

COCHISE COUNTY GRANT APPROVAL FORM

Form Initiator: Jennifer Steiger Department/Division: Health/NCHS
 Date Prepared: 4/17/14 Telephone: 520-432-9402
 Grantor: ADHS Grant Title: Reproductive Health/Family Planning Program
 Grant Term From: 1/1/14 To: 12/31/14
 Fund No/Dept. No: 223 Note: Fund No. will be assigned by the Finance Department if new.
 New Grant Yes No Amendment No. 1 Increase \$0 Decrease \$0

Briefly describe purpose of grant:

This contract provides for Family Planning and Reproductive services to Cochise County. We provide: physical examination by a Nurse Practitioner including, but not limited to: breast, pelvic, and pap test. We prescribe and dispense birth control. We provide health screening that includes: pregnancy testing, STD testing if indicated, anemia, kidney disease, Diabetes, and hypertension. Included also is teaching regarding birth control, breast self exam, STD prevention, smoking cessation, nutrition with a focus on prevention of birth +

If amendment, provide reason:

This amendment is intended to continue level funding of the Family Planning Program for the next year at \$49,200.

If this is a mandated service, cite source. If not mandated, cite indications of local customer support for this service:

Funding Sources	Federal Funds 332.100	State Funds 336.100	County Funds 391.000	Other	Total
Current Fiscal Year		\$49,600			\$49,600
Remaining Years					
Total Revenue		\$49,600			\$49,600

Is County match required? Yes No If yes, dollar amount \$ _____

Has this amount been budgeted? Yes No Identify Funding Source: ADHS

Federal Catalog of Federal Domestic Assistance (CFDA) No: _____

Method of collecting grant funds: Lump sum payment Quarterly payments Draw Reimbursement

Is reversion of unexpended funds required at end of grant period? Yes No

a) Total A-87 cost allocation \$2,617

b) Amount of overhead allowed by grant 0 County subsidy (a-b) \$2,617

Does Grantor accept indirect costs as an allowable expenditure? Yes No

If yes, dollar amount \$ 0 OR percentage allowed 0%

Number of new positions that will be funded from grant: n/a Number of existing positions funded from grant: 1

Executive Summary Form

Agenda Number : HLT- ADHS 13-034534 Amendment 1 (Reproductive Health/Family Planning Program)

Recommendation:

Approve, Amendment 1 to IGA# ADHS 13-0345334, Reproductive Health/Family Planning Program, between the Arizona Department of Health Services and Cochise Health & Social Services, in the amount of \$49,200.00, for the period of 1/1/14 – 12/31/14.

Background (Brief):

This contract provides for Family Planning and Reproductive services to Cochise County. We provide: physical examination by a Nurse Practitioner including, but not limited to: breast, pelvic, and pap test. We prescribe and dispense birth control. We provide health screening that includes: pregnancy testing, STD testing if indicated, anemia, kidney disease, Diabetes, and hypertension. Included also is teaching regarding birth control, breast self exam, STD prevention, smoking cessation, nutrition with a focus on prevention of birth defects related to Folic Acid deficiency.

The contracted amount is not to exceed \$49,200.00 and is to be reimbursed at the rate of \$200.00 for every initial and annual exam done through Family Planning clinics. This comes to a total of 246 exams per year, which is a decreased of two (2) encounters from CY 2013.

This Purchase Order will extend the contract and the associated reimbursable funding for the period of 1/1/14 – 12/31/14. The reimbursement rate for services is stable for initial/annual encounters at \$200.00 per encounter. The number of anticipated service encounters covered by the agreement has dropped from 248 to 246.

Fiscal Impact & Funding Sources:

Budgeted Salaries/EREs	\$6,619
A-87 OH @ 39.54%	\$2,617
Authorized OH	\$0
Net County Subsidy	\$2,617

Next Steps/Action Items/ Follow-up:

Your approval is respectfully requested.

Impact of Not Approving:

Not approving this amendment may cause the inability of the Health Department to collect the reimbursement for family planning services from the ADHS and would cause cessation of this service to the community.



INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT

ARIZONA DEPARTMENT OF HEALTH SERVICES
1740 W. Adams, Room 303
Phoenix, Arizona 85007
(602) 542-1040
(602) 542-1741 Fax
Procurement Officer
Tracy Chisler

Contract No: ADHS13-034534

Amendment No. 1

Reproductive Health

Effective January 1, 2014, it is mutually agreed that the IGA referenced is amended as follows:

- 1. The Price Sheet of the IGA is replaced with the revised Price Sheet, Page Three (3) of this Amendment One (1). The IGA Item Pricing shall be revised in ProcureAZ to align with available funding upon execution of this Amendment One (1). The IGA line item pricing total decreased from \$49,600.00 to \$49,200.00 due to a reduction of the number of units for Initial and Annual Visits from 248 to 246 at a unit rate of \$200.00.
2. Pursuant to the Terms and Conditions, Provision 4.12 of the IGA, Scrutinized Businesses, is hereby deleted in its entirety.
3. Pursuant to Terms and Conditions, Provision Fifteen (15) of the IGA, Fingerprint and Certification Requirements/Juvenile Services, is hereby deleted in its entirety.

Cochise County Health and Social Services
Contractor Name
1415 W. Melody Lane, Bldg. A
Address
Bisbee AZ 85603-3090
City State Zip

CONTRACTOR SIGNATURE
MAY GONZALEZ
Contractor Authorized Signature
MAY GONZALEZ
Printed Name
DIRECTOR - CHSS
Title

CONTRACTOR ATTORNEY SIGNATURE
Pursuant to A.R.S. § 11-952, the undersigned public agency attorney has determined that this Intergovernmental Agreement is in proper form and is within the powers and authority granted under the laws of the State of Arizona.
Signature Date 4/10/14
Printed Name

This Intergovernmental Agreement Amendment shall be effective the date indicated. The Public Agency is hereby cautioned not to commence any billable work or provide any material, service or construction under this IGA until the IGA has been executed by an authorized ADHS signatory.
State of Arizona
Signed this ___ day of ___ 2013
Procurement Officer

Attorney General Contract No. P0012012000033, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney General, who has determined that it is in proper form and is within the powers and authority granted under the laws of the State of Arizona.
Signature Date
Assistant Attorney General
Printed Name:

RESERVED FOR USE BY THE SECRETARY OF STATE
Under House Bill 2011, A.R.S. § 11-952 was amended to remove the requirement that Intergovernmental Agreements be filed with the Secretary of State.

	INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT		ARIZONA DEPARTMENT OF HEALTH SERVICES 1740 W. Adams, Room 303 Phoenix, Arizona 85007 (602) 542-1040 (602) 542-1741 Fax
	Contract No: ADHS13-034534	Amendment No. 1	Procurement Officer Tracy Chisler

4. Pursuant to the Terms and Conditions, Provision Eighteen (18), Health Insurance Portability and Accountability Act of 1996 of the IGA is hereby replaced with the following language:

18. The Contractor warrants that it is familiar with the requirements of HIPAA, as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH Act) of 2009, and accompanying regulations and will comply with all applicable HIPAA requirements in the course of this Contract. Contractor warrants that it will cooperate with the Arizona Department of Health Services (ADHS) in the course of performance of the Contract so that both ADHS and Contractor will be in compliance with HIPAA, including cooperation and coordination with the Arizona Strategic Enterprise Technology (ASET) Office, Statewide Information Security and Privacy Office (SISPO) Chief Privacy Officer and HIPAA Coordinator and other compliance officials required by HIPAA and its regulations. Contractor will sign any documents that are reasonably necessary to keep ADHS and Contractor in compliance with HIPAA, including, but not limited to, business associate agreements.

If requested by the ADHS Procurement Office, Contractor agrees to sign a "Pledge To Protect Confidential Information" and to abide by the statements addressing the creation, use and disclosure of confidential information, including information designated as protected health information and all other confidential or sensitive information as defined in policy. In addition, if requested, Contractor agrees to attend or participate in HIPAA training offered by ADHS or to provide written verification that the Contractor has attended or participated in job related HIPAA training that is: (1) intended to make the Contractor proficient in HIPAA for purposes of performing the services required and (2) presented by a HIPAA Privacy Officer or other person or program knowledgeable and experienced in HIPAA and who has been approved by the ASET/SISPO Chief Privacy Officer and HIPAA Coordinator.

5. Pursuant to the Terms and Conditions, Provision Twenty (20) is added as follows:

20. Data Universal Numbering System (DUNS) Number Requirement:

Pursuant to 2 CFR 25.100 *et seq.*, no entity (defined as a Governmental organization, which is a State, local government, or Indian tribe; foreign public entity; domestic or foreign nonprofit organization; domestic or foreign for-profit organization; or Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity) may receive a subaward from ADHS unless the entity provides its DUNS Number to ADHS.

6. Pursuant to the Terms and Conditions, Provision Twenty-one (21) is added as follows:

21. Authorization for Provision of Services:

Authorization for purchase of services under this Contract shall be made only upon ADHS issuance of a Purchase Order that is signed by an authorized agent. The Purchase Order will indicate the Contract number and the dollar amount of funds authorized. The Contractor shall only be authorized to perform services up to the amount on the Purchase Order. ADHS shall not have any legal obligation to pay for services in excess of the amount indicated on the Purchase Order. No further obligation for payment shall exist on behalf of ADHS unless: a) the Purchase Order is changed or modified with an official ADHS Procurement Change Order, and/or b) an additional Purchase Order is issued for purchase of services under this Contract.

All other provisions of this IGA remain unchanged.



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(602) 542-1040
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Procurement Officer
Tracy Chisler

Contract No: ADHS13-034534

Amendment No. 1

**Cochise County Health Department
TITLE V FAMILY PLANNING/REPRODUCTIVE HEALTH
PRICE SHEET
(Fixed Price contract)**

Type of Unit	Rate per Unit	Unit of Measure	# of Units	Total
Initial & Annual Visits	\$200.00	Each	246	\$49,200.00
Professional nursing services in support of a declared state of emergency	\$75.00	Hour	N/A	\$0.00
Services in support of declared state of emergency by staff other than a nurse	\$50.00	Hour	N/A	\$0.00
Annual Report	\$0.00	Each	N/A	\$0.00
TOTAL			246	\$49,200.00



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Cochise County Health and Social Services
Contractor Name
1415 W. Melody Lane, Bldg. A
Address
Bisbee AZ 85603-3090
City State Zip

CONTRACTOR SIGNATURE
Marilyn Gomez
Contractor Authorized Signature
Marilyn Gomez
Printed Name
Director - CHSS
Title

CONTRACTOR ATTORNEY SIGNATURE
Pursuant to A.R.S. § 11-952, the undersigned public agency attorney has determined that this Intergovernmental Agreement is in proper form and is within the powers and authority granted under the laws of the State of Arizona.
Tea Rose 4/10/14
Signature Date
Printed Name

This Intergovernmental Agreement Amendment shall be effective the date indicated. The Public Agency is hereby cautioned not to commence any billable work or provide any material, service or construction under this IGA until the IGA has been executed by an authorized ADHS signatory.
State of Arizona
Signed this ___ day of ___ 2013
Procurement Officer

Attorney General Contract No. P0012012000033, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney General, who has determined that it is in proper form and is within the powers and authority granted under the laws of the State of Arizona.
Signature Date
Assistant Attorney General
Printed Name:

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Services in support of declared state of emergency by staff other than a nurse	\$50.00	Hour	N/A	\$0.00
Annual Report	\$0.00	Each	N/A	\$0.00
TOTAL			246	\$49,200.00