training.   | 06/30/12                 |                                   |

## CDC 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  |
|-------------|---|--|---|---|--|
| 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.<br><br>Submit end of year progress report on activities.                        | 01/31/12 or within 45 days of the receipt of the template, whichever is later<br><br>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).<br><br>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.<br><br>Participate with state or regional officials to accomplish TAR. | 21 days prior to TAR<br><br>As scheduled |                                   |

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<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:**

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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<br>Revenue<br>Code* | Statement of Work<br>Funding Period |          | DOH Use Only<br>Chart of Accounts<br>Funding Period |          | Amount             | Funding<br>Period<br>Sub Total | Chart of<br>Accounts<br>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>                          |           |                  |                          |                                     |          |   |          | <b>\$169,153</b>   | <b>\$169,153</b>               |                               |
| <b>Total consideration:</b>           |           | <b>\$84,955</b>  |                          |                                     |          |   |          | <b>GRAND TOTAL</b> |                                | <b>\$169,153</b>              |
|                                       |           | <b>\$84,198</b>  |                          |                                     |          |   |          |                    |                                |                               |
| <b>GRAND TOTAL</b>                    |           | <b>\$169,153</b> |                          |                                     |          |   |          | <b>Total Fed</b>   |                                | <b>\$90,170</b>               |
|                                       |           |                  |                          |                                     |          |   |          | <b>Total State</b> |                                | <b>\$78,983</b>               |

\*Catalog of Federal Domestic Assistance

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