



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

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: February 4, 2020

** = 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 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.

Amendment #2 does not include a Price Sheet. However, the Pima County Health Department has been told by ADHS that our budget for this year will be at least \$518,100. This is the amount used on page 2 of this form.

***Procurement Method:**

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

***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 FY 18-19, over 1,400 women were screened, approximately 500 were referred for further diagnostics, and 14 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 what community resources are 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. The Amendment #2 was emailed to PCHD on January 13, 2020 but takes effect on January 28, 2020.

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 22-10.***Amendment / Revised Award Information**

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

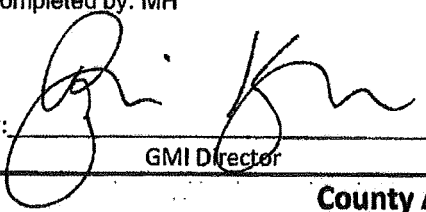

Amendment No.: _____ AMS Version No.: _____

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): 20*26Effective Date: 01/28/2020 Termination Date: 01/28/2021 Amendment Number: 02☐ Match Amount: \$ _____ ☒ Revenue Amount: \$ 518,100.00***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 ServicesContact: Sharon GrantDepartment: Health Telephone: 724-7842Department Director Signature/Date: [Signature] 1/17/2020Deputy County Administrator Signature/Date: [Signature] 23 Jan 2020County Administrator Signature/Date: [Signature] 1/24/2020
(Required for Board Agenda/Addendum Items)

GRANT COST/BENEFIT ANALYSIS**To be completed by GMI staff**

CFDA No.	93.898
Competitive Criteria:	ADHS receives funding through a cooperative agreement with the CDC and from the State of Arizona to provide a statewide breast and cervical cancer screening program as part of the National Breast and Cervical Cancer Early Detection Program (NBCCDEP). This is a cost-reimbursement contract. Contractor required to expend 95% of funds.
Other Factors:	The WWHP provides services in accordance with Public Law 101-354, the Breast and Cervical Cancer Mortality Prevention Act of 1990 (BCCMP). AZ legislators passed a law in 2012 that allowed uninsured women w/ a breast/cervical cancer dx to receive treatment provided by AHCCCS through the BCCTP. Approximate # of awards and total amount based on CDC RFP.
Number of Awards:	85 Total amount to be awarded: \$ 1,075,000,000.00
Match Required:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If required what is the amount/percent: _____
Terms Notes (e.g. unusual restrictions, reporting burdens, etc.):	Evaluation required, as well as labor activity reports, monthly Contractor Expenditure Reports and adherence to federal regulations including HIPAA, the BCCMP, and CDC performance measurement. Screening, diagnostic, treatment, and case management services (including outreach) are required. PCHD is implementing a Navigation Only supplement to the program, to ensure enrollment and treatment outcomes for women with insurance are comparable to under/uninsured women in the program. Only costs for personnel, treatment, diagnostic and screening services are allowed; no equipment or construction. Monthly travel to ADHS required
Will this project require additional office/project space? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Will this project require staff time that cannot be paid for by the grant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Will your project require any equipment items over \$5,000 per item? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Does the proposal use a fixed price contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this project subject to Human Subjects compliance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Does this project involve subrecipients? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a Statutory Funding Preference from the funding agency? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Allowable Indirect Rate: <u>ADHS dete</u> If Indirect is not allowed, attach documentation.	
List any other proposal or funder specific requirements:	The Contractor and all subcontractors are required to obtain and maintain license(s), certification(s) and liability insurance. Sub-contracts with clinicians (breast and cervical) must be with AHCCCS registered Service Providers. The ADHS awarded a smaller portion of indirect costs than requested, limiting costs to \$3,000 per communications with ADHS and Purchase Order. Per pg. 19 of the grant agreement, indirect costs must be approved beforehand by ADHS and authorized via PO. Reimbursement rates in accordance w/ Medicare Part B. (R12)
GMI notes & recommendations: Completed by: MH	
By:  Date: <u>1/17/2020</u> GMI Director	
County Administrator Approval Request	
Approved: <input checked="" type="checkbox"/> Not Approved: _____ Subject to Further Review: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If your project is subject to further review, please contact your GMI Lead to discuss necessary revisions prior to resubmission of the Grant Approval Application Request.	
By:  Date: <u>1/22/2020</u> County Administrator or Designee	



CONTRACT AMENDMENT

ARIZONA DEPARTMENT
OF HEALTH SERVICES
150 N 18th Avenue, Suite 530
Phoenix, Arizona 85007

Contract No.: **CTR042422**

Amendment No.: **2**

Procurement Officer:
Mackenzie Hix

WELL WOMAN HEALTHCHECK PROGRAM

Effective upon signature, it is mutually agreed that the Contract referenced above is amended as follows:

1. Pursuant to the Special Terms and Conditions, Provision Three (3) Contract Extensions (5 Year Maximum), this contract is hereby extended to January 28, 2021.

**** 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 _____, 20__ at Phoenix, Arizona.

Signature / Date

Chief Procurement Officer

Authorized Signatory's Name and Title

PIMA COUNTY HEALTH DEPARTMENT

Contractor's Name

APPROVED AS TO FORM:

Deputy County Attorney

1/14/20

REVIEWED BY:

Appointing Authority or Designee
Pima County Health Department

1-17-2020