



# BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

Award  Contract  Grant

Requested Board Meeting Date: April 16, 2024

\* = Mandatory, information must be provided

or Procurement Director Award:

**\*Contractor/Vendor Name/Grantor (DBA):**

Arizona Department of Health Services (ADHS)

**\*Project Title/Description:**

Well Woman Health Check Program (WWHP)

**\*Purpose:**

Provide access for uninsured and underinsured women to receive breast and cervical cancer screening and diagnostic services. Provide Navigation Only services for insured women to assist them in receiving breast and cervical cancer screening.

Attached is the RFP that was issued by ADHS, the terms of which apply to the contract, and the PCHD proposal that was competitively submitted and awarded with ADHS agreement number of CTR070063.

**\*Procurement Method:**

The grant award did not require PCAO's review or signature.

**\*Program Goals/Predicted Outcomes:**

The program aims to provide:

- Clinical breast exams, mammograms and pap/HPV tests to eligible women;
- Diagnostic services to detect breast and cervical cancers for women with abnormal screening results;
- Case management to ensure that women access and receive services;
- Navigation Only to provide individualized service planning and assistance in securing access to services for insured women for breast and cervical cancer screening;
- Development of Survivorship Care Plans for cancer survivors;
- Training and education about the program to community members and health professionals; and
- Assistance to members of the community to enroll on the Breast and Cervical Cancer Treatment Program (BCCTP).

**\*Public Benefit:**

The WWHP program in Pima County has been providing screening and diagnostic services since 1995 through subcontracts with community providers. In FY 22-23, over 2,254 services were provided for breast and cervical screening. Approximately 360 were referred for further diagnostics, and 9 were referred for cancer treatment. In addition to screening and diagnostic services, the program educated at-risk and vulnerable women about breast and cervical health, the importance of regular screening and early detection, and community resources that are available.

**\*Metrics Available to Measure Performance:**

- Number of mammograms provided
- Number of pap and HPV tests
- Number of women referred for future diagnostics
- Number of women referred for cancer treatment
- Number of women provided Navigation Only services
- Number of community referrals assisted to enroll on BCCTP

**\*Retroactive:**

Yes. The WWHP grant began on February 26, 2024, the same date PCHD received the award from Arizona Department of Health Services. PCHD needed an additional attachment from ADHS to finalize documents for the Board of Supervisors. The earliest BOS meeting available by the time materials were ready is April 16, 2024. If not accepted, Health will lack their primary funding source for mammograms, pap and HPV tests and community education.

*BMT amr's  
RUC  
3/29/24*

THE APPLICABLE SECTION(S) BELOW MUST BE COMPLETED

Click or tap the boxes to enter text. If not applicable, indicate "N/A". Make sure to complete mandatory (\*) fields

Contract / Award Information

Document Type: \_\_\_\_\_ Department Code: \_\_\_\_\_ Contract Number (i.e., 15-123): \_\_\_\_\_
Commencement Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_ Prior Contract Number (Synergen/CMS): \_\_\_\_\_
Expense Amount \$ \_\_\_\_\_ Revenue Amount: \$ \_\_\_\_\_

\*Funding Source(s) required: \_\_\_\_\_

Funding from General Fund? Yes No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

Contract is fully or partially funded with Federal Funds? Yes No

If Yes, is the Contract to a vendor or subrecipient? \_\_\_\_\_

Were insurance or indemnity clauses modified? Yes No
If Yes, attach Risk's approval.

Vendor is using a Social Security Number? Yes No
If Yes, attach the required form per Administrative Procedure 22-10.

Amendment / Revised Award Information

Document Type: \_\_\_\_\_ Department Code: \_\_\_\_\_ Contract Number (i.e., 15-123): \_\_\_\_\_
Amendment No.: \_\_\_\_\_ AMS Version No.: \_\_\_\_\_
Commencement Date: \_\_\_\_\_ New Termination Date: \_\_\_\_\_
Prior Contract No. (Synergen/CMS): \_\_\_\_\_

Expense Revenue Increase Decrease

Is there revenue included? Yes No If Yes \$ \_\_\_\_\_

Amount This Amendment: \$ \_\_\_\_\_

\*Funding Source(s) required: \_\_\_\_\_

Funding from General Fund? Yes No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

Grant/Amendment Information (for grants acceptance and awards)

Award Amendment

Document Type: GTAW Department Code: HD Grant Number (i.e., 15-123): 24-130
Commencement Date: 02/26/2024 Termination Date: 02/25/2025 Amendment Number: 00

Match Amount: \$ \_\_\_\_\_ Revenue Amount: \$ 719,891.00

\*All Funding Source(s) required: Centers for Disease Control and State funding (ADOT and other)

\*Match funding from General Fund? Yes No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

\*Match funding from other sources? Yes No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

\*Funding Source: \_\_\_\_\_

\*If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)? via the Arizona Department of Health Services

Contact: Sharon Grant

Department: Health

Telephone: 724-7842

Department Director Signature: \_\_\_\_\_

Date: 3-25-24

Deputy County Administrator Signature: \_\_\_\_\_

Date: 27 Mar 2024

County Administrator Signature: \_\_\_\_\_

Date: 3/21/24



# ARIZONA DEPARTMENT OF HEALTH SERVICES

## PLANNING & OPERATIONS

February 26, 2024

Pima County Health Department  
Attn: Dorothee Harmon  
3950 South Country Club Rd, Suite 100  
Tucson, Arizona 85714  
[Dorothee.Harmon@pima.gov](mailto:Dorothee.Harmon@pima.gov)

**Re: Request for Proposal (RFP) BPM005681, Well Woman HealthCheck Program –  
Notice of Award**

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Dear Dorothee Harmon,

Pima County Health Department has been awarded a Contract, pursuant to the Arizona Department of Health Services (ADHS) Solicitation No. BPM005681, Well Woman HealthCheck Program. Enclosed is a copy of the Executed Offer and Acceptance.

The Contract requires that verification of insurance be provided to ADHS prior to commencement of any work to be performed by the Contractor. Therefore, a Certificate of Insurance (COI) must be submitted to ADHS within ten (10) days of receipt of this correspondence. The COI must exactly match all the requirements and language provided in the Solicitation, Special Terms and Conditions, Provision Twenty (20), Insurance Requirements.

This award notice is not a guarantee of usage of this Contract by ADHS. The Contractor must not begin work pursuant to the enclosed award notice until an agency user issues a written notice to proceed, and a Purchase Order Release is executed. Such notice may be provided by email.

We look forward to a mutually beneficial Contract. If you would like to review the procurement file associated with this Solicitation, you may do so by opening the Solicitation in the Arizona Procurement Portal (APP) at <https://app.az.gov/> three (3) days after award. If you have any questions, please contact me at (480) 364-7239 or [Jacqueline.Ortega-Avila@azdhs.gov](mailto:Jacqueline.Ortega-Avila@azdhs.gov).

Sincerely,

A handwritten signature in black ink, reading "Jacqueline Ortega-Avila".

Jacqueline Ortega-Avila  
Procurement Supervisor

Cc: Procurement File

Katie Hobbs | Governor

Jennie Cunico, MC | Cabinet Executive Office  
Executive Deputy Director



**Attachment A  
Offer and Acceptance**

**REQUEST FOR PROPOSAL No.: BPM005681  
Well Woman Health Check Program**

**ARIZONA  
DEPARTMENT OF  
HEALTH SERVICES**  
150 N. 18th Avenue, Suite 530  
Phoenix, Arizona 85007

**TO THE STATE OF ARIZONA:**

The Undersigned hereby offers and agrees to furnish the material, service or construction in compliance with all terms, conditions, specifications and amendments in the Solicitation and any written exceptions in the offer.

Pima County

Company Name

Signature of Person Authorized to Sign Offer

3950 S. Country Club Rd, Suite 100

Dorothee Harmon

Address

Printed Name

Tucson, Arizona

Division Manager/AOR, Grants Management

City State Zip

Title

U8XUY58VDQS3

(520) 724-6760, dorothee.harmon@pima.gov

UEI Number

Phone & Email Address

By signature in the Offer section above, the Offeror certifies:

1. The submission of the Offer did not involve collusion or other anticompetitive practices.
2. The Offeror shall not discriminate against any employee or applicant for employment in violation of Federal Executive Order 11246, State Executive Order 2009-9 or A.R.S. §§ 41-1461 through 1465.
3. The Offeror has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted offer. Failure to provide a valid signature affirming the stipulations required by this clause shall result in rejection of the offer. Signing the offer with a false statement shall void the offer, any resulting contract and may be subject to legal remedies provided by law.
4. The Offeror certifies that the above referenced organization      IS/      IS NOT a small business with less than 100 employees or has gross revenues of \$4 million or less.

**ACCEPTANCE OF OFFER**

The Offer is hereby accepted.

The Contractor is now bound to sell the materials or services listed by the attached contract and based upon the solicitation, including all terms, conditions, specifications, amendments, etc., and the Contractor's Offer as accepted by the State.

This Contract shall henceforth be referred to as Contract No. CTR070063

The effective date of the Contract is UPON SIGNATURE

The Contractor is cautioned not to commence any billable work or to provide any material or service under this contract until Contractor receives purchase order, contract release document or written notice to proceed.


State of Arizona

Awarded this 26th day of February 2024

Gina  
Corwin

Digitally signed by  
Gina Corwin  
Date: 2024.02.26  
09:04:08 -07'00'

Chief Procurement  
Officer

	<p>STATE OF ARIZONA Department of Health Services</p> <p>NOTICE OF REQUEST FOR PROPOSAL (RFP)</p>	<p>ARIZONA DEPARTMENT OF HEALTH SERVICES 150 N. 18<sup>th</sup> Avenue, Suite 530 Phoenix, Arizona 85007</p>
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SOLICITATION NUMBER :	BPM005681 – REQUIREMENTS, PART 1, LOT 1, <b>ROUND 2</b>
SOLICITATION DUE DATE/TIME:	September 29, 2023 at 3:00:00 PM Local AZ Time
SUBMITTAL LOCATION:	<a href="https://app.az.gov">https://app.az.gov</a>
DESCRIPTION:	Well Woman Health Check Program
PRE-OFFER CONFERENCE:	None


In accordance with A.R.S. § 41-2534, competitive sealed proposals for the services specified shall be received by the Arizona Department of Health Services (ADHS) online in the State of Arizona’s online procurement system, <https://app.az.gov> (Arizona Procurement Portal – APP). Proposals received by the due date and time shall be opened. The name of each Offeror shall be publicly available. Proposals shall be submitted in the State APP system on or prior to the date and time indicated. Late proposals shall not be considered. It is the responsibility of the supplier/offeror to routinely check the APP website 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 shall be addressed to the Solicitation contact person named below.

**OFFERORS ARE STRONGLY ENCOURAGED TO READ THE ENTIRE SOLICITATION CAREFULLY.**

**Solicitation Contact:**

Niki Large  
Procurement Officer  
Arizona Department of Health Services  
Email : [niki.large@azdhs.gov](mailto:niki.large@azdhs.gov)  
Phone : (480) 521-2541

	<p><b>PART ONE (1) - Table of Contents</b></p> <p><b>REQUEST FOR PROPOSAL No.: BPM005681</b></p> <p><b>Well Woman Health Check Program</b></p>	<p><b>ARIZONA DEPARTMENT OF HEALTH SERVICES</b>  150 N. 18th Avenue, Suite 530  Phoenix, Arizona 85007</p>
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\*The following table of contents applies to all attachment documents in APP for this Solicitation\*

SECTION	CONTENT
<b>REQUIREMENTS - Part One (1)</b>	<p>Notice Page</p> <p>Table of Contents</p> <p><a href="#">Scope of Services</a></p> <p><a href="#">Special Terms and Conditions</a></p> <p><a href="#">Uniform Terms and Conditions</a></p> <p>Exhibit A: Contractor's Expenditure Report (CER)</p> <p>Exhibit B: B &amp; C Bars Template</p> <p>Exhibit C: Quarterly Report Template</p>
<b>INSTRUCTIONS - Part Two (2)</b>	<p>Special Instructions to Offerors</p> <p>Uniform Instructions to Offerors</p>
<b>ATTACHMENTS - Located in APP</b>	<ul style="list-style-type: none"> <li>• Attachment A: Offer and Acceptance</li> <li>• Attachment B: Notices, Correspondence, Reports, and Payments</li> <li>• Attachment C: Designation of Confidential, Trade Secret and Proprietary</li> <li>• Attachment D: Participation if Boycott of Israel</li> <li>• Attachment E: Forced Labor of Ethnic Uyghurs Ban</li> <li>• Attachment F: Budget Worksheet</li> </ul>



**PART ONE (1) - Scope of Services**  
**REQUEST FOR PROPOSAL No.: BPM005681**  
**Well Woman Health Check Program**

**ARIZONA DEPARTMENT  
OF HEALTH SERVICES**  
150 N. 18th Avenue, Suite 530  
Phoenix, Arizona 85007

**SCOPE OF SERVICES**

**1. DEFINITIONS**

- 1.1. ADHS WWHP – Arizona Department of Health Services Well Woman Health Check Program in Arizona, an entity of the Division of Prevention and the Bureau of Chronic Disease and Health Promotions and managed by the Office of Chronic Disease and Population Health.
- 1.2. AHCCCS – Arizona Health Care Cost Containment System, Arizona's Medicaid Program.
- 1.3. BCCTP – Breast and Cervical Cancer Treatment Program.
- 1.4. CDC – Centers for Disease Control and Prevention. CDC is the federal funding source for WWHP.
- 1.5. Client – A woman who is eligible to receive WWHP services and who has been enrolled in the Program.
- 1.6. Community Referral – A community Referral is a woman referred to the Breast and Cervical Cancer Treatment Program who has been diagnosed with breast cancer, pre-cancerous cervical lesions or cervical cancer outside of the Well Woman Health Check Program (WWHP).
- 1.7. Contractor – A service provider under a Contract to provide WWHP services for ADHS. Also referred to in this Scope of Work as the Contractor.
- 1.8. Contractor's Expenditure Report (CER) – A monthly report in which claims for reimbursement of allowable costs are submitted to the Program Director for review and approval, and then forwarded to ADHS WWHP financial staff for processing and payment. (Form to be provided by WWHP financial staff)
- 1.9. Department – Arizona Department of Health Services (ADHS).
- 1.10. Evidence Based Initiatives – Activities or strategies that are derived from or informed by objective evidence. For this program the Evidence Based Initiatives (EBIs) can be found in [The Guide to Community Preventive Services](#).
- 1.11. HIPAA – Health Insurance Portability Accountability and Affordability Act. All WWHP information and data shall be managed within HIPAA guidelines.
- 1.12. MDEs – Minimum Data Elements are clinical information forms containing data required by the CDC. The data is entered into CaST and then submitted in de-identified format to CDC.
- 1.13. Navigation Only – The WWHP pays to screen and navigate uninsured or under-insured clients. The program also pays to navigate insured clients through breast and cervical cancer screening and diagnostics and into treatment if necessary.
- 1.14. Population Health – A population health perspective encompasses the ability to assess the health needs of a specific population; implement and evaluate interventions to improve the health of that population; and provide care for individual patients in the context of the culture, health status, and health needs of the populations of which that patient is a member.
- 1.15. Program – The system of services for breast and cervical cancer screening and diagnostics that serves selected communities and functions under the auspices of the WWHP, ADHS. In addition to screening and diagnostics, the program also requires quality improvement initiatives regarding breast and cervical cancer screening and diagnostics.



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- 1.16. Program Coordinator – Personnel hired by the Contractor to administer the Contract with ADHS WWHP.
- 1.17. Program Director – Personnel hired by ADHS to implement and monitor the WWHP.
- 1.18. Program Manual – The CDC Manual shall be distributed to the Contractor via email upon Contract. Forms and clinical algorithms shall also be made available upon Contract.
- 1.19. Reimbursement – Payments made on the basis of claims itemized and properly justified in the CER. Clinical services reimbursed at Medicare reimbursement rates. Documentation shall be provided to support all expenses listed on CER.
- 1.20. Reports – All required reports and reporting information, including but not limited to, the Labor Activity Report, Quarterly Report, monthly CER, Baseline Screening Report and the Annual Work Plan. Reports are explained during quarterly Contractor meetings. The ADHS WWHP may require additional reports not defined in this Contract.
- 1.21. Medical Service Provider – All Medical Doctors (M.D.s) or Doctors of Osteopathy (D.O.s) referring patients to the BCCTP shall be currently licensed under the provisions of the Arizona Revised Statutes, Title 32, Chapter 13 or 17 or Contracted with an AHCCCS Health Plan. All other personnel providing services shall be registered, licensed, or board certified in Arizona in their respective fields, as applicable and/or AHCCCS providers. Indian Health Service providers shall be licensed in Arizona or per The Federal Tort Claims Act (FTCA), 28 U.S.C. §§ 1346(b), 2671-2680. If the referring physician is to be the treating physician, they need to be Contracted with an AHCCCS Health Plan. Indian Health Service providers shall be licensed in Arizona or per The Federal Tort Claims Act (FTCA), 28 U.S.C. §§ 1346(b), 2671-2680.
- 1.22. Quality Improvement – Systematic and continuous actions leading to measurable improvement in health care services and the health status of targeted patient groups.
- 1.23. Systems Change – The process of improving the capacity of the public health system to work with many sectors to improve the health status of all people in a community. Community is defined as the geographic area with a strong focus on those using services from those providers.
- 1.24. Priority Funded Population – The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) eligible population includes those who are uninsured or underinsured, at or below 250% of the federal poverty level, aged forty to sixty-four (40 to 64) years for breast cancer services, and aged twenty-one to sixty-four (21 to 64) years for cervical cancer services. Those who are symptomatic or high-risk under the age of forty (40) years and those over the age of sixty-four (64) who do not have Medicare Part B may also receive services through the program. Those living in rural and frontier geographic areas; culturally isolated persons; incarcerated or institutionalized clients; medically underserved persons; person from minorities defined by race, religion, ethnicity, or culture, including African American, Alaska Native, American Indian, Asian American, Pacific Islander and Hispanic person; lesbian, gay, bisexual, or transgender (LGBT) persons, and persons who have low literacy, non-English speaking language barriers, and disabilities.
- 1.25. WISEWOMAN – The purpose of the WISEWOMAN program is to extend preventive health services to achieve optimal cardiovascular health for participants ages thirty-five to sixty-four (35 to 64) who are participants of the CDC's funded NBCCEDP. The program helps participants understand and reduce their risk of cardiovascular disease and benefit from early detection and treatment. With health equity as





**PART ONE (1) - Scope of Services**  
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a guiding principle, WISEWOMAN provides culturally-informed risk factor screenings and program services that are mindful of the social determinants of health.

Priority Population:

- 1.25.1. Low-income persons (Clients),
- 1.25.2. Ages thirty-five to sixty-four (35 to 64) years who are uninsured or under-insured, and
- 1.25.3. Eligible to participate in NBCCEDP.

WISEWOMAN is a direct services program, which requires providers to follow a specific program flow in order to ensure appropriate identification, assessment, and referral of participants. The ADHS WWHP applied for the WISEWOMAN grant and upon award of the grant, all Contractor shall be assessed and evaluated to determine their ability to implement the WISEWOMAN program within their prospective clinics. Additional funding shall be provided to Contractor who participate in WISEWOMAN to support implementation of the program.

## 2. BACKGROUND

ADHS, Division of Public Health Services (PHS), Bureau of Chronic Disease and Health Promotions (BCDHP) receives funding through a cooperative agreement with the CDC and from the State of Arizona to provide a statewide breast and cervical cancer screening and quality improvement program, known locally as the Well Woman Health Check Program (WWHP). The WWHP is part of the NBCCEDP, which was authorized when the U.S. Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990, Public Law 101-354 and reauthorized April 20, 2007. The Act placed the responsibility for NBCCEDP with the United States Government's CDC. It also provided the foundation of NBCCEDP policies and requirements with regard to program eligibility and operations in each state.

The Breast and Cervical Cancer Mortality and Prevention Act of 1990 strictly prohibits use of NBCCEDP funds for cancer treatment. In October 2000, the U.S. Congress passed the Breast and Cervical Cancer Prevention and Treatment Act of 2000, Public Law 106-354. This law gives states the authority to provide optional Medicaid coverage to certain breast or cervical cancer patients. In the spring of 2001, the Arizona Legislature passed H.B. 2194 that authorizes AHCCCS, effective January 1, 2002, to provide cancer treatment for certain client diagnosed through the WWHP with breast cancer, pre-cancerous cervical lesions and cervical cancer. This was called the BCCTP. This law was changed in 2012; beginning on August 2, 2012, uninsured Arizona client, diagnosed with breast or cervical cancer, with an income at or below 250% of the Federal Poverty Level are eligible for treatment through the BCCTP provided by AHCCCS. To be eligible for treatment, clients shall be under the age of sixty-five (65) (aged forty to sixty-four (40 to 64) years for breast cancer, and aged twenty-one to sixty-four (21 to 64) years for cervical cancer), a resident of Arizona, have no credible health insurance coverage, be diagnosed with a breast cancer, cervical cancer or precancerous cervical lesion and be a U.S. citizen or legal permanent resident of at least five (5) years.

### 2.1 Eligibility for Enrollment in the WWHP Program:

To qualify as a client for breast and cervical cancer screening and diagnostic services under WWHP:

- 2.1.1 The client's income shall not exceed 250% of the Federal Poverty Level established annually by the Federal Register. A clear and usable format can be found at the following site, [wellwomanhealthcheck.org](http://wellwomanhealthcheck.org),
- 2.1.2 The client shall be a permanent resident of Arizona, or have been in the State for at least one (1) day with the intention of establishing permanent residence in Arizona,



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- 2.1.3 The client shall be uninsured or under-insured. Under-insured is defined as health insurance that does not cover preventative health care, or where the unmet deductible or co-pay exceeds one hundred dollars (\$100.00),
- 2.1.4 Priority shall be given to enrollment of traditionally underserved populations outside the mainstream of patient care including those:
- 2.1.4.1 Living in rural and frontier geographic areas;
  - 2.1.4.2 Culturally isolated; incarcerated or institutionalized;
  - 2.1.4.3 Medically underserved; racial and ethnic minorities, clients with disabilities, lesbians, gay, bisexual, transgender, or queer; and
  - 2.1.4.4 With low literacy or non-English speaking language barriers.
- 2.1.5 Insured clients meeting the program income guidelines qualify for Navigation Only services through the WWHP,
- 2.1.6 The WWHP Contractor shall be responsible for directing clients requesting WWHP services to Medicaid (AHCCCS) and other insurance options. If clients are not able to afford the coverage provided via other insurance options and not eligible for AHCCCS they can then be enrolled in the WWHP. More information will be provided regarding this requirement as other insurance options become available,
- 2.1.6.1 The Contractor are responsible for using the flowsheets and attestations provided during open enrollment for the Affordable Care Act; and
  - 2.1.6.2 The Contractor shall have certified enrollment specialists on site or have established working relationships with local certified enrollment specialists;
- 2.1.7 Clients sixty-five (65) years of age or older who also meet the above requirements:
- 2.1.7.1 Who do not have Medicare Part B may be enrolled in the WWHP;
  - 2.1.7.2 These clients shall receive screening and diagnostic services following the same protocols used for other clients in the program;
  - 2.1.7.3 If diagnosed with cancer, this population of client's is not eligible to receive treatment services under the Breast and Cervical Cancer Prevention and Treatment Act of 2000;
  - 2.1.7.4 These clients, though they do not have Part B, Medicare, are eligible for other benefits through Medicare. These clients, when possible, shall be referred to healthcare organizations or agencies providing benefits provided under Medicare Parts A and B. If a client is unable to pay Medicare premiums, The client may be eligible for assistance under AHCCCS; and
  - 2.1.7.5 NBCCEDP funds can be used to evaluate clients under the age of forty (40) who are asymptomatic and has been determined to be at high risk for breast cancer.
- 2.1.8 Clients forty to sixty-four (40 to 64) years of age:



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- 2.1.8.1 Clients fifty to sixty-four (50 to 64) years of age are CDC's priority population for mammography screening services and reimbursed with federal funds;
  - 2.1.8.2 Clients fifty (50) years of age and older shall account for a majority of the mammography services, utilizing federal funding provided to WWHP Contractor;
  - 2.1.8.3 Mammography services, utilizing state funding, shall be provided to clients forty to forty-nine (40 to 49) years of age;
  - 2.1.8.4 Clients with an intact cervix or history of cervical neoplasia are eligible to receive Pap test screening in accordance with the WWHP cervical screening policy;
  - 2.1.8.5 The clinical breast examination, pelvic examination and Pap test (if necessary) are included in the office visit reimbursement. Office visits solely for the purpose of giving the patient the referral for a mammogram is not reimbursed. Providing the referral for the mammogram shall occur at the initial visit; and
  - 2.1.8.6 Clients from populations with high rates of late-stage disease and high mortality shall be the focus of the program.
- 2.1.9 Clients under forty (40) years of age:
- 2.1.9.1 Clients less than forty (40) years of age may be enrolled for breast cancer screening and diagnostic services if they exhibit clinically confirmed symptoms of breast cancer. Clients are eligible for cervical cancer screening at the age of twenty-one (21);
  - 2.1.9.2 Once the client's abnormality has been resolved and the recommendation is to return to routine screening intervals, the client shall be removed from WWHP rolls and referred to the local Title V (Maternal and Child Health Service Block Grant) or Title X (Arizona Family Planning) program. Clients under age twenty-one (21) are not typically eligible for the program. Clients under age twenty-one (21) with symptoms shall be addressed on a case-by-case basis and in consideration of CDC guidelines; and
  - 2.1.9.3 Clients not eligible to receive Medicare Part B and those who are Medicare-eligible but cannot pay the premium to enroll in Medicare Part B may receive mammograms through the NBCCEDP.
- 2.2 Eligibility for Treatment:
- 2.2.1 Certain clients screened through the WWHP are eligible for treatment provided through AHCCCS. Each WWHP eligible client who has been clinically diagnosed with breast cancer, cervical cancer, or pre-cancerous cervical lesions (CIN II or CIN III) shall be screened for eligibility for the Breast and Cervical Cancer Treatment Program (BCCTP), facilitated by AHCCCS. Those documents include: pathology report showing a diagnosis of breast cancer, cervical cancer, or pre-cancerous cervical lesions; BC-100 Referral Form; WWHP Demographic and Eligibility Form; AHCCCS Application; copies of Arizona driver's license, social security card, U.S. Birth Certificate or Legal Permanent Resident card with at least five (5) years of legal residency; and documents demonstrating proof of current gross household income. If the woman has legal permanent residency status, and has been in the US less than five (5) years the Sponsor Deeming Form AH-611 shall also be completed. All application



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documents for the BCCTP are found online at [www.wellwomanhealthcheck.org/bcctp](http://www.wellwomanhealthcheck.org/bcctp). When a packet is complete, the Contractor is responsible for forwarding it to the ADHS WWHP for review. ADHS shall submit the approved documents to the AHCCCS BCCTP.

- 2.2.2 Clients not eligible for treatment services under the Breast and Cervical Cancer Prevention and Treatment Act shall be referred to clinicians willing to donate and/or provide services on a low cost/no cost basis. Available donated funds from foundations and/or organizations may be used to offset the treatment costs for these clients. If Contractor's chooses to serve clients not eligible for treatment under the Breast and Cervical Cancer Prevention and Treatment Act, shall guarantee treatment within sixty (60) days from the date of diagnosis per CDC program guidelines. If Contractor is unable to access these treatment services in a timely fashion, future screening efforts shall be limited to only those clients eligible under the Breast and Cervical Cancer Prevention and Treatment Act.
- 2.2.3 Regardless of the source of treatment funds, the Contractor is responsible for ensuring treatment is initiated within program timeframes and reporting the treatment start date to ADHS, in writing, via email, when the treatment is initiated. The time from diagnosis to treatment shall be less than sixty (60) days. These clients shall be tracked up to and including treatment initiation. Any tracking forms provided by ADHS shall be used by the Contractor. This requirement also applies to Navigation Only patients.

**3. SERVICE AREA**

Contractor are currently needed to service all areas in the State of Arizona.

**4. OBJECTIVES**

Provide comprehensive breast and cervical cancer screening and diagnostic services, known locally as the WWHP. The WWHP provides services in accordance with [Public Law 101-354](#), the Breast and Cervical Cancer Mortality Prevention Act of 1990. The ADHS, WWHP Contractor, WWHP service providers, and other partners work together to accomplish this mandate through the program components:

- 4.1 Program management and collaboration;
- 4.2 Partnerships and coalition participation for cancer control and prevention;
- 4.3 Public education and recruitment;
- 4.4 Professional development;
- 4.5 Quality assurance and improvement;
- 4.6 Breast and cervical cancer screening, referral, tracking, follow-up case management, and re-screening;
- 4.7 Navigation Only;
- 4.8 Systems change;
- 4.9 Data management and surveillance; and
- 4.10 Program assessment and evaluation.



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**5. SCOPE OF SERVICE**

The Contractor shall develop, implement and evaluate a WWHP that includes:

- 5.1 Ongoing in-reach, outreach and the recruitment of eligible clients prioritizing the CDC priority funded populations;
- 5.2 Providing accessible, timely, and quality breast and cervical cancer screening services for uninsured and under-insured patients among other eligibility criteria;
- 5.3 Implementation of EBIs within the participating clinics;
- 5.4 Providing accessible, timely and quality case management and navigation to insured patients;
- 5.5 Active participation in cancer coalitions and early detection and prevention workgroups that shall assist the WWHP including but not limited to:
  - 5.5.1 Improving and expanding WWHP services;
  - 5.5.2 Identifying and partnering with referral resources within local communities;
  - 5.5.3 Coordinating community services to reduce duplicative efforts;
  - 5.5.4 Securing accessible treatment and follow-up services for WWHP clients diagnosed with cancer who are ineligible for treatment services under the Breast and Cervical Cancer Prevention and Treatment Act of 2000. (Breast and Cervical Cancer Treatment Program);
  - 5.5.5 Supporting enrollment in the Breast and Cervical Cancer Treatment Program for community members diagnosed with breast and/or cervical cancer outside of the WWHP.
  - 5.5.6 Working with community partners to increase breast and cervical cancer screening rates in their geographic area and referrals to the BCCTP;
  - 5.5.7 Ongoing provider education in the Contractor's area of responsibility. Education shall include WWHP purpose, eligibility for the WWHP and the BCCTP, program guidelines, and survivorship resources;
  - 5.5.8 Navigation of clients diagnosed with breast and/or cervical cancer to survivorship support. This can be accomplished by linking these clients with resources on WWHP Survivorship website, [wellwomanhealthcheck](#);
  - 5.5.9 Systems Change and Quality Improvement activities that increase the breast and cervical cancer screening rates for all clients in the Contractor's area of responsibility;
- 5.6 Provide tobacco use assessment and Referral to all clients participating in the program including referral to smoking cessation support such as ASHLine and document;
- 5.7 Ongoing community and provider education regarding the expanded BCCTP availability, process, and guidelines;
- 5.8 Ongoing provider education regarding the need to report cancer cases to the Arizona Cancer Registry;
- 5.9 Ongoing provider education regarding clinical algorithms; and



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- 5.10 Utilization of mobile mammography units or establish partnerships with mobile mammography units to reach isolated or medically underserved populations.

**6. TASKS/METHODS OF ACCOUNTABILITY**

- 6.1 Staffing and Reporting: The Contractor shall hire and retain a Program Coordinator, funded by WWHP, to perform functions necessary for compliance with the following program components:
- 6.1.1 Labor Activity Reports shall reflect actual WWHP hours of staff time for reimbursement and are to be maintained in Contractor files for audit purposes. When staff changes occur, the Program Director shall be notified in writing within fifteen (15) days,
  - 6.1.2 If key personnel 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 Program Director, and shall replace such personnel with personnel substantially equal in ability and qualifications within thirty (30) days,
  - 6.1.3 The Contractor shall submit monthly CERs to the Program Director and Program Manager for reimbursement with accurate and complete forms. Services shall be billed within forty (40) days of the date of service. Reimbursement may be denied for services billed after forty (40) days of the date of service. CERs, patient listings and forms shall be sent to the WWHP in a manner that is HIPAA compliant; protecting patient confidentiality at all times electronically, utilizing a Secure File Transfer Protocol (SFTP). No physical delivery of paper bundles or patient information shall be delivered to ADHS:
    - 6.1.3.1 Documentation for Personnel and ERE costs shall be submitted with each CER on which Personnel and ERE reimbursement is requested. The documentation shall include: staff name, rate, hours, total pay and total ERE charged. The total for all staff shall be equal to what is listed on the CER;
    - 6.1.3.2 Documentation for Other Expenses shall include copies of invoices where the total matches the amount billed; and
    - 6.1.3.3 Documentation for Indirect Costs shall detail how they are determined. Annually the Indirect Agreement shall be provided to the ADHS WWHP Director and Program Manager.
  - 6.1.4 Final CER billing shall be received by the Program Director and Program Manager no later than fifteen (15) days after the end of the budget period/program year. Reimbursement shall be denied for any outstanding claims submitted beyond that date,
  - 6.1.5 All WWHP Contractor Program Coordinators and their Quality Improvement Managers shall be required to attend the ADHS WWHP quarterly educational series meetings, virtually or in person. Travel expenses shall be covered, at state rates, and supported in the Contractor's WWHP budget. Travel expenses shall not exceed amount limits set by the State of Arizona and claims shall conform to standards established by ADHS. Documentation shall be maintained in Contractor's files for audits. Documentation shall also be submitted to ADHS when a travel expense is listed on the CER. The Contractor's Program Managers, coordinators, and staff are held accountable for understanding the information shared at the meeting,



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- 6.1.6 Contactor shall be required to attend semi-annual administrative and program check-in meetings virtually and report progress on screening targets,
- 6.1.7 Contactor shall be required to fill out and submit quarterly program reports, failure to do so shall affect future funding,
- 6.1.8 Contractor shall be required to increase screenings by five percent (5%) annually per the CDC requirement, and
- 6.1.9 The Contractor shall document plans and performance as described in tasks 6.1.1 to 6.1.8 using Program authorized reporting formats.

**6.2 Tracking and Reporting**

It is the Contractor's responsibility to track and report the operational and financial information. It is the Contractor's responsibility to observe screening rates, spending ratios and spending limits based on the following:

- 6.2.1 The Contractor shall closely track the application of funds and shall maintain an internal accounting system that indicates the real-time totals of payments and the balance of unexpended funds for each cost component of the program and for each of the funding sources. The Contractor shall not exceed budgeted amounts and agrees to notify ADHS WWHP ninety (90) days prior to any depletion of budgeted funds. The Contractor shall use at least ninety-five percent (95%) of budgeted funds, failure to meet the ninety-five percent (95%) spending threshold shall result in decreased funding available in subsequent Contract years,
- 6.2.2 Rates of performance, expressed in the budget of this Contract as the number of clients to be screened, are obligatory. In signing the Offer and Acceptance, the Contractor agrees to achieve the stated screening number and recognizes that an anticipated failure to do so shall result in withdrawal of funding, and
- 6.2.3 Within thirty (30) days of Contract award the Contractor shall report to ADHS their facility baseline screening rates for breast and cervical cancer. If this is done via a chart audit, the audit shall be conducted on the appropriate number of relevant charts to ensure that it is statistically significant for their clinic population. Requirements include the following:
  - 6.2.3.1 The Contractor shall complete the Baseline Clinic Data Collection Forms (Breast & Cervical Clinic Based Annual Reporting System (B&C BARS) for breast and cervical cancer annually. The breast cancer baselines shall be created for two population sets; those fifty to seventy-four (50 to 74) years for breast and those twenty-one to sixty-four (21 to 64) years for cervical. (This form shall be provided by ADHS);
  - 6.2.3.2 The Contractor shall complete the NBCCEDP Health System EBI Implementation Plan Guide, and Template following a program assessment, (The Clinic Review Guide and Template from the CDC shall be provided by ADHS);
  - 6.2.3.3 ADHS shall provide an EBI Clinic Review Tool to the Contractor after award; and
  - 6.2.3.4 The Contractor shall assure that expenditures for costs incurred in screening and diagnostics procedures are not duplicated in payments of salaries or employee-related expenses for personnel who conduct those same procedures.

**6.3 Screening, Diagnostic and Treatment Services shall include the following:**



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- 6.3.1 The Contractor shall provide breast and cervical cancer screening services with timely and appropriate diagnostic and treatment services in accordance with service and reimbursement policies set forth by the Program Manual, the Clinical Guidelines and algorithms provided by ADHS, and the Medicare Reimbursement Schedule. It is the Contractor's responsibility to:
- 6.3.1.1 Provide WWHP services to enrolled clients directly or through Contracts with qualified service Providers;
  - 6.3.1.2 Ensure that clients enrolled in WWHP are not charged for covered services; and
  - 6.3.1.3 Navigate insured clients through screening, diagnostic and, if necessary, treatment services.
- 6.3.2 Reimbursement rates are set in accordance with Medicare Part B allowable rates. New rates are effective every year, and once available, distributed by the Program Manager at ADHS. A listing of maximum reimbursement rates is provided to the Contractor by ADHS each year,
- 6.3.3 Patient navigation services are reimbursed for insured patients at the Contractor clinic at the flat rate of fifty-five dollars (\$55) per patient navigated. Navigation shall be completed in full (dependent on the individual needs of the patient) in order to be reimbursed. Navigation Only patients shall be reported on the WWHP Client Listing and included in monthly CER and bundle submissions, and
- 6.3.4 The Contractor shall implement a case management system to assess the need for case management for abnormal screening results and provide timely and appropriate follow-up as defined in the WWHP and CDC guidelines. To assure quality in case management, the Contractor shall comply with the following:
- 6.3.4.1 The time from abnormal screening result to complete diagnosis shall be sixty (60) or fewer calendar days for all cases. If this time frame is not met, services shall not be reimbursed; and
  - 6.3.4.2 The time from diagnosis to treatment start for breast cancer and invasive cervical cancer shall be sixty (60) or fewer calendar days for all cases. The time from diagnosis to treatment start for cervical lesions requiring treatment shall be sixty (60) or fewer calendar days for all cases. If this time frame is not met, services shall not be reimbursed.
- 6.4 Claims for reimbursement of allowable expenses shall be submitted by the following categories:
- 6.4.1 **CLIENT TRANSPORTATION.** The Contractor shall coordinate and provide transportation for clients, if necessary, to screening and to diagnostic appointments. Transportation expenses are reimbursed at AHCCCS rates. Documentation shall be submitted with the CER billing for that service. Supporting documentation shall be maintained in the Contractor's files for audits,
  - 6.4.2 **DIRECT CLIENT (PATIENT CARE) SERVICES.** The Contractor shall report all expenses related to WWHP screening and diagnosis. Supporting documentation shall be attached to the monthly CER. Documentation includes MDEs and all related items. Services costing \$200.00 or more require that a copy of the original invoice be included, or
  - 6.4.3 **NON-CLIENT COSTS.** Documentation related to administrative and travel expenses shall be submitted with the CER and also shall be retained in the Contractor's offices and available on





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demand to representatives of ADHS WWHP and to program auditors. For the purposes of this Contract, documentation pertains to sales receipts and any other form of invoices for purchases of goods or services, documentation related to compensation of personnel and employment-related costs, documentation for public education expenditures, documentation for staff travel expenditures (mileage log and receipts for travel-related expenses), and receipts for all other administrative costs. Contractor shall keep documentation and receipts on file at the Contractor offices, and these shall be made available on demand to representatives of ADHS WWHP and to program auditors. All non-client costs billed on the CER shall have supporting documentation submitted with the CER.

6.5 Covered services shall include:

6.5.1 Screening Services

6.5.1.1 Breast – annual screening mammography for clients forty to sixty-four (40 to 64) years old. It is not a requirement for every client to have a Clinical Breast Exam (CBE) prior to a mammogram. Reimbursement is allowed for a CBE, but it is not required. The decision to have a CBE shall be between a client and her provider. Diagnostics following an abnormal CBE or mammogram follow the Breast Cancer Diagnostic Algorithms shall be provided to the Contractor by ADHS upon award of a Contract. In addition:

6.5.1.1.1 Clients thirty-five to sixty-four (35 to 64) years old shall be assessed for their lifetime breast cancer risk. Contractor shall use either the Gail Model or Tyrer-Cuzick risk assessment tool to determine risk. Risk assessment results shall be reported to ADHS WWHP as an MDE, and

6.5.1.1.2 Those clients determined to be at high risk may have a magnetic resonance image (MRI). Requests for approval of an MRI shall be submitted to the WWHP offices at ADHS.

6.5.1.2 Cervical - the pelvic examination and the Pap test shall be done in accordance with the WWHP Clinical Guidelines and the CDC guidance provided in the National Breast and Cervical Cancer Early Detection Program Manual (provided by ADHS upon award). This guidance changes periodically and the Contractor shall be responsible for keeping protocols, process and algorithms in step with the CDC guidelines. Guidance for cervical screening algorithms can be found at the [ASCCP](#) guidelines. To be eligible for Pap test screening:

6.5.1.2.1 Clients shall have an intact cervix or history of cervical neoplasia,

6.5.1.2.2 Cervical Cancer screening shall be for clients aged twenty-one to sixty-four (21 to 64) years old, regardless of sexual activity,

6.5.1.2.3 Clients shall receive a Pap test alone every three (3) years for those aged twenty-one to twenty-nine (21 to 29) years. For those aged thirty to sixty-four (30 to-64) years, funds can be used to reimburse for either 1) Pap testing alone every three (3) years, 2) co-testing with the combination of Pap testing with human papillomavirus (HPV) testing every five (5) years for those aged thirty to sixty-four (30 to 64) years, or 3) primary HPV testing every five (5) years. Clients under the age of twenty-one (21) are not eligible to participate in the program. Pap testing provided outside of these



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timeframes or age ranges shall not be reimbursed unless clinically warranted,

6.5.1.2.4 Clients twenty-one to sixty-four (21 to 64) shall be assessed for their overall risk for cervical cancer. Risk assessments results shall be reported to ADHS WWHP as an MDE. There shall be a space on the WWHP form specific to reporting the risk determination,

6.5.1.2.5 Clients considered high risk (HIV positive, immunocompromised, and exposed in utero to diethylstilbestrol) may need to be screened more often and shall follow the recommendations of their provider,

6.5.1.2.6 Clients who have had a hysterectomy for invasive cervical cancer shall undergo cervical cancer screening for twenty (20) years even if it goes past the age of sixty-five (65). Clients who have had cervical cancer shall continue screening indefinitely as long as they are in reasonable health,

6.5.1.2.7 Contractor shall focus their efforts on screening a minimum of thirty five percent (35%) of program eligible clients who have never been screened for cervical cancer or who have not been screened within the past ten (10) years,

6.5.1.2.8 If CDC changes program screening guidance Contractor shall reflect the guidance as requested by ADHS and CDC, and

6.5.1.2.9 For follow-up testing after abnormal Pap results, Contractor shall provide diagnostic testing as per the ASCCP guidelines.

6.6 The target population for Navigation Only services shall be predominately low-income clients at or below 250% FPL, insured clients between the ages of twenty-one to sixty-four (21 to 64) years receiving services from the Contractor's clinic shall be enrolled in the WWHP to receive patient navigation and case management for their breast and cervical cancer screening and diagnostic procedures. While these clinical services shall not be reimbursable by the WWHP and shall be covered by the client's insurance, patient navigation shall be reimbursed to the Contractor at the flat rate of fifty-five dollars (\$55) per patient. MDEs shall be submitted to ADHS WWHP on Navigated Only patients. Patient navigation for clients served in the WWHP shall include the following activities:

6.6.1 A written assessment of the client's barriers to cancer screening, diagnostic services, and initiation of cancer treatment,

6.6.2 Patient education and support,

6.6.3 Resolution of client barriers (i.e. transportation and translation services),

6.6.4 Patient tracking and follow-up to monitor progress in completing screening, diagnostic testing, and initiating cancer treatment,

6.6.5 Patient navigation shall include minimum of two (2), but preferably more, contacts with the patient, given the centrality of the client-navigator relationship, shall include:

6.6.5.1 Collection of data to evaluate the primary outcomes of patient navigation;

6.6.5.2 Patient adherence to cancer screening;



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- 6.6.5.3 Diagnostic testing;
- 6.6.5.4 Treatment initiation; and
- 6.6.5.5 Patients lost to follow-up shall be tracked.
- 6.6.6 Linking clients to other needed health, community, and social services,
- 6.6.7 Patient navigation services are terminated when a client:
  - 6.6.7.1 Completes screening and has a normal result; and
  - 6.6.7.2 Completes diagnostic testing and has normal results; or
  - 6.6.7.3 Initiates cancer treatment or refuses treatment.
- 6.6.8 Diagnostic services: Covered diagnostic services are reimbursed in accordance with amounts listed by ADHS WWHP in the annual Fee Schedule of the Medicare Reimbursement Rates for allowed procedures,
- 6.7 The Contractor shall implement a case management system to assess the need for case management for abnormal screening results and monitor timely and appropriate follow-up as defined in the WWHP and CDC guidelines. To assure quality in case management, the Contractor shall comply with the following:
  - 6.7.1 The time from screening to diagnosis shall be less than sixty (60) calendar days,
  - 6.7.2 For all breast cancer and all invasive cervical cancer, the time from diagnosis to treatment shall be less than sixty (60) days. For all High Grade Squamous Intraepithelial Lesion (HSIL), Cervical Intraepithelial Neoplasia, Grade II (CIN2), Cervical Intraepithelial Neoplasia, Grade III (CIN3), and Cervical Cancer in situ, the time from diagnosis to treatment shall be less than sixty (60) days, and
  - 6.7.3 Clients diagnosed with breast or cervical abnormalities are followed using the WWHP guidelines and the algorithms discussed above. If a case appears complex, the WWHP Medical Directors are available to provide technical assistance and guidance. The case records are submitted to the WWHP Program Director or WWHP Program Manager. ADHS staff is responsible for communicating with the Medical Director. If additional information is requested by the Medical Director, the Contractor is responsible for providing that information to ADHS within forty-eight (48) hours.
- 6.8 The Contractor shall coordinate the submission of BCCTP application packets to ADHS WWHP Program Director or Program Manager. The Contractor shall guide the patient in the BCCTP Enrollment Application process. Application packets shall include: pathology report showing a diagnosis of breast cancer, cervical cancer, or pre-cancerous cervical lesions (CIN II or CIN III); BC-100 Form; WWHP Demographic and Eligibility Form; AHCCCS Application; copies of Arizona driver's license, social security card, U.S. Birth Certificate or Legal Permanent Resident card with at least five (5) years of legal residency; and documents demonstrating proof of current gross household income;
- 6.9 The BCCTP was expanded on August 2, 2012. This expansion allows uninsured clients in Arizona, with an income at or below 250% of the Federal Poverty Level, diagnosed with breast or cervical cancer on or after August 2, 2012 to enroll in the BCCTP. The process for this enrollment can be found on the [Breast and Cervical Cancer Treatment](http://www.wellwomanhealthcheck.org) page of the [wellwomanhealthcheck.org](http://www.wellwomanhealthcheck.org) website. Contractor is



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responsible for educating local providers and organizations about the expansion and the process for enrolling these Community Referrals into the BCCTP. Contractor shall use the materials available on the website for this education process. Contractor is also responsible for coordinating the submission of these packets for their site(s). **The Contractor is required to process Community Referral applications for BCCTP for the geographic area in which they are providing services; and**

- 6.10 Contractor shall link patients diagnosed with breast or cervical cancer to survivorship services as listed on the [survivorship page](#) of [wellwomanhealthcheck.org](http://wellwomanhealthcheck.org). The annual work plan shall include a description of survivorship resources available in the community and how the clinic plans on linking patients with those resources. The case manager shall show cancer patients the tab specific to survivorship care plans and explain how those are to be used.

## **7. QUALITY ASSURANCE**

- 7.1 The Contractor and Service Providers shall respond within forty-eight (48) hours to communications concerning quality assurance issues. Consider any request for patient information or data a quality assurance issue;
- 7.2 Lost to follow-up for abnormal results is defined as not being able to contact a client for follow-up services or even to inform of results. Lost to follow-up cases shall not be closed as lost to follow-up until the appropriate WWHP procedures have been executed and documented in the patient's chart, and until a copy of the special form to report lost to follow-up has been sent to ADHS in the appropriate MDE bundle submission. A client cannot be declared lost to follow-up unless significant documented efforts have been made to locate the client. Contractor shall supply documentation of at least four (4) attempts to follow-up with the patient. The four attempts shall consist of three (3) telephone calls and one (1) certified letter. The return receipt or returned letter shall be filed in the patient's medical record. A copy of the receipt shall accompany the lost to follow-up form submitted to ADHS;
- 7.3 Quality standards shall include:
- 7.3.1 The Contractor and all subContractor shall obtain and maintain the following current documents: license(s) or certification(s) and liability insurance. The Contractor shall maintain a secured file of all such documents that shall be available for review at any time,
- 7.3.2 Personnel: All Medical Doctors (MDs) or Doctors of Osteopathy (DOs) providing services under this Contract shall be AHCCCS providers and currently licensed under the provisions of the Arizona Revised Statutes, Title 32, Chapter 13 or 17. All other personnel providing services shall be registered, licensed, or board certified in Arizona in their respective fields, as applicable. Indian Health Service providers are not required to have Arizona licenses, and
- 7.3.3 Facility: To be approved for payment, all mammography reports shall be submitted using the language of the American College of Radiology (ACR) lexicon, also known as BI-RAD System™. All laboratory facilities used by the Contractor and its subContractor shall adhere to the standards of the Clinical Laboratory Improvement Act (CLIA) (1988), and maintain the appropriate CLIA certification. To be approved for payment, all Pap test reports shall be submitted using the current Bethesda System of reporting.
- 7.4 Service Provider Contracts shall grant the Contractor and ADHS WWHP representatives, access to review WWHP patient records, and policy and procedure statements. Review is necessary to monitor compliance with WWHP protocols and to manage clinical quality. Provider Contracts shall require that all cancer cases be submitted to the ACR by the diagnosing provider within ninety (90) days of diagnosis;



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- 7.5 WWHP patient records shall be maintained by Service Providers for up to ten (10) years to ensure patient care. After ten (10) years, the patient records may be destroyed in a manner consistent with HIPAA regulations;
- 7.6 Each Contractor is responsible for ensuring that the Contractor and all subContractor provide the Program Director with legible copies of procedure reports/results in addition to properly completed WWHP MDEs; and that Service Providers understand and follow clinical guidelines and program policies/procedures;
- 7.7 Sub-Contracts with clinicians (breast and cervical) shall be with AHCCCS registered Service Providers. In the event a client's diagnostic work-up is positive for cancer or pre-cancerous cervical lesions, and the client's treatment is received through AHCCCS, AHCCCS shall cover the cost of treatment and diagnostic procedures. By sub-Contracting with AHCCCS registered Service Providers, AHCCCS can pay the Service Provider directly for the diagnostic services rendered;
- 7.8 Assessment of the client's smoking status shall occur during each annual visit. If the patient is a current smoker the patient shall be referred to the ASHLine Smoking Cessation call in system. Referral forms shall be provided. Smoking status shall be recorded on the Demographic and Enrollment Form; and
- 7.9 The WWHP is a screening, diagnostic, and quality improvement program. Due to the Quality Improvement focus of the WWHP, each Contracted entities Quality Improvement Manager shall attend the ADHS WWHP quarterly educational series meetings.

**8. PARTNERS AND COALITION BUILDING:**

The Contractor is responsible for participating in coalitions and/or partnerships focused on improving services or access to services for breast and cervical cancer issues. To accomplish this, the Contractor shall:

- 8.1 Participate in local meetings of groups, organizations, and agencies such as, but not limited to, the American Cancer Society, the Arizona Cancer Coalition, ethnic and cultural coalitions, and health care coalitions. The purpose of this participation is to establish and maintain local networking opportunities for identifying treatment opportunities and enhance public awareness of breast and cervical cancer resources;
- 8.2 Engage in planning activities that support the American Cancer program activities. Contractor shall also participate in these local events;
- 8.3 Actively participate in a work group with the Arizona Cancer Coalition. Work groups are project focused and change over time. The focus of all work groups is to lower the burden of cancer in Arizona while improving the quality of life for cancer survivors and their families. Contractor shall report work group selection in their quarterly report;
- 8.4 Educate local providers and organizations about the BCCTP expansion and the process for enrolling these Community Referrals into the BCCTP. Contractor shall use the materials available on the website for this education process. Contractor is responsible for coordinating the submission of these packets for their site(s). The BCCTP was expanded on August 2, 2012. This expansion allows uninsured clients in Arizona, with an income at or below 250% of the Federal Poverty Level, diagnosed with breast or cervical cancer on or after August 2, 2012 to enroll in the BCCTP. The process for this enrollment can be found on the [Breast and Cervical Cancer Treatment](#) page of the [wellwomanhealthcheck.org](http://wellwomanhealthcheck.org) website; and
- 8.5 Assess their community for healthy lifestyle programs and activities targeting adults (examples include the Chronic Disease Self-Management Program, Diabetes Self-Management Program and the LIVESTRONG program at the Young Men's Christian Association [YMCA]). A list of these resources shall



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be submitted in the annual work plan. This resource shall be shared with WWHP patients and they shall be encouraged to participate in these activities.

**9. LOCAL PUBLIC EDUCATION AND RECRUITMENT ACTIVITIES**

The Contractor Shall:

- 9.1 Develop and implement a minimum of two (2) activities focused on breast and cervical cancer, using public education and recruitment methods identified as appropriate for the local service area by key personnel;
- 9.2 Develop and implement recruitment strategies to recruit eligible clients from priority populations ( those living in rural and frontier geographic areas; uninsured or underinsured persons; culturally isolated persons; incarcerated or institutionalized clients; medically underserved persons; persons from minorities defined by race, religion, ethnicity, or culture, including African American, Alaska Native, American Indian, Asian American, Pacific Islander and Hispanic persons: lesbian, gay, bisexual, or transgender (LGBT) persons, and persons who have low literacy, non-English speaking language barriers, and disabilities);
- 9.3 Develop protocols to ensure a patient returns on an annual basis for appropriate screening;
- 9.4 Develop and implement recruitment efforts of patients to ensure utilization of all funds budgeted;
- 9.5 Use in-reach and evidence-based strategies to increase clinic screening rates to levels required for Healthy People 2030;
- 9.6 Implement program processes that maintain fidelity with WWHP guidelines. This encompasses clinical protocols, recruitment, in-reach, enrollment processes, ongoing quality improvement processes, public education, provider education and forms;
- 9.7 Utilize mobile mammography units as part of recruitment strategies among other activities in addition to partnership with community mobile mammography units; and
- 9.8 Engage Community Health Workers (CHWs) to connect the program eligible clients with the healthcare system or to create community clinical linkages. Recruitment efforts shall include culturally appropriate communications and intervention to help reach those disparate populations.

**10. LOCAL PROFESSIONAL DEVELOPMENT**

The Contractor Shall:

- 10.1 Develop a minimum of one (1) activity addressing the continuing professional development needs in connection with breast and cervical cancer screening, diagnosis and treatment. The educational event shall provide CMEs/CEUs for the participants. These events shall be reported in the quarterly report and include the sign-in sheet, presentation PowerPoint, and evaluation results. WWHP Service Providers shall be provided opportunities to be involved in all breast and cervical cancer clinical education activities relating to breast and cervical cancer;
- 10.2 Work closely with the ADHS WWHP and others to assess and address local professional development needs;
- 10.3 Educate community providers regarding the WWHP and the expansion of the BCCTP. Education shall include program services, eligibility, locations, access to the treatment program and guidance for overall program access;



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Phoenix, Arizona 85007

- 10.4 Work with Contracted providers to encourage and support their timely reporting of cancer cases to the Arizona Cancer Registry; and
- 10.5 Document activities and evaluation findings related to Task 6.1.9 in the Quarterly Reports.

**11. SCREENING AND NAVIGATION QUOTAS**

The Contractor Shall:

- 11.1 Screen a number of clients for their geographical area. This number shall be updated and shall increase by five percent (5%) annually;
- 11.2 Provide navigation services to a number of insured clients in their health system every year. These clients shall be enrolled in the "Navigation Only" component of the WWHP. Their screening and diagnostic test results shall be reported to ADHS WWHP as MDEs; and
- 11.3 Complete screening and navigation services between June 30th, and June 29th, of each fiscal year.

**12. SYSTEMS CHANGE**

The Contractor Shall:

- 12.1 Address policy within their clinic(s) to prioritize breast and cervical cancer screening for *all* clients using their clinic(s);
- 12.2 Determine baseline screening levels for breast and cervical cancer within their clinic(s) and report to ADHS within thirty (30) days of Contract award and annually thereafter;
- 12.3 Implement evidence-based strategies to increase screening rates for breast and cervical cancer within all WWHP Contracted facilities. Evidence-based strategies to increase cancer screening can be found at [www.TheCommunityGuide.org](http://www.TheCommunityGuide.org);
- 12.4 Complete the Baseline-Clinic Data Collection Forms for Breast and Cervical Cancer;
- 12.5 Complete the Annual Clinic Data Collection Forms for Breast and Cervical Cancer annually;
- 12.6 Complete the NBCCEDP EBI Implementation (these templates shall be provided by ADHS upon receipt from CDC);
- 12.7 Report screening baselines by July 30th of each subsequent program year;
- 12.8 Agree to change their scope of work per revised requirements from the CDC and may change the program guidance during the life of this award; and
- 12.9 Provide clinic operations and leadership to support for successful systems. The WWHP is no longer a simple screening program for the uninsured. Nationally the infrastructure is being used to improve cancer screening rates for all users; a population health approach. Ultimately, a comprehensive public health approach is needed to increase breast and cervical cancer screening and follow-up. This expanded focus shall help to reduce disparities and missed opportunities during patient encounters. These interventions need to be a part of the long-term substantially of the program and requires leadership approval and support for the following:



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- 12.9.1 The use of evidence-based initiatives to improve breast and cervical cancer screening rates in all clinics providing services for the WWHP,
- 12.9.2 The provision of Information Technology (IT) support to create and pull reports as needed to support quality improvement practice,
- 12.9.3 Operational support to assess and determine clinic patient flow and to attempt revisions when necessary,
- 12.9.4 Provider cooperation and support for provider reminders and provider assessment and feedback,
- 12.9.5 Providing time at several provider meetings per year for reporting on breast and cervical cancer screening rates and progress on improvements,
- 12.9.6 Provide support for program staff to complete one provider education session, with CMEs per program year- (Reducing Structural Barriers), and
- 12.9.7 Providing support for navigation only of insured patients through breast and cervical cancer screening, diagnostics and into treatment, if necessary.

**13. DELIVERABLES**

The Contractor shall provide to ADHS:

- 13.1 Lists of all Service Providers at the beginning of each Contract year and within thirty (30) days of Service Providers being removed and/or added. Copies of Contracts with Service Providers shall be kept on file at the Contractor offices for audit purposes;
- 13.2 Monthly CERs to the Program Manager for reimbursement with accurate and complete forms. Services shall be billed within forty (40) days of the date of service;
- 13.3 Quarterly Reports are due ten (10) days after the end of each quarter;
- 13.4 Screening Baselines are due thirty (30) days after Contract award and annually thereafter;
- 13.5 Documentation of activities and products related to Task 6.1.9 in the Quarterly Reports. Due dates will be shared annually upon notification of CDC;
- 13.6 Documentation of activities and evaluation of the tangible results of the activities related to TASK 5.1.9 in the Quarterly Reports. Due dates will be shared annually upon notification of CDC;
- 13.7 An Annual Work Plan is due thirty (30) days after signing the Contract and annual Amendment;
- 13.8 A required 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 post award of a Contract. At a minimum, the pandemic performance plan shall include:
  - 13.8.1 Pandemic Contractual Performance;
    - 13.8.1.1 Key succession and performance planning, if there is a sudden significant decrease in Contractor's workforce;
    - 13.8.1.2 Alternative methods to ensure there are products in the supply chain;





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- 13.8.1.3 An up-to-date list of company contacts and organizational chart; and
- 13.8.1.4 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).

13.9 Payment/reimbursements may be withheld when reporting requirements are not met and future funding shall be affected.

Item	Due Date
CEO, CMO and staff signed Letter of Support for items listed in <b>12.9</b>	Include in Proposal Annually thereafter
Selection of two (2) EBI's to use per clinic site	Thirty (30) days after awarded (shall be used consistently for five (5) years)
Number of uninsured clients forty plus (40+) using clinic in past twelve (12) months	Include in the Proposal, Annually thereafter
Breast and Cervical Cancer Screening Rates Inclusive of Numerator and Denominator and specific description of standard being used (HEDIS, UDS, GPRA or NQF)	Include in Proposal (include formula explaining how it is derived) Quarterly thereafter
Number of Insured Clients forty plus (40+) using clinic in past twelve months	Include in Proposal Annually thereafter
Number of clients forty plus (40+) and number of clients fifty plus (50+) using the clinic	Include in Proposal Annually thereafter
Navigation Only Forms – completed	Monthly, with CER/MDE bundle
Proposed date and topic of Provider Education Session. It is required that CMEs are offered.	February 15 <sup>th</sup> for First (1 <sup>st</sup> ) Year July 15 <sup>th</sup> , thereafter
Medicaid and Online Insurance Enrollment Data	Quarterly with Quarterly Reports



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**14. NOTICES, CORRESPONDENCE REPORTS AND CERs**

- 14.1 All notices, correspondences, reports and CERs from the Contractor to ADHS shall be sent electronically via email to the Program Manager; and

Arizona Department of Health Services  
Bureau of Chronic Disease and Health Promotions  
Well Woman Health Check Program  
Attention: Polar S. Akoi, Program Director  
150 North 18th Avenue, Suite 310  
Phoenix, Arizona 85007  
Email: [polar.akoi@azdhs.gov](mailto:polar.akoi@azdhs.gov)


- 14.2 All CERs shall be sent to the Program Manager, who shall review for accuracy and approve to send to Accounts Payable for payment.

14.2.1 Invoices/CERs shall be submitted to: [invoices@azdhs.gov](mailto:invoices@azdhs.gov)

14.3 Automated Clearing House

14.3.1 ADHS may pay invoices for some or all Orders through an Automated Clearing House (ACH). In order to receive payments in this manner, the Contractor shall complete an ACH Vendor Authorization Form (form GAO-618) within 30 (thirty) days after the effective date of the Contract. The form is available online at: <https://gao.az.gov/sites/default/files/2023-05/GAO-618.pdf>

14.3.2 ACH Vendor Authorization Form shall be emailed to [Vendor.Payautomation@azdoa.gov](mailto:Vendor.Payautomation@azdoa.gov)

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**SPECIAL TERMS AND CONDITIONS**

**1. PURPOSE**

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

**2. TERM OF CONTRACT (1 YEAR)**

The term of any resultant Contract shall commence **upon final signature**, and shall continue for a period of one (1) year thereafter, unless terminated, canceled, or extended as otherwise provided herein.

**3. CONTRACT EXTENSIONS 5 YEAR MAXIMUM**

Current funding is available through June 29, 2024. The Contract term **shall begin as specified in the section Two (2) above**, and shall continue for a period of one (1) year. Shall additional funding become available the Contract term may be 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**

**Cost Reimbursement**

**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 PERSONNEL**

It is essential that the Contractor provide adequate experienced 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.

6.1 The Contractor agrees that, once assigned to work under this Contract, key personnel shall not be removed or replaced without written notice to the State. Such notice shall be given thirty (30) days prior to the reassignment or personnel's last day assigned to the Contract.

6.2 If key personnel 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.

6.3 The State Agency reserves the right to review resumes and participate in interviews for the hiring of any staff assigned to this Contract. Further, the State Agency reserves the right to deny or refuse any offered replacement personnel by the Planning Contractor.

**7. POINT OF CONTACT**

7.1 It is essential that the Contractor provide a Point of Contact, capable of and devoted to the successful accomplishment of work to be performed under this Contract. The Contractor shall agree to assign a specific individual to serve as a primary day-to-day contact.



## **PART ONE (1) - Special Terms and Conditions**

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7.2 The Contractor agrees that, once assigned to work under this Contract, the Point of Contact shall not be removed or replaced without written notice to the State.

7.3 If the Point of Contact is not available for work under this Contract for a continuous period exceeding thirty (30) calendar days, or is 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.

#### **8. MOST-FAVORED CUSTOMER**

Throughout the life of the Contract, the Contractor shall always offer the State the Most-Favored Customer or Highest Tier Customer price discount rate on Contracted product(s) concurrent with a published price discount rate made to other Customers (both Private and Public sectors). The Contractor shall extend to the State that most-favored customer or Highest Tier Customer price discount on all new product lines during the life of the Contract.

#### **9. 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.

#### **10. 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.

#### **11. 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 shall 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.

#### **12. 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.

#### **13. 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.



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#### 14. 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 shall 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 Program for approval of the plan prior to sending it to the Contractor.

#### 15. PAYMENT PROCEDURES

- 15.1 ADHS accounting shall 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.
- 15.2 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.
- 15.3 If the Contractor Name and FEI Number change, the Contractor shall complete an "Assignment and Agreement" form transferring Contract rights and responsibilities to the new Contractor. ADHS shall indicate consent on the form. A written Contract Amendment shall be signed by both parties and a new W-9 form shall be submitted by the new Contractor and entered into the system prior to any payments being made to the new Contractor.

#### 16. FINANCIAL MANAGEMENT

- 16.1 For all Contracts, the practices, procedures, and standards specified in the State of Arizona Accounting Manual <https://gao.az.gov/publications/SAAM/> and required by the Arizona Department of Health Services and Guidance for Federal Grant Award Management Manual shall be used by the Contractor in the management of Contract funds and by the ADHS when performing a Contract audit. <https://azdhs.gov/documents/operations/financial-services/bluebook-2018.pdf> The Contractor also agrees to abide by the rules as outlined by 2 CFR 200 Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards. 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. [https://ecfr.io/Title-02/cfr200\\_main](https://ecfr.io/Title-02/cfr200_main)
- 16.2 State Funding Contractor receiving state funds under this Contract shall comply with the certified Compliance provisions of A.R.S. § 35-181.03.
- 16.3 Federal Funding Contractor receiving federal funds under this Contract shall comply with the certified finance and compliance audit provision of the Office of Management and Budget (OMB) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200), if applicable. The federal financial assistance information shall be stated in a Change Order or Purchase Order.

#### 17. 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.



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#### 18. 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 shall 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.

#### 19. INDEMNIFICATION CLAUSE

19.1 To the fullest extent permitted by law, Contractor shall defend, indemnify, and hold harmless the State of Arizona, and its departments, agencies, boards, commissions, universities, 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 shallful acts or omissions of Contractor or any of its owners, officers, directors, agents, employees or subContractor. 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 shallful acts or omissions of the Indemnitee, be indemnified by Contractor from and against any and all claims. It is agreed that Contractor shall 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.

19.2 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.

#### 20. INSURANCE REQUIREMENTS

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

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

##### 20.3 Minimum Scope and Limits of Insurance

Contractor shall provide coverage with limits of liability not less than those stated below.

20.3.1 Commercial General Liability (CGL) – Occurrence Form



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Policy shall include bodily injury, property damage, and broad form Contractual liability coverage.

20.3.1.1	General Aggregate	\$2,000,000.00
20.3.1.1.1	Products – Completed Operations Aggregate	\$1,000,000.00
20.3.1.1.2	Personal and Advertising Injury	\$1,000,000.00
20.3.1.1.3	Damage to Rented Premises	\$ 50,000.00
20.3.1.1.4	Each Occurrence	\$1,000,000.00

20.3.1.2 The policy shall not exclude coverage for Sexual Abuse and Molestation (SAM). 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. If you are unable to obtain SAM coverage under your General Liability because the insurance market shall not support it, it shall it be included with the Professional Liability.

20.3.1.3 Contractor shall provide the following statement on their Certificate(s) of Insurance: "Sexual Abuse and Molestation coverage is included" or "Sexual Abuse and Molestation coverage is not excluded."

20.3.1.4 Policy shall be endorsed, as required by this written agreement, to include the State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor.

20.3.1.5 Policy shall contain a waiver of subrogation endorsement, as required by this written agreement, in favor of the State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.

#### 20.3.2 Business Automobile Liability

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

20.3.2.1.1	To Combined Single Limit (CSL)	\$1,000,000.00
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20.3.2.2 Policy shall be endorsed, as required by this written agreement, to include the State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees as additional insureds with respect to liability arising out of the activities performed by, or on behalf of, the Contractor involving automobiles owned, hired and/or non-owned by the Contractor.

20.3.2.3 Policy shall contain a waiver of subrogation endorsement as required by this written agreement in favor of the State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents and employees for losses arising from work performed by or on behalf of the Contractor.

#### 20.3.3 Workers; Compensation and Employers' Liability

20.3.3.1	Workers Compensation	Statutory
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Phoenix, Arizona 85007

#### 20.3.3.2 Employers' Liability

20.3.3.2.1 Each accident \$1,000,000.00

20.3.3.2.2 Disease – Each employee \$1,000,000.00

20.3.3.2.3 Disease – Policy Limit \$1,000,000.00

20.3.3.3 Policy shall contain a waiver of subrogation endorsement, as required by this written agreement, in favor of the State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents and employees for losses arising from work performed by or on behalf of the Contractor.

20.3.3.4 This requirement shall not apply to each Contractor or subContractor that is exempt under A.R.S. § 23.901 and when such Contractor or subContractor executes the appropriate waiver form (Sole Proprietor or Independent Contractor).

#### 20.3.4 Professional Liability (Errors and Omissions Liability)

20.3.4.1 Each Claim \$2,000,000.00

20.3.4.2 Annual Aggregate \$2,000,000.00

20.3.5 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, either continuous coverage shall be maintained, or an extended discovery period shall be exercised, for a period of two (2) years beginning at the time work under this Contract is completed.

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

#### 20.4 Additional Insurance Requirements

The policies shall include, or be endorsed to include, as required by this written agreement, the following provisions:

20.4.1 The Contractor's policies as applicable, shall stipulate that the insurance afforded the Contractor shall be primary 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).

20.4.2 Insurance provided by the Contractor shall not limit the Contractor's liability assumed under the indemnification provisions of this Contract.

#### 20.5 Notice of Cancellation

Applicable to all insurance policies required within the Insurance Requirements of this Contract, Contractor's insurance shall not be permitted to expire, be suspended, be canceled, or be materially changed for any reason without thirty (30) days prior written notice to the State of Arizona. Within two (2) business days of receipt, Contractor shall provide notice to the State of Arizona if they receive notice of a policy that has been or shall be suspended, canceled, materially changed for any reason, has expired, or





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shall be expiring. Such notice shall be sent directly to the Department and shall be mailed, emailed, or hand delivered to Arizona Department of Health Services, 150 N 18th Ave, Suite 260, Phoenix, AZ 85007.

20.6 Acceptability of Insurers

Contractor's insurance shall be placed with companies 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. 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.

20.7 Verification of Coverage

Contractor shall furnish the State of Arizona with certificates of insurance (COI) (valid ACORD form or equivalent approved by the State of Arizona) evidencing that Contractor has the insurance as required by this Contract. An authorized representative of the insurer shall sign the certificates.

20.7.1 All such certificates of insurance and policy endorsements shall be received by the State before work commences. The State's receipt of any certificates of insurance or policy endorsements that do not comply with this written agreement shall not waive or otherwise affect the requirements of this agreement.

20.7.2 Each insurance policy required by this Contract shall be in effect at, or prior to, commencement of work under this Contract. Failure to maintain the insurance policies as required by this Contract, or to provide evidence of renewal, is a material breach of Contract.

20.7.3 All certificates required by this Contract shall be sent directly to the Department. 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.

20.8 SubContractor

Contractor's certificate(s) shall include all subContractor as insureds under its policies or Contractor shall be responsible for ensuring and/or verifying that all subContractor have valid and collectable insurance as evidenced by the certificates of insurance and endorsements for each subContractor. All coverages for subContractor shall be subject to the minimum Insurance Requirements identified above. The Department reserves the right to require, at any time throughout the life of this Contract, proof from the Contractor that its subContractor have the required coverage.

20.9 Approval and Modifications

The Contracting Agency, in consultation with State Risk, reserves the right to review or make modifications to the insurance limits, required coverages, or endorsements throughout the life of this Contract, as deemed necessary. Such action shall not require a formal Contract amendment but may be made by administrative action.

20.10 Exceptions

In the event the Contractor or subContractor(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 subContractor(s) is/are a State of Arizona agency, board, commission, or university, none of the above shall apply.



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#### **21. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996**

- 21.1 If applicable, 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 shall comply with all applicable HIPAA requirements in the course of this Contract. Contractor warrants that it shall cooperate with the Arizona Department of Health Services (ADHS) in the course of performance of the Contract so that both ADHS and Contractor shall 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 shall sign any documents that are reasonably necessary to keep ADHS and Contractor in compliance with HIPAA, including, but not limited to, business associate agreements.
- 21.2 If applicable, and 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.

#### **22. PANDEMIC CONTRACTUAL PERFORMANCE**

- 22.1 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:
- 22.1.1 Key succession and performance planning if there is a sudden significant decrease in Contractor's workforce;
  - 22.1.2 Alternative methods to ensure there are products in the supply chain; and
  - 22.1.3 An up-to-date list of company contacts and organizational chart.
- 22.2 In the event of a pandemic, as declared by 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:
- 22.2.1 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;
  - 22.2.2 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
  - 22.2.3 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).



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22.3 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.

**23. UNIQUE ENTITY IDENTIFIER (UEI)**

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 sub-recipient under an award or sub-award to a non-Federal entity) may receive a sub-award from ADHS unless the entity provides its Unique Entity Identifier Number to ADHS. The number can be created in SAM.gov. If already registered the UEI has been assigned and can be viewed in SAM.gov

**24. NEW SERVICES**

The State, at its sole discretion may allow new services identified by the Contractor or ADHS to be incorporated. The request may be submitted at any time during the Contract period. The requested services shall align with the current Scope of Work, Requirements, Deliverables, and Price List.

**25. THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA OR TRANSPARENCY ACT - P.L.109-282, AS AMENDED BY SECTION 6202(A) OF P.L. 110-252), FOUND AT [HTTPS://WWW.FSR.GOV](https://www.fsr.gov)**

If applicable, the subrecipient or sub-awardee is required to abide by the Federal Funding Accountability and Transparency Act (FFATA or Transparency Act – P.L. 109-282, as amended by section 6202(a) of P.L. 110-252), found at [https://www.fsr.gov/](https://www.fsr.gov). The associated Grant Reporting Certification Form and completion instructions shall be sent to the subrecipient from ADHS Program(s) responsible for the specific Contract. The subrecipient or sub-awardee shall return the completed form to ADHS Program(s) by the 15<sup>th</sup> of the month following that in which the award was received. Failure to complete a required Grant Reporting Certification Form may result in loss of funding.

**26. TRANSITION ACTIVITIES**

- 26.1 The Contractor shall support the transfer of the Evaluation Reports at the conclusion of its Contract;
- 26.2 Upon termination of this Contract, if ADHS anticipates a continued need for the Contract Services specified herein and a Contract is awarded to a new Contractor, there shall be a transition of services period of not less than thirty (30) days. During this period, the existing Contractor shall work closely with the new Contractor, or Contractor, personnel and/or staff to ensure a smooth and complete transfer of duties and responsibilities;
- 26.3 An authorized representative from ADHS shall coordinate all transition activities. A transition plan shall be developed in conjunction with the outgoing Contractor to assist the new Contractor, or Contractor, personnel and/or staff to implement the transfer of duties;
- 26.4 ADHS reserves the right to determine which projects nearing completion shall remain with the current Contractor of record.
- 26.5 The Contractor shall return all ADHS equipment, reports, and any other documentation developed during the term of the Contract that ADHS deems necessary to maintain ongoing operations.

**27. CONTRACTING; PROCUREMENT; INVESTMENT; PROHIBITIONS**

- 27.1 A public entity may not enter into a Contract with a company to acquire or dispose of services, supplies, information technology or construction unless the Contract includes a written certification that the company is not currently engaged in, and agrees for the duration of the Contract to not engage in, a boycott of Israel.



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- 27.2 A public entity may not adopt a procurement, investment or other policy that has the effect of inducing or requiring a person or company to boycott Israel.
- 27.3 Contractor hereby certifies that it is not currently engaged in, and shall not for the duration of this Contract engage in, a boycott of Israel as defined by A.R.S. § 35-393.01. Violation of this certification by Contractor may result in action by the State up to and including termination of this Contract.



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**UNIFORM TERMS AND CONDITIONS**

1. Definition of Terms. As used in this Solicitation and any resulting Contract, the terms listed below are defined as follows:
  - 1.1. "Attachment" means any item the Solicitation which requires the Offeror to submit as part of the Offer.
  - 1.2. "Contract" means the combination of the Solicitation, including the Instructions to Offerors, the Uniform and Special Terms and Conditions, and the Specifications and Statement of Scope of Work; the Offer and any Best and Final Offers; and any Solicitation Amendments or Contract Amendments.
  - 1.3. "Contract Amendment" means a written document signed by the Procurement Officer that is issued for the purpose of making changes in the Contract.
  - 1.4. "Contractor" means any person who has a Contract with the State.
  - 1.5. "Data" means recorded information, regardless of form or the media on which it may be recorded. The term may include technical data and computer software. The term does not include information incidental to Contract administration, such as financial, administrative, cost or pricing, or management information.
  - 1.6. "Days" means calendar days unless otherwise specified.
  - 1.7. "Exhibit" means any item labeled as an Exhibit in the Solicitation or placed in the Exhibits section of the Solicitation generally containing maps, schematics, examples of reports, or other documents that shall be used to perform the requirements of the Scope of Work after Contract award.
  - 1.8. "Gratuity" means a payment, loan, subscription, advance, deposit of money, services, or anything of more than nominal value, present or promised, unless consideration of substantially equal or greater value is received.
  - 1.9. "Materials" means all property, including equipment, supplies, printing, insurance and leases of property but does not include land, a permanent interest in land or real property or leasing space.
  - 1.10. "Procurement Officer" means the person, or his or her designee, duly authorized by the State to enter into and administer Contracts and make written determinations with respect to the Contract.
  - 1.11. "Services" means the furnishing of labor, time or effort by a Contractor or SubContractor which does not involve the delivery of a specific end product other than required reports and performance, but does not include employment agreements or collective bargaining agreements. "State" means any department, commission, council, board, bureau, committee, institution, agency, government corporation or other establishment or official of the executive branch or corporation commission of the State of Arizona that executes the Contract.
  - 1.12. "State Fiscal Year" means the period beginning with July 1 and ending June 30.
  - 1.13. "SubContract" means any Contract, express or implied, between the Contractor and another party or between a SubContractor and another party delegating or assigning, in whole or in part, the making or furnishing of any Materials or any Services required for the performance of the Contract.
  - 1.14. "SubContractor" means a person who Contracts to perform work or render Services to a Contractor or to another SubContractor as a part of a Contract with the State.



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#### 2. Contract Interpretation

- 2.1. Arizona Law. The Arizona law applies to this Contract including, where applicable, the Uniform Commercial Code as adopted by the State of Arizona and the Arizona Procurement Code, Arizona Revised Statutes (A.R.S.) Title 41, Chapter 23, and its implementing rules, Arizona Administrative Code (A.A.C.) Title 2, Chapter 7.
- 2.2. Implied Contract Terms. Each provision of law and any terms required by law to be in this Contract are a part of this Contract as if fully stated in it.
- 2.3. Contract Order of Precedence. In the event of a conflict in the provisions of the Contract, as accepted by the State and as they may be amended, the following shall prevail in the order set forth below:
  - 2.3.1. Special Terms and Conditions;
  - 2.3.2. Uniform Terms and Conditions;
  - 2.3.3. Statement or Scope of Work;
  - 2.3.4. Specifications;
  - 2.3.5. Attachments;
  - 2.3.6. Exhibits; then
  - 2.3.7. Any other documents referenced or included in the Solicitation including, but not limited to, any Bid or Offer documents provided by the Contractor that do not fall into one of the above categories.
- 2.4. Relationship of Parties. The Contractor under this Contract is an independent Contractor. Neither party to this Contract shall be deemed to be the employee or agent of the other party to the Contract.
- 2.5. Severability. The provisions of this Contract are severable. Any term or condition deemed illegal or invalid shall not affect any other term or condition of the Contract.
- 2.6. No Parol Evidence. This Contract is intended by the parties as a final and complete expression of their agreement. No course of prior dealings between the parties and no usage of the trade shall supplement or explain any terms used in this document and no other understanding either oral or in writing shall be binding.
- 2.7. No Waiver. Either party's failure to insist on strict performance of any term or condition of the Contract shall not be deemed a waiver of that term or condition even if the party accepting or acquiescing in the nonconforming performance knows of the nature of the performance and fails to object to it.

#### 3. Contract Administration and Operation

- 3.1. Records. Under A.R.S. § 35-214 and § 35-215, the Contractor shall retain and shall Contractually require each SubContractor to retain any and all Data and other "records" relating to the acquisition and performance of the Contract for a period of five (5) years after the completion of the Contract. All records shall be subject to inspection and audit by the State at reasonable times. Upon request, the Contractor shall produce a legible copy of any or all such records.



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- 3.2. Non-Discrimination. The Contractor shall comply with State Executive Order Nos. 2023-09, 2023-01, 2009-09, and any and all other applicable Federal and State laws, rules and regulations, including the Americans with Disabilities Act. Contractor shall include these provisions in Contracts with SubContractor when required by Federal or State law.
- 3.3. Audit. Pursuant to A.R.S. § 35-214, at any time during the term of this Contract and five (5) years thereafter, the Contractor's or any SubContractor's books and records shall be subject to audit by the State and, where applicable, the Federal Government, to the extent that the books and records relate to the performance of the Contract or SubContract.
- 3.4. Facilities Inspection and Materials Testing. The Contractor agrees to permit access to its facilities, SubContractor facilities, and the Contractor's processes or services, at reasonable times for inspection of the facilities or Materials covered under this Contract as required under A.R.S. § 41-2547. The State shall also have the right to test, at its own cost, the Materials to be supplied under this Contract. Neither inspection of the Contractor's facilities nor Materials testing shall constitute final acceptance of the Materials or Services. If the State determines non-compliance of the Materials, the Contractor shall be responsible for the payment of all costs incurred by the State for testing and inspection.
- 3.5. Notices. Notices to the Contractor required by this Contract shall be made by the State to the person indicated on the Offer and Acceptance form submitted by the Contractor unless otherwise stated in the Contract. Notices to the State required by the Contract shall be made by the Contractor to the Solicitation Contact Person indicated on the Solicitation, stated in the Contract, or listed on the State's eProcurement system. An authorized Procurement Officer and an authorized Contractor representative may change their respective person to whom notice shall be given by written notice to the other and an amendment to the Contract shall not be necessary.
- 3.6. Advertising, Publishing and Promotion of Contract. The Contractor shall not use, advertise or promote information for commercial benefit concerning this Contract without the prior written approval of the Procurement Officer.
- 3.7. Continuous Improvement. Contractor shall recommend continuous improvements on an on-going basis in relation to any Materials and Services offered under the Contract, with a view to reducing State costs and improving the quality and efficiency of the provision of Materials or Services. State may require Contractor to engage in continuous improvements throughout the term of the Contract.
- 3.8. Other Contractor. State may undertake on its own or award other Contracts to the same or other suppliers for additional or related work. In such cases, the Contractor shall cooperate fully with State employees and such other suppliers and carefully coordinate, fit, connect, accommodate, adjust, or sequence its work to the related work by others. Where the Contract requires handing-off Contractor's work to others, Contractor shall cooperate as State instructs regarding the necessary transfer of its work product, Materials, Services, or records to State or the other suppliers. Contractor shall not commit or permit any act that interferes with the State's or other suppliers' performance of their work, provided that, State shall enforce the foregoing section equitably among all its suppliers so as not impose an unreasonable burden on any one of them.
- 3.9. Ownership of Intellectual Property
- 3.9.1. Rights In Work Product. All intellectual property originated or prepared by Contractor pursuant to the Contract, including but not limited to, inventions, discoveries, intellectual copyrights, trademarks, trade names, trade secrets, technical communications, records reports, computer programs and other documentation or improvements thereto, including Contractor's administrative communications and records relating to the Contract, are considered work



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product and Contractor's property, provided that, State has Government Purpose Rights to that work product as and when it was delivered to State.

- 3.9.2. "Government Purpose Rights" are:
- 3.9.2.1. the unlimited, perpetual, irrevocable, royalty free, non-exclusive, worldwide right to use, modify, reproduce, release, perform, display, sublicense, disclose and create derivatives from that work product without restriction for any activity in which State is a party;
  - 3.9.2.2. the right to release or disclose that work product to third parties for any State government purpose; and
  - 3.9.2.3. the right to authorize those to whom it rightfully releases or discloses that work product to use, modify, release, create derivative works from the work product for any State government purpose; such recipients being understood to include the federal government, the governments of other states, and various local governments.
- 3.9.3. "Government Purpose Rights" do not include any right to use, modify, reproduce, perform, release, display, create derivative works from or disclose that work product for any commercial purpose, or to authorize others to do so.
- 3.9.4. Joint Developments. The Contractor and State may each use equally any ideas, concepts, know-how, or techniques developed jointly during the course of the Contract, and may do so at their respective discretion, without obligation of notice or accounting to the other party.
- 3.9.5. Pre-existing Material. All pre-existing software and other Materials developed or otherwise obtained by or for Contractor or its affiliates independently of the Contract or applicable Purchase Orders are not part of the work product to which rights are granted State under subparagraph 3.9.1 above, and shall remain the exclusive property of Contractor, provided that:
- 3.9.5.1. any derivative works of such pre-existing Materials or elements thereof that are created pursuant to the Contract are part of that work product;
  - 3.9.5.2. any elements of derivative work of such pre-existing Materials that was not created pursuant to the Contract are not part of that work product; and
  - 3.9.5.3. except as expressly stated otherwise, nothing in the Contract is to be construed to interfere or diminish Contractor's or its affiliates' ownership of such pre-existing Materials.
- 3.9.6. Developments Outside Of Contract. Unless expressly stated otherwise in the Contract, this Section does not preclude Contractor from developing competing Materials outside the Contract, irrespective of any similarity to Materials delivered or to be delivered to State hereunder.
- 3.10. Property of the State. If there are any materials that are not covered by Section 3.9 above created under this Contract, including but not limited to, reports and other deliverables, these materials are the sole property of the State. The Contractor is not entitled to a patent or copyright on those materials and may not transfer the patent or copyright to anyone else. The Contractor shall not use or release these





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materials without the prior written consent of the State.

- 3.11. Federal Immigration and Nationality Act. Contractor shall comply with all federal, state and local immigration laws and regulations relating to the immigration status of their employees during the term of the Contract. Further, Contractor shall flow down this requirement to all SubContractor utilized during the term of the Contract. The State shall retain the right to perform random audits of Contractor and SubContractor records or to inspect papers of any employee thereof to ensure compliance. Shall the State determine that the Contractor or any SubContractor be found noncompliant, the State may pursue all remedies allowed by law, including, but not limited to: suspension of work, termination of the Contract for default and suspension or debarment of the Contractor.
- 3.12. E-Verify Requirements. In accordance with A.R.S. § 41-4401, Contractor warrants compliance with all Federal immigration laws and regulations relating to employees and warrants its compliance with Section A.R.S. § 23- 214, Subsection A.
- 3.13. Offshore Performance of Work involving Data is Prohibited. Any Services that are described in the specifications or scope of work that directly serve the State of Arizona or its clients and involve access to Data shall be performed within the defined territories of the United States.
- 3.14. Protection of State Cybersecurity Interests. The Contractor shall comply with State Executive Order No. 2023-10, which includes, but is not limited to, a prohibition against (a) downloading and installing of TikTok on all State-owned and State-leased information technology; and (b) accessing TikTok through State information technology.
- 3.15. Certifications Required by State Law.
- 3.15.1. If Contractor is a Company as defined in A.R.S. § 35-393, Contractor certifies that it is not currently engaged in a boycott of Israel as described in A.R.S. §§ 35-393 *et seq.* and shall refrain from any such boycott for the duration of this Contract.
- 3.15.2. Contractor further certifies that it shall comply with A.R.S. § 35-394, regarding use of the forced labor of ethnic Uyghurs, as applicable.

4. Costs and Payments

- 4.1. Payments. Payments shall comply with the requirements of A.R.S. Titles 35 and 41, Net 30 days. Upon receipt and acceptance of Materials or Services, the Contractor shall submit a complete and accurate invoice for payment from the State within thirty (30) days.
- 4.2. Delivery. Unless stated otherwise in the Contract, per A.R.S. § 47-2319, all prices shall be F.O.B. ("free on board") Destination and shall include all freight delivery and unloading at the destination.
- 4.3. Firm, Fixed Price. Unless stated otherwise in the Special Terms and Conditions of the Contract, all prices shall be firm-fixed-prices.
- 4.4. Applicable Taxes
- 4.4.1. Payment of Taxes. The Contractor shall be responsible for paying all applicable taxes.
- 4.4.2. State and Local Transaction Privilege Taxes. The State of Arizona is subject to all applicable state and local transaction privilege taxes. Transaction privilege taxes apply to the sale and are the responsibility of the seller to remit. Failure to collect such taxes from the buyer does



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not relieve the seller from its obligation to remit taxes.

4.4.3. Tax Indemnification. Contractor and all SubContractor shall pay all Federal, state and local taxes applicable to its operation and any persons employed by the Contractor. Contractor shall, and require all SubContractor to hold the State harmless from any responsibility for taxes, damages and interest, if applicable, contributions required under Federal, and/or state and local laws and regulations and any other costs including transaction privilege taxes, unemployment compensation insurance, Social Security and Worker's Compensation.

4.4.4. IRS W9 Form. In order to receive payment, the Contractor shall have a current

I.R.S. W9 Form on file with the State of Arizona, unless not required by law.

4.5. Availability of Funds for the Next State Fiscal Year. Funds may not presently be available for performance under this Contract beyond the current State Fiscal Year. No legal liability on the part of the State for any payment may arise under this Contract beyond the current State Fiscal Year until funds are made available for performance of this Contract.

4.6. Availability of Funds for the Current State Fiscal Year. Shall the State Legislature enter back into session and reduce the appropriations or for any reason and these Materials or Services are not funded, the State may take any of the following actions:

4.6.1. Accept a decrease in price offered by the Contractor;

4.6.2. Cancel the Contract; or

4.6.3. Cancel the Contract and re-solicit the requirements.

#### 5. Contract Changes

5.1. Amendments. This Contract is issued under the authority of the Procurement Officer who signed this Contract. The Contract may be modified only through a Contract Amendment within the scope of the Contract. Changes to the Contract, including the addition of Services or Materials, the revision of payment terms, or the substitution of Services or Materials, directed by a person who is not specifically authorized by the Procurement Officer in writing or made unilaterally by the Contractor are violations of the Contract and of applicable law. Such changes, including unauthorized written Contract Amendments shall be void and without effect, and the Contractor shall not be entitled to any claim under this Contract based on those changes.

5.2. SubContracts. The Contractor shall not enter into any SubContract under this Contract for the performance of this Contract without the advance written approval of the Procurement Officer as described in Arizona State Procurement Office Standard Procedure 002. The Contractor shall clearly list any proposed SubContractor and the SubContractor's proposed responsibilities. The SubContract shall incorporate by reference the terms and conditions of this Contract.

5.3. Assignment and Delegation. The Contractor shall not assign any right nor delegate any duty under this Contract without the prior written approval of the Procurement Officer. The State shall not unreasonably withhold approval.

#### 6. Risk and Liability

6.1. Risk of Loss. The Contractor shall bear all loss of conforming Materials covered under this Contract until



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received by authorized personnel at the location designated in the purchase order or Contract. Mere receipt does not constitute final acceptance. The risk of loss for nonconforming Materials shall remain with the Contractor regardless of receipt.

#### 6.2. Indemnification

6.2.1. Contractor/Vendor Indemnification (Not Public Agency). To the fullest extent permitted by law, Contractor shall defend, indemnify, and hold harmless the State of Arizona, and its departments, agencies, boards, commissions, universities, 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 shallful acts or omissions of Contractor or any of its owners, officers, directors, agents, employees or SubContractor. 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 shallful acts or omissions of the Indemnitee, be indemnified by Contractor from and against any and all claims. It is agreed that Contractor shall 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 SubContractor(s) is/are an agency, board, commission or university of the State of Arizona.

6.2.2. Public Agency Language Only. Each party (as 'indemnitor') agrees to indemnify, defend, and hold harmless the other party (as 'indemnitee') from and against any and all claims, losses, liability, costs, or expenses (including reasonable attorney's fees) (hereinafter collectively referred to as 'claims') arising out of bodily injury of any person (including death) or property damage but only to the extent that such claims which result in vicarious/derivative liability to the indemnitee, are caused by the act, omission, negligence, misconduct, or other fault of the indemnitor, its officers, officials, agents, employees, or volunteers.

6.3. Indemnification - Patent and Copyright. The Contractor shall indemnify and hold harmless the State against any liability, including costs and expenses, for infringement of any patent, trademark or copyright arising out of Contract performance or use by the State of Materials furnished or work performed under this Contract. The State shall reasonably notify the Contractor of any claim for which it may be liable under this paragraph. If the Contractor is insured pursuant to A.R.S. § 41-621 and § 35-154, this paragraph shall not apply.

#### 6.4. Force Majeure

6.4.1. Except for payment of sums due, neither the Contractor nor State shall be liable to the other nor deemed in default under this Contract if and to the extent that such party's performance of this Contract is prevented by reason of force majeure. The term "force majeure" means an occurrence that is beyond the control of the party affected and occurs without its fault or negligence. Without limiting the foregoing, force majeure includes: acts of God, acts of the public enemy, war, riots, strikes, mobilization, labor disputes, civil disorders, fire, flood, lockouts, injunctions-intervention-acts, failures or refusals to act by government authority, and



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other similar occurrences beyond the control of the party declaring force majeure which such party is unable to prevent by exercising reasonable diligence.

- 6.4.2. Force Majeure shall not include the following occurrences:
- 6.4.2.1. Late delivery of equipment, Materials, or Services caused by congestion at a manufacturer's plant or elsewhere, or an oversold condition of the market;
  - 6.4.2.2. Late performance by a SubContractor unless the delay arises out of a force majeure occurrence in accordance with this force majeure term and condition; or
  - 6.4.2.3. Inability of either the Contractor or any SubContractor to acquire or maintain any required insurance, bonds, licenses or permits.
- 6.4.3. If either the Contractor or State is delayed at any time in the progress of the work by force majeure, the delayed party shall notify the other party in writing of such delay, as soon as is practicable and no later than the following working day, of the commencement thereof and shall specify the causes of such delay in such notice. Such notice shall be delivered or mailed certified-return receipt and shall make a specific reference to this article, thereby invoking its provisions. The delayed party shall cause such delay to cease as soon as practicable and shall notify the other party in writing when it has done so. The time of completion shall be extended by Contract Amendment for a period of time equal to the time that results or effects of such delay prevent the delayed party from performing in accordance with this Contract.
- 6.4.4. Any delay or failure in performance by either party hereto shall not constitute default hereunder or give rise to any claim for damages or loss of anticipated profits if, and to the extent that such delay or failure is caused by force majeure.
- 6.5. Third Party Antitrust Violations. The Contractor assigns to the State any claim for overcharges resulting from antitrust violations to the extent that those violations concern Materials or Services supplied by third parties to the Contractor, toward fulfillment of this Contract.

7. Warranties

- 7.1. Liens. The Contractor warrants that the Materials supplied under this Contract are free of liens and shall remain free of liens.
- 7.2. Quality. Unless otherwise modified elsewhere in the Special Terms and Conditions, the Contractor warrants that, for one (1) year after acceptance by the State of the Materials, they shall be:
- 7.2.1. Of a quality to pass without objection in the trade under the Contract description;
  - 7.2.2. Fit for the intended purposes for which the Materials are used;
  - 7.2.3. Within the variations permitted by the Contract and are of even kind, quantity, and quality within each unit and among all units;
  - 7.2.4. Adequately contained, packaged, and marked as the Contract may require; and
  - 7.2.5. Conform to the written promises or affirmations of fact made by the Contractor.



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7.3. Conformity to Requirements.

7.3.1. Contractor warrants that, unless expressly provided otherwise elsewhere in the Contract, the Materials and Services shall for one (1) year after acceptance and in each instance:

7.3.1.1. Conform to the requirements of the Contract, which by way of reminder include without limitation all descriptions, specifications, and drawings identified in the Scope of Work and any and all Contractor affirmations included as part of the Contract; Be free from defects of material and workmanship;

7.3.1.2. Conform to or perform in a manner consistent with current industry standards; and

7.3.1.3. Be fit for the intended purpose or use described in the Contract.

7.3.2. Mere delivery or performance does not substitute for express acceptance by the State. Where inspection, testing, or other acceptance assessment of Materials or Services cannot be done until after installation or invoicing, the forgoing warranty shall not begin until State's explicit acceptance of the Materials or Services.

7.4. Inspection/Testing. The warranties set forth in this Section 7 [Warranties] are not affected by inspection or testing of or payment for the Materials or Services by the State.

7.5. Contractor Personnel. Contractor warrants that its personnel shall perform their duties under the Contract in a professional manner, applying the requisite skills and knowledge, consistent with industry standards, and in accordance with the requirements of the Contract. Contractor further warrants that its key personnel shall maintain any and all certifications relevant to their work, and Contractor shall provide individual evidence of certification to State's authorized representatives upon request.

7.6. Compliance With Applicable Laws. The Materials and Services supplied under this Contract shall comply with all applicable federal, state, and local laws and policies (including, but not limited to, information technology policies, standards, and procedures available on the State's website and/or the website of any department, commission, council, board, bureau, committee, institution, agency, government corporation or other establishment or official of the executive branch or corporation commission of the State of Arizona). Federal requirements may be incorporated into this Contract, if required, pursuant to A.R.S. § 41-2637. Contractor shall maintain any and all applicable license and permit requirements. This requirement includes, but is not limited to, any and all Arizona state statutes that impact state Contracts, regardless of whether those statutory references have been removed during the course of Contract negotiations; this is notice to Contractor that the State does not have the authority to modify Arizona state law by Contract.

7.7. Intellectual Property. Contractor warrants that the Materials and Services do not and shall not infringe or violate any patent, trademark, copyright, trade secret, or other intellectual property rights or laws, except only to the extent the Specifications do not permit use of any other product and Contractor is not and cannot reasonably be expected to be aware of the infringement or violation.

7.8. Licenses and Permits. Contractor warrants that it shall maintain all licenses required to fully perform its duties under the Contract and all required permits valid and in force.

7.9. Operational Continuity. Contractor warrants that it shall perform without relief notwithstanding being sold or acquired; no such event shall operate to mitigate or alter any of Contractor's duties hereunder absent a consented delegation under paragraph 5.3 [Assignment and Delegation] that



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expressly recognizes the event.

7.10. Performance in Public Health Emergency. Contractor warrants that it shall:

7.10.1. Have in effect, promptly after commencement, a plan for continuing performance in the event of a declared public health emergency that addresses, at a minimum:

7.10.1.1. Identification of response personnel by name;

7.10.1.2. Key succession and performance responses in the event of sudden and significant decrease in workforce; and

7.10.1.3. Alternative avenues to keep sufficient product on hand or in the supply chain.

7.10.2. Provide a copy of its current plan to State within three (3) business days after State's written request. If Contractor claims relief under paragraph 6.4 [Force Majeure] for an occurrence of force majeure that is a declared public health emergency, then that relief shall be conditioned on Contractor having first implemented its plan and exhausted all reasonable opportunity for that plan implementation to overcome the effects of that occurrence, or mitigate those effects to the extent that overcoming entirely is not practicable.

7.10.3. A request from the State related to this paragraph 7.10 does not necessarily indicate that there has been an occurrence of force majeure, and the Contractor shall not be entitled to any additional compensation or extension of time by virtue of having to implement a plan.

7.10.4. Failure to have or implement an appropriate plan shall be a material breach of Contract.

7.11. Lobbying

7.11.1. Prohibition. Contractor warrants that it shall not engage in lobbying activities, as defined in 40 Code of Federal Regulations (CFR) part 34 and A.R.S. § 41-1231, *et seq.*, using monies awarded under the Contract, provided that, the foregoing does not intend to constrain Contractor's use of its own monies or property, including without limitation any net proceeds duly realized under the Contract or any value thereafter derived from those proceeds; and upon award of the Contract, it shall disclose all lobbying activities to State to the extent they are an actual or potential conflict of interest or where such activities could create an appearance of impropriety. Contractor shall implement and maintain adequate controls to assure compliance with above. Contractor shall obtain an equivalent warranty from all SubContractor and shall include an equivalent no-lobbying provision in all SubContracts.

7.11.2. Exception. This paragraph 7.11 does not apply to the extent that the Services are defined in the Contract as being lobbying for State's benefit or on State's behalf.

7.12. Covered Telecommunications or Services. Contractor warrants that the Materials and Services rendered under this Agreement shall not require Contractor to use for the State, or provide to the State to use, "covered telecommunications equipment or Services" as a substantial or essential component of any system, or as critical technology as part of any system, within the meaning of Federal Acquisition Regulation ("FAR") Section 52.204-25.

7.13. Debarment, Suspension, U.S. Government Restricted Party Lists. Contractor warrants that it is not, and its SubContractor are not, on the U.S. government's Denied Parties List, the Unverified List, the Entities



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List, the Specially Designated Nationals and Blocked Parties List, and neither the Contractor nor any SubContractor are presently debarred, suspended, proposed for debarment or otherwise declared ineligible for award of federal Contracts or participation in federal assistance programs or activities.

- 7.14. False Statements. Contractor represents and warrants that all statements and information Contractor prepared and submitted in response to the Solicitation or as part of the Contract documents are current, complete, true, and accurate. If the Procurement Officer determines that Contractor submitted an Offer or Bid with a false statement, or makes material misrepresentations during the performance of the Contract, the Procurement Officer may determine that Contractor has materially breached the Contract and may void the submitted Offer or Bid and any resulting Contract.
- 7.15. Survival of Rights and Obligations after Contract Expiration or Termination.
- 7.15.1. Survival of Warranty. All representations and warranties made by Contractor under the Contract shall survive the expiration or earlier termination of the Contract.
- 7.15.2. Contractor's Representations and Warranties. All representations and warranties made by the Contractor under this Contract shall survive the expiration or termination hereof. In addition, the parties hereto acknowledge that pursuant to A.R.S. § 12-510, except as provided in A.R.S. § 12-529, the State is not subject to or barred by any limitations of actions prescribed in A.R.S., Title 12, Chapter 5.
8. Purchase Orders. The Contractor shall, in accordance with all terms and conditions of the Contract, fully perform and shall be obligated to comply with all purchase orders received by the Contractor prior to the expiration or termination hereof, unless otherwise directed in writing by the Procurement Officer, including, without limitation, all purchase orders received prior to but not fully performed and satisfied at the expiration or termination of this Contract.
9. State's Contractual Remedies
- 9.1. Right to Assurance. If the State in good faith has reason to believe that the Contractor does not intend to, or is unable to perform or continue performing under this Contract, the Procurement Officer may demand in writing that the Contractor give a written assurance of intent to perform. Failure by the Contractor to provide written assurance within the number of Days specified in the demand may, at the State's option, be the basis for terminating the Contract under the Uniform Terms and Conditions or other rights and remedies available by law or provided by the Contract.
- 9.2. Stop Work Order.
- 9.2.1. The State may, at any time, by written order to the Contractor, require the Contractor to stop all or any part of the work called for by this Contract for period(s) of days indicated by the State after the order is delivered to the Contractor. The order shall be specifically identified as a stop work order issued under this clause. Upon receipt of the order, the Contractor shall immediately comply with its terms and take all reasonable steps to minimize the incurrence of costs allocable to the work covered by the order during the period of work stoppage.
- 9.2.2. If a stop work order issued under this clause is canceled or the period of the order or any extension expires, the Contractor shall resume work. The Procurement Officer shall make an equitable adjustment in the delivery schedule or Contract price, or both, and the Contract shall be amended in writing accordingly.
- 9.3. Non-exclusive Remedies. The rights and the remedies of the State under this Contract are not exclusive.



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- 9.4. Nonconforming Tender. Materials or Services supplied under this Contract shall fully comply with the Contract. The delivery of Materials or Services or a portion of the Materials or Services that do not fully comply constitutes a breach of Contract. On delivery of nonconforming Materials or Services, the State may terminate the Contract for default under applicable termination clauses in the Contract, exercise any of its rights and remedies under the Uniform Commercial Code, or pursue any other right or remedy available to it.
- 9.5. Right of Offset. The State shall be entitled to offset against any sums due the Contractor, any expenses or costs incurred by the State, or damages assessed by the State concerning the Contractor's non-conforming performance or failure to perform the Contract, including expenses, costs and damages described in the Uniform Terms and Conditions.

#### 10. Contract Termination

- 10.1. Cancellation for Conflict of Interest. Pursuant to A.R.S. § 38-511, the State may cancel this Contract within three (3) years after Contract execution without penalty or further obligation if any person significantly involved in initiating, negotiating, securing, drafting or creating the Contract on behalf of the State is or becomes at any time while the Contract or an extension of the Contract is in effect an employee of or a consultant to any other party to this Contract with respect to the subject matter of the Contract. The cancellation shall be effective when the Contractor receives written notice of the cancellation unless the notice specifies a later time. If the Contractor is a political subdivision of the State, it may also cancel this Contract as provided in A.R.S. § 38-511.
- 10.2. Gratuities. The State may, by written notice, terminate this Contract, in whole or in part, if the State determines that employment or a Gratuity was offered or made by the Contractor or a representative of the Contractor to any officer or employee of the State with the purpose of influencing the outcome of the procurement or securing the Contract, an amendment to the Contract, or favorable treatment concerning the Contract, including the making of any determination or decision about Contract performance. The State, in addition to any other rights or remedies, shall be entitled to recover exemplary damages in the amount of three (3) times the value of the Gratuity offered by the Contractor.
- 10.3. Suspension or Debarment. The State may, by written notice to the Contractor, immediately terminate this Contract if the State determines that the Contractor has been debarred, suspended or otherwise lawfully prohibited from participating in any public procurement activity, including but not limited to, being disapproved as a SubContractor of any public procurement unit or other governmental body. Submittal of an offer or execution of a Contract shall attest that the Contractor is not currently suspended or debarred. If the Contractor becomes suspended or debarred, the Contractor shall immediately notify the State.
- 10.4. Termination for Convenience. The State reserves the right to terminate the Contract, in whole or in part at any time when in the best interest of the State, without penalty or recourse. Upon receipt of the written notice, the Contractor shall stop all work, as directed in the notice, notify all SubContractor of the effective date of the termination and minimize all further costs to the State. In the event of termination under this paragraph, all documents, Data and reports prepared by the Contractor under the Contract shall become the property of and be delivered to the State upon demand. The Contractor shall be entitled to receive just and equitable compensation for work in progress, work completed, and Materials or Services accepted before the effective date of the termination. The cost principles and procedures provided in A.R.S. § 41-2543 and A.A.C. Title 2, Chapter 7, Article 7, shall apply.
- 10.5. Termination for Default.

10.5.1. In addition to the rights reserved in the Contract, the State may terminate the Contract in whole





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or in part due to the failure of the Contractor to comply with any term or condition of the Contract, to acquire and maintain all required insurance policies, bonds, licenses and permits, or to make satisfactory progress in performing the Contract. The Procurement Officer shall provide written notice of the termination and the reasons for it to the Contractor. Upon termination under this paragraph, all goods, Materials, documents, Data, and reports prepared by the Contractor under the Contract shall become the property of and be delivered to the State on demand.

10.5.2. The State may, upon termination of this Contract, procure, on terms and in the manner that it deems appropriate, Materials or Services to replace those under this Contract. The Contractor shall be liable to the State for any excess costs incurred by the State in procuring Materials or Services in substitution for those due from the Contractor.

10.6. Continuation of Performance Through Termination. The Contractor shall continue to perform, in accordance with the requirements of the Contract, up to the date of termination, as directed in the termination notice.

#### 11. Contract Claims

All Contract claims or controversies under this Contract shall be resolved according to A.R.S. Title 41, Chapter 23, Article 9, and rules adopted thereunder.

#### 12. Arbitration

The parties to this Contract agree to resolve all disputes arising out of or relating to this Contract through arbitration, after exhausting applicable administrative review, to the extent required by

A.R.S. § 12-1518, except as may be required by other applicable statutes (A.R.S. Title 41).

### **Executive Summary 5.2.1.1.**

#### **A brief narrative overview not to exceed 2 pages.**

The Pima County Health Department (PCHD) proposes to continue its established Well Woman HealthCheck Program (WWHP) serving eligible women in Pima County. While the program builds on a successful track record operating WWHP for over ten years, PCHD will continue to improve the program to align with PCHD's population-health approaches and mission. PCHD will offer WWHP at eight accessible locations. The program will operate at two Pima County public health clinics, five El Rio Health Center locations, and one pilot location in Green Valley operated by United Community Health Care.

PCHD will implement the WISEWOMAN program to offer targeted preventive health services for WWHP participants in at-risk groups to help them understand and reduce their risk of cardiovascular disease and benefit from early detection and treatment.

PCHD's WWHP will actively conduct outreach to attract clients, determine eligibility, and screen eligible clients for cervical and breast cancer. The PCHD WWHP will provide case management and use its partner and vendor network to connect clients with needed low and no cost treatment resources like signing clients up for the Arizona Health Care Cost Containment System (AHCCCS) and support services like transportation. PCHD will also connect clients with survivorship support resources. PCHD will provide Navigation Only services to non-eligible clients who need low and no cost screening, treatment, and other health and support services. PCHD WWHP will conduct outreach through advertising, and cancer prevention education by operating tables at public health events and at client enrollment. PCHD will also use nationally recognized risk assessment tools for breast cancer and targeted enrollment questions for cervical cancer to assess increased risk and prioritize clients for services.

PCHD has added two new clinic sites since its previous WWHP application to both reach more clients and reduce geographic barriers preventing clients from accessing care. PCHD has added the El Rio Health Grant Road Clinic as a new location and has added United Community Health Care (UCHC) as a new subrecipient partner and its Green Valley clinic as a new location to our project plan. If the pilot at the Green Valley clinic goes as planned, UCHC will add four additional clinic locations to the PCHD WWHP. These new locations will further increase the client base and remove barriers for historically underserved communities. As of the BAFO submission, the El Rio Grant Road Clinic is successfully serving WWHP clients. PCHD will train providers and staff at the Green Valley Clinic in February 2024 and begin offering WWHP services to clients upon training completion. PCHD plans to serve 700 patients/clients with the submitted budget. This is an increase from 630 clients last year due to service enhancements.

El Rio Health Center and United Community Health Center will be subrecipient partners operating the PCHD WWHP at their clinics. These partners have a strong track record of operation and focus on serving historically rural, underserved, and economically disadvantaged populations and racial and ethnic minorities, and removing barriers to care. Assured Imaging (AI), Radiology Limited will provide screening/testing procedures and CDD Labs is our current vendor for analysis. It is also noteworthy that working with Assured Imaging creates the opportunity for PCHD to join a collaboration between AI and Wal Mart to offer screening services through AI's mobile unit at Wal Mart locations. This collaboration further increases cancer prevention and education, and reduces barriers to care.

PCHD will set up provider surveys and schedule regular meetings with partners to ensure proper data collection, management, and surveillance. This communication plan will drive data accuracy, instill quality assurance into screening, and promote appropriateness of service. This communication flow will also ensure that the entire PCHD WWHP team remains up to date regarding changes to breast and cervical cancer screening procedures and diagnostic algorithms. PCHD will use this ongoing communication and subrecipient progress and fiscal reporting to submit accurate billing and complete data bundles for the Contractor's Expenditure Report.

Please see the attached Methodology and first year Work Plan for full details.

PCHD began operations in 1933 to serve all 9,000+ square miles of Pima County. Pima County is very large with both vast rural area and urban centers; it is racially diverse and has a population which consistently experiences more poverty than state and federal averages. PCHD is a nationally accredited health department which serves over one million Pima County residents. PCHD continually strives to add more services, stretch its geographic range to reach more people, and build equity into its staff training and programs to reduce barriers to care. PCHD has brought this same combination of experience and push for improvement to WWHP, combining proven procedures from its current WWHP grant operation with new partners, clinic locations, and communications protocols to improve service and compliance.

El Rio Health Center was founded in 1970 as a direct response to President Lyndon Johnson's War on Poverty to serve Tucson's racially and economically underserved south and west sides. UCHC was founded in 1984 to provide basic health care to under and uninsured rural populations in Pima County. Both partners provide high quality healthcare and have gained tremendous experience in providing services and removing barriers to underserved populations during their years of operation.

Clementina Hernandez will act as the Project Coordinator and run day-to-day operations for WWHP. Ms. Hernandez will oversee PCHD program staff, subrecipients, and vendors. She will be responsible for mitigating any staffing issues that arise and submitting accurate and timely reports to the State. Ms. Hernandez has 15 years' experience coordinating and leading WWHP and other public health programs.

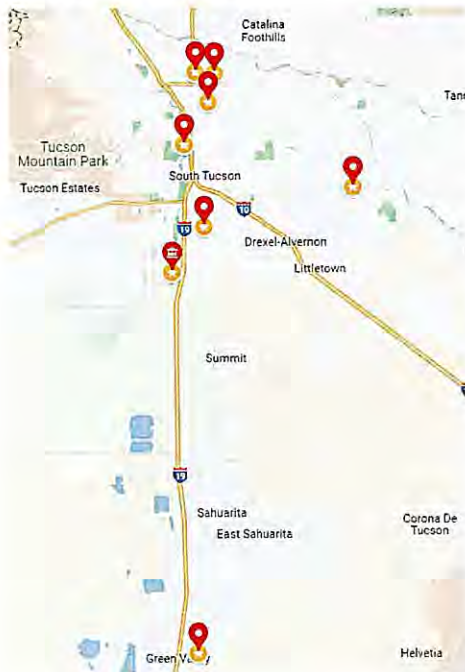
Please see the attached Experience and Expertise and Technical Qualifications documents for full institutional and staff roles, experience, and qualifications.

PCHD requests \$641,012 for the first year of its WWHP operations and \$78,879 for WISEWOMAN program implementation.

## Method of Approach (Methodology)

Please describe the complete processes your organization will use to accomplish the objectives listed in the Scope of Work.

The Pima County Health Department (PCHD) proposes to continue its established Well Woman HealthCheck Program (WWHP) serving eligible women in Pima County and continuously seeking to extend the program's reach to underserved populations, especially those disproportionately impacted by undetected breast and cervical cancer. PCHD will offer WWHP at eight accessible locations in Pima County: PCHD's Theresa Lee Clinic and North Clinic, El Rio's Congress, Northwest, Southeast, Pueblo, and Grant Road Health Centers, and United Community Health Care (UCHC) at La Posada in Green Valley. At the County locations, PCHD clinic staff will work with contracted vendors for mammography services, providing all other services directly. As subrecipient partners, El Rio and UCHC will operate the WWHP program at their locations. PCHD plans to serve 700 patients/clients with the submitted budget, an increase over the 630 clients served last year.



PCHD will conduct outreach campaigns to educate community members about the importance of early detection and the availability of cervical and breast cancer screening services for eligible women. All three partners, PCHD, El Rio and UCHC, will refer clients or patients receiving other services to WWHP if they appear to meet its eligibility requirements. PCHD will also embed with mobile mammography services provided in the community by one of our vendors, Assured Imaging, to offer WWHP enrollment to interested eligible women. PCHD will train El Rio and UCHC staff, as well as staff at our own clinics, to conduct WWHP eligibility determination procedures and complete all documentation requirements.

PCHD, El Rio and UCHC will provide breast and cervical cancer screening services and appropriate clinical follow-up in accordance with the Scope of Work. The three partners will provide care coordination and navigation to assist women to enroll in Arizona Health Care Cost Containment System if eligible, or to access other low-cost or not-cost treatment resources.

PCHD has made modifications to WWHP to incorporate lessons learned from its new Office of Health Equity, its Advancing Health Literacy program and its initiatives aimed at reducing racial, ethnic and economic disparities. The program partners will collaborate in continuous quality improvement efforts, surveying participants and meeting bi-annually to analyze survey results and program successes and challenges.

**Specifically, Pima County Health Department will accomplish the following: Implement a Policy Prioritizing Breast and Cervical Cancer Screening:**

Pima County policy established breast and cervical cancer screening as one of its highest priorities in its current Community Health Needs Assessment (CHNA). Every five years the Pima County Health Department (PCHD) conducts a CHNA to prioritize health policies. Screening data collected by the WWHP program, combined with leadership support granted for this proposal, will allow the Health Department to persuasively present continued prioritization of breast and cervical cancer screening to health needs assessment committees.

In addition to screening and diagnostic services provided by external community partners, WWHP participants have access to a wide range of public health services offered by PCHD and its partners. PCHD is dedicated to serve underrepresented and underserved communities to break down barriers for the medically underserved, racial and ethnic minorities, clients with disabilities, people with low literacy and language barriers, and the LGBTQ+ community. These services include: breast and cervical cancer diagnostic screening; colorectal cancer screening; referral to low cost/no cost treatment when necessary; family planning and HIV/STD services; referral to ASHLine for smoking cessation support; and referrals for mental health and addiction programs. WWHP and PCHD's Title – X Program (Family Planning Program) mutually refer clients among other collaborations. PCHD intentionally creates these close relationships between programs to decrease barriers to care and offer wrap around services. PCHD's WWHP also participates in the Fresh Start International Expo every year to help provide services to formerly incarcerated people in Pima County. This is one example of PCHD's commitment to reaching marginalized populations and is part of our commitment to prioritize enrolling traditionally underserved populations outside the mainstream of patient care.

Newly added partner United Community Health Center (UCHC) expands benefits and program options for potential WWHP clients, and it also demonstrates Pima County's commitment to implementing policies to prioritize breast and cervical cancer screening. UCHC will expand the WWHP services to residents in the rural southern towns of Three Points, Green Valley, Sahuarita, and Vail. Green Valley is almost 25 miles away from the closest PCHD clinic. UCHC's provision of screening services and preventative education is vital to improving health outcomes for that underserved area. PCHD's efforts have created a WWHP network that includes two thirds of the Federally Qualified Health Centers in Pima County. PCHD continues to develop relationships with one additional potential partner in an effort to include all FQHCs in Southern Arizona, maximizing the reach of the WWHP and reducing duplication.

As well as collaborating with the local FQHCs in Southern Arizona, PCHD has procured two vendors for mammogram services to maximize client convenience. Contractor Assured Imaging has a mobile mammography unit that goes to multiple areas around Pima County to reach isolated and/or medically underserved populations. WWHP goes to these events and enrolls patients into the program and then they receive their mammograms. This partnership is vital because it allows WWHP to be able to reach people where they are and connect them to additional services at the time of screening; otherwise they might not have sought out these life-saving services. Recently this partnership expanded with Walmart becoming one of the community sites, so that WWHP is now offered at various Walmart locations in Pima County. Assured Imaging attaches our combined flyer to every pharmacy pick up bag to increase awareness of the events but also of the WWHP. These are just some examples of creative outreach and partnerships that facilitate the access to services.

**Determine baseline screening rates for breast and cervical cancer. Describe how you will determine the initial baseline screening rates and how that process will be used and reported annually:**

To plan for success, PCHD, with direction from ADHS and CDC, will determine a baseline screening rate for breast and cervical cancer and will monitor screening trends over the next five years. The absence of nationally applied breast and cervical cancer screening targets limits our ability to compare current baseline screening rates to national standards. However, the goal will be to effect an increase in screening rates over the next five years through WWHP evidence-based initiatives.

PCHD uses Electronic Medical Record applications to prevent variations in clinical data collection, as well as to improve partner clinics' coordination and communication. PCHD also reduces errors in data translation and correlation by requiring subrecipients to utilize standardized Baseline Clinic Data Collection forms provided by ADHS. PCHD will conduct quality assurance, through billing reviews and on- site clinic visits, on medical charts to facilitate the most accurate and representative data exchange

possible. PCHD will compile and submit the Clinic Data Collection Forms for breast and cervical cancer screening annually. The breast cancer baselines for the 22-23 program will be created for two population sets, those age 40-74 and those age 50-74. The Program Coordinator will report these baseline rates to ADHS within thirty (30) days of contract award.

Data collected in 2022-2023 demonstrates the number of women 40-74, insured and uninsured, that have been served by Pima County WWHP in the past 12 months:

	PCHD	EI Rio Health	Total
Number of uninsured women using WWHP clinics in the past 12 months	91	492	1199
Number of insured women using WWHP clinics in the past 12 months	29	1969	1998

In response to RFP Part 1 13.9 proposal reporting requirements, this table presents PCHD clinic tracking data for the past twelve (12) months.

Clinic Client Demographic Data for Past Twelve (12) Months	Total
Number of uninsured clients 40+	319
Number of insured clients 40+	104
Number of clients 40+	423
Number of clients 50+	120
Breast and Cervical Cancer screening rates (using GPRA as a rate measure type)	105/131 = 80.15%

PCHD WWHP will regularly monitor performance and screening rates to identify opportunities for improvement and incorporate strategies to improve services and develop best practices. Objectives to meet this goal include adherence to WWHP guidelines and quality standards for screening and surveillance and follow up. We will monitor program providers' clinical protocols and program guidelines to ensure quality improvement. The PCHD Program Coordinator will lead regular chart audits to ensure compliance with set standards. The Government Performance and Results Act (GPRA) sets the standards for PCHD's benchmarks, and quarterly reports will demonstrate PCHD's progress towards reaching those programmatic benchmarks.

**Monitor and track breast and cervical cancer screening rates:**

The current PCHD WWHP has existing systems in place to collect and analyze population-based information on demographics, incidence, staging at diagnosis, and mortality from breast and cervical cancer. Evaluation methodology is tied to the Minimum Data Elements (MDEs) submitted to ADHS. PCHD enters all MDEs into a local database, which will measure the timeliness of follow up and/or treatment services.

In conjunction with community based and State partners, the PCHD WWHP utilizes data from various sources to identify and bridge gaps in areas of need so that outreach/education and service delivery are administered appropriately. PCHD evaluates the effectiveness of public education/outreach in order to improve strategies and activities related to the recruitment of women for screening and meet the targeted screening levels. The PCHD WWHP, together with ADHS, uses information from ADHS' CaST data

system, the AZ Cancer Registry, census data, and Social Vulnerability Index data to create a comprehensive community assessment to identify and serve high priority populations.

The PCHD WWHP uses core indicators and ADHS reports to monitor and address trends in performance. The Program Manager analyzes statistics that fall outside acceptable ranges as determined by CDC and ADHS, and develops corrective actions as needed. The Program Manager and Program Coordinator regularly assess program data to improve outcomes for women served by the program, studying elements like retention and follow-up. Mitigation strategies include a continuous cycle of monitoring until outcomes demonstrate improvement. Program specific tools used for quality assurance include, but are not limited to, follow-up forms, incident reports, client grievance reports, and client satisfaction surveys. PCHD conducts these surveys annually, using anonymous client evaluation of services to target issues such as wait times, being treated respectfully by staff, and impressions of the facilities. Results are compiled and discussed with providers and program staff to help implement changes to the program.

**Implement and track the results of implementation of evidence-based initiatives (EBI’s) to increase breast and cervical cancer screening rates;**

The following EBP’s utilized by the WWHP are modeled after the CDC Population-based Breast and Cervical Cancer Screening Intervention Strategy Tool.

- **Client Reminders:** PCHD provides individualized phone reminders for breast and cervical cancer screenings. PCHD annually sends breast cancer screening reminder cards to last-known patient addresses. EL Rio Health utilizes phone reminders for patients, as well as an online patient portal for appointment reminders, billing, and test results.
- **Reducing Structural Barriers:** PCHD makes use of a Mobile Mammography Coach in pursuit of reducing structural barriers for clients. The Mobile Coach allows for slightly more flexible weekend and evening hours and enables PCHD staff to conduct screenings in hard-to-reach areas. Pima County Health Department, as an extension of government, has limited ability to extend operating hours at clinical sites. To mitigate this, Pima County has selected subrecipient partners that have extended hours, detailed in the table below:

PCHD	EI Rio Health	UCHC
Monday-Friday 8am-5pm (closed for lunch)	Mon & Wed 8-8 + flexible hours for those needing education and in labor	Monday-Friday 8am-5pm
Appointments for WWHP are available Mon through Fri, 8am- 4pm	Appointments available via online sign-in	Appointments for WWHP are available Mon through Fri, 8am- 4pm

- **Provider Assessment Feedback:** Staff of PCHD’s WWHP will meet with EI Rio biannually and UCHC, a new provider, quarterly. PCHD also visits each WWHP monthly. During these meetings, providers are encouraged to share challenges they encounter enrolling clients or other program requirements. PCHD encourages all patients to complete PCHD patient satisfaction survey after completion of program and after clinic visits. PCHD requires subrecipients and its own clinics to have patients complete their own surveys, the results of which are communicated to the WWHP to improve service. Clinic staff prompt each patient to finish their survey after each clinic visit.
- **Provider Reminder and Recall Systems:** Each clinic has an Electronic Health Records system to assist with case management and billing. WWHP partners receive prompts through these systems if they encounter an eligible recipient. For example, if a physician sees an eligible woman over 40, the EHR system will prompt that they are due for a WWHP screening.
- **Establish Patient Navigator Programs:** PCHD’s case managers are trained as certified enrollment specialists to “walk” eligible clients through the enrollment, screening, and diagnostic processes. Additionally, they are trained to offer information and referrals for insurance options, services provided under other programs, and treatment sources. PCHD staff will scour other sources for eligibility and necessary screening and treatment resources, such as other PCHD grant programs like Title X, State programs, Pima County Health Department Method of Approach 5.2.1.2.1.

partner resources, AHCCCS, the Affordable Care Act, NBCCEDP funds, and Medicare Part B, depending on patient's age and eligibility. Currently the WWHP has one full-time and one half-time case manager focusing on just WWHP clients, though any case manager at the clinics could assist with navigation. The Navigation Only case manager will focus on assisting women who have insurance coverage who need assistance navigating breast and cervical cancer screening services. Additionally, WWHP partners have Patient Navigators and Community Health Advisors (CHA) at their sites to assist with registration and navigation. Navigators and Case Managers will also direct potential clients to Medicaid (AHCCCS) and other insurance options as a pre-eligibility check. These staff will also use flowsheets and attestation forms provided during Affordable Care Act open enrollment.

**Create Strategies that Encourage or Require Patients to Establish a Health Home:** PCHD clinics do not provide comprehensive care; therefore, case managers have processes to conduct outside referrals with partners to make sure patients receive appropriate and comprehensive care. El Rio Health, Marana Healthcare, United Community Health Center, Clinica Amistad provide comprehensive care and general practice, and each have a policies prompting patients seen at these health centers to continue use them as a health home for additional services not covered by WWHP or other PCHD programs.

**Reduce Out-of-Pocket Costs:** PCHD case managers assist clients in reducing out-of-pocket costs by assisting uninsured eligible individuals to sign up with the Arizona Health Care Cost Containment System (AHCCS). PCHD provides Navigation Only services to allow special attention to those individuals with insurance who still need assistance reducing out-of-pocket costs and will assist with referring qualified individuals to the BCCTP (Breast and Cervical Cancer Treatment Program). PCHD chose its partners for WWHP because these organizations have a mission to serve low-income individuals or to reduce or eliminate out-of-pocket costs altogether. For clients who are age eligible, PCHD will utilize State funding for mammography services.

- **Group education:** PCHD conducts targeted education events at places where eligible women are likely to attend, such as schools with groups geared towards mothers. Partner El Rio also has special hours for group education regarding breast and cervical cancer and women's general health every Tuesday and Thursday.
- **One-on-One Education:** One-on-One education is conducted with all enrolled clients, with an emphasis on survivorship care for those newly diagnosed. In previous years, an average of 20-25 women received a breast or cervical cancer diagnosis, or were navigated through treatment options, through the WWHP. Following this trend, PCHD anticipates approximately 50 women may receive a breast or cervical cancer diagnosis in the next five years. Each woman will receive a BAG IT Bag. Launched in 2003, BAG IT developed an essential tool used by newly diagnosed cancer patients and their families, caregivers and medical providers. The BAG IT bag consists of a specially- designed patient navigation binder, reliable publications about coping with diagnosis and treatment.
- **Data-Driven Decision Making Regarding Screening Procedures:** PCHD WWHP will ensure the availability of high-quality data for program planning, quality assurance and evaluation. Objectives developed to meet this goal include having a data management and surveillance system that ensures quality screening and appropriateness of service. The PCHD WWHP has existing systems in place to collect and analyze population-based information on demographics, incidence, staging at diagnosis, and mortality from breast and cervical cancer. All information is used to inform and evaluate the program's success and need for improvement toward Healthy People 2030 metrics.

Provider surveys, as well as biannual meetings with partner clinics, ensure that communication is open between the Pima County WWHP and partners. This keeps data flowing smoothly through EHR systems, which send alerts to providers any time they see a woman who might qualify for the WWHP program. EHR systems also track services provided and greatly assist in follow-up, facilitating secure communication between medical providers if, for instance, a woman receiving screening requires additional services, whether related to cervical or breast health or other health concerns the patient may present.

To increase access to care community wide, WWHP staff educate community partners and organizations



about the BCCTP. The expansion of BCCTP in 2012 (based on eligibility guidelines) allows women served outside the program to obtain breast and cervical cancer treatment. As part of partner/provider presentations, WWHP staff update providers on BCCTP eligibility requirements, and provide guidance on the enrollment process (per ADHS guidelines) and submission of applications for community referrals. Pima County WWHP coordinates submission of enrollment packets for community referrals through our main site.

The Pima County WWHP provides ongoing provider education through biannual meetings. These allow PCHD to address questions, give updates on changes to the WWHP, and distribute program material to partner providers. These meetings also give providers an opportunity to work together to share up-to-date information on patient care, service delivery, best practices and marketing/program promotion strategies. Pima County WWHP conducts at least one professional development event per year in addition to the biannual meetings. These professional development events specifically focus on clinical activities related to breast and cervical cancer, and the importance of reporting cancer cases to the Arizona Cancer Registry.

The presentations are determined based on input from our WWHP providers gathered through a survey sent twice a month to providers, seeking ideas for topics. These educational events are open to the community as appropriate and advertised on the Pima County Health Department's Website.

The PCHD WWHP remains up-to-date on changes in standards of care related to Breast and Cervical Cancer Screening by following the latest algorithms. Using these algorithms, the PCHD WWHP educates the community and program participants about any new guidelines, and how their health care might be affected. Breast and cervical cancer materials are evaluated for literacy levels and cultural sensitivity before they are made available to community partners and healthcare providers. Other activities include annual reminder cards and education about the importance of screening and re-screening based on medical recommendations. All WWHP providers receive up-to-date protocols, procedures and clinical algorithms based on CDC recommendations, NBCCEDP clinical guidelines, ASCCP and Breast Cancer Diagnostic Algorithms. Providers get links to the ADHS Well Woman Website, professional on-line journals, and the CDC NBCCEDP website in an effort to share current information. In addition, the program seeks to disseminate information on current guidelines to the public at large.

**Implement Navigation Only, the patient navigation of insured women using your facility for breast and cervical cancer screening services. (While the program does not reimburse for their screening services, the program does pay to support navigation of these women through the screening and diagnostic process.)**

PCHD trains staff to address the specialized needs of clients who are insured but need assistance navigating the circuitous pathway to services. PCHD's Navigation Only portion of the WWHP targets low-income women with insurance, between the ages of twenty-one (21) and sixty-four (64) receiving services from PCHD or partner clinics for patient navigation and case management for their breast and cervical cancer screening and diagnostic procedures.

PCHD staff is responsible for developing a written assessment of the client's barriers to cancer screening, diagnostic services, and initiation of cancer treatment. In addition, staff provides or refers clients to education and support services, including but not limited to transportation, housing, and translation services. Each month staff reports to PCHD the number of clients engaged and results of follow-up, and monitors the amounts of completed screening, diagnostic testing, and initiating cancer treatment.

Staff must make four significant attempts to contact the client, including calls to emergency contacts as warranted before declaring a client lost to follow-up. The program calls three times and, if unsuccessful, sends a certified letter (4th attempt) to the address on file. Staff will collect data on the clients' adherence to cancer screening, diagnostic testing, and treatment initiation, which will be used to inform future navigation practices. Staff then fills out and submits the "Lost to Follow-up" Form provided by ADHS. To minimize the number of clients declared lost to follow-up, the program's policy requires that contacts, addresses and phone numbers are updated at every client visit. If enrolling clients have no telephone or address (homeless, migrant, etc), a contact with a homeless shelter or similar organization needs to be documented.

**Provide case management and timely services to WWHP clients:**

Key leadership is poised to provide the necessary guidance and resources to ensure WWHP’s continued success and delivery of timely service. WWHP staffing levels are monitored to ensure full coverage, with vacancies filled in a timely manner to guarantee continued services to patients. A specialized position was created for Navigation-Only services to meet Navigation-Only service goals. Regular review, evaluation, and revision of performance plans for each employee based on program objectives will improve program delivery.

New PCHD staff to be hired for this program will be required to attend WWHP training courses, developed and hosted by the Arizona Department of Health Services (ADHS). These courses focus on training program staff on program basics and billing, with the goal to facilitate cross training to prevent decreased program delivery if specific staff are unavailable due to emergency or unforeseen circumstances. The Pima County WWHP staff attend all of ADHS’ WWHP quarterly meetings and have participated in them by giving presentations. PCHD offers training to subawardees to help them continue to deliver quality and efficient care and to reinforce their efforts to assist women signing up for WWHP and BCCTP.

Referral resources within local communities are utilized through partnerships as part of the case management process. PCHD has maintained strong connections with local clinics that have provided screening services since the inception of the WWHP in Pima County, including private clinics and Community Health Centers. Each PCHD WWHP site has a point person handling referrals, so that when a clinic in the community identifies an eligible participant (age, under or uninsured, and poverty level requirements), their information can be given to the point person directly, minimizing administrative tasks for which the client is responsible.

PCHD WWHP will also conduct public health education focused on breast and cervical cancer as part of its outreach events. PCHD WWHP will sponsor tables at events such as Arizona Bilingual events, Breast Cancer Awareness Walk, Fourth Avenue Street Fair, the Free Mammograms event each May organized by Arizona Complete Health and the YWCA, and the Black and Brown Health Fair. We choose events based on expected event demographics and calendar occurrence so that we promote breast and cervical cancer education and services throughout the year. PCHD WWHP will use these events to educate by talking to fair goers and distribute promotional and educational materials.

The case management process in Pima County mirrors ADHS standards and ensures that women receive: (1) timely diagnosis and treatment, (2) access to a network of providers, (3) coordination of care, (4) knowledge and understanding of their health condition, (5) empowerment, including taking an active role in their care, and (6) adherence to diagnosis, treatment and annual screening appointments, and (7) resolution of client barriers such as transportation and translation services. The role of the case manager in Pima County is to support the care of women enrolled in the Pima County Well Woman HealthCheck Program. This workflow is designed to 1) differentiate provider and PCHD case management roles and responsibilities and to 2) ensure timely communication between partners (provider, PCHD, facility, etc.).

RESULT	WWHP CLINIC PROVIDER	WWHP CASE MANGER
<b>Clinical Breast Exam</b>		
Discrete palpable mass (suspicious for Cancer), Bloody or serous discharge, nipple or areola scaliness, Skin dimpling or retraction	Discuss with woman her results & plan for continued care i.e. case management referral and/or need for additional testing).  Alert case manager of type of follow-up recommended	Minimum Data Elements (MDEs) are placed in a tickler system to assure follow up is conducted within specified timeframes. -Contact client to schedule recommended follow up

Short term follow- up (i.e. palpable mass probably benign)	Tracks client for repeat/consult CBE.	Assists with women who cannot be located and/or women who no show for three consecutive appointments. -Schedules follow up appointments
<b>Mammography</b>		
(Bi-Rad Category 4) Suspicious abnormality	Reviews results (within 3 days of receipt of result).  Communicates with Case Manager for follow up needed and to contact client with results	Assess woman to determine appropriate level of intervention (see levels of intervention).  Schedule needed appointments
(Bi-Rad Category 5) Highly suggestive of malignancy	Contact Case manager & discuss results & plan for continued care i.e. case management referral and/or need for additional testing	Contact client with results and refers to provider if additional questions.  Set up follow up care as needed.  Obtain films, reports, etc. for network provider if appropriate.  Inform clinic of action plan and mark medical record for case management.
(Bi-Rad Category 0) Assessment Incomplete	Immediately refer patient for additional imaging (mammography views or ultrasound as necessary).  Contacts Case Manager to schedule imaging	Contact client to inform of need for additional imaging and schedules appointment.  Assists with women who cannot be located and/or women who no show for three consecutive appointments.
Short term follow-up	Follow patient in clinic based on report (mammogram) recommendations.  Contact & discuss with patient her results & plan for continued care.	Assists with women who cannot be located and/or women who miss three consecutive appointments.

All women enrolled in the Pima County Well Woman HealthCheck Program will receive assessment for case management services based on the outcome of their screening exams (Clinical Breast Exam, mammography and Pap test). Women with abnormal screening results are the priority population for case management services.

Pima County WWHP discontinues case management once:

1. A participant drops herself from the process or program by
  - Choosing not to seek follow up and/or treatment and has signed the WWHP refusal form or documentation of verbal refusal is in medical record
  - Moving from the service area (note: all records must be transferred to new care provider)
  - Being determined lost to follow up, after all appropriate steps have been taken to contact woman as stated in the WWHP Operations Manual
2. Short-term follow-up was completed with a recommendation to return to annual screening
3. Diagnostic procedures and or treatment are complete and no further intervention is needed
4. Woman has obtained insurance and has had an appointment with new provider.

Women with breast and/or cervical cancer who receive care through the PCHD Network Providers must not be terminated from case management until all phases of treatment have been completed. Case management services during the cancer treatment process must be a collaborative process between the WWHP/PCHD case manager, the primary provider (clinic), the network provider, facilities (hospital), and other support organizations.

**Conduct risk assessments for breast and cervical cancer and track results:**

PCHD implemented the Gail Model (also called the Breast Cancer Assessment Tool, BCRAT) to conduct risk assessments in January 2019. This model calculates a client's absolute risk of developing breast cancer. The most widely known and most commonly used model for breast cancer risk assessment, the Gail Model was initially designed in 1989 using data collected as part of the Breast Cancer Detection and Demonstration Project, a nested case-control study of almost 300,000 women who were undergoing breast screening between 1973 and 1980. Modified in 1999, both the original and the modified versions of the Gail Model use six breast cancer risk factors: age; hormonal or reproductive history (age at menarche and age at first live birth); previous history of breast disease (number of breast biopsies and history of atypical hyperplasia); and family history (number of first-degree relatives with breast cancer). The Gail Model defines a high-risk individual as one with a 5-year risk exceeding 1.67%. For women under the age of 35 with a history of BRCA 1 or BRCA2 or any other reason the Gail Model is not applicable and have been diagnosed with breast cancer, PCHD uses the Tyrer-Cuzick Model to mitigate the limitations of the Gail Model.

Cervical cancer does not yet have a nationally recognized risk assessment tool. However, PCHD intends to utilize targeted questions developed by the CDC to determine if a client has an increased risk. While a numerical rate cannot be derived from these questions, we can use responses to estimate whether a client has an increased risk of developing cervical cancer. PCHD will recommend increased cervical screenings for the individual based on this risk determination. PCHD will collect and utilize these data to inform future policy decisions, making sure data is secured according to HIPAA standards and local law.

Due to increasing risk from these categories, clients fifty (50) years of age and older will account for the majority of mammography services under WWHP. Clients from populations with high rates of late-stage disease and high mortality shall also be a priority within the PCHD WWHP.

**Recruit and maintain low cost/no cost treatment resources for women diagnosed with breast or cervical cancer who are not eligible for the Breast and Cervical Cancer Treatment Program:**

A strong network of providers and resources provides care for women not eligible for the Breast and Cervical Cancer Treatment Program. The WWHP in Pima County works with Community Health Centers, local oncology groups, and even a facility located in Hermosillo, Mexico, to provide care to women on a sliding fee scale.

In its current WWHP operations, PCHD has also developed close informal relationships with providers who receive additional funding for diagnostic and treatment services. This allows any participant presenting an abnormal colposcopy from PCHD to be directly referred to the subcontractor providing Loop Electrosurgical Excision Procedures (LEEPs) at minimal cost to the patient. These out-of-pocket costs are maintained at about \$150 per LEEP procedure, as opposed to sliding scale fees offered by other providers that may vary between \$500 and \$1,500 per procedure. These relationships with subcontractors and non-contracted partners lead to reduced out-of-pocket costs encourage the consumer to receive treatment within a shorter timeframe, thus improving their long-term outcomes.

The WWHP team is committed to training navigators and case managers to be creative when searching for adjacent grants, County programs, and partner resources to lower or avoid costs for individual clients and overall client populations.

**Offer WISEWOMAN Program services at all clinics:**

PCHD will implement the WISEWOMAN program to offer targeted preventive health services for WWHP participants in at-risk groups to help them understand and reduce their risk of cardiovascular disease and benefit from early detection and treatment.

WWHP participants ages thirty-five to sixty-four (35 to 64) who are low-income, uninsured or under-insured, will be offered culturally-informed risk factor screenings and program services designed to address the social determinants of health in accordance with the WISEWOMAN guidelines.

PCHD will hire a full time case manager to coordinate referrals from all clinic sites (including sites operated by subrecipients) for WISEWOMAN and will assign one of its clinic Nurse Practitioners to assist with operations. The WWHP Program Coordinator will guide clinical staff in delivery of WISEWOMAN services.

**Submit accurate and complete bundles of patient data and billing information with the Contractor's Expenditure Report (CER):**

PCHD WWHP will use billing and data submission procedures developed during its current WWHP operation to assure accurate and complete patient data and billing. The Program Coordinator conducts quality assurance reviews at clinic sites and reviews at least 10 patient data forms at each review. All patient data from subrecipients is reviewed by the WWHP Program Coordinator with their monthly billings. Subrecipients are required to submit Contractor Expenditure Reports (CERs), client listings, and MDEs to PCHD within 40 days of service.

Pima County and subrecipient expenditures will be tracked by Pima County Grants Management and Innovation (GMI) Finance Division; and reviewed and reconciled monthly with the WWHP team, the ADHS budget and each subrecipient agreement budget, to ensure all expenditures and services are allowable and fall within authorized budget totals and ensure proper payment for patient services rendered. Program expenditures will be examined regularly to manage the program budget and allow any budget modifications to be reported to ADHS as necessary. Close coordination between the GMI Finance team and the WWHP Program Coordinator will also ensure that all PCHD CERs are submitted to ADHS within 45 days of service with complete and accurate documentation of patient services and documentation for other expenses including copies of invoices, personnel cost details including staff name, rate, hours, total pay, and total ERE charged. The total for all staff will be equal to what is listed on the CER. Pima County does not have a Negotiated Indirect Cost Rate Agreement and uses the de minimis indirect cost rate of 10% of Modified Total Direct Costs. Documentation for Indirect Costs will detail which expenditures are included in the Modified Total Direct Cost Base. PCHD will provide annual certification of eligibility for the de minimis indirect cost rate to the ADHS WWHP Director.

**Submit first year work plans.**

Please see attached work plan.

**Experience and Expertise 5.2.1.3.1**

The Pima County Health Department (PCHD) began operations in 1933. As a representative of the Pima County Government, PCHD serves the entirety of Pima County (9,000<sup>2</sup> mi). PCHD locates clinics and provides services in as many locations as possible to reduce barriers and improve access to care. PCHD offers WWHP Clinical Services in three urban clinics and one Mobile Clinic. These sites have Public Health Nursing staff who provide direct links to other social and health services. To assure accessibility, these clinical sites are located along bus routes, with most having a bus stop right outside the building. PCHD locates the Mobile Clinic based on the Social Vulnerability Index of specific zip codes.

PCHD WWHP continues to improve its current WWHP by adding new partners or introducing WWHP services at new locations for existing partners. PCHD offers family planning and sexual health services at its North Office and Theresa Less clinics. These sites were specifically chosen for WWHP due to overlap in program client populations. PCHD will add United Community Health Center's (UCHC) Green Valley clinic as a new subrecipient and El Rio's Grant Road location as a new clinic. If this pilot goes as planned, UCHC will offer WWHP services at four additional locations with medically underserved populations.

Organization	Address	Location
PCHD Theresa Lee Public Health Center	1493 W. Commerce Center	Tucson
PCHD North Clinic	3550 N. First Ave	Tucson
El Rio Congress	839 W. Congress St	Tucson
El Rio Northwest	321 W. Prince Rd	Tucson
El Rio Southeast	6950 E. Golflinks Rd	Tucson
El Rio Pueblo	101 W. Irvington Rd Bldg 10	Tucson
El Rio Grant Road (New)	3655 E. Grant Rd	Tucson
UCHC at La Posada (New)	670 S. Park Centre Ave	Green Valley
UCHC at Arivaca (Future)	17388 W. 3 <sup>rd</sup> St	Arivaca
UCHC at Sahuarita Heights (Future)	2875 E Sahuarita Rd	Sahuarita
UCHC at Old Vail Middle School (Future)	13299 E. Colossal Cave Rd	Vail
UCHC at Three Points (Future)	15921 W. Ajo Way	Three Points (Tucson)

El Rio Health was founded in 1970 in response to President Lyndon Johnson's declaration of a "War on Poverty" to serve Tucson's culturally, and economically underserved South and West sides. El Rio is now one of the most innovative, highly regarded nonprofit health centers in the U.S, serving 10% of Tucsonans. UCHC was founded in 1984 to provide basic primary health care to rural parts of Southern Arizona which had little medical support and to populations which were mostly under or uninsured. UCHC continues to expand its service areas by opening clinics in Continental, Arivaca, and Three Points. El Rio clinics offer WWHP services beyond the 8am-4pm hours of PCHD clinics.

To further overcome geographic barriers to care, PCHD contracts with FQHCs to increase the number of WWHP clinic sites to eight, and possibly twelve during this grant. In addition to WWHP programming, these partnerships also allow PCHD to implement general health and prevention activities including oral health screenings, public health nursing partnerships, Women Infant and Children (WIC) programming, Tuberculous screening and treatment, immunizations, STI screening, colorectal cancer screening, high blood pressure screening, and blood lead tests. At BOFA submission, El Rio Grant Road is now serving WWHP clients, and Green Valley will train providers and staff to serve WWHP clients in February 2024.

The Well Woman HealthCheck Program is part of the PCHD's Clinical Services Division. Clinical Services is comprised of six programs: oral health, tuberculosis, reproductive health, HIV prevention, adult & child immunization, and clinic & organizational compliance. PCHD currently has over 400 full-time employees.

**Provide resumes or curriculum vitae for key personnel responsible for delivery of services as defined in the Scope of Work. Provide resumes for key personnel that will be part of the project and job descriptions for positions to be filled. Resumes shall include name, title, key responsibilities, and previous experiences that are relative to that field. Include all professional licensure, certifications, experience, educational preparation, professional awards and publications. Describe staff accountabilities and expertise. List how much time each person will spend on the project. Resumes or curriculum vitae for key personnel do not have a page limit.**

The Well Woman HealthCheck Program will feature the following qualified staff:

**Diego Bernal**

15% FTE toward WWHP

Program Manager

Diego has four Years working with Pima County health Department, specifically working with underserved and underrepresented communities to bring healthcare resources to the community. Previous Interim Manager of Nationally recognized and NACCHO Gold innovative award for the Mitigating COVID in Communities of Color Program.

**Clementina Hernandez**

100% FTE toward HHWP

Program Coordinator

Clementina has 15 years of experience working with grant funded programs within the health department delivering health education with an emphasis on the importance of early screening, health and case investigation fluent in English and Spanish, over 5years experience as a case manager. and over 1 year experience as a Program Coordinator for the WWHP.

**Maria Chaira**

100% FTE toward HHWP

Program Services Specialist

Maria has 20 years of experience working in health departments across Southern Arizona, and over 6years working specifically on Well-Woman HealthCheck programs in Pima County delivering top notch customer service and with an extensive knowledge of billing and financial aspects of the WWHP. Fluent in English and Spanish.

**Stacey Monge**

100% FTE toward WWHP

Case Manager

Stacey has 10 years of experience providing health education and enrolling clients in health programs, fluent in English and Spanish, and over a year's experience as a case manager for the Well-Woman HealthCheck Program.

**Erika Ramirez**

50% FTE toward WWHP

Case Manager

Over 13 years' experience working for grant funded programs within the health department delivering health education with an emphasis on the importance of screening, health and behavior investigation, and 3-years of experience as a Case Manager for WWHP Fluent in English and Spanish.

The PCHD WWHP application also includes clinical staff who will conduct breast and cervical exams on clients and refer clients to other services like additional imaging when needed or STI testing if the client is amenable.

Resumes and CVs:



#### Technical Qualifications 5.2.1.4

**Offerors shall identify a Project Coordinator who shall be the primary contact person for the ADHS Program Manager in discussing work that needs to be completed, and Offerors shall provide a detailed description of the Project Coordinator's function and how they will accomplish the minimum tasks listed in the Scope of Work, Section six (6) Tasks/Methods of Accountability; 6.1 Staffing and Reporting.**

Clementina Hernandez will act as Project Coordinator for this project. She has over 15 years' experience working with the WWHP. Ms. Hernandez, Program Coordinator, will oversee both PCHD program staff, full Time Case Manager, Part time Case Manager, and Program Specialist, along with subcontractors that are part of the program. As Program Coordinator, Ms. Hernandez will detect deficiencies, make recommendations, and implement necessary corrective actions to ensure contractual compliance. She will be responsible for monitoring contract and subcontractor performance, activities, compliance, and funds, and will make recommendations to management as necessary.

Ms. Hernandez will ensure that the program is meeting its committed benchmarks by monitoring and analyzing Labor Activity Reports (LAR), subcontractor invoices, and matching fund reports. Ms. Hernandez will conduct regular review of LARs to ensure they reflect actual WWHP hours of staff time for reimbursement. Files for audit purposes are maintained per Pima County retention policies guided by Arizona statutes. If staff changes occur, Ms. Hernandez shall notify the WWHP Program Director in writing within fifteen (15) days. Additionally, if key personnel are not available for work under this Contract for a continuous period exceeding thirty (30) calendar day or are expected to devote substantially less effort to the work than initially anticipated, the Contractor shall immediately notify the Program Director. Ms. Hernandez shall work closely with Pima County Human Resources to replace such personnel with personnel substantially equal in ability and qualifications within thirty (30) days. Plans and performance will be documented using Program authorized reporting formats.

Ms. Hernandez, as Program Coordinator, will attend the ADHS WWHP quarterly meetings along with relevant staff. Travel expenses at state rates are included in Pima County's WWHP budget. Travel expenses shall not exceed amount limits set by the State of Arizona, and claims shall conform to standards established by ADHS. PCHD maintains documentation per Pima County retention files for internal and external audits. Documentation will also be submitted to ADHS when a travel expense is listed on the CER. The Contractor's Program Managers and staff are held accountable for understanding the information shared at the meeting.

PCHD WWHP ensures that all WWHP providers have credentials as required by their positions and facilities. This includes up to date CLIA certifications, radiology tech certifications, and equipment inspections. PCHD ensures that subcontracted providers are also Arizona Health Care Cost Containment System (AHCCCS) providers. All providers demonstrate compliance with credentialing and re-credentialing requirements. Documentation of all licensures and certifications (internal and subcontractors) is collected and kept on site. Medical Records are kept pursuant to ARS 45-151.12 and destroyed in a manner consistent with Pima County Records Management Department and HIPAA regulations. Medical records are kept onsite for three years and archived for seven, for a total of ten years.

**Well Woman HealthCheck Program Work Plan for Grant Year 2023-2024**

<b>WWHP Work Plan Program Component 1: Program Management</b>					
<b>Goals and Barriers foreseen for This Year:</b>			<b>Measures of Effectiveness</b>		
<ul style="list-style-type: none"> <li>▪ Ensure patient-centered care is provided by maximizing staff and resources to administer the WWHP program tenets efficiently and effectively</li> <li>▪ Ensure patient-centered care is provided by Pima County Subrecipients on behalf of PCHD through training, program management, and evaluation</li> <li>▪ Continue to expand patient care provided by Pima County Subrecipients on behalf of PCHD through increased clinic sites, expanded hours, and use of mobile services</li> <li>▪ Increase treatment resources for uninsurable population</li> <li>▪ No barriers foreseen for this year</li> </ul>			<ol style="list-style-type: none"> <li>1. Annual work plan has been developed and is understood by WWHP team, both within PCDH and Subrecipients</li> <li>2. Current open WWHP positions are filled to ensure proper staff coverage</li> <li>3. Key leadership within PCDH and Subrecipients are aware of, and involved in, WWHP as stakeholders providing necessary leadership, guidance and resources.</li> <li>1. Subrecipient staff working on WWHP has received training on current program objectives</li> <li>4. Treatment Coalition plan is established, and regular meetings occur</li> </ol>		
<b>Objectives</b>	<b>Activities Planned to Achieve this Objective</b>	<b>Telecommuting</b>	<b>Data</b>	<b>Timeframe for Assessing Progress</b>	<b>Team Members Responsible</b>
1.1 Achieve and maintain 100% employment of WWHP staff positions including Program Coordinator, Full-time Case Manager, Part-time Case Manger, and Program Services Specialist	1.1.1 Monitor staffing levels to ensure full coverage throughout the program year	Unavailable	Filled FTE	Ongoing	Program Manger Program Coordinator
	1.1.2 Fill Part-time Case Manager Position focus on WWHP-Title X collaboration services	Unavailable	Filled FTE	Q3 2024	Program Manger Program Coordinator
	1.1.3 Monitor staff needs/changes to address unforeseen staff needs	Unavailable	Filled FTE	Ongoing	Program Manger Program Coordinator
	1.1.4 Review, evaluate, and revise performance plans for each employee based on program objectives to improve program delivery	Available	Performance Reviews	Annually or Bi-annually for new employees	Program Coordinator
	1.1.5 Prepare budget that allows for appropriate staff and program support needed to meet program objectives	Available	Work Plan Budget	Annually/Ongoing	Program Manger Program Coordinator

Objectives	Activities Planned to Achieve this Objective	Telecommuting	Data	Timeframe for Assessing Progress	Team Members Responsible
1.2 Develop annual work plan to guide program goals and delivery; ensure all WWHP staff are familiar with the work plan and program goals/objectives	1.2.1 Develop work plan that outlines goals for each program objective as outlined in the ADHS scope of work for the WWHP	Available	Annual Work Plan	January 15, 2024 work plan to be completed  Review ongoing	Program Coordinator
	1.2.2 Ensure all program staff is familiar with the annual work plan goals/objectives	Unavailable	Annual work plan	Annual review of work plan, ongoing updates through monthly staff meetings	Program Coordinator WWHP staff
	1.2.3 Communicate program objectives with all key stakeholders (PCHD and Subs) to facilitate greater buy in and accountability	Unavailable	Annual work plan	Annual review of work plan and program objectives, review ongoing	Program Coordinator
1.3 Track and monitor all program expenses including staffing, general expenses, payments to Subrecipients and subcontractors, and ADHS reimbursements to ensure fiscal responsibility	1.3.1 Review Subrecipients and subcontractors billing to ensure timely and proper payment for patient services rendered (invoices within 30 days of service)	Available	Monthly Subrecipients and subcontractors invoices and Minimum Data Elements (MDE)	Ongoing  Quarterly Review with each Subrecipients and subcontractors	Program Coordinator
	1.3.2 Submit Contractor Expenditure Reports (CER), Client Listings, and MDEs to within 45 days of service	Available	CER, Client Listing, MDEs	Ongoing	Program Coordinator
	1.3.3 Review monthly ADHS budget report with PCHD finance to monitor program expenditures ensuring program budget is maintained or additional funds requested in timely manner.	Available	Monthly/quarterly budget reports: ADHS, PCHD finance  CERs	Ongoing  Monthly meeting with PCHD Finance Team	Program Manager Program Coordinator PCHD Finance Rep

Objectives	Activities Planned to Achieve this Objective	Telecommuting	Data	Timeframe for Assessing Progress	Team Members Responsible
1.4 WWHP Staff will participate in quarterly contractor meetings, Arizona Cancer Coalition meetings and additional meetings related to WWHP or Cancer prevention as appropriate.	1.4.1 Ensure all PCHD WW staff attend quarterly contractor meetings at ADHS	Available for Virtual Meetings	Travel records/Attendance	Quarterly	Program Coordinator WWHP staff
	1.4.2 WW PCDH finance point person attend quarterly contract meetings.	Available for Virtual Meetings	Travel records/Attendance	Quarterly	Program Coordinator PCHD Finance Rep
	1.4.3 Participate in treatment meetings/work groups held by ADHS	Available for Virtual Meetings	Travel records/Attendance	As Needed	Program Manager Program Coordinator
	1.4.4 Prevention and Early Detection work group of Arizona Cancer Coalition	Available for Virtual Meetings	Travel records/Attendance	Ongoing	Program Coordinator
1.5 Establish clear a communication protocol and quarterly meetings with Subrecipients to ensure timely program updates, share/receive feedback, provide support as needed.	1.5.1 Establish clear line of communication and identify responsible parties for program elements at each Subrecipients (patient services, billing, registration)	Available	Contact list for Subrecipient's point people	Ongoing	Program Coordinator
	1.5.2 Clarify PCHD staff roles and contact information to Subrecipients to better facilitate communication between PCHD and Subs	Available	Contact list for PCHD point people	Ongoing	Program Coordinator
<b>WWHP Work Plan Program Component 2: Partnerships and Coalition Development</b>					
<b>Goals and Barriers foreseen for This Year:</b> <ul style="list-style-type: none"> <li>▪ Expand reach of the Well Woman HealthCheck program throughout Pima County by engaging new Subrecipients, new clinic sites, and community partners.</li> <li>▪ Identify and cultivate local relationships/resources for potential treatment funds</li> <li>▪ No barriers foreseen for this year</li> </ul>			<b>Measures of Effectiveness</b> <ol style="list-style-type: none"> <li>1. Addition of additional clinic sites within current Subrecipients</li> <li>2. Identify new potential Subrecipients sites (TMC, United Community Health Center)</li> <li>3. Identify additional community partners to help identify new WW eligible women</li> <li>4. Identify potential local/national sources of grant funds for treatment</li> <li>5. Explore partnerships with additional provider systems and CHW's to expand options of low/no cost treatment services for patients</li> </ol>		

Pima County Health Department: 2023-2024

Objectives	Activities Planned to Achieve this Objective	Telecommuting	Data	Timeframe for Assessing Progress	Team Members Responsible
2.1 Continue to work with community-based organizations to establish WWHP	2.1.1 Meet with community organizations to determine steps for implementation	Unavailable	Meeting Notes/Create new WW implementation plan	Q3 2024	Program Coordinator Organization Leadership
	2.1.2 Review/ Adjust implementation plan based on input from PCHD and other community organizations leadership	Available	Updated WW implementation plan	Q3 2024	Program Coordinator Organization Leadership
2.2 Implement the WW program at community health organizations utilizing updated implementation plan	2.2.1 Finalize and agree upon implementation plan and timeline	Available	Final WW implementation plan	Q4 2024	Program Manager Program Coordinator Organization Leadership
	2.2.2 Work with other site’s staff to schedule trainings for appropriate eligibility screening, enrollment and scheduling staff before March 30, 2024	Available	Implementation Plan Quarterly Report	Q3 2024	Program Coordinator Program Services Specialist
	2.2.2 Work with other sites staff to schedule provider trainings by June 30, 2024 to review program materials and answer questions	Available	Implementation Plan Quarterly Report	Q4 2024	Program Coordinator Program Services Specialist
2.3 Assess their community for healthy lifestyle programs and activities targeting adults	2.3.1 Participate in community events that promote healthy lifestyles (Colorectal cancer screening) like YWCA, Az Bilingual , Behavioral health, Clinica Amistad.	Unavailable	Implementation Plan Quarterly Report	Ongoing	Program Coordinator and Case Manger
2.4 Participate in ADHS treatment related meetings and subsequent follow up activities to explore September 2023 funding/services solutions	2.4.1 Key PCHD staff to participate in continued Treatment related group meetings hosted by ADHS	Available for Virtual Meetings	Attendance/participation in subsequent work group activities as determined	Ongoing	Program Manager Program Coordinator

Pima County Health Department: 2023-2024

Objectives	Activities Planned to Achieve this Objective	Telecommuting	Data	Timeframe for Assessing Progress	Team Members Responsible
2.5 Explore local avenues for additional treatment discounts to ensure access to affordable treatment options for all patients	2.5.1 Continue local "Treatment Coalition" referral work group meetings in Pima County to facilitate continued relationship building and solidify referral process and agreements	Available	Quarterly Reports	Ongoing	Program Coordinator
	2.5.2 Work with subcontractors to identify resources/partnerships they have that may lead to additional treatment cost saving resources	Available	Quarterly Reports	Ongoing	Program Coordinator
2.6 Explore local avenues for additional treatment funds to ensure access to affordable treatment options for all patients	2.6.1 Explore opportunities with community partners and CHS's for additional fundraising/grant opportunities for treatment	Available	Quarterly Reports	Ongoing	Program Coordinator
	2.6.2 Support El Rio with their gala benefiting B&C cancer screening and Treatment	Unavailable	Presentations to board/potential supporters, patient stories, data and participation in event	Q3 2024	Program Coordinator WWHP Staff

**WWHP Work Plan Program Component 3: Public Education and Recruitment**

**Goals and Barriers foreseen for This Year:**

- Increase knowledge of effective public education and recruitment techniques for breast and cervical cancer screening by participating in educational opportunities, reviewing proven strategies available through CDC and other nationally recognized cancer screening and prevention leaders.
  - Implement or expand education and recruitment initiatives and materials based on new knowledge and EBIs to increase screening rates and education for breast and cervical cancer at PCHD clinics and all subcontractor sites.
- No barriers foreseen for this year

**Measures of Effectiveness**

1. EBIs implemented in all PCHD and subcontractor sites
2. Input from subcontractors on educational needs and how well the needs are being met
3. Development of outreach plan including target groups/organizations, outreach/educational materials, and time frame
4. Development of evaluation plan for public education, recruitment and outreach strategies
5. Evaluation of EBI initiatives at PCHD and subcontractors

<b>Objectives</b>	<b>Activities Planned to Achieve this Objective</b>	<b>Telecommuting</b>	<b>Data</b>	<b>Timeframe for Assessing Progress</b>	<b>Team Members Responsible</b>
3.1 Review established EBI guidelines and current EBI's used to determine which EBIs will be used in PCHD sites moving forward	3.1.1 Review analysis of EBIs found in cdc.gov cancer screening material	Available	CDC Website/Information Quarterly Report	Annually	Program Coordinator WWHP Staff
	3.1.2 Review current EBIs usage and determine which EBIs will be used this year	Available	Quarterly Report	Annually	Program Coordinator WWHP Staff
	3.1.3 Develop EBI implementation and evaluation plan for PCHD	Available	EBI Plan Quarterly Report	Annually	Program Coordinator WWHP Staff
3.2 Review current established EBI guidelines with subcontractor staff/ leadership to determine EBIs to be used in each subcontractor site	3.2.1 Share analysis of EBIs found in cdc.gov cancer screening material with subcontractors	Available	Quarterly Report	Annually	Program Coordinator subcontractor Staff WWHP Staff
	3.2.2 Determine which EBIs will be used in each subcontractor site	Available	Quarterly Report	Annually	Program Coordinator subcontractor Staff WWHP Staff
	3.2.3 Develop EBI implementation and evaluation plan for each subcontractor site	Available	EBI Plan Quarterly Report	Annually	Program Coordinator subcontractor Staff WWHP Staff
3.3 Update educational and EBI materials to be more visually appealing and offer proven educational information	3.3.1 Review current educational and EBI materials in comparison to current materials available through organizations such as CDC to determine needs for materials and updates	Available	Websites and information from established organizations such as CDC, American Cancer Society. Report progress in quarterly reports	Annually	Program Coordinator WWHP Staff
	3.3.2 Update educational materials offered during eligibility and screening appointments to illustrate the importance of screening	Available	Updated materials Quarterly Report	Quarterly	Program Coordinator WWHP Staff

	3.3.3 Update EBI materials such as reminder cards to have a more visually appealing look	Both Available	Updated materials Quarterly Report	Quarterly	Program Coordinator WWHP Staff
<b>WWHP Work Plan Program Component 4: Professional Development</b>					
<b>Goals and Barriers foreseen for This Year:</b> <ul style="list-style-type: none"> <li>Utilize ADHS meetings/trainings to ensure WWHP staff are knowledgeable on latest breast and cervical cancer screening guidelines and activities, locally and nationally, so appropriate information is shared with patients, Subrecipients and providers and program objectives are met</li> <li>Participate in external meetings, trainings, coalitions, and work groups such as Closing the Gap meetings, Arizona Cancer Coalition and Arizona Cancer Center meetings/initiatives to expand knowledge of cancer program initiatives, current standard of care practices, and treatment challenges/resources.</li> </ul> <p>No Barriers foreseen for this year</p>			<b>Measures of Effectiveness</b> <ol style="list-style-type: none"> <li>WW program staff are up-to-date on all WW program objectives as evidenced by attending quarterly meetings and other available professional training activities</li> <li>WW program staff's knowledge of program objectives is evident in all interactions with patients, other PCHD staff, Subrecipients staff and general community interactions</li> <li>Subrecipient's staff involved in WW are knowledgeable and up-to-date on all WW program objectives through education and training by WW staff after quarterly ADHS meetings</li> <li>WW staff collaborates in external groups such as Closing the Gap and ACC work groups, sharing knowledge and best practices to improve WW program and treatment resources</li> </ol>		
Objectives	Activities Planned to Achieve this Objective	Telecommuting	Data	Timeframe for Assessing Progress	Team Members Responsible
4.1 Participate in ADHS sponsored conferences and trainings to enhance programmatic knowledge and professional development	4.1.1 Attend all quarterly ADHS meetings for updates on program objectives	Available for Virtual Meetings	Attendance	Quarterly	Program Coordinator WW Staff
	4.1.2 During ADHS quarterly meetings connect with other members of the Arizona Cancer Coalition work groups, contractors, and local community groups highlighted to identify areas of development/partnerships for Pima County's WW program	Available for Virtual Meetings	Attendance Quarterly Report	Quarterly	Program Coordinator WWHP Staff



Objectives	Activities Planned to Achieve this Objective	Telecommuting	Data	Time frame for Assessing Progress	Team Members Responsible
	4.1.3 Attend ADHS sponsored/promoted trainings and conferences as able, to further enhance knowledge and professional development around cancer screening	Available	Attendance Participation Quarterly Report	Ongoing	Program Coordinator WWHP Staff
4.2 Review and redesign provider trainings and education materials for provider professional development and enhance patient care	4.2.1 Review training (presentations, materials) currently used in provider educational opportunities and identify areas for improvement	Available	Evaluation of materials Quarterly Report	Q3 2024	Program Coordinator Program Services Specialist
	4.2.2 Develop and implement better training materials to enhance provider knowledge of WW and cancer screening best practices	Available	Materials Quarterly Report	Ongoing	Program Coordinator Program Services Specialist
4.3 Review staff performance, duties, professional strengths and areas for additional training to enhance each staff members professional development within WW program	4.3.1 Performance Review Evaluations used to assess current work performance and areas staff would like training/development	Unavailable	Performance Plan Quarterly Report	Annually	Program Coordinator
	4.3.2 Evaluate duties of specific positions to determine if job functions are utilizing the strengths of each employee, adjust as necessary	Available	Performance Plan Quarterly Report	Annually	Program Coordinator
	4.3.3 Identify an area of professional development for each staff member in their annual review based on their desires for growth	Unavailable	Performance Plan Quarterly Report	Annually	Program Coordinator

Objectives	Activities Planned to Achieve this Objective	Telecommuting	Data	Timeframe for Assessing Progress	Team Members Responsible
	4.3.4 Identify professional development opportunities within PCHD staff can participate in as desired	Available	Performance Plan Quarterly Report	Ongoing	Program Coordinator
<b>WWHP Work Plan Program Component 5: Quality Assurance and Improvement</b>					
<b>Goals and Barriers foreseen for This Year:</b>			<b>Measures of Effectiveness</b>		
<ul style="list-style-type: none"> <li>▪ Review protocol and procedures for monitoring quality assurance, such as chart audits and site visits, making changes to procedures as necessary to ensure timely review of patient service quality.</li> <li>▪ Develop subcontractor-specific plans for quality improvement based on chart audits and site visits to establish plans for patient service improvement at each site.</li> <li>▪ Meet with Subrecipients quarterly to review plans for quality Improvement No barriers foreseen for this year</li> </ul>			<ol style="list-style-type: none"> <li>1. Established protocols for quality assurance utilized by all WW staff</li> <li>2. Subrecipients program and service quality reviewed and documented quarterly.</li> <li>3. Established clinical practice protocols being utilized by all WW providers (PCHD and Subs)</li> <li>4. Program meets established threshold for timeliness and adequacy of screening, diagnostic, case management, and Navigation Only services</li> <li>5. Program quality assurance data is regularly assesses and improvements implemented to improve patient care</li> </ol>		
Objectives	Activities Planned to Achieve this Objective	Telecommuting	Data	Timeframe for Assessing Progress	Team Members Responsible
5.1 Review and evaluate system used for monitoring quality assurance and make updates/ improvements to system as necessary	5.1.1 Review evaluation/ tracking system for data to ensure quality assurance	Available	Quarterly Reports	Q3 2024	Program Coordinator
	5.1.2 Update tracking system based on evaluation feedback to improve quality assurance	Available	Quarterly Reports	Q3 2024	Program Coordinator
	5.1.3 Train staff on proper quality assurance protocols to ensure adherence	Unavailable	Quarterly Reports	Q3 2024 Ongoing	Program Coordinator
5.2 Monitor and evaluate staff to ensure quality in data integrity and quality	5.2.1 Chart audits	Available	Quarterly Reports	Quarterly	Program Coordinator Case Managers
	5.2.2 Patient satisfaction survey	Unavailable	Annual Report	Annually	Program Coordinator Program Services Specialist

<b>Objectives</b>	<b>Activities Planned to Achieve this Objective</b>	<b>Telecommuting</b>	<b>Data</b>	<b>Timeframe for Assessing Progress</b>	<b>Team Members Responsible</b>
	5.2.3 Observations from calls and patient meetings to assess data quality and quality of patient care services	Unavailable	Quarterly Reports	Ongoing	Program Coordinator Program Services Specialist
5.3 Monitor and evaluate Subrecipients and subcontractors to ensure data integrity and quality	5.3.1 Chart audits	Available	Quarterly Reports	Quarterly	Program Coordinator Case Managers
	5.3.2 Patient satisfaction survey	Unavailable	Annual Report	Annually	Program Coordinator Patient Services Specialist
	5.3.3 Site visits and meetings with to assess data quality and patient care services	Unavailable	Quarterly Reports	Ongoing	Program Coordinator Patient Services Specialist
5.4 Monitor and evaluate WW providers' use of clinical protocols and care algorithms	5.4.1 Chart audits	Available	Quarterly Reports	Quarterly	Program Coordinator Case Managers
	5.4.2 Provider Training	Available	Quarterly Reports	Ongoing	Program Coordinator Program Services Specialist
	5.4.3 all clinicians have easy access to BC/CC algorithms	Available	Quarterly Reports	Ongoing	Program Coordinator Program Services Specialist
5.5 Ensure program meets established threshold for timeliness and adequacy of screening, diagnostic, case management, and Navigation Only services	5.5.1 Chart audits	Available	Quarterly Reports	Quarterly	Program Coordinator Case Managers
	5.5.2 Analyze current system/ establish electronic and/or calendar system for case management files to ensure timely follow up	Available	Tracking System Quarterly Reports	Q3 2024	Program Coordinator Case Managers
	5.5.3 Review monthly Navigation Only reports for timeliness and adequacy of patient care	Available	Monthly	Monthly	Program Coordinator

<b>WWHP Work Plan Program Component 6: Screening, Referral, Tracking, Follow-up Case Management, and Re-screening</b>					
<b>Goals and Barriers foreseen for This Year:</b>			<b>Measures of Effectiveness</b>		
<ul style="list-style-type: none"> <li>▪ Expand provider network for maximum accessibility to enroll, screen, and diagnose patients throughout Pima County.</li> <li>▪ Increase survivorship support for positive cancer diagnoses through Navigation Only and survivorship care plans utilizing case manager and social services aide.</li> <li>▪ Increase Case Management Services</li> <li>▪ No barriers foreseen for this year</li> </ul>			<ol style="list-style-type: none"> <li>1. Increased number of women screened through WW in Pima County</li> <li>2. Increased number of Subrecipients sites trained and implementing WW</li> <li>3. Increased providers trained to deliver WW program in each Subrecipients</li> <li>4. Increased Navigation Only and number of reports completed timely and accurately to effectively track services</li> <li>5. Electronic tracking system in place to easily monitor Navigation Only and Survivorship Care plans/education for patients diagnosed</li> </ol>		
<b>Objectives</b>	<b>Activities Planned to Achieve this Objective</b>	<b>Telecommuting</b>	<b>Data</b>	<b>Time frame for Assessing Progress</b>	<b>Team Members Responsible</b>
6.1 Explore opportunities for new providers to increase WW accessibility in Pima County	6.1.1 Leverage relationships with Marana Health Center and United Community Health Center to establish WW program	Available	RFP Response New Contract Quarterly Report	Q3 2024	Program Manager Program Coordinator
	6.1.2 Expand services in different locations at current Subrecipients sites	Available	Subrecipients Training Schedule Quarterly Reports	Q3 2024	Program Coordinator
	6.1.3 Explore additional sources for possible future expansion	Available	Quarterly Reports	Ongoing	Program Manger Program Coordinator
6.2 Ensure adequate staffing and tracking system for appropriate follow-up for re-screening and/or diagnostic services	6.2.1 Review comprehensive electronic tracking system for follow-up/re-screens and make enhancements as necessary	Available	Tracking System Report Quarterly Report	Q3 2024	Program Coordinator Case Manager
	6.2.2 Review quarterly internal reporting on case management and patient follow up and make adjustments/enhancements as necessary	Available	Internal Report system Quarterly Report	Q3 2024	Program Coordinator

Objectives	Activities Planned to Achieve this Objective	Telecommuting	Data	Timeframe for Assessing Progress	Team Members Responsible
6.3 Develop more comprehensive Survivorship Care program and Educational resources aimed at better support for patients diagnosed with cancer	6.3.1 Review samples of survivorship care programs/ educational materials from reputable sources (CDC, ACS) and determine best fit for PCHD WW program.	Available	Quarterly Report	Q3 2024	Program Coordinator
	6.3.2 Ensure all survivorship care program materials are culturally appropriate for target population and available in English and Spanish.	Available	Quarterly Report Continue Partnership with “Bag It”	Ongoing	Program Coordinator
	6.3.3 Research additional educational resources and referrals for programs that might provide further help, support, and comfort for recently diagnosed patients.	Available	Quarterly Report	Ongoing	Program Coordinator
6.4 Expand healthy lifestyle resources for all participants including educational materials/referrals for health focused programs	6.4.1 Review samples of healthy lifestyle resources/ educational materials from reputable sources (CDC, ACS) and determine best fit for PCHD WW program.	Available	Patient Resource Packets Quarterly Report	Ongoing	Program Coordinator
	6.4.2 Ensure all educational materials and program referrals are culturally appropriate for target population and available in English and Spanish, where appropriate	Available	Patient Resource Packets Quarterly Report	Ongoing	Program Coordinator Program Services Specialist

Objectives	Activities Planned to Achieve this Objective	Telecommuting	Data	Timeframe for Assessing Progress	Team Members Responsible
	6.4.3 Explore community programs that might be a good fit to include for referrals and program information (University of Arizona, local community groups, religious groups, etc.)	Unavailable	Quarterly Report	Ongoing	Program Coordinator
<b>WWHP Work Plan Program Component 7: Data Management</b>					
<b>Goals and foreseen barriers for This Year:</b> <ul style="list-style-type: none"> <li>▪ Review current data management protocols including how patient information is stored and shared among Subrecipients sites and ADHS to ensure proper data management and confidentiality.</li> <li>▪ Improve data management procedures at PCHD clinics and Subrecipients sites to ensure all necessary data is collected for proper reporting and evaluation.</li> </ul>			<b>Measures of Effectiveness</b> <ol style="list-style-type: none"> <li>1. Data is readily accessible for review and analysis</li> <li>2. Baseline screening rates established allowing for comparison in future years to determine efficacy</li> <li>3. Subrecipients data is remitted to PCHD in a uniform format for easy comparison and incorporation for master PCHD data set</li> <li>4. Navigation Only reports are completed timely and accurately</li> <li>5. Positively diagnosed patients are properly tracked to ensure accurate data on cancer diagnoses, time to treatment, treatment source and survivorship plan/education</li> </ol>		
Objectives	Activities Planned to Achieve this Objective	Telecommuting	Data	Timeframe for Assessing Progress	Team Members Responsible
7.1 Review and/or establish data storage protocols to ensure data security and confidentiality	7.1.1 Evaluate current patient data storage protocols for privacy and security.	Available	Protocol Manual Quarterly Report	Q3 2024	Program Coordinator
	7.1.2 Make improvements and adjustments to protocols as necessary to ensure data safety.	Available	Protocol Manual Quarterly Report	Ongoing	Program Coordinator
	7.1.3 Review storage protocols within each Subrecipients site and work with them to make adjustments as necessary	Available	Protocol Manual Quarterly Report	Ongoing	Program Coordinator

Objectives	Activities Planned to Achieve this Objective	Telecommuting	Data	Timeframe for Assessing Progress	Team Members Responsible
	7.1.4 Ensure all staff working on WW (PCHD & Subrecipients) are trained in data storage protocols.	Available	Protocol Manual Quarterly Report	Ongoing	Program Coordinator
7.2 Review and/or establish data collection protocols to ensure all necessary information is collected in a private, comfortable, secure environment	7.2.1 Evaluate current patient data collection protocols for privacy and security.	Available	Protocol Manual Quarterly Report	Q3 2024	Program Coordinator
	7.2.2 Make improvements and adjustments to protocols as necessary to ensure proper data collection.	Available	Protocol Manual Quarterly Report	Ongoing	Program Coordinator
	7.2.3 Review data collection protocols within each Subrecipients site and work with them to make adjustments as necessary	Available	Protocol Manual Quarterly Report	Ongoing	Program Coordinator
	7.2.4 Ensure all staff working on WW (PCHD & Subrecipients) are trained in data collection protocols.	Available	Protocol Manual Quarterly Report	Ongoing	Program Coordinator
7.3 Review and/or establish data sharing protocols to ensure data security and confidentiality while transferring data between Subrecipients and subcontractor sites and PCHD sites	7.3.1 Evaluate current patient data sharing protocols for privacy and security.	Available	Protocol Manual Quarterly Report	Q3 2024	Program Coordinator
	7.3.2 Make improvements and adjustments to protocols as necessary to ensure proper data sharing between Subrecipients and subcontractor sites and PCHD	Available	Protocol Manual Quarterly Report	Ongoing	Program Coordinator

Objectives	Activities Planned to Achieve this Objective	Telecommuting	Data	Timeframe for Assessing Progress	Team Members Responsible
	7.3.3 Review data sharing protocols within each Subrecipients and subcontractor site and work with them to make adjustments as necessary	Available	Protocol Manual Quarterly Report	Ongoing	Program Coordinator
	7.3.4 Ensure all staff working on WW (PCHD & Subrecipients and subcontractors) are trained in data sharing protocols.	Available	Protocol Manual Quarterly Report	Ongoing	Program Coordinator
<b>WWHP Work Plan Program Component 8: Evaluation</b>					
<b>Goals and Foreseen Barriers for This Year:</b> <ul style="list-style-type: none"> <li>▪ Develop performance management plan with PCHD Strategic Integration division to determine data needs for proper evaluation of current WWHP performance and delivery of patient services (efficacy). Based on the performance management plan, implement process and procedures for data management and evaluation.</li> <li>▪ Assess program strengths and weaknesses and implement plan to capitalize on strengths and improve weaknesses</li> <li>▪ No barriers identified for this year</li> </ul>			<b>Measures of Effectiveness</b> <ol style="list-style-type: none"> <li>1. Data necessary for effective evaluation is collected and accessible.</li> <li>2. Written plan and timeline developed with PCHD strategic integration team for program evaluation.</li> <li>3. Program strength identified and capitalized; shared as best practices with other WW programs as appropriate</li> <li>4. Program weaknesses identified, along with strategic plan for improvement</li> <li>5. Baselines established for future evaluation metrics</li> </ol>		
Objectives	Activities Planned to Achieve this Objective	Telecommuting	Data	Timeframe for Assessing Progress	Team Members Responsible
8.1 Continue work of WWHP and PCHD Strategic Integration staff to assess data and tools used for program evaluation September 2023	8.1.1 Re-evaluate current staff who to participate in work group for ongoing program evaluation	Available	Work Group Plan Quarterly Report	Q3 2024	Program Manager Program Coordinator Work Group
	8.1.2 Invite additional staff as necessary to work group/committee meeting and develop goals for the work group for this year	Available	Work Group Plan Quarterly Report	Q3 2024	Program Manager Program Coordinator Work Group 15





Attachment A
Offer and Acceptance

REQUEST FOR PROPOSAL No.: BPM005681
Well Woman Health Check Program

ARIZONA DEPARTMENT OF HEALTH SERVICES
150 N. 18th Avenue, Suite 530
Phoenix, Arizona 85007

TO THE STATE OF ARIZONA:

The Undersigned hereby offers and agrees to furnish the material, service or construction in compliance with all terms, conditions, specifications and amendments in the Solicitation and any written exceptions in the offer.

Pima County

[Handwritten Signature]

Company Name

Signature of Person Authorized to Sign Offer

3950 S. Country Club Rd, Suite 100

Dorothee Harmon

Address

Printed Name

Tucson, Arizona

Division Manager/AOR, Grants Management

City State Zip

Title

U8XUY58VDQS3

(520) 724-6760, dorothee.harmon@pima.gov

UEI Number

Phone & Email Address

By signature in the Offer section above, the Offeror certifies:

- 1. The submission of the Offer did not involve collusion or other anticompetitive practices.
2. The Offeror shall not discriminate against any employee or applicant for employment in violation of Federal Executive Order 11246, State Executive Order 2009-9 or A.R.S. §§ 41-1461 through 1465.
3. The Offeror has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted offer.
4. The Offeror certifies that the above referenced organization \_\_\_ IS/\_\_\_ IS NOT a small business with less than 100 employees or has gross revenues of \$4 million or less.

ACCEPTANCE OF OFFER

The Offer is hereby accepted.

The Contractor is now bound to sell the materials or services listed by the attached contract and based upon the solicitation, including all terms, conditions, specifications, amendments, etc., and the Contractor's Offer as accepted by the State.

This Contract shall henceforth be referred to as Contract No. \_\_\_\_\_

The effective date of the Contract is \_\_\_\_\_

The Contractor is cautioned not to commence any billable work or to provide any material or service under this contract until Contractor receives purchase order, contract release document or written notice to proceed.

State of Arizona

Awarded this \_\_\_ day of \_\_\_ 20\_\_

Chief Procurement Officer



**Attachment B**  
**Notices, Correspondence, Reports and**  
**Payments**  
**REQUEST FOR PROPOSAL No.: BPM005681**  
**Well Woman Health Check Program**

**ARIZONA**  
**DEPARTMENT OF**  
**HEALTH SERVICES**  
150 N. 18th Avenue, Suite 530  
Phoenix, Arizona 85007

**Notices, Correspondence and Payments to the Contractor shall be sent to:**  
(Print and complete the information below and attach to your Bid in the offer info and docs tab.)

**Contractor:** Pima County

**Attention:** Dorothee Harmon

**Address:** 3950 South Country Club Road, Suite 100

**City, State, Zip:** Tucson, Arizona, 85714

**Telephone:** 520-724-7843

**Email:** dorothee.harmon@pima.gov

**Customer Service:** Abrams Public Health Center

**Telephone:** 520-724-7770

**Email:** <https://pima-health.app.transform.civicplus.com/forms/32909>



**Attachment C**  
**Designation of Confidential, Trade Secret and**  
**Proprietary Information**  
**REQUEST FOR PROPOSAL No.: BPM005681**  
**Well Woman Health Check Program**

**ARIZONA**  
**DEPARTMENT OF**  
**HEALTH SERVICES**  
 150 N. 18th Avenue, Suite 530  
 Phoenix, Arizona 85007

All materials submitted as part of a response to a solicitation are subject to Arizona public records law and will be disclosed if there is an appropriate public records request at the time of or after the award of the contract. Recognizing there may be materials included in a solicitation response that is proprietary or a trade secret, a process is set out in A.A.C. R2-7-103 (attached) that will allow qualifying materials to be designated as confidential and excluded from disclosure. For purposes of this process the definition of "trade secret" will be the same as that set out in A.A.C. R2-7-101(52).

This form must be completed and returned with the response to the solicitation and any supporting information to assist the State in making its determination as to whether any of the materials submitted as part of the solicitation response should be designated confidential because the material is proprietary or a trade secret and therefore not subject to disclosure.

**All offerors must select one of the following:**

My response does not contain proprietary or trade secret information. I understand that my entire response will become public record in accordance with A.A.C. R2-7-C317.

My response **does** contain trade secret information because it contains information that:

1. Is a formula, pattern, compilation, program, device, method, technique or process, **AND**
2. Derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use; **AND**
3. Is the subject of efforts by myself or my organization that are reasonable under the circumstances to maintain its secrecy.

**Please note that failure to attach an explanation may result in a determination that the information does not meet the statutory trade secret definition. All information that does not meet the definition of trade secret as defined by A.A.C. R2-7-101(52) will become public in accordance with A.A.C. R2-7-C317. The State reserves the right to make its own determination of Proposer's trade secret materials through a written determination in accordance with A.A.C. R2-7-103.**

If the State agrees with the proposer's designation of trade secret or confidentiality and the determination is challenged, the undersigned hereby agrees to cooperate and support the defense of the determination with all interested parties, including legal counsel or other necessary assistance.

By submitting this response, proposer agrees that the entire offer, including confidential, trade secret and proprietary information may be shared with an evaluation committee and technical advisors during the evaluation process. Proposer agrees to indemnify and hold the State, its agents and employees, harmless from any claims or causes of action relating to the State's withholding of information based upon reliance on the above representations, including the payment of all costs and attorney fees incurred by the State in defending such an action.

Pima County, Health Department

Company Name

3950 South Country Club Rd, Suite 100

Address

Tucson, Arizona, 85714

City

State

Zip

Signature of Person Authorized to Sign

Dorothee Harmon

Printed Name

Division Manager/AOR

Title



**Attachment C**  
**Designation of Confidential, Trade Secret and  
Proprietary Information**  
**REQUEST FOR PROPOSAL No.: BPM005681**  
**Well Woman Health Check Program**

**ARIZONA  
DEPARTMENT OF  
HEALTH SERVICES**  
150 N. 18th Avenue, Suite 530  
Phoenix, Arizona 85007

**R2-7-103. Confidential Information**

- A. If a person wants to assert that a person's offer, specification, or protest contains a trade secret or other proprietary information, a person shall include with the submission a statement supporting this assertion. A person shall clearly designate any trade secret and other proprietary information, using the term "confidential". Contract terms and conditions, pricing, and information generally available to the public are not considered confidential information under this Section.
- B. Until a final determination is made under subsection (C), an agency chief procurement officer shall not disclose information designated as confidential under subsection (A) except to those individuals deemed by an agency chief procurement officer to have a legitimate state interest.
- C. Upon receipt of a submission, an agency chief procurement officer shall make one of the following written determinations:
  1. The designated information is confidential and the agency chief procurement officer shall not disclose the information except to those individuals deemed by the agency chief procurement officer to have a legitimate state interest;
  2. The designated information is not confidential; or
  3. Additional information is required before a final confidentiality determination can be made.
- D. If an agency chief procurement officer determines that information submitted is not confidential, a person who made the submission shall be notified in writing. The notice shall include a time period for requesting a review of the determination by the state procurement administrator.
- E. An agency chief procurement officer may release information designated as confidential under subsection (A) if:
  1. A request for review is not received by the state procurement administrator within the time period specified in the notice; or
  2. The state procurement administrator, after review, makes a written determination that the designated information is not confidential.



**Attachment D**  
**Participation in Boycott of Israel**  
**REQUEST FOR PROPOSAL No.: BPM005681**  
**Well Woman Health Check Program**

**ARIZONA**  
**DEPARTMENT OF**  
**HEALTH SERVICES**  
 150 N. 18th Avenue, Suite 530  
 Phoenix, Arizona 85007

**Boycott of Israel Disclosure**

Please note that if any of the following apply to this Solicitation, Contract, or Contractor, then the Offeror shall select the "Exempt Solicitation, Contract, or Contractor" option below:

- The Solicitation or Contract has an estimated value of less than \$100,000;
- Contractor is a sole proprietorship;
- Contractor has fewer than ten (10) employees; or
- Contractor is a non-profit organization.

Pursuant to A.R.S. § 35-393.01, public entities are prohibited from entering into contracts "unless the contract includes a written certification that the company is not currently engaged in, and agrees for the duration of the contract to not engage in, a boycott of Materials or Services from Israel."

Under A.R.S. § 35-393:

1. "Boycott" means engaging in a refusal to deal, terminating business activities or performing other actions that are intended to limit commercial relations with entities doing business in Israel or in territories controlled by Israel, if those actions are taken either:

- (a) Based in part on the fact that the entity does business in Israel or in territories controlled by Israel.
- (b) In a manner that discriminates on the basis of nationality, national origin or religion and that is not based on a valid business reason.

2. "Company" means an organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, limited liability company or other entity or business association, including a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate, that engages in for-profit activity and that has ten or more full-time employees.

5. "Public entity": (a) Means this State, a political subdivision of this State or an agency, board, commission or department of this State or a political subdivision of this State. (b) Includes the universities under the jurisdiction of the Arizona board of regents and community college districts as defined in section 15-1401.

The certification below does not include boycotts prohibited by 50 United States Code Section 4842 or a regulation issued pursuant to that section. See A.R.S. § 35-393.03.

**In compliance with A.R.S. § 35-393 et seq., all Offerors must select one of the following:**

- The Company submitting this Offer does not participate in, and agrees not to participate in during the term of the contract, a boycott of Israel in accordance with A.R.S. § 35-393 et seq. I understand that my entire response will become a public record in accordance with A.A.C. R2-7-C317;
- The Company submitting this Offer does participate in a boycott of Israel as described in A.R.S. § 35-393 et seq.; or
- Exempt Solicitation, Contract, or Contractor.** Indicate which of the following statements applies to this Contract (may be more than one):
  - Solicitation or Contract has an estimated value of less than \$100,000;
  - Contractor is a sole proprietorship;
  - Contractor has fewer than ten (10) employees; or
  - Contractor is a non-profit organization.

Pima County

Company name
3950 South Country Club Road, Suite 100
Address
Tucson, Arizona, 85714
City, State, ZIP

Signature of person authorized to sign
Dorothee Harmon, Division Manager/AOR
Printed name and Title
dorothee.harmon@pima.gov, 520-724-6760
Contact email address      Contact phone number



**Attachment E**  
**Forced Labor of Ethnic Uyghurs Ban**  
**REQUEST FOR PROPOSAL No.: BPM005681**  
**Well Woman Health Check Program**

**ARIZONA**  
**DEPARTMENT OF**  
**HEALTH SERVICES**  
 150 N. 18th Avenue, Suite 530  
 Phoenix, Arizona 85007

**Forced Labor of Ethnic Uyghurs Ban**

Please note that if any of the following apply to the Contractor, then the Contractor shall select the "Exempt Contractor" option below:

- Contractor is a sole proprietorship;
- Contractor has fewer than ten (10) employees; OR
- Contractor is a non-profit organization.

Pursuant to A.R.S. § 35-394, written certification is required to show that the company entering into a contract with a public entity does not use the forced labor, or use any contractors, subcontractors or suppliers that use the forced labor or any goods or services produced by the forced labor or any goods or services produced by the forced labor, of ethnic Uyghurs in the People's Republic of China.

Under A.R.S. § 35-394:

1. "Company" means an organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, limited liability company or other entity or business association, including a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate, that engages in for-profit activity and that has ten or more full-time employees.
2. "Public entity" means this State, a political subdivision of this State or an agency, board, commission or department of this State or a political subdivision of this State.

In compliance with A.R.S. § 35-394, all Contractors must select one of the following:

- The Company **does not** use, and agrees not to use during the term of the contract, any of the following:
  - Forced labor of ethnic Uyghurs in the People's Republic of China;
  - Any goods or services produced by the forced labor of ethnic Uyghurs in the People's Republic of China; or
- Any Contractors, Subcontractors, or suppliers that use the forced labor or any goods or services produced by the forced labor of ethnic Uyghurs in the People's Republic of China.
- The Company **does** participate in the use of Forced Uyghurs Labor as described in A.R.S. § 35-394.
- Exempt Contractor: Select all statements that apply to the Contractor:**
  - Contractor is a sole proprietorship;
  - Contractor has fewer than ten (10) employees; and/or
  - Contractor is a non-profit organization.

Pima County

Company name

3950 S. Country Club Road

Address

Tucson, AZ 85714

City, State, ZIP

Signature of person authorized to sign

Dorothee Harmon, Division Manager/AOR

Printed name and Title

dorothee.harmon@pima.gov (520) 724-6760

Contact email address

Contact phone number

**DETAILED BUDGET AND JUSTIFICATION**

**Applicant:** Pima County Health Department

**Contractor #:** New Solicitation

**Funding:** UEI: U8XUY58VDQS3

**Fiscal Year:** 2023-24

Category	Subtotal	Proposed Budget
A. Personnel Services		\$204,439
B. Employee Related Expenses		\$56,728
C. Professional and Outside Services		\$317,500
D. Travel		\$9,137
In-State	\$1,250	
Out-of-State	\$7,887	
E. Occupancy		\$0
F. Other Operating		\$4,480
G. Capital Outlay (Equipment)		\$0
H. Indirect Rate and Costs		\$48,728
<b>K. Total Amount Requested</b>		<b>\$641,012</b>

<b>A. Personnel Services</b>	<b>Total:</b>	<b>\$204,439</b>
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Position Title and Name	Annual Salary	FTE	Number of Months	Amount of Request
Program Manager, Diego	\$62,921.44	15.00%	12	\$9,438
Program Coordinator,	\$57,411.62	95.00%	12	\$54,541
Case Manager, Stacey	\$45,190.70	100.00%	12	\$45,191
Case Manager, Erika	\$48,539.50	50.00%	12	\$24,270
Program Services Specialist, Maria Chaira	\$46,715.55	100.00%	12	\$46,716
Nurse Practitioner, Kelly	\$108,019.81	5.00%	12	\$5,401
Nurse Practitioner, Rachel	\$133,801.41	5.00%	12	\$6,690
Nurse Practitioner, Wendy	\$121,088.45	5.00%	12	\$6,054
Nurse Practitioner, Neal	\$122,761.60	5.00%	12	\$6,138
<b>Total FTE/Salaries</b>		<b>3.80 FTE</b>		<b>\$204,439</b>
<b>Justification for Positions</b>				
Program Manager, Diego Bernal				Request: \$9,438

Job description: Develops program goals, objectives, policies, and procedures, and establishes short- and long-range program performance plans subject to management review; Manages and administers program activities and evaluates program effectiveness and success; Manages the activities of professional staff and evaluates their performance; Develops, negotiates, monitors, and administers contracts, intergovernmental agreements, and/or financial and service agreements for the program managed; Monitors program contract compliance and takes corrective action as required; Performs as a program representative within the community, delivers informational news releases, serves as a program contact person, and participates in community awareness activities; Develops and maintains effective working relationships and coordinates program activities with other County departments, public and private agencies, organizations and groups to promote the program and its goals; Analyzes local, state and federal legislation and ensures program compliance with applicable regulations and policies; Directs organizational and management studies for the purpose of identifying problems and alternative solutions to the problems; Develops, writes and administers the program's annual budget, prepares program-related financial forecasts, and identifies funding sources to support program activities; Reviews and analyzes routine and special reports detailing the status and/or success of the program, prepares recommendations, and/or initiates corrective action; Evaluates management problems and makes decisions regarding the proper course of action; May make recommendations to the Board of Supervisors regarding program objectives; Direct the preparation and submission of proposals and grant applications.☐

Request: \$54,541

Program Coordinator, Clementina Hernandez

Job description: Coordinates, supervises and participates in the activities of a specialized program; Provides support and participates in the daily activities essential to the completion of program objectives; Coordinates program activities with other departments, governmental agencies and the public; Meets with representatives of other departments, governmental agencies and the public to resolve program-related problems, address issues and discuss program goals and objectives; Provides internal services support for the program by coordinating activities with such departments as Human Resources, Management Information Systems, Budget, Finance, Purchasing, etc.; Develops or participates in the development of program goals and objectives and program budgets; Researches, analyzes and reports on program activities; Coordinate and/or supervise daily staff activities including those of other Program Coordinators; May perform required managerial functions in the absence of management; Perform public relations activities by speaking, giving demonstrations and coordinating publicity campaigns with the media.

Request: \$45,191

Case Manager, Stacey Monge

Job description: Conducts client assessments for social, medical and related services and develops and implements care or management plans; Conducts client visits in accordance with rules and regulations; Reviews care environment and appropriateness of services and implements changes as necessary; Reviews physician's consultation notes and coordinates follow-up appointments; Reviews client charts and instructs facility staff on proper documentation methods; Consults with primary care physicians, care givers and other team members; Serves as advocate for the client with physicians, care givers, agencies, and Family regarding needed services; Maintains client records and prepares reports and correspondence; Writes formal service plans, cost effectiveness studies and case notes in accordance with program or legal requirements; Provides counseling and crisis intervention to clients, family members and care givers; Maintains network of social and medical services offering cost effective sources; Ensures that standards of care are maintained; Attends and participates in care conferences and in-service training; Maintains confidentiality of all materials and information encountered in performance of duties.

Request: \$24,270

Case Manager, Erika Ramirez



Job description: Conducts client assessments for social, medical and related services and develops and implements care or management plans; Conducts client visits in accordance with rules and regulations; Reviews care environment and appropriateness of services and implements changes as necessary; Reviews physician's consultation notes and coordinates follow-up appointments; Reviews client charts and instructs facility staff on proper documentation methods; Consults with primary care physicians, care givers and other team members; Serves as advocate for the client with physicians, care givers, agencies, and Family regarding needed services; Maintains client records and prepares reports and correspondence; Writes formal service plans, cost effectiveness studies and case notes in accordance with program or legal requirements; Provides counseling and crisis intervention to clients, family members and care givers; Maintains network of social and medical services offering cost effective sources; Ensures that standards of care are maintained; Attends and participates in care conferences and in-service training; Maintains confidentiality of all materials and information encountered in performance of duties.

Request: \$46,716

Program Services Specialist, Maria Chaira

Job description: Develops reporting strategies to determine impact of a program, service or project on budget; Conducts public presentations to publicize program initiatives, solicit volunteers and responds to inquiries regarding program eligibility guidelines and requirements; Composes written material such as educational brochures, reference handbooks and departmental or program newsletters; Monitors subcontracting agency operations for contract and grant compliance obligations according to state and federal guidelines and regulations; Provides technical assistance to subcontracting agencies by interpreting and explaining contract obligations and applicable federal, state and county regulations; Conducts process improvement analyses and makes recommendations to division management; Conducts on-site visits to monitor work operations, work safety and contract labor practices; Documents and informs management of complaints or contractual non-compliance issues; Facilitates activities, to include outreach, recruitment, training, monitoring and activity reporting; Establishes and maintains automated database used for statistical reporting and tracking information to generate reports; Monitors and tracks expenditures incurred as a result of providing services or initiatives to compile data and reports; Participates in the preparation of the divisional or departmental budget by providing data on expenditures incurred related to projects; Assisting in coordination of activities with other County departments or subcontracting agencies to provide program services.

Request: \$5,401

Nurse Practitioner, Kelly Mendelsohn

Job description: Performs client assessments, records, and evaluates comprehensive health histories in the setting of an electronic health record; Performs and documents physical examinations, makes accurate diagnoses and appropriate treatment plans that are memorialized in the electronic health record; Evaluates clinical situations, exercises independent judgment, and makes critical decisions within guidelines of licensure; Performs, orders and interprets appropriate laboratory screening and other diagnostic tests; Provides forms of contraception as appropriate including device/implant placement and removal, and emergency contraception; Provides client education and counseling appropriate to the clinical services performed; Assists with development of clinical protocols and development of clinical policies and procedures, and implementation, evaluation, and quality assurance of the same; Initiates and/or dispenses medications and/or medical devices appropriate to clinical service area; Evaluates the effectiveness of medications and treatments and adjusts as necessary to meet clients' needs; May act as preceptor for other nurse practitioners, medical students, interns and residents; May participate in outreach activities; May be required to participate in Public Health Emergency events, exercises and training; May supervise, assign and review the work of professional patient care services personnel.

Request: \$6,690

Nurse Practitioner, Rachel Gordon

Job description: Performs client assessments, records, and evaluates comprehensive health histories in the setting of an electronic health record; Performs and documents physical examinations, makes accurate diagnoses and appropriate treatment plans that are memorialized in the electronic health record; Evaluates clinical situations, exercises independent judgment, and makes critical decisions within guidelines of licensure;  
 Performs, orders and interprets appropriate laboratory screening and other diagnostic tests; Provides forms of contraception as appropriate including device/implant placement and removal, and emergency contraception; Provides client education and counseling appropriate to the clinical services performed; Assists with development of clinical protocols and development of clinical policies and procedures, and implementation, evaluation, and quality assurance of the same; Initiates and/or dispenses medications and/or medical devices appropriate to clinical service area; Evaluates the effectiveness of medications and treatments and adjusts as necessary to meet clients' needs; May act as preceptor for other nurse practitioners, medical students, interns and residents; May participate in outreach activities;  
 May be required to participate in Public Health Emergency events, exercises and training; May supervise, assign and review the work of professional patient care services personnel.

Request: \$6,054

Nurse Practitioner, Wendy Calderon

Job description: Performs client assessments, records, and evaluates comprehensive health histories in the setting of an electronic health record; Performs and documents physical examinations, makes accurate diagnoses and appropriate treatment plans that are memorialized in the electronic health record; Evaluates clinical situations, exercises independent judgment, and makes critical decisions within guidelines of licensure;  
 Performs, orders and interprets appropriate laboratory screening and other diagnostic tests; Provides forms of contraception as appropriate including device/implant placement and removal, and emergency contraception; Provides client education and counseling appropriate to the clinical services performed; Assists with development of clinical protocols and development of clinical policies and procedures, and implementation, evaluation, and quality assurance of the same; Initiates and/or dispenses medications and/or medical devices appropriate to clinical service area; Evaluates the effectiveness of medications and treatments and adjusts as necessary to meet clients' needs; May act as preceptor for other nurse practitioners, medical students, interns and residents; May participate in outreach activities;  
 May be required to participate in Public Health Emergency events, exercises and training; May supervise, assign and review the work of professional patient care services personnel.

Request: \$6,138

Nurse Practitioner, Neal Bohnsack

Job description: Performs client assessments, records, and evaluates comprehensive health histories in the setting of an electronic health record; Performs and documents physical examinations, makes accurate diagnoses and appropriate treatment plans that are memorialized in the electronic health record; Evaluates clinical situations, exercises independent judgment, and makes critical decisions within guidelines of licensure;  
 Performs, orders and interprets appropriate laboratory screening and other diagnostic tests; Provides forms of contraception as appropriate including device/implant placement and removal, and emergency contraception; Provides client education and counseling appropriate to the clinical services performed; Assists with development of clinical protocols and development of clinical policies and procedures, and implementation, evaluation, and quality assurance of the same; Initiates and/or dispenses medications and/or medical devices appropriate to clinical service area; Evaluates the effectiveness of medications and treatments and adjusts as necessary to meet clients' needs; May act as preceptor for other nurse practitioners, medical students, interns and residents; May participate in outreach activities;  
 May be required to participate in Public Health Emergency events, exercises and training; May supervise, assign and review the work of professional patient care services personnel.

**B. Employee Related Expenses** **Total: \$56,728**

0.00%	of Total Salaries.		
Position Title and Name	Requested Salary	Fringe Rate	Request
Program Manager, Diego	\$9,438	27.00%	\$2,548
Program Coordinator,	\$54,541	25.00%	\$13,635
Case Manager, Stacey	\$45,191	26.00%	\$11,750
Case Manager, Erika	\$24,270	26.00%	\$6,310

Program Services Specialist,	\$46,716	34.00%	\$15,883
			\$0
Nurse Practitioner, Kelly	\$5,401	29.00%	\$1,566
Nurse Practitioner, Rachel	\$6,690	27.00%	\$1,806
Nurse Practitioner, Wendy	\$6,054	28.00%	\$1,695
Nurse Practitioner, Neal	\$6,138	25.00%	\$1,535
		<b>ERE Total:</b>	<b>\$56,728</b>

<b>C. Professional and Outside Services</b>	<b>Total:</b>	<b>\$317,500</b>
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<b>C. Professional and Outside Services</b>	<b>\$130,000</b>
<p><b>Name:</b> El Rio Health Center  <b>Address:</b> 839 W. Congress Tucson, AZ 85745  <b>Method of Selection:</b> El Rio is a subrecipient partner, selected based on willingness to partner,  <b>Period of Performance:</b> 6/30/23-1/28/24 with four 1-year renewal options.  <b>Scope of Work:</b> Subrecipient will operate a complete WWHC breast and cervical cancer screening  <b>Method of Accountability:</b> Subrecipient must report monthly on Minimum Data Elements for  <b>\$130,000</b></p>	
<b>\$15,000</b>	
<p><b>Name:</b> United Community Health Center  <b>Address:</b> 1260 S. Campbell Rd BLDG 2 Green Valley, AZ 85614  <b>Method of Selection:</b> UCHC is a subrecipient partner, selected based on willingness to partner,  <b>Period of Performance:</b> 1/29/24-6/30/24 with four 1-year renewal options.  <b>Scope of Work:</b> Subrecipient will operate a complete WWHC breast and cervical cancer screening  <b>Method of Accountability:</b> Subrecipient must report monthly on Minimum Data Elements for  <b>Itemized Budget: \$15,000</b></p>	
<b>\$110,000</b>	
<p><b>Name:</b> Assured Imaging  <b>Address:</b> 6262 N La Cholla Blvd Suite 151 Tucson Az 85741  <b>Method of Selection:</b> Selected under Pima County's Medical Professional Services Procurement  <b>Period of Performance:</b> 7/1/22-6/30/2024  <b>Scope of Work:</b> Breast Cancer Screening imaging and procedures  <b>Method of Accountability:</b> Contract contains remedies for breach of contract, including  <b>\$110,000</b></p>	
<b>\$60,000</b>	
<p><b>Name:</b> Radiology Limited  <b>Address:</b> 677 N Wilmot Rd Tucson Az 85711  <b>Method of Selection:</b> Selected under Pima County's Medical Professional Services Procurement  <b>Period of Performance:</b> 6/18/21-6/17/24  <b>Scope of Work:</b> Breast Cancer screening imaging and procedures  <b>Method of Accountability:</b> Contract contains remedies for breach of contract, including  <b>Itemized Budget: \$60,000</b></p>	
<b>\$2,500</b>	
<p><b>Name:</b> CDD Lab  <b>Address:</b> 11603 Crosswinds Way, Ste 100 San Antonio, Tx 78233  <b>Method of Selection:</b> Selected under Pima County's Medical Professional Services Procurement  <b>Period of Performance:</b> TBD  <b>Scope of Work:</b> Cervical Cancer screening and procedures  <b>Method of Accountability:</b> Contract contains remedies for breach of contract, including  <b>Itemized Budget: \$2,500</b></p>	
<b>Professional and Outside Services Total: \$317,500</b>	

<b>D. Travel</b>	<b>Total:</b>	<b>\$9,137</b>
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<b>In-State Travel</b>					
<b>Reason for Travel:</b> ADHS Meetings		Days:	<b>0</b>	Trips:	<b>4</b>
<b>Positions Traveling:</b> Program Manager, Program		Nights:	<b>0</b>		
	Rate		Unit		Request
Mileage Reimbursement	\$ 0.625	x	500		\$1,250
Meal Reimbursement	\$ -	x	0		\$0
Lodging	\$ -	x	0		\$0
Other Transportation	\$ -	x	0		\$0
<b>Total:</b>					<b>\$1,250</b>
<b>Justification:</b>					

WWHP needs to travel to Phoenix for ADHS conference to ensure that the Program is update date with all new programmatic policies and practices. Pima county can meet with programs across Arizona and learn about their barriers and successes.

**In-State Travel Total: \$1,250**

Out-of-State Travel					
Reason for Travel: NACCHO 360 Conference		Days:	4	Trips: 1	
Positions Traveling: Program Coordinator, Case		Nights:	3		
	Rate		Unit		Request
Airfare	\$ 750.00	x	3		\$2,250
Meal Reimbursement	\$ 76.00	x	3		\$912
Lodging	\$ 250.00	x	3		\$2,250
Other Transportation	\$ 100.00	x	3		\$300
Conference Cost	\$ 725.00	x	3		\$2,175
<b>Total:</b>					<b>\$7,887</b>
<b>Justification:</b>					
WWHP explore and learn new techniques that Public Health counties and organizations are using to reach their population. " Elevating Public Health Practice for Today and Tomorrow, explored how the local public health workforce and its stakeholders can move forward amid an ongoing crisis while implementing traditional and innovative approaches to protect the health of communities nationwide." - NACCHO					
<b>Out-of-State Travel Total:</b>					<b>\$7,887</b>

**E. Occupancy** **Total: \$0**

Item Requested	Unit Cost	Quantity (ea.)	Request
			<b>Total: \$0</b>
<b>Justification of Equipment:</b>			
[insert text here]			

**F. Other Operating** **Total: \$4,480**

Item Requested	Unit Cost	Quantity (ea.)	Request
Program Advertising	\$ 500.00	x 2	\$1,000
Client Transportation	\$ 20.00	x 24	\$480
Tabling Events	\$ 250.00	x 4	\$1,000
Promotional Items	\$ 1,000.00	x 1	\$1,000
Printing cost	\$ 1,000.00	x 1	\$1,000
<b>Total:</b>			<b>\$4,480</b>
<b>Justification of Other Operating:</b>			
Outreach and education are vital to be able to promote the WWHP around the community at bus stops, libraries, community based organizations, and flyer information. The WWHP Team will find other ways and venues to conduct outreach and education by piggybacking on other PCHD programs which will not be requested in this budget. One example is through PCHD's partnership with Assured Imaging and Wal Mart to conduct mammograms as multiple Wal Mart locations. Client Transportation is a vital services that we can offer to our clients that will assist them in being able to receive their urgent breast and cervical screening services. Program Events is important so that WWHP can participate in community events that require fees to participate. PCHD WWHP will sponsor tables at events like the Black and Brown Health Fair and the Fourth Avenue Street Fair to promote education and outreach by talking with fair goers and distributing education promotional items. Promotional items are important to be able to give out at our community events that have WWHP logos and information that would reach audience that we wouldn't have otherwise.			

**G. Capital Outlay (Equipment)** **Total: \$0**

Item Requested	Unit Cost	Quantity (ea.)	Request
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Justification of Capital Outlay: [insert text here]	<b>Total: \$0</b>
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<b>H. Indirect Rate and Costs</b>	<b>Total: \$48,728</b>
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Percentage Rate		Expenses Applied to	Request
10.00%	x	\$ 487,284.00	\$48,728
<b>Total:</b>			<b>\$48,728</b>
<b>Justification of Indirect Rate and Costs:</b> Pima County requests a 10% de minimis rate on Modified Total Direct Costs (MTDC). MTDC includes: direct salaries and wages, applicable fringe benefits, materials and supplies, services (including contracts), travel, and the first \$25,000 of each subaward (subrecipient). MTDC excludes: equipment, capital expenditures, charges for patient care, participant support costs, and the portion of each subaward in excess of \$25,000 (subrecipient). Indirect costs are calculated by multiplying each included category by the 10% de minimis rate, then adding the indirect category totals. The MTDC base is: \$207,310 for Personnel, \$57,446 for ERE, \$9,137 for Travel, \$212,500 for Professional and Outside Services, and 4,480 for Other. MTDC = the sum of each base item, \$490,873. The PCHD WWHP Indirect Cost Total is calculated by multiplying the rate (10%) by the MTDC, .1 X \$490,873 = \$49,087.			

<b>K. Total Amount Requested</b>	<b>\$641,012</b>
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**Pima County Health Department**

**Cost Reimbursement Line Item Budget**

<b>Account Classification</b>	<b>Total Budget</b>
Personnel	204,439.00
ERE	56,728.00
Professional & Outside Services	317,500.00
Travel	9,137.00
Occupancy	0.00
Other Operating	4,480.00
Capital Outlay	0.00
Indirect	48,728.40
<b>TOTALS</b>	<b>641,012.40</b>

With prior written approval from the Program Manager, the contractor is authorized to transfer up to a maximum of 10% of the total budget amount between line items. Transfers of funds are only allowed between funded line items. Transfers exceeding 10% or to a non-funded line item shall require an amendment.

**DETAILED BUDGET AND JUSTIFICATION**

Applicant: Pima County Health Department

Contractor #: New Solicitation

Funding: Wisewoman

Fiscal Year: 2023-24

Category	Subtotal	Proposed Budget
A. Personnel Services		\$54,432
B. Employee Related Expenses		\$17,537
C. Professional and Outside Services		\$0
D. Travel		\$0
In-State	\$0	
Out-of-State	\$0	
E. Occupancy		\$0
F. Other Operating		\$0
G. Capital Outlay (Equipment)		\$0
H. Indirect Rate and Costs		\$6,910
<b>K. Total Amount Requested</b>		<b>\$78,879</b>

<b>A. Personnel Services</b>	<b>Total:</b>	<b>\$54,432</b>
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Position Title and Name	Annual Salary	FTE	Number of Months	Amount of Request
Program Coordinator, CH	\$57,411.62	5.00%	12	\$2,871
Case Manager, TBD	\$45,191.00	100.00%	12	\$45,191
Nurse Practitioner, Jill	\$127,390.85	5.00%	12	\$6,370
<b>Total FTE/Salaries</b>		<b>1.10 FTE</b>		<b>\$54,432</b>

**Justification for Positions**

Request: \$2,871

Program Coordinator, CH Clementina Hernandez

Job description: Coordinates, supervises and participates in the activities of a specialized program; Provides support and participates in the daily activities essential to the completion of program objectives; Coordinates program activities with other departments, governmental agencies and the public; Meets with representatives of other departments, governmental agencies and the public to resolve program-related problems, address issues and discuss program goals and objectives; Provides internal services support for the program by coordinating activities with such departments as Human Resources, Management Information Systems, Budget, Finance, Purchasing, etc.; Develops or participates in the development of program goals and objectives and program budgets; Researches, analyzes and reports on program activities; Coordinate and/or supervise daily staff activities including those of other Program Coordinators; May perform required managerial functions in the absence of management; Perform public relations activities by speaking, giving demonstrations and coordinating publicity campaigns with the media.

Request: \$45,191

Case Manager, TBD

Job description: [Conducts client assessments for social, medical, and related services and develops and implements care for management plans; conducts client visits in accordance with rules and regulations; reviews care environment and appropriateness of services and implements changes as necessary; reviews physician's consultation notes and coordinates follow-up appointments; reviews client charts and instructs facility staff on proper documentation methods; consults with primary care physicians, care givers, and other team members; serves as advocate for clients with physicians, care givers, agencies, and family regarding needed services; maintains client records and prepares reports and correspondence; writes formal service plans; cost effective studies and case notes in accordance with program or legal requirements; provides counseling and crisis intervention to clients, family members, and care givers; maintains network of social and medical services offering cost effective sources; ensures that standards of care are maintained; attends and participates in care conferences and in-service training; maintains confidentiality of all materials and information encountered in performance of duties.

Request: \$6,370

Nurse Practitioner, Jill Weinstein

Job description: [Nurse Practitioner Supervisor. Performs client assessments, records, and evaluates comprehensive health histories in the setting of an electronic health record; Performs and documents physical examinations, makes accurate diagnoses and appropriate treatment plans that are memorialized in the electronic health record; Evaluates clinical situations, exercises independent judgment, and makes critical decisions within guidelines of licensure; Performs, orders and interprets appropriate laboratory screening and other diagnostic tests; Provides forms of contraception as appropriate including device/implant placement and removal, and emergency contraception; Provides client education and counseling appropriate to the clinical services performed; Assists with development of clinical protocols and development of clinical policies and procedures, and implementation, evaluation, and quality assurance of the same; Initiates and/or dispenses medications and/or medical devices appropriate to clinical service area; Evaluates the effectiveness of medications and treatments and adjusts as necessary to meet clients' needs; May act as preceptor for other nurse practitioners, medical students, interns and residents; May participate in outreach activities; May be required to participate in Public Health Emergency events, exercises and training; May supervise, assign and review the work of professional patient care services personnel.]

**B. Employee Related Expenses** **Total: \$17,537**

0.00%		of Total Salaries.		
Position Title and Name	Requested Salary		Fringe Rate	Request
Case Manager, TBD	\$45,191		35.00%	\$15,817
Nurse Practitioner, Jill	\$6,370		27.00%	\$1,720
<b>ERE Total:</b>				<b>\$17,537</b>

**C. Professional and Outside Services** **Total: \$0**

**D. Travel** **Total: \$0**

**E. Occupancy** **Total: \$0**

**F. Other Operating** **Total: \$0**

**G. Capital Outlay (Equipment)** **Total: \$0**

**H. Indirect Rate and Costs** **Total: \$6,910**

Percentage Rate		Expenses Applied to	Request
10.00%	x	\$ 69,098.00	\$6,910
<b>Total:</b>			<b>\$6,910</b>

**Justification of Indirect Rate and Costs:**  
 [Pima County requests a 10% de minimis rate on Modified Total Direct Costs (MTDC). MTDC includes: direct salaries and wages, applicable fringe benefits, materials and supplies, services (including contracts), travel, and the first \$25,000 of each subaward (subrecipient). MTDC excludes: equipment, capital expenditures, charges for patient care, participant support costs, and the portion of each subaward in excess of \$25,000 (subrecipient). Indirect costs are calculated by multiplying each included category by the 10% de minimis rate, then adding the indirect category totals. The MTDC base is: \$51,561 for Personnel and \$17,537 for ERE. MTDC = the sum of each base item, \$69,068. The PCHD Wisewoman Indirect Cost Total is calculated by multiplying the rate (10%) by the MTDC, .1 X \$69,098 = \$6,910.]

**K. Total Amount Requested** **\$78,879**



**Pima County Health Department**

**Cost Reimbursement Line Item Budget**

<b>Account Classification</b>	<b>Total Budget</b>
Personnel	54,432.00
ERE	17,537.00
Professional & Outside Services	0.00
Travel	0.00
Occupancy	0.00
Other Operating	0.00
Capital Outlay	0.00
Indirect	6,909.80
<b>TOTALS</b>	<b>78,878.80</b>

With prior written approval from the Program Manager, the contractor is authorized to transfer up to a maximum of 10% of the total budget amount between line items. Transfers of funds are only allowed between funded line items. Transfers exceeding 10% or to a non-funded line item shall require an amendment.