GRANTS AND CONTRACTS APPROVAL ROUTING

CONTRACT ROUTING AGREEMENT INFORMATION

This is a: Amd 5
Date: 8/15/2018
Contract #: HED21329
Contract Title: Satellite Clinics
Description: Extends Satellite clinic to Valley and SHE clinics
Start Date: 7/1/2018
End Date: 6/30/201920
Contract Value: $1,356,413.00
Prior Value: $977,629.00
Reimbursement Type: Cost Reimbursement
Invoice Interval: Quarterly
Reporting Required: Yes
Person responsible for report: Gwen Barker
Note: This contracts adds $380,784.00 (all federal) to the previous contract amount. Please note that there are federal indirects on this contract (none before) of $34,617 for this period of the contract only.

<table>
<thead>
<tr>
<th>Budget</th>
<th>Fund#</th>
<th>CFDA</th>
<th>Federal $</th>
<th>State $</th>
<th>County $</th>
<th>ADAP $</th>
<th>City $</th>
<th>Total</th>
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<td>93.917</td>
<td></td>
<td>$272,327</td>
<td>$489,651</td>
<td></td>
<td></td>
<td></td>
<td>$1,358,413</td>
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</table>

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: AACS
Contact: Gwen Barker
Phone #: 744-5113
Email: gc.barker@uw.edu
Box #: 359930

REQUIRED APPROVALS

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gwen Barker</td>
<td>See attached electronic approval.</td>
<td></td>
</tr>
<tr>
<td>Tzeghe Makonnen</td>
<td>See attached electronic approval.</td>
<td></td>
</tr>
<tr>
<td>Frances Marshall</td>
<td>See attached electronic approval.</td>
<td></td>
</tr>
<tr>
<td>Andrea Turner</td>
<td>See attached electronic approval.</td>
<td>8.21.18</td>
</tr>
<tr>
<td>Paul Hayes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When signed, please contact Allison Heisel at 744-5053.
Workflow Information

Initiator: Heisel, Allison J  
Document: 18225 Satellite Clinics 06302019

Started: 8/16/2018 7:06 AM  
Last run: 8/20/2018 7:05 PM  
Status: Approved

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 Contract Approval 2014 Tasks.

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<tr>
<th>Assigned To</th>
<th>Title</th>
<th>Due Date</th>
<th>Status</th>
<th>Related Content</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>Barker, Gwondoly E</td>
<td>Please approve 18225 Satellite Clinics 06302019</td>
<td>1/1/2020</td>
<td>Completed 18225 Satellite Clinics 06302019</td>
<td>Approved</td>
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<tr>
<td>Makonnen, Tzeghe</td>
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<td>1/1/2020</td>
<td>Completed 18225 Satellite Clinics 06302019</td>
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<tr>
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<td>1/1/2020</td>
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<tr>
<td>Marshall, Frances C</td>
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<td>1/1/2020</td>
<td>Completed 18225 Satellite Clinics 06302019</td>
<td>Approved</td>
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Workflow History

The following events have occurred in this workflow.

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<th>Date Occurred</th>
<th>Event Type</th>
<th>User ID</th>
<th>Description</th>
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<td>System Account</td>
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</tr>
<tr>
<td>8/16/2018 7:06 AM</td>
<td>Workflow Initiated</td>
<td>Heisel, Allison</td>
<td>Approval was started. Participants: Barker, Gwondoly E; Makonnen, Tzeghe; Turner, Andrea Z; Marshall, Frances C</td>
<td></td>
</tr>
<tr>
<td>8/16/2018 7:06 AM</td>
<td>Task Created</td>
<td>Heisel, Allison</td>
<td>Task created for Barker, Gwondoly E. Due by: 1/1/2020 12:00:00 AM</td>
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<tr>
<td>8/16/2018 7:06 AM</td>
<td>Task Created</td>
<td>Heisel, Allison</td>
<td>Task created for Makonnen, Tzeghe. Due by: 1/1/2020 12:00:00 AM</td>
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<tr>
<td>8/16/2018 7:06 AM</td>
<td>Task Created</td>
<td>Heisel, Allison</td>
<td>Task created for Turner, Andrea Z. Due by: 1/1/2020 12:00:00 AM</td>
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<td>8/16/2018 7:06 AM</td>
<td>Task Created</td>
<td>Heisel, Allison</td>
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<td>Task Completed</td>
<td>Marshall, Frances C</td>
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<td>Approved by Marshall, Frances C</td>
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<td>8/16/2018 8:54 AM</td>
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<td>Makonnen, Tzeghe</td>
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<tr>
<td>8/20/2018 3:05 PM</td>
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<td>System Account</td>
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<tr>
<td>8/20/2018 3:05 PM</td>
<td>Task Completed</td>
<td>Turner, Andrea Z</td>
<td>Task assigned to Turner, Andrea Z was approved by Turner, Andrea Z.</td>
<td>Approved by Turner, Andrea Z</td>
</tr>
<tr>
<td>8/20/2018 3:05 PM</td>
<td>Workflow Completed</td>
<td>Heisel, Allison</td>
<td>Approval was completed.</td>
<td>Approval on 18225 Satellite Clinics 06302019 has successfully completed. All participants have completed their tasks.</td>
</tr>
</tbody>
</table>
CONTRACT AMENDMENT

1. NAME OF CONTRACTOR
   University of Washington - Harborview Medical Center
2. CONTRACT NUMBER
   HED21329

1a. ADDRESS OF CONTRACTOR (STREET)
   325 9th Avenue, P.O. Box 359930
2a. AMENDMENT NUMBER

1b. CITY, STATE, ZIP CODE
   Seattle, WA 98104

3. ☒ 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. ☐ 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 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. The University will also provide primary medical care at a satellite clinic located at the Kitsap County Health District. In addition to adding an additional statement of work with a budget, and to increase the funding.

5a. Statement of Work: Exhibit A-5 is added for the period of July 1, 2018 through June 30, 2019, attached hereto and incorporated herein.

5b. Budget: Exhibit B-5 is added for period of July 1, 2018 through June 30, 2019, attached hereto and incorporated herein.

5c. Special Requirements: Exhibit C-5 is added for the period of July 1, 2018 through June 30, 2019, attached hereto and incorporated herein.

5d. Consideration: This amendment increases the Contract Consideration by $380,784; therefore, the revised maximum consideration of this contract and all amendments shall not exceed $1,358,413.00.

   Source of Funds for this Amendment: (FED) $380,784.00; (ST) $-0-; (Other) $-0-; Total $380,784.00

Contractor agrees to comply with applicable rules and regulations associated with these federal funds.

5e. The Effective Date of this Amendment: is July 1, 2018.

6. All other terms and conditions of the original contract and any subsequent amendments thereto remain in full force and effect.

7. ☐This is a unilateral amendment. Signature of contractor is not required below.
   ☒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)
   Paul Hayes, RN
   DATE 8.21.18

9. DOH CONTRACTING OFFICER SIGNATURE
   Frank Webley
   Contract Specialist
   DATE 8.27.18

This document has been approved as to form only by the Assistant Attorney General.
EXHIBIT A-5
STATEMENT OF WORK
UNIVERSITY OF WASHINGTON – HARBORVIEW MEDICAL CENTER
DOH CONTRACT # HED21329-5
JULY 1, 2018 THROUGH JUNE 30, 2019

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

- To improve access to primary medical care for HIV-positive individuals and HIV negative people for PEP/PrEP, residing in Kitsap and surrounding counties, the University 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 individuals and HIV negative people for PEP/PrEP, residing in Snohomish, Island, San Juan, Skagit, and surrounding counties, the University 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 and HIV negative people for PEP/PrEP, residing in Thurston and surrounding counties, the University will provide primary medical care at a satellite clinic located at the UW-Neighborhood Clinic in Olympia.
- To improve access to primary medical care for HIV-positive individuals and HIV negative people for PEP/PrEP, residing in King and surrounding counties, the University will provide primary medical care at a satellite clinic located at the UW-Neighborhood Clinic in Federal Way.
- To improve access to primary medical care for HIV-positive individuals and HIV negative people for PEP/PrEP, residing in Renton and surrounding areas, the University will provide primary medical care at a satellite clinic located at the Renton Valley Medical Center.
- To improve access to primary medical care for patients of the SHE Clinic, residing in King and surrounding counties, the University will provide primary medical care at the SHE Clinic.
- To improve access to primary medical care for vulnerable HIV-positive individuals and HIV negative individuals in need of a walk-in clinic, the University will provide primary medical care at the Harborview Medical Center in Seattle, Washington.

This Statement of Work addresses costs associated with the provision of a physician and medical assistant to provide primary care services at each satellite clinic and a patient care coordinator and administrative specialist 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, UW Neighborhood Clinic in Olympia, UW-Neighborhood Clinic in Smokey Point, UW-Neighborhood Clinic in Federal Way, and Community Health Center of Snohomish County.

Purpose:

The Contractor, the University, will station a physician at:
- Kitsap County Health District a minimum of 66 clinic days per contract period (July 1, 2018 to June 30, 2015)
- Community Health Center of Snohomish County a minimum of 66 clinic days per contract period (July 1, 2018 to June 30, 2019)
• UW-Neighborhood Clinic in Thurston County a minimum of 22 clinic days per contract period (July 1, 2018 to June 30, 2019)
• UW-Neighborhood Clinic in Federal Way a minimum of 44 clinic days per contract period (July 1, 2018 to June 30, 2019)
• Renton Valley Medical Center a minimum of 42 clinic days per contract period (July 1, 2018 to June 30, 2019)
• SHE Clinic a minimum of 44 clinic days per contract period (July 1, 2018 to June 30, 2019)
• HMC MOD Clinic a minimum of 250 clinic days per contract period (July 1, 2018 to June 30, 2019).

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:

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. **Program Narrative**
   i. Accomplishments for the reporting period
   ii. Challenges or barriers to providing services
   iii. Budget problems or concerns
   iv.

c. **Fiscal**
   i. Indicate expended to date and funds anticipated to be expended during the remainder of the contract

<table>
<thead>
<tr>
<th>Reporting Time Period</th>
<th>Report due date</th>
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<tbody>
<tr>
<td>July 1, 2018 – September 30, 2018</td>
<td>October 31, 2018</td>
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<tr>
<td>October 1, 2018 – December 31, 2018</td>
<td>January 31, 2019</td>
</tr>
<tr>
<td>January 1, 2019 – March 31, 2019</td>
<td>April 30, 2019</td>
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<tr>
<td>April 1, 2019 – June 30, 2019</td>
<td>June 30, 2019</td>
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<tr>
<td><strong>Direct Expenses</strong></td>
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<tr>
<td>------------------------</td>
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<tr>
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<td>Benefits</td>
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<td>Travel</td>
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<td>Supplies</td>
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<td>Other</td>
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<table>
<thead>
<tr>
<th><strong>Indirect Expenses</strong></th>
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</thead>
<tbody>
<tr>
<td>Indirects</td>
<td>$34,617</td>
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</table>

**Total**                **$380,784**
EXHIBIT C-5
SPECIAL REQUIREMENTS
UNIVERSITY OF WASHINGTON – HARBORVIEW MEDICAL CENTER
SATELLITE CLINICS
DOH CONTRACT # HED21329-5
JULY 1, 2018 THROUGH JUNE 30, 2019

COMPENSATION AND PAYMENT

i) Funds provided in the Budget are for services provided during the period April 1, 2018 – June 30, 2019. The contractor shall submit all claims for payment for costs due and payable under this contract incurred during this period by July 25, 2019. Washington State Department of Health will pay belated claims at its discretion, contingent upon the availability of funds.

ii) The contractor agrees to reimburse DOH for expenditures billed to the Washington State Department of Health for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

iii) Submission of Invoice Vouchers – On a quarterly basis, the contractor shall submit correct A19-1A invoice vouchers amounts billable to Washington State Department of Health under this contract.

<table>
<thead>
<tr>
<th>Quarter of A19 Invoice</th>
<th>A19 Invoice due date</th>
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<td>July 1, 2018 – September 30, 2018</td>
<td>October 25, 2018</td>
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<tr>
<td>October 1, 2018 – December 31, 2018</td>
<td>January 25, 2019</td>
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<td>January 1, 2019 – March 31, 2019</td>
<td>April 25, 2019</td>
</tr>
<tr>
<td>April 1, 2019 – June 30, 2019</td>
<td>July 25, 2019</td>
</tr>
</tbody>
</table>

(1) The contractor shall use and adhere to the DOH Infectious Disease Reimbursement Guidelines and Forms when submitting A19 invoice voucher requests to DOH.

iv) Advance Payments Prohibited Funds are “cost reimbursement” funds. Washington State Department of Health will not make payment in advance or in anticipation of services or supplies provided under this agreement. This includes payments of “one-twelfth” of the current fiscal year’s funding.

E-mail invoices to: ID.Operations@doh.wa.gov
EXHIBIT C-5
SPECIAL REQUIREMENTS
UNIVERSITY OF WASHINGTON – HARBORVIEW MEDICAL CENTER
SATELLITE CLINICS
DOH CONTRACT # HED21329-5
JULY 1, 2018 THROUGH JUNE 30, 2019

Professional Fee Billing:

The parties expressly agree that payment of the budgeted items are intended to offset the University’s costs of conducting the project, to fund program support, and the associated reporting to Department of Health. Payment for physically locating a physician to provide increased access and availability at the Kitsap County Health District, Community Health Center of Snohomish County, and UW Neighborhood Clinic in Federal Way is not intended to preclude the usual and customary billing of third party payers for medical services provided. Nor is the Department of Health seeking to pay for the delivery of medical services such that it is a primary or secondary payer of patient care services. The University will submit a report by July 31, 2019, which shows that even though they have billed third party payers for medical services in addition to DOH funding, their total direct and indirect expenses have been equal to or greater than their total revenue.

Contract Modifications:

(1) **Notice of Change in Services** – The University shall notify DOH program staff, within 45 days, if any situations arise that may impede provision of the services contained in the Statement of Work. DOH and the University will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of noncompliance.

(2) **Transfer of Funds among Budget Categories** – The contractor may transfer contracted funds identified in Exhibit B among direct expense categories, EXCEPT equipment, as long as the amount of the cumulative transfer does not exceed ten percent of the total contracted funds for the fiscal year and does not change the Statement of Work.

(3) **Unilateral Amendment** – The DOH Contracting Officer may unilaterally amend the contract in order to (a) correct a clerical error or (b) add emergency care or special purchase funds such as those earmarked for specific equipment purchases, or to meet the changing or emergent service needs of the community.

The contractor shall be notified fourteen (14) days in advance of the effective date.

(4) **Other Contract Amendment, by Letter of Authority** – Changes in this contract may be made without the DOH Contracting Officer’s approval, provided that DOH program staff and the University approve a written Letter of Authority specifying the changes, AND
(a) The total maximum consideration for the contract is not increased or decreased as a result of the change,
(b) The change results in an off-setting transfer of funds between expenditure categories, and
(c) The Statement of Work does not change.
(5) **Contract Amendments – Effective Date** – The University shall not begin providing the services authorized by a contract amendment until such time as the contractor has received a signed, fully executed copy of the contract amendment from DOH.

**Confidentiality Requirements:**

The University (and its subcontractors, if any) must preserve the confidentiality of the clients they serve pursuant to the Washington Administrative Code (WAC) and the Revised Code of Washington (RCW). Failure to maintain client confidentiality could result in civil or legal litigation against employees or agencies per the WAC and RCW.

**Category One: Contractors that keep confidential and identifiable records including medical diagnosis and lab slips.**

If your agency fits this definition, you must comply with federal and state requirements regarding the confidentiality of client records.* Proof of the contractor meeting these requirements may be requested during a site visit or audit. To meet the requirements the contractor must have the following in place:

- Clearly written agency policies regarding confidentiality and security of records;
- Appropriate physical and electronic security measures to prevent unauthorized disclosures;
- Signed statements of confidentiality and security for the staff member hired under this agreement who has access to sensitive information, either through access to files or through direct contact with clients. This statement will be on file at the University’s office and updated yearly; and
- Appropriate confidentiality training provided to the staff member hired under this agreement with records of attendance.

Technical assistance is available through the Washington State Department of Health.

*Disclosure of information is governed by the Washington Administrative Code (WAC) 246-101-120, 520 and 635, and the Revised Code of Washington (RCW) 70.24.080, 70.24.084, and 70.24.105 regarding the exchange of medical information among health care providers related to HIV/AIDS or STD diagnosis and treatment. Please note that contractors fit under the definition of “health care providers” and “individuals with knowledge of a person with a reportable disease or condition” in the WAC and RCW.