



GRANTS AND CONTRACTS APPROVAL ROUTING

AFFILIATION AGREEMENT INFORMATION

This is a: Amendment

Date: 5/29/2014

Contract #: N19007 #3

Contract Title: Madison Satellite Clinic - Extension of services to HIV positive individual in Kitsap, Thurston, King, Snohomish, Island, San Juan, & Skagit Counties

Description: This contract makes certain modifications to the scope of work, the list of physicians who perform the work, the period of performance, and increases compensation by \$249,443.

Start Date: 7/1/2013

End Date: 6/30/2015

Contract Value: \$ 401,655

Prior Value: \$ 152,212

Reimbursement Type: Cost Reimbursement

Invoice Interval: Quarterly

Reporting Required?: Yes

Person responsible for report: Rhonda Bierma

Note:

Budget	Fund#	CFDA	Federal \$	State \$	County \$	Private \$	City \$	Total
31-7538	18225			\$ 401,655			\$	\$ 401,655

Contractor Information

Name: Washington State Department of Health

Contact: Karen Robinson

Phone #: 360-236-3427

Email Address: Karen.Robinson@doh.wa.gov

DEPARTMENT INFORMATION

Name: AACCS

Contact: Rhonda Bierma

Phone #: 744-5113

Email: rhonda01@uw.edu

Box #: 359930

REQUIRED APPROVALS	SIGNATURE	DATE
Pegi Fina	See attached electronic approval.	
Tzeghe Makonnen	See attached electronic approval.	
Frances Marshall	See attached electronic approval.	
Debra Gussin	See attached electronic approval.	
Johnese Spisso		

When signed, please contact Karen Eaton at 744-3668.

 **Grants, Contracts, and Affiliations**

Grants, Contracts, and Affiliations > Contracts In Process > Workflow Status

Workflow Status: Contract Approval

Workflow Information

Initiator:	Eaton, Karen E	Document:	317538_18225 Madison Satellite Clinics Amend 3
Started:	5/29/2014 1:36 PM	Status:	Approved
Last run:	6/12/2014 11:45 AM		

If an error occurs or this workflow stops responding, it can be terminated. Terminating the workflow will set its status to Canceled and will delete all tasks created by the workflow.
 Terminate this workflow now.

Tasks

The following tasks have been assigned to the participants in this workflow. Click a task to edit it. You can also view these tasks in the list Tasks.

<input type="radio"/> Assigned To	Title	Due Date	Status	Outcome
Fina, Peggy L	Please approve 317538_18225 Madison Satellite Clinics Amend 3		Completed	Approved by Fina, Peggy L
Makonnen, Tzeghe	Please approve 317538_18225 Madison Satellite Clinics Amend 3		Completed	Approved by Makonnen, Tzeghe
Marshall, Frances C	Please approve 317538_18225 Madison Satellite Clinics Amend 3		Completed	Approved by Marshall, Frances C
Gussin, Debra C	Please approve 317538_18225 Madison Satellite Clinics Amend 3		Completed	Approved by Eaton, Karen E

Workflow History

The following events have occurred in this workflow.

Date Occurred	Event Type	User ID	Description	Outcome
5/29/2014 1:36 PM	Workflow Initiated	Eaton, Karen E	Contract Approval was started. Participants: Fina, Peggy L, Makonnen, Tzeghe, Marshall, Frances C, Gussin, Debra C	
5/29/2014 1:36 PM	Task Created	Eaton, Karen E	Task created for Fina, Peggy L. Due by: None	
5/29/2014 1:36 PM	Task Created	Eaton, Karen E	Task created for Makonnen, Tzeghe. Due by: None	
5/29/2014 1:36 PM	Task Created	Eaton, Karen E	Task created for Marshall, Frances C. Due by: None	
5/29/2014 1:36 PM	Task Created	Eaton, Karen E	Task created for Gussin, Debra C. Due by: None	
5/29/2014 4:11 PM	Task Completed	Marshall, Frances C	Task assigned to Marshall, Frances C was approved by Marshall, Frances C. Comments:	Approved by Marshall, Frances C
5/30/2014 10:57 AM	Task Completed	Fina, Peggy L	Task assigned to Fina, Peggy L was approved by Fina, Peggy L. Comments:	Approved by Fina, Peggy L
6/2/2014 8:14 AM	Task Completed	Makonnen, Tzeghe	Task assigned to Makonnen, Tzeghe was approved by Makonnen, Tzeghe. Comments:	Approved by Makonnen, Tzeghe
6/11/2014 3:37 PM	Task Rolled Back	Eaton, Karen E	Task update by Marshall, Frances C was rejected.	Reason: The user who attempted to complete the task is not the user to whom the task is assigned.
6/12/2014 11:45 AM	Task Completed	Eaton, Karen E	Task assigned to Gussin, Debra C was approved by Eaton, Karen E. Comments: Per Frances Marshall, approved on Debra Gussin's behalf	Approved by Eaton, Karen E
6/12/2014 11:45 AM	Error	System Account	An error has occurred in Contract Approval.	



CONTRACT AMENDMENT

1. NAME OF CONTRACTOR University of Washington	2. CONTRACT NUMBER N19007
1a. ADDRESS OF CONTRACTOR (STREET) PO Box 359858	2a. AMENDMENT NUMBER 3
1b. CITY, STATE, ZIP CODE Seattle, WA 98195-9858	
3. <input checked="" type="checkbox"/> THIS ITEM APPLIES ONLY TO BILATERAL AMENDMENTS. The Contract identified herein, including any previous amendments thereto, is hereby amended as set forth in Item 5 below by mutual consent of all parties hereto.	
4. <input type="checkbox"/> THIS ITEM APPLIES ONLY TO UNILATERAL AMENDMENTS. The Contract identified herein, including any previous amendments thereto, is hereby unilaterally amended as set forth in Item 5 below pursuant to that changes and modifications clause as contained therein.	
5. DESCRIPTION OF AMENDMENT: The purpose of this amendment is to add funds, to extend the period of performance and to revise the statement of work in order to provide primary care services to HIV positive individuals residing in Kitsap, Thurston, King, Snohomish, Island, San Juan, Skagit and surrounding counties.	
5a. Statement of Work: Exhibit A-1 is revised in accordance with Exhibit A-2, attached hereto and incorporated herein.	
5b. Budget: Exhibit B is attached hereto and incorporated herein.	
5c. Consideration: This amendment increases Contract Consideration by \$173,337.00 ; therefore, the revised maximum consideration of this contract and all amendments shall not exceed \$401,655.00 . Source of Funds for this Amendment: (FED) \$-; (ST) \$173,337.00 ; (Other) \$-; Total \$173,337.00 Contractor agrees to comply with applicable rules and regulations associated with these federal funds.	
5d. Period of Performance is extended through June 30, 2015 .	
5e. The Effective Date of this Amendment: is July 1, 2013 .	
6. All other terms and conditions of the original contract and any subsequent amendments thereto remain in full force and effect.	
7. <input type="checkbox"/> This is a unilateral amendment. Signature of contractor is not required below. <input checked="" type="checkbox"/> Contractor hereby acknowledges and accepts the terms and conditions of this amendment. Signature is required below.	
8. CONTRACTOR SIGNATURE (also, please print/type your name) <i>David C Dugdale, M.D.</i> David C Dugdale, M.D.	DATE 6/19/2014
9. DOH CONTRACTING OFFICER SIGNATURE <i>Frank Webley</i> Frank Webley Contract Specialist	DATE 6.25.14

This document has been approved as to form only by the Assistant Attorney General.

EXHIBIT A-2
STATEMENT OF WORK
DOH CONTRACT N19007-3

The purpose of this contract is to improve access to primary medical care for HIV positive persons residing in Kitsap, Thurston, King, Snohomish, Island, San Juan, Skagit and surrounding counties.

- To improve access to primary medical care for HIV-positive individuals residing in Kitsap and surrounding counties, Harborview Medical Center will provide primary medical care at a satellite clinic located at the Kitsap County Health District.
- To improve access to primary medical care for HIV-positive persons residing in Snohomish, Island, San Juan, and Skagit counties, Harborview Medical Center will provide primary medical care at a satellite clinic located at the Community Health Center of Snohomish County.
- To improve access to primary medical care for HIV-positive individuals residing in Thurston and surrounding counties, Harborview Medical Center will provide primary medical care at a satellite clinic located at the SeaMar Health Center.
- To improve access to primary medical care for HIV-positive individuals residing in King and surrounding counties, Harborview Medical Center will provide primary medical care at a satellite clinic located at the UW-Neighborhood Clinic in Federal Way.

This Statement of Work addresses costs associated with the provision of a physician one day per week to provide primary care services at each satellite clinic and a Patient Care Coordinator to coordinate all appointments and referrals related to these clinics. The Department of Health funds costs associated with clinic space, nursing staff, and administrative support for this project under separate contracts with Kitsap County Health District, SeaMar Community Health Center, and Community Health Center of Snohomish County.

Purpose:

The Contractor, Harborview Medical Center, will station a physician at:

- Kitsap County Health District one day per week (minimum of 104 clinic days per contract period (July 1, 2013 to June 30, 2015))
- Community Health Center of Snohomish County one day per week (minimum of 104 clinic days per contract period (July 1, 2013 to June 30, 2015))
- SeaMar Community Health Center in Thurston County one day per week (minimum of 52 clinic days per contract period (May 1, 2014 to June 30, 2015))
- UW-Neighborhood Clinic in Federal Way one day per week (minimum of 52 clinic days per contract period (May 1, 2014 to June 30, 2015))

Harborview Medical Center will distribute an evaluation survey (provided by the Department of Health) to each patient during the initial visit with a physician

Medical services provided must be consistent with U.S. Public Health Service treatment guidelines for HIV/AIDS.

Deliverables:

Quarterly Report consisting of the following information:

EXHIBIT A-2
STATEMENT OF WORK
DOH CONTRACT N19007-3

- a. Service Units – Indicate the number of patients seen by the physician. The information provided will be de-identified and will not include protected health information.
- i. Total number of visits
 - ii. Number of no-shows
 - iii. Number of visits with the physician
 - iv. Number of visits with the nurse
 - v. Unduplicated number of patients by month
 - vi. Cumulative number of unduplicated patients during project period
- b. Completed Surveys – Use survey provided by the Department of Health. The surveys do not require the disclosure of protected health information to Department of Health.
- i. Submit surveys completed by all new patients.
- c. Program Narrative
- i. Accomplishments for the reporting period
 - ii. Challenges or barriers to providing services
 - iii. Budget problems or concerns
- d. Fiscal
- i. Indicate expended to date and funds anticipated to be expended during the remainder of the contract

Reporting Time Period	Report due date	Clinics
July 1, 2013 – September 30, 2013	October 31, 2013	Kitsap, Snohomish
October 1, 2013 – December 31, 2013	January 31, 2014	Kitsap, Snohomish
January 1, 2014 – March 31, 2014	April 30, 2014	Kitsap, Snohomish
April 1, 2014 – June 30, 2014	June 30, 2014	Kitsap, Snohomish
May 1, 2014 – June 30, 2014	June 30, 2014	Thurston, King
July 1, 2014 – September 30, 2014	October 31, 2013	Kitsap, Snohomish, Thurston, King
October 1, 2014 – December 31, 2014	January 31, 2014	Kitsap, Snohomish, Thurston, King
January 1, 2015 – March 31, 2015	April 30, 2015	Kitsap, Snohomish, Thurston, King
April 1, 2015 – June 30, 2015	June 30, 2015	Kitsap, Snohomish, Thurston, King

CONTRACT N19007-3
EXHIBIT B - BUDGET
UW HARBORVIEW MEDICAL CLINIC – SATELLITE CLINICS
July 1, 2013 – June 30, 2015


Budget Item	Funds <small>(Enter the total of each budget category in this column)</small>
<p>A. Personnel - List all funded positions and provide for each: 1) job title; 2) <u>employee last name</u>; 3) brief description of duties and responsibilities as they relate to this project; 4 amount to be charged to the grant; 5) if position is vacant, provide estimate as to when position will be filled.</p> <hr/> <p>1) Physician; 2) Harrington; 3) Provide primary care to HIV-positive individuals at the satellite clinic locations; 4) \$24,560.</p> <p>1) Physician; 2) Wood; 3) Provide primary care to HIV-positive individuals at the satellite clinic locations; 4) \$80,580.</p> <p>1) Physician; 2) Shah; 3) Provide primary care to HIV-positive individuals at the satellite clinic locations; \$27,633.</p> <p>1) Physician; 2) Behrens; 3) Provide primary care to HIV-positive individuals at the satellite clinic locations; 4) \$18,786.</p>	
<p>1) Physician; 2) Dunaway; 3) Provide primary care to HIV-positive individuals at the satellite clinic locations; 4) \$10,499.</p> <p>*Extra Compensation: 1) Physician; 2) Green; 3) Provide primary care to HIV-positive individuals at the satellite clinic locations; 4) \$4,000.</p> <p>*Extra Compensation: 1) Physician; 2) Barnabas; 3) Provide primary care to HIV-positive individuals at the satellite clinic locations; 4) \$3,000.</p> <p>*Extra Compensation physicians will be reimbursed on a per clinic basis. Reimbursement amount will be \$500 per clinic day.</p> <p>4) Patient Care Coordinator; 2) Engbretson; 3) Coordinates scheduling for all satellite clinic patients, processes new patient intakes, maintains database for DOH reports, and processes patient referrals; 4) \$16,132</p>	\$185,190
<p>B. Fringe Benefits - List the components that comprise the fringe benefit rate, for example, health insurance, taxes, unemployment insurance, life insurance, retirement plans, and tuition reimbursement. The fringe benefits should be directly proportional to that portion of the personnel costs supported by DOH funds.</p> <hr/> <p><u>Payroll Load Rates For Primary Care Physicians (\$40,514)</u> TOTAL 25%</p> <p><u>Payroll Load Rates For Classified Staff - Patient Care Coordinator (\$5,695)</u> TOTAL 35.3%</p>	
	\$46,209
<p>C. Travel - List all staff travel anticipated to occur during the contract period; who will travel, where, when, and for what purposes. All travel must directly benefit work supported by DOH funds.</p>	

Kitsap Satellite Clinic:	
Physicians will travel to/from Bremerton via the Ferry system for each clinic day. The cost of the 8 Wave2Go Ferry passes is <u>\$523</u> . 1040	
Snohomish Satellite Clinic:	
Physicians will travel to/from Community Health Center of Snohomish County by private car for each clinic day. They will be reimbursed at \$.56 per mile. Total cost for 24 months is <u>\$2,482</u> .	
Federal Way Satellite Clinic:	
Physicians will travel to/from Neighborhood Clinic in Federal Way by private car for each clinic day. They will be reimbursed at \$.56 per mile. Total cost for 14 months is <u>\$1,380</u> .	
Olympia Satellite Clinic:	
Physicians will travel to/from SeaMar in Olympia by private car for each clinic day. They will be reimbursed at \$.56 per mile. Total cost for 14 months is <u>\$4,045</u> .	
	\$8,430
D. Supplies - List items separately by type, i.e., office supplies (paper, pencils, etc.), educational supplies (pamphlets, educational videotapes, etc.), computers/software, etc.	
Medical supplies - includes blood collection tubes, gauze pads, urinalysis kits, speculums, swabs, vaccines, etc.) (\$1,960)	
Other (office supplies, lab transport supplies (\$470)	\$2,430
E. Other (Itemize) - List all costs that do not fit into any other category and provide an explanation of each cost. In some cases, lead agency rent, utilities and insurance fall under this category, if they are not included in an approved indirect cost rate.	
Internet connectivity on the Ferry. This allows the physicians to document their patient encounters in the hospital's electronic medical record. (\$239)	\$239
F. Total Direct Charges - Sum of above.	\$242,498
G. Administrative Costs - List all expenses incurred in the course of administering the contract comparable to those typical of the administration of any grant, including grant application/planning, contracting, invoicing, reporting, reimbursement, monitoring, support of subcontractors, and agency indirect rate.	
Administrative Costs (Salary + fringe admin support – 10% FTE)	\$6,945
H. Total Funding - Line F +G	\$249,443

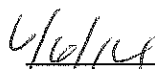
DOH Contract N19007 Amendment #3

Term: 7/1/2013 thru 6/30/2015


Additional Agreement Signatories for University of Washington:



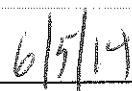
Johnese Spisso, RN, MPA
Vice President for Medical Affairs, UW
Chief Health System Officer, UW Medicine



Date

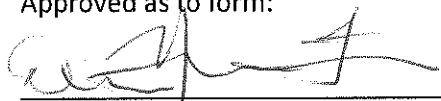


William J. Bremner, MD, PhD
Professor & Chair, Department of Medicine
UW School of Medicine



Date

Approved as to form:



Assistant Attorney General
for University of Washington
State of Washington

DOH Contract N19007 Amendment #3

University of Washington