



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

Requested Board Meeting Date: July 7, 2015

or Procurement Director Award ☐

**Contractor/Vendor Name (DBA):** Arizona Department of Health Services

**Project Title/Description:**

Tuberculosis (TB) Control Program (Directly Observed Therapy)

**Purpose:**

The purpose of this funding is to supplement Pima County Health Department efforts to control and prevent tuberculosis (TB) in Pima County by:

- Finding all cases of active TB and ensure completion of therapy through directly observed therapy (DOT);
- Identifying, medically evaluating, and ensuring completion of treatment for latent TB infection of contacts to pulmonary TB cases; and
- Reporting TB surveillance data

This Amendment is solely to change the vendor ID number under which the IGA is registered in ProcureAZ. In order to move the IGA to the main Pima County Health Department vendor ID number, the IGA/Contract number must be changed.

**Procurement Method:**

N/A

**Program Goals/Predicted Outcomes:**

TB PROGRAM OBJECTIVES (based on national performance targets for 2015)

1. Completion of Treatment - For patients with newly diagnosed TB for whom 12 months or less of treatment is indicated, increase the proportion of patients who complete treatment within 12 months to 93%.
2. Contact Investigation
  - a. Contacts shall be identified for 100% of newly reported sputum AFB-smear positive TB cases.
  - b. At least 93% of contacts to sputum AFB-smear positive TB cases shall be evaluated for infection and disease.
  - c. At least 88% of contacts to sputum AFB-smear positive TB cases with newly diagnosed latent TB infection (LTBI) will initiate treatment.
  - d. At least 79% of infected contacts that are started on treatment for latent TB infection shall complete therapy.
3. Surveillance and Reporting
  - a. Increase the completeness of each core Report of Verified Case of TB (RVCT) data item reported to CDC to 99.2%
  - b. Drug susceptibility results shall be reported for 100% of all newly reported, culture-positive TB cases.
  - c. HIV status shall be reported for at least 88.7% of TB cases.

**Public Benefit:**

Decreased incidence of TB in the community.

**Metrics Available to Measure Performance:**

Per calendar year: % of cases that completed treatment within 12 months; % of contacts identified, evaluated, and treated for LTBI; % of reports that are complete and reported to CDC.

**Retroactive:**

No.

**Original Information**

Document Type: \_\_\_\_\_ Department Code: \_\_\_\_\_ Contract Number (i.e.,15-123): \_\_\_\_\_

Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_ Prior Contract Number (Synergen/CMS): \_\_\_\_\_

☐ Expense Amount: \$ \_\_\_\_\_ ☐ Revenue Amount: \$ \_\_\_\_\_

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

Cost to Pima County General Fund: \_\_\_\_\_

Contract is fully or partially funded with Federal Funds? ☐ Yes ☐ No ☐ Not Applicable to Grant AwardsWere insurance or indemnity clauses modified? ☐ Yes ☐ No ☐ Not Applicable to Grant AwardsVendor is using a Social Security Number? ☐ Yes ☐ No ☐ Not Applicable to Grant Awards

If Yes, attach the required form per Administrative Procedure 22-73.

**Amendment Information**Document Type: GTAM Department Code: HD Contract Number (i.e.,15-123): 15\*63Amendment No.: Four AMS Version No.: 1Effective Date: upon final signature New Termination Date: 12/31/2017 (no change)☐ Expense ☐ Revenue ☐ Increase ☐ Decrease Amount This Amendment: \$ N/AFunding Source(s): ADHS / FederalCost to Pima County General Fund: \$0.00Contact: Sharon GrantDepartment: Health Telephone: 724-7842Department Director Signature/Date: Marcia M. Lanyon 6.19.15Deputy County Administrator Signature/Date: [Signature] 6-23-15County Administrator Signature/Date: C. D. [Signature] 6/23/15  
(Required for Board Agenda/Addendum Items)



# INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT

ARIZONA DEPARTMENT  
OF HEALTH SERVICES  
1740 West Adams, Room 303  
Phoenix, Arizona 85007  
(602) 542-1040  
(602) 542-1741 FAX  
Procurement Officer:  
**Delilah Gonzalez**

Contract No.: **ADHS13-041212**

Amendment No.: **4**

## TUBERCULOSIS CONTROL

It is mutually agreed that the Intergovernmental Agreement referenced is amended as follows:

1. Pursuant to, Terms and Conditions of Contract **ADHS13-041212** (old contract), Provision (6), **Contract Changes**, Item 6.1, Amendments, Purchase Orders and Change Orders, Contract **ADHS13-041212** (old contract) is changed to new contract number **ADHS15-096475** due to Pima County Health Department having a new vendor profile.

**ALL OTHER PROVISIONS OF THIS AGREEMENT REMAIN UNCHANGED.**

Contractor Name:  
**PIMA COUNTY HEALTH DEPARTMENT**

**2980 E. AJO WAY**

Address:

**TUCSON**

**ARIZONA**

**85713**

City

State

Zip

Authorized Signature

Print Name

Title

Pursuant to A.R.S. § 11-952, the undersigned public agency attorney has determined that this Intergovernmental Agreement is in proper form and is within the powers and authority granted under the laws of Arizona

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

State of Arizona

*Paula J. Perrera*

**6-18-15**

Signature

Date

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2015.

**Paula J. Perrera**

**Deputy Co. Atty.**

Print Name

Title

Procurement Officer

Attorney General Contract No.: **P0012014000078**, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney, who has determined that it is in proper form and is within the powers and authority granted under the laws of the State of Arizona.

RESERVED FOR USE BY THE SECRETARY OF STATE

**Under House Bill 2011, A.R.S. § 11-952 was amended to remove the requirement that Intergovernmental Agreements be filed with the Secretary of State.**

Signature

Date

Assistant Attorney General

Print Name

Title

REVIEWED BY:

*Margaret Hagan*  
Appointing Authority or Designee  
Pima County Health Department