



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 06/23/2020 Addendum

* = Mandatory, information must be provided

or Procurement Director Award ☐

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

University of Arizona, 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 #03 extends the IGA one year to 6/29/2021 and adds the 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 U of A Telemedicine Network ensures confidentiality of Protected Health Information and allows for continuity of care between the clinic and PCADC medical, which is in the best interest of the patient.

***Metrics Available to Measure Performance:**

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

***Retroactive:**

No.

06/16/20 PM01:49
Procure Dept
06/16/20 PM01:49
W

To: CoB - 4-14-20
Ver. - 3
995-3 (1)

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: CT Department Code: BH Contract Number (i.e., 15-123): 20*004
Amendment No.: 03 AMS Version No.: 3
Effective Date: 06/30/2020 7-1-20 HL New Termination Date: 06/29/2021
Prior Contract No. (Synergen/CMS): CT-OMS-14*502
☒ Expense or ☐ Revenue ☒ Increase ☐ Decrease Amount This Amendment: \$ 7,600.00

Is there revenue included? ☐ Yes ☐ No If Yes \$ _____

***Funding Source(s) required:** General Fund - 1000

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 Guzman, Contract & Compliance Manager

Department: Behavioral Health

Telephone: 520-724-7515

Department Director Signature/Date: [Signature] 6-8-2020

Deputy County Administrator Signature/Date: [Signature] 15 June 2020

County Administrator Signature/Date: [Signature] 6/15/20
(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, Az. 85724

Contract No.: CT-BH-20*004

Contract Amendment No.: 03

Orig. Contract Term: 07/01/2014 - 06/30/2019	Orig. Amount:	\$30,500.00
Termination Date Prior Amendment: 06/30/2020	Prior Amendments Amount:	\$9,100.00
Termination Date This Amendment: 06/29/2021	This Amendment Amount:	\$7,600.00
	Revised Total Amount:	\$47,200.00

INTERGOVERNMENTAL AGREEMENT AMENDMENT

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

1. Background and Purpose.

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

1.2. Purpose. County requires continued telemedicine services and to provide funding for those services.

2. Term. Amendment #3 is effective June 30, 2020 and the Agreement terminates on June 29, 2021. The parties may renew the IGA for up to three (3) additional one-year periods or any portion thereof.

3. Maximum Payment Amount. The maximum amount the County will spend under this Agreement, as set forth in Exhibit D, is increased by \$7,600.00. County's total payments to Contractor under this agreement, including any sales taxes, will not exceed \$47,200.00.

4. Israel Boycott Certification. Pursuant to A.R.S. § 35-393.01, if Contractor engages in for-profit activity and has 10 or more employees, and if this Agreement has a value of \$100,000.00 or more, Contractor certifies it is not currently engaged in, and agrees for the duration of this Agreement to not engage in, a boycott of goods or services from Israel. This certification does not apply to a boycott prohibited by 50 U.S.C. § 4842 or a regulation issued pursuant to 50 U.S.C. § 4842.

The effective date of this Amendment is June 30, 2020.

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

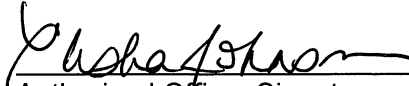
Cindy Nguyen

Print DCA Name

6/9/2020

Date

CONTRACTOR



Authorized Officer Signature

Elisha Johnson, Director, Clinical Trials &

Printed Name and Title Contracting

05/27/2020

Date

APPROVED AS TO CONTENT



Department Head

6.8.2020

Date
(if required by County Department or delete)

EXHIBIT D

Special Provisions for Pima County Office of Medical Services

1. **Effective Date:** 6/30/20
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: | <u>\$2,700.00</u> |
| Total Estimated Costs & Fees, per annum: | \$7,600.00 |

- (iii) **Invoices shall be sent to:**
Vendor.Invoices@pima.gov
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.