



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

Requested Board Meeting Date: July 7, 2015

or Procurement Director Award ☐

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

Project Title/Description:

Health Start

Purpose:

Health Start provides community health workers to conduct outreach to support high-risk pregnant women and their families. Families are followed until the enrolled child turns two years of age. Under the supervision of a Public Health Nurse, the Community Health Workers provide basic prenatal, postpartum and parenting information and screen for alcohol, tobacco and other substance use, perinatal depression, relationship issues, child growth and development and home/environment safety hazards.

Procurement Method:

N/A

Program Goals/Predicted Outcomes:

1) Increase prenatal care services to pregnant women; 2) Reduce the low-birth weight infants; 3) Increase the number of children receiving age appropriate immunizations; and 4) Educate families on good nutritional habits for their children and need for early identification of learning disabilities, physical handicaps or behavioral health needs.

Public Benefit:

Increased number of high-risk pregnant women who have healthy pregnancies and babies. It is estimated that for every dollar spent on preventing poor pregnancy outcomes, \$5 is saved.

Metrics Available to Measure Performance:

1) Number of enrolled women that receive early and regular prenatal care; 2) Number of low birth weight and very low birth weight infants born to enrolled clients; 3) Gestational age of infants born to enrolled women; and 4) Immunization status of enrolled children.

Retroactive:

Yes. The new Health Start program will begin July 1. The Health Department received a notice of award on June 2.

Original Information

Document Type: GTAW Department Code: HD Contract Number (i.e., 15-123): 15-96
Effective Date: 7/1/2015 Termination Date: 6/30/2016 Prior Contract Number (Synergen/CMS): N/A
☐ Expense Amount: \$ ☒ Revenue Amount: \$ 215,885.00
Funding Source(s): Arizona Department of Health Services (Prop 203)

Cost to Pima County General Fund: \$0.00

Contract is fully or partially funded with Federal Funds? ☐ Yes ☐ No ☒ Not Applicable to Grant Awards
Were insurance or indemnity clauses modified? ☐ Yes ☐ No ☒ Not Applicable to Grant Awards
Vendor 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: Department Code: Contract Number (i.e., 15-123):
Amendment No.: AMS Version No.:
Effective Date: New Termination Date:
☐ Expense ☐ Revenue ☐ Increase ☐ Decrease Amount This Amendment: \$
Funding Source(s):

Cost to Pima County General Fund:

Contact: Sharon Grant
Department: Health Telephone: 724-7842
Department Director Signature/Date: *[Signature]* June 15
Deputy County Administrator Signature/Date: *[Signature]* June 15, 2015
County Administrator Signature/Date: *[Signature]* 6/15/15
(Required for Board Agenda/Addendum Items)



Division for Planning and Operations

Office of Procurement

1740 West Adams Street, Room 303
Phoenix, Arizona 85007-2670
(602) 542-1040
(602) 542-1741 Fax

DOUGLAS A. DUCEY, GOVERNOR
CARA M. CHRIST M.D., DIRECTOR

June 2, 2015

Pima County Health Department
Attn: Francisco Garcia, Director & Chief Medical Officer
3950 S. County Club Road, Suite 100
Tucson, AZ 85714

RE: RFP No. ADHS15-00004913, Health Start Program

Dear Mr. Garcia,

Pima County Health Department has been awarded the Contract pursuant to the Arizona Department of Health Services (ADHS) Solicitation ADHS15-00004913 to provide Health Start Program to the ADHS, Bureau of Women's and Children's Health. Enclosed is a copy of the executed Offer and Acceptance.

The Contract requires verification of insurance be provided to ADHS. Therefore, a Certificate of Insurance (COI), along with the endorsements for 'Additional Insured' and 'Waiver of Subrogation', must be submitted to ADHS within five (5) days of receipt of this correspondence. The COI must match all the requirements and language provided in the Solicitation, Special Terms and Conditions, Provision Nineteen (19), Insurance Requirements.

We look forward to a mutually beneficial Contract. Thank you for doing business with ADHS. If you have any questions, please contact Sue-Anne Tan at 602-542-1044 or sue.anne.tan@azdhs.gov.

Sincerely,

Rebecca O'Brien
Acting Chief Procurement Officer

Cc: Procurement File in ProcureAZ



Offer and Acceptance (Attachment A)

SOLICITATION NO.: ADHS15-00004913

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OF
1

OFFEROR:

ARIZONA DEPARTMENT OF HEALTH SERVICES

1740 West Adams Street

Phoenix, Arizona 85007

(602) 542-1040

(602) 542-1741 Fax

OFFER

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. Signature also certifies Small Business status.

Pima County Health Department

Company Name

3950 S. Country Club RD Suite 100

Address

Tucson,

AZ

85714

City

State

Zip

francisco.garcia@pima.gov

Contact Email Address

DUNS: 144733792

Signature of Person Authorized to Sign Offer

Francisco Garcia, MD, MPH

Printed Name

Director, Chief Medical Officer

Title

Phone:

520-724-7704

Fax:

520-724-7866

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/ x 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.

ADHS15-096694

The effective date of the Contract is

July 1, 2015

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

1

day of

June

2015

Rebecca Obrien



ARIZONA STATE CONTRACT

MASTER CONTRACT - TERM

Page 1 of 3

Purchase Order No.: ADHS15-096694

Organizational Reference No.:

Effective Date: 07/01/2015

Valid Through: 06/30/2018

Vendor Number: 000016766
Pima County Health Department
3950 S. Country Club, Suite 100
Tucson, AZ 85714-2099

Arizona Department of Health Services
Public Health Prevention
1740 W. Adams
Phoenix, AZ 85007

Sue Anne Tan

Contract No.: ADHS15-096694
Title: Health Start Program

The following documents make up the Contract
and are incorporated herein by reference.

ADHS15-00004913 Part 3 Uniform Terms and Conditions.pdf
ADHS15-00004913 Part 4 Uniform Instructions to Offerors.pdf
ADHS15-00004913 Part 5 Special Instructions - Solicitation Amd No.
3.pdf
ADHS15-00004913 Part 2 Notice Page. Table of Contents. Scope of
Work and Special
Pima County Table of Contents

Please refer to the electronic order in Procure.AZ.gov for the
complete list of attachments

Blanket Instructions

TERMS AND CONDITIONS set forth in our Bid, Quotation, or Purchase Order
are incorporated herein by reference and become a part of this order.

Account Code:			Payment Terms:			
Solicitation (Bid) No.:			Shipping Terms:			
			Delivery Calendar Day(s) A.R.O.: 0			
Item	Description	Requisition	Quantity	Unit	Unit Price	Total
1	Class-Item 952-27 The all-inclusive Rate per Month for Data Preparation. The all-inclusive Rate per Monthly /Per Person /Per Child /per Hourly /Per Day /Per Birth Rate/ Class Rate, shall include all labor, materials, labor rate, labor benefits, payroll burden, insurances, workmen?s compensation fee, profit, overhead administrative costs, and all other related cost factors for Health Start Program.		1.00		\$ 255.00	\$ 255.00
2	Class-Item 952-27 The all-inclusive Rate per Person for Client Enrollments		1.00	PERSON	\$ 105.00	\$ 105.00
3	Class-Item 952-27 The all-inclusive Rate per Person for Prenatal visits		1.00	PERSON	\$ 105.00	\$ 105.00



ARIZONA STATE CONTRACT

MASTER CONTRACT - TERM

4	Class-Item 952-27 The all-inclusive Rate per Person for Client Visits Family Follow-up	1.00	PERSON	\$ 105.00	\$ 105.00
5	Class-Item 952-27 The all-inclusive Rate per Child for Multiple Child Visits	1.00	EACH	\$ 50.00	\$ 50.00
6	Class-Item 952-27 The all-inclusive Rate per Person for Alcohol, Tobacco, Other Drugs Screening Visits	1.00	PERSON	\$ 120.00	\$ 120.00
7	Class-Item 952-27 The all-inclusive Rate per Person for Brief Intervention Visits	1.00	PERSON	\$ 130.00	\$ 130.00
8	Class-Item 952-27 The all-inclusive Rate per Person for Healthy @ Home Assessments	1.00	PERSON	\$ 100.00	\$ 100.00
9	Class-Item 952-27 The all-inclusive Hourly Rate for Nurse Consultation	1.00	HR	\$ 130.00	\$ 130.00
10	Class-Item 952-27 The all-inclusive Hourly Rate for Social Work/LPC Consultation	1.00	HR	\$ 80.00	\$ 80.00
11	Class-Item 952-27 The all-inclusive Rate per Person/per Day for Training CHW/Coordinator	1.00	PERSON	\$ 170.00	\$ 170.00
12	Class-Item 952-27 The all-inclusive Rate per Person for Pregnancy Test Visits (Optional Services)	1.00	PERSON	\$ 80.00	\$ 80.00
13	Class-Item 952-27 The all-inclusive Rate per Class for Classes for Clients (Optional Services)	1.00	EACH	\$ 280.00	\$ 280.00
14	Class-Item 952-27 Health Start Program	1.00	EA	\$ 0.00	\$ 0.00

TOTAL: \$ 1,710.00

Approved By: Sue Anne Tan

Phone No.: (602) 542-1044