

BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

alzor			
C Award C Contract C Grant	Requested Board Meeting Date: 08/02/2022		
* = Mandatory, information must be provided	or Procurement Director Award:		
*Contractor/Vendor Name/Grantor (DBA):			
Maximus Health Services, Inc.			
*Project Title/Description:			
Contact Tracers			
*Purpose:			
	mendment No. 04. This Amendment increases the award amount by of \$28,000,000.00, extends the termination date to 01/05/2023, adds five (5)		
*Procurement Method:			
	cy and other limited competition procurement, on 07/06/2020, the I term of six (6) months and an award amount of \$10,000.000.00 with three		
On 12/15/2020, the Board of Supervisors approved Amendment N funding was added and contract not-to-exceed amount remained	No. 01, which extended the termination date to 07/05/2021. No additional at \$10,000,000.00. Two (2) six-month renewal options remained.		
	No. 02, which extended the termination date to 01/05/2022 and increased the exceed contract amount of \$15,000,000.00. One (1) six-month renewal option		

PRCUID: 380780

Attachment: Contract Amendment No. 04.

*Program Goals/Predicted Outcomes:

Rapid and thorough tracing, symptom monitoring and education is essential to limit the spread of COVID-19. An effective and timely response following confirmation of a COVID-19 positive case will decrease the number of potential secondary and tertiary infections.

On 12/21/2021, the Board of Supervisors approved Amendment No. 03, which extended the termination date to 07/05/2022 and increased the

not-to-exceed amount by \$8,000,000.00 for a cumulative not-to-exceed contract amount of \$23,000,000.00.

*Public Benefit:

Decreased spread of COVID-19 by informing and educating persons exposed to known positive COVID-19 cases. Successful implementation will enhance Pima County readiness for future outbreaks of COVID-19 or other communicable diseases or infections.

*Metrics Available to Measure Performance:

Pima County will assess contractor performance by an array of metrics including objective (e.g. case count, contacts reached, symptom monitoring contacts completed, et al) and subjective (professionalism, telephone manner, community contact evaluation) criteria.

*Retroactive:

Yes, negotiations of the terms of the amendment with the Contractor were prolonged.

70: COB 7/21/22 (1) Vers: 6 pgs: 3

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 Contract Number (i.e., 15-123): Document Type: Department Code: 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 \$ C Yes C No Contract is fully or partially funded with Federal Funds? If Yes, is the Contract to a vendor or subrecipient? C Yes C No Were insurance or indemnity clauses modified? If Yes, attach Risk's approval. C Yes C No Vendor is using a Social Security Number? If Yes, attach the required form per Administrative Procedure 22-10. Amendment / Revised Award Information Department Code: PO Contract Number (i.e., 15-123): 20-226 Document Type: MA Amendment No.: 04 AMS Version No.: 6 Commencement Date: 07/06/2022 New Termination Date: 01/05/2023 Prior Contract No. (Synergen/CMS): _____ Amount This Amendment: \$5,000,000.00 C Yes @ No If Yes \$ Is there revenue included? *Funding Source(s) required: Health Department Ops Funding from General Fund? C Yes 🖪 No If Yes \$ _____ C Award C Amendment Grant/Amendment Information (for grants acceptance and awards) Department Code: _____ Grant Number (i.e., 15-123): _____ Document Type: _____ Termination Date: _____ Amendment Number: Commencement Date: _____ Match Amount: \$ _____ Revenue Amount: \$ *All Funding Source(s) required: _____ *Match funding from General Fund? Yes No *Funding Source: *If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)? Contact: Procurement Officer: Kelsey Braun-Shirley Shriney Division Manager: Ana Wilber Digitally signed by Ana Wilber Date: 2022,07,20 08;50:04 -07'00' Qale 2022,07,20 08 10 04 -07'00' Digitally signed by Terri Spencer Date: 2022.07.20 09.29 43 -07:00 Department: Procurement Director: Terri Spencer Telephone: (520) 724-7466

Department Director Signature:

County Administrator Signature:

Deputy County Administrator Signature:

Pima County Department of Health

Project: Contact Tracers

Contractor: Maximus Health Services, Inc.

1600 Tysons Blvd. Suite 1400

McLean, VA 22102

Contract No.: MA-PO-20-226

Contract Amendment No.: 04

Orig. Contract Term: 07/06/2020 - 01/05/2021 **Termination Date Prior Amendment: 07/05/2022**

Termination Date This Amendment: 01/05/2023

Orig. Amount:

\$10,000,000.00

Prior Amendments Amount: \$13,000,000.00 This Amendment Amount:

\$ 5.000,000.00

Revised Total Amount:

\$28,000,000.00

CONTRACT AMENDMENT

The parties agree to amend the above-referenced contract as follows:

- 1. Background and Purpose.
 - 1.1. Background. On July 6, 2020, County and Contractor entered into the above referenced agreement to provide Contact Tracers.
 - 1.2. Purpose. County requires continuing services, to limit the spread of COVID-19.
- 2. **Term.** The parties agree to extend the contract term for one additional six month period commencing on July 06, 2022 and terminating on January 05, 2023. County may also exercise five additional extension options for up to six months each for 2023-2024 (Year 4) and 2024-2025 (Year 5). If the commencement date is before the Effective Date of this amendment, the parties will, for all purposes, deem the amendment to have been in effect as of the commencement date.
- 3. Compensation and Payment. Exhibit B: Compensation and Payment is replaced in its entirety with Exhibit B.1: Compensation and Payment (1 page).
- 4. Maximum Payment Amount. The maximum amount the County will spend under this Contract, as set forth in Section 5.2, is increased by \$5,000,000.00. County's total payments to Contractor under this contract, including any sales taxes, will not exceed \$28,000,000.00.

[The rest of this page intentionally left blank]

All other provisions of the Contract not specifically changed by this Amendment remain in effect and are binding upon the parties.

Contract No.: MA-PO-20-226

PIMA COUNTY	Maximus Health Services, Inc.	
Chair, Board of Supervisors	Authorized Officer Signature	
Date	Kaila Iglehart - Director, Contracts Printed Name and Title	
	07/13/2022 Date	
ATTEST		
Clerk of the Board		
Date		
APPROVED AS TO FORM		
Deputy County Attorney		
Lesley Lukach Print DCA Name		
July 19, 2022 Date		

Solicitation No: RFP-PO-2000021 Title: Contact Tracers

EXHIBIT B.1: COMPENSATION AND PAYMENT (1 PAGE)

		Contact Tracers	and the second second second second
Hourly Price	\$64.48	\$47.98	
Fixed Monthly Price			\$183,608.00
(7/6/2022-1/5/2023)			

The number of FTEs will be adjusted up or down depending on the current conditions and in consultation with the Pima County Health Department.

Should PCHD not exercise the renewal option and terminate the contract on January 5, 2023, Maximus shall assign control of the Qualtrics system to PCHD. If the contract is renewed for an additional six (6) month period through July 5, 2023, the Management and Support monthly fee for Qualtrics will be decreased to \$102,862.00. Maximus reserves the right to negotiate in good faith future extensions beginning on or after July 6, 2023 between PCHD and Maximus.

End of Exhibit B.1