



Part Two (2)
STATE OF ARIZONA
Department of Health Services
NOTICE OF REQUEST FOR PROPOSAL

ARIZONA DEPARTMENT OF HEALTH SERVICES
 1740 West Adams Street
 Phoenix, Arizona 85007
 (602) 542-1040
 (602) 542-1741 Fax

SOLICITATION NUMBER: ADHS15-00004913

SOLICITATION DUE DATE/TIME: April 2, 2015 at 3:00 p.m. Local Arizona Time

SUBMITTAL LOCATION: Submit via ProcureAZ
<https://procure.az.gov/bsol/login.jsp>

DESCRIPTION: Health Start Program

PRE-OFFER CONFERENCE:

	<u>March 18, 2015</u>	<u>11:00 AM</u>	<u>Arizona Department of Health Services 1740 W. Adams, Room 309 Phoenix, AZ 85007</u>
	Date	Time	Location

TELECONFERENCE PARTICIPANT DIALING INSTRUCTIONS: 1. Dial the Access Number: 1-877-820-7831
 2. Enter the Participant Passcode: 453552#

In accordance with A.R.S. § 41-2534, competitive sealed proposals for the services specified will be received by the Arizona Department of Health Services (ADHS) online in the State of Arizona's online procurement system, Procure.az.gov (ProcureAZ). Proposals received by the due date and time will be opened. The name of each Offeror will be publicly available. Proposals must be submitted in the State ProcureAZ system on or prior to the date and time indicated. Late proposals will not be considered. It is the responsibility of the supplier/offeror to routinely check the ADHS web site for Solicitation Amendments. Additional instructions for preparing an Offer are included in this solicitation.

With seventy-two (72) hours prior notice, persons with disabilities may request special accommodations such as interpreters, alternative formats, or assistance with physical accessibility. Such requests are to be addressed to the Solicitation contact person named below.

OFFERORS ARE STRONGLY ENCOURAGED TO CAREFULLY READ THE ENTIRE SOLICITATION

Solicitation Contact Person:
 Sue-Anne Tan
 Arizona Department of Health Services
 (602) 542-1044
 E-mail: sue.anne.tan@azdhs.gov

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SOLICITATION NUMBER: ADHS14-00004913**

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Part Two (2) - SCOPE OF WORK
SOLICITATION NO: ADHS15-00004913

1. Definitions

- 1.1 "Community Health Worker (CHW)" for the purpose of this document means an individual who has been specially trained to reach out into the community to identify pregnant/postpartum women, to provide information and education about specific topics, and to provide support and advocacy to help them access resources which they may need. Community Health Workers reflect the ethnic, cultural and socio-economic makeup of the neighborhoods they serve.
- 1.2 "Medical Home" as defined by the American Academy of Pediatrics is a model of delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective care.
- 1.3 "Birth Doula" for the purpose of this document means a community health worker that has undergone specific training and obtained certification as a birth doula from a national certifying organization, such as Doulas of North America (DONA), and is trained and experienced in childbirth and provides short term physical, emotional and informational support to the mother before, during and just after childbirth.

2. Background

- 2.1 The Arizona Health Start Program was developed over twenty (20) years ago to address the steady increases in the rate of women receiving inadequate or no prenatal care during the 1980's. Late or no prenatal care is associated with preterm and low birth weight births, which increases the risk of infant mortality. The trend continued through 1990, when Arizona was ranked forty-fifth (45th) lowest in the nation for the number of women receiving adequate prenatal care. In 2008 and 2009, Arizona ranked thirty-fourth (34th) lowest in the nation, indicating that entry into early, consistent prenatal care is still a challenge. Many Arizona women experienced barriers that kept them from seeking prenatal care especially during the first (1st) trimester. These barriers encompassed a number of social and cultural factors, as well as geographical accessibility. Early prenatal care is very important in identifying potential risks early in the pregnancy and initiating treatment.
- 2.2 More recent research indicates that the health of a woman prior to pregnancy and throughout her life course might have a greater influence on improving birth outcomes. The life course perspective provides a newer way of viewing health as an integrated continuum and not as unrelated stages. According the U.S. Department of Health and Human Services (DHHS) Maternal and Child Health Bureau (MCHB), the Life Course Theory (LCT) is a conceptual framework that helps explain health and disease patterns across populations and over time. LCT points to broad social, economic and environmental factors as underlying causes of persistent inequalities in health for a wide range of diseases and conditions across population groups. Preconception health is a woman's health before she becomes pregnant. Preconception care aims to promote the health of women of reproductive age before conception and thereby improve pregnancy related outcomes. Inter-conception health is a woman's health between pregnancies. Preconception care includes assessing health risk factors and implementing intervention strategies to support women and families as they strive to adopt healthier behaviors. The Health Start Program will have a strong focus on the integration of the LCT in the provision of preconception and inter-conception care through home visits, educational services, screenings and assessments to women and families. Efforts to prevent the cycle of repeat teen births will be addressed through family planning and birth spacing education. The Health Start Program will promote male and family involvement in home visiting services and classes when appropriate. Babies who get lots of warm and positive attention from their dads feel more secure. Father involvement is linked to positive cognitive outcomes for a child, and father involvement in pregnancy is linked to a reduction in infant mortality.
- 2.3 Health Start is based on an earlier program titled "Un Comienzo Sano/A Healthy Beginning" that was created in 1984 through the Rural Health Office of the University of Arizona College of Medicine, Department of Family and Community Medicine, utilizing community health workers or "Promotoras" to address the needs of rural, minority pregnant women in Arizona. In 1992, the Arizona Health Start Program was administered by the Arizona Department of Health Services (ADHS), Bureau of Women's and Children's Health (BWCH) based on the earlier model. In 1994, the Arizona State Legislature passed the Arizona Children and Families Stability Act, A.R.S. § 36-697, which formalized and expanded Health Start. The legislation describes the purpose, requirements and administration of the program at the ADHS. Health

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Start is a community based, evidence informed home visiting program that identifies, screens and enrolls pregnant and postpartum women and families at anytime during their pregnancies and assists them with obtaining early and consistent prenatal care, provides prenatal and postpartum education, information and referral services, advocacy and emphasizes timely immunizations and developmental assessments for their children up to age two (2).

- 2.4 The Health Start Program administration is subject to the appropriation of lottery fund monies as provided through Proposition 203, the Healthy Arizona Initiative. The program shall be statewide, based in targeted communities and neighborhoods with a high incidence of inadequate prenatal and postpartum care, inadequate infant health care, high percentages of preterm births and low birth weight births. The incidence and prevalence of these conditions among groups are referred to as health disparities. Women and families marginalized because of socioeconomic status, race/ethnicity, geographic location and other factors are more likely to experience worse health. They also tend to have less access to favorable social determinants that impact health, such as healthy food, good housing, good education, employment opportunities and safe neighborhoods. It is important that women become aware of these risk factors and how these factors can affect their health and the health of their families across their life course.
- 2.5 The Health Start Program is an evidence informed program that allows for flexibility in enrollment of clients and families and in structure of home visits based on the needs of the woman and her family and the established goals of the program. The Health Start Program supports and recommends the use of one (1) of the following evidence-based or research based curricula to guide the content of home visits with pregnant and parenting women and their families:
 - 2.5.1 Partners for a Healthy Baby: Home Visiting Curriculum for Families, Florida State University (FSU)Center for Prevention & Early Intervention Policy; www.cpeip.fsu.edu;
 - 2.5.2 Family Spirit; www.familyspirit@jhu.edu; and
 - 2.5.3 Parents as Teachers Foundational 1, www.parentstasteachers.org
- 2.6 The Health Start Program has integrated optional birth doula support services to provide short term support for enrolled Health Start clients and families in labor and during birth, who are in need of emotional and physical comfort measures. CHWs that have obtained birth doula certification may offer birth support services to clients. Many women and families without local community connections or family members desire the support of a birth doula.
- 2.7 In State Fiscal Year 2013 (July 1, 2012 – June 30, 2013), the Health Start Program provided 4,202 prenatal visits and 8,813 family follow-up visits to 3,569 clients and their families. Research published in 2008 on the Health Start Program found that Health Start participants had higher birth weight babies (above 2,500 grams) and longer gestational periods (greater than or equal to thirty-seven (37) weeks) than non-Health Start participants.
- 2.8 The Mission of the Health Start Program:
 - 2.8.1 To educate, support and advocate for families at risk by promoting optimal use of community based family health care services and education services through the use of CHWs who live in and reflect the ethnic, cultural and socioeconomic characteristics of the community they serve.
- 2.9 The Goals of the Health Start Program are to:
 - 2.9.1 Increase prenatal care services to pregnant women;
 - 2.9.2 Reduce the incidence of infants who weigh less than 1,500 grams (three (3) pounds, four (4) ounces) at birth and who require more than seventy-two (72) hours of neonatal intensive care;
 - 2.9.3 Reduce the incidence of children affected by childhood diseases;
 - 2.9.4 Increase the number of children receiving age appropriate immunizations by two (2) years of age; and

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2.9.5 Increase awareness by educating families:

2.9.5.1 On the importance of good nutritional habits to improve the overall health of their children,

2.9.5.2 On the need for developmental assessments to promote the early identification of learning disabilities, physical handicaps or behavioral health needs, and

2.9.5.3 Of the benefits of preventative health care and the need for screening examinations such as hearing and vision.

3. Objective

3.1 To identify, screen and enroll pregnant women at risk of having a preterm or low birth weight birth at any time during their pregnancy and to ensure that they have early and consistent prenatal care through the provision of home based, family centered, strength based culturally appropriate education and referral services;

3.2 To identify, screen and enroll postpartum women and families with children up to age two (2) with medical and social risk factors that increase the likelihood that they or their children will experience future poor health outcomes;

3.3 To establish a network of health and social service providers in communities and neighborhoods that are accessible to all women, children and their families in an effort to link program participants to adequate prenatal care, adequate infant care, and other services that reduce illiteracy, reduce dependency on welfare, encourage employment, and encourage self-sufficiency and community involvement;

3.4 To integrate preconception and interconception health education and health screening that will improve a women's health before, during and between pregnancies through the implementation of the life course theory and perspective, focusing on health outcomes across the span of a women's life, emphasizing folic acid supplements, proper immunizations, proper nutrition, healthy behaviors and reproductive health including birth spacing education and development of a life plan into the services provided to women, men and families;

3.5 To integrate optional birth doula support services to provide support for enrolled Health Start clients and families in labor and during birth who are in need of emotional and physical comfort measures; and

3.6 To implement a family-centered, strength based interdisciplinary approach to home based services.

4. Scope of Work

The Contractor shall:

4.1 Provide a home visitation program through the development of administrative, management, organizational systems and information, and referral networks to implement and manage a Health Start Program at the contracted site in targeted communities/service areas at risk for preterm and low birth weight births and high rates of infant mortality per the Health Start Policy and Procedure Manual (HSPPM);

4.2 Provide monthly program documentation and quarterly reports with results of efforts related to achieving quality improvement indicators developed as described in the HSPPM.

5. Task

The Contractor shall:

5.1. Identify a Health Start Program Coordinator, at a minimum of .25 FTE (one (1) position);

5.1.1 The Health Start Program Coordinator shall, at a minimum:

5.1.1.1 Serve as a primary day-to-day contact with the ADHS Program Manager;

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- 5.1.1.2 Attend, lead, and prepare materials for meetings as requested;
- 5.1.1.3 Troubleshoot and correct problems after implementation;
- 5.1.1.4 Designate an alternate contact for when the Program Coordinator is unavailable;
- 5.1.1.5 Provide administrative oversight of all contracted activities;
- 5.2 Recruit, hire, train and supervise at a minimum one (1) individual .50 FTE CHW from the communities to be served and who shall identify, screen, enroll pregnant and postpartum women;
- 5.3 Complete a background check for all staff working under this Contract and maintain a copy in the personnel file (Exhibit 1);
- 5.4 Ensure that each .50 CHW maintains a minimum caseload of thirty (30) women and families and that each 1.0 CHW maintains a minimum caseload of sixty (60) women and families with a majority being prenatal clients; develop a plan for outreach to recruit and maintain the minimum number of clients;
- 5.5 Attend all Health Start sponsored annual meetings and trainings;
- 5.6 Ensure that CHWs attend all Health Start sponsored annual meetings and trainings;
- 5.7 Ensure that CHWs or other appropriate health care workers provide education including information on enrollment in Health Start, prenatal care and the importance of taking multivitamins with folic acid education to women that have positive pregnancy tests;
- 5.8 Ensure that CHWs or other appropriate health care workers provide preconception/inter-conception education, including information on healthy behaviors, recommended birth spacing and the importance of taking a multivitamin with folic acid education to women that have negative pregnancy tests;
- 5.9 Provide at least sixteen (16) hours of training to CHWs to ensure adequate knowledge of pregnancy, prenatal care, maternal nutrition, women's health, child health, infant massage, immunization requirements, preconception and inter-conception health, reproductive health, birth spacing, multivitamins, male involvement and life plans, screenings regarding alcohol, tobacco and other substance use, partner abuse, child abuse, perinatal depression, home assessments, child safety, injury prevention, safe sleep and car seat safety, and how to facilitate referrals as described in the HSPPM;
- 5.10 Provide or arrange for a minimum twelve (12) hours of approved continuing education and training on an annual basis to CHWs;
- 5.11 Instruct CHWs on how to screen and enroll clients utilizing enrollment form with a health risk assessment, provide home/office visits of a minimum of thirty (30) minutes duration, conduct developmental assessments, screenings, and referrals, and optional educational classes of at least one (1) hour duration;
- 5.12 Provide at least eight (8) hours of supervised home visits with CHWs within ninety (90) days after employment;
- 5.13 Provide one (1) supervised home visit per year thereafter of each CHW, complete Health Start Home Visiting Checklist and save the checklist in the personnel file as described in HSPPM;
- 5.14 Train CHWs on accurate completion of forms, the identification and utilization of information, and referral resources that are available within the Contractor's service area;
- 5.15 Develop a plan to ensure the achievement of two (2) quality improvement indicators as described in the HSPPM;
- 5.16 Identify and annually update a network of available health care, behavioral health and social service providers and resources to which participants could be actively referred for services as they may need;

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- 5.17 Ensure that CHWs verify that participants received, declined or were denied services, through documentation on the visit forms and on a Contractor Referral form;
- 5.18 Assist CHWs with referrals and all encounter form documentation;
- 5.19 Maintains the following professional support persons:
 - 5.19.1 A Registered Professional Nurse (R.N.) for a minimum of four (4) hours of consultation per month to assist with training of CHWs, attend monthly case management conferencing and to provide reflective supervision and/or guidance regarding difficult issues, and
 - 5.19.2 A Certified Independent, Licensed Certified, Licensed Masters Social Worker and/or Licensed Professional Counselor (CISW, LCSW, LMSW, LPC) for a minimum of four (4) hours of consultation per month to assist with training of CHWs, attend monthly case management conferencing and to provide reflective supervision and/or guidance regarding difficult issues;
- 5.20 Ensure that any Subcontractors or consultants fulfill required duties and responsibilities as described in the HSPPM and the Contract;
- 5.21 Maintain client records that are complete organized and kept in a secure electronic format and/or locked location at the Contractor's site as described in the HSPPM;
- 5.22 Ensure that all Health Start Program forms and visit notes are accurate and complete every month and filed in client charts and/or in a client electronic file;
- 5.23 Conduct monthly data preparation to:
 - 5.23.1 Ensure all forms, client logs, and invoices are accurate and complete and submitted to ADHS within fifteen (15) days of the end of the billing period,
 - 5.23.2 Ensure that all visit forms are signed and dated by clients in blue ink at the bottom of the form, and
 - 5.23.3 Ensure timely response to ADHS Health Start Data Quality Specialist and/or Health Start Program Manager if there are any questions;
- 5.24 Conduct quarterly data preparation to complete quarterly reports within thirty (30) days after the end of each quarter as described in the HSPPM; ensure timely response to Health Start Program Manager if there are any questions;
- 5.25 Ensure monthly and quarterly review of progress in meeting any quality improvement indicators as described in the HSPPM;
- 5.26 Ensure monthly staff follow-up visit documentation checklist is conducted and call at a minimum two (2) clients visited by each CHW that month, to ask the client questions about the visit to ensure that visits occurred and that the client was satisfied with the services. A copy of the staff follow-up visit documentation check list form completed each month shall be available for review at Contractor site visits;
- 5.27 Ensure that CHWs maintain a daily/monthly online calendar of scheduled home visits, classes and any other activities related to Health Start. Copies of all monthly staff calendars for each month shall be available for review at Contractor site visits;
- 5.28 Maintain regular communication and work closely with ADHS on the subjects of:
 - 5.28.1 Program Development,
 - 5.28.2 Implementation,
 - 5.28.3 Notification regarding any changes to personnel and daily operations as issues arise,

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- 5.28.4 Share information with ADHS and other Health Start Contractor's through conference calls, webinars and other sources regarding resources, forms, reports, challenges and barriers, and
 - 5.28.5 Be responsive to ADHS requests for clarification, missing data or other requested information; and
 - 5.28.6 Collaborate with other community based agencies, health departments or other providers that may be providing similar home visiting programs in the targeted service area.
- 5.29 Ensure that the CHWs shall:
- 5.29.1 Identify and implement community based outreach strategies to:
 - 5.29.1.1 Identify;
 - 5.29.1.2 Screen; and
 - 5.29.1.3 Enroll pregnant or postpartum women and families:
 - 5.29.1.3.1 With children under age two (2),
 - 5.29.1.3.2 Who reside in the Contractor's targeted service area, and
 - 5.29.1.3.3 Who meet the medical and social risk eligibility criteria as described in the HSPPM;
 - 5.29.2 Conduct pregnancy testing (CHW or other designated health care worker) of potential clients as necessary and as an option:
 - 5.29.2.1 If pregnancy tests result is positive, provide education and offer enrollment into the Health Start Program for a minimum of thirty (30) minutes and referrals, as needed, per HSP, and
 - 5.29.2.2 If pregnancy test result is negative, conduct screening using a health risk assessment tool and/or provide appropriate preconception/and interconception education for a minimum of thirty (30) minutes and referrals, as needed, per HSPPM;
 - 5.29.3 Complete Intent to Participate and Client Enrollment forms per HSPPM if a pregnant or postpartum woman agrees to participate in the Health Start Program;
 - 5.29.4 Schedule and conduct prenatal visits for a minimum of thirty (30) minutes per visit per client and as described in the HSPPM;
 - 5.29.5 Schedule and conduct a birth doula support prenatal visit as a visit option, for a minimum of four (4) hours, not exceeding twenty-four (24) hours per birth per client per Contract year per HSPPM;
 - 5.29.6 Schedule and conduct family follow-up and multiple child visits for a minimum of thirty (30) minutes per visit per client as described in the HSPPM;
 - 5.29.7 Schedule and conduct as an education option, health education classes for a minimum of one (1) hour per class for a minimum of four (4) Health Start enrolled clients as described in HSPPM;
 - 5.29.8 Provide each enrolled client the Arizona Family Resource Guide at enrollment;
 - 5.29.9 Conduct alcohol, tobacco and other drug use screening, and brief intervention education if necessary, of all enrolled prenatal clients at enrollment or next visit per HSPPM;
 - 5.29.10 Conduct depression screening at two (2) months after birth of index child or at any time there is a concern per HSPPM;

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- 5.29.11 Conduct relationship assessment tool/partner abuse screening at three (3) months after enrollment and other health/behavioral health screenings as necessary of all enrolled prenatal and postpartum clients per HSPPM;
- 5.29.12 Administer the Ages and Stages Developmental Assessment Screening, Third (3rd) Edition, at the four (4), eight (8), twelve (12), eighteen (18) and twenty-four (24) month intervals and Social Emotional (SE) Assessment at twelve (12) and twenty-four (24) months for all children per HSPPM;
- 5.29.13 Provide health education services, support, advocacy and referrals to enrolled women and their families during each visit as described in the HSPPM;
- 5.29.14 Assist enrolled clients in securing an established source of prenatal care and/or primary care and assist the family with establishing a medical home for all family members in the service area or nearest location;
- 5.29.15 Provide referrals using Contractor's referral form as necessary, verify and document outcome of the referrals on visit forms and on referral forms as described in the HSPPM;
- 5.29.16 Provide and administer the Healthy @ Home Assessment in the enrolled client's place of residence within five (5) months after the birth of the index child; or within five (5) months of enrollment of all clients as required in the HSPPM;
- 5.29.17 Provide *Never Shake a Baby* education and commitment forms to all prenatal clients within one (1) month of delivery, or postpartum clients within two (2) months after child is born as described in the HSPPM; collect completed forms and keep on file for site review;
- 5.29.18 Provide child safety education including injury prevention, safe sleep, car seat safety and car seat forms to enrolled women and their families; collect completed forms and keep on file for site review;
- 5.29.19 Ensure that the social determinants of health are addressed per the HSPPM and that preconception and inter-conception screening, education, referrals and support are provided; and
- 5.29.20 Provide a client satisfaction survey to clients at a minimum of four (4) weeks after the prenatal period, and after two (2) years of family follow-up services, or at disenrollment from the program; collect completed surveys and keep on file for site review.

6. Requirements

The Contractor shall:

- 6.1 Have experience in providing similar services as described in the Scope of Work to pregnant and post-partum women and be able to complete all the listed tasks;
- 6.2 Provide Technical Qualifications of a Health Start Program Coordinator who shall be the primary contact person for the ADHS Health Start Program Manager in discussing work that needs to be completed.
- 6.3 Hire CHW(s) that live in or are representative of the targeted service area that are able to complete the services and meet the minimum qualifications as defined in the HSPPM;
- 6.4 Provide a map and list of zip codes of areas to be served including, but not limited to, the projected number of prenatal and postpartum clients to be served;
- 6.4 Adhere to Arizona Revised Statute A.R.S.§36-697 (<http://www.azleg.gov/ArizonaRevisedStatutes.asp>) and perform all services in accordance with the HSPPM; and
- 6.5 Provide a valid Certificate of Insurance (COI) that meets the written specifications in the Special Terms and Conditions within five (5) days of Contract Award, and maintained throughout the life of the Contract. The

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ADHS will not be able to issue a Purchase Order for the commencement of services without a current and valid COI in the Contract file.

7. Reference Documents

- 7.1 The ADHS revised HSPPM 2015 will be available on the BWCH publication page: <http://azdhs.gov/phs/owch/publications/index.php> by March 13, 2015. The HSPPM include the following:
- 7.1.1 Visit Forms, Screening forms, Assessment forms, Commitment forms (English and Spanish versions as available);
 - 7.1.2 Health Risk Assessment Tool (example);
 - 7.1.3 Client Satisfaction Survey (example);
 - 7.1.4 Quarterly Report Form; and
 - 7.1.5 Health Start Program Invoice.

8. State Provided Items

ADHS will provide:

- 8.1 Technical assistance and guidance to the Contractor's staff that are implementing the Health Start Program;
- 8.2 Monitoring of the operation of the program, and ongoing compliance with Contract provisions and the HSPPM, through site visits, review of submitted forms and other mechanisms;
- 8.3 Forms, guides, screening forms, and any other forms that may be necessary to implement the program;
- 8.4 Summary information from the Health Start forms and other information if available;
- 8.5 Healthy @ Home Assessment forms and kit (English and Spanish versions);
- 8.6 Ages and Stages Assessment Questionnaires Third (3rd) Edition, (ASQ-3) and Social Emotional (English and Spanish versions);
- 8.7 Arizona Family Resource Guide (English and Spanish versions);
- 8.8 Health Start Community Health Worker Core Curriculum; and
- 8.9 Other Provider Resources as available.

9. Approvals

The following items require review and approval by ADHS:

- 9.1 Any marketing or educational materials, curricula, and promotional items, media or forms including, but not limited to, program brochures, posters, training flyers, publications, or journal articles developed or purchased using funds awarded under this Contract:
 - 9.1.1 A draft of the material shall be submitted to ADHS Health Start Program Manager for approval prior to printing,
 - 9.1.2 A copy shall be provided to ADHS Health Start Program Manager for each item created, and

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9.1.3 All marketing or educational materials shall bear the following "Funded in part by the Bureau of Women's and Children's Health as made available through the Arizona Department of Health Services and logo.";

9.2 Monthly Contractor's Expenditure Report (invoice/CER) shall be approved by ADHS prior to payment;

9.3 Health Start Quality Improvement Indicators and Quarterly Reports;

9.4 Health Start Program Coordinator and/or CHW attendance at trainings not sponsored by ADHS Health Start Program prior to Health Start Program Coordinator and/or CHW attendance, and billing ADHS for the approved training per HSPPM;

9.5 Use of any other curriculum for CHW training or for visit topic content that is not referred to in this Contract; and

9.6 Contractor visits to client, their families or caregivers temporarily residing in alternative living situations including, but not limited to, rehabilitation centers, jails, inpatient treatment centers or homeless shelters, and when primary caregiver is out of the home for extended periods of time, shall require approval in advance by ADHS.

10. Deliverables

The Contractor shall submit to ADHS:

10.1 Complete and accurate original hard copies of Health Start Billing Monthly Invoices (Exhibit 3) signed in blue ink as described in the HSPPM within fifteen (15) days after the end of each service month:

10.1.1 Attached detail log of client visits, classes, screenings, assessments, and other services organized by type,

10.1.2 Copies of all visit/screening/information and other forms, attached in the order of the client log,

10.1.3 Client or CHW class lists complete with client/CHW signatures and type list of class participants, and;

10.2 Health Start Quarterly Report within thirty (30) days of the end of September, December, March and June of each year. Report shall address the following as described in the HSPPM:

10.2.1 Any improvements made in social determinants of health in communities served,

10.2.2 The preconception/inter-conception education provided,

10.2.3 Progress made in achieving any quality improvement indicators, and

10.2.4 Fourth (4th) Quarter Report within thirty (30) days after the beginning of the fiscal year starting July 1st shall contain:

10.2.4.1 A description of the Contractor's summary of prior year's activities,

10.2.4.2 Future year's projected number of prenatal and postpartum clients to be enrolled,

10.2.4.3 Current and projected caseload of each CHW,

10.2.4.4 Projected number and type of FTE's for program,

10.2.4.5 Projected number of visits by type,

10.2.4.6 Number of classes by topic, and

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10.2.4.7 The plan to address any quality improvement indicators as described in the HSPPM;

10.3 Annual Health Start Services Projection Form (Attachment G) must be completed as part of Contract requirements and submitted annually on or before March of each year and for the following fiscal year.

10.4 Monthly Health Start Billing Invoice with attached copies of program documentation including all forms, client logs and other documentation within fifteen (15) days after the end of the service month;

10.5 Health Start Form for Assessment Results (FAR) Core Training Scoring Sheets for all newly hired CHW staff within ninety (90) days after employment as described in the HSPPM;

10.6 Copies of any proposed or executed consultant subcontracts or other agreements to provide any of the services described in the Scope of Work;

10.7 A copy of all visit forms signed by clients by the 15th of each month; and

10.8 A copy of the Criminal History (Exhibit One (1)) for new employees within ninety (90) days of employment.

11. Notices, Correspondence, Reports, and Invoices

Notices, correspondence, reports, and invoices/CERs from the Contractor to ADHS shall be sent to:

Health Start Program Manager
Arizona Department of Health Services
150 North 18th Avenue, Suite 320
Phoenix, Arizona 85007
Tel: 602-542-1860, Fax: 602-542-2589

Part Two (2) - SPECIAL TERMS AND CONDITIONS
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1. Purpose

Pursuant to provisions of the Arizona Procurement Code, A.R.S. 41-2501 Et Seq., the State of Arizona, Department of Health Services (ADHS) intends to establish a Contract for the materials or services as listed herein.

2. Term of Contract (3 Years)

The term of any resultant Contract shall commence on July 1, 2015 and shall continue for a period of three (3) years thereafter, unless terminated, canceled or extended as otherwise provided herein.

3. Contract Extensions 5 Year Maximum

The Contract term is for a three (3) year period subject to additional successive periods of twelve (12) months per extension with a maximum aggregate including all extensions not to exceed five (5) years.

4. Contract Type

Fixed Price

5. Licenses

The Contractor shall maintain in current status, all federal, state and local licenses and permits required for the operation of the business conducted by the Contractor.

6. Key/Essential Personnel

It is essential that the Contractor provide adequate experienced key and essential personnel, capable of and devoted to the successful accomplishment of work to be performed under this Contract. The Contractor shall agree to assign specific individuals to the key positions. "Key Personnel" is defined as directors, managers and supervisors that shall be responsible for the complete delivery of services, schedule, supervision of staff and preparation and delivery of reports. "Essential personnel" is defined as the staff required to perform the assigned task. ADHS shall have the right to interview and approve any Key/Essential Personnel throughout the term of the Contract.

6.1 The Contractor agrees that, once assigned to work under this Contract, key/essential personnel shall not be removed or replaced without written notice to the State.

6.2 Key/essential personnel who are not available for work under this Contract for a continuous period exceeding thirty (30) calendar days, or are expected to devote substantially less effort to the work than initially anticipated, the Contractor shall immediately notify the State, and shall, subject to the concurrence of the State, replace such personnel with personnel of substantially equal ability and qualifications.

7. Price Adjustment

Contractor prices accepted and subsequently awarded by a Contract shall remain in effect for a minimum of one (1) year. The Contractor may request a price adjustment, but the State will not review or approve an increase until the Contract has been in effect for one (1) year. The ADHS Procurement Office will review any requested rate increase to determine whether such request is reasonable in relation to increased supplier or material costs. Contractor shall provide written justification for any price adjustment requested, including information contained in the Consumer Price Index or similar official cost analysis to support any requested price increase. Any price increase adjustment, if approved, will be effective upon execution of a written Contract amendment. Likewise, the Contractor shall offer the State a price adjustment reduction concurrent with reduced costs from their suppliers. Price reductions will become effective upon execution of a Contract amendment.

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8. Non-Exclusive Contract

Any contract resulting from this solicitation shall be awarded with the understanding and agreement that it is for the sole convenience of the State of Arizona. The State reserves the right to obtain like goods or services from another source when necessary, or when determined to be in the best interest of the State.

9. Volume of Work

The ADHS does not guarantee a specific amount of work either for the life of the Contract or on an annual basis.

10. Information Disclosure

The Contractor shall establish and maintain procedures and controls that are acceptable to the State for the purpose of assuring that no information contained in its records or obtained from the state or from others in carrying out its functions under the Contract shall be used or disclosed by it, its agents, officers, or employees, except as required to efficiently perform duties under the Contract. Persons requesting such information should be referred to the State. The Contractor also agrees that any information pertaining to individual persons shall not be divulged other than to employees or officers of the Contractor as needed for the performance of duties under the Contract, unless otherwise agreed to in writing by the State.

11. Employees of the Contractor

All employees of the Contractor employed in the performance of work under the Contract shall be considered employees of the Contractor at all times, and not employees of the ADHS or the State. The Contractor shall comply with the Social Security Act, Workman's Compensation laws and Unemployment laws of the State of Arizona and all State, local and Federal legislation relevant to the Contractor's business.

12. Order Process

The award of a contract shall be in accordance with the Arizona Procurement Code. Any attempt to represent any material and/or service not specifically awarded as being under contract with ADHS is a violation of the Contract and the Arizona Procurement Code. Any such action is subject to the legal and contractual remedies available to the state inclusive of, but not limited to, Contract cancellation, suspension and/or debarment of the Contractor.

13. Contractor Performance Reports

Program management shall document Contractor performance, both exemplary and needing improvements where corrective action is needed or desired. Copies of corrective action reports will be forwarded to the ADHS Procurement Office for review and any necessary follow-up. The Procurement Office may contact the Contractor upon receipt of the report and may request corrective action. The Procurement Office shall discuss the Contractor's suggested corrective action plan with the Procurement Specialist for approval of the plan.

14. Payment Procedures

ADHS accounting will not make payments to any Entity, Group or individual other than the Contractor with the Federal Employer Identification (FEI) Number identified in the Contract. Contractor invoices requesting payment to any Entity, Group or individual other than the contractually specified Contractor shall be returned to the Contractor for correction.

The Contractor shall review and insure that the invoices for services provided show the correct Contractor name prior to sending them to the ADHS Accounting Office for payment.

If the Contractor Name and FEI Number change, the Contractor must complete an "Assignment and Agreement" form transferring contract rights and responsibilities to the new Contractor. ADHS must indicate consent on the form. A written Contract Amendment must be signed by both parties and a new W-9 form must be submitted by the new Contractor and entered into the system prior to any payments being made to the new Contractor.

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15. Financial Management

For all contracts, the practices, procedures, and standards specified in and required by the Accounting and Auditing Procedures Manual for Arizona Department of Health Services funded programs shall be used by the Contractor in the management of contract funds and by the ADHS when performing a contract audit. Funds collected by the Contractor in the form of fees, donations and/or charges for the delivery of these contract services shall be accounted for in a separate fund.

State Funding. Contractors receiving state funds under this Contract shall comply with the certified Compliance provisions of A.R.S. § 35-181.03.

Federal Funding. Contractors receiving federal funds under this contract shall comply with the certified finance and compliance audit provision of the Office of Management and Budget (OMB) Circular A-133, if applicable. The federal financial assistance information shall be stated in a Change Order or Purchase Order.

16. Inspection and Acceptance

All services, data and required reports are subject to final inspection, review, evaluation and acceptance by the ADHS. The ADHS may withhold payment for services that are deemed to not meet contract standards.

17. Authorization for 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.

18. Indemnification Clause

Contractor shall indemnify, defend, save and hold harmless the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees (hereinafter referred to as "Indemnitee") from and against any and all claims, actions, liabilities, damages, losses, or expenses (including court costs, attorneys' fees, and costs of claim processing, investigation and litigation) (hereinafter referred to as "Claims") for bodily injury or personal injury (including death), or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of Contractor or any of its owners, officers, directors, agents, employees or subcontractors. This indemnity includes any claim or amount arising out of or recovered under the Workers' Compensation Law or arising out of the failure of such Contractor to conform to any federal, state or local law, statute, ordinance, rule, regulation or court decree. It is the specific intention of the parties that the Indemnitee shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the Indemnitee, be indemnified by Contractor from and against any and all claims. It is agreed that Contractor will be responsible for primary loss investigation, defense and judgment costs where this indemnification is applicable. In consideration of the award of this Contract, the Contractor agrees to waive all rights of subrogation against the State of Arizona, its officers, officials, agents and employees for losses arising from the work performed by the Contractor for the State of Arizona.

This indemnity shall not apply if the Contractor or Sub-contractor(s) is/are an agency, board, commission or university of the State of Arizona.

19. Insurance Requirements

Contractor and subcontractors shall procure and maintain until all of their obligations have been discharged, including any warranty periods under this Contract, are satisfied, insurance against claims for injury to persons or damage to property which may arise from or in connection with the performance of the work hereunder by the Contractor, his agents, representatives, employees or subcontractors.

The *insurance requirements* herein are minimum requirements for this Contract and in no way limit the indemnity covenants contained in this Contract. The State of Arizona in no way warrants that the minimum limits contained

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herein are sufficient to protect the Contractor from liabilities that might arise out of the performance of the work under this contract by the Contractor, its agents, representatives, employees or subcontractors, and Contractor is free to purchase additional insurance.

19.1 **MINIMUM SCOPE AND LIMITS OF INSURANCE:** Contractor shall provide coverage with limits of liability not less than those stated below.

19.1.1 Commercial General Liability – Occurrence Form

19.1.1.1 Policy shall include bodily injury, property damage, personal and advertising injury and broad form contractual liability coverage.

19.1.1.1.1 General Aggregate \$2,000,000

19.1.1.1.2 Products – Completed Operations Aggregate \$1,000,000

19.1.1.1.3 Personal and Advertising Injury \$1,000,000

19.1.1.1.4 Damage to Rented Premises \$ 50,000

19.1.1.1.5 Each Occurrence \$1,000,000

19.1.1.2 The policy *shall include coverage for sexual abuse and molestation. This coverage may be sub-limited to no less than \$500,000. The limits may be included within the General Liability limit, or provided by separate endorsement with its own limits, or provided as separate coverage included with the professional liability.*

19.1.1.3 *Contractor must provide the following statement on their Certificate(s) of Insurance as provided for in Part E: "Sexual Abuse/Molestation coverage is included." Policies/certificates stating that "Sexual Abuse/Molestation coverage is not excluded" do not meet this requirement.*

19.1.1.4 The policy shall be endorsed (**Blanket Endorsements are not acceptable**) to include the following additional insured language: *"The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor."* Such additional insured shall be covered to the full limits of liability purchased by the Contractor, even if those limits of liability are in excess of those required by this Contract.

19.1.1.5 Policy shall contain a waiver of subrogation endorsement (**Blanket Endorsements are not acceptable**) in favor of the **"State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees"** for losses arising from work performed by or on behalf of the Contractor.

19.1.1 Business Automobile Liability

Bodily Injury and Property Damage for any owned, hired, and/or non-owned vehicles used in the performance of this Contract.

19.1.1.1 Combined Single Limit (CSL) \$1,000,000

19.1.1.2 The policy shall be endorsed (**Blanket Endorsements are not acceptable**) to include the following additional insured language: **"The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with**

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respect to liability arising out of the activities performed by or on behalf of the Contractor, involving automobiles owned, leased, hired or borrowed by the Contractor." Such additional insured shall be covered to the full limits of liability purchased by the Contractor, even if those limits of liability are in excess of those required by this Contract.

19.1.1.3 Policy shall contain a waiver of subrogation endorsement (**Blanket Endorsements are not acceptable**) in favor of the "State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees" for losses arising from work performed by or on behalf of the Contractor.

19.1.1.4 Policy shall contain a severability of interest provision.

19.1.2 Worker's Compensation and Employers' Liability

19.1.2.1 Workers' Compensation Statutory

19.1.2.2 Employers' Liability

19.1.2.2.1 Each Accident \$1,000,000

19.1.2.2.2 Disease – Each Employee \$1,000,000

19.1.2.2.3 Disease – Policy Limit \$1,000,000

19.1.2.3 Policy shall contain a waiver of subrogation endorsement (**Blanket Endorsements are not acceptable**) in favor of the "State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees" for losses arising from work performed by or on behalf of the Contractor.

19.1.2.4 This requirement shall not apply to: Separately, EACH contractor or subcontractor exempt under A.R.S. § 23-901, AND when such contractor or subcontractor executes the appropriate waiver (Sole Proprietor/Independent Contractor) form.

19.1.4 Professional Liability (Errors and Omissions Liability)

19.1.4.1 Each Claim \$1,000,000

19.1.4.2 Annual Aggregate \$2,000,000

19.1.4.3 In the event that the professional liability insurance required by this Contract is written on a claims-made basis, Contractor warrants that any retroactive date under the policy shall precede the effective date of this Contract; and that either continuous coverage will be maintained or an extended discovery period will be exercised for a period of two (2) years beginning at the time work under this Contract is completed.

19.1.4.4 The policy shall cover professional misconduct or negligent acts for those positions defined in the Scope of Work of this contract.

19.2 ADDITIONAL INSURANCE REQUIREMENTS: The policies shall include, or be endorsed (**Blanket Endorsements are not acceptable**) to include, the following provisions:

19.2.1 The Contractor's policies shall stipulate that the insurance afforded the contractor shall be primary insurance and that any insurance carried by the Department, its agents, officials, employees or the State of Arizona shall be excess and not contributory insurance, as provided by A.R.S. § 41-621 (E).

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19.2.2 Coverage provided by the Contractor shall not be limited to the liability assumed under the indemnification provisions of this Contract.

19.3 **NOTICE OF CANCELLATION:** With the exception of ten (10) days notice of cancellation for non-payment of premium, any changes material to compliance with this contract in the insurance policies above shall require (30) days written notice to the State of Arizona. Such notice shall be sent directly to **The Arizona Department of Health Services, 1740 West Adams, Room, 303, Phoenix, AZ 85007** and shall be sent by certified mail, return receipt requested.

19.4 **ACCEPTABILITY OF INSURERS:** Contractors insurance shall be placed with companies duly licensed in the State of Arizona or hold approved non-admitted status on the Arizona Department of Insurance List of Qualified Unauthorized Insurers. Insurers shall have an "A.M. Best" rating of not less than A- VII or duly authorized to transact Workers' Compensation insurance in the State of Arizona. The State of Arizona in no way warrants that the above-required minimum insurer rating is sufficient to protect the Contractor from potential insurer insolvency.

19.5 **VERIFICATION OF COVERAGE:** Contractor shall furnish the State of Arizona with certificates of insurance (ACORD form or equivalent approved by the State of Arizona) as required by this Contract. The certificates for each insurance policy are to be signed by an authorized representative.

All certificates and endorsements (**Blanket Endorsements are not acceptable**) are to be received and approved by the State of Arizona before work commences. Each insurance policy required by this Contract must be in effect at or prior to commencement of work under this Contract and remain in effect for the duration of the project. Failure to maintain the insurance policies as required by this Contract, or to provide evidence of renewal, is a material breach of contract.

All certificates required by this Contract shall be sent directly to **The Arizona Department of Health Services, 1740 West Adams, Room, 303, Phoenix, AZ 85007**. The State of Arizona project/contract number and project description shall be noted on the certificate of insurance. The State of Arizona reserves the right to require complete copies of all insurance policies required by this Contract at any time.

19.6 **SUBCONTRACTORS:** Contractors' certificate(s) shall include all subcontractors as insureds under its policies or Contractor shall furnish to the State of Arizona separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to the minimum requirements identified above.

19.7 **APPROVAL:** Any modification or variation from the *insurance requirements* in this Contract shall be made by the contracting agency in consultation with the Department of Administration, Risk Management Division. Such action will not require a formal Contract amendment, but may be made by administrative action.

19.8 **EXCEPTIONS:** In the event the Contractor or sub-contractor(s) is/are a public entity, then the Insurance Requirements shall not apply. Such public entity shall provide a Certificate of Self-Insurance. If the contractor or sub-contractor(s) is/are a State of Arizona agency, board, commission, or university, none of the above shall apply.

20. Health Insurance Portability and Accountability Act of 1996 (HIPAA)

20.1 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 Department of Administration-Arizona Strategic Enterprise Technology (ADOA-ASET) Office, the ADOA-ASET Arizona State Chief Information Security 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.

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20.2 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 ADOA-ASET Arizona State Chief Information Security Officer and HIPAA Coordinator.

21. Pandemic Contractual Performance

21.1 The State shall require a written plan that illustrates how the Contractor shall perform up to contractual standards in the event of a pandemic. The State may require a copy of the plan at any time prior or post award of a Contract. At a minimum, the pandemic performance plan shall include:

21.1.1 Key succession and performance planning if there is a sudden significant decrease in Contractor's workforce;

21.1.2 Alternative methods to ensure there are products in the supply chain; and

21.1.3 An up to date list of company contacts and organizational chart.

21.2 In the event of a pandemic, as declared the Governor of Arizona, U.S. Government or the World Health Organization, which makes performance of any term under this Contract impossible or impracticable, the State shall have the following rights:

21.2.1 After the official declaration of a pandemic, the State may temporarily void the Contract(s) in whole or specific sections, if the Contractor cannot perform to the standards agreed upon in the initial terms;

21.2.2 The State shall not incur any liability if a pandemic is declared and emergency procurements are authorized by the Director as per A.R.S. 41-2537 of the Arizona Procurement Code; and

21.2.3 Once the pandemic is officially declared over and/or the Contractor can demonstrate the ability to perform, the State, at its sole discretion, may reinstate the temporarily voided Contract(s).

21.3 The State, at any time, may request to see a copy of the written plan from the Contractor. The Contractor shall produce the written plan within seventy-two (72) hours of the request.

22. Data Universal Numbering System (DUNS)

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 Data Universal Numbering System (DUNS) Number to ADHS.

23. Finger Printing and Criminal History Disclosure

The provisions of A.R.S. § 46-141 are hereby incorporated as provisions of this Contract as they pertain to any new personnel not already covered by this requirement.

23.1 Personnel who are employed by any provider, whether paid or not, and who are required or allowed to provide services directly to juveniles shall certify on forms provided by the Department of Public Safety and notarized whether they have ever committed any act of sexual abuse of a child, including sexual exploitation and commercial sexual exploitation, or any act of child abuse.

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23.2 This Contract may be canceled or terminated if the fingerprint check or the certified form of any person who is employed by a provider, whether paid or not, and who is required or allowed to provide services directly to juveniles, discloses that a person has committed or is awaiting trial on any of the following criminal offenses in this state or similar offenses in another state or jurisdiction:

23.2.1 Sexual abuse of a minor; sexual abuse of a vulnerable adult; incest; first or second-degree murder; sexual assault; sexual exploitation of a minor; sexual exploitation of a vulnerable adult; commercial sexual exploitation of a minor; commercial sexual exploitation of a vulnerable adult; child prostitution as prescribed in section 13-3212; child abuse; abuse of a vulnerable adult; sexual conduct with a minor; molestation of a child; molestation of a vulnerable adult; a dangerous crime against children as defined in section 13-604.01; exploitation of minors involving drug offenses; taking a child for the purposes of prostitution as prescribed in section 13-3206; and neglect or abuse of a vulnerable adult.

23.3 The Contractor shall assume the costs of fingerprint checks and may charge these costs to its fingerprinted personnel.

EXHIBIT 1 – CRIMINAL HISTORY AFFIDAVIT
SOLICITATION NO: ADHS15-00004913

CRIMINAL HISTORY AFFIDAVIT

Name (First, Middle, Last)		
Social Security #	Date of Birth	Area Code + Phone Number
Address (No., Street, City, State, Zip)		
Agency		Contract Number

Are you awaiting trial on or have you been convicted of committing one or more of the following offenses in this state or similar offenses in another state or jurisdictions:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Sexual abuse of minor. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Incest. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. First or second degree murder. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Sexual assault. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Sexual exploitation of a minor. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Commercial sexual exploitation of a minor. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. A dangerous crime against children as defined in A.R.S.' 13-604.01. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Child Abuse. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Sexual conduct with a minor. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Molestation of a child. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Exploitation of minors involving drug offenses. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Arson |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Felony offenses involving contributing to the delinquency of a minor. |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Felony offenses involving sale, distribution or transportation of, offer to sell, transport or distribute or conspiracy to sell, transport or distribute marijuana, dangerous drugs or narcotic drugs. |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotics. |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Burglary. |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Aggravated or armed robbery. |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Robbery. |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Kidnapping. |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Manslaughter. |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Assault or aggravated assault. |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Driving under the influence of intoxicating liquor or drugs as prescribed in A.R.S. ' 28-1381 or extreme driving under the influence of intoxicating liquor as prescribed in A.R.S. 28-1382 or aggravated driving under the influence of intoxication liquor or drugs as prescribed in A.R.S. ' 28-1383. (within the past three years) |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. Offenses involving domestic violence. |

EXHIBIT 1 – CRIMINAL HISTORY AFFIDAVIT
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NOTARIZATION

I hereby certify under penalty of perjury that the answers given above are true and correct to the best of my knowledge and belief.

Contractor's Name (please print): _____

Contractor's Signature: _____ Date: _____

State of Arizona, County of _____

Subscribed and sworn before me, a notary public, this _____ day of _____, 20____
year).

My commission expires: _____

Notary Public's Signature: _____

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EXHIBIT 2 – Budget Development Guidelines
SOLICITATION NO: ADHS15-00004913

1. PERSONNEL SERVICES

- 1.1 Compensation for personnel services is an allowable expense for Provider employees whose work is necessary for the provision of grant services.
- 1.2 Salaries to be charged to the service shall relate directly to work on the service. Salaries of employees involved in work on non-grant services shall be properly apportioned and later supported by appropriate time distribution records or any other approved method.
- 1.3 Benefits such as vacation, sick and administrative leave, holidays and routine training participation time are to be included in the amount budgeted for an employee's salary. In addition, any salary increases due an employee during the grant period shall be included in the budgeted salary costs.

2. EMPLOYEE RELATED EXPENSES (ERE)

- 2.1 Employee Related Expenses (fringe benefits) are allowances and services offered by the Provider agency to its employees as compensation in addition to regular salaries. Fringe benefits shall be applied only to that portion of an employee's salary or wages attributable to the service. Fringe benefits budgeted in the Grant shall be earned during the Grant period. Benefits accrued prior to the Grant, but not yet paid out, are not expenses allowed by the Department.
- 2.2 Fringe benefits include, but are not limited to Social Security (FICA), Unemployment Insurance, Worker's Compensation, health and life insurance, and retirement. The portion of the cost of these benefits paid by the employee is not an expense of the Provider agency. The employer's cost of these benefits is an eligible Provider agency expense.

3. PROFESSIONAL AND OUTSIDE SERVICES

- 3.1 Professional and consultant services, rendered by individuals or organizations, are allowable expenses if the services are directly related and essential to the grant service(s). The normal types of professional or outside services which may be placed in this budget category are those which relate to the legal, accounting, management, training/education, medical, social service and psychological professions.
- 3.2 A written specification of each of the consultant services to be performed is to be available for the purpose of budget estimating and subsequent audits. The specifications normally will include estimates by item, all consultant costs such as travel, supplies, meetings or any directly related costs of the consultant. Professional and Outside services are frequently purchased on an hourly basis. It is, therefore, recommended that such services be budgeted on a Per Hour billing basis.

4. TRAVEL

- 4.1 Travel will include the cost of transporting staff and clients during the provision of grant services. The following allowable travel costs are included within this category:
 - 4.1.1 Staff-owned vehicles: mileage reimbursement;
 - 4.1.2 Provider agency-owned vehicles: operating expenses and depreciation;
 - 4.1.3 Sub-contracted travel services;
 - 4.1.4 Rented vehicles;
 - 4.1.5 Government motor pool vehicles;
 - 4.1.6 Public transportation; and
 - 4.1.7 Per diem.

EXHIBIT 2 – Budget Development Guidelines
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4.2 Staff-Owned Vehicles

The travel cost of a vehicle owned by a Provider employee should be budgeted no greater than the applicant's designated mileage reimbursement rate. In public Provider agencies, the mileage rate is determined by the branch of government with which the Provider agency is affiliated. Public Provider agencies may budget up to the maximum rate allowable in their city, county or municipality. The actual cost of tolls and parking fees may be budgeted for employees using their vehicles for grant services.

4.3 Provider Agency-Owned Vehicles

Travel costs for vehicles owned by a Provider agency shall be budgeted on an actual cost method. Actual costs will include fuel, maintenance and repair, insurance, registration fees, tolls, parking fees and depreciation.

4.3.1 There are two (2) methods to budget motor vehicles with regard to acquisition cost:

4.3.1.1 The vehicle may be purchased with Provider agency funds. The cost will be depreciated over the useful life of the vehicle. The current year depreciation expense is listed in the Travel Category of the Service Budget; and

4.3.1.2 The agency may budget the entire acquisition cost as a first year expense under the Equipment Category.

4.4 Rented Vehicles

If either a public or private Provider agency is renting vehicles from a private rental agency, the actual rental cost plus fuel (unless fuel is included in the rental cost) should be used to budget the cost. Rental costs will be considered reasonable depending on the type and degree of use and current fair market value of the model of vehicle. If a vehicle has been rented by the Provider until its acquisition cost has been reduced to below \$5,000, it may be purchased and budgeted as a current cost.

4.5 Motor Pool Vehicles

Provider agencies using vehicles supplied by a county or municipal motor pool may budget for travel by using the rate fixed by the motor pool.

4.6 Public Transportation

In cases in which public transportation is used for authorized travel by employees or clients of the Provider, the actual cost of fares required should be estimated. Fare or any other expenses for staff members to commute to and from work are not an allowable cost.

4.7 Per Diem

While Providers are encouraged to minimize the overnight travel costs, certain grant services may require occasional overnight travel on the part of employees. In such cases, per diem expenses should be budgeted no greater than the applicants designated per diem reimbursement rate. For private non-profit agencies, the current State of Arizona per diem rate shall be used. For public Provider agencies, the per diem rate is determined by the branch of government with which the Provider is affiliated. Public Provider agencies may budget up to the maximum rate allowable in their city, county or municipality.

5. OTHER OPERATING

5.1 Other Operating costs include materials and supplies, space and occupancy and general operating services. Costs related to space needed for the delivery of grant services are allowable expenses. Space costs include the expense of a facility and other expenses directly related to the operation of the facility. Space Costs, however, do not include the purchase or major modification of land or facilities.

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5.2 The costs of materials and supplies, necessary for the delivery of grant services, are allowable budgeted expenses. Such costs should be calculated by deducting from the purchase price, all cash and trade discounts, rebates, and allowances to be received by the Provider agency.

5.3 Program Supplies

Program supplies include consumable supplies used directly in the provision of grant services.

5.3.1 **Materials**

Materials are consumable supplies used directly by the clients in the provision of grant services. Material supplies will include but are not limited to:

5.3.1.1 Arts and Crafts;

5.3.1.2 Housekeeping Goods (dishes, linens, etc.);

5.3.1.3 Client Activities Costs;

5.3.1.4 Toy; and

5.3.1.5 Literature.

5.3.2 **Medical Supplies:** Medical supplies should be budgeted on an actual cost basis.

5.4. Office Supplies

5.4.1 **General Office Supplies**

Office supplies are consumable supplies necessary to efficient administrative and service operations of the service program. The cost of this item may be budgeted by using a reasonable base cost per employee for the grant term multiplied by the total number of employees needing office supplies. Justification of the base cost shall be available upon request.

5.4.2 **Equipment**

Any piece of equipment with an acquisition cost of up to \$4,999.99 will be budgeted under the Other Operating Category. Budgeting of such pieces of equipment will be done on an actual cost basis. All Pieces of equipment with an acquisition cost of \$5,000.00 or more should be budgeted under the Capital Outlay Category.

5.4.3 **Postage**

Postage may be budgeted by applying a monthly base to the total number of months in the grant. When applicable, Provider agencies should apply for and utilize special bulk mail rates.

5.4.4 **Reproduction and Printing**

The cost of printing and reproduction services, necessary for the performance of the Grant, including but not limited to forms, reports, manuals and informational literature is allowable. However, if a cost for the rental of a photocopier has been budgeted, care shall be taken to avoid duplication of costs. When budgeting for reproduction and printing services, enter a reasonable estimate of actual costs.

5.5 Maintenance of Space

This item refers to costs necessary for the upkeep of the Provider's facilities which neither add to the permanent value of these facilities nor appreciably prolong their intended life, but keep them in an efficient operating condition. This includes estimates of the actual costs of material needed for the maintenance and repair of the Provider's facilities or for sub-contracted maintenance services.

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5.6 General Operating

- 5.6.1 Central Services: Service costs such as administrative, data processing, payroll, supply and duplicating facilities on which the expense can be calculated and segregated as a direct cost are to be entered in this item. Support these budgeted expenses by indicating the basis of the cost.
- 5.6.2 Communication: Telephone and answering service costs, as well as telephone directory listings, which assist the client to identify and contact the Provider agency for grant services, shall be permitted.
- 5.6.3 Bonding: Premiums for bonding costs shall arise when there is a need to protect the provider agency and government against financial loss. Bonding practices beyond those which the Provider agency should normally use as good business practice shall not be required. The most common bonding classification is that of a fidelity bond sufficient to cover the potential loss of accessible funds.
- 5.6.4 Advertising: To acquire quality goods or services at a low cost; to recruit potential employees; or to inform the public of the availability of services.
- 5.6.5 Training: Provider agency employees are eligible for training directly related to the grant services. The necessary and appropriate expense related to training activities is to be included in this line item. The basis for this budgeted expense shall be documented in the Proposal Itemized Service Budget, and a detailed description of the training activities shall be rendered in the Program/Administration Section.
- 5.6.6 Trade, Business, Technical and Professional Activities: A series of costs may be encountered which assist in providing reference background, updating employees' knowledge and maintaining liaison or contact with similar activities. Expenses in this line item shall be allowable when the costs are proven to be of direct benefit to the grant services. The following types of costs may be part of this item's budget expense:
 - 5.6.6.1 Library - purchases and fees;
 - 5.6.6.2 Subscriptions - professional literature;
 - 5.6.6.3 Membership – dues; and
 - 5.6.6.4 Professional activities, clubs and meetings.

5.7 General Liability Insurance

Insurance costs are those insurance costs which the Provider is required to carry, or which are approved under the terms of the Grant and any other insurance which the Provider maintains in connection with the general conduct of its business (excluding insurance on the building and contents which should be listed as a line item under Other Space Costs in the Space Category). The Provider can ascertain from the Department what types and amount of insurance coverage should be purchased.

6. CAPITAL OUTLAY (EQUIPMENT)

- 6.1 The cost of equipment essential to the delivery of grant services and the maintenance of that equipment is allowable as a budgeted expense. Equipment which materially increases the value or useful life of a facility is unallowable.
- 6.2 The Equipment Category, which includes office and program equipment, has been subdivided into two (2) sections: 1. Equipment Costs, and 2. Equipment Maintenance Costs. (Provider agencies should note that vehicle-operating expenses are to be budgeted within the Travel Category.)
- 6.3 Capital Equipment Costs

Capital equipment costs may be budgeted through one of the following four (4) methods:

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- 6.3.1 Purchase;
- 6.3.2 Rental/Lease;
- 6.3.3 Depreciation; and
- 6.3.4 Use Allowance.

6.4 Equipment Maintenance Costs

- 6.4.1 To keep equipment at an efficient operating level, various maintenance services may be necessary.
- 6.4.2 Maintenance services provided by vendors either under a services subcontract or as random repairs will be budgeted under this sections. Care shall be used that costs of maintenance services call do not duplicate maintenance fees provided for in rental agreements. Maintenance costs shall be calculated in proportion to the use of the item by the Provider agency in the delivery of grant services.

7. OTHER

7.1 Administrative Costs

Administrative costs are those incurred for a common or joint purpose benefiting more than one cost objective or activity and not readily assignable to the cost objectives specifically benefited, without effort disproportionate to the results achieved.

EXHIBIT 3 - HEALTH START BILLING INVOICE
SOLICITATION NO: ADHS15-00004913

Contractor Name: _____ Contract Number _____
 Title of Program _____ **Health Start** _____
 Period Covered: From: _____ To: _____

Required Services	# Units Completed	Unit Price	Unit Description	Total
Data Preparation			Per Month	
Client Enrollments			Per Person	
Prenatal Visits			Per Person	
Family Follow-up Visits			Per Person	
Multiple-Child Visits			Per Child	
Alcohol, Tobacco, Other Drugs Screening Visits			Per Person	
Brief Intervention Visits			Per Person	
Healthy @ Home Assessments			Per Person	
Nurse Consultation			Per Hour	
Social Work/LPC Consultation			Per Hour	
Training- CHW/ Coordinator (Provide name of staff, training and dates, approvals and documentation)			Per Person/Per Day(.5 unit = < 4 hrs; 1 unit = >4 hours)	

Optional Services				
Pregnancy Test Visits			Per Person	
Prenatal Visit- Birth Doula Support			Per Birth/Per 24-hour period	
Classes for Clients			Per Class	
TOTAL				

___ Approved
 ___ Disapproved

 Contractor Authorized Signature Date

 Program Manager's Signature Date

