



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: April 2, 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:**

This grant allows the Pima County Health Department (PCHD) to continue to provide access for uninsured and/or underinsured women to receive breast and cervical cancer screening and diagnostic services, a program PCHD has been offering for about 25 years. In addition, the program provides Navigation Only services for insured women to assist them in receiving breast and cervical cancer screening.

Amendment #1 is to change the Supplier ID in the Arizona Procurement Portal, necessitating a number change, and to change the primary contact person in the grant documentation. After ADHS issued the grant, the County became aware that the wrong supplier ID was used in the Arizona Procurement Portal and the only way to correct that issue is to re-issue the grant with a new number under the Health Department's supplier ID.

***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:**

No.

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 ☒ AmendmentDocument Type: GTAM Department Code: HD Grant Number (i.e.,15-123): 19-43Effective Date: upon signature Termination Date: _____ Amendment Number: 01☐ Match Amount: \$ _____ ☐ Revenue Amount: \$ _____***All Funding Source(s) required:** N/A***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: Sharon GrantDepartment: HealthTelephone: 724-7842Department Director Signature/Date: Sharon Grant 11 March 2019 / 3/24/19Deputy County Administrator Signature/Date: Sharon Grant 3-12-2019County Administrator Signature/Date: C. R. Decker 3/12/19
(Required for Board Agenda/Addendum Items)



CONTRACT AMENDMENT

ARIZONA DEPARTMENT
OF HEALTH SERVICES
150 N. 18th Avenue, Suite 260
Phoenix, Arizona 85007

Contract No: CTR041766

Amendment No: 1

Procurement Officer:
Russell Coplen

Well Woman HealthCheck Program

1. Effective Upon Signature, pursuant to Uniform Terms and Conditions, Provision Five (5), Contract Changes, Provision 5.1, Amendments, the contract number is changed to accommodate a supplier number change. The new Contract Number is CTR042422.
2. Effective Upon Signature, pursuant to Uniform Terms and Conditions, Provision Five (5), Contract Changes, Provision 5.1, Amendments, Pima County Health Director will be changed to:

Marcy Flanagan
3950 S. Country Club Rd.
Suite 100
Tucson, AZ 85714
520-724-79310
Marcy.flanagan@pima.gov

REVIEWED BY:

Paul S. Markel
Appointing Authority or Designee
Pima County Health Department

All other provisions shall remain in their entirety.

Contractor hereby acknowledges receipt and acceptance of above amendment and that a signed copy must be filed with the Procurement Office before the effective date.

The above referenced Contract Amendment is hereby executed this _____ day of _____, 2019 at Phoenix, Arizona

Signature / Date

Authorized Signatory's Name and Title:

Procurement Officer

Contractor's Name:

Pima County Health Department

APPROVED AS TO FORM:

[Signature]
Deputy County Attorney