



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

Award  Contract  Grant

Requested Board Meeting Date: March 5, 2019

*\* = 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 HealthCheck Program

**\*Purpose:**

Provide access for uninsured and/or 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.

**\*Procurement Method:**

Not applicable - grant award.

**\*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; and
- Training and education about the program to community members and health professionals.

**\*Public Benefit:**

The WWHP program in Pima County has been providing screening and diagnostic services since 1995 through subcontracts with community providers. In FY17-18, nearly 1,450 women were screened, more than 500 were referred for further diagnostics, and 24 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 available.

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

- # of mammograms provided
- # of pap and HPV tests
- # of women referred for future diagnostics
- # of women referred for cancer treatment
- # of women provided Navigation Only services

**\*Retroactive:**

Yes. Offer letter was signed by ADHS on January 25, 2019. The grant takes effect January 29, 2019. If not approved, PCHD will have to discontinue these services or pay for them with Special Revenue funds.

**Contract / Award 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) 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 22-73.

**Amendment / Revised Award Information**

Document Type: \_\_\_\_\_ Department Code: \_\_\_\_\_ Contract Number (i.e., 15-123): \_\_\_\_\_  
Amendment No.: \_\_\_\_\_ AMS Version No.: \_\_\_\_\_  
Effective Date: \_\_\_\_\_ New Termination Date: \_\_\_\_\_  
Prior Contract No. (Synergen/CMS): \_\_\_\_\_  
 Expense or  Revenue  Increase  Decrease Amount This Amendment: \$ \_\_\_\_\_  
Is there revenue included?  Yes  No If Yes \$ \_\_\_\_\_

**\*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): 19-26  
Effective Date: 01/29/2019 Termination Date: 01/28/2020 Amendment Number: 00  
 Match Amount: \$ \_\_\_\_\_  Revenue Amount: \$ 624,000.00 - see p.15 of proposal

**\*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: Marcyn Housen 2.22.2019  
Deputy County Administrator Signature/Date: Shirley 2/25/2019  
County Administrator Signature/Date: C. R. ... 2/25/19  
*(Required for Board Agenda/Addendum Items)*



**PART SIX (6) ATTACHMENT A  
Offer and Acceptance**

**SOLICITATION NO.: ADHS19-00008459**

**ARIZONA DEPARTMENT OF  
HEALTH SERVICES**  
150 North 18<sup>th</sup> Ave., Suite 280  
Phoenix, AZ 85007

**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.

DUNS: 144733792

Pima County Health Department

Company Name

3950 S. Country Club Rd. #100

Address

Tucson, AZ 85714

City

State

Zip

Marcy.Flanagan@pima.gov

Contact Email Address

*Marcy M. Flanagan*  
Signature of Person Authorized to Sign

Marcy Flanagan DBA, MA

Printed Name

Director, Pima County Health Department

Title

Phone: (520) 724-7765

Fax:

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. CTR 041766

The effective date of the Contract is January 29, 2019

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 25<sup>th</sup> day of January 2019

*J. S. [Signature]*

Procurement Officer



**STATE OF ARIZONA**  
**Department of Health Services**  
**REQUEST FOR PROPOSAL (RFP)**

**ARIZONA DEPARTMENT  
OF HEALTH SERVICES**  
150 N. 18<sup>th</sup> Avenue, Suite 260  
Phoenix, Arizona 85007

<b>SOLICITATION NUMBER:</b>	<b>ADHS19-00008459</b>		
<b>SOLICITATION DUE DATE/TIME:</b>	<b>October 16 2018 at 3:00 pm Local Arizona Time</b>		
<b>SUBMITTAL LOCATION:</b>	<b><u><a href="https://procure.az.gov/bsa/login.jsp">https://procure.az.gov/bsa/login.jsp</a></u></b>		
<b>DESCRIPTION:</b>	<b>WellWoman HealthCheck Program</b>		
<b>PRE-OFFER CONFERENCE AND TELECONFERENCE:</b>	<b>Monday 09/24/2018</b>	<b>01:00PM to 02:00 PM</b>	<b>150 N. 18<sup>th</sup> Avenue, Suite 295 Phoenix, AZ 85007 or 1-877-820-7831 Guest: 235990#</b>
	<b>Date</b>	<b>Time</b>	<b>Location</b>

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

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

**Solicitation Contact Person:**  
Christopher Balderrama, Procurement Officer  
Arizona Department of Health Services  
(602) 542-1044  
E-mail: [christopher.balderrama@azdhs.gov](mailto:christopher.balderrama@azdhs.gov)

**Part Two (2) TABLE OF CONTENTS**  
**SOLICITATION NO: ADHS19-00008459**

\*The following table of contents applies to all attachment documents in Procure AZ for this Solicitation\*

SECTION	TITLE	CONTENT
<b>Part One (1)</b>	Pre-Solicitation Documents	Determination, Legal Notice
<b>Part Two (2)</b>	Solicitation	*Included in this document: Notice Page; Table of Contents; Scope of Work; Special Terms and Conditions
<b>Part Three (3)</b>	Uniform T's & C's	Uniform Terms and Conditions
<b>Part Four (4)</b>	Uniform Instructions	Uniform Instructions to Offerors
<b>Part Five (5)</b>	Special Instructions	Special Instructions to Offerors
<b>Part Six (6)</b>	Attachments	Attachment A: Offer and Acceptance; Attachment B: Designation of Confidential Trade Secret & Proprietary Information Attachment C: Notices, Correspondence, and payments Attachment D: References Attachment E: Participation of Boycott of Israel

# SCOPE OF WORK

## SOLICITATION NO. ADHS19-00008459

### Definitions:

ADHS WWHP:	Arizona Department of Health Services Well Woman Healthcheck Program in Arizona, an entity of the Division of Prevention and the Bureau of Health Systems Development (HSD), managed by the Program Director.
AHCCCS:	Arizona Health Care Cost Containment System, Arizona's Medicaid Program.
BCCTP	Breast and Cervical Cancer Treatment Program.
CDC:	Centers for Disease Control and Prevention. CDC is the federal funding source for WWHP.
Client:	A woman who is eligible to receive WWHP services and who has been enrolled in the Program.
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 HealthCheck Program (WWHP).
Contractor:	A service provider under a Contract to provide WWHP services for ADHS. Also referred to in this Scope of Work as the Contractor.
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).
Department:	Arizona Department of Health Services (ADHS).
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 <u><a href="#">The Guide to Community Preventive Services</a></u> .
HIPAA:	Health Insurance Portability Accountability and Affordability Act. All WWHP information and data must be managed within HIPAA guidelines.
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.
Navigation Only:	The WWHP pays to screen and navigate uninsured or under-insured women. The program also pays to navigate insured women through breast and cervical cancer screening and diagnostics and into treatment if necessary.
Operations Manual:	The CDC Program Manual can be found at <u><a href="http://wellwomanhealthcheck.org">wellwomanhealthcheck.org</a></u> . Forms and clinical algorithms are available on the same website.
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.

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- 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.
- Program Coordinator:** Personnel hired by the Contractor to administer the contract with ADHS WWHP.
- Program Director:** Personnel hired by ADHS to implement and monitor the WWHP.
- Reimbursement:** Payments made on the basis of claims itemized and properly justified in the CER. Clinical services reimbursed at Medicare reimbursement rates. Documentation must be provided to support all expenses listed on CER.
- Reports:** All required reports and reporting information, including but not limited to, the Labor Activity Report, Quarterly Report, monthly CER, and the Annual Work Plan. Reports are explained during quarterly contractor meetings. The ADHS WWHP may require additional reports not defined in this contract.
- 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 must 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 must be licensed in Arizona or per The Federal Tort Claims Act (FTCA), 28 U.S.C. §§ 1346(b), 2671-2680.
- Quality Improvement:** Systematic and continuous actions leading to measurable improvement in health care services and the health status of targeted patient groups.
- 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 your geographic area with a strong focus on those using services from your providers.
- WWHP:** Well Woman HealthCheck Program

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### 1. Background:

ADHS, Division of Public Health Services (PHS), Bureau of Tobacco and Chronic Disease (BTCD) 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 HealthCheck Program (WWHP). The WWHP is part of the National Breast and Cervical Cancer Early Detection Program (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 women 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 women, 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, women must be under the age of 65, 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 qualified alien.

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

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

- 1.1.1 The woman'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).
- 1.1.2 She 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.
- 1.1.3 She 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 exceeds \$100.00.

Special attention and priority is given to enrollment of traditionally underserved populations (racial and ethnic minorities, women with disabilities, women partnering with women) outside of the mainstream of patient care.

Insured women meeting the program income guidelines qualify for Navigation Only services through the WWHP.

- 1.1.4 WWHP Contractors will be responsible for directing women requesting WWHP services to Medicaid and other insurance options. If women are not able to afford the coverage provided via other insurance options and not eligible for Medicaid they can then be enrolled in the WWHP. There will be more information provided regarding this requirement as other insurance options become available.
  - 1.1.4.1 Contractors are responsible for using the flowsheets and attestations provided during open enrollment for the Affordable Care Act. (Forms are available at [wellwomanhealthcheck.org](http://wellwomanhealthcheck.org).)
  - 1.1.4.2 Contractors must have certified enrollment specialists on site or have established working relationships with local certified enrollment specialists.
- 1.1.5 Women Sixty-Five (65) years of age or older who also meet the above requirements:

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- 1.1.5.1 Who do not have Medicare Part B may be enrolled in the WWHP.
- 1.1.5.2 These women will receive screening and diagnostic services following the same protocols used for other women in the program.
- 1.1.5.3 If diagnosed with cancer, this population of women is not eligible to receive treatment services under the Breast and Cervical Cancer Prevention and Treatment Act of 2000.
- 1.1.5.4 These women, though they do not have Part B, Medicare, are eligible for other benefits through Medicare, Part A.

These women, when possible, should 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 she may be eligible for assistance under AHCCCS.

- 1.1.6 Women Forty to Sixty-Four (40 – 64) years of age:
  - 1.1.6.1 Women fifty to sixty-four (50 – 64) years of age are CDC's priority population for mammography screening services and reimbursed with Federal funds.
  - 1.1.6.2 Women fifty (50) years of age and older shall account for seventy-five percent (75%) of the mammography services, utilizing federal funding provided to WWHP Contractors.
  - 1.1.6.3 Mammography services, utilizing State funding, shall be provided to women forty to forty-nine (40-49) years of age.
  - 1.1.6.4 Women with an intact cervix or history of cervical neoplasia are eligible to receive Pap test screening in accordance with the WWHP cervical screening policy.
  - 1.1.6.5 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 are not reimbursed. Providing the referral for the mammogram shall occur at the initial visit.
- 1.1.7 Women under Forty (40) years of age:
  - 1.1.7.1 Women 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. Women are eligible for cervical cancer screening at the age of twenty-one (21).
  - 1.1.7.2 Once the client's abnormality has been resolved and the recommendation is to return to routine screening intervals, the client should 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. Woman under age twenty-one (21) are not typically eligible for the program. Women under age twenty-one (21) with symptoms will be addressed on a case by case basis and in consideration of CDC guidelines.

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### 1.2 Eligibility for Treatment:

Certain women screened through the WWHP are eligible for treatment provided through AHCCCS. Each WWHP eligible woman 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 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. All application 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 will submit the approved documents to the AHCCCS BCCTP.

Women 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 women. ***Contractor's choosing to serve women not eligible for treatment under the Breast and Cervical Cancer Prevention and Treatment Act, must guarantee treatment within sixty (60) days from the date of diagnosis per CDC Program guidelines.*** If Contractors are unable to access these treatment services in a timely fashion, future screening efforts will be limited to only those women eligible under the Breast and Cervical Cancer Prevention and Treatment Act.

Regardless of the source of treatment funds, Contractors are 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 60 days. These women shall be tracked up to and including treatment initiation. Any tracking forms provided by ADHS will be used by the Contractor. This requirement also applies to Navigation Only patients.

## 2. Objective:

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 Department, WWHP Contractor, WWHP Service Providers, and other partners work together to accomplish this mandate through the program components:

- 2.1 Management;
- 2.2 Partnerships and Coalition Development;
- 2.3 Public Education and Recruitment;
- 2.4 Professional Development;
- 2.5 Quality Assurance and Improvement;
- 2.6 Screening, Referral, Tracking, Follow-up Case Management, and Re-screening;
- 2.7 Navigation Only;
- 2.8 Systems Change;
- 2.9 Data Management and Surveillance; and
- 2.10 Evaluation.

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**Please note:** Detailed information describing the program, its components, and its policies and procedures is available in multiple volumes at the following link: [National Breast and Cervical Cancer Early Detection Program Manual](#). Information about the WWHP can be found at [wellwomanhealthcheck.org](http://wellwomanhealthcheck.org).

Contractors are currently needed to service all areas in the State of Arizona:

### 3. Goals:

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

- 3.1.1 Ongoing in-reach, outreach and the recruitment of eligible women;
- 3.1.2 Providing accessible, timely, and quality breast and cervical cancer screening services for uninsured and under-insured patients;
- 3.1.3 Providing accessible, timely and quality navigation only to insured patients;
- 3.1.4 Active participation in coalitions that shall assist the Well Woman Health Check Program including but not limited to:
  - 3.1.4.1 Improving and expanding WWHP services;
  - 3.1.4.2 Identifying and partnering with referral resources within local communities;
  - 3.1.4.3 Coordinating community services to reduce duplicative efforts;
  - 3.1.4.4 Securing accessible treatment and follow-up services for WWHP women 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)
  - 3.1.4.5 Supporting enrollment in the Breast and Cervical Cancer Treatment Program for community members diagnosed with breast and/or cervical cancer outside of the WWHP.
- 3.1.3.4 Working with community partners to increase breast and cervical cancer screening rates in their geographic area and referrals to the BCCTP;
- 3.1.3.5 Referring current smokers to smoking cessation support such as ASHLine.
- 3.1.4 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;
- 3.1.5 Navigation of women diagnosed with breast and/or cervical cancer to survivorship support. This can be accomplished by linking these women with resources on WWHP Survivorship website;
- 3.1.6 Each woman diagnosed with breast or cervical cancer will be provided with a BagIt bag. These bags will be purchased with funds on the State Other line of the CER;
- 3.1.7 Systems Change and Quality Improvement activities that increase the breast and cervical cancer screening rates for all women in the Contractor's area of responsibility;
- 3.1.8 Referring current smokers to smoking cessation support such as ASHLine;
- 3.1.9 Ongoing community and provider education regarding the expanded BCCTP availability, process, and guidelines;

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3.2.0 Ongoing provider education regarding the need to report cancer cases to the Arizona Cancer Registry; and

3.2.1 Ongoing provider education regarding clinical algorithms.

**4. Tasks/Methods of Accountability**

**4.1 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.

4.1.1 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.

4.1.2 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.

4.1.3 The Contractor shall submit monthly CERs to the Program Director 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 will be sent to the WWHP in a manner that is HIPAA compliant; protecting patient confidentiality at all times. Large bundles of patient information should be delivered in sealed boxes, not in envelopes.

4.1.3.1 Documentation for Personnel and ERE costs will be submitted with each CER on which Personnel and ERE reimbursement is requested. The documentation will include 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.

4.1.3.2 Documentation for Other Expenses will include copies of invoices where the total matches the amount billed.

4.1.3.3 Documentation for Indirect Costs will detail how they are determined. Annually the Indirect Agreement will be provided to the ADHS WWHP Director.

4.1.4 Final CER billing shall be received to the Program Director no later than forty (40) days after the end of the budget period/program year. Reimbursement will be denied for any outstanding claims submitted beyond that date.

4.1.5 All WWHP Contractor Program Coordinators and their Quality Improvement Managers shall be required to attend the ADHS WWHP quarterly meetings. 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 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.

4.1.6 The Contractor shall document plans and performance as described in tasks 4.1.1 to 4.1.7 using Program authorized reporting formats.

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4.2 Claims for reimbursement of allowable expenses:

- 4.2.1 **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 will be submitted with the CER rebilling for that service. Supporting documentation shall be maintained in the Contractor's files for audits;
- 4.2.2 **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 the original invoice be included.
- 4.2.3 **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 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 must have supporting documentation submitted with the CER.

4.3 Tracking and reporting of operational and financial information and the Contractor's responsibility to observe screening rates, spending ratios and spending limits:

- 4.3.1 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 will result in decreased funding available in subsequent Contract years.
- 4.3.2 Rates of performance, expressed in the budget of this Contract as the number of women 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.
- 4.3.3 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 will be conducted on the appropriate number of relevant charts to ensure that it is statistically significant for their clinic population.
  - 4.3.3.1 The contractor will complete the Baseline Clinic Data Collection Forms for breast and cervical cancer annually. The breast cancer baselines will be created for two population sets; those 40-74 and those 50-74. (This form will be provided by ADHS)
  - 4.3.3.2 The contractor will complete the NBCCEDP Health System EBI Implementation Plan Template, if they are a new contractor to the program. (This form will be provided by ADHS)
- 4.3.4 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.

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**4.4 Screening, Diagnostic and Treatment Services.**

- 4.4.1 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 Operations Manual, the Clinical Guidelines and algorithms provided by ADHS, and the Medicare Reimbursement Schedule. It is the Contractor's responsibility to:
  - 4.4.1.1 Provide WWHP services to enrolled women directly or through Contracts with qualified Service Providers; and
  - 4.4.1.2 Ensure that women enrolled in WWHP are not charged for covered services.
  - 4.4.1.3 Navigate insured women through screening, diagnostic and, if necessary, treatment services.
- 4.4.2 Reimbursement rates are set in accordance with Medicare Part B allowable rates. New rates are effective every year, and once available, distributed by the WWHP staff at ADHS. A listing of maximum reimbursement rates is provided to each Contractor by ADHS each year.
- 4.4.3 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:
  - 4.4.3.1 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 will not be reimbursed; and
  - 4.4.3.2 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 ninety (90) or fewer calendar days for all cases. If this time frame is not met, services will not be reimbursed.

**4.5 Covered services shall include:**

**4.5.1 Screening services:**

4.5.1.1 Breast – annual screening mammography for women forty (40) to sixty-four (64) years old. It is not a requirement for every woman 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 should be between a woman and her provider. Diagnostics following an abnormal CBE or mammogram follow the Breast Cancer Diagnostic Algorithms provided to the Contractors by ADHS. They can be found at this [link](#). In addition:

4.5.1.1.1 Women thirty-five (35) to sixty-four (64) years old shall be assessed for their lifetime breast cancer risk. Contractors will use the Gail Model risk assessment tool (provided by ADHS). Risk assessment results will be reported to ADHS WWHP as an MDE.

4.5.1.1.2 Those women determined to be at high risk may have an MRI. Requests for approval of an MRI must be submitted to the WWHP offices at ADHS.

4.5.1.2 Cervical - the pelvic examination and the Pap test must 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. This guidance changes periodically and the Contractors will be responsible for keeping protocols, process and algorithms in

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step with the CDC guidelines. Guidance for cervical screening algorithms can be found at the [ASCCP guidelines](#). To be eligible for Pap test screening:

- 4.5.1.2.1 Women shall have an intact cervix or history of cervical neoplasia;
  - 4.5.1.2.2 Cervical Cancer screening shall be for women aged twenty-one (21) to sixty-four (64) years old, regardless of sexual activity;
  - 4.5.1.2.3 Women will receive a Pap test alone every three (3) years or Pap testing and HPV testing for screening every five (5) years. Pap testing provided outside of these timeframes will not be reimbursed unless clinically warranted;
  - 4.5.1.2.4 Women twenty-one (21) to sixty-four (64) shall be assessed for their overall risk for cervical cancer. Risk assessments results will be reported to ADHS WWHP as an MDE.
  - 4.5.1.2.5 Women considered high risk (HIV positive, immunocompromised, and exposed in utero to diethylstilbestrol) may need to be screened more often and should follow the recommendations of their provider;
  - 4.5.1.2.6 Women who have had a hysterectomy for invasive cervical cancer should undergo cervical cancer screening for twenty (20) years even if it goes past the age of sixty-five (65). Women who have had cervical cancer should continue screening indefinitely as long as they are in reasonable health;
  - 4.5.1.2.7 If CDC changes program screening guidance Contractors shall reflect the guidance as requested by ADHS and CDC; and
  - 4.5.1.2.8 For follow-up testing after abnormal Pap results, contractors will provide diagnostic testing as per the ASCCP guidelines.
- 4.5.2 Navigation Only services – low income, insured women between the ages of twenty-one (21) and sixty-four (64) receiving services from the Contractor’s clinic will 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 will not be reimbursable by the WWHP and will be covered by the woman’s insurance, patient navigation will be reimbursed to the Contractor at the flat rate of \$55 per patient. MDEs will be submitted to ADHS WWHP on Navigated Only patients. Patient navigation for women served in the WWHP must include the following activities:
- 4.5.2.2 A written assessment of the client’s barriers to cancer screening, diagnostic services, and initiation of cancer treatment;
  - 4.5.2.3 Client education and support;
  - 4.5.2.4 Resolution of client barriers (i.e. transportation and translation services);
  - 4.5.2.5 Client tracking and follow-up to monitor progress in completing screening, diagnostic testing, and initiating cancer treatment;
  - 4.5.2.6 Given the centrality of the client-navigator relationship, patient navigation must include a minimum of two, but preferably more, contacts with the client; and
  - 4.5.2.7 Collection of data to evaluate the primary outcomes of patient navigation: client adherence to cancer screening, diagnostic testing, and treatment initiation. Clients lost to follow-up should be tracked.

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- 4.5.2.8 Patient navigation services are terminated when a client:
- 4.5.2.8.1 Completes screening and has a normal result; and
  - 4.5.2.8.2 Completes diagnostic testing and has normal results; or
  - 4.5.2.8.3 Initiates cancer treatment or refuses treatment.
- 4.5.2 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.
- 4.6 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:
- 4.6.1 The time from screening to diagnosis shall be less than sixty (60) calendar days;
  - 4.6.2 For all breast cancer and all invasive cervical cancer the time from diagnosis to treatment shall be less than sixty (60) days. For all HSIL (High Grade Squamous Intraepithelial Lesion), CIN2 (Cervical Intraepithelial Neoplasia, Grade II), CIN3 (Cervical Intraepithelial Neoplasia, Grade III), and Cervical Cancer In Situ, the time from diagnosis to treatment will be less than ninety (90) days; and
  - 4.6.3 Women 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 assistance. 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.
- 4.7 The Contractor shall coordinate the submission of BCCTP application packets to ADHS WWHP Program Director or Program Manager. The Contractor will guide the patient in the BCCTP Enrollment Application process. Application packets must 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.
- 4.8 The BCCTP was expanded on August 2, 2012. This expansion allows uninsured women 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 responsible for educating local providers and organizations about the expansion and the process for enrolling these Community Referrals into the BCCTP. Contractor will 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.**
- 4.9 Contractors will link patients diagnosed with breast or cervical cancer to survivorship services as listed on the [survivorship page](http://www.wellwomanhealthcheck.org) of [wellwomanhealthcheck.org](http://www.wellwomanhealthcheck.org). The annual work plan will include a description of survivorship resources available in the community and how the clinic plans on linking patients with those resources. The case manager will show cancer patients the tab specific to survivorship care plans and explain how those are to be used.

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4.10 Each WWHP patient diagnosed with breast or cervical cancer will be given the BagIt product. This is a quality of life support tool that will assist the patient and their family through treatment and survivorship. The cost of the BagIt is included in Other Operating Funds.

**5. Quality Assurance**

5.1 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.

5.2 Lost to follow-up for abnormal results is defined as not being able to contact a woman 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 patients' chart, and until a copy of the special form to report lost to follow-up has been sent to the ADHS Data Supervisor. A woman cannot be declared lost to follow-up unless significant documented efforts have been made to locate the woman. Contractors must supply documentation of at least four (4) attempts to follow-up with the patient. The four attempts should consist of three (3) telephone calls and one (1) certified letter. The return receipt or returned letter must be filed in the patient's medical record. A copy of the receipt will accompany the lost to follow-up form submitted to ADHS.

5.3 Quality standards shall include:

The Contractor and all subcontractors 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.

5.3.1 Personnel: All Medical Doctors (M.D.s) or Doctors of Osteopathy (D.O.s) 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.

5.3.2 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 subcontractors 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.

5.4 Service Provider Contracts shall grant the Contractor and ADHS WWHP representatives, access to review WWHP client records, and policy and procedure statements. Review is necessary to monitor compliance with WWHP protocols and to manage clinical quality. Provider Contracts will require that all cancer cases be submitted to the ACR by the diagnosing provider within ninety (90) days of diagnosis.

5.5 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.

5.6 Each Contractor is responsible for ensuring that the Contractor and all subcontractors 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.

5.7 Sub-contracts with clinicians (breast and cervical) shall be with AHCCCS registered Service Providers. In the event a woman'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.

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- 5.8 Assessment of the patient's smoking status will occur during each annual visit. If the patient is a current smoker the patient will be referred to the ASHLine Smoking Cessation call in system. Referral forms will be provided. Smoking status will be recorded on the Demographic and Enrollment Form.
- 5.9 The WWHP is a screening and quality improvement program. Due to the Quality Improvement focus of the WWHP, each contracted entities Quality Improvement Manager will attend the WWHP quarterly contractor meetings. In addition, each contracted entities Quality Improvement Manager will also attend the monthly Quality Improvement Committee meeting hosted by the Arizona Alliance of Community Health Centers.

**6. 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:

- 6.1 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;
- 6.2 Participate in planning activities supporting American Cancer Society walks/runs and other events. Contractors will also participate in these local events;
- 6.3 Actively participate in a work group of 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 will report work group selection in their quarterly report;
- 6.4 Educate local providers and organizations about the BCCTP expansion and the process for enrolling these Community Referrals into the BCCTP. Contractors will use the materials available on the website for this education process. Contractors are also responsible for coordinating the submission of these packets for their site(s). The BCCTP was expanded on August 2, 2012. This expansion allows uninsured women in Arizona, with an income at or below two hundred and fifty percent (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
- 6.5 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 YMCA). A listing of these resources will be submitted in the annual work plan. This resource will be shared with WWHP patients and they will be encouraged to participate in these activities.

**7. Local Public Education and Recruitment Activities**

The Contractor shall:

- 7.1 Develop and implement a minimum of four (4) activities focused on breast and cervical cancer, using public education and recruitment methods identified as appropriate for the local service area by key personnel;
- 7.2 Develop and implement recruitment strategies to recruit eligible women from priority populations (racial and ethnic minorities, women with disabilities, women partnering with women);
- 7.3 Develop strategies to ensure a client returns on an annual basis for appropriate screening;
- 7.4 Develop and implement recruitment efforts of clients to ensure utilization of all funds budgeted;

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- 7.5 Use in-reach and evidence based strategies to increase clinic screening rates to levels required for Healthy People 2020;
- 7.6 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; and
- 7.7 Use the ACS phone line (1-888-257-8502) as the sole additional recruitment phone line other than clinic specific phone numbers for setting appointments. Additional call-in lines add barriers to service. They will not be allowed nor supported with WWHP funds.

**8. Local Professional Development**

The Contractor shall:

- 8.1 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 will provide CMEs/CEUs for the participants. These events will be reported in the quarterly report. They will 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;
- 8.2 Work closely with the ADHS WWHP and others to assess and address local professional development needs;
- 8.3 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;
- 8.4 Work with contracted providers to encourage and support their timely reporting of cancer cases to the Arizona Cancer Registry; and
- 8.5 Document activities and evaluation findings related to TASK 4.1.8 in the Quarterly Reports

**9. Screening and Navigation Quotas**

- 9.1 The Contractor shall screen a number of women for their geographical area. This number will be updated annually.
- 9.2 The Contractor shall provide navigation services to a number of insured women in their health system every year. These patients 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.
- 9.3 Screening and navigation services shall be completed between June 30, and June 29, of each year.

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**10. Systems Change:**

- 10.1 The Contractor shall address policy within their clinic(s) to prioritize breast and cervical cancer screening for *all* women using their clinic(s);
- 10.2 The Contractor shall 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;
- 10.3 The Contractor shall 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);
- 10.4 New contractors will complete the Baseline-Clinic Data Collection Forms for Breast and Cervical Cancer. Ongoing contractors will complete the Annual Clinic Data Collection Forms for Breast and Cervical Cancer annually. All contractors who have not completed the NBCCEDP Health System EBI Implementation plan will do so (these templates will be provided by ADHS).
- 10.5 The Contractor shall report screening baselines by July 30 of each subsequent program year; and
- 10.6 CDC may change the systems change guidance during the life of this award. When that occurs the Contractor agrees to change their scope to meet the revised requirements.
- 10.7 Successful systems change implementation requires clinic operations and leadership support. 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. This focus on quality improvement requires leadership approval and support for the following:
  - 10.7.1 The use of evidence based initiatives to improve breast and cervical cancer screening rates in all clinics providing services for the WWHP;
  - 10.7.2 The provision of IT support to create and pull reports as needed to support systems change/quality improvement practice;
  - 10.7.3 Operational support to assess and determine clinic patient flow and to attempt revisions when necessary;
  - 10.7.4 Provider cooperation and support for provider reminders and provider assessment and feedback;
  - 10.7.5 Providing time at several provider meetings per year for reporting on breast and cervical cancer screening rates and progress on improvements;
  - 10.7.6 Provide support for program staff to complete one provider education session, with CMEs per program year; and
  - 10.7.7 Providing support for navigation only of insured patients through breast and cervical cancer screening, diagnostics and into treatment if necessary.

**11. Deliverables:**

- 11.1 The Contractor shall provide ADHS with lists of all Service Providers at the beginning of each Contract year and as Service Providers are removed and/or added. Copies of Contracts with Service Providers shall be kept on file at the Contractor offices for audit purposes;
- 11.2 The Contractor shall provide documentation of activities and products related to TASK 4.1.6 in the Quarterly Reports;
- 11.3 The Contractor shall provide documentation of activities and evaluation of the tangible results of the activities related to TASK 4.1.7 in the Quarterly Reports;
- 11.4 Annual Work Plan is due thirty (30) days after signing the Contract and annual Amendment;

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- 11.5 Quarterly Reports are due thirty (30) days after the end of each quarter; and
- 11.6 Screening Baselines are due thirty (30) days after Contract award and annually thereafter.
- 11.7 Payment may be withheld when reporting requirements are not met.

Item	Due Date
CEO, CMO and staff signed Letter of Support for items listed in 10.7	Include in Application Annually thereafter
Selection of EBI's to use per clinic site	July 30, 2019 (must be used consistently for 5 years)
Number of uninsured women 40+ using clinic in past twelve months	Include in the Application, 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 Application (include formula explaining how it is derived) Quarterly thereafter
Number of Insured Women 40+ using clinic in past twelve months	Include in Application Annually thereafter
Number of women 40+ and number of women 50+ using the clinic	Include in Application Annually thereafter
Care Coordination Forms ~ completed	Monthly, with CER
Proposed date and topic of Provider Education Session. It is required that CMEs are offered.	February 15 <sup>th</sup> for First Year July 15, thereafter
Medicaid and Online Insurance Enrollment Data	Quarterly with Quarterly Reports

**12. Notices, Correspondences, Reports and Invoices**

12.1 Notices, Correspondence and Reports from Contractor to ADHS shall be sent to:

Organization: Well Woman HealthCheck Program  
 Attention: Program Director  
 Arizona Department of Health Services  
 Street Address: 150 N. 18<sup>th</sup> Ave, Suite 310  
 City, State and Zip Code: Phoenix, AZ 85007

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Description	Amount
Personnel and ERE	As approved by ADHS and authorized by the Purchase Order
Screening and Diagnostic (Payment for covered services shall be made per reimbursement rates in accordance with current Medicare Part B allowable rates and as provided on the Purchase Order)	As approved by ADHS and authorized by the Purchase Order
Navigation Only	As approved by ADHS and authorized by the Purchase Order
Treatment Services – Close The Gap (Payment for covered services shall be made per reimbursement rates in accordance with current Medicare Part A allowable rates and as provided on the Purchase Order)	As approved by ADHS and authorized by the Purchase Order
Indirect	As approved by ADHS and authorized by the Purchase Order
Other Operating Expenses	As approved by ADHS and authorized by the Purchase Order
Total	As approved by ADHS and authorized by the Purchase Order

Note: With prior consent of the Well Woman HealthCheck Program Director and as approved on the CER, the Contractor is authorized to transfer up to a maximum of twenty percent (20%) of the total budget between line items. Transfers exceeding twenty percent (20%) or to a non-funded line item shall require an Amendment. The Contractor must maintain federal funding requirements.

**SPECIAL TERMS AND CONDITIONS**  
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**1. Purpose**

Pursuant to provisions of the Arizona Procurement Code, A.R.S. 41-2501 Et Seq., the State of Arizona, 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 for award, 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**

The Contract term begins upon award and shall continue for a period of one (1) year 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 must 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 Key personnel are not available for work under this Contract for a continuous period exceeding 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 Point of Contact, capable of and devoted to the successful accomplishment of work to be performed under this Contract. The Contractor must agree to assign a specific individual to serve as a primary day-to-day contact.
- 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.

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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 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.

**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 should be referred to the State. The Contractor also agrees that any information pertaining to individual persons shall not be divulged other than to employees or officers of the Contractor as needed for the performance of duties under the Contract, unless otherwise agreed to in writing by the State.

**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.

**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 will be forwarded to the ADHS Procurement Office for review and any necessary follow-up. The Procurement Office may contact the Contractor upon receipt of the report and may request corrective action. The Procurement Office shall discuss the Contractor's suggested corrective action plan with the Procurement Specialist for approval of the plan.

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**15. Payment Procedures**

- 15.1 ADHS accounting will not make payments to any Entity, Group or individual other than the Contractor with the Federal Employer Identification (FEI) Number identified in the Contract. Contractor invoices requesting payment to any Entity, Group or individual other than the contractually specified Contractor shall be returned to the Contractor for correction.
- 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 must complete an "Assignment and Agreement" form transferring contract rights and responsibilities to the new Contractor. ADHS must indicate consent on the form. A written Contract Amendment must be signed by both parties and a new W-9 form must be submitted by the new Contractor and entered into the system prior to any payments being made to the new Contractor.

**16. Financial Management**

- 16.1 For all contracts, the practices, procedures, and standards specified in and required by the Accounting and Auditing Procedures Manual for Arizona Department of Health Services and the Arizona Department of Agriculture funded programs shall be used by the Contractor in the management of contract funds and by the ADHS when performing a contract audit. Funds collected by the Contractor in the form of fees, donations and/or charges for the delivery of these contract services shall be accounted for in a separate fund.
- 16.2 State Funding Contractors receiving state funds under this Contract shall comply with the certified Compliance provisions of A.R.S. § 35-181.03.
- 16.3 Federal Funding Contractors receiving federal funds under this contract shall comply with the certified finance and compliance audit provision of the Office of Management and Budget (OMB) Circular A-133, if applicable. The federal financial assistance information shall be stated in a Change Order or Purchase Order.

**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.

**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 will indicate the Contract number and the dollar amount of funds authorized. The Contractor shall only be authorized to perform services up to the amount on the Purchase Order. ADHS shall not have any legal obligation to pay for services in excess of the amount indicated on the Purchase Order. No further obligation for payment shall exist on behalf of ADHS unless a) the Purchase Order is changed or modified with an official ADHS Procurement Change Order, and/or b) an additional Purchase Order is issued for purchase of services under this Contract.

**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

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injury (including death), or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of Contractor or any of its owners, officers, directors, agents, employees or subcontractors. This indemnity includes any claim or amount arising out of, or recovered under, the Workers' Compensation Law or arising out of the failure of such Contractor to conform to any federal, state, or local law, statute, ordinance, rule, regulation, or court decree. It is the specific intention of the parties that the Indemnatee shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the Indemnatee, be indemnified by Contractor from and against any and all claims. It is agreed that Contractor will be responsible for primary loss investigation, defense, and judgment costs where this indemnification is applicable. In consideration of the award of this contract, the Contractor agrees to waive all rights of subrogation against the State of Arizona, its officers, officials, agents, and employees for losses arising from the work performed by the Contractor for the State of Arizona.

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 subcontractors 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 subcontractors.

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 subcontractors, 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

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

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

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

20.3.1.3 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,

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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

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 nonOwned 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

20.3.3.2 Employers' Liability

20.3.3.2.1 Each accident \$1,000,000

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

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

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

20.3.4.2 Annual Aggregate \$2,000,000

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

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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 must provide notice to the State of Arizona if they receive notice of a policy that has been or will be suspended, canceled, materially changed for any reason, has expired, or will be expiring. Such notice shall be sent directly to the Department and shall be mailed, emailed, hand delivered or sent by facsimile transmission to (State Representative's Name, Address & Fax Number).

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 (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 must 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 must 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.

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20.8 Subcontractors

Contractor's certificate(s) shall include all subcontractors as insureds under its policies or Contractor shall be responsible for ensuring and/or verifying that all subcontractors have valid and collectable insurance as evidenced by the certificates of insurance and endorsements for each subcontractor. All coverages for subcontractors 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 subcontractors 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 will 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.

**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 will comply with all applicable HIPAA requirements in the course of this Contract. Contractor warrants that it will cooperate with the Arizona Department of Health Services (ADHS) in the course of performance of the Contract so that both ADHS and Contractor will be in compliance with HIPAA, including cooperation and coordination with the Arizona Department of Administration-Arizona Strategic Enterprise Technology (ADOA-ASET) Office, the ADOA-ASET Arizona State Chief Information Security Officer and HIPAA Coordinator and other compliance officials required by HIPAA and its regulations. Contractor will sign any documents that are reasonably necessary to keep ADHS and Contractor in compliance with HIPAA, including, but not limited to, business associate agreements.

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;

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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 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).

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. Data Universal Numbering System (DUNS)**

Pursuant to 2 CFR 25.100 *et seq.*, no entity (defined as a Governmental organization, which is a State, local government, or Indian tribe; foreign public entity; domestic or foreign nonprofit organization; domestic or foreign for-profit organization; or Federal agency, but only as a 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 Data Universal Numbering System (DUNS) Number to ADHS.

**24. 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/>**

If applicable, the Contractor/Grantee shall submit to ADHS via email the Grant Reporting Certification Form. This form and the instructions can be downloaded from the ADHS Procurement website at <http://www.azdhs.gov/operations/financial-services/procurement/index.php#ffata> and must be returned to the ADHS by the 15th of the month following that in which the award was received. The form shall be completed electronically, and submitted using the steps outlined in the Grant Reporting Certification Form Instructions to the following email address: [ADHS\\_Grant@azdhs.gov](mailto:ADHS_Grant@azdhs.gov). All required fields must be filled including Top Employee Compensation, if applicable. Completing the Grant Reporting Certification Form is required for compliance with the Office of Management and Budget (OMB), found at <https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html>. Failure to timely submit the Grant Reporting Certification Form could result in the loss of funds. This requirement applies to all subcontractors/sub-awardees utilized by the Contractor/Grantee for amounts exceeding \$30,000.00 during the term of the Award.

**25. Contracting; Procurement; Investment; Prohibitions**

25.1 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.

25.2 A public entity may not adopt procurement, investment or other policy that has the effect of inducing or requiring a person or company to boycott Israel.

**PART THREE (3) UNIFORM TERMS AND CONDITIONS**  
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**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 requires the Offeror to submit as part of the Offer.
- 1.2. *"Contract"* means the combination of the Solicitation, including the Uniform and Special 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. *"Days"* means calendar days unless otherwise specified.
- 1.6. *"Exhibit"* means any item labeled as an Exhibit in the Solicitation or placed in the Exhibits section of the Solicitation.
- 1.7. *"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.
- 1.8. *"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.
- 1.9. *"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.
- 1.10. *"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.
- 1.11. *"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 material or any service required for the performance of the Contract.
- 1.12. *"State"* means the State of Arizona and Department or Agency of the State that executes the Contract.
- 1.13. *"State Fiscal Year"* means the period beginning with July 1 and ending June 30.

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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;
  - 2.3.7. Documents referenced or included in the Solicitation.
- 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 Parole 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 all data and other "records" relating to the acquisition and performance of the Contract for a period of five 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.

**PART THREE (3) UNIFORM TERMS AND CONDITIONS**  
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- 3.2. Non-Discrimination. The Contractor shall comply with State Executive Order No. 2009-09 and all other applicable Federal and State laws, rules and regulations, including the Americans with Disabilities Act.
- 3.3. Audit. Pursuant to ARS § 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. 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 cover sheet, unless otherwise stated in the Contract. 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. Property of the State. Any materials, including reports, computer programs and other deliverables, created under this Contract 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 materials without the prior written consent of the State.
- 3.8. Ownership of Intellectual Property. Any and all intellectual property, including but not limited to copyright, invention, trademark, trade name, service mark, and/or trade secrets created or conceived pursuant to or as a result of this contract and any related subcontract ("Intellectual Property"), shall be work made for hire and the State shall be considered the creator of such Intellectual Property. The agency, department, division, board or commission of the State of Arizona requesting the issuance of this contract shall own (for and on behalf of the State) the entire right, title and interest to the Intellectual Property throughout the world. Contractor shall notify the State, within thirty (30) days, of the creation of any Intellectual Property by it or its subcontractor(s). Contractor, on behalf of itself and any subcontractor(s), agrees to execute any and all document(s) necessary to assure ownership of the Intellectual Property vests in the State and shall take no affirmative actions that might have the effect of vesting all or part of the Intellectual Property in any entity other than the State. The Intellectual Property shall not be disclosed by contractor or its subcontractor(s) to any entity not the State without the express written authorization of the agency, department, division, board or commission of the State of Arizona requesting the issuance of this contract.

**PART THREE (3) UNIFORM TERMS AND CONDITIONS**  
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- 3.9. Federal Immigration and Nationality Act. The 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, the contractor shall flow down this requirement to all subcontractors 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. Should the State determine that the contractor and/or any subcontractors 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 and/or debarment of the contractor.
- 3.10. 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.
- 3.11. Offshore Performance of Work 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 secure or sensitive data or personal client data shall be performed within the defined territories of the United States. Unless specifically stated otherwise in the specifications, this paragraph does not apply to indirect or 'overhead' services, redundant back-up services or services that are incidental to the performance of the contract. This provision applies to work performed by subcontractors at all tiers.

**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 goods 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, all prices shall be F.O.B. Destination and shall include all freight delivery and unloading at the destination.
- 4.3. Applicable Taxes.
- 4.3.1. Payment of Taxes. The Contractor shall be responsible for paying all applicable taxes.
- 4.3.2. 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 not relieve the seller from its obligation to remit taxes.
- 4.3.3. Tax Indemnification. Contractor and all subcontractors shall pay all Federal, state and local taxes applicable to its operation and any persons employed by the Contractor. Contractor shall, and require all subcontractors 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.

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4.3.4. 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.

4.4. 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.

4.5. Availability of Funds for the current State fiscal year. Should the State Legislature enter back into session and reduce the appropriations or for any reason and these goods or services are not funded, the State may take any of the following actions:

4.5.1. Accept a decrease in price offered by the contractor;

4.5.2. Cancel the Contract; or

4.5.3. 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 work or materials, the revision of payment terms, or the substitution of work 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. The Contractor shall clearly list any proposed subcontractors 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 material covered under this Contract until 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) The parties to this contract agree that the State of Arizona, its departments, agencies, boards and commissions shall be indemnified and held harmless by the contractor for the vicarious liability of the State as a result of entering into this contract. However, the parties further agree that the State of Arizona, its departments, agencies, boards and commissions shall be responsible for its own negligence. Each party to this contract is responsible for its own negligence.

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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 section shall not apply.

6.4. Force Majeure.

6.4.1 Except for payment of sums due, neither party 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; or failures or refusals to act by government authority; and 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 or materials 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 party 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.

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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 these terms and conditions, the Contractor warrants that, for one 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.

7.3. Fitness. The Contractor warrants that any material supplied to the State shall fully conform to all requirements of the Contract and all representations of the Contractor, and shall be fit for all purposes and uses required by the Contract.

7.4. Inspection/Testing. The warranties set forth in subparagraphs 7.1 through 7.3 of this paragraph are not affected by inspection or testing of or payment for the materials by the State.

7.5. Compliance With Applicable Laws. The materials and services supplied under this Contract shall comply with all applicable Federal, state and local laws, and the Contractor shall maintain all applicable license and permit requirements.

7.6. Survival of Rights and Obligations after Contract Expiration or Termination.

7.6.1. 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.

7.6.2. 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.

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**8. State's Contractual Remedies**

- 8.1. 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.
- 8.2. Stop Work Order.
- 8.2.1. 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.
- 8.2.2. 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.
- 8.3. Non-exclusive Remedies. The rights and the remedies of the State under this Contract are not exclusive.
- 8.4. 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.
- 8.5. 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.

**9. Contract Termination**

- 9.1. 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.

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- 9.2. 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 for 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 times the value of the Gratuity offered by the Contractor.
- 9.3. 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.
- 9.4. 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 subcontractors 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 accepted before the effective date of the termination. The cost principles and procedures provided in A.A.C. R2-7-701 shall apply.
- 9.5. Termination for Default.
- 9.5.1. In addition to the rights reserved in the contract, the State may terminate the Contract in whole 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.
- 9.5.2. 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.
- 9.5.3. 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.
- 9.6. 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.

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**10. 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.

**11. 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 (Title 41).

**12. Comments Welcome**

The State Procurement Office periodically reviews the Uniform Terms and Conditions and welcomes any comments you may have. Please submit your comments to: State Procurement Administrator, State Procurement Office, 100 North 15<sup>th</sup> Avenue, Suite 201, Phoenix, Arizona, 85007.



# PIMA COUNTY

## Pima County Well Woman Health Program

Solicitation No: ADHS19-00008459

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**Pima County Health Department Well Woman HealthCheck Program  
ADHS19-00008459**

**Executive Summary**

Pima County proposes a continuation and expansion of its highly productive Well Woman HealthCheck Program (WWHP) focused on underserved women in Pima County. In the past 12 months the program has served close to 1,500 women, providing a vital safety net for uninsured and disadvantaged women at risk of breast and cervical cancer. Pima County's program offer services at public health clinics and through partnering Federally-Qualified Health Centers in Pima County.

The mission of the Pima County Health Department (PCHD) is to ensure the health, safety and well-being of the community through leadership, collaboration and education. The Health Department is dedicated to helping residents of Pima County achieve and maintain an optimal level of wellness and is committed to embracing and promoting diversity throughout its programs. PCHD's mission could not be achieved without the commitment to the implementation of its four core operational tenets:

1. **Client-focused**: We use our abilities and resources to address our clients' needs. We treat the diverse populations we serve with compassion and respect.
2. **Community-centered**: We identify emerging health issues and priorities in response to stakeholder feedback. We reflect community values by providing strong leadership and developing collaborative partnerships.
3. **Evidence-based**: Scientific knowledge is the foundation of our policies and programs. Our decision-making is based on credible data grounded in the best available practices.
4. **Integrated**: We recognize the complexity of our clients' lives and honor our responsibility to address their needs in a holistic fashion. Our programs, services, and community resources are seamlessly connected and accessible.

Since 1997, PCHD has overseen the delivery of comprehensive, culturally appropriate breast and cervical cancer screening and diagnostic services for uninsured and underinsured women in Pima County. Through the Well Woman HealthCheck Program (WWHP), PCHD facilitates women's access to and utilization of quality screening and diagnostic services to decrease morbidity and mortality from breast and cervical cancer among women who are at risk due to age, medical conditions, income or inadequate access to medical care. Through the program, PCHD engages in multiple activities to implement a comprehensive program that meet the needs of clients, including:

- Partner and Coalition Building
- Public Education and Recruitment Activities
- Professional Development
- Quality Assurance and Improvement
- Screening, Referral, Tracking and Follow Up
- Data Management and Surveillance
- Systems Change
- Case Management



PCHD partners with Federally Qualified Health Centers (FQHC) in Pima County to offer screening and diagnostic services to the most vulnerable members of our population, including low-income uninsured/underinsured. This partnership also ensures accessibility geographically for populations with limited access to transportation since two of the three FQHCs have multiple locations throughout the county. All WWHP providers receive up-to-date protocols, procedures and clinical algorithms based on the most recent Centers for Disease Control and Prevention (CDC) recommendations, NBCCEDP clinical guidelines, ASCCP and Breast Cancer Diagnostic Algorithms and Arizona Department of Health Services updates. Program improvement and quality assurance are addressed through strict adherence to WWHP guidelines and quality standards for screening, surveillance and follow-up.

The goal of the program is to detect pre-cancerous or cancerous lesions at their earlier stage to reduce morbidity and mortality from breast and cervical cancers and assure timely and appropriate diagnostic, treatment and re-screening services. Monitoring of abnormal test results, timeliness of diagnosis and treatment is critical. The case management process in Pima County mirrors ADHS' standards, ensuring that women receive timely services from screening through diagnosis. Additionally, PCHD has established protocols that promote and ensure security and confidentiality of all data collected.

Program staff has an extensive background in the delivery of services to diverse populations; experience in program development and management; and outstanding patient services, which all play a crucial role in extending the reach of WWHP throughout Pima County to the populations most in need. Additionally, the Health Department continues to adapt its implementation strategies to adjust to the ever-changing landscape of healthcare, best practices in patient care and changes in program requirements as mandated by the CDC and ADHS, including preparation for the implications of future adjustments to the Affordable Care Act.

### **Experience and Expertise**

The Pima County Health Department (PCHD) has been in operation since 1933. The Department is a component of Pima County Government and located in Tucson, Arizona. As a representative of the Pima County Government, PCHD is tasked with serving the entire area of Pima County, which stretches over 9,000 square miles. To meet this challenge, PCHD has attempted to locate clinics and provide services in as many locations as possible to reduce barriers and improve access to care. Currently PCHD offers Clinical Services in three urban clinics, some of which are co-located with other programs of the Health Department. These sites have Public Health Nursing staff that provide a direct link with other needed social and health services. To assure accessibility, these clinical sites are located along a bus route, with most having a bus stop right outside the building.

PCHD's WWHP strives to implement a program that meets the core indicators set by the Centers for Disease Control (CDC) and performance criteria set by the CDC and ADHS. These Core Indicators represent a set of performance measures used to evaluate the success of meeting set program goals and objectives. The PCHD WWHP has done an exceptional job meeting these performance criteria. The PCHD WWHP has expended the full award of funds



allocated each year. Previous iterations of the program have demonstrated demand for screening beyond what the funding could provide, which necessitated PCHD requesting and receiving additional funds to continue screening services. In these circumstances, initial funds received were expended within 6-8 months. PCHD provided more than \$60,000.00 in additional screening and diagnostic services last fiscal year alone. Grant funding changes among national organizations, including Susan G. Komen Foundation and the Avon Foundation, decreased Affordable Care Act enrollment and increased community awareness has translated into substantially increased referrals for PCHD’s WWHP.

As an extension of the effort to assure access to care, PCHD has contracted with all Federally Qualified Health Centers (FQHCs) in Pima County to help fill the gaps for those who do not live near one of PCHD’s clinics. Pima County’s area stretches across vast miles of desert, and can fit the entire state of New Hampshire, making travel unfeasible or cumbersome for some women. To overcome this barrier, PCHD contracts with FQHCs to provide more sites for potential beneficiaries of the WWHP, increasing the number of clinic sites offering WWHP to seven. In addition to WWHP programming, these partnerships also allow PCHD to implement general health and prevention activities including oral health screenings and fluoridation treatments for children in elementary school, public health nursing partnerships, Women Infant and Children (WIC) programming, poverty alleviation courses, and blood lead screening tests to determine exposure to lead. While PCHD only has three clinical sites with limited 8am-5pm hours, partner clinics El Rio and MHC Healthcare both have clinical sites with expanded hours, and intend to open more in 2019.

The Well Woman HealthCheck is part of the Clinical Services Division of the Pima County Health Department (PCHD). PCHD’s Clinical Services Division is comprised of five programs, which provide oral health screening & disease prevention, tuberculosis screening and treatment, reproductive health testing and screening, adult & child immunization, and clinic & organizational compliance. PCHD currently has 249 full time employees (FTEs).

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

Staff	% Time	Job Duties	Previous Experience
Richard Wascher	25%	Program Manager	Over 12 years directing Health programming, fluent in English and Spanish, and over 20 years of experience with non-profit public health programming.
Laura Hopkins	100%	Program Coordinator	Over 15 years’ experience coordinating and implementing grants and fundraising monies, with close to ten years focusing on facilitating funding for health programs.
Maria Chaira	100%	Program Services Specialist	20 years of experience working in health departments across Southern Arizona, and over 2 years working specifically on



			Well-Woman HealthCheck programs in Pima County.
Clementina Hernandez	100%	Case Manager	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 Health Program.
Abraham Varelas	50%	Navigation Only Case Manager	Over 5 years' experience delivering health education with an emphasis on the importance of screening and health behavior investigation.
Susette Harris	100%	Social Services Aid	The social services aid will have at least one year of experience involving the application of regulations and have completed course-work for a Basic Certificate from an accredited college in Social Services or a related field.

The need for WWHP services throughout Pima County is expected to continue to increase as low-income women seek out affordable and effective care. Federal funds and in-Kind donations from PCHD and network providers keep PCHD's program sustainable, but expansion to meet increased demand is anticipated.

**Technical Qualifications**

Laura Hopkins will act as Project Coordinator for this project. Ms. Hopkins has over 15 years' experience coordinating and implementing grants and fundraising monies, with close to ten years focusing on facilitating funding for health programs. Laura Hopkins, Program Coordinator, will oversee both PCHD program staff and subcontractors. As Program Coordinator, Ms. Hopkins 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. Hopkins 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. Hopkins 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. Hopkins 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 days, or are expected to devote substantially less effort to the work than initially anticipated, the Contractor shall immediately notify the Program Director. Ms. Hopkins 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. Hopkins, 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 A.R.S. 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.

#### **Method of Approach (Methodology)**

##### **Implement a Policy Prioritizing Breast and Cervical Cancer Screening:**

Pima County policy establishes breast and cervical cancer screening as one of its highest priorities. Every five years PCHD conducts a community health needs assessment prioritizing 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. These services include: breast and cervical cancer diagnostic testing and referral to low cost/no cost treatment when necessary; family planning and HIV/STD services; and Public Health Nursing case management referral for issues such as chronic disease management and general health promotion (physical activity, nutrition, etc.). PCHD offers these services in conjunction with WWHP services to decrease barriers to care and missed opportunities.

The addition of MHC Healthcare as a partner not only expands options for potential beneficiaries of the WWHP; it also demonstrates Pima County's commitment implementing policies to prioritize breast and cervical cancer screening. MHC Healthcare will expand the WWHP services to residents in the rural northern region of Pima County. The town of Marana is almost 30 miles away from the closest PCHD clinic. MHC Healthcare's provision of screening services and preventative education is vital to improving health outcomes for that area. PCHD's efforts have created a WWHP network that includes all of the Federally Qualified Health Centers in Pima County. PCHD continues to develop relationships



with two additional potential partners in an effort to include all FQHCs in Southern Arizona, maximizing the reach of the WWHP.

Determine Baseline Screening Rates for Breast and Cervical Cancer:

As a measure of program success, PCHD, with direction from ADHS and CDC, will be determining a baseline screening rate for breast and cervical cancer and will monitor screening trends over the next five years. The absence of a nationally applied breast and cervical cancer screening targets limits the PCHD WWHP’s ability to compare current baseline screening rates to national standards; however, the goal will be to affect 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 mis-translation or mis-correlation of data by encouraging partners to utilize the standardized Baseline Clinic Data Collection forms provided by ADHS. All audits are conducted on the appropriate number of relevant charts to facilitate the most accurate and representative data exchange possible. PCHD completes the Clinic Data Collection Forms for breast and cervical cancer screening annually. The breast cancer baselines for the 2019 program will be created for two population sets, those 40-74 and those 50-74. The Program Coordinator will report these baseline rates to ADHS within thirty (30) days of contract award.

Data collected in 2017-2018 demonstrates the number of women 40-74, insured and uninsured, that have visited PCHD clinics in the past 12 months:

	PCHD	El Rio Health	MHC Healthcare	St. Elizabeth’s Health Center	Total
Number of <b>uninsured</b> women using WWHP clinics in the past 12 months	437	1108	876	518	2939
Number of <b>insured</b> women using WWHP clinics in the past 12 months	195	2927	3106	789	7017

Pima County WWHP will regularly monitor performance and screening rates to identify opportunities for improvement and incorporate strategies for improving services and determining best practice for calculating screening rates. Objectives to meet this goal include adherence to WWHP guidelines and quality standards for screening, surveillance and follow up. Monitoring program providers' use of Clinical protocols and program guidelines will be intrinsic to quality improvement. Regular chart audits will be conducted by the Program Coordinator and staff 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 programmatic benchmarks.

Monitor and Track Breast and Cervical Cancer Screening Rates:

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. 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 methods that can be used to bridge gaps and identify and address areas of need so that service delivery and outreach/education 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 meeting the targeted screening levels. The PCHD WWHP, together with ADHS, uses information from ADHS' CaST data system, the AZ Cancer Registry and census data to create a comprehensive community assessment in an effort to identify high priority populations.

The PCHD WWHP uses core-indicators and ADHS reports to monitor and address trends in performance. Management analyzes statistics that fall outside acceptable ranges as determined by CDC and ADHS, and develops corrective actions as needed. Management regularly assesses program data to improve outcomes for women served by the program, studying elements like retention and follow-up. Strategies include a continuous cycle of monitoring until outcomes demonstrate improvement. Program specific tools used for quality assurance include but are not limited to: lost 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 (EBIs) to Increase Breast and Cervical Cancer Screening Rates:

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

- *Client Reminders:* PCHD conducts phone reminders for cervical cancer screenings by individual. PCHD annually sends breast cancer screening reminder cards to last known patient address. St. Elizabeth’s Health Center, EL Rio Health and MHC Healthcare utilize phone reminders for patients, as well as online patient portals 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 purposely contracted with partners that have extended hours, detailed in the table below:

PCHD	MHC Healthcare	St. Elizabeth’s Health Center	El Rio Health
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Monday-Friday 8am-5pm (closed for lunch)	Mon, Tues, Thurs, Fri 8-5, Wed 9:30-6:30 by appointment	Monday-Friday 8am-5pm	Mon & Wed 8-8 +flexible hours for those needing education and in labor
<ul style="list-style-type: none"> <li>• Appointments for WWHP are available Mon through Fri, 8am-4pm</li> <li>• PCHD's mobile coach allows screening in rural areas and is open at extended times, with referrals available to WWHP</li> </ul>	Appointments and online sign-in available	Appointments available.	Appointments and online sign-in available

- *Provider Assessment Feedback:* Staff of PCHD's WWHP meet with providers bi-annually, sometimes more frequently with new providers. During these meetings, providers are remind to refer clients to the WWHP, as a few partners provide similar screening programs under their own jurisdiction. Providers are given the opportunity to address some of the challenges they encounter enrolling clients. All partners encourage client surveys, the results of which are communicated to the WWHP to improve service. MHC has an online survey for patients to easily access, and El Rio prompts each patient to finish a survey after being seen at a clinic.
- *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 encounters a woman over 40, the EHR system will prompt that they are due for a screening.
- *Establish Patient Navigator Programs:* PCHD's case managers are trained to walk eligible clients through the enrollment, screening, and diagnostic processes. Additionally, they are trained to offer information and referrals for insurance options, services not provided under WWHP, and treatment sources. Currently the WWHP has 1 full-time and 1 half-time case manager focusing solely on WWHP clients, though any case manager at the clinics could assist with navigation. The Navigation Only case manager will focus service delivery on women with insurance that 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.
- *Create Strategies That Encourage or Require Patients to Establish a Health Home:* PCHD does not provide comprehensive care; therefore, case managers have processes to conduct outside referrals with partners to make sure patients receive appropriate and comprehensive care. Partners St. Elizabeth's Health Center, El Rio Health and MHC Healthcare provide comprehensive care and general practice, and have a policy of prompting any patients seen to use them as a health home.



- *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. The new addition of a Navigator-Only staff will allow special attention to be given to those with insurance who still need assistance reducing out-of-pocket costs, and will assist with referring qualified individuals to the BCCTP. Partner organizations are those with a mission to serve low-income individuals or to reduce or eliminate out-of-pocket costs altogether. One partner, St. Elizabeth's Health Center, purposefully maintains few paid staff, and is assisted by a strong network of physicians providing voluntary or pro-bono service.
- *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 & 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 125 women may receive a breast or cervical cancer diagnosis in the next five years. Each woman will receive a BagIt 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 and a pre-loaded USB wristband.
- *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.

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 by age. EHR systems also track services provided and greatly assist in follow-up, as it can provide 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.



In an effort to increase access to care community wide, WWHP staff educate community partners and organizations about the Breast and Cervical Cancer Treatment Program (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 bi-annual meetings. These allow PCHD to address questions, give updates on changes to the WWHP, and distribute program material to partnered providers. These meetings also give providers an opportunity to work together to share up-to-date information in regard to 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 bi-annual 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 effected. 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:

PCHD has hired a part-time person at 0.5 FTE 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.

The Navigation-Only staff person, Mr. Varelas, will be responsible for developing a written assessment of the client's barriers to cancer screening, diagnostic services, and initiation of cancer treatment. In addition, staff will provide or refer client to education and support services,



including but not limited to transportation, housing, and translation services. Each month staff will report to PCHD the number of clients engaged and results of follow-up, to monitor the amounts of completed screening, diagnostic testing, and initiating cancer treatment.

In order to declare a client lost to follow-up, staff must make four significant attempts to contact the client, including calls to emergency contacts as warranted. 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. In an effort 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 Patients:

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. Training is made available to subcontractors in an effort to help them continue to deliver quality and efficient care and to reinforce their efforts to assist women signing up for the WWHP and the 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, their information can be given to the point person directly, minimizing administrative tasks the client is responsible for.

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. 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.

The following plan is designed to 1) differentiate provider and Pima case management responsibilities and to 2) ensure rapid communication between responsible parties (provider, PCHD, facility, etc.).

RESULT	PROVIDER (Clinic)	PC.HD CASE MANAGER
<b>Clinical Breast Exam</b>		
Discrete palpable mass (suspicious for Cancer), Bloody or serous discharge, nipple or areola scaliness, Skin dimpling or retraction	<ul style="list-style-type: none"> <li>Contact &amp; discuss with woman her results &amp; plan for continued care i.e. case mgmt referral and/or need for additional testing).</li> <li>Alert case manager of appointment information as needed.</li> </ul>	Minimum Data Elements (MDEs) are placed in a tickler system to assure follow up is conducted within specified time-frames.
Short term follow up (i.e. palpable mass probably benign)	<ul style="list-style-type: none"> <li>Schedules and tracks client for repeat/consult CBE.</li> </ul>	Assists with women who cannot be located and/or women who no show for three consecutive appointments.
<b>Mammography</b>		
<ul style="list-style-type: none"> <li>(Bi-Rad Category 4) Suspicious abnormality</li> </ul>	<ul style="list-style-type: none"> <li>Alert Pima Case Manager (within 3 days of receipt of result).</li> </ul>	<ul style="list-style-type: none"> <li>Assess woman to determine appropriate level of intervention (<i>see levels of intervention</i>).</li> </ul>
<ul style="list-style-type: none"> <li>( Bi-Rad Category 5) Highly suggestive of malignancy</li> </ul>	<ul style="list-style-type: none"> <li>Contact &amp; discuss with woman her results &amp; plan for continued care i.e. case management referral and/or need for additional testing).</li> </ul>	<ul style="list-style-type: none"> <li>Set up follow up care as needed.</li> <li>Obtain films, reports, etc. for network provider if appropriate.</li> <li>Inform clinic of action plan and mark medical record for case management.</li> </ul>
<ul style="list-style-type: none"> <li>(Bi-Rad Category 0) Assessment Incomplete</li> </ul>	<ul style="list-style-type: none"> <li>Immediately refer patient for additional imaging (mammography views or ultrasound as necessary).</li> </ul>	<ul style="list-style-type: none"> <li>Assists with women who cannot be located and/or women who no show for three consecutive appointments.</li> </ul>
<ul style="list-style-type: none"> <li>Short term follow up</li> </ul>	<ul style="list-style-type: none"> <li>Follow patient in clinic based on report (mammogram) recommendations.</li> <li>Contact &amp; discuss with patient her results &amp; plan for continued care.</li> </ul>	<ul style="list-style-type: none"> <li>Assists with women who cannot be located and/or women who "no show" for three consecutive appointments.</li> </ul>



RESULT	PROVIDER (Clinic)	PCHD CASE MANAGER
<b>Cervical Cancer Screening/Pap Test</b>		
<ul style="list-style-type: none"> <li>HGSIL</li> </ul>	<ul style="list-style-type: none"> <li>Refer to Case Manager</li> <li>Contact &amp; discuss with patient her results &amp; plan for continued care</li> </ul>	<ul style="list-style-type: none"> <li>Assess woman to determine appropriate level of intervention.</li> <li>Set up Gyn/Surgical consult.</li> <li>Obtain lab report for network provider.</li> <li>Assists with the completion and submittal of BCCTP application.</li> <li>Inform Clinic of action plan.</li> </ul>
<ul style="list-style-type: none"> <li>Squamous Cell Carcinoma</li> </ul>	Same as above	Same as above plus: <ul style="list-style-type: none"> <li>Initiate treatment plan with network provider and clinic.</li> </ul>

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 terminates case management once:

- Woman drops herself from the process or program by 1) 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; 2) moving from the service area (note: all records must be transferred to new care provider); 3) being determined lost to follow up, after all appropriate steps have been taken to contact woman as stated in the WWHP Operations Manual.
- Short-term follow-up was completed with a recommendation to return to annual screening.
- Diagnostic procedures and or treatment were completed and no further intervention is needed.
- 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 will implement the Gail Model to conduct risk assessments beginning 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 that were 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%.

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 may have an increased risk. While a numerical rate cannot be derived from these questions, whether or not a client has an increased risk of developing cervical cancer can be estimated, and more cervical screenings can be recommended for the individual based on this increased risk. PCHD will collect and utilize these data to inform future policy decisions, making sure data is secured according to HIPAA standards and local law.

Recruit and Maintain Low Cost/No Cost Treatment Resources for Women Diagnosed with Breast or Cervical Cancer 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. St. Elizabeth's of Hungary's very mission is to provide services at low-cost to consumers and has a limited administrative structure bolstered by volunteer physicians, dentists, and gynecologists to provide services at no or low out-of-pocket costs.

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 \$50 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 reduced out-of-pocket costs encourage the consumer to receive treatment within a shorter time-frame, thus improving their long-term outcomes.



Submit Accurate and Complete Bundles of Patient Data and Billing Information with the Contractor’s Expenditure Report (CER):

Subcontractors are required to submit Contractor Expenditure Reports (CERs), client listings, and MDEs to PCHD within 30 days of service. Billing will be reviewed alongside the ADHS budget report monthly by Pima County’s finance team to ensure proper payment for patient services rendered. Program expenditures will be examined regularly to maintain the program budget, and allow any budget modifications to be reported to ADHS as necessary. Monitoring by the finance team will also ensure that all PCHD and Subcontractor CERs are submitted to ADHS within 45 days of service.

Close coordination with the Grants Management Finance Department will allow the Program Coordinator to ensure that documentation for other expenses will include copies of invoices. These are compared to CERs to make sure the total matches the amount billed. Documentation for Personnel and ERE costs are submitted with each CER on which Personnel and ERE reimbursement is requested. The documentation includes 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. Documentation for Indirect Costs will detail how they are determined. Annually the Indirect Agreement will be provided to the ADHS WWHP Director.

Any reimbursement requested with CERs will be compared to funding amounts awarded. Pima County anticipates the following amounts will be needed to facilitate the 2019-2020 WWHP, based on recent data demonstrating increases in colposcopy, screening, and participant enrollment:

Budget Line Item	Amount
Personnel	\$158,000.00
ERE	\$67,000.00
Screening and Diagnostics	\$365,000.00
Navigation Only Expenses	\$25,000.00
Other Operating Expenses	\$5,000.00
Indirect Expenses	\$4,000.00
<b>Total request:</b>	<b>\$624,000.00</b>

All requested amounts are reflective of past expenditures and additional awards, collected screening rates, and anticipated increased demand for service. Pima County anticipates an average cost of \$214.70 per patient based on 2018 NBCCEDP Allowable Reimbursement rates, increasing their screening goal to serve a projected 1,700 women in the next 12 months.

Submit annual work plans and quarterly reports:

The development of an annual work plan understood by WWHP team members from PCHD and subcontracted partners from PCHD will achieve these goals. The annual work plan will communicate program objectives with all key stakeholders, which will facilitate greater buy-in and accountability. Screening baselines and goals are included in the annual plans, to ensure benchmarks are being met. The annual work plan will always include a description of survivorship resources available in the community, and how the clinic plans on connecting patients with those resources.



Goals listed in the 2018-2019 annual work plan include:

- Ensure patient-centered care is provided by maximizing staff and resources facilitating the administration of WWHP and its tenants efficiently and effectively.
- Ensure patient-centered care is provided by Pima County subcontractors on behalf of PCHD through training, program management, and consistent program evaluation.
- Continue to expand patient care provided by Pima County Subcontractors on behalf of PCHD through increased clinic sites, expanded hours, and use of mobile services.
- Increase treatment resources for uninsurable population.
- Expanding the reach of the WWHP throughout Pima County by engaging new subcontractors, new clinic sites, and new partners.
- Identify and cultivate local relationships and resources for potential treatment funds.
- 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 related to breast and cervical cancer at PCHD clinics and all contractor sites.
- Utilize ADHS meetings/trainings to ensure program objectives are met and that WWHP staff are knowledgeable on latest breast and cervical cancer screening guidelines and activities, locally and nationally, so appropriate information is shared with patients, subcontractors, and providers.
- Participate in external meetings, trainings, coalitions, and work groups such as Closing the Gap meetings, Arizona Cancer Coalition and Arizona Cancer Center meetings and initiatives to expand knowledge of cancer program initiatives, current standard of care practices, and treatment challenges and resources.
- 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.
- Develop subcontractor-specific plans for quality improvement based on chart audits and site visits to establish plans for patient service improvement at each site.
- Meet with subcontractors quarterly to review plans for quality improvement.
- Expand provider network for maximum accessibility to enroll, screen, and diagnose patients throughout Pima County.
- Increase survivorship support for cancer diagnoses through Navigation Only and survivorship care plans utilizing case manager and social services aide.
- Increase Case Management services with increased funding and staffing and expanded partnerships.
- Review current data management protocols, including how patient information is stored and shared among subcontractor sites and ADHS to ensure proper data management and confidentiality.
- Improve data management procedures at PCHD clinics and subcontractor sites to ensure all necessary data is collected for proper reporting and evaluation.



- 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).
- Implement process and procedures for data management and evaluation based on the performance management plan.
- Assess program strengths and weaknesses and implement performance management plan to capitalize on strengths and improve weaknesses.

	<b>PART SIX (6) ATTACHMENT A</b> <b>Offer and Acceptance</b>	<b>ARIZONA DEPARTMENT OF HEALTH SERVICES</b> 150 North 18 <sup>th</sup> Ave., Suite 260 Phoenix, AZ 85007
	<b>SOLICITATION NO.: ADHS19-00008459</b>	

**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.

DUNS: 144733792

Pima County Health Department  
 \_\_\_\_\_  
 Company Name

3950 S. Country Club Rd. #100  
 \_\_\_\_\_  
 Address

Tucson, AZ 85714  
 \_\_\_\_\_  
 City State Zip

Marcy.Flanagan@pima.gov  
 \_\_\_\_\_  
 Contact Email Address

  
 \_\_\_\_\_  
 Signature of Person Authorized to Sign

Marcy Flanagan DBA, MA  
 \_\_\_\_\_  
 Printed Name

Director, Pima County Health Department  
 \_\_\_\_\_  
 Title

Phone: (520) 724-7765  
 \_\_\_\_\_

Fax: \_\_\_\_\_

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. \_\_\_\_\_

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 \_\_\_\_\_ 2018

\_\_\_\_\_  
 Procurement Officer

**PART SIX (6) ATTACHMENT B  
DESIGNATION OF CONFIDENTIAL, TRADE SECRET & PROPRIETARY INFORMATION  
SOLICITATION NO. ADHS19-00008459**

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:

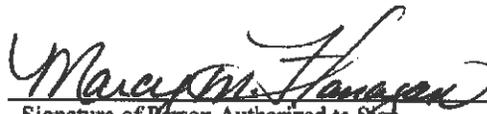
1. Is a formula, pattern, compilation, program, device, method, technique or process, AND
2. Derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure 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 S. Country Club Rd. #100  
 \_\_\_\_\_  
 Address  
 Tucson, AZ 85714  
 \_\_\_\_\_  
 City State Zip

  
 \_\_\_\_\_  
 Signature of Person Authorized to Sign  
 Marcy Flanagan DBA, MA  
 \_\_\_\_\_  
 Printed Name  
 Director, Pima County Health Department  
 \_\_\_\_\_  
 Title

**PART SIX (6) ATTACHMENT B**  
**DESIGNATION OF CONFIDENTIAL, TRADE SECRET & PROPRIETARY INFORMATION**  
**SOLICITATION NO. ADHS19-0008459**

**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.

PART SIX (6) ATTACHMENT C  
**NOTICES, CORRESPONDENCE AND PAYMENTS**  
SOLICITATION NO. ADHS19-00008459

Notices, Correspondence and Payments to the  
Contractor shall be sent to:

(Print and complete the information below and attach to your Quote in the "Attachments Tab" in ProcureAZ)

Contractor: Pima County

Attention: Candace Moore

Address: 130 W. Congress St. 4th Floor

City, State, Zip: Tucson, AZ 85701

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**Well Woman HealthCheck Program Work Plan**

<b>WWHP Work Plan Program Component 1: Program Management</b>					
<b>Goals 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 WWHC program tenets efficiently and effectively</li> <li>▪ Ensure patient-centered care is provided by Pima County Subcontractors on behalf of PCHD through training, program management, and evaluation</li> <li>▪ Continue to expand patient care provided by Pima County Subcontractors on behalf of PCHD through increased clinic sites, expanded hours, and use of mobile services</li> <li>▪ Increase treatment resources for uninsurable population</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 subcontractors</li> <li>2. Current open WWHP positions are filled to ensure proper staff coverage</li> <li>3. Key leadership within PCDH and subcontractors are aware of, and involved in, WWHP as stakeholders providing necessary leadership, guidance and resources.</li> <li>4. Subcontractor staff working on WWHP has received training on current program objectives</li> <li>5. Treatment Coalition plan is established and regular meetings occur</li> </ol>		
<b>Objectives</b>	<b>Activities Planned to Achieve this Objective</b>	<b>Promotion Provision Both</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, Patient Services Coordinator and Social Services Aide	1.1.1 Monitor staffing levels to ensure full coverage throughout the program year	Provision	Filled FTE	Ongoing	Program Manger Program Coordinator
	1.1.2 Fill Part-time Case Manager Position (focus on Navigation Only services)	Provision	Filled FTE	Q1	Program Manger Program Coordinator
	1.1.3 Monitor staff needs/changes to address unforeseen staff needs	Both	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	Both	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 meet program objectives	Both	Work Plan Budget	Annually/Ongoing	Program Manger Program Coordinator

<b>Objectives</b>	<b>Activities Planned to Achieve this Objective</b>	<b>Promotion Provision Both</b>	<b>Data</b>	<b>Timeframe for Assessing Progress</b>	<b>Team Members Responsible</b>
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	Provision	Annual Work Plan	August 15, 2018 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	Promotion	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	Promotion	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 subcontractors, and ADHS reimbursements to ensure fiscal responsibility	1.3.1 Review subcontractor billing to ensure timely and proper payment for patient services rendered (invoices within 30 days of service)	Promotion	Monthly subcontractor invoices and Minimum Data Elements (MDE)	Ongoing  Quarterly Review with each Subcontractor	Program Coordinator
	1.3.2 Submit Contractor Expenditure Reports (CER), Client Listings, and MDEs to within 45 days of service	Promotion	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.	Promotion	Monthly/quarterly budget reports: ADHS, PCHD finance  CERs	Ongoing  Monthly meeting with PCHD Finance Team	Program Manager Program Coordinator PCHD Finance Rep
	1.3.4 Track and report in-kind contributions	Both	Quarterly In-kind contributions report from subcontractors	Quarterly	Program Coordinator

Objectives	Activities Planned to Achieve this Objective	Promotion Provision Both	Data	Timeframe for Assessing Progress	Team Members Responsible
1.4 WWHP Staff will participate in quarterly contractor meetings, Closing the Gap 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	Promotion	Travel records/Attendance	Quarterly	Program Coordinator WWHP staff
	1.4.2 WW PCDH finance point person attend quarterly contract meetings.	Promotion	Travel records/Attendance	Quarterly	Program Coordinator PCHD Finance Rep
	1.4.3 Participate in Closing the Gap treatment meetings/work groups held by ADHS	Promotion	Travel records/Attendance	As Needed	Program Manager Program Coordinator
	1.4.4 Prevention and Early Detection work group of Arizona Cancer Coalition	Promotion	Travel records/Attendance	Ongoing	Program Coordinator
1.5 Establish clear a communication protocol and quarterly meetings with subcontractors 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 subcontractor (patient services, billing, registration)	Both	Contact list for subcontractor point people	Ongoing	Program Coordinator
	1.5.2 Clarify PCHD staff roles and contact information to subcontractors to better facilitate communication between PCHD and Subs	Both	Contact list for PCHD point people	Ongoing	Program Coordinator
<b>WWHP Work Plan Program Component 2: Partnerships and Coalition Development</b>					
<b>Goals 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 subcontractors, new clinic sites, and community partners.</li> <li>▪ Identify and cultivate local relationships/resources for potential treatment funds</li> </ul>			<b>Measures of Effectiveness</b> <ol style="list-style-type: none"> <li>1. Addition of additional clinic sites within current subcontractors</li> <li>2. Identify new potential subcontractor sites (TMC, United in Ajo)</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 to expand options of low/no cost treatment services for patients</li> </ol>		

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<b>Objectives</b>	<b>Activities Planned to Achieve this Objective</b>	<b>Promotion Provision Both</b>	<b>Data</b>	<b>Timeframe for Assessing Progress</b>	<b>Team Members Responsible</b>
2.1 Continue to work with Marana Health Center based on establish MHC Well Woman program	2.1.1 Meet with key MHC and PCHD leadership to determine next steps for implementation	Provision	Meeting Notes/Create new WW implementation plan	Q1 2018	Program Coordinator MHC Leadership
	2.1.2 Review/adjust implementation plan based on input from PCHD and MHC leadership	Provision	Updated WW implementation plan	Q1 2018	Program Coordinator MHC Leadership
2.2 Implement the WW program at MCH utilizing updated implementation plan	2.2.1 Finalize and agree upon implementation plan and timeline	Provision	Final WW implementation plan	Q1 2018	Program Manager Program Coordinator MHC Leadership
	2.2.2 Work with MHC site staff to schedule trainings for appropriate eligibility screening, enrollment and scheduling staff before September 30, 2018	Provision	Implementation Plan Quarterly Report	Q1 2018	Program Coordinator Patient Services Specialist
	2.2.2 Work with MHC site staff to schedule provider trainings by September 30, 2018 to review program materials and answer questions	Provision	Implementation Plan Quarterly Report	Q1 2018	Program Coordinator Patient Services Specialist
2.4 Participate in ADHS Closing the Gap meeting and subsequent follow up activities to explore treatment funding/services solutions	2.4.1 Key PCHD staff to participate in continued Closing the Gap work group meetings hosted by ADHS	Both	Attendance/participation in subsequent work group activities as determined	Ongoing	Program Manager Program Coordinator

<b>Objectives</b>	<b>Activities Planned to Achieve this Objective</b>	<b>Promotion Provision Both</b>	<b>Data</b>	<b>Timeframe for Assessing Progress</b>	<b>Team Members Responsible</b>
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	Both	Quarterly Reports	Ongoing	Program Manager Program Coordinator
	2.5.2 Work with subcontractors to identify resources/partnerships they have that may lead to additional treatment resources	Both	Quarterly Reports	Ongoing	Program Manager 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 for additional fundraising/grant opportunities for treatment	Both	Quarterly Reports	Ongoing	Program Manager Program Coordinator
	2.6.2 Support El Rio with their gala on October 19, 2018 benefitting treatment	Both	Presentations to board/potential supporters, patient stories, data and participation in event	Q1-Q2 2018	Program Coordinator WWHP Staff
	2.6.2 Support St. Elizabeth’s ongoing fundraising efforts	Both	Quarterly Reports	Ongoing	Program Coordinator WWHP Staff
<b>WWHP Work Plan Program Component 3: Public Education and Recruitment</b>					
<b>Goals for This Year:</b>			<b>Measures of Effectiveness</b>		
<ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ 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.</li> </ul>			<ol style="list-style-type: none"> <li>1. EBIs implemented in all PCHD and subcontractor sites</li> <li>2. Input from subcontractors on educational needs and how well the needs are being met</li> <li>3. Development of outreach plan including target groups/organizations, outreach/educational materials, and time frame</li> <li>4. Development of evaluation plan for public education, recruitment and outreach strategies</li> <li>5. Evaluation of EBI initiatives at PCHD and subcontractors</li> </ol>		

<b>Objectives</b>	<b>Activities Planned to Achieve this Objective</b>	<b>Promotion Provision Both</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 on cdc.gov in the area of cancer screening	Provision	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	Provision	Quarterly Report	Annually	Program Coordinator WWHP Staff
	3.1.3 Develop EBI implementation and evaluation plan for PCHD	Both	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 on cdc.gov in the area of cancer screening with subcontractors	Both	Quarterly Report	Annually	Program Coordinator Subcontractor Staff WWHP Staff
	3.2.2 Determine which EBIs will be used in each subcontractor site	Both	Quarterly Report	Annually	Program Coordinator Subcontractor Staff WWHP Staff
	3.2.3 Develop EBI implementation and evaluation plan for each subcontractor site	Both	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	Provision	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	Provision	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	Provision	Updated materials Quarterly Report	Quarterly	Program Coordinator WWHP Staff
<b>WWHP Work Plan Program Component 4: Professional Development</b>					
<b>Goals for This Year:</b>			<b>Measures of Effectiveness</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, subcontractors 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>			<ol style="list-style-type: none"> <li>1. 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>2. WW program staff's knowledge of program objectives is evident in all interactions with patients, other PCHD staff, subcontractor staff and general community interactions</li> <li>3. Subcontractor 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>4. 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>		
<b>Objectives</b>	<b>Activities Planned to Achieve this Objective</b>	<b>Promotion Provision Both</b>	<b>Data</b>	<b>Timeframe for Assessing Progress</b>	<b>Team Members Responsible</b>
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	Provision	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	Provision	Attendance Quarterly Report	Quarterly	Program Coordinator WWHP Staff

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<b>Objectives</b>	<b>Activities Planned to Achieve this Objective</b>	<b>Promotion Provision Both</b>	<b>Data</b>	<b>Timeframe for Assessing Progress</b>	<b>Team Members Responsible</b>
	4.1.3 Attend ADHS sponsored/promoted trainings and conferences as able, to further enhance knowledge and professional development around cancer screening	Provision	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	Provision	Evaluation of materials Quarterly Report	Q1	Program Coordinator Patient Services Specialist
	4.2.2 Develop and implement better training materials to enhance provider knowledge of WW and cancer screening best practices	Both	Materials Quarterly Report	Ongoing	Program Coordinator Patient 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	Provision	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	Provision	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	Both	Performance Plan Quarterly Report	Annually	Program Coordinator

<b>Objectives</b>	<b>Activities Planned to Achieve this Objective</b>	<b>Promotion Provision Both</b>	<b>Data</b>	<b>Timeframe for Assessing Progress</b>	<b>Team Members Responsible</b>
	4.3.4 Identify professional development opportunities within PCHD staff can participate in as desired	Both	Performance Plan Quarterly Report	Ongoing	Program Coordinator
<b>WWHP Work Plan Program Component 5: Quality Assurance and Improvement</b>					
<b>Goals 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 Subcontractors quarterly to review plans for quality improvement</li> </ul>			<ol style="list-style-type: none"> <li>1. Established protocols for quality assurance utilized by all WW staff</li> <li>2. Subcontractor 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>		
<b>Objectives</b>	<b>Activities Planned to Achieve this Objective</b>	<b>Promotion Provision Both</b>	<b>Data</b>	<b>Timeframe for Assessing Progress</b>	<b>Team Members Responsible</b>
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	Provision	Quarterly Reports	Q1	Program Coordinator
	5.1.2 Update tracking system based on evaluation feedback to improve quality assurance	Provision	Quarterly Reports	Q1	Program Coordinator
	5.1.3 Train staff on proper quality assurance protocols to ensure adherence	Both	Quarterly Reports	Q1 Ongoing	Program Coordinator
5.2 Monitor and evaluate staff to ensure quality in data integrity and quality	5.2.1 Chart audits	Both	Quarterly Reports	Quarterly	Program Coordinator Social Services Aide
	5.2.2 Patient satisfaction survey	Both	Annual Report	Annually	Program Coordinator Patient Services Specialist

<b>Objectives</b>	<b>Activities Planned to Achieve this Objective</b>	<b>Promotion Provision Both</b>	<b>Data</b>	<b>Timeframe for Assessing Progress</b>	<b>Team Members Responsible</b>
	5.2.3 Random observations of calls and patient meetings to assess data quality and quality of patient care services	Both	Quarterly Reports	Ongoing	Program Coordinator Patient Services Specialist
5.3 Monitor and evaluate Subcontractors to ensure data integrity and quality	5.3.1 Chart audits	Both	Quarterly Reports	Quarterly	Program Coordinator Social Services Aide
	5.3.2 Patient satisfaction survey	Both	Annual Report	Annually	Program Coordinator Patient Services Specialist
	5.3.3 Site visits and meetings with to assess data quality and patient care services	Both	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	Provision	Quarterly Reports	Quarterly	Program Coordinator Social Services Aide
	5.4.2 Provider Training	Both	Quarterly Reports	Ongoing	Program Coordinator Patient Services Specialist
	5.4.3 all clinicians have easy access to BC/CC algorithms	Promotion	Quarterly Reports	Ongoing	Program Coordinator Patient 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	Both	Quarterly Reports	Quarterly	Program Coordinator Social Services Aide
	5.5.2 Analyze current system/ establish electronic and/or calendar system for case management files to ensure timely follow up	Provision	Tracking System Quarterly Reports	Q1	Program Coordinator Case Manager Social Services Aide
	5.5.3 Review monthly Navigation Only reports for timeliness and adequacy of patient care	Provision	Monthly	Monthly	Program Coordinator

<b>WWHP Work Plan Program Component 6: Screening, Referral, Tracking, Follow-up Case Management, and Re-screening</b>					
<b>Goals 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> </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 subcontractor sites trained and implementing WW</li> <li>3. Increased providers trained to deliver WW program in each subcontractor</li> <li>4. Increased Navigation Only and NO 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>Promotion Provision Both</b>	<b>Data</b>	<b>Timeframe 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 to establish WW program	Provision	RFP Response New Contract Quarterly Report	Q1	Program Manager Program Coordinator
	6.1.2 Expand services in different locations at current subcontractor sites	Provision	Subcontractor Training Schedule Quarterly Reports	Q1	Program Coordinator
	6.1.3 Explore additional sources for possible future expansion	Both	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 Hire additional part-time Case Manager position	Provision	FTE Quarterly Report	Q1	Program Manager Program Coordinator
	6.2.2 Review comprehensive electronic tracking system for follow-up/re-screens and make enhancements as necessary	Provision	Tracking System Report Quarterly Report	Q1	Program Coordinator Case Manager
	6.2.3 Review quarterly internal reporting on case management and patient follow up and make adjustments/enhancements as necessary	Both	Internal Report system Quarterly Report	Q1	Program Coordinator

Objectives	Activities Planned to Achieve this Objective	Promotion Provision Both	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.	Both	Quarterly Report	Q1	Program Coordinator
	6.3.2 Ensure all survivorship care program materials are culturally appropriate for target population and available in English and Spanish.	Both	Quarterly Report	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.	Both	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.	Both	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	Both	Patient Resource Packets Quarterly Report	Ongoing	Program Coordinator Patient Services Specialist

<b>Objectives</b>	<b>Activities Planned to Achieve this Objective</b>	<b>Promotion Provision Both</b>	<b>Data</b>	<b>Timeframe for Assessing Progress</b>	<b>Team Members Responsible</b>
	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.)	Promotion	Quarterly Report	Ongoing	Program Coordinator
<b>WWHP Work Plan Program Component 7: Data Management</b>					
<b>Goals 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 subcontractor sites and ADHS to ensure proper data management and confidentiality.</li> <li>▪ Improve data management procedures at PCHD clinics and subcontractor 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. Subcontractor 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>		
<b>Objectives</b>	<b>Activities Planned to Achieve this Objective</b>	<b>Promotion Provision Both</b>	<b>Data</b>	<b>Timeframe for Assessing Progress</b>	<b>Team Members Responsible</b>
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.	Provision	Protocol Manual Quarterly Report	Q1	Program Coordinator
	7.1.2 Make improvements and adjustments to protocols as necessary to ensure data safety.	Provision	Protocol Manual Quarterly Report	Ongoing	Program Coordinator
	7.1.3 Review storage protocols within each subcontractor site and work with them to make adjustments as necessary	Both	Protocol Manual Quarterly Report	Ongoing	Program Coordinator

<b>Objectives</b>	<b>Activities Planned to Achieve this Objective</b>	<b>Promotion Provision Both</b>	<b>Data</b>	<b>Timeframe for Assessing Progress</b>	<b>Team Members Responsible</b>
	7.1.4 Ensure all staff working on WW (PCHD & Subcontractors) are trained in data storage protocols.	Promotion	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.	Provision	Protocol Manual Quarterly Report	Q1	Program Coordinator
	7.2.2 Make improvements and adjustments to protocols as necessary to ensure proper data collection.	Provision	Protocol Manual Quarterly Report	Ongoing	Program Coordinator
	7.2.3 Review data collection protocols within each subcontractor site and work with them to make adjustments as necessary	Both	Protocol Manual Quarterly Report	Ongoing	Program Coordinator
	7.2.4 Ensure all staff working on WW (PCHD & Subcontractors) are trained in data collection protocols.	Promotion	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 subcontractor sites and PCHD sites	7.3.1 Evaluate current patient data sharing protocols for privacy and security.	Provision	Protocol Manual Quarterly Report	Q1	Program Coordinator
	7.3.2 Make improvements and adjustments to protocols as necessary to ensure proper data sharing between subcontractor sites and PCHD	Provision	Protocol Manual Quarterly Report	Ongoing	Program Coordinator

<b>Objectives</b>	<b>Activities Planned to Achieve this Objective</b>	<b>Promotion Provision Both</b>	<b>Data</b>	<b>Timeframe for Assessing Progress</b>	<b>Team Members Responsible</b>
	7.3.3 Review data sharing protocols within each subcontractor site and work with them to make adjustments as necessary	Both	Protocol Manual Quarterly Report	Ongoing	Program Coordinator
	7.3.4 Ensure all staff working on WW (PCHD & Subcontractors) are trained in data sharing protocols.	Promotion	Protocol Manual Quarterly Report	Ongoing	Program Coordinator
<b>WWHP Work Plan Program Component 8: Evaluation</b>					
<b>Goals 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> </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>		
<b>Objectives</b>	<b>Activities Planned to Achieve this Objective</b>	<b>Promotion Provision Both</b>	<b>Data</b>	<b>Timeframe for Assessing Progress</b>	<b>Team Members Responsible</b>
8.1 Continue work of WWHP and PCHD Strategic Integration staff to assess data and tools used for program evaluation	8.1.1 Re-evaluate current staff who to participate in work group for ongoing program evaluation	Provision	Work Group Plan Quarterly Report	Q1	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	Provision	Work Group Plan Quarterly Report	Q1	Program Manager Program Coordinator Work Group

Objectives	Activities Planned to Achieve this Objective	Promotion Provision Both	Data	Timeframe for Assessing Progress	Team Members Responsible
	8.1.3 Develop work schedule for committee based on goals and commence work	Provision	Work Group Plan Quarterly Report	Q1	Program Manager Program Coordinator Work Group
8.2 Review data model used to guide data needs and collection protocols for effective program evaluation and make necessary adjustments	8.2.1 Within work group, determine if current data points are working or if additional are needed to evaluate baseline screening rates along with additional data points to assess efficacy	Provision	Work Group Plan Quarterly Report	Q1	Program Manager Program Coordinator Work Group
	8.2.2 Engage key players such as strategic integration and electronic records staff to evaluate/continue best means of accessing necessary data	Provision	Work Group Plan Quarterly Report	Q1	Program Manager Program Coordinator Work Group
	8.3.2 Continue regular work group meetings to assess data model and plan for adjustments as necessary	Provision	Work Group Plan Quarterly Report	Ongoing	Program Manager Program Coordinator Work Group
	8.3.3 Evaluate program at year end using data to assess program efficacy	Provision	Work Group Plan Quarterly Report	Ongoing	Program Manager Program Coordinator Work Group



# ARIZONA DEPARTMENT OF HEALTH SERVICES

## PLANNING & OPERATIONS

January 15, 2019

Pima County  
Attn: Candace Moore  
130 W. Congress St. 4<sup>th</sup> Floor.  
Tucson, AZ 85701

**RE: Request For Proposal (RFP) No. ADHS19-00008459,  
Well Woman Health Check Program**

Dear Ms. Moore:

Pursuant to Arizona Procurement Rules, A. R. S. 41-2534, Competitive Sealed Proposals, R2-7-C315, Offer Revisions and Best and Final Offers, the Arizona Department of Health Services (ADHS) hereby requests offer revisions and Best and Final offer from Pima County for the referenced Request for Proposal (RFP). This provides an opportunity for Pima County to amend and improve its Proposal.

The Proposal has been evaluated and additional information and/or revisions are requested on the points listed below. Provide a detailed and thorough response to the questions and comments. ADHS is not asking for a new Proposal in its entirety. Please submit your revision as a separate document from the original Proposal documents and in the order listed below.

Negotiation Questions:

1. Describe enrollment and management process for Navigation Only. (For Pima and subcontractors.)
2. Describe how Case Managers track ongoing performance on Core Quality Indicators.

Pima County's response to this request supersedes any previous information. If Pima County does not submit a written final Proposal revision by the date and time stated below, ADHS will use your prior submitted response for the final revision.

Final Proposal Revisions must be sent to me directly and received via email no later than Wednesday, January 23, 2019 by 5:00PM, MST.

If you have any questions, please contact Russell Coplen at (602) 542-1043 or [russell.coplen@azdhs.gov](mailto:russell.coplen@azdhs.gov). If you require additional information, we can schedule a teleconference Tuesday, January 22, 2019.

Sincerely,

A handwritten signature in black ink, appearing to read 'Russell Coplen'.

Russell Coplen  
ADHS Procurement Officer

Enclosure

Cc: Contract File

Douglas A. Ducey | Governor    Cara M. Christ, MD, MS | Director

**Pima County Well Woman HealthCheck Program**  
**Solicitation No: ADHS19-00008459**  
**Best and Final Offer Submitted January 23, 2019**

1.) Describe enrollment and management process for Navigation Only (for Pima and Subcontractors)

Pima County is initiating a redesign of its Well Woman HealthCheck Program (WWHP) to connect more insured women to screening and treatment through Navigation Only. The majority of Navigation Only patients are identified through community health centers (subcontractors), rather than the County-operated public health clinics. In the past, Pima County has contracted for Navigation Only services provided under the WWHP, with limited success. To ensure the WWHP services are provided as described, and increase Navigation Only services, PCHD intends to increase internal capacity and centralize enrollment and management of all WWHP Navigation Only services.

PCHD has hired a bilingual Navigation Only Case Manager (NOCM) at .5 FTE to provide Navigation Only services to insured patients identified at PCHD clinics and all subcontracted partner providers. The individual, Abraham Varelas, has a background in health education and disease investigation and is a Certified Clinical Documentation Improvement Specialist.

Patients identified at PCHD clinics as eligible for Navigation Only services receive active outreach directly from the NOCM, who helps them to enroll in WWHP services and can even schedule appointments on their behalf. Once the patient arrives for her WWHP appointment and confirms her approval to share information with PCHD through release forms, the NOCM can take over follow-up, increasing the likelihood she will receive diagnostic services promptly. This also reduces the administrative burden on subcontracted partners so they can provide screening and diagnostic services at full capacity.

The NOCM maintains a database of client information, outcomes, and outreach efforts related to Navigation Only programming. Centralizing the provision of Navigation Only services at PCHD allows health information to be tracked across fewer organizations, with reduced errors and duplication. The NOCM can also refer the patient to supplemental services through the PCHD that subcontracted clinics may not provide.

For patients identified by subcontracted clinics, the NOCM will work hand in hand with Patient Coordinators at subcontracted clinics to conduct patient outreach. The redesigned Navigation Only program will be piloted with subcontractor St. Elizabeth's Health Center. This site was strategically chosen due to their role as an existing site of the WWHP mobile mammography coach. The mobile mammography coach at St. Elizabeth's works closely with WWHP staff, and can help the NOCM facilitate seamless service to patients without having to provide significant additional training. As part of PCHD's proactive efforts to increase Navigation Only services, the mammography coach program at St. Elizabeth's will be expanded by adding an extra day on-site specifically for Navigation Only identified patients. This extra capacity alleviates delays if initial screening occurs after a monthly clinic day, and places a focus on staff scheduling Navigation Only patients to fill available appointments. The NOCM will have the benefit of being able to stay on-site to follow up with patients, and increase the likelihood those patients receive and make use of prompt referral to diagnostic services. The NOCM tracks each Navigation Only patient in a special database, which assists in monitoring the patient's progress through the health care system and can track the number of appointments, no shows, and outreach efforts made by the NOCM.

2.) Describe how Case Managers track ongoing performance on Core Quality Indicators.

WWHP case managers regularly check the progress of patients through the entire service flow to ensure the CDC core indicators are met or exceeded and reported to the Arizona Department of Health Services. Patient appointments are tracked in a database, with calendar reminders used to initiate reminder calls, texts, and e-mails. Both WWHP case managers are bilingual in English and Spanish, and a telephone interpreting service is available to communicate with women who speak other languages. Contact is also made after each appointment, so that missed appointments can be flagged and a new appointment scheduled promptly.

WWHP uses databases to track when a patient is notified about abnormal results, the dates they receive diagnostic testing and, if applicable, when treatment is initiated. Cases are closely tracked to identify patients that may not be receiving services within the timeframes required by the Core Quality Indicators.

PCHD has established new processes so that if a diagnostic appointment at a PCHD monthly clinic is missed, or the patient is otherwise unable to receive timely service from PCHD clinics, case managers work with subcontracted partners to schedule the next available diagnostic service for the patient. This helps to alleviate pressure on the limited hours when special clinics can be offered at a public health clinic. For example, cervical diagnostic clinics can only be offered twice a month at PCHD; if a patient misses her appointment, the next clinic occurring that month is usually full, and the patient would otherwise have to wait until the following month's clinic or later to be seen. The availability of external appointments allows the patient to receive diagnostic services as quickly as possible, so she can engage in treatment quickly and improve her prognosis. Diagnostic testing and treatment initiation dates are collected from subcontracted partners and tracked in the WWHP patient databases.

PCHD has been successful meeting core indicators related to prompt referral to treatment for those U.S. citizens diagnosed with cancer, thanks to strong partnerships with patient navigators at treatment providers and the Breast and Cervical Cancer Treatment Program. Case managers will continue to track the time between diagnosis and treatment initiation to ensure this indicator is consistently met.



# ARIZONA DEPARTMENT OF HEALTH SERVICES

## PLANNING & OPERATIONS

January 25, 2019

Pima County  
Attn: Candace Moore  
130 W. Congress St. 4<sup>th</sup> Floor.  
Tucson, AZ 85701

**RE: Request For Proposal (RFP) No. ADHS19-00008459, Well Woman Health Check Program.**

Dear Ms. Moore:

Pima County (Contractor) has been awarded a Contract, pursuant to the Arizona Department of Health Services, Request for Proposal, ADHS19-00008459 to provide Well Woman Health Check services. Attached is a signed copy of the Offer and Acceptance form.

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

This award notice is not a guarantee of usage of this Contract by the Arizona Department of Health Services. The Contractor must not begin work pursuant to the enclosed award notice until an agency user issue a written notice to proceed or a Purchase Order Release is executed. Such notice may be provided by email.

We look forward to a mutually beneficial Contract. Thank you for doing business with the State. If you have any questions please contact Russell Coplen (602) 542-1043 or [Russell.coplen@azdhs.gov](mailto:Russell.coplen@azdhs.gov).

Sincerely,

A handwritten signature in black ink, appearing to read 'Russell Coplen', written over a horizontal line.

Russell Coplen  
Procurement Officer

Enclosure  
Cc: Contract File

Douglas A. Ducey | Governor    Cara M. Christ, MD, MS | Director