



## **BOARD OF SUPERVISORS AGENDA ITEM REPORT**

### **CONTRACTS / AWARDS / GRANTS**

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: November 10, 2020

*\* = Mandatory, information must be provided*

or Procurement Director Award ☐

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

Arizona Department of Health Services (ADHS)

**\*Project Title/Description:**

Home Visiting Services for MIECHV (Maternal, Infant and Early Childhood Home Visiting program). Also known as the Nurse Family Partnership.

**\*Purpose:**

The purpose of this grant is to deliver an evidence-based public health home visitation program that empowers low-income, first time mothers to develop the skills necessary to become self-reliant parents and more self-sufficient members of their community.

Amendment #1 provides a slightly revised Scope of Services and Price Sheet for federal fiscal year 2021.

**\*Procurement Method:**

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

**\*Program Goals/Predicted Outcomes:**

Nurse-Family Partnership Goals include: Improve pregnancy outcomes by assisting women to make choices that improve their prenatal health. Improve child health and development by aiding parents to deliver sensitive and competent care-giving. Improve parental life-course by helping parents to develop a vision for their future, plan subsequent pregnancies, continue their education and find work.

**\*Public Benefit:**

The national Nurse-Family Partnership model has over 30 years of evidence-based outcomes that show improved pregnancy outcomes; reduction in child maltreatment and abuse; improved school readiness; improved maternal outcomes, including greater economic self-sufficiency and fewer criminal convictions; and increased father presence and partner stability. Research evidence has shown that Nurse-Family Partnership delivers multi-generational outcomes that benefit communities and reduce many of the costs associated with social service programs.

**\*Metrics Available to Measure Performance:**

1. Increased number of pregnancies carried to full-term at 40 weeks.
2. Decreased number of low birth weight infants.
3. Increased number of mothers initiating breastfeeding at birth.
4. Increased number of infants exclusively breastfed at 6 months of age.
5. Number of children assessed as current with immunizations.
6. Number of children reported to have been screened for lead poisoning.
7. Number of children with Ages & Stages Developmental Screenings, and Ages & Stages Social Emotional Screenings completed at appropriate ages.
8. Number of emergency room visits or hospitalizations for injury or ingestion, by age.
9. Number of subsequent pregnancies.
10. Number of mothers enrolled in school.
11. Number of diplomas or GEDs completed.
12. Number of mothers working or gaining employment during the program.
13. Use of government assistance.
14. Number of mothers and children that graduate from the program.

**\*Retroactive:**

No. Amendment is effective upon signature of both parties.

GML Approved 10.27.2020 *[Signature]*

Revised 5/2020

**Contract / Award Information**

Document Type: \_\_\_\_\_ Department Code: \_\_\_\_\_ Contract Number (i.e., 15-123): \_\_\_\_\_  
Commencement 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.: \_\_\_\_\_  
Commencement 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 ☒ Amendment

Document Type: GTAM Department Code: HD Grant Number (i.e., 15-123): 21-41  
Commencement Date: upon signature Termination Date: \_\_\_\_\_ Amendment Number: 01  
☐ Match Amount: \$ \_\_\_\_\_ ☒ Revenue Amount: \$ 367,135.00

**\*All Funding Source(s) required:** U.S. Health Resources and Services Administration (HRSA)

\*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)? \_\_\_\_\_ received via the Arizona Department of Health Services (ADHS)

Contact: Sharon Grant

Department: Health Telephone: 724-7842

Department Director Signature/Date: \_\_\_\_\_ 10/19/20

Deputy County Administrator Signature/Date: \_\_\_\_\_ 22 Oct 20

County Administrator Signature/Date: \_\_\_\_\_ 10/22/2020  
(Required for Board Agenda/Addendum Items)



# INTERGOVERNMENTAL AGREEMENT (IGA) Amendment

ARIZONA DEPARTMENT OF  
HEALTH SERVICES  
OFFICE OF PROCUREMENT  
150 N. 18<sup>th</sup> Ave. Suite 530  
Phoenix, Arizona 85007

Contract No.: **CTR041606**

IGA Amendment No.: 1

Procurement Officer:  
**Anthony Beckum**

## Home Visiting Services For MIECHV

Effective upon signature of both parties, it is mutually agreed that the Intergovernmental Agreement referenced is amended as follows:

1. Pursuant to the Terms and Conditions, Provision Six (6) Contract Changes, Section 6.1 Amendments, Purchase Orders and Change Orders, the following changes are made under this Amendment One (1):

1.1 The Scope of Services is revised and replaced with the Scope of Services of this Amendment One (1); and

1.2 The Price Sheet is revised to include the Price Sheet of this Amendment One (1).

**\*\*All other provisions of this agreement shall remain in their entirety.\*\***

Contractor Name: **PIMA COUNTY HEALTH DEPARTMENT**

Authorized Signature

Address: **3950 SOUTH COUNTRY CLUB ROAD, SUITE 100**

Print Name

**TUSCON**

**ARIZONA**

**85714**

City

State

Zip

Title

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

This Intergovernmental Agreement Amendment shall be effective the date indicated. The Public Agency is hereby cautioned not to commence any billable work or provide any material, service or construction under this IGA until the IGA has been executed by an authorized ADHS signatory.

State of Arizona

*Cindy Nguyen*  
Signature

10/16/2020  
Date

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

*Cindy Nguyen*  
Print Name

Procurement Officer

Contract No.: **CTR041606**, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney, who has determined that it is in proper form and is within the powers and authority granted under the laws of the State of Arizona.

Signature


Date

REVIEWED BY: *[Signature]*

Appointing Authority or Designee  
Pima County Health Department

Print Name

Assistant Attorney General

	<b>INTERGOVERNMENTAL AGREEMENT (IGA)</b> <b>Amendment</b>		<b>ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF PROCUREMENT</b> 150 N. 18 <sup>th</sup> Ave. Suite 530 Phoenix, Arizona 85007
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## SCOPE OF SERVICES

### 1. DEFINITIONS:

- 1.1. "ACA" refers to the Affordable Care Act.
- 1.2. "ADE" refers to the Arizona Department of Education.
- 1.3. "ADHS" refers to the Arizona Department of Health Services.
- 1.4. "ADHS Evaluators" refers to the internal and external evaluators working for ADHS on the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV).
- 1.5. "At-Risk Communities " are the Communities outlined in this Contract for receiving services, and additional Communities as approved by the Program Manager and ADHS.
- 1.6. "BWCH" refers to the Bureau of Women's and Children's Health.
- 1.7. "Benchmark" for the purpose of this Agreement means the Benchmarks laid out by Health Resources and Services Administration (HRSA) in the Supplemental Information Request and further clarified in the Updated Plan. This definition includes any updates HRSA makes to these Benchmarks. This includes all the constructs which are parts of the Benchmarks.
- 1.8. "Capacity" for the purpose of this Agreement is defined by the federal funder as the total number of families that can be served at any point and time by a Local Implementing Agency, and is determined by the number of contracted Family Support Specialists or Home Visitors.
- 1.9. "CQI" refers to Continuous Quality Improvement.
- 1.10. "DES" refers to the Arizona Department of Economic Security.
- 1.11. "FTE" refers to Full Time Equivalent staffing positions.
- 1.12. "FTF" refers to Arizona Early Childhood Development and Health Board, also known as First Things First.
- 1.13. "HRSA" refers to the Health Resources and Services Administration.
- 1.14. "IALT" refers to the Inter-Agency Leadership Team.
- 1.15. "ITCA" refers to the Intertribal Council of Arizona.
- 1.16. "LIA" refers to the Local Implementing Agency(ies) in which the services are implemented through.
- 1.17. "MIECHV" refers to the Maternal, Infant and Early Childhood Home Visiting program.
- 1.18. "Model" refers to the Nurse Family Partnership model as outlined by Nurse Family Partnership.
- 1.19. "NFP" refers to Nurse Family Partnership.
- 1.20. "NSO" refers to the National Service Office for Nurse Family Partnership.
- 1.21. "OCH" refers to the Office of Children's Health.
- 1.22. "Program Manager" refers to the ADHS Maternal, Infant, and Early Childhood Home Visiting Program Manager.



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1.23. "Site" refers to a location offering Nurse Family Partnership under this Agreement.

1.24. "Task Force" refers to the Early Childhood Home Visiting Task Force.

### 2. BACKGROUND:

2.1. ADHS BWCH, supports efforts to improve the health of Arizona women and children. Within BWCH, the Office of Children's Health supports the increased focus within the state and nation on the importance of early childhood programs. It also supports enhanced integration of existing children's programs both within the ADHS and among other state and federal agencies and our outside partners. The Office of Children's Health within the Bureau administers the ACA MIECHV federal grant funded by HRSA. The MIECHV is funded entirely through federal funds.

2.2. In October 2009, First Things First, along with the ADHS, ADES, and ADE and community providers of home visiting services convened an Early Childhood Home Visiting Task Force.

2.3. The purpose of the Task Force was to define a system-wide strategy for the future development and delivery of quality home visiting services throughout Arizona. After several focused meetings, the Task Force produced a plan, titled The Vision for Early Childhood Home Visiting Services in Arizona. The Plan hoped to provide a pathway for delivery of consistent, high quality home visiting services in the context of Arizona's statewide early childhood development and health system.

2.4. While the Task Force was a start for Arizona; when the ACA MIECHV statute was passed, the state agencies that provide early childhood home visiting decided to convene a group to begin work on the grant opportunity. Included in this group was representation from the Title V agency and the state's Single State Agency for Substance Abuse, which are housed within the ADHS, the state's Head Start Collaboration Director of the ADE, the state's Title II agency, the ADES, which serves as the state's child care and child welfare agency, the ITCA, and senior management from Arizona's Early Childhood Development and Health Board. This group is now referred to IALT. These agencies are Early Childhood Comprehensive System stakeholders.

2.5. These agencies committed to work together on the process of developing a statewide system of evidence based home visiting. The approach was founded on a commitment to make decisions together that guided the needs assessment process, the development of the grant applications, and built on the earlier plan for early childhood home visiting in a concerted effort to best serve the most at risk families of Arizona. This Agreement seeks to implement the actions and measures outlined in the grant work plan.

### 3. OBJECTIVE:


3.1. To provide evidence based home visiting services through the NFP model to eligible women in identified At Risk Communities in Pima County and to evaluate the process and outcome of the implementation of the model.

3.2. This program is designed to:

3.2.1. Strengthen and improve the programs and activities carried out under Title V,

3.2.2. Improve coordination of services for at-risk communities, and

3.2.3. Identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities.

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#### 4. SCOPE OF SERVICES:

- 4.1. Provide quality evidence based home visiting services utilizing the NFP Model to pregnant women in targeted communities, and provide data on program participants; program fidelity; and required benchmark data measures and participate in program evaluation; monitoring; and CQI.

#### 5. TASKS:

The Contractor shall:

- 5.1. Implement, conduct and oversee the NFP Model to fidelity in the funded areas which include the following At Risk Communities:
  - 5.1.1. 85653, 85742, 85658, 85755, 85619, 85704, 85718, 85737, 85741, 85749, 85750, 85707, 85708, 85748, 85730, 85622, 85736, 85601, 85602, 85629, 85641, 85747, 85614), 85193, 85634, and
  - 5.1.2. Additional At Risk Communities can be served under this Agreement In partnership with other NFP Programs to mitigate the need for clients to be placed on a waitlist for services.
- 5.2. Maintain no less than an eighty-five percent (85%) caseload capacity of sixty-three (63) families with 2.5 FTE at twenty-five (25) participants per caseload;
- 5.3. Ensure families remain in the program with no more than thirty-five percent (35%) attrition;
- 5.4. Enroll participants who meet at least one (1) of the identified priority populations:
  - 5.4.1. Low Income,
  - 5.4.2. Pregnant women under the age of twenty-one (21),
  - 5.4.3. History of child abuse, neglect, or interactions with child welfare services,
  - 5.4.4. Use tobacco products in the home,
  - 5.4.5. Have children with low student achievement,
  - 5.4.6. Have children with developmental delays,
  - 5.4.7. Families currently serving in the armed forces, and
  - 5.4.8. Living in the identified target communities.
- 5.5. Collect and report on all required demographic data in an ADHS identified and approved data management and reporting system, including but not limited to the participant's:
  - 5.5.1. Gender,
  - 5.5.2. Age,
  - 5.5.3. Ethnicity,
  - 5.5.4. Race,
  - 5.5.5. Marital Status,



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- 5.5.6. Education Attainment,
- 5.5.7. Employee Status,
- 5.5.8. Housing and Homelessness,
- 5.5.9. Primary Language,
- 5.5.10. Income, and
- 5.5.11. Priority Population.
- 5.6. Collect and report on all required benchmark data in an ADHS identified and approved data management and reporting system, including but not limited to, the requirements outlined in the Data Collection and Benchmark Analysis Plan in the identified constructs:
  - 5.6.1. Maternal and Child Health
    - 5.6.1.1. Preterm Birth;
    - 5.6.1.2. Breastfeeding rates;
    - 5.6.1.3. Depression Screening and Referrals;
    - 5.6.1.4. Well Child Visits;
    - 5.6.1.5. Postpartum care for mothers; and
    - 5.6.1.6. Tobacco Use.
  - 5.6.2. Child Injuries, Abuse, Neglect, and Maltreatment and Emergency Department Visits
    - 5.6.2.1. Safe Sleep Practices;
    - 5.6.2.2. Trips to Emergency Departments; and
    - 5.6.2.3. Child Maltreatment.
  - 5.6.3. School Readiness and Achievement
    - 5.6.3.1. Parent Child Interaction;
    - 5.6.3.2. Early Language and Literacy;
    - 5.6.3.3. Developmental Screenings; and
    - 5.6.3.4. Child development, behavior and learning.
  - 5.6.4. Domestic Violence
    - 5.6.4.1. Intimate Partner Violence Screening.
  - 5.6.5. Family Economic Self Sufficiency
    - 5.6.5.1. Primary Caregiver Education; and

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5.6.5.2. Continuity of Health Insurance Coverage.

5.6.6. Coordination and Referrals to Other Community Resources and Supports

5.6.6.1. Referrals to services related Postpartum Depression;

5.6.6.2. Referrals to services related to child developmental delays; and

5.6.6.3. Referrals to services related to Intimate Partner Violence.

5.7. Ensure all demographic, benchmark and service utilization data is entered and reviewed for quality assurance in an ADHS identified and approved data management and reporting system within two (2) weeks of data collection;

5.8. Work with ADHS Evaluators to modify data collection forms or provide additional information to capture all required data including benchmarks and demographics required for the MIECHV program. This includes all individual-level benchmarks, demographic and service-utilization data on the participants in the NFP program, which at least meet the federal requirements for individual-level data;

5.9. Collect and report on all required service utilization data in an ADHS identified and approved data management and reporting system, including but not limited to:

5.9.1. Number of newly enrolled participants,

5.9.2. Number of participants to disengage in the program,

5.9.3. Number of participants to graduate or complete the program,

5.9.4. Number of participants to transfer in or out of the program from another MIECHV funded site,

5.9.5. Number of participants currently enrolled but not currently engaging in services,

5.9.6. Number of home visits completed,

5.9.7. Number of referrals to identified services as outlined in the monthly report template, and

5.9.8. Reason for disengagement from the program as outlined in the monthly report template.

5.10. Collect and report on all MIECHV funded staff data in an ADHS identified and approved data management and reporting system, including but not limited to:

5.10.1. Number of Home Visitors continuing employment from one (1) reporting month to another,

5.10.2. Number of Home Visitors hired in a reporting month,

5.10.3. Number of Home Visitor vacancies in a reporting month,


5.10.4. Number of Supervisors continuing employment from one (1) reporting month to another,

5.10.5. Number of Supervisors hired in a reporting month,

5.10.6. Number of Supervisor vacancies in a reporting month,

5.10.7. Number of Other Staff Positions continuing employment from one (1) reporting month to another,



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5.10.8. Number of Other Staff Positions hired in a reporting month, and

5.10.9. Number of Other Staff Position vacancies in a reporting month.

- 5.11. Ensure all programmatic and staffing data is entered and reviewed for quality assurance into the specified data collection template monthly;
- 5.12. Provide narrative updates on programmatic concerns impacting the quality of the program and/or maintaining fidelity to the model; impacting the ability to reach and maintain capacity and retention; and staffing concerns;
- 5.13. Maintain NFP Model Affiliation through NSO;
- 5.14. Work directly with NSO to receive program specific information; trainings; professional development and technical assistance;
- 5.15. Notify ADHS within fourteen (14) days of any NFP data collection changes impacting the data collection of MIECHV funded participants;
- 5.16. Maintain the use of an approved evidence based curriculum;
- 5.17. Recruit, hire, train and retain staff for all funded positions and ensure all hired staff meet the requirements for employment;
- 5.18. Ensure clinical supervision and reflective practice for all home visitors and supervisors;
- 5.19. In the event that ADHS is unable to access the data in the identified data management and reporting system, the site will provide the required data through manual reporting in a format identified by ADHS;
- 5.20. Develop, implement and update policy and procedures related to:
  - 5.20.1. Participant enrollment including:
    - 5.20.1.1. How participants are identified, screened and recruited;
    - 5.20.1.2. Participants are informed and enrolled on a voluntary basis; and
    - 5.20.1.3. How the agency ensures participants are not dual enrolled in home visiting programs.
  - 5.20.2. Enrollment of Priority Populations
    - 5.20.2.1. Have low incomes;
    - 5.20.2.2. Are pregnant women who have not attained age twenty-one (21);
    - 5.20.2.3. Have a history of child abuse or neglect or have had interactions with child welfare services;
    - 5.20.2.4. Have a history of substance abuse or need substance abuse treatment;
    - 5.20.2.5. Are users of tobacco products in the home;
    - 5.20.2.6. Have children with low student achievement;
    - 5.20.2.7. Have children with developmental delays or disabilities; and



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5.20.2.8. Are in families that include individuals who are serving or have formerly served in the armed forces, including such families that have members of the armed forces who have had multiple deployments outside of the United States.

### 5.20.3. Fiscal Management

5.20.3.1. Identifies how funded site oversees monitoring of fiscal management.

5.21. Contractor shall develop and implement collaborations with the other home visiting programs to prevent dual enrollment and ensure that client is enrolled in the program that best meets their needs and that there are selection criteria and standardized processes for referring families from one program to another;

5.22. Develop partnerships, and coordinate the NFP home visiting program(s) and other existing programs and resources in those communities, especially regarding health, mental health, early childhood development, substance abuse, domestic violence prevention, child maltreatment prevention, child welfare, education, and other social and health services;

5.22.1 Provide referrals to community resources for families with identified need(s).

5.23. Establish a list of collaborative public and private partners;

5.24. Ensure participation in statewide CQI by:

5.24.1. Participating in monthly meetings remotely via webcam and provided web access service,

5.24.2. Complete CQI projects,

5.24.3. Report on project progress monthly,

5.24.4. Participate in the annual CQI Poster Presentation Session during the Strong Families AZ Home Visiting Conference, and

5.24.5. Request Technical Assistance from ADHS to ensure CQI participation and project progress as needed.

5.25. Ensure that all of the Program forms and visit notes are kept in a locked location and are transported in a locked file;

5.26. Be responsive and ensure timely response to ADHS Program Managers and ADHS Evaluators to any request for clarification, documentation, reports and/or any questions regarding program implementation and evaluation and provide all requested information in the format and medium requested;

5.27. Ensure that all required staff attend ADHS sponsored meetings, trainings, conference calls and webinars as directed including, but not limited to:

5.27.1. CQI via webcam through an identified web access service,

5.27.2. Quarterly MIECHV Funded Agency Meetings in person,

5.27.3. Quarterly Program Managers calls/on-site visits to be determined by the Program Manager,

5.27.4. Annual Site Visit in person, and

5.27.5. Annual Data Collection and Reporting Training in person.



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5.28. Track annual budget to ensure expenses are allowable; allocable; and do not exceed contracted budget amount and ensure all required approvals are received prior to expending funds.

### 6. REQUIREMENTS:

The Contractor shall:

- 6.1. Meet all requirements of NFP to implement the model with fidelity and ensure fidelity to the model is maintained;
- 6.2. If the Contractor/subcontractor has another Contract, Grant, or Subcontract that administers and/or provides a similar home visiting program in the targeted service area or adjoining service areas, Contractor shall provide a detailed description of the other funded programs including staffing, funding source and clearly identify how the program(s) will not duplicate services and/or home visiting services to the targeted communities that are being proposed through the ADHS Home Visiting Program. The Contractor shall also state how the two (2) separate funding sources will be tracked;
  - 6.2.1. State how the two (2) separate funding sources will be tracked, and
  - 6.2.2. Provide a written plan to ADHS as to how the Contractor will divide work with the Sub-Contractors, and which entity will be serving which areas.
- 6.3. Marketing and published materials that are created utilizing MIECHV funds require the following statement:
  - 6.3.1. This **[ENTER PROJECT/ PUBLICATION/ WEBSITE/ PRODUCT/ PROGRAM/ ETC NAME]** **[IS/WAS]** supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling **\$11,204,224.00** with **[ENTER PERCENTAGE OF NON-GOVERNMENTAL CONTRIBUTIONS]** percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.
  - 6.3.2. The award total is subject to change annually.
- 6.4. Utilize and reference the ADHS Guidance for Federal Grant Award Management and the Arizona MIECHV Program Fiscal Policy Management.

### 7. DELIVERABLES AND DELIVERY SCHEDULE:

The Contractor shall submit to ADHS:

- 7.1. Monthly Progress Report due by the twenty-first (21st) of each month reporting on the previous months activities;
  - 7.1.1. Data required to be available through the ADHS identified data management and reporting system includes:
    - 7.1.1.1. Number of newly enrolled participants;
    - 7.1.1.2. Number of participants to disengage in the program;
    - 7.1.1.3. Number of participants to graduate or complete the program;
    - 7.1.1.4. Number of participants to transfer in or out of the program from another MIECHV funded site;



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7.1.1.5. Number of participants currently enrolled but not currently engaging in services; and

7.1.1.6. Number of home visits completed.

7.1.2. Data required to be provided manually utilizing the monthly template includes:

7.1.2.1. Number of referrals to identified services as outlined in the monthly report template;

7.1.2.2. Reason for disengagement from the program as outlined in the monthly report template;

7.1.2.3. Number of Home Visitors continuing employment from one (1) reporting month to another;

7.1.2.4. Number of Home Visitors hired in a reporting month;

7.1.2.5. Number of Home Visitor vacancies in a reporting month;

7.1.2.6. Number of Supervisors continuing employment from one (1) reporting month to another;

7.1.2.7. Number of Supervisors hired in a reporting month;

7.1.2.8. Number of Supervisor vacancies in a reporting month;

7.1.2.9. Number of Other Staff Positions continuing employment from one (1) reporting month to another;

7.1.2.10. Number of Other Staff Positions hired in a reporting month; and

7.1.2.11. Number of Other Staff Position vacancies in a reporting month.

7.2. Monthly Invoices due by the twenty-first (21st) of each month reporting on the previous month's expenses including but not limited to:

7.2.1. Completed Expenditure Report (CER) with supporting documentation utilizing the most recent CER form provided by ADHS.

7.2.2. Backup documentation for each identified expense including proof of payment which may include but is not limited to:

7.2.2.1. Time sheets; labor distribution reports; percentage of time; pay stubs;

7.2.2.2. Proof of enrollment and payment of employee fringe benefits;

7.2.2.3. Approvals; quotes; purchase orders; invoices; copies of checks/deposits for professional and outside services;

7.2.2.4. Approvals; justification; receipts; documentation of conference/training attendance; proof of payment for all in state and out of state travel expenses;

7.2.2.5. Calculation of occupancy rent/lease amount and/or an agreement of lease terms including expenses from MIECHV funds; proof of payment for rent/lease based on rent/lease terms;

7.2.2.6. Approvals, quotes, Purchase Orders; receipts and proof of payment for supplies and operating expenses;



## INTERGOVERNMENTAL AGREEMENT (IGA) Amendment

ARIZONA DEPARTMENT OF  
HEALTH SERVICES  
OFFICE OF PROCUREMENT  
150 N. 18<sup>th</sup> Ave. Suite 530  
Phoenix, Arizona 85007

Contract No.: **CTR041606**

IGA Amendment No.: 1

Procurement Officer:  
**Anthony Beckum**

- 7.2.2.7. Any expenses in which there is a shared cost with another program should outline how the amount was calculated for the MIECHV funded program;
- 7.2.2.8. Calculation and description of uses for indirect costs; and
- 7.2.2.9. Any additional information as requested by ADHS and/or HRSA to determine expenses were allowable and allocable.

- 7.3. The name, phone numbers and resume of program staff if replaced, within fifteen (15) days of hire and a training/onboarding schedule for hired staff that includes MIECHV specific training;
- 7.4. Annual copy of the NSO NFP Fidelity Report. This item can typically be received directly from NSO but in the event that ADHS is not able to obtain it, the site would be responsible for ensuring that we have received it;
- 7.5. Submit ADHS data pertaining to the benchmark constructs and participant demographics outlined in the tasks. Data is to be entered into the ADHS identified data management and reporting system and/or provided manually to ADHS in the format requested. Data must be received quarterly;
- 7.6. Submit copies of policy and procedures annually and any updates to policy and procedures within thirty (30) days of update finalization pertaining to:
  - 7.6.1. Participant Enrollment,
  - 7.6.2. Enrollment of Priority Populations, and
  - 7.6.3. Fiscal Management.
- 7.7. Submit proof of program affiliation annually;
- 7.8. Submit data model/program specific data collection changes that impact the data collection of MIECHV funded participants within fourteen (14) days of changes;
- 7.9. Submit copy of the established list of collaborative public and private partners annually;
- 7.10. Submit monthly and annual CQI data in the format requested by the ADHS evaluators;
- 7.11. Sign in by the identified method (provided sign in sheet in person, identified virtual method) to all required meetings and trainings to ensure attendance is captured;
- 7.12. Provide information and updates to the Quarterly Meeting and Annual Site Visit template to ensure information needed for quarterly and annual federal reporting is captured and accurate; and
- 7.13. Complete the required information pertaining to the Federal Funding Accountability and Transparency Act (FFATA).

### 8. APPROVALS:

- 8.1. Monthly Contractor's Expenditure Report (invoice/CER) shall be approved by ADHS prior to payment;
- 8.2. Written approvals must be received prior to utilizing funds for travel; trainings; equipment; marketing or education materials; food; program incentives; and other items determined by ADHS in accordance with the fiscal policy manuals;
- 8.3. Expansion into new service areas under this Contract shall be approved by ADHS;



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- 8.4. Families receiving NFP services under this Contract cannot be transferred from a non-funded MIECHV site to a funded MIECHV site without review and approval from ADHS;
- 8.5. All marketing or educational materials, and promotional items, media or forms including, but not limited to, brochures, posters, publications or journal articles developed using funds awarded under this Contract shall be approved by ADHS Program Manager prior to printing by submitting:
  - 8.5.1. A draft of the materials prior to printing, and
  - 8.5.2. A copy of the final printed version for each item created.
- 8.6. Prior approval to move up to ten percent (10%) of the total budget amount between line items is required. Transfers of funds are only allowed between funded line items. Transfers exceeding ten percent (10%) or to a non-funded line item shall require an amendment.

### 9. REFERENCE DOCUMENTS:

- 9.1. The following documents are available through ADHS:
  - 9.1.1. Data Collection and Benchmark Analysis Plan,
  - 9.1.2. CQI Plan, and
  - 9.1.3. Data Collection Forms.
- 9.2. The following items will be submitted to the Contractor from ADHS upon Agreement execution:
  - 9.2.1. CER Template,
  - 9.2.2. Monthly Report Template,
  - 9.2.3. Data Cleaning Schedule,
  - 9.2.4. Quarterly Meeting and Annual Site Visit Tracking Document, and
  - 9.2.5. Other templates required for data collection and reporting as identified.

### 10. NOTICES, CORRESPONDENCE, REPORTS, AND INVOICES

- 10.1. Notices, Correspondence, Reports and Invoices/CER's from the Contractor to ADHS shall be sent to:

Arizona Department of Health Services  
Bureau of Women's and Children's Health (BWCH)  
Maternal, Infant and Early Childhood Home Visiting Program Manager  
150 North 18<sup>th</sup> Avenue, Suite #320  
Phoenix, Arizona 85007  
Phone: (602) 364-1441  
Email: [Jessica.Stewart@azdhs.gov](mailto:Jessica.Stewart@azdhs.gov)

- 10.2. Invoices shall be emailed to: [invoices@azdhs.gov](mailto:invoices@azdhs.gov)

- 10.2.1. Contractor's invoice shall be submitted no later than the twenty-first (21st) of each month reporting on the previous month's expenses, following the month of service. The Contractor Manager, or Designee, shall approve the invoice. Approved invoices shall be paid by ADHS within thirty (30) days of receipt.



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10.3. Notices, Correspondence, and Reports from ADHS to the Contractor shall be sent to:

Pima County Health Department  
Attn: Victoria Altamirano, Program Manager Sr.  
3950 South Country Club Rd., Suite #100  
Tucson, Arizona 85714  
Phone: (520) 724-7931  
Email: Victoria.Altamirano@pima.gov

10.4. Payments from ADHS to the Contractor shall be sent to the "Remit To" Address listed on the APP supplier profile.



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## PRICE SHEET

HOME VISITING SERVICES FOR MIECHV	
ACCOUNT CLASSIFICATION	LINE ITEM TOTALS
PERSONNEL COSTS/SALARY EXPENSES	\$209,840.00
EMPLOYEE RELATED EXPENSES	\$58,868.00
PROFESSIONAL & OUTSIDE EXPENSES	\$18,864.00
TRAVEL EXPENSES	\$0.00
OCCUPANCY EXPENSES	\$0.00
OTHER OPERATING EXPENSES	\$46,187.00
CAPITAL OUTLAY EXPENSES	\$0.00
INDIRECT COST EXPENSES (IF AUTHORIZED)	\$33,376.00
TOTAL \$367,135.00	

With prior written approval from the Program manager, the Contractor is authorized to transfer up to a maximum of ten-percent (10%) of the total budget amount between line items. Transfers of funds are only allowed between funded line items. Transfers exceeding ten-percent (10%) or to a non-funded line item shall require an amendment.