





CONTRACT AMENDMENT

1. NAME OF CONTRACTOR Harborview Medical Center/University of Washington	2. CONTRACT NUMBER HED28148
1a. ADDRESS OF CONTRACTOR (STREET) 325 Ninth Ave, PO Box 359930	2a. AMENDMENT NUMBER 1
1b. CITY, STATE, ZIP CODE Seattle, WA 98104-2499	
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. <u>DESCRIPTION OF AMENDMENT:</u> The purpose of this <i>Non-Cost</i> amendment is to revise the Statement of Work. 5a. <u>Statement of Work:</u> Exhibit A is revised in accordance with Exhibit A-1 , attached hereto and incorporated herein. 5b. <u>Consideration:</u> This amendment neither increases nor decreases the Contract Consideration ; therefore, the maximum consideration of this contract and all amendments shall not exceed \$802,751.00. Contractor agrees to comply with applicable rules and regulations associated with these funds. 5d. <u>Period of Performance:</u> remains unchanged through June 30, 2024. 5e. <u>The Effective Date of this Amendment:</u> is July 1, 2023.	
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) DocuSigned by:  Sommer Kleweno-Walley <small>2C5C4EABB8134B0...</small>	DATE 12/4/2023
9. DOH CONTRACTING OFFICER SIGNATURE 	DATE 12/11/2023

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

**STATEMENT OF WORK
DOH CONTRACT HED28148-1
SATELLITE CLINICS OF HARBORVIEW MEDICAL CENTER**

Contract Period of Performance: 7/1/2023 through 6/30/2024

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

The purpose of amendment #1: Update MI Coding in the reimbursement information section.

This contract is also funded with state funds for the SHE clinic.

Task Title	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Reimbursement Information and/or Amount
HIV Community Services - Care				
Satellite Clinics	<p>The Contractor will improve access to primary medical care by stationing a physician and/or other staff at the clinics listed below during the contract period of July 1, 2023 to June 30, 2024 at a minimum number of identified clinic days:</p> <ul style="list-style-type: none"> 66 clinic days at Chi Franciscan for HIV-positive individuals and HIV negative people for PEP/PrEP residing in Kitsap and surrounding counties. 66 clinic days at Community Health Center of Snohomish County for HIV-positive individuals and HIV negative people for PEP/PrEP, residing in Snohomish, Island, San Juan, Skagit, and surrounding counties. 22 clinic days at SeaMar Thurston County Walk-In Medical Clinic for HIV-positive individuals and HIV negative people for PEP/PrEP, residing in Thurston and surrounding counties. 44 clinic days at UW Primary Care in Federal Way for HIV-positive individuals and HIV negative people for PEP/PrEP, residing in 	<p>Beginning with Provide Enterprise availability, client level data entry for Outpatient Ambulatory Health service visits for persons living with HIV must be entered in the Washington State Department of Health client level data system. PrEP visits may also be required to be documented in the Provide Enterprise system.</p> <p>Quarterly Report consisting of the following information (until Provide Enterprise is available for client level data entry):</p> <p>a. <u>Service Units</u> – Indicate the number of patients seen by the physician. The information provided will be de-identified and will not include protected health information.</p> <p>i. Total number of visits by visit type – HIV Medical Care; PrEP; PEP</p> <p>ii. Number of no-shows</p> <p>iii. Number of visits with the physician</p> <p>iv. Number of visits with the nurse</p> <p>v. Unduplicated number of patients by month</p> <p>vi. Cumulative number of unduplicated patients during project period</p>	<p>Data must be entered into the Provide Enterprise system within 5 days of the service provided.</p> <p>Quarterly Reports: Report due October 31, 2023 July 1, 2023 – September 30, 2023</p> <p>Report due January 31, 2024 October 1, 2023 – December 31, 2023</p> <p>Report due April 30, 2024 January 1, 2024 – March 31, 2024</p> <p>Report due June 30, 2024</p>	<p>Total reimbursement does not exceed \$653,667. See split out below by code.</p> <p>\$464,111 – MI 12618530 – FFY23 RW Grant Year Rebate 12618TBD – RW FFY23 Grant Local Year (Rebate)</p> <p><i>\$464,111 for 7/1/23-3/31/24</i></p> <p>\$154,704 – MI 12618540 – FFY24 RW Grant Year Rebate 12618TBD – RW FFY24 Grant Local Year (Rebate)</p> <p><i>\$154,704 for 4/1/24-6/30/24</i></p> <p>\$34,852 – MI 12430100 – State PrEP HIV Prevention</p>

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Task Title	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Reimbursement Information and/or Amount
	<p>King and surrounding counties.</p> <ul style="list-style-type: none"> • 42 clinic days at TBN location in Kent/Renton for HIV-positive individuals and HIV negative people for PEP/PrEP, residing in Renton and surrounding areas. • 250 clinic days at the Harborview Medical Center in Seattle for vulnerable HIV-positive individuals and HIV negative individuals in need of a walk-in clinic. 	<p>vii. Number of Unduplicated clients in Medical Case Management by agency</p> <p>b. <u>Program Narrative</u></p> <ul style="list-style-type: none"> i. Accomplishments for the reporting period ii. Challenges or barriers to providing services iii. Budget problems or concerns <p>Annual Report consisting of the following information:</p> <p>a. <u>Service Units</u> – Indicate the number of patients seen at the Satellite Clinics. The information provided will be de-identified and will not include protected health information.</p> <ul style="list-style-type: none"> i. Total number of clients seen at Satellite Clinics ii. Total number of visits <ul style="list-style-type: none"> a. By visit type – HIV Medical Care; PrEP; PEP iii. Number of no-shows iv. Number of visits with the physician v. Number of visits with the nurse vi. Unduplicated number of patients at each clinic vii. Viral load of patients seen viii. Number of clients receiving at least one viral load test ix. Number of Unduplicated clients in Medical Case Management by agency <p>b. <u>Program Narrative</u></p> <ul style="list-style-type: none"> x. Accomplishments for the year xi. Challenges or barriers to providing services xii. Budget problems or concerns 	<p>April 1, 2024 – June 30, 2024</p>	<p><i>\$34,852 for 7/1/23 - 6/30/24</i></p>
SHE Clinic	<p>The Contractor will improve access to primary medical care by stationing a physician and/or other staff at the SHE Clinic during the contract period of July 1, 2023 to June 30, 2024 at a minimum number of identified clinic days. 44 clinic days at the SHE Clinic for patients of the SHE Clinic residing in King and surrounding counties.</p>	<p>a. <u>Service Units</u> – Indicate the number of patients seen at the Satellite Clinics. The information provided will be de-identified and will not include protected health information.</p> <ul style="list-style-type: none"> i. Total number of clients seen at Satellite Clinics ii. Total number of visits <ul style="list-style-type: none"> a. By visit type – HIV Medical Care; PrEP; PEP iii. Number of no-shows iv. Number of visits with the physician v. Number of visits with the nurse vi. Unduplicated number of patients at each clinic vii. Viral load of patients seen viii. Number of clients receiving at least one viral load test ix. Number of Unduplicated clients in Medical Case Management by agency <p>b. <u>Program Narrative</u></p> <ul style="list-style-type: none"> x. Accomplishments for the year xi. Challenges or barriers to providing services xii. Budget problems or concerns 		<p style="text-align: center;">Total reimbursement does not exceed \$149,084.</p> <p>\$149,084 – MI 12630100 – State HIV CS/END AIDS WA</p> <p><i>\$149,084 for 7/1/23-6/30/24</i></p>

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		c. <u>Fiscal</u> i. Indicate expended to date and funds anticipated to be expended during the remainder of the contract		

PROGRAM SPECIFIC REQUIREMENTS/NARRATIVE

1. Definitions

- a. ANONYMOUS SERVICES- HIV Prevention services including condom distribution, outreach and light touch.
- b. CAPACITY BUILDING- The process by which individuals and organizations obtain, improve, and retain the skills, knowledge, tools, equipment, and other resources needed to do their jobs competently.
- c. CONTRACTOR – For the purposes of this Statement of Work Only, the Entity receiving funds directly from Washington State Department of Health (DOH) for client services to prevent or treat conditions named in the statement of work will be referred to as contractor.
- d. INTEGRATED TESTING- For the purpose of this Statement of Work, Integrated Testing includes Human Immunodeficiency Virus (HIV), Gonorrhea (GC), Chlamydia (CT), Syphilis, Hepatitis C (HCV) and Hepatitis B (HBV).
- e. YOUTH- For purposes of this agreement, the term “youth” applies to persons under the age of 18.

2. Client Eligibility and re-certification – Reference the [Ryan White Part B, HIV Community Services \(HCS\) Manual](#) for more information

3. Title XIX HIV Medical Case Management – Reference the **HCS Manual and Infectious Disease Fiscal Manual** for more information. Any funds generated from Title XIX must be used to support or enhance Medical Case Management activities. Ryan White is a payer of *Last Resort* and Title XIX must be billed monthly unless prior approval for a different frequency of billing is granted by DOH – Reference the [HCS Manual](#)

4. Participation in Quality Management/Improvement activities – The Contractor is expected to participate in quality improvement and management activities as deemed necessary by OID staff. Reference the [HCS Manual](#) for more information. For information not available in the HCS manual, connect with your OID contract manager.

5. HIV Statewide Data System – All services funded through Ryan Part B, Ryan White Rebates or Title XIX must have client level data **entered into** Provide™ Database System

6. CLAS Standards – The CONTRACTOR will comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) standards (1, 5-9). [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care \(allianceforclas.org\)](#)

7. Participation in Capacity Building and Technical Assistance Activities designed to increase efficacy of HIV Community Services

- a. Capacity building is the process by which individuals and organizations obtain, improve, and retain the skills, knowledge, tools, equipment, and other resources needed to do their jobs competently. Opportunities for capacity building and technical assistance for contractor will be offered throughout the

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contract year by WA DOH and other regional or national capacity building organizations.

8. Participation in Ending the HIV Epidemic and End the Syndemic Planning & Activities (only for services in King County)

- a. *Ending the HIV Epidemic: A Plan for America* (EtHE) is a bold plan that aims to end the HIV epidemic in the United States by 2030. EHE is the operational plan developed by agencies across the U.S. Department of Health and Human Services (HHS) to pursue that goal. King County has been identified as one of the jurisdictions included in the ETE plan and Public Health Seattle & King County (PHSKC) is the lead agency in implementing this work. Subcontractors operating in King County will be expected to participate in ETE planning and activities in collaboration with PHSKC, as necessary, throughout the contract year.

9. Program Organization – The CONTRACTOR must provide a full updated organizational chart, including Board of Directors is applicable, and staffing plan referencing positions described in the budget narrative. The CONTRACTOR must provide job descriptions for any new or changed positions in the updated organizational chart.

10. Training requirements – Reference the [HCS Manual](#) for more information

11. Integrated Testing Services

- a. HIV testing services must follow [DOH Non-Clinical Testing Guidance](#) and [CDC Guidance for HIV Non-Clinical testing](#).
- b. All DOH-funded HIV & STI testing data must be entered into EvaluationWeb unless written exception is approved. All testing data must be entered by the 10th of each month for tests conducted the month prior (eg: all tests conducted in January but be entered by February 10th).
- c. All positive tests reports, including rapid-test positives for HIV, HCV and Syphilis must be reported to Local Health Jurisdiction (LHJs) within 3 business days.
- d. All preliminary positive reports for HIV must be reported to the Office of Infectious disease within 30 days using the Preliminary Positive Reporting Form (provided by DOH).
- e. HCV testing must follow the Office of Infectious Disease HCV testing guidance. For more information contact the DOH Integrated Testing Coordinator.
- f. Any funds generated from payment for services should be reinvested with program intent.
- g. All testing contractors will have Quality Assurance plans outlining their testing programs on file with the Office of Infectious Disease. Updates to QA plans will occur on an annual basis to reflect current testing program work. Please contact the DOH OID Integrated Testing Coordinator for more information.
- h. Rapid test kits and controls for HIV, HCV, and Syphilis should be procured through DOH or a DOH approved source. Please contact the DOH OID Integrated Testing Coordinator for more information.
- i. STI (GC/CT) test kits should be procured through PHSKC Lab and/or CDD. Please contact the DOH OID Integrated Testing Coordinator for more information.
- j. Contractor will ensure that staff are licensed and available to perform HIV, Syphilis and HBV/HCV testing, as appropriate, using capillary and venous puncture.
- k. HIV/STI testing and health education must be performed by personnel who have completed DOH-approved

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training.

- l. Contractor is expected to conducted essential support services screening for a minimum of 85% of testing clients. Screeners should be conducted for the following: PrEP eligibility, behavioral health, social services, benefits navigation (PrEP or health insurance), and risk reduction interventions. If client need is determined, referrals and linkages will be made to appropriate services. Please reference SFY24 HIV Community Services Prevention Implementation Guidelines for additional details about screeners.
- m. The Contractor will present confidential HIV testing as the default option for all persons tested. If an anonymous test is performed for HIV, the reason for the anonymous testing should be separately documented. Prior to the placement of the test, the client should be advised and asked to consent that if the result of the anonymous test is reactive or positive, that such test will be converted into a confidential test and that any subsequent confirmatory testing will be run as confidential. Testing for infections other than HIV can only be run as confidential.
- n. Contractors must collect client level data and provide this data to the LHJ within 3 business days of the positive result. Persons with a reactive or positive HIV, STI or HCV test may be offered partner services (PS) by the Local Health Jurisdiction (LHJ). Please contact the DOH OID Testing Coordinator or your Local Health Jurisdiction for more information.

12. HIV Community Services – Prevention Programs

- a. Prevention programs must follow SFY24 HIV Community Services- Prevention Implementation Guidelines.
- b. Prevention data, including individual level navigation services, outreach activities, and condom distribution, should be tracked through Provide unless written exception is approved. All client-level data must be entered into Provide™ within three (3) days of service provision.
- c. Prevention data elements should be collected by all agencies funded to provide HIV Community Services- Prevention activities. These data elements may be referenced in SFY24 HIV Community Services- Prevention Guidelines.

13. Contract Management – Reference the [HCS Manual](#) for more information

- a. **Fiscal Guidance – Reference the *OID Fiscal Manual* for more detailed information.**
 - i) **Funding** –The CONTRACTOR shall submit all claims for payment for costs due and payable under this statement of work by **July 31, 2024**. DOH 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 DOH 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 Audits.
 - iii) **Submission of Invoice Vouchers** – On a monthly basis, the CONTRACTOR shall submit complete and correct A19 invoice vouchers amounts billable to DOH under this statement of work and Expense Summary backup form. All A19 invoice vouchers must be submitted by the 25th of the following month.
 - The CONTRACTOR must provide all backup documentation as required based on the assigned risk level. Risk assessments are completed at the beginning of a new contract. Contact your contract manager if you are unaware your assigned risk level.
 - DOH may ask for additional backup information to pay invoices based on the needs of the funding sources supporting the work.

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- **Allocating Costs and Indirect –**
 - If allocating costs, the CONTRACTOR must have a documented allocation methodology that is reviewed and approved by DOH Staff. DOH is not able reimburse allocated costs without an approved plan on file.
 - If charging indirect costs, the CONTRACTOR must have a current federally negotiated rate or 10% De Minimus certification of file with DOH. DOH is not able reimburse indirect costs without an approved indirect cost rate or 10% De Minimus certification on file.
- iv) **Advance Payments Prohibited –** *Reference the [HCS Manual](#) for more information*
- v) **Payer of Last Resort –** *Reference the [HCS Manual](#) for more information*
- vi) **Cost of Services –** *Reference the [HCS Manual](#) for more information*
- vii) **Emergency Financial Assistance –**The CONTRACTOR shall not use contract funds to provide a parallel medication service to EIP. CONTRACTOR’s providing case management services shall make every effort to enroll clients in EIP.
- viii) **Payment of Cash or Checks to Clients Not Allowed –** Where direct provision of service is not possible or effective, vouchers or similar programs, which may only be exchanged for a specific service (e.g., transportation), shall be used to meet the need for such services. CONTRACTOR shall administer store gift cards or voucher programs to assure that recipients cannot readily convert vouchers into cash.
 - *Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services are allowable as incentives for eligible program participants.*
 - *General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.*
 - The CONTRACTOR must ensure that a policy for managing gift cards with strong internal controls is in place.
- ix) **Travel –** Out of staff travel requires prior approval from DOH. *Reference the [OID Fiscal Manual](#) for more information*
- x) **Funds for Needle Exchange Programs Not Allowed –** CONTRACTOR shall not expend contract funds to support needle exchange programs using funds from HIV Community Services Tasks.
- xi) **Supervision,** under DOH Community Programs contracts, will be understood as the delivery of a set of interrelated functions encompassing administrative, educational and supportive roles that work collectively to ensure clinical staff (i.e. case managers, navigators, coordinators, assistants, coaches) are equipped with the skills necessary to deliver competent and ethical services to clients that adhere to best practices within applicable fields as well as all relevant Statewide Standards. Supervisors must meet the criteria set forth within the WA State HIV Case Management Standards and provide the level of interaction and review detailed in that document.

It is the understanding of DOH that Supervision funded under the direct program portion of this contract include at minimum the provision of at least two of the three functions detailed here: administrative, educational or supportive supervision. Supervision that encompasses only

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administrative functions will not be considered billable under Direct Program. To that end, it is the expectation of DOH that those personnel identified as Supervisors have no more than one degree of separation from direct client care. Exceptions to this rule can be presented and considered to and by DOH Contract Management. It will fall to the requesting organization to satisfactorily demonstrate that any Supervisory positions falling within the scope of Direct Program are meeting the expectation of provision of educational or supportive supervision with the aim of directly impacting client experiences, quality of services, and adherence to best practices and Statewide Standards.

- xii) **Small and Attractive items** – Each agency shall perform a risk assessment (both financial and operational) on the agency’s assets to identify those assets that are particularly at risk or vulnerable to loss. Operational risks include risks associated with data security on mobile or portable computing devices that store or have access to state data. Assets so identified that fall below the state’s capitalization policy are considered small and attractive assets. Agency shall develop written internal policies for managing small and attractive assets. Internal policies should take into consideration the Office of the Chief Information Officer (OCIO) IT Security Standard 141 Section 5.8 Mobile Computing and Section 8.3 Media Handling and Disposal at <https://ocio.wa.gov/policies>.

The agency shall implement specific measures to control small and attractive assets in order to minimize identified risks. Periodically, the agency should perform a follow up risk assessment to determine if the additional controls implemented are effective in managing the identified risks.

Agency must include, at a minimum, the following assets with unit costs of \$300 or more:

- 1) Laptops and Notebook Computers
- 2) Tablets and Smart Phones

Agencies must also include the following assets with unit costs of \$1,000 or more:

- 1) Optical Devices, Binoculars, Telescopes, Infrared Viewers, and Rangefinders
- 2) Cameras and Photographic Projection Equipment
- 3) Desktop Computers (PCs)
- 4) Television Sets, DVD Players, Blu-ray Players, and Video Cameras (home type)

- xiii) **Food and Refreshments** - Food and refreshments are not allowable direct costs, unless provided in conjunction with allowable meetings, whose primary purpose is the dissemination of technical information. Pre-approval is required when food and refreshments are purchased for these meetings outside of the Psychosocial Support or CQM tasks. A sign in sheet with the clients’ ID number from the DOH approved data system as well as an agenda is required in order to receive reimbursement for these charges.

- The CONTRACTOR shall follow [Healthy Nutrition Guidelines for Meetings and Events | Washington State Department of Health](#) when purchasing food and refreshments for approved meetings.
- Food for staff meetings/trainings is not allowable.

PLEASE NOTE: *If meals/refreshments are purchased for lunch and learns or other allowable meetings, food can only be purchased for **clients only** at per diem. Any expenses over per diem will be denied.*

b. Contract Modifications

- i. **Notice of Change in Services** – The CONTRACTOR shall notify DOH program staff, within 45 days, if any situations arise that may impede implementation of the services contained in the statement of work. DOH and the CONTRACTOR will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of substantial noncompliance.
- ii. **Contract Amendments** – Effective Date – The CONTRACTOR shall not begin providing the services authorized by a contract amendment until the CONTRACTOR has received a signed, fully

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executed copy of the contract amendment from DOH.

c. Subcontracting

- iii. This statement of work does not allow a CONTRACTOR to subcontract for services.

d. Written Agreements

- iv. The CONTRACTOR should execute written agreements with partners to document how services and activities will be coordinated with funded Medical HIV Case Management services and activities:
- a. HIV service providers providing case management, outreach services, or other support services.
 - b. Medical Providers providing services to agency's medical case management clients
 - c. Other Local Health Jurisdictions in the counties regularly served by the CONTRACTOR

Technical assistance is available through DOH.

14. Youth and Peer Outreach Workers

For purposes of this agreement, the term "youth" applies to persons under the age of 18. All programs, including CONTRACTORS, using youth (either paid or volunteer) in program activities will use caution and judgment in the venues / situations where youth workers are placed. Agencies will give careful consideration to the age appropriateness of the activity or venue; will ensure that youth comply with all relevant laws and regulations regarding entrance into adult establishments and environments; and will implement appropriate safety protocols that include clear explanation of the appropriate laws and curfews and clearly delineate safe and appropriate participation of youth in program outreach activities.

15. Confidentiality Requirements – Reference the [HCS Manual](#) for more information

16. Whistleblower

- a. Whistleblower statute, 41 U.S.C. & 4712, applies to all employees working for CONTRACTOR, subcontractors, and subgrantees on federal grants and contracts. The statute (41 U.S.C. & 4712) states that an "employee of a CONTRACTOR, subcontractor, grantee, or subgrantee, may not be discharged, demoted, or otherwise discriminated against as a reprisal for "whistleblowing." In addition, whistleblower protections cannot be waived by an agreement, policy, form, or condition of employment.
- b. The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) mandates a pilot program entitled "Pilot Program for Enhancement of Contractor Employee Whistleblower Protections." This program requires all grantees, their subgrantees, and subcontractors to:
 - c. Inform their employees working on any federal award they are subject to the whistleblower rights and remedies of the pilot program;
 - d. Inform their employees in writing of employee whistleblower protections under 41 U.S.C. & 4712 in the predominant native language of the workforce; and,
 - e. CONTRACTOR and grantees will include such requirements in any agreement made with a

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subcontractor or subgrantee.

17. Allowable Costs

All expenditures incurred and reimbursements made for performance under this statement of work shall be based on actual allowable costs. Costs can include direct labor, direct material, and other direct costs specific to the performance of activities or achievement of deliverables under this statement of work.

For information in determining allowable costs, please reference OMB Circulars: (State, Local and Indian Tribal governments) at:

<https://www.federalregister.gov/documents/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards>

**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 STI 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.

DOH statutory authority to have access to the confidential information or limited Dataset(s) identified in this agreement to the Information Recipient: RCW 43.70.050

Information Recipient’s statutory authority to receive the confidential information or limited Dataset(s) identified in this Agreement: RCW 70.02.220 (7)

- 18. Ryan White Rebate Funding** – For the purposes of this contract, all Ryan White Rebate funds received by the contractor shall be treated in the same fashion as federal funds and must follow the requirements of 2 CFR Part 200 –Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Audits.

DOH Program Contract Manager, HIV Community Services – Ryan White Part B

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DOH Program Contract Manager, HIV Community Services- Prevention

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HED28148-1_HMC_UW_Rev1

Final Audit Report

2023-12-11

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-  Document created by Tonja Christensen (tonja.christensen@doh.wa.gov)
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