

EXECUTIVE SUMMARY
For
2022-2024 Consolidated Contract Amendment #3
Between
Washington State Department of Health & Lewis County

Amount of Total Contract for 2022-2024: \$3,829,742

Increase from last contract: \$37,239

Fund Number: 190

Program/Division Affected:

This amendment affects seven (4) areas of the Consolidated Contract #CLH31017.

Purpose:

This amendment **Amends** the Statements of Work in the following areas:

COVID-19 Mass Vaccination-FEMA, Office of Immunization Perinatal Hepatitis B, OI-Promotion of Immunizations to Improve Vaccination Rates, Office of Immunization Regional Representatives

See the attached table for fund allocation reference.

Background Information:

- The **Consolidated Contract** is the primary vehicle for transferring federal and state funding to Local Health Jurisdictions (LHJs) for planning and local implementation of public health prevention and early intervention programs and activities.
- Funding is effective for four years and is allocated annually with amendments throughout the year.

Lewis County Public Health & Social Services Department ALLOCATIONS				Report Inquiry
Contract Number: CLH31017		Indirect Rate as of January 2018:	28.28%	Amendment #3
Contract Term: 2022-2024		Indirect Rate as of July 2018:	27.26%	
Effective Date: January 1, 2022		Indirect Rate as of July 2019:	27.91%	37,239.00
Latest Amendment # 3		Indirect Rate as of July 2020:	27.48%	Contract Total
		Indirect Rate as of January 2022:	22.48%	3,829,742.00
				State \$ 1,489,877.00
				Federal \$ 2,339,865.00

filter NAME here	filter FY here	filter NAME/ CFDA here						
Sum of Amount								
Row Labels	Fiscal Year	Type	BARS Code	Start Date	End Date	3	Grand Total	
COVID-19 Mass Vaccination - FEMA	FY22	FEMA						
		97.036	333.97.03	1/1/2022	4/1/2022		0.00	
					7/1/2022	0.00	0.00	
COVID-19 Mass Vaccination - FEMA Total						0.00	0.00	
DCHS-ELC COVID-19 Response	FFY19	ELC						
		93.323	333.93.32	1/1/2022	10/18/2022		138,413.00	
	FFY20	ELC						
		93.323	333.93.32	1/1/2022	12/31/2022		1,181,096.00	
DCHS-ELC COVID-19 Response Total							1,319,509.00	
ELC COVID-19	FFY19	COVID CARES						
		93.323	333.93.32	1/1/2022	4/22/2022		12,420.00	
ELC COVID-19 Total							12,420.00	
Emergency Preparedness, Resilience & Response-PHEP	FFY21	EPR PHEP BP3						
		93.069	333.93.06	1/1/2022	6/30/2022		24,495.00	
Emergency Preparedness, Resilience & Response-PHEP Total							24,495.00	
Foundational Public Health Services (FPHS)	FFY22	FPHS-LHJ-Proviso						
		N/A	336.04.25	1/1/2022	6/30/2022		727,000.00	
	FFY23	FPHS-LHJ-Proviso						
		N/A	336.04.25	7/1/2022	6/30/2023		727,000.00	
Foundational Public Health Services (FPHS) Total							1,454,000.00	
Maternal & Child Health Block Grant	FFY22	MCHBG						
		93.994	333.93.99	1/1/2022	9/30/2022		63,163.00	
Maternal & Child Health Block Grant Total							63,163.00	
Office of Drinking Water Group A Program	YR24	SRF						
		N/A	346.26.64	1/1/2022	12/31/2022		8,000.00	
			346.26.66	1/1/2022	12/31/2022		2,000.00	
Office of Drinking Water Group A Program Total							10,000.00	
Office of Drinking Water Group B Program	YR23	GFS-Group B						
		N/A	334.04.90	1/1/2022	6/30/2022		25,877.00	
Office of Drinking Water Group B Program Total							25,877.00	
Office of Immunization Perinatal Hepatitis B	FFY22	PPHF OPS						
		93.268	333.93.26	1/1/2022	6/30/2022	500.00	500.00	
Office of Immunization Perinatal Hepatitis B Total						500.00	500.00	
Office of Immunization Regional Representatives	FFY22	VFC IQIP						
		93.268	333.93.26	1/1/2022	6/30/2022		0.00	
			333.93.27	1/1/2022	6/30/2022	33,335.00	33,335.00	
Office of Immunization Regional Representatives Total						33,335.00	33,335.00	
OI-Promotion of Immunizations to Improve Vaccine Rates	FFY22	VFC Ops						
		93.268	333.93.26	1/1/2022	6/30/2022		5,715.00	
			333.93.27	1/1/2022	6/30/2022	3,404.00	3,404.00	
OI-Promotion of Immunizations to Improve Vaccine Rates Total						3,404.00	9,119.00	
Supplemental Nutrition Assistance Program-Education	FFY22	IAR						
		10.561	333.10.56	1/1/2022	9/30/2022		38,506.00	
Supplemental Nutrition Assistance Program-Education Total							38,506.00	
WIC Nutrition Program	FFY22	USDA						
		10.557	333.10.55	1/1/2022	9/30/2022		369,078.00	
	FFY23	USDA						
		10.557	333.10.55	10/1/2022	9/30/2023		107,650.00	
WIC Nutrition Program Total							476,728.00	
Office of Immunization COVID-19 Vaccine	FFY22	COVID						
		93.268	333.93.26	1/1/2022	6/30/2024		362,090.00	
Office of Immunization COVID-19 Vaccine Total							362,090.00	
Grand Total							37,239.00	3,829,742.00

**LEWIS COUNTY PUBLIC HEALTH & SOCIAL SERVICES DEPARTMENT
2022-2024 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: CLH31017

AMENDMENT NUMBER: 3

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and LEWIS COUNTY PUBLIC HEALTH & SOCIAL SERVICES DEPARTMENT, a Local Health Jurisdiction, 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, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitepages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
 - ☐ Adds Statements of Work for the following programs:
 - ☒ Amends Statements of Work for the following programs:
 - COVID-19 Mass Vaccination-FEMA - Effective January 1, 2022
 - Office of Immunization Perinatal Hepatitis B - Effective January 1, 2022
 - OI-Promotion of Immunizations to Improve Vaccination Rates - Effective January 1, 2022
 - Office of Immunization Regional Representatives - Effective January 1, 2022
 - ☐ Deletes Statements of Work for the following programs:
2. Exhibit B-3 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-2 Allocations as follows:
 - ☒ Increase of \$37,239 for a revised maximum consideration of \$3,829,742.
 - ☐ 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.

LEWIS COUNTY PUBLIC HEALTH & SOCIAL
SERVICES DEPARTMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Date

Date

APPROVED AS TO FORM ONLY
Assistant Attorney General

EXHIBIT B-3

Lewis County Public Health & Social Services Department

Contract Number: CLH31017
Date: March 1, 2022

Contract Term: 2022-2024

Indirect Rate as of January 1, 2022: 27.48%

[illegible]

*Catalog of Federal Domestic Assistance

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

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: COVID-19 Mass Vaccination-FEMA -
Effective January 1, 2022

Local Health Jurisdiction Name: Lewis County Public Health & Social Services
Department
Contract Number: CLH31017

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

Period of Performance: January 1, 2022 through July 1, 2022

Funding Source ☒ Federal Contractor ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to establish the task activities, funding period, and billing details for cost reimbursement of FEMA-funded mass vaccination clinics in Washington state.

Revision Purpose: The purpose of this revision is to extend the period of performance and funding period for mass vaccination clinics from April 1, 2022 through July 1, 2022.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change None	Total Allocation
*MASS VACCINATION FEMA 100%	934V0200	97.036	333.97.03	01/01/22 07/01/22	0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					0	0	0

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	*NOTE: Task activities for Mass Vaccination Clinics in this statement of work are NOT CONSIDERED SUBRECIPIENT but are as a CONTRACTOR of DOH. DOH reimbursement provided for local mass vaccination clinic (see definition below) planning, implementation and operations in coordination between Unified Command and the Regional Incident Management Team (IMT) to administer the vaccine efficiently, quickly, equitably, and safely in all regions of Washington State. State Supported, Regionally Coordinated, Locally Implemented.			*Reimbursement of eligible costs. MASS VACCINATION FEMA 100% Funding (MI 934V0200) (See Program Specific Requirements below)

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Definition: Mass vaccination clinics defined as those outside of the usual healthcare delivery. method such as pop-up clinics, mobile clinics, non- clinical facility (fairgrounds, arenas, etc.). Guidance on vaccination protocols must be followed as provided by DOH and CDC.			
1A	Local health jurisdiction (LHJ) will coordinate planning and implementation of mass vaccination clinics/sites provided within the county(s) with a regional incident management team/organization as approved by DOH. Request for regional IMT should be submitted through the normal process through WebEOC. LHJ is the coordinating agency for the mass vaccination plan within the county. Regional IMT will be under the delegation authority of DOH and they are to provide support and coordination for all efforts around vaccine planning, resource support and general guidance and information sharing in order to regionally coordinate efforts. Local jurisdictions will maintain all decisional authority around vaccination planning and execution within their jurisdiction/district. Provide any information as requested by the regional IMT.	Submit to DOH a mass vaccination plan including: • type of site, • site locations, • throughput, • considerations made to ensure equity to historically marginalized populations, • and to the extent possible a regional map of sites/locations.	Within 30 days of contract amendment execution.	
1B	Funding for eligible Mass Vaccination activities are reimbursed on actual costs as outlined in the DOH guidance to provide the services and to carry out the mission. Funding will be dependent on full participation in the LHJ and IMT processes and all documentation will be required to be provided to fully close out funding requests by the end of the mission period of performance. Allowable costs include expenses such as facility rentals, staff to conduct planning, management, support and operation of the site, medical personnel for vaccinations, site security personnel, wrap around services for staff (meals, travel, lodging), equipment (which must be pre-approved by IMT/DOH if it exceeds \$5,000 each), supplies for vaccinations and site operation. LHJs should provide narratives to help assist IMT	Submit estimated budget for the mass vaccination plan. Monthly Cost Summary Spreadsheet to the IMT/IMO by the fifth of the following month.	Within 30 days of contract amendment execution. Monthly	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	and DOH finance know what expenditures were necessary to carry out the mission.			
IC	Vaccination data – will be maintained according to current state and federal requirements. Vaccine Registration Systems – If a local jurisdiction or region does not have a registration system(s) the include internet based, phone option and other methods to ensure equitable registration, the state PrepMod system and tools will be available for use.	Submission of vaccine use into W/A IIS database within 24hrs of use. Jurisdiction/Regions will ensure a fair and equitable process for registration of eligible Washingtonians across all available modalities.	Daily	
ID	Regularly report on vaccinations sites and operational activities (number of vaccinations, personnel to operate the site, challenges, successes to share for learning across the public health system).	Provide monthly situation report to IMT/IMO on status of implementation of mass vaccination plan, or more frequently if that is the LHJ procedure. Sites operating for the time period, vaccines administered by site for the time period, estimated costs for the time period, any challenges/successes of note, including assistance requested.	Monthly	

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)

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

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

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

Program Specific Requirements

Program Manual, Handbook, Policy References

Emergency Response Plan (or equivalent)
Medical Countermeasure/Mass Vaccination Plan

Billing Requirements:

Monthly invoices must be submitted timely to the regional IMT/Organization for review/approval prior to submission to DOH for reimbursement.
Contract Master Index (MI) Code: 934V0200 General Mass Vaccination
BARS Revenue Code: 333.97.03 Mass Vaccination Reimbursement

Special Instructions:

The LHI is considered a CONTRACTOR of DOH not a subrecipient for this portion of the statement of work. An allocation of funds is not provided as these FEMA funds are only available as reimbursement of costs associated with implementation of the mass vaccination plan.

Detailed documentation must be maintained as directed by the regional IMT/Organization and DOH to substantiate costs associated with these activities for submission to FEMA upon request by DOH.

Eligible costs from the timeframe of January 1, 2022 through ~~April 1, 2022~~ July 1, 2022 include facility rentals, medical and support staff for planning, management, support, and operations; as well as wrap-around services for staff (i.e., meals, travel, lodging). Regular and overtime pay associated with this project is allowable for all staff working under this project and must be billed as a direct charge; timesheets are required documentation and must be available upon request by DOH. Indirect rates are not applicable to these funds. Eligible equipment includes facility infection control measures, personal protective equipment (PPE), storage equipment, coolers, freezers, temperature monitoring devices, portable vaccine units for transportation, supplies such as emergency medical supplies (for emergency medical care needs that may arise in the administration of the vaccine), containers for medical waste, as well as proper storage as needed for canisters of liquid nitrogen or dry ice. Eligible equipment purchase costs should not exceed \$5,000 per piece. Equipment over \$5,000 a piece must be preapproved by the IMT and should be leased rather than purchased. Any diversion from the list of pre-approved expenses will require a narrative on the purchase rationale and will be subject to IMT approval prior to reimbursement. Timesheets are required documentation for all activities related to this project. Staff time-in / time-out must be recorded, as well as a brief description of their activities. A general description of activities is acceptable for those working at the vaccine site; more detailed/specific description is required for those not working at the vaccine site.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Immunization Perinatal Hepatitis B -
Effective January 1, 2022

Local Health Jurisdiction Name: Lewis County Public Health & Social Services
Department

Contract Number: CLH31017

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

Period of Performance: January 1, 2022 through June 30, 2022

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to define required Perinatal Hepatitis B activities, deliverables, and funding.

Revision Purpose: Providing funding amount for this project. The funding amount listed below is based on the carryover balance from the initial allocation provided in the 2018-2021 consolidated contract SOW beginning July 1, 2021.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARs Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY22 PPHF Ops	74310216	93.268	333.93.26	01/01/22	06/30/22	0	500	500
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	500	500

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	In coordination with hospitals, health care providers, and health plans (if applicable), conduct activities to prevent perinatal hepatitis B infection in accordance with the Perinatal Hepatitis B Prevention Program Guidelines, including the following: - Identification of hepatitis B surface antigen (HBsAg)-positive pregnant women and pregnant women with unknown HBsAg status. - Reporting of HBsAg-positive women and their infants. - Case management for infants born to HBsAg-positive women to ensure administration of hepatitis B immune globulin (HBIG) and hepatitis B vaccine within 12 hours of birth, the completion of the 3-dose hepatitis B vaccine series, and post vaccination serologic testing.	Enter information for each case identified into the Perinatal Hepatitis B module of the Washington Immunization Information System	By the last day of each month	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2.	Provide technical assistance to birthing hospitals to encourage administration of the hepatitis B birth dose to all newborns within 12 hours of birth, in accordance with Advisory Committee on Immunization Practices (ACIP) recommendations.			
3.	Report all perinatal hepatitis B investigations, including HBsAg-positive infants, in the Perinatal Hepatitis B Module of the Washington State Immunization Information System.			

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal subrecipient funding.)

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

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

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

Program Specific Requirements

Tasks in this statement of work may not be subcontracted without prior written approval from the Office of Immunization.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: OL-Promotion of Immunizations to Improve Vaccination Rates - Effective January 1, 2022

Local Health Jurisdiction Name: Lewis County Public Health & Social Services Department
Contract Number: CLH31017

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

Period of Performance: January 1, 2022 through June 30, 2022

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to contract with local health to conduct activities to improve immunization coverage rates.

Revision Purpose: Providing ESTIMATED funding amount for this project. The funding amount listed below is based on the ESTIMATED carryover balance from the initial allocation provided in the 2018-2021 consolidated contract SOW beginning July 1, 2021.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change (+)	Total Allocation
FFY22 VFC Ops	74310212	93.268	333.93.26	01/01/22	06/30/22	5,715	3,404	9,119
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						5,715	3,404	9,119

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Conduct ongoing activities to increase immunization coverage rates as identified in the proposals submitted by community partners (from the July – December 2021 contract)	Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	March 31	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
2	Conduct ongoing activities to increase immunization coverage rates as identified in the proposals submitted by community partners (from the July – December 2021 contract)	Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	June 30	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal subrecipient funding.)

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

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

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

Program Specific Requirements

Tasks in this statement of work may not be subcontracted without prior written approval from the Office of Immunization.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Immunization Regional Representatives - Effective January 1, 2022

Local Health Jurisdiction Name: Lewis County Public Health & Social Services Department

Contract Number: CLH31017

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

Period of Performance: January 1, 2022 through June 30, 2022

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to define required Childhood Vaccine Program (CVP) activities for regional representatives and identify funding for the period January 1, 2022 through June 30, 2022.

Revision Purpose: Providing funding amount for this project. The funding amount listed below is based on the carryover balance from the initial allocation provided in the 2018-2021 consolidated contract SOW beginning July 1, 2021.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY22 VFC IQIP	74310214	93.268	333.93.26	01/01/22 06/30/22	0	33,335	33,335
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					0	33,335	33,335

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Perform as the regional representative for Region Three (Grays Harbor County, Lewis County, Mason County, Pacific County, and Thurston County) conducting activities in accordance with state and federal requirements for the Childhood Vaccine Program (CVP) and Immunization Quality Improvement for Providers as directed by the state administrators of the program.				
1	Enroll new health care providers into the Childhood Vaccine Program (CVP). Conduct an enrollment site visit to all new providers, and gather information needed to complete program enrollment. All visits must be conducted in person in accordance with CVP Operations Guide.	Provider Agreement New Enrollment Packet with original signature – DOH 348-002 (NOTE: a photocopy will not be accepted) New Enrollment Training Guide (CVP SharePoint Site)	Within ten (10) days after the date of the provider enrollment visit	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Process disenrollment paperwork and facilitate vaccine transfer/removal for providers who merge with existing health care organizations or who discontinue participating in the Childhood Program. Transfers must be performed in accordance with CDC and CVP guidelines.	Submit a completed Provider Disenrollment form DOH 348-423 for providers who merge or dis-enroll from the Childhood Vaccine Program.	Within ten (10) days of provider disenrollment	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3	Conduct Unannounced Vaccine Storage and Handling visits at 5% of enrolled health care provider sites within the assigned region using the DOH Provider Selection Protocol. All visits must be conducted in person in accordance with CVP Operations Guide. Complete Unannounced Vaccine Storage and Handling visit follow-up to assure providers resolve all follow-up actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each follow-up action must be appropriately entered into PEAR.	a) Enter responses from the Storage and Handling Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each unannounced storage and handling visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response. b) Upload the signed Acknowledgement of Receipt form to the visit in PEAR. c) Enter resolved site visit follow-up actions and upload applicable s documentation into PEAR	a) Online at the time of the visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access. b) Within five (5) business days of the site visit. c) Within five (5) business days of receiving the document(s) follow-up action was completed.	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
4	Complete the Compliance Site Visit Management Plan to ensure providers receive a site visit within 24 months of previous site visit and/or 12 months from new enrollment visit. Conduct Compliance Site Visits at enrolled health care provider site within the assigned region using the DOH Provider Selection Protocol. All visits must be conducted in person in accordance with CVP Operations Guide. Complete Compliance Site Visit follow-up to assure providers resolve all corrective actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each Site Visit follow-up action must be appropriately entered into PEAR.	a) Enter responses from the Compliance Site Visit Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each compliance site visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response. b) Upload the signed Acknowledgement of Receipt form and Chart Review Worksheet to the site visit in PEAR.	a) Online at the time of the Compliance Site Visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access. b) Within five (5) business days of the site visit.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	<u>IQIP</u> (Immunization Quality Improvement for Providers) a) Complete Project Management Scheduling Tool b) Complete initial IQIP (Immunization Quality Improvement for Providers) visits with 15% of eligible enrolled health care providers within the assigned region. Visits must take place in person and in accordance with the Immunization Quality Improvement for Providers Guide on IQIP SharePoint site. c) Continue following up with provider sites at two (2,) six (6), and twelve (12) months after initial IQIP visit. Perform an assessment at six (6) months of initial visit. Follow up visits must take place in person, webinar, or by telephone and in accordance with the Immunization Quality Improvement for Provider's Guide.	c) Enter resolved site visit follow-up actions and upload applicable documentation in PEAR. a) Copy of project management plan (template will be provided) b) Enter all initial IQIP visit details into the IQIP Online Tool for each visit conducted. c) Enter IQIP follow-up visit details in the IQIP Online Tool for all follow-up	c) Within five (5) business days of receiving the document(s) follow-up action was completed. a) Within five (5) business days of the IQIP Annual Training b) Within five (5) business days of visit c) Within five (5) business days of contact	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal subrecipient funding.)

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

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

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

Program Specific Requirements

Tasks in this statement of work may not be subcontracted without prior written approval from the Office of Immunization.