



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

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 05/21/19

*** = 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 Medicine 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 #02 extends the IGA one year to 6/30/2020, with an option for parties to renew the IGA for up to four (4) additional one-year periods or any portion thereof and adds the estimated annual cost of \$7,600.00, which is included in the Behavioral Health budget.

***Procurement Method:**

This IGA is a non-Procurement contract and is not subject to Procurement rules.

***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 the 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.

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.: 02 AMS Version No.: 12Effective Date: 06/30/2019 New Termination Date: 06/30/2020Prior Contract No. (Synergen/CMS): N/A☒ Expense or ☐ Revenue ☒ Increase ☐ Decrease Amount This Amendment: \$ 7,600.00Is there revenue included? ☐ Yes ☒ No If Yes \$ _____***Funding Source(s) required:**Funding from General Fund? ☒ Yes ☐ No If Yes \$ 7,600.00 % 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 GuzmanDepartment: Behavioral HealthTelephone: 520-724-7515Department Director Signature/Date: Paul Guzman 4-26-19Deputy County Administrator Signature/Date: April Guzman 4-30-2019County Administrator Signature/Date: C. R. Delaney 5/2/19

(Required for Board Agenda/Addendum Items)

Pima County Department of Behavioral Health

Project: Arizona Telemedicine Program

Contractor: University of Arizona
Arizona Health Sciences Center
1501 N. Campbell Avenue,
P.O. Box 245171
Tucson, Arizona 85724

Contract No.: CT-OMS-14*502

Contract Amendment No.: 02

Orig. Contract Term: 07/01/2014 - 06/30/2019	Orig. Amount:	\$30,500.00
Termination Date Prior Amendment: 06/30/2019	Prior Amendments Amount:	\$1,500.00
Termination Date This Amendment: 06/30/2020	This Amendment Amount:	\$7,600.00
	Revised Total Amount:	\$39,600.00

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 to extend the Intergovernmental Agreement (IGA) for an additional year and add funding for services.

2. Term. The IGA terminates on June 30, 2020. The parties may renew the IGA for up to (4) additional one-year periods or any portion thereof.

3. Maximum Payment Amount. The maximum amount the County will spend under this Contract, as set forth in Exhibit D 6. (ii), is increased by \$1,500.00. County's total payments to Contractor under this contract, including any sales taxes, will not exceed \$39,600.00.

The effective date of this Amendment is June 30, 2019.

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

PIMA COUNTY

Chairman, Board of Supervisors

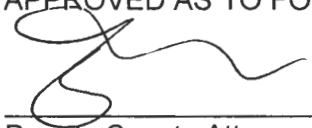
Date

ATTEST

Clerk of the Board

Date

APPROVED AS TO FORM



Deputy County Attorney

Jonathan Pinkney

Print DCA Name

4/16/19

Date

CONTRACTOR



Authorized Officer Signature

Elisha Johnson, JD
Assistant Director, Research Administration

4/11/2019

Date

APPROVED AS TO CONTENT



Department Head

4.22.19

Date
(if required by County Department or delete)

EXHIBIT D

Special Provisions for Pima County Office of Medical Services

1. **Effective Date:** 6/30/19
2. **Connected Site:** Pima County Adult Detention Complex (Main Jail)
1270 W. Silverlake
Tucson, Arizona, 85713
(Pima County TB Clinic - VPN Connection)
3. **Site Authorized Network Service Types:** Clinical, Educational, Administrative
4. **Site Network Service Hours:** 24 x 7 x 365
5. **Site Network Support Hours:** 24 x 7 x 365
Site Membership Type: Multi-Site X Single Site X VPN CME Other
6. **Annual Fees:**
Membership: Membership requires an annual fee which is \$2,700.00. This fee is payable in full at the start of each membership year and is due within 30 days from invoice date. Any fee increase will be sent 60 days prior to increase.
 - (i) **Costs and Fees:** Telecommunications and equipment costs provided are estimates based on quotes provided to University by equipment and service vendors. Site will pay for all other costs and are responsible for their own telecom and maintenance costs. Estimated costs are subject to change based on actual charges.
 - (ii) **Estimated Costs and Fees, per annum:**

Telecommunication Charge:	\$4,900.00
Membership:	\$2,700.00
Total Estimated Costs & Fees, per annum:	\$7,600.00
 - (iii) **Invoices shall be sent to:**
Attn: Quality Assurance Coordinator
Pima County Behavioral Health
3950 S. Country Club Rd., Suite 3240
Tucson, AZ 85714
7. **Payment:**
If applicable, purchase of Equipment. If purchased through University, Member will issue a purchase order in advance to University for the specified equipment and pay the resulting invoice within 30 days of receipt, pursuant to paragraph 7.A.(1).

Membership. Pursuant to Section 4.0, payable in full at the start of each membership year and is due within 30 days of invoice date.

Telecommunication Charges. Telecommunication charges, based on actual usage, will be billed by the University semi-annually and are due within 30 days from invoice date.