



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

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 04/02/19

* = Mandatory, information must be provided

or Procurement Director Award ☐

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

University of Arizona (U of A), Arizona Health Sciences Center

***Project Title/Description:**

Arizona Telemedicine Program

***Purpose:**

Access to the U of A Telemedicine Network to transmit x-rays and other data generated at the Pima County Adult Detention Center (PCADC) to providers located outside of the PCADC.

Amendment #1 adds \$1,500.00 due to estimated total of the five year IGA being a little lower than actual expense is anticipated to be.

***Procurement Method:**

Intergovernmental Agreement - procurement exempt

***Program Goals/Predicted Outcomes:**

Provide the healthcare provider at the PCADC with continued access to the U of A Telemedicine Network for transmission of x-rays and telemedicine.

***Public Benefit:**

The large file sizes of x-rays and the confidentiality of health information make data transmission over the internet problematic. The U of A Telemedicine Network provides a solution to this issue.

***Metrics Available to Measure Performance:**

Bi-annual invoices provide information on usage of the line.

***Retroactive:**

No.

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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: CT Department Code: OMS Contract Number (i.e., 15-123): 14-502Amendment No.: 01 AMS Version No.: 11Effective Date: 06/01/2019 New Termination Date: _____Prior Contract No. (Synergen/CMS): N/A☒ Expense or ☐ Revenue ☒ Increase ☐ Decrease Amount This Amendment: \$ 1,500.00Is there revenue included? ☐ Yes ☒ No If Yes \$ _____***Funding Source(s) required:** General FundFunding from General Fund? ☒ Yes ☐ No If Yes \$ 1,500.00 % 100**Grant/Amendment Information** (for grants acceptance and awards) ☐ Award ☐ Amendment

Document Type: _____ Department Code: _____ Grant Number (i.e., 15-123): _____

Effective Date: _____ Termination Date: _____ Amendment Number: _____

☐ Match Amount: \$ _____ ☐ Revenue Amount: \$ _____***All Funding Source(s) required:*****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)?** _____

Contact: April Guzman

Department: Behavioral Health Telephone: 520-724-7515Department Director Signature/Date: April Guzman 2-25-19Deputy County Administrator Signature/Date: 2-26-19County Administrator Signature/Date: 2/26/19
(Required for Board Agenda/Addendum Items)

<p>Pima County Department of Behavioral Health</p> <p>Project: Arizona Telemedicine Program</p> <p>Contractor: University of Arizona Arizona Health Sciences Center 1501 North Campbell Avenue, P.O. Box 245171 Tucson, Arizona, 85724</p> <p>Contract No.: CT-OMS-14-502</p> <p>Contract Amendment No.: 01</p>	<p>(STAMP HERE)</p>
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Orig. Contract Term: 07/01/2014 - 06/30/2019	Orig. Amount:	\$30,500.00
Termination Date Prior Amendment: N/A	Prior Amendments Amount:	\$ N/A
Termination Date This Amendment: 06/30/2019	This Amendment Amount:	\$ 1,500.00
	Revised Total Amount:	\$32,000.00

INTERGOVERNMENTAL AGREEMENT AMENDMENT

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

1. Background and Purpose.

1.1. Background. On August 5, 2014, County and University entered into the above referenced agreement to participate in the Arizona Telemedicine Program.

1.2. Purpose. County requires the addition of funds to the Agreement for payment of the final invoice because the usage over the five year period has been slightly above the estimated amount.

2. Maximum Payment Amount. The maximum amount the County will spend under this Agreement, as set forth in EXHIBIT D, is increased by \$1,500.00. County's total payments to University under this agreement, including any sales taxes, will not exceed \$32,000.00.

The effective date of this Amendment is June 1, 2019.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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

PIMA COUNTY

**ARIZONA BOARD OF REGENTS on behalf of
THE UNIVERSITY OF ARIZONA**

Elisha Johnson Digitally signed by Elisha Johnson
Date: 2019.02.20 11:20:38 -07'00'

Chairman, Board of Supervisors

Authorized Officer Signature

Elisha Johnson

Assistant Director, Resarch Admin.

Printed Name and Title

Date

February 20, 2019

Date

ATTEST

Clerk of the Board

Date

APPROVED AS TO CONTENT:

By: *Paul J. Penner*
Behavioral Health Director

2-25-19
Date

APPROVED AS TO FORM:

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

By: *[Signature]*
Deputy County Attorney

By: *[Signature]*
University Attorney

Date: 2/22/19

Date: 2/19/19