PACIFIC COUNTY HEALTH & HUMAN SERVICES DEPARTMENT
2012 – 2014 CONSOLIDATED CONTRACT

CONTRACT NUMBER: C16896 **AMENDMENT NUMBER: 12**

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

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

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

☒ Adds Statements of Work for the following programs:

- Family Planning - Effective January 1, 2014
- Office of Immunization & Child Profile - Effective January 1, 2014

☒ Amends Statements of Work for the following programs:

- 5930 Public Health Funding - Effective January 1, 2012
- Maternal & Child Health Block Grant - Effective January 1, 2013
- Supplemental Nutrition Assistance Program-Education - Effective October 1, 2013
- WIC Nutrition Program - Effective January 1, 2012

☐ Deletes Statements of Work for the following programs:

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

☒ Increase of **$194,188** for a revised maximum consideration of **$1,324,205**.

☐ Decrease of _____ for a revised maximum consideration of _____.

☐ No change in the maximum consideration of _____.
Exhibit B Allocations are attached only for informational purposes.

3. Exhibit C-6 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-5.

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.

PACIFIC COUNTY HEALTH & HUMAN SERVICES DEPARTMENT

_____

Date

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

_____

Date

APPROVED AS TO FORM ONLY
Assistant Attorney General

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

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

Local Health Jurisdiction Name: Pacific County Health & Human Services Department

Contract Number: C16896

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

Funding Source	Federal Compliance (if applicable)	Type of Payment
☐ Federal <Select One>	☐ ARRA (Recovery Act)	☐ Reimbursement
☒ State	☐ FFATA (Transparency Act)	☒ One-Time Distribution
☐ Other		

Period of Performance: January 1, 2012 through December 31, 2013

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: The purpose of this revision is to terminate this statement of work effective December 31, 2013.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date	Funding Period (LHJ Use Only) End Date	Current Consideration	Change None	Total Consideration
Blue Ribbon Local Health Funds	N/A	334.04.99	79211100	N/A	N/A	120,000	0	120,000
TOTALS						**120,000**	**0**	**120,000**

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 2013 work addressing the performance measures by February 15, 2013. The template for the work plan should be accessed at http://www.doh.wa.gov/Portals/1/Documents/1200/wrkpln-temp.doc. 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 http://www.doh.wa.gov/Portals/1/Documents/1200/5930-metrics.pdf for the most up-to-date revision.	Lump sum payment as follows: January 2012: $30,000 April 2012: $30,000 January 2013: $60,000
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
Kay Koth
Office of ~~*Public Health Systems Development*~~ *Partnerships, Planning and Performance*
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

Exhibit A
Statement of Work
Contract Term: 2012-2014

DOH Program Name or Title: Family Planning - Effective January 1, 2014

Local Health Jurisdiction Name: Pacific County Health & Human Services Department

Contract Number: C16896

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

Funding Source	Federal Compliance (if applicable)	Type of Payment
☒ Federal Subrecipient	☐ ARRA (Recovery Act)	☒ Reimbursement
☒ State	☒ FFATA (Transparency Act)	☐ Fixed Price
☐ Other		

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

Statement of Work Purpose: The purpose of this statement of work is to provide family planning services to Washington State residents. These services will comply with all federal, state requirements and with DOH Family Planning and Reproductive Health guidelines, including the DOH Family Planning Manual (doh.wa.gov/portals/1/Documents/Pubs/930-122-FPRHManualComplete.pdf). These services will be as described in LHJ's approved annual plan.

NOTE: Deliverable due dates outside of the 2012-2014 consolidated contract term are for informational purposes only and will be included in a new statement of work under the new consolidated contract term beginning January 1, 2015.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date	Funding Period (LHJ Use Only) End Date	Current Consideration	Change Increase (+)	Total Consideration
FY14 Title X State (2014 Cost Share)	N/A	334.04.91	78353141	01/01/14	06/30/14	0	11,898	11,898
FY15 Title X State (2014 Cost Share)	N/A	334.04.91	78353150	07/01/14	12/31/14	0	11,830	11,830
YR3 Title X Fed (2012-2016)	93.217	333.93.21	78353240	01/01/14	12/30/14	0	8,974	8,974
TOTALS						**0**	**32,702**	**32,702**

Task #	Task/Activity/Description	*May Support PHAB Standards/ Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	**Overarching requirements** Provide Medical services and Community Education: A. Provide medical, laboratory, and related services specified in the Title X Guidelines, the DOH Family Planning Manual, and state laws. B. Provide a broad range of acceptable, FDA medically approved methods of contraception and services either onsite or by referral. C. Provide community education services based on the needs of the community.		• Documentation that medical component is conducted as required • Documentation that Client Referral List is maintained and updated regularly	As requested	Up to the maximum available for each funding source in the funding table above. DOH will reimburse for: • Actual allowable costs incurred through direct association or through a cost allocation rate/method or • The amount remaining in the appropriate funding source in

Task #	Task/Activity/Description	*May Support PHAB Standards/ Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					the funding table above divided by the number of months remaining in that funding source plus one,
2.	**Data Requirements** Collect, maintain, and provide client visit and agency level data for activities in the Title X project. A. Client Visit Record (CVR) data 1. Collect all data items for client visits as specified in CVR Manual provided by DOH. 2. Submit CVR data to DOH data contractor (Ahlers & Associates). B. Agency level data Collect the following agency level data items required for the federal family planning annual report (FPAR). Number of: 1. Pap tests with an ASC or higher result; 2. Pap tests with an HSIL or higher result; 3. HIV Positive confidential tests; 4. HIV Anonymous tests; 5. FTE Physicians; 6. FTE Physician assistants/nurse practitioners/certified nurse midwives; and 7. FTE registered nurses with an expanded scope of practice who are trained and permitted by Washington regulations to perform all aspects of the user physical measures. C. Respond to notification of data errors and omissions from the data contractor or DOH family planning data manager		CVR data for the previous month submitted to DOH data contractor. Data must be submitted: • Electronically • In format compatible with data contractor's software Email agency level data to DOH family planning data manager for period. 01-01-14 to 12-31-14 Corrected CVR or agency data submitted to DOH data contractor or DOH family planning data manager as specified above.	The 15th of each month 01-15-15 Within 30 days of receiving error/ rejection report	whichever is less. Title X Project costs may be billed to: • Title X State (2014 cost share) or • Year 3 Title X Fed (2012-2016) All services 01-01-14 through 06-30-14 must be billed by 07-31-14. All services 07-01-14 through 12-31-14 must be billed by 01-31-15. DOH may withhold payment until acceptable deliverables and data are submitted.

Task #	Task/Activity/Description	*May Support PHAB Standards/ Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.	**Fiscal Requirements** A. Annual audit that meets state and federal requirements: 1. Audits must be conducted by an outside source. 2. Financial and program audits or reviews conducted by other entities must be made available to DOH or its designee. B. Reimbursement and Expenses Workbook (R&E) DOH will provide R&Es to contractors.		Copies of program and financial audits and reviews including summaries • Email R&E to DOH fiscal contact • Show all sources of revenue that support Title X Project activities through month prior to due date	As requested 04-15-14 07-15-14 10-15-14 01-15-15	
4.	**Services outside Title X project** Surgical services and ambulatory procedures to eligible clients. (DOH Family Planning Manual 3210): A. Local agencies must make sterilization, abortion, and certain medical procedures available, either directly or by referral. (RHW) (WAC 388-531-1550 Sterilization) (RCW 9.02 Abortion). Covered procedures include: medical and surgical abortion, no-scalpel and traditional vasectomy, tubal ligation or hysteroscopic (Essure®) female sterilization. B. Comply with all federal regulations that apply to pregnancy terminations and sterilization procedures. C. The LHJ may provide these services and procedures through service providers in the same geographical area. The LHJ must: 1. Be responsible for making sure that the service providers comply with the terms of this contract. 2. Inform all such providers of applicable billing and reimbursement procedures. 3. Obtain formal subcontracts or provider agreements when feasible. If service providers are unwilling to sign a formal agreement, keep documentation of the refusal on file.		Documentation that access to surgical services and ambulatory procedures is available to eligible clients.	As requested	The LHJ agrees to use funding from another source to provide these services and procedures.

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

Program Specific Requirements/Narrative

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

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

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

Program Manual, Handbook, Policy References
LHJ must comply with all federal Title X and DOH Family Planning requirements, policies, and regulations and their current DOH approved renewal application (annual plan).

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

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

Accessibility of Services
(Title X Guidelines 6.4)

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

Availability of Emergency Services
(DOH Family Planning Manual 6800)

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

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

Billing Requirements
LHJ may bill monthly, quarterly, or biannual on A19s provided by DOH. A19s must be accompanied by the Expenses portion of LHJ's R&E showing expenses for the month billed.

Definitions

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

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

Financial Management
(DOH Family Planning Manual)

The LHJ must:

- Maintain a financial management system that is consistent with generally accepted accounting principles (GAAP) and meets the financial requirements outlined below and specified in federal and state laws.
- Maintain documentation of all revenues and expenditures and be able to support information submitted on A19-1As and R&Es through their accounting system.
- Work to maintain its current level of revenue contributions, and will make best efforts to increase these contributions in the future.
- Have a documented method of allocating funds to sites, if they use funds in more than one clinic site.
- Implement policies and procedures for charging, billing, and collecting fees for services provided.
- Establish fees for services based on the cost of the service provided (cost analysis) and establish a discount schedule in accordance with Title X Guidelines and the DOH Family Planning Manual.
- Not deny services to potential clients who are unable to pay.
- Not charge clients with incomes at or below 100% of the federal poverty level guidelines.
- Assess and document each prospective client's eligibility for third party reimbursement.
- Bill for surgical services provided under this agreement at the provider's usual and customary fee and inform all providers of billing and reimbursement procedures.

The State of Washington and DOH do not assume liability for complications resulting from procedures paid for by funds awarded under this contract and performed for a client by the LHJ or other provider. DOH family planning program has, however, established an emergency care fund to assist the LHJ, and other providers in providing services to clients in need of emergency follow-up care. DOH may reimburse the LHJ for complications resulting from a specific procedure performed for a client of the LHJ and paid for by project funds, as long as:

- Sufficient emergency care funds are available.

- The client is eligible for state subsidized services. If more than six (6) months have elapsed since the last eligibility determination, the LHJ must be re-determine client eligible to qualify for emergency care assistance.
- The need for follow-up care is identified and services are provided within the designated time period after the initial procedure is performed, as specified by the DOH Family Planning Manual.
- The clinician performing the procedure states to the LHJ in writing that the complications were related to the specific procedure and not to pre-existing conditions.
- A written second medical opinion is provided in advance if additional treatment or surgery is required after initial treatment of the complication. The client must provide to the LHJ a copy of the second opinion prior to additional treatment.
- The LHJ's medical advisory committee must approve the physician providing the written second opinion as specified above.

Personnel Policies
(DOH Family Planning Manual 3580)

The LHJ must establish and maintain written personnel policies that comply with federal and state requirements.

Reports
(DOH Family Planning Manual 3390; Title X Guidelines, 3.4)

The LHJ must submit all deliverables and reports requested by DOH contract manager or DOH epidemiologist, using forms supplied by DOH or in manner requested by DOH.

Payment may be withheld until acceptable deliverables and reports are submitted. DOH may also reduce the maximum consideration if acceptable reports are not submitted.

Special Funding Requirements
DOH may terminate or reduce funding in this contract if DOH's funding sources are terminated or reduced. If funding is reduced, DOH may remove tasks or deliverables. DOH will notify the LHJ within seven (7) working days of notice by the funding source of funding availability or restrictions.

DOH Program Contact
Carol Oakes
PO Box 47880
Olympia, WA 98504-7880
Carol.Oakes@doh.wa.gov
(360) 236-3588

Exhibit A
Statement of Work
Contract Term: 2012-2014

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

Local Health Jurisdiction Name: Pacific County Health & Human Services Department

Contract Number: C16896

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

Period of Performance: January 1, 2013 through September 30, 2014

Funding Source	Federal Compliance (if applicable)	Type of Payment
☒ Federal Subrecipient	☐ ARRA (Recovery Act)	☒ Reimbursement
☐ State	☒ FFATA (Transparency Act)	☐ Fixed Price
☐ Other		

Statement of Work Purpose: The purpose of this statement of work is to add new focus of work and funding for Maternal and Child Health Block Grant (MCHBG) related activities.

Revision Purpose: The purpose of this revision is to extend the period of performance, provide additional funding from 01/01/14 to 09/30/14 for continuation of MCHBG related activities, add activities, and delete information no longer needed. This revision also clarifies Special Billing Requirements, and Action Plan and Progress Report requirements.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date	Funding Period (LHJ Use Only) End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY13 MCHBG OHC CONCON FEDERAL	93.994	333.93.99	78734231	01/01/13	09/30/13	28,467	0	28,467
FFY14 MCHBG CBP CONCON	93.994	333.93.99	78734240	10/01/13	09/30/14	9,488	27,671	37,159
TOTALS						**37,955**	**27,671**	**65,626**

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Maternal and Child Health Block Grant (MCHBG) Administration and Year End Closeout of 2013 Contract					
1a	Identify MCHBG-focused carry forward activities and submit transition proposal to DOH contract manager, using DOH-supplied template.		Transition proposal	January 31, 2013	Reimbursement for actual costs, not to exceed total funding consideration. See Program Specific Requirements.
1b	Complete a proposed budget using template provided by DOH.		Completed budget submitted electronically.	April 15, 2013	
1c	Participate in calls, at a minimum of every other month, with DOH contract manager. Dates and time for calls are mutually agreed upon between DOH and LHJ.		Designated LHJ staff will participate in contract management calls.	December 31, 2013 *September 30, 2014*	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1d	Participate in DOH sponsored MCHBG-related quarterly conference calls and/or webinars, including up to two (2) in-person meetings.		Designated LHJ staff will participate in calls, webinars, and meetings.	December 31, 2013 *September 30, 2014*	
1e	Complete MCHBG Federal Report Form 4, which includes budget details by types of individuals served. DOH will supply the form.		Submit MCHBG Federal Report Form 4 electronically to contract manager	December 31, 2013	
1f	Report actual expenditures for calendar year 2013 using template provided by DOH.		Submit actual expenditure budget forms electronically to contract manager	December 31, 2013	
1g	Report activities and outcomes of transition plan		Submit short narrative report electronically to contract manager	August 15, 2013	
Planning and Needs Assessments					
2a	Conduct a Maternal and Child Health (MCH) Needs Assessment prior to March 31, 2013. DOH to supply guidance documents.		Submit 1. Electronic summary of MCH Needs Assessment 2. Electronic MCH Gap Analysis Tool	April 15, 2013	Reimbursement for actual costs, not to exceed total funding consideration. See Program Specific Requirements.
2b	Select Children and Youth with Special Health Care Needs (CYSHCN) performance measure (NPM05 required, others optional) and choose or develop SMART Objectives based on Needs Assessment findings from 2a and using DOH-supplied list.		Submit identified performance measure(s) and SMART Objectives electronically using DOH-supplied template	April 15, 2013	
2c	Select either Adverse Childhood Experiences (ACEs) or Universal Developmental Screening (UDS) performance measure and choose or develop SMART Objectives based on Needs Assessment findings from 2a and using DOH-supplied list.		Submit identified performance measure(s) and SMART Objectives electronically using DOH-supplied template	April 15, 2013	
2d	Select up to three (3) additional MCH performance measures and choose or develop SMART Objectives based on Needs Assessment findings related to 2a and using DOH-supplied list and template in coordination with DOH contract manager.		Submit identified performance measure(s) and SMART Objectives electronically.	April 15, 2013	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Implementation					
3a	Develop draft and final action plan that includes each identified SMART Objective from 2b, 2c, and 2d and using DOH-supplied template.		1. Submit draft Action Plan(s) to DOH contract manager for review. 2. Submit final Action Plan(s) to DOH contract manager for review.	1. Draft by June 15, 2013. 2. Final due by July 15, 2013.	Reimbursement for actual costs, not to exceed total funding consideration. *Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.* See Program Specific Requirements and Special Billing Requirements.
3b	Report activities and outcomes of action plan using DOH provided template		Submit Action Plan Progress Reports for selected SMART Objectives	October 15, 2013 December 30, 2013 *April 15, 2014* *July 15, 2014* *If LHJ chooses to bill on a monthly basis, reports are due on or before the 15th of the following month.*	
3c	Develop action plan for January 1, 2014 through September 30, 2014 (to align with the Federal Fiscal Year) using DOH-provided template.		Submit Action Plan to DOH contract manager.	December 6, 2013	
3d	*Develop an action plan (including Budget Workbook) for October 1, 2014 through September 30, 2015 (to align with the Federal Fiscal Year) using DOH provided template.*		*Submit Action Plan to DOH contract manager.*	*September 5, 2014*	
Children and Youth with Special Health Care Needs (CYSHCN) The Maternal and Child Health Block Grant (MCHBG) continues to require the following basic minimum activities as specified in the CYSHCN Program Manual:					
4a	Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program Manual.		Submit CHIF data into Secure File Transport (SFT) website: https://sft.wa.gov	April 15, 2013 July 15, 2013 October 15, 2013 December 31, 2013 *April 15, 2014* *July 15, 2014* *If LHJ chooses to bill on a monthly basis, reports are due on or before the 15th of the following month.*	Reimbursement for actual costs, not to exceed total funding consideration. *Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.*

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
4b	Administer allocated DOH Diagnostic and Treatment funds for infants and children per CYSHCN Program Manual when funds are used.		Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed	See Program Specific Requirements.
4c	Participate in the CYSHCN Regional System and quarterly meetings as described in the CYSHCN Program Manual.		~~*Evidence of participation at CYSHCN Regional System and quarterly meetings, including quarterly updates and regional representative minutes.*~~ *Submit Action Plan Progress Reports including number of regional meetings attended to the DOH contract manager.*	April 15, 2013 July 15, 2013 October 15, 2013 December 31, 2013 *April 15, 2014* *July 15, 2014* *If LHJ chooses to bill on a monthly basis, reports are due on or before the 15th of the following month.*	

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

Program Specific Requirements/Narrative

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

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

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

Program Manual, Handbook, Policy References
Children with Special Health Care Needs Manual
ftp://ftp.doh.wa.gov/CSHCN/CSHCN%20Manual%20for%20WEB.pdf

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

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) *N/A*

~~*"HRSA–Understanding Title V of the Social Security Act" 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*~~

~~*MCH Compendium*~~

Monitoring Visits (frequency, type)
Telephone calls with contract manager at least one every other month.

Special Billing Requirements
Payment is contingent upon DOH receipt and approval of all deliverables and an acceptable A19-1A invoice voucher. *Payment to completely expend the "Total Consideration" for a specific funding period will not be processed until all deliverables are accepted and approved by DOH.* Invoices must be submitted at least quarterly and must be based on actual allowable program costs. *Billing for services on a monthly or quarterly fraction of the "Total Consideration" will not be accepted or approved.* Monthly invoices on actual allowable program costs will be accepted but an updated Action Plan Progress Report must also be submitted.

Special Instructions *N/A*

~~*Implement all Children and Youth with Special Health Care Needs program activities in accordance with Program Manual. ftp://ftp.doh.wa.gov/CSHCN/CSHCN%20Manual%20for%20WEB.pdf*~~

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

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Exhibit A
Statement of Work
Contract Term: 2012-2014

DOH Program Name or Title: Office of Immunization & Child Profile - Effective January 1, 2014

Local Health Jurisdiction Name: Pacific County Health & Human Services Department

Contract Number: C16896

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

Funding Source	Federal Compliance (if applicable)	Type of Payment
☒ Federal Subrecipient	☐ ARRA (Recovery Act)	☒ Reimbursement
☐ State	☒ FFATA (Transparency Act)	☐ Fixed Price
☐ Other		

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

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

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date	Funding Period (LHJ Use Only) End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY14 VFC Ops	93.268	333.93.26	74203240	01/01/14	12/31/14	0	3,804	3,804
FFY14 317 Ops	93.268	333.93.26	74201240	01/01/14	12/31/14	0	2,034	2,034
FFY14 AFIX	93.268	333.93.26	74205240	01/01/14	12/31/14	0	8,666	8,666
TOTALS						**0**	**14,504**	**14,504**

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Perform accountability activities in accordance with state and federal requirements for the Vaccines for Children (VFC) Program as outlined in the Centers for Disease Control and Prevention (CDC) VFC Operations Guide and as directed by the state administrators of the VFC program. Accountability requirements include, but are not limited to: provider education, provider site visits and required corrective action, quality assurance activities, VFC screening, satisfaction survey, outside provider agreements, new provider enrollment visits, fraud and abuse reporting, monthly accountability reports, and private provider report of vaccine usage.					
1	Facilitate annual renewal of the Provider Agreement for Receipt of State Supplied Vaccine for all health care providers receiving state-supplied childhood vaccines, per instructions at this link.		Provider Agreements for Receipt of State Supplied Vaccine received online via the Washington Immunization Information System.	Annually, per Annual VFC Provider Agreement Update Schedule	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task*: FFY14 AFIX, 74205240

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					*See Restrictions on Funds below
2	Enroll new providers. Conduct an enrollment site visit to all new providers, and gather information needed to complete Program enrollment, per instructions at this link.		a) Provider Agreement for Receipt of State Supplied Vaccine with original signature (NOTE: a photocopy will not be accepted) b) Quality Assurance Activity Cover Sheet (DOH 348-151) c) Provider Agreement (DOH 348-022) d) IIS Information Sharing Agreement e) Account Application f) User Account Worksheet	Within ten (10) days after the date of the provider enrollment visit	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task*: FFY14 AFIX, 74205240 *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) and approve vaccine order online after assuring the appropriateness of the order.		Electronic submission of provider vaccine orders via the Washington Immunization Information System	Based on provider order schedules	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task: FFY14 VFC Ops 74203240 FFY14 317 Ops 74201240
4	Monitor and assure electronic or paper submission of vaccine accountability reports for compliance with Provider Agreement related to vaccine management (ordering, inventory management, reconciliation, compliance with storage and		a) Monthly Vaccine Accountability Report (DOH 348-006), submitted by e-mail or online in the IIS	a) 15th of each month	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	handling, and reporting of all vaccine incidents and returns).		b) Inclusion in the online ordering system of doses used in the last month and inventory on hand. c) Report of Vaccine Storage Incidents (DOH 348-154) complete with reason and corrective action as needed. d) Report all cases (or suspected cases) of vaccine fraud or abuse.	b) based on provider order schedules c) within seven (7) days of the incident d) within seven (7) days of the incident	Funds available for this task*: FFY14 AFIX, 74205240 *See Restrictions on Funds below
5	Provide communication, technical assistance, consultation, and education to providers about vaccine quality assurance, accountability, program participation and vaccine management.		Summary of LHJ Technical Assistance Form (DOH 348-257)	December 31st	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task: FFY14 VFC Ops 74203240 FFY14 317 Ops 74201240
6.	Conduct VFC site visits at four (4) private provider site(s) within your jurisdiction. Site visits should address all requirements outlined in the Provider Agreement, the CDC Vaccines for Children (VFC) Operations Guide and as directed by the state administrators of the Vaccines for Children program. Conduct VFC Compliance Site Visit Follow-Up to assure providers resolve all corrective actions identified during the initial VFC compliance site visit. Follow-up may include another physical site visit or		a) VFC Site Visit Selection Planning tool (will be supplied by DOH) b) Original VFC Provider Compliance Site Visit questionnaire (DOH 348-156) and Corrective Action Plan (DOH 348-422) for each provider site visit.	a) January 15th b) Quarterly, per the following schedule: • April 30th (for site visits conducted January – March) • July 30th (for site visits conducted April – June) • October 31st (for site visits conducted July - September)	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task*: FFY14 AFIX, 74205240

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	verification by email, phone, fax, or mail that corrective actions were completed. Documentation that all VFC Site Visit corrective actions have been completed must be available to DOH upon request.		c) Original Quality Assurance Activity Cover Sheet (DOH 348-151)	c) Within thirty (30) days after the provider has corrected the issues, (no later than October 31)	*See Restrictions on Funds below
7	a) Conduct initial AFIX (Assessment, Feedback, Incentive, and Exchange) visits with two (2) provider sites in your jurisdiction. Visits can be conducted in-person, by telephone, or by webinar. A list of eligible providers and guidance on immunization coverage reports (CoCASA) will be provided by DOH. b) Conduct AFIX Follow-Up visits with one (1) of the initial provider sites in your jurisdiction three months after the initial AFIX visit. Follow-up visits can be in-person, or via email, phone, or webinar. AFIX Follow-up visit guidance will be provided by DOH.		a) Completed AFIX Form (DOH 348-159) from initial AFIX visit and clinic immunization coverage (CoCASA) reports. b) Completed AFIX Form from follow-up visit and clinic immunization coverage (CoCASA) reports. DOH to supply form and publication number when available.	a) Within fifteen (15) days of the AFIX Feedback visit (no later than October 31) b) Within fifteen (15) days of the follow-up AFIX visit (no later than December 31)	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task*: FFY14 AFIX, 74205240 *See Restrictions on Funds below
8	Conduct activities to prevent perinatal hepatitis B infection in accordance with the Perinatal Hepatitis B Prevention Program Guidelines, including the following: • identification and reporting of HBsAg-positive mothers and their infants; • 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		a) Enter information for each case identified into the Perinatal Hepatitis B module of the WA Immunization Information System b) Annual Perinatal Hepatitis B Outreach Summary (DOH 348-268)	a) By the 15th of each month b) December 31	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task: FFY14 317 Ops 74201240

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	• 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.				

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

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

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

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

Program Specific Requirements/Narrative
- All LHJ staff who conducts VFC Compliance Site Visits and AFIX visits must participate in an annual VFC and AFIX training, conducted by DOH Office of Immunization and Child Profile (OICP) staff or their designee.
- All new LHJ site visit reviewers are required to have at least one (1) observational visit conducted by DOH OICP staff or their designee. DOH OICP staff (or designee) will periodically conduct observational VFC/AFIX site visits with all other LHJ reviewers who conduct VFC Compliance Site Visits.
- LHJ staff who conducts VFC Compliance Site Visits must participate in at least one (1) joint (observational) VFC compliance visit with DOH staff every other year. The observational visit will occur during a regularly scheduled site visit conducted by the LHJ reviewer. DOH will determine the Observational visit.
- Tasks in this statement of work may not be subcontracted without prior written approval from the Office of Immunization and Child Profile.

Program Manual, Handbook, Policy References
Office of Immunization and Child Profile References and Resources for vaccine management, VFC compliance site visits, AFIX visits, and Perinatal Hepatitis B activities can be found at this link to our website.

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

Restrictions on Funds (what funds can be used for which activities, not direct payments, etc.)
Allowable expenses with 317 and VFC FA Operations Funds (dated September 7, 2011) document is posted on the DOH Consolidated Contract website at this link. In addition to the funding listed in the Payment Information and/or Amount column for each task, FFY13 317 Ops funding may be used for any activity in this statement of work, per funding availability.

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

DOH Program Contact
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Deliverables may be sent electronically via email at 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: Supplemental Nutrition Assistance Program-Education - Effective October 1, 2013

Local Health Jurisdiction Name: Pacific County Health & Human Services Department
Contract Number: C16896

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

Funding Source	Federal Compliance (if applicable)	Type of Payment
☒ Federal Subrecipient	☐ ARRA (Recovery Act)	☒ Reimbursement
☐ State	☒ FFATA (Transparency Act)	☐ Fixed Price
☐ Other		

Period of Performance: October 1, 2013 through September 30, 2014

Statement of Work Purpose: The purpose of this statement of work is to provide Supplemental Nutrition Assistance Program - Education (SNAP-Ed) to improve the likelihood that persons eligible for SNAP (Food Stamps) will make healthy food choices within a limited budget and choose active lifestyles consistent with the cureent USDA dietary guidance system.

Revision Purpose: The purpose of this revision is to extend the period of performance through September 30, 2014, revise the deliverable due date for task 1.1, add language to the Program Specific Requirements/Narrative, and add FFY14 funds.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date	End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY14 DSHS SNAP-Ed IAR	10.561	333.10.56	76430940	11/01/13	09/30/14	0	26,548	26,548
FFY13 CARRYFORWARD DSHS SNAP ED IAR	10.561	333.10.56	76430931	10/14/13	06/30/14	8,849	0	8,849
TOTALS						**8,849**	**26,548**	**35,397**

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.0	For SNAP-Ed, the LHJ will perform work as described in the SNAP-Ed Work Plan submitted to DOH and approved by DOH, Department of Social and Health Services (DSHS) and United States Department of Agriculture (USDA) in September 2013, which is incorporated herein by reference.		1. Target audiences reached. 2. Project activities completed 3. Evaluation measures completed	For the Period: 10/01/13-09/30/14 Due: **09/30/14**	Reimbursement upon receipt and approval of deliverables for the funding period will not exceed~~**$8,849.**~~ ***$35,397. LHJ*** will be paid the allowable costs incurred based on Budget. See Special Billing Requirements Section.

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.1	**Submit Quarterly Progress Reports** Report data to be collected: 1. Audience served by race/ethnicity, sex, SNAP eligibility, and age 2. Setting type and project activity details 3. Key nutrition messages delivered 4. Formative, processes and outcome evaluation results to date 5. Achievements, challenges, changes 6. Success stories 7. Other		Using the electronic means and forms provided by DOH to summarize the work aforementioned in the SNAP-Ed work plans for quarter reports.	Quarterly Reports due for the period October 1, 2013 – September 30,2014: 1st quarter due 01/30/14 2nd quarter due 04/30/14 3rd quarter due 07/30/14 4th quarter due ~~*10/30/14*~~ *10/15/14*	See payment information as referenced in task number 1.0
1.2	**Submit Timely Invoice Vouchers**		Prepare and submit invoice vouchers monthly (**or with pre-approval by DOH contract manager, every two months maximum) using the A19-1A specific to SNAP-Ed. (This document will be sent to all contractors prior to October 2013.) Documentation of all costs incurred shall be accompanied by an agency financial system summary-level report supporting the costs to be reviewed by SNAP-Ed Contract Manager before approval of payment. **NOTE: In FFY14 the SNAP-Ed program will deny payment for any costs not submitted by the due date without prior approval.**	**Monthly**: due no later than 30 days after the end of the preceding month (e.g. October A19 invoice submitted no later than November 30, and so on.) **If, and only if, LHJ has been **pre-approved** to bill on a 2-month billing cycle, A19 invoices must be received by DOH no later than dates listed below: Oct & Nov due: 12/31/13 Dec & Jan due: 02/28/14 Feb & Mar due: 04/30/14 Apr & May due: 06/30/14 Jun & Jul due: 08/31/14 Aug & Sept due: 10/30/14	See payment information as referenced in task number 1.0

***For Information Only:**
Funding is not tied to the 2006 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, may be found at:
http://www.doh.wa.gov/PublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/PublicHealthImprovementPartnershipPHIP/ResourceCatalog/Standards.aspx

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

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

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

Program Manual, Handbook, Policy References
Supplemental Nutrition Assistance Program Education Guidance for FY14
Nutrition Education and Obesity Prevention Grant Program http://snap.nal.usda.gov/snap/Guidance/FY2014SNAP-EdGuidance.pdf

Assurances / Certifications
The local governmental agency is fiscally responsible for nutrition education activities funded with Supplemental Nutrition Assistance Program Education funds and is liable for repayment of unallowable costs. Nutrition education activities are conducted exclusively for the benefit of Supplemental Nutrition Assistance Program participants, applicants, and those eligible.

Program activities are conducted in compliance with all applicable Federal laws, rules, regulations including Civil Rights and OMB circulars governing cost issues.

Materials developed with Federal Supplemental Nutrition Assistance Program funds include the appropriate non-discrimination statement, credit provided to SNAP as a funding source on newly developed and reprinted materials. For more information see Appendix G: Notes About Education Materials on pp. 98-101 of FFY14 Guidance at http://snap.nal.usda.gov/snap/Guidance/FY2014SNAP-EdGuidance.pdf

Program activities are reasonable and necessary to accomplish SNAP-Ed objectives and goals.

Messages of nutrition education are consistent with the Dietary Guidelines for Americans and do not disparage any specific food, beverage or commodity.

Audits
The local governmental agency, Indian Tribal Organization or non-Governmental Agency must make State financial and program audits or reviews conducted by other entities available to the DOH, DSHS, USDA, or its designee.

Indirect Rate
Per SNAP-Ed FFY14 Guidance pages 93-95, DOH is responsible for ensuring that indirect costs included in the LHJ's SNAP-Ed plan are supported by an indirect cost agreement and/or cost allocation plan approved by the appropriate agency. The LHJ cannot bill indirect costs that are determined to be unacceptable and will be disallowed.

Monitoring visits
The local governmental agency, Indian Tribal Organization or non-Governmental Agency's premises and records will be made available upon request to DOH, DSHS, and USDA staff for the purposes of observing nutrition education activities and reviewing for program compliance.

Overtime
Overtime is not billable in the SNAP-Ed program unless it has been reviewed and preapproved by the state SNAP-Ed contract manager in writing.

Records
(Record Retention and Management-State Agency and All Sub-grantees 7CFR 272.2)
SNAP-Ed regulations require that all records be retained for three years from fiscal closure. This requirement applies to fiscal records, reports and client information. Supporting documentation may be kept at the subgrantee level, but shall be available for review for three years from the date of quarterly claim submittal. Any costs that cannot be substantiated by source documents will be disallowed as charges to SNAP.

Travel
The LHJ is expected to comply with the Office of Financial Management's Travel Management Requirement and Restrictions as found in policy 10.10.
http://www.ofm.wa.gov/policy/10.htm

Amendments to Project(s) Plan
Agencies must submit a request to DOH to amend a project plan for prior approval whenever they wish to change the USDA-approved scope of activities. All requests for amendments must be submitted no later April 1, 2014.

Please Note:
1. No changes may be incorporated into the project plan until an amendment request is approved by DOH and/or USDA
2. Any requests submitted after April 1, 2014 will NOT be approved.

Special Funding Requirements
Payment for deliverables as specified herein is dependent on receipt of funding from the USDA funding sources. In the event funding is not received, DOH is under no obligation to make payments for the deliverables as specified. If funding is reduced or limited in any way after the effective date of this statement of work and prior to normal completion DOH may terminate task(s), remove funds, or reallocate funds at DOH's discretion under new funding limitations and conditions. DOH will make payments only upon the receipt of the funding. DOH will notify the contractor upon notice by the funding source of funding availability

The FFY13 Carryforward DSHS SNAP ED IAR funds expire on ~~*December 31, 2013*~~ *June 30, 2014.* ~~*This is a partial funding of the contract amount. $2,591 is the maximum the LHJ may invoice during the temporary resumption of performance.*~~

~~*The LHJ and DOH have mutually agreed to the start date. The statement of work (SOW) is not being revised. LHJ may work until the funds in this SOW are exhausted or until December 31, 2013; whichever occurs first*~~

Special Billing Requirements
1. Total costs bill will not exceed the USDA-approved budget amount listed in the text box below.
    a. Bills must be for only SNAP-Ed specific activities, using a DOH A19-1A Invoice voucher
    b. A SNAP-Ed specific A19-1A must be submitted to the agency's designated DOH SNAP-Ed contract manager within 30 days of the last day of the month for which the work is being billed, OR
    c. An agency may request pre-approval to bill every 2 months instead, in which case, that agency is required to adhere to the billing due dates listed in Task 1.2 (see above)
    d. **NOTE: In FFY14, if for ANY reason a contractor is unable to submit the SNAP-Ed A19-1A by the due date, the contractor is required to submit a request for an exception to DOH, no later than 7 days prior to the due date, to the DOH SNAP-Ed contract manager. The SNAP-Ed contract manager reserves the right and responsibility to either approve or deny the request and will reply to the request.**

2. **NOTE: In FFY14 the SNAP-Ed program will deny payment for any costs not submitted by the due date without prior approval.**

3. Supporting documentation for each month must be submitted with each SNAP-Ed A19-1A.
    a. At the very least this means a copy of an agency's financial expanded/detailed general ledger level report.
    b. Additionally, all receipts, timecards and other supporting documentation, as noted by USDA, must be available upon request.

    PLEASE NOTE: If an agency is a new SNAP-Ed contractor or has had a fiscal finding within the last year, all SNAP-Ed backup documentation must be submitted with each bill and this requirement will continue until further notice by the DOH designated SNAP-Ed contract manager.

Source and Amount of FFY14 Funds	
USDA	~~$8,849~~ $35,397

Budget Revisions
The LHJ is allowed, in the Federal Fiscal year period, to request an adjustment be made to a funded line item listed in the approved budget, with pre-approval from the DOH designated SNAP-Ed contract manager. Any anticipated changes to the budget must be pre-approved by DOH.

DOH Program Contact
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Exhibit A
Statement of Work
Contract Term: 2012-2014

DOH Program Name or Title: WIC Nutrition Program - Effective January 1, 2012

Local Health Jurisdiction Name: Pacific County Health & Human Services Department
Contract Number: C16896

SOW Type: Revision **Revision # (for this SOW)** 9

Funding Source	Federal Compliance (if applicable)	Type of Payment
☒ Federal Subrecipient	☐ ARRA (Recovery Act)	☒ Reimbursement
☐ State	☒ FFATA (Transparency Act)	☐ Fixed Price
☐ Other		

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

Statement of Work Purpose: The purpose is to provide Women, Infants, and Children (WIC) Nutrition Program services by following WIC federal regulations, WIC state office policies and procedures, WIC directives, and other rules. Refer to the Program Specific Requirements section of this document.

Revision Purpose: The purpose of this revision is to extend the period of performance through December 31, 2014; add FFY14 WIC NLS funds and FFY13 USDA Breastfeed Peer Counsel funds and extend the funding periods; add FFY14 USDA Breastfeed Peer Counsel funds; decrease authorized caseload effective January 2014; and add Special Requirements.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date	End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY12 USDA WIC NLS	10.557	333.10.55	76210220	01/01/12	09/30/12	82,425	0	82,425
FFY13 USDA WIC NLS	10.557	333.10.55	76210230	10/01/12	09/30/13	113,102	0	113,102
FFY14 USDA WIC NLS	10.557	333.10.55	76210240	10/01/13	09/30/14	27,489	79,875	107,364
FFY12 USDA WIC BREASTFEEDING	10.557	333.10.55	76213220	01/01/12	09/30/12	2,738	0	2,738
FFY13 USDA BREASTFEED PEER COUNSEL	10.557	333.10.55	76214230	10/01/12	09/30/14	8,592	2,864	11,456
FFY14 USDA BREASTFEED PEER COUNSEL	10.557	333.10.55	76214240	10/01/13	12/31/14	0	10,024	10,024
FFY11 USDA BREASTFEED PEER COUNSEL	10.557	333.10.55	76214210	01/01/12	09/30/12	11,615	0	11,615
FFY12 OA MATERNITY CARE SUMMIT & TRNG	10.557	333.10.55	76211225	01/01/12	09/30/12	1,464	0	1,464
FFY12 USDA BREASTFEED PEER COUNSEL	10.557	333.10.55	76214220	07/01/12	09/30/13	14,161	0	14,161
FFY12 USDA FMNP ADMIN	10.572	333.10.57	76540220	01/01/12	09/30/12	235	0	235
FFY09 REVITALIZE QUALITY NUTRITION GRANT	10.557	333.10.55	76215210	10/01/12	12/31/12	2,500	0	2,500
FFY13 USDA FMNP ADMIN	10.572	333.10.57	76540230	10/01/12	09/30/13	115	0	115
TOTALS						**264,436**	**92,763**	**357,199**

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	**WIC Nutrition Program**	7.2 B			See "Special Billing Requirements" 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
1.1	Maintain authorized participating caseload at 100%. The DOH State WIC Nutrition Program has the option of reducing authorized participating caseload and corresponding funding when: 1. Unanticipated funding situations occur 2. Reallocations are necessary to redistribute caseload statewide. Authorized participating caseload for January 2012 through December 2013 = **540** Revised Authorized participating caseload for January 2013 through December 2013 = **520** ***Revised Authorized participating caseload for January 2014 through December 2014 = 500***		Quarterly average as shown on Caseload Management Reports		
1.2	Submit the annual Nutrition Education Plan for each year of the Contract.	9.2 B	Nutrition Education Plan	First year due 03/31/12 Second year due 03/31/13 Third year due 03/31/14	Payment withheld if not received by due date.
1.3	Submit the annual Nutrition Services Expenditure Report for each year of the Contract.	6.1 B	Nutrition Services Expenditure Report	11/30/12 11/30/13 11/30/14	Payment withheld if not received by due date.
1.4	Transmit electronically all client and check issuance data via the Client Information Management System (CIMS).	3.1 B	Client and Check Issuance data	Same day of operation; no later than noon the following day.	
1.5	Tell clients about other health services in the agency. If needed, develop written agreements with other health care agencies and refer clients to these services.	3.1 B	Documentation must be available for review by WIC monitor staff.	Biennial WIC monitor	
1.6	Provide nutrition education services to clients and caregivers in accordance with federal and state requirements.	3.1 B	Documentation must be available for review by WIC monitor staff.	Biennial WIC monitor	
1.7	Issue WIC checks while assuring adequate check security and reconciliation.	3.1 B	Documentation must be available for review by WIC monitor staff.	Biennial WIC monitor	
1.8	Collect data, maintain records, and submit reports to effectively enforce the non-discrimination laws (Refer to Civil Rights Assurances below).	3.1 B	Documentation must be available for review by WIC monitor staff.	Biennial WIC monitor	

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.9a	Submit WIC Budget Workbook for each year of the contract.		Budget Workbook	09/30/13 09/30/14	
1.9b	Revise and submit WIC Budget Workbook mid-year for each year of the contract.		Revised Budget Workbook	Mid-year revision due 04/30/13 Mid-year revision due 04/30/14	
2	**Breastfeeding Promotion**				See "Special Billing Requirements" below
2.1	Provide breastfeeding promotion and support activities in accordance with federal and state requirements	3.1 B	Status report of chosen activities in Nutrition Education Plan. Documentation must be available for review by WIC monitor staff.	First year due 03/31/12 Second year due 03/31/13 Third year due 03/31/14 Biennial WIC monitor	
2.2	Work with community partners to improve practices that affect breastfeeding. Choose one or more of the following projects: ▪ Change worksite policies of employers who likely employ low income women ▪ Provide breastfeeding education to health care providers who serve low income pregnant and breastfeeding women ▪ Work with birthing hospitals to improve maternity care practices that affect WIC client breastfeeding rates. ▪ Provide clients access to lactation consultants ▪ Provide staff and community partners breastfeeding training. ▪ Other projects will need pre-approval from the State WIC Office.	4.2 B	Status report of chosen activities in Nutrition Education Plan. Documentation must be available for review by WIC monitor staff.	First year due 03/31/12 Second year due 03/31/13 Third year due 03/31/14 Biennial WIC monitor	
3	**Breastfeeding Peer Counseling Program**	3.1 B			See "Special Billing Requirements" below
3.1	Provide breastfeeding peer counseling program activities in accordance with federal and state requirements. The WIC Breastfeeding Peer Counseling Program is meant to enhance, not supplant, WIC Breastfeeding Promotion activities.		Breastfeeding Peer Counseling Report and Budget Documentation must be available for review by WIC monitor staff.	First year due 02/15/12 Second year due 12/17/12 Third year due 12/16/13 Biennial WIC monitor	

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.2	Track Breastfeeding Peer Counseling Program expenditures and bill separately from the WIC grant.		Documentation must be available for review by WIC monitor staff	Biennial WIC monitor	
3.3	Peer counselors are paid, supervised, and receive, at minimum, annual breastfeeding training.		Breastfeeding Peer Counseling Report and Budget Documentation must be available for review by WIC monitor staff	First year due 02/15/12 Second year due 12/17/12 Third year due 12/16/13 Biennial WIC monitor	
3.4	Assure peer counselors have access to an International Board Certified Lactation Consultant (IBCLC). If no IBCLC is available, peer counselors have access to staff who have attended state-approved lactation management training.		Breastfeeding Peer Counseling Report and Budget Documentation must be available for review by WIC monitor staff	First year due 02/15/12 Second year due 12/17/12 Third year due 12/16/13 Biennial WIC monitor	
3.5	Attend state-sponsored training on peer counselor programs		Documentation must be available for review by WIC monitor staff	Biennial WIC monitor	
4	**Farmers Market Nutrition Program (FMNP)**				See "Special Billing Requirements" below
4.1	Distribute all Farmers Market Nutrition Program checks to eligible WIC clients between June 1 and September 30 of current year.		Send completed FMNP check registers to banking contractor on a weekly basis following FMNP procedures. Documentation must be available for review by WIC monitor staff	Weekly July-Sept 2012 Weekly June-Sept 2013 All registers sent by Oct. 1, 2012 and by Oct. 1, 2013 Biennial WIC Monitor	

***For Information Only:**
Funding is not tied to the 2006 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, may be found at:
http://www.doh.wa.gov/PublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/PublicHealthImprovementPartnershipPHIP/ResourceCatalog/Standards.aspx

Program Specific Requirements/Narrative

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

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

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

Program Manual, Handbook, Policy References:
The LHJ shall be responsible for providing services according to rules, regulations and other information contained in the following:

- WIC Federal Regulations, USDA, FNS 7CFR Part 246, 3016, 3017 and 3018
- Washington State WIC Nutrition Program Policy and Procedure Manual
- Updated Directives issued during the term of the Contract

Staffing Requirements:
The LHJ must:

- Use Competent Professional Authority staff to determine client eligibility for the WIC Nutrition Program.
- Use a Registered Dietitian (RD) or other qualified nutritionist to assure the quality of nutrition education provided to clients.
- Use an RD or nutritionist to complete nutrition high risk care plans for high risk clients.
  A Registered Dietitian refers to a person registered with the American Dietetic Association or someone who is registration eligible. A nutritionist refers to a person with a Master's Degree in nutrition or public health nutrition from an accredited school.

Restrictions on Funds:
The LHJ will follow the instructions found in the Policy and Procedure Manual under WIC Allowable Costs.

Special References (RCWs, WACs):
Washington Administrative Code WAC 246-790-050
What is the WIC program?

(1) The WIC program in the state of Washington is administered by DOH.

(2) The WIC program is a federally funded program established in 1972 by an amendment to the Child Nutrition Act of 1966. The purpose of the program is to provide nutrition and health assessment; nutrition education; nutritious food; breastfeeding counseling; and referral services to pregnant, breastfeeding, and postpartum women, infants, and young children in specific risk categories.

(3) Federal regulations governing the WIC program (7 CFR Part 246) require implementation of standards and procedures to guide the state's administration of the WIC program and are hereby incorporated in this rule by reference. These regulations define the rights, responsibilities, and legal procedures of WIC employees, clients, persons acting on behalf of a client, and retailers. They are designed to promote:

(a) High quality nutrition services;

(b) Consistent application of policies and procedures for eligibility determination;

(c) Consistent application of policies and procedures for food benefit issuance and delivery; and

(d) WIC program compliance.

(4) The WIC program implements policies and procedures stated in program manuals, handbooks, contracts, forms, and other program documents approved by the USDA Food n and Nutrition Service.

(5) The WIC program may impose sanctions against WIC clients for not following WIC program rules stated on the WIC rights and responsibilities.

(6) The WIC program may impose monetary penalties against persons who misuse WIC checks or WIC food but who are not WIC clients.

Monitoring Visits:
Program and fiscal monitoring are done on a Biennial (every two years) basis, and are conducted onsite.

The LHJ must maintain on file and have available for review, audit and evaluation:
1) All criteria used for certification, including information on income, nutrition risk eligibility and referrals
2) Program requirements
3) Nutrition education
4) All financial records

Assurances/Certifications:

1. **Computer Equipment Loaned by the DOH WIC Nutrition Program**
   In order to perform WIC program activities, DOH requires computers and printers to be in local WIC clinics or to be transported to mobile clinics. This equipment ("Loaned Equipment") is owned by DOH, and loaned to the local agency (LHJ). The Loaned Equipment is supported by DOH. This equipment shall be used for WIC business only or according to WIC Policy and Procedures.

   An inventory of Loaned Equipment is kept by DOH. Each time Loaned Equipment is changed, the parties shall complete the Equipment Transfer Form and DOH updates the inventory. A copy of the Transfer Form will be provided to the LHJ. Copies of the updated inventory list may be requested at any time.

   The LHJ agrees to:
   a. Defend, protect and hold harmless DOH or any of its employees from any claims, suits or actions arising from the use of this Loaned Equipment.
   b. Assume responsibility for any loss or damage from abnormal wear or use, or from inappropriate storage or transportation.

   DOH may enforce this by:
   1) Requiring reimbursement from the LHJ of the value of the Loaned Equipment at the time of the loss or damage.
   2) Requiring the LHJ to replace the Loaned Equipment with equipment of the same type, manufacturer, and capabilities (as pre-approved by DOH), or
   3) Assertion of a lien against the LHJ's property.

   DOH recommends LHJs carry insurance against possible loss or theft.

2. **Civil Rights Assurance**
   The LHJ shall perform all services and duties necessary to comply with federal law in accordance with the following Civil Rights Assurance:

   a. "The LHJ hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); all provisions required by the implementing regulations of the Department of Agriculture; Department of Justice Enforcement Guidelines, 28 CFR 50.3 and 42; and FNS directives and guidelines, to the effect that, no person shall, on the ground of race, color, national origin, sex, age or handicap, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination under any program or activity for which the LHJ receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this Contract.

b. "By accepting this assurance, the LHJ agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of the nondiscrimination laws and permit authorized USDA personnel during normal working hours to review such records, books and accounts as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this assurance, the Department of Agriculture, Food and Nutrition Service, shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the LHJ, its successors, transferees, and assignees, as long as it receives assistance or retains possession of any assistance from DOH. The person or persons whose signatures appear on the contract are authorized to sign this assurance on behalf of the LHJ."

3. **7CFR Parts 3016, 3017, 3018**
The LHJ shall comply with all the fiscal and operations requirements prescribed by the state agency as directed by Federal WIC Regulations (7CFR part 246.6), 7CFR part 3016, the debarment and suspension requirements of 7CFR part 3017, if applicable, the lobbying restrictions of 7CFR part 3018, and FNS guidelines and instructions and shall provide on a timely basis to the state agency all required information regarding fiscal and program information.

Special Billing Requirements:
Billing Information

a. Billings are submitted on an A19-1A form, which is coded and provided by DOH prior to each federal fiscal budget period.

b. A19-1A forms are submitted monthly following the close of each calendar month or upon completion of services, before the end of the federal contract budget period.

c. Funds are allocated by budget categories (refer to Chart of Accounts Program names) and by state and federal budget periods (refer to the allocation sheet).

d. Expenses are incurred only during the budget period; no carry forward from previous time periods, or borrowing from future time periods is allowed.

e. Payments for a budget period are limited to the amounts allocated for the budget period for each budget category.

f. Billings are based on actual costs, with back up documentation retained by the LHJ and available for inspection by DOH or other appropriate authorities.

g. Payments will be made only for WIC approved expenditures. Refer to the Washington State WIC Nutrition Program Policy and Procedure Manual for WIC allowable costs.

h. Advance payments are not allowed.

Special Instructions:
The LHJ shall:

1) Maintain complete, accurate, and current accounting of all local, state, and federal program funds received and expended.

2) Provide, as necessary, a single audit in accordance with the provisions of OMB Circular A-133. This circular requires the LHJ to have a single audit performed should LHJ spend $500,000 or more of federal grants or awards from all sources. The LHJ is a sub-recipient of federal funds.

Special Requirements:
January 2012 - September 2012 time period: A total of $12,888 is added in the WIC/USDA Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling program.

January 2012 – September 2012 time period: A total of $1,464 is added in the OA Maternity Care Summit and Training category to fund supplies and activities as per the Breastfeeding Operational Adjustment grant request submitted to the Washington State WIC Nutrition Program to engage hospitals to improve their maternity care practices that affect breastfeeding. The Pacific County Health Department must submit two reports to the Department of Health WIC Nutrition Program for the FFY12 OA Maternity Care Summit and Training Project. An interim report is due June 22, 2012. The interim report must include expenses and obligations to date, anticipated future expenditures, and a balance of funds for each earmarked item. A final report is due October 19, 2012. The final report must include actual expenses for the year with a narrative description of project accomplishments.

October 2012 – December 2012 time period: A total of $4,296 is added in the WIC/USDA Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling program.

October 2012 – December 2012 time period: A total of $2,500 is added in the WIC/USDA Revitalizing Quality Nutrition Services category to fund the WIC Fruit and Vegetable Community Partnership Grant activities. The funds shall be used to purchase supplies, complete activities and coordinate the project as outlined in the grant submitted to the DOH WIC Nutrition Program. Any changes in grant activities must have prior approval from the DOH WIC Nutrition Program.

January 2013 – September 2013 time period: A total of $8,592 is added through June 2013 in the WIC/USDA Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling program.

October 2012 – September 2013 time period: A total of $1,655 is added through June 2013 in the WIC/USDA Base Funding category to spend on breastfeeding promotion activities per Task 2.2 listed under Breastfeeding Promotion in the Statement of Work (SOW).

October 2012 - September 2013 time period: A total of $2,300 in WIC/USDA WIC Base Funding through June 2013 is added for the purpose of funding registration and travel expenses for staff to attend the following required trainings and meeting:

- Childhood Obesity Prevention Conference, Seattle
- WIC Coordinator meeting, SeaTac
- Baby Behavior training, 4 locations statewide

Any of these remaining funds designated for training/travel are to be used for attendance at Core WIC, Coordinator, or Nutritionist trainings held in Olympia or to another training after receiving approval from the State WIC Office. Refer to Memo #2012-105 for more information about this funding.

January 2013 – September 2013 time period: A total of $4,296 is added in the WIC/USDA Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling program.

October 2012 – September 2013 time period: A total of $552 is included for July through September 2013 in the WIC/USDA Base Funding category to spend on breastfeeding promotion activities per Task 2.2 listed under Breastfeeding Promotion in the Statement of Work (SOW).

October 2013 – September 2014 time period: A total of $552 is included for October through December 2013 in the WIC/USDA Base Funding category to spend on breastfeeding promotion activities per Task 2.2 listed under Breastfeeding Promotion in the Statement of Work (SOW).

October 2013 – September 2014 time period: A total of $4,296 is included for October through December 2013 in the WIC/USDA Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling Program.

January 2014 – September 2014 time period: *A total of $2,864 for January and February 2014 is included in the WIC/USDA Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling Program.*

January 2014 – September 2014 time period: *A total of $10,024 for March through September2014 is included in the WIC/USDA Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling Program.*

Other:
Any program requirements that are not followed may be subject to corrective action, and may result in monetary fines, repayment of funds, or withholding of Contract payment.

DOH Program Contact
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