



Offer and Acceptance

ARIZONA DEPARTMENT
OF HEALTH SERVICES
1740 West Adams Street

SOLICITATION NO: HP061205

PAGE
38

OFFEROR:

OF
50

Phoenix, Arizona 85007
(602) 542-1040
(602) 542-1741 Fax

OFFER

TO THE STATE OF ARIZONA:

The Undersigned hereby offers and agrees to furnish the material, service or construction in compliance with all terms, conditions, specifications and amendments in the Solicitation and any written exceptions in the offer. Signature also certifies Small Business status.

Arizona Transaction (Sales) Privilege Tax License No:

Federal Employer Identification No:

86 6000444

Phone: 928-402-8813

Fax: 928-425-0794

Gila County D.H.C.S.
Company Name

Signature of Person Authorized to Sign Offer

1400 E. Ash Street
Address

Michael A. Pastor
Printed Name

Globe, AZ 85501

Chairman of Board of Supervisors
Title

City State Zip

By signature in the Offer section above, the Offeror certifies:

- 1 The submission of the Offer did not involve collusion or other anticompetitive practices.
- 2 The Offeror shall not discriminate against any employee or applicant for employment in violation of Federal Executive Order 11246, State Executive Order 75.5 or A.R.S. §§ 41-1461 through 1465.
- 3 The Offeror has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted offer. Failure to provide a valid signature affirming the stipulations required by this clause shall result in rejection of the offer. Signing the offer with a false statement shall void the offer, any resulting contract and may be subject to legal remedies provided by law.
- 4 The Offeror certifies that the above referenced organization IS/ IS NOT a small business with less than 100 employees or has gross revenues of \$4 million or less
- 5 In accordance with A.R.S. §35-397, the offeror hereby certifies that the Offeror does not have scrutinized business operations in Iran
- 6 In accordance with A.R.S. §35-397, the offeror hereby certifies that the Offeror does not have scrutinized business operations in Sudan.

ACCEPTANCE OF OFFER

The Offer is hereby accepted.

The Contractor is now bound to sell the materials or services listed by the attached contract and based upon the solicitation, including all terms, conditions, specifications, amendments, etc., and the Contractor's Offer as accepted by the State.

This Contract shall henceforth be referred to as Contract No. HP061205-005

The Contractor has been cautioned not to commence any billable work or to provide any material or service under this contract until Contractor receives purchase order, contract release document or written notice to proceed.

State of Arizona
Awarded this

1 day of October 20 10

Approved by
Bryan Chambers

Procurement Officer

Chief Deputy
Gila County Attorney

UNIFORM TERMS AND CONDITIONS

UNIFORM TERMS AND CONDITIONS
SOLICITATION NO: HP061205

A. Definition of Terms As used in this Solicitation and any resulting Contract, the terms listed below are defined as follows:

1. "*Attachment*" means any item the Solicitation requires the Offeror to submit as part of the Offer
2. "*Contract*" means the combination of the Solicitation, including the Uniform and Special Instructions to Offerors, the Uniform and Special Terms and Conditions, and the Specifications and Statement or Scope of Work; the Offer and any Best and Final Offers; and any Solicitation Amendments or Contract Amendments
3. "*Contract Amendment*" means a written document signed by the Procurement Officer that is issued for the purpose of making changes in the Contract
4. "*Contractor*" means any person who has a Contract with the State
5. "*Days*" means calendar days unless otherwise specified
6. "*Exhibit*" means any item labeled as an Exhibit in the Solicitation or placed in the Exhibits section of the Solicitation
7. "*Gratuity*" means a payment, loan, subscription, advance, deposit of money, services, or anything of more than nominal value, present or promised, unless consideration of substantially equal or greater value is received
8. "*Materials*" means all property, including equipment, supplies, printing, insurance and leases of property but does not include land, a permanent interest in land or real property or leasing space
9. "*Procurement Officer*" means the person, or his or her designee, duly authorized by the State to enter into and administer Contracts and make written determinations with respect to the Contract
10. "*Services*" means the furnishing of labor, time or effort by a contractor or subcontractor which does not involve the delivery of a specific end product other than required reports and performance, but does not include employment agreements or collective bargaining agreements
11. "*Subcontract*" means any Contract, express or implied, between the Contractor and another party or between a subcontractor and another party delegating or assigning, in whole or in part, the making or furnishing of any material or any service required for the performance of the Contract
12. "*State*" means the State of Arizona and ADHS or Agency of the State that executes the Contract
13. "*State Fiscal Year*" means the period beginning with July 1 and ending June 30,

B. Contract Interpretation

1. **Arizona Law** The Arizona law applies to this Contract including, where applicable, the Uniform Commercial Code as adopted by the State of Arizona and the Arizona Procurement Code, Arizona Revised Statutes (A R S) Title 41, Chapter 23, and its implementing rules, Arizona Administrative Code (A A C) Title 2, Chapter 7
2. **Implied Contract Terms** Each provision of law and any terms required by law to be in this Contract are a part of this Contract as if fully stated in it.
3. **Contract Order of Precedence** In the event of a conflict in the provisions of the Contract, as accepted by the State and as they may be amended, the following shall prevail in the order set forth below:
 - 3.1 Special Terms and Conditions;
 - 3.2 Uniform Terms and Conditions;
 - 3.3 Statement or Scope of Work;

UNIFORM TERMS AND CONDITIONS
SOLICITATION NO: HP061205

- 3.4 Specifications;
- 3.5 Attachments;
- 3.6 Exhibits;
- 3.7 Documents referenced or included in the Solicitation.

- 4. Relationship of Parties. The Contractor under this Contract is an independent Contractor. Neither party to this Contract shall be deemed to be the employee or agent of the other party to the Contract.
- 5. Severability. The provisions of this Contract are severable. Any term or condition deemed illegal or invalid shall not affect any other term or condition of the Contract.
- 6. No Parole Evidence. This Contract is intended by the parties as a final and complete expression of their agreement. No course of prior dealings between the parties and no usage of the trade shall supplement or explain any terms used in this document and no other understanding either oral or in writing shall be binding.
- 7. No Waiver. Either party's failure to insist on strict performance of any term or condition of the Contract shall not be deemed a waiver of that term or condition even if the party accepting or acquiescing in the nonconforming performance knows of the nature of the performance and fails to object to it.

C. Contract Administration and Operation

- 1. Records. Under A.R.S. § 35-214 and § 35-215, the Contractor shall retain and shall contractually require each subcontractor to retain all data and other "records" relating to the acquisition and performance of the Contract for a period of five years after the completion of the Contract. All records shall be subject to inspection and audit by the State at reasonable times. Upon request, the Contractor shall produce a legible copy of any or all such records.
- 2. Non-Discrimination. The Contractor shall comply with State Executive Order No. 99-4 and all other applicable Federal and State laws, rules and regulations, including the Americans with Disabilities Act.
- 3. Audit. Pursuant to ARS § 35-214, at any time during the term of this Contract and five (5) years thereafter, the Contractor's or any subcontractor's books and records shall be subject to audit by the State and, where applicable, the Federal Government, to the extent that the books and records relate to the performance of the Contract or Subcontract.
- 4. Facilities Inspection and Materials Testing. The Contractor agrees to permit access to its facilities, subcontractor facilities and the Contractor's processes or services, at reasonable times for inspection of the facilities or materials covered under this Contract. The State shall also have the right to test, at its own cost, the materials to be supplied under this Contract. Neither inspection of the Contractor's facilities nor materials testing shall constitute final acceptance of the materials or services. If the State determines noncompliance of the materials, the Contractor shall be responsible for the payment of all costs incurred by the State for testing and inspection.
- 5. Notices. Notices to the Contractor required by this Contract shall be made by the State to the person indicated on the Offer and Acceptance form submitted by the Contractor unless otherwise stated in the Contract. Notices to the State required by the Contract shall be made by the Contractor to the Solicitation Contact Person indicated on the Solicitation cover sheet, unless otherwise stated in the Contract. An authorized Procurement Officer and an authorized Contractor representative may change their respective person to whom notice shall be given by written notice to the other and an amendment to the Contract shall not be necessary.
- 6. Advertising, Publishing and Promotion of Contract. The Contractor shall not use, advertise or promote information for commercial benefit concerning this Contract without the prior written approval of the Procurement Officer.
- 7. Property of the State. Any materials, including reports, computer programs and other deliverables, created under this Contract are the sole property of the State. The Contractor is not entitled to a patent or copyright on

UNIFORM TERMS AND CONDITIONS
SOLICITATION NO: HP061205

those materials and may not transfer the patent or copyright to anyone else. The Contractor shall not use or release these materials without the prior written consent of the State.

- 8 Ownership of Intellectual Property Any and all intellectual property, including but not limited to copyright, invention, trademark, trade name, service mark, and/or trade secrets created or conceived pursuant to or as a result of this contract and any related subcontract ("Intellectual Property"), shall be work made for hire and the State shall be considered the creator of such Intellectual Property. The agency, ADHS, division, board or commission of the State of Arizona requesting the issuance of the contract shall own (for and on behalf of the State) the entire right, title and interest to the Intellectual Property throughout the world. Contractor shall notify the State, within thirty (30) days, of the creation of any Intellectual Property by it or its subcontractor(s). Contractor, on behalf of itself and any subcontractor (s), agrees to execute any and all document(s) necessary to assure ownership of the Intellectual Property vests in the State and shall take no affirmative actions that might have the effect of vesting all or part of the Intellectual Property in any entity other than the State. The Intellectual Property shall not be disclosed by contractor or its subcontractor(s) to any entity not the State without the express written authorization of the agency, ADHS, division, board or commission of the State of Arizona requesting the issuance of this contract.

D. Costs and Payments

1. Payments. Payments shall comply with the requirements of A.R.S. Titles 35 and 41, Net 30 days. Upon receipt and acceptance of goods or services, the Contractor shall submit a complete and accurate invoice for payment from the State within thirty (30) days.
2. Delivery. Unless stated otherwise in the Contract, all prices shall be F.O.B. Destination and shall include all freight delivery and unloading at the destination.
3. Applicable Taxes
 - 3.1 Payment of Taxes. The Contractor shall be responsible for paying all applicable taxes.
 - 3.2 State and Local Transaction Privilege Taxes. The State of Arizona is subject to all applicable state and local transaction privilege taxes. Transaction privilege taxes apply to the sale and are the responsibility of the seller to remit. Failure to collect such taxes from the buyer does not relieve the seller from its obligation to remit taxes.
 - 3.3 Tax Indemnification. Contractor and all subcontractors shall pay all Federal, state and local taxes applicable to its operation and any persons employed by the Contractor. Contractor shall, and require all subcontractors to hold the State harmless from any responsibility for taxes, damages and interest, if applicable, contributions required under Federal, and/or state and local laws and regulations and any other costs including transaction privilege taxes, unemployment compensation insurance, Social Security and Worker's Compensation.
 - 3.4 IRS W9 Form. In order to receive payment the Contractor shall have a current IRS W9 Form on file with the State of Arizona, unless not required by law.
4. Availability of Funds for the Next State fiscal year. Funds may not presently be available for performance under this Contract beyond the current state fiscal year. No legal liability on the part of the State for any payment may arise under this Contract beyond the current state fiscal year until funds are made available for performance of this Contract.
5. Availability of Funds for the current State fiscal year. Should the State Legislature enter back into session and reduce the appropriations or for any reason and these goods or services are not funded, the State may take any of the following actions:
 - 5.1 Accept a decrease in price offered by the Contractor;
 - 5.2 Cancel the Contract; or
 - 5.3 Cancel the Contract and re-solicit the requirements.

UNIFORM TERMS AND CONDITIONS
SOLICITATION NO: HP061205

E. Contract Changes

1. Amendments. This Contract is issued under the authority of the Procurement Officer who signed this Contract. The Contract may be modified only through a Contract Amendment within the scope of the Contract. Changes to the Contract, including the addition of work or materials, the revision of payment terms, or the substitution of work or materials, directed by a person who is not specifically authorized by the procurement officer in writing or made unilaterally by the Contractor are violations of the Contract and of applicable law. Such changes, including unauthorized written Contract Amendments shall be void and without effect, and the Contractor shall not be entitled to any claim under this Contract based on those changes.
2. Subcontracts. The Contractor shall not enter into any Subcontract under this Contract for the performance of this contract without the advance written approval of the Procurement Officer. The Contractor shall clearly list any proposed subcontractors and the subcontractor's proposed responsibilities. The Subcontract shall incorporate by reference the terms and conditions of this Contract.
3. Assignment and Delegation. The Contractor shall not assign any right nor delegate any duty under this Contract without the prior written approval of the Procurement Officer. The State shall not unreasonably withhold approval.

F. Risk and Liability

1. Risk of Loss. The Contractor shall bear all loss of conforming material covered under this Contract until received by authorized personnel at the location designated in the purchase order or Contract. Mere receipt does not constitute final acceptance. The risk of loss for nonconforming materials shall remain with the Contractor regardless of receipt.
2. Indemnification
 - 2.1 Contractor/Vendor Indemnification (Not Public Agency) The parties to this contract agree that the State of Arizona, its' Departments, agencies, boards and commissions shall be indemnified and held harmless by the contractor for the vicarious liability of the State as a result of entering into this contract. However, the parties further agree that the State of Arizona, its' departments, agencies, boards and commissions shall be responsible for its' own negligence. Each party to this contract is responsible for its' own negligence.
 - 2.2 Public Agency Language Only Each party (as 'indemnitor') agrees to indemnify, defend, and hold harmless the other party (as 'indemnitee') from and against any and all claims, losses, liability, costs, or expenses (including reasonable attorney's fees) (hereinafter collectively referred to as 'claims') arising out of bodily injury of any person (including death) or property damage but only to the extent that such claims which result in vicarious/derivative liability to the indemnitee, are caused by the act, omission, negligence, misconduct, or other fault of the indemnitor, its' officers, officials, agents, employees, or volunteers "
3. Indemnification - Patent and Copyright. The Contractor shall indemnify and hold harmless the State against any liability, including costs and expenses, for infringement of any patent, trademark or copyright arising out of Contract performance or use by the State of materials furnished or work performed under this Contract. The State shall reasonably notify the Contractor of any claim for which it may be liable under this paragraph. If the contractor is insured pursuant to A.R.S. § 41-621 and § 35-154, this section shall not apply.
4. Force Majeure
 - 4.1 Except for payment of sums due, neither party shall be liable to the other nor deemed in default under this Contract if and to the extent that such party's performance of this Contract is prevented by reason of force majeure. The term "*force majeure*" means an occurrence that is beyond the control of the party affected and occurs without its fault or negligence. Without limiting the foregoing, force majeure includes acts of God; acts of the public enemy; war; riots; strikes; mobilization; labor disputes; civil disorders; fire; flood; lockouts; injunctions-intervention-acts; or failures or refusals to act by government.

UNIFORM TERMS AND CONDITIONS
SOLICITATION NO: HP061205

authority; and other similar occurrences beyond the control of the party declaring force majeure which such party is unable to prevent by exercising reasonable diligence.

4.2 Force Majeure shall not include the following occurrences:

4.2.1 Late delivery of equipment or materials caused by congestion at a manufacturer's plant or elsewhere, or an oversold condition of the market;

4.2.2 Late performance by a subcontractor unless the delay arises out of a force majeure occurrence in accordance with this force majeure term and condition; or

4.2.3 Inability of either the Contractor or any subcontractor to acquire or maintain any required insurance, bonds, licenses or permits

4.3 If either party is delayed at any time in the progress of the work by force majeure, the delayed party shall notify the other party in writing of such delay, as soon as is practicable and no later than the following working day, of the commencement thereof and shall specify the causes of such delay in such notice. Such notice shall be delivered or mailed certified return receipt and shall make a specific reference to this article, thereby invoking its provisions. The delayed party shall cause such delay to cease as soon as practicable and shall notify the other party in writing when it has done so. The time of completion shall be extended by Contract Amendment for a period of time equal to the time that results or effects of such delay prevent the delayed party from performing in accordance with this Contract.

4.4 Any delay or failure in performance by either party hereto shall not constitute default hereunder or give rise to any claim for damages or loss of anticipated profits if, and to the extent that such delay or failure is caused by force majeure.

5 Third Party Antitrust Violations. The Contractor assigns to the State any claim for overcharges resulting from antitrust violations to the extent that those violations concern materials or services supplied by third parties to the Contractor, toward fulfillment of this Contract.

G. Warranties

1 Liens. The Contractor warrants that the materials supplied under this Contract are free of liens and shall remain free of liens.

2 Quality. Unless otherwise modified elsewhere in these terms and conditions, the Contractor warrants that, for one year after acceptance by the State of the materials, they shall be:

2.1 Of a quality to pass without objection in the trade under the Contract description;

2.2 Fit for the intended purposes for which the materials are used;

2.3 Within the variations permitted by the Contract and are of even kind, quantity, and quality within each unit and among all units;

2.4 Adequately contained, packaged and marked as the Contract may require; and

2.5 Conform to the written promises or affirmations of fact made by the Contractor.

3 Fitness. The Contractor warrants that any material supplied to the State shall fully conform to all requirements of the Contract and all representations of the Contractor, and shall be fit for all purposes and uses required by the Contract.

4 Inspection/Testing. The warranties set forth in subparagraphs 7.1 through 7.3 of this paragraph are not affected by inspection or testing of or payment for the materials by the State.

UNIFORM TERMS AND CONDITIONS
SOLICITATION NO: HP061205

5 Year 2000

5.1 Notwithstanding any other warranty or disclaimer of warranty in this Contract, the Contractor warrants that all products delivered and all services rendered under this Contract shall comply in all respects to performance and delivery requirements of the specifications and shall not be adversely affected by any date-related data Year 2000 issues. This warranty shall survive the expiration or termination of this Contract. In addition, the defense of *force majeure* shall not apply to the Contractor's failure to perform specification requirements as a result of any date-related data Year 2000 issues.

5.2 Additionally, notwithstanding any other warranty or disclaimer of warranty in this Contract, the Contractor warrants that each hardware, software, and firmware product delivered under this Contract shall be able to accurately process date/time data (including but not limited to calculation, comparing, and sequencing) from, into, and between the twentieth and twenty-first centuries, and the years 1999 and 2000 and leap year calculations, to the extent that other information technology utilized by the State in combination with the information technology being acquired under this Contract properly exchanges date-time data with it. If this Contract requires that the information technology products being acquired perform as a system, or that the information technology products being acquired perform as a system in combination with other State information technology, then this warranty shall apply to the acquired products as a system. The remedies available to the State for breach of this warranty shall include, but shall not be limited to, repair and replacement of the information technology products delivered under this Contract. In addition, the defense of *force majeure* shall not apply to the failure of the Contractor to perform any specification requirements as a result of any date-related data Year 2000 issues.

6. Compliance with Applicable Laws. The materials and services supplied under this Contract shall comply with all applicable Federal, state and local laws, and the Contractor shall maintain all applicable licenses and permit requirements.

7. Survival of Rights and Obligations after Contract Expiration or Termination

7.1 Contractor's Representations and Warranties. All representations and warranties made by the Contractor under this Contract shall survive the expiration or termination hereof. In addition, the parties hereto acknowledge that pursuant to A.R.S. § 12-510, except as provided in A.R.S. § 12-529, the State is not subject to or barred by any limitations of actions prescribed in A.R.S., Title 12, Chapter 5.

7.2 Purchase Orders. The Contractor shall, in accordance with all terms and conditions of the Contract, fully perform and shall be obligated to comply with all purchase orders received by the Contractor prior to the expiration or termination hereof, unless otherwise directed in writing by the Procurement Officer, including, without limitation, all purchase orders received prior to but not fully performed and satisfied at the expiration or termination of this Contract.

H. State's Contractual Remedies

1. Right to Assurance. If the State in good faith has reason to believe that the Contractor does not intend to, or is unable to perform or continue performing under this Contract, the Procurement Officer may demand in writing that the Contractor give a written assurance of intent to perform. Failure by the Contractor to provide written assurance within the number of Days specified in the demand may, at the State's option, be the basis for terminating the Contract under the Uniform Terms and Conditions or other rights and remedies available by law or provided by the contract.

2. Stop Work Order

2.1 The State may, at any time, by written order to the Contractor, require the Contractor to stop all or any part, of the work called for by this Contract for period(s) of days indicated by the State after the order is delivered to the Contractor. The order shall be specifically identified as a stop work order issued under this clause. Upon receipt of the order, the Contractor shall immediately comply with its terms and take all reasonable steps to minimize the incurrence of costs allocable to the work covered by the order during the period of work stoppage.

UNIFORM TERMS AND CONDITIONS
SOLICITATION NO: HP061205

2.2 If a stop work order issued under this clause is canceled or the period of the order or any extension expires, the Contractor shall resume work. The Procurement Officer shall make an equitable adjustment in the delivery schedule or Contract price, or both, and the Contract shall be amended in writing accordingly.

- 3 Non-exclusive Remedies. The rights and the remedies of the State under this Contract are not exclusive.
- 4 Nonconforming Tender. Materials or services supplied under this Contract shall fully comply with the Contract. The delivery of materials or services or a portion of the materials or services that do not fully comply constitutes a breach of contract. On delivery of nonconforming materials or services, the State may terminate the Contract for default under applicable termination clauses in the Contract, exercise any of its rights and remedies under the Uniform Commercial Code, or pursue any other right or remedy available to it.
- 5 Right of Offset. The State shall be entitled to offset against any sums due the Contractor, any expenses or costs incurred by the State, or damages assessed by the State concerning the Contractor's non-conforming performance or failure to perform the Contract, including expenses, costs and damages described in the Uniform Terms and Conditions.

I. Contract Termination

1. Cancellation for Conflict of Interest. Pursuant to A.R.S. § 38-511, the State may cancel this Contract within three (3) years after Contract execution without penalty or further obligation if any person significantly involved in initiating, negotiating, securing, drafting or creating the Contract on behalf of the State is or becomes at any time while the Contract or an extension of the Contract is in effect an employee of or a consultant to any other party to this Contract with respect to the subject matter of the Contract. The cancellation shall be effective when the Contractor receives written notice of the cancellation unless the notice specifies a later time. If the Contractor is a political subdivision of the State, it may also cancel this Contract as provided in A.R.S. § 38-511.
2. Gratuities. The State may, by written notice, terminate this Contract, in whole or in part, if the State determines that employment or a Gratuity was Offered or made by the Contractor or a representative of the Contractor to any officer or employee of the State for the purpose of influencing the outcome of the procurement or securing the Contract, an amendment to the Contract, or favorable treatment concerning the Contract, including the making of any determination or decision about contract performance. The State, in addition to any other rights or remedies, shall be entitled to recover exemplary damages in the amount of three times the value of the Gratuity Offered by the Contractor.
3. Suspension or Debarment. The State may, by written notice to the Contractor, immediately terminate this Contract if the State determines that the Contractor has been debarred, suspended or otherwise lawfully prohibited from participating in any public procurement activity, including but not limited to, being disapproved as a subcontractor of any public procurement unit or other governmental body. Submittal of an Offer or execution of a contract shall attest that the contractor is not currently suspended or debarred. If the contractor becomes suspended or debarred, the contractor shall immediately notify the State.
4. Termination for Convenience. The State reserves the right to terminate the Contract, in whole or in part at any time, when in the best interests of the State without penalty or recourse. Upon receipt of the written notice, the Contractor shall stop all work, as directed in the notice, notify all subcontractors of the effective date of the termination and minimize all further costs to the State. In the event of termination under this paragraph, all documents, data and reports prepared by the Contractor under the Contract shall become the property of and be delivered to the State upon demand. The Contractor shall be entitled to receive just and equitable compensation for work in progress, work completed and materials accepted before the effective date of the termination. The cost principles and procedures provided in A.A.C. R2-7-701 shall apply.

5. Termination for Default

- 5.1 In addition to the rights reserved in the contract, the State may terminate the Contract in whole or in part due to the failure of the Contractor to comply with any term or condition of the Contract, to acquire and maintain all required insurance policies, bonds, licenses and permits, or to make satisfactory

UNIFORM TERMS AND CONDITIONS
SOLICITATION NO: HP061205

progress in performing the Contract. The Procurement Officer shall provide written notice of the termination and the reasons for it to the Contractor.

5.2 Upon termination under this paragraph, all goods, materials, documents, data and reports prepared by the Contractor under the Contract shall become the property of and be delivered to the State on demand.

5.3 The State may, upon termination of this Contract, procure, on terms and in the manner that it deems appropriate, materials or services to replace those under this Contract. The Contractor shall be liable to the State for any excess costs incurred by the State in procuring materials or services in substitution for those due from the Contractor.

6. Continuation of Performance through Termination. The Contractor shall continue to perform, in accordance with the requirements of the Contract, up to the date of termination, as directed in the termination notice.

J. Contract Claims

All contract claims or controversies under this Contract shall be resolved according to A.R.S. Title 41, Chapter 23, Article 9, and rules adopted thereunder.

K. Arbitration

The parties to this Contract agree to resolve all disputes arising out of or relating to this contract through arbitration, after exhausting applicable administrative review, to the extent required by A.R.S. § 12-1518, except as may be required by other applicable statutes.

L. Comments Welcome

The State Procurement Office periodically reviews the Uniform Terms and Conditions and welcomes any comments you may have. Please submit your comments to: State Procurement Administrator, State Procurement Office, 100 North 15th Avenue, Suite 104, Phoenix, Arizona, 85007.

SPECIAL TERMS AND CONDITIONS
SOLICITATION NO: HP061205

A. Purpose

Pursuant to provisions of the Arizona Procurement Code, A.R.S. 41-2501 Et Seq., the State of Arizona, Department of Health Services (ADHS) intends to establish a contract for the materials or services as listed herein

B. Term of Contract (3 Years)

The term of any resultant Contract shall commence on date of award and shall continue for a period of three (3) years thereafter, unless terminated, canceled or extended as otherwise provided herein

C. Contract Extensions 5 Year Maximum

The Contract term is for a three (3) year period subject to additional successive periods of twelve (12) months per extension with a maximum aggregate including all extensions not to exceed five (5) years.

D. Contract Type

Fixed Price

E. Licenses

The Contractor shall maintain in current status, all federal, state and local licenses and permits required for the operation of the business conducted by the contractor.

F. Key Personnel

It is essential that the Contractor provide adequate experienced personnel, capable of and devoted to the successful accomplishment of work to be performed under this contract. The Contractor must agree to assign specific individuals to the key positions.

1. The Contractor agrees that, once assigned to work under this Contract, key personnel shall not be removed or replaced without written notice to the State.
2. Key personnel are not available for work under this Contract for a continuous period exceeding thirty (30) calendar days, or are expected to devote substantially less effort to the work than initially anticipated, the Contractor shall immediately notify the State, and shall, subject to the concurrence of the State, replace such personnel with personnel of substantially equal ability and qualifications

G. Price Adjustment

Contractor prices accepted and subsequently awarded by a Contract shall remain in effect for a minimum of one (1) year. The Contractor may request a price adjustment, but the State will not review or approve an increase until the Contract has been in effect for one (1) year. The ADHS Procurement Office will review any requested rate increase to determine whether such request is reasonable in relation to increased supplier or material costs. Contractor shall provide written justification for any price adjustment requested, including information contained in the Consumer Price Index or similar official cost analysis to support any requested price increase. Any price increase adjustment, if approved, will be effective upon execution of a written Contract amendment. Likewise, the Contractor shall offer the State a price adjustment reduction concurrent with reduced costs from their suppliers. Price reductions will become effective upon execution of a Contract amendment.

H. Non-Exclusive Contract

Any contract resulting from this solicitation shall be awarded with the understanding and agreement that it is for the sole convenience of the State of Arizona. The State reserves the right to obtain like goods or services from another source when necessary, or when determined to be in the best interest of the State.

SPECIAL TERMS AND CONDITIONS

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- 2 Key personnel are not available for work under this Contract for a continuous period exceeding thirty (30) calendar days, or are expected to devote substantially less effort to the work than initially anticipated, the Contractor shall immediately notify the State, and shall, subject to the concurrence of the State, replace such personnel with personnel of substantially equal ability and qualifications.

G. Price Adjustment

Contractor prices accepted and subsequently awarded by a Contract shall remain in effect for a minimum of one (1) year. The Contractor may request a price adjustment, but the State will not review or approve an increase until the Contract has been in effect for one (1) year. The ADHS Procurement Office will review any requested rate increase to determine whether such request is reasonable in relation to increased supplier or material costs. Contractor shall provide written justification for any price adjustment requested, including information contained in the Consumer Price Index or similar official cost analysis to support any requested price increase. Any price increase adjustment, if approved, will be effective upon execution of a written Contract amendment. Likewise, the Contractor shall offer the State a price adjustment reduction concurrent with reduced costs from their suppliers. Price reductions will become effective upon execution of a Contract amendment.

H. Non-Exclusive Contract

Any contract resulting from this solicitation shall be awarded with the understanding and agreement that it is for the sole convenience of the State of Arizona. The State reserves the right to obtain like goods or services from another source when necessary, or when determined to be in the best interest of the State.

SPECIAL TERMS AND CONDITIONS
SOLICITATION NO: HP061205

I. Volume of Work

The ADHS does not guarantee a specific amount of work either for the life of the Contract or on an annual basis

J. Information Disclosure

The Contractor shall establish and maintain procedures and controls that are acceptable to the State for the purpose of assuring that no information contained in its records or obtained from the state or from others in carrying out its functions under the contract shall be used or disclosed by it, its agents, officers, or employees, except as required to efficiently perform duties under the Contract. Persons requesting such information should be referred to the State. The Contractor also agrees that any information pertaining to individual persons shall not be divulged other than to employees or officers of the Contractor as needed for the performance of duties under the Contract, unless otherwise agreed to in writing by the State.

K. Employees of the Contractor

All employees of the Contractor employed in the performance of work under the Contract shall be considered employees of the Contractor at all times, and not employees of the ADHS or the State. The Contractor shall comply with the Social Security Act, Workman's Compensation laws and Unemployment laws of the State of Arizona and all State, local and Federal legislation relevant to the Contractor's business

L. Order Process

The award of a contract shall be in accordance with the Arizona Procurement Code. Any attempt to represent any material and/or service not specifically awarded as being under contract with ADHS is a violation of the Contract and the Arizona Procurement Code. Any such action is subject to the legal and contractual remedies available to the state inclusive of, but not limited to, contract cancellation, suspension and/or debarment of the Contractor.

M. Contractor Performance Reports

Program management shall document Contractor performance, both exemplary and needing improvements where corrective action is needed or desired. Copies of corrective action reports will be forwarded to the ADHS Procurement Office for review and any necessary follow-up. The Procurement Office may contact the Contractor upon receipt of the report and may request corrective action. The Procurement Office shall discuss the Contractor's suggested corrective action plan with the Procurement Specialist for approval of the plan.

N. Payment Procedures

ADHS accounting will not make payments to any Entity, Group or individual other than the Contractor with the Federal Employer Identification (FEI) Number identified in the Contract. Contractor invoices requesting payment to any Entity, Group or individual other than the contractually specified Contractor shall be returned to the Contractor for correction.

The Contractor shall review and insure that the invoices for services provided show the correct Contractor name prior to sending them to the ADHS Accounting Office for payment.

If the Contractor Name and FEI Number change, the Contractor must complete an "Assignment and Agreement" form transferring contract rights and responsibilities to the new Contractor. ADHS must indicate consent on the form. A written Contract Amendment must be signed by both parties and a new W-9 form must be submitted by the new Contractor and entered into the system prior to any payments being made to the new Contractor.

O. Financial Management

For all contracts, the practices, procedures, and standards specified in and required by the Accounting and Auditing Procedures Manual for Arizona Department of Health Services funded programs shall be used by the Contractor in the management of contract funds and by the ADHS when performing a contract audit. Funds collected by the Contractor in the form of fees, donations and/or charges for the delivery of these contract services shall be accounted for in a separate fund.

SPECIAL TERMS AND CONDITIONS
SOLICITATION NO: HP061205

State Funding. Contractors receiving state funds under this contract shall comply with the certified Compliance provisions of A R S § 35-181 03.

Federal Funding Contractors receiving federal funds under this contract shall comply with the certified finance and compliance audit provision of the Office of Management and Budget (OMB) Circular A-133, if applicable. The federal financial assistance information shall be stated in a Change Order or Purchase Order.

P. Inspection and Acceptance

All services, data and required reports are subject to final inspection, review, evaluation and acceptance by the ADHS. The ADHS may withhold payment for services that are deemed to not meet contract standards.

Q. Authorization for Services

Authorization for purchase of services under this contract shall be made only upon ADHS issuance of a Purchase Order that is signed by an authorized agent. The Purchase Order will indicate the contract number and the dollar amount of funds authorized. The Contractor shall only be authorized to perform services up to the amount on the Purchase Order. ADHS shall not have any legal obligation to pay for services in excess of the amount indicated on the Purchase Order. No further obligation for payment shall exist on behalf of ADHS unless a) the Purchase Order is changed or modified with an official ADHS Procurement Change Order, and/or b) an additional Purchase Order is issued for purchase of services under this Contract.

R. Compliance Requirements for A.R.S. § 41-4401, Government Procurement: E-Verify Requirement

1. The Contractor warrants compliance with all Federal immigration laws and regulations relating to employees and warrants its compliance with Section A.R.S. § 23-214, Subsection A. (That subsection reads: "After December 31, 2007, every employer, after hiring an employee, shall verify the employment eligibility of the employee through the E-Verify program.")
2. A breach of a warranty regarding compliance with immigration laws and regulations shall be deemed a material breach of the Contract and the Contractor may be subject to penalties up to and including termination of the Contract.
3. Failure to comply with a State audit process to randomly verify the employment records of Contractors and subcontractors shall be deemed a material breach of the Contract and the Contractor may be subject to penalties up to and including termination of the Contract.
4. The State Agency retains the legal right to inspect the papers of any employee who works on the Contract to ensure that the Contractor or subcontractor is complying with the warranty under paragraph One (1).

S. Offshore Performance of Work Prohibited

Due to security and identity protection concerns, direct services under this contract shall be performed within the borders of the United States. Any services that are described in the specifications or scope of work that directly serve the State of Arizona or its clients and may involve access to secure or sensitive data or personal client data or development or modification of software for the State shall be performed within the borders of the United States. Unless specifically stated otherwise in the specifications, this definition does not apply to indirect or "overhead" services, redundant back-up services or services that are incidental to the performance of the contract. This provision applies to work performed by subcontractors at all tiers.

T. Indemnification Clause

Contractor shall indemnify, defend, save and hold harmless the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees (hereinafter referred to as "Indemnitee") from and against any and all claims, actions, liabilities, damages, losses, or expenses (including court costs, attorneys' fees, and costs of claim processing, investigation and litigation) (hereinafter referred to as "Claims") for bodily injury or personal injury (including death), or loss or damage to tangible or intangible property.

SPECIAL TERMS AND CONDITIONS
SOLICITATION NO: HP061205

caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of Contractor or any of its owners, officers, directors, agents, employees or subcontractors. This indemnity includes any claim or amount arising out of or recovered under the Workers' Compensation Law or arising out of the failure of such Contractor to conform to any federal, state or local law, statute, ordinance, rule, regulation or court decree. It is the specific intention of the parties that the Indemnitee shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the Indemnitee, be indemnified by Contractor from and against any and all claims. It is agreed that Contractor will be responsible for primary loss investigation, defense and judgment costs where this indemnification is applicable. In consideration of the award of this contract, the Contractor agrees to waive all rights of subrogation against the State of Arizona, its officers, officials, agents and employees for losses arising from the work performed by the Contractor for the State of Arizona

This indemnity shall not apply if the Contractor or Sub-contractor(s) is/are an agency, board, commission or university of the State of Arizona

U. Insurance Requirements

Contractor and subcontractors shall procure and maintain until all of their obligations have been discharged, including any warranty periods under this Contract, are satisfied, insurance against claims for injury to persons or damage to property which may arise from or in connection with the performance of the work hereunder by the Contractor, his agents, representatives, employees or subcontractors

The *insurance requirements* herein are minimum requirements for this Contract and in no way limit the indemnity covenants contained in this Contract. The State of Arizona in no way warrants that the minimum limits contained herein are sufficient to protect the Contractor from liabilities that might arise out of the performance of the work under this contract by the Contractor, its agents, representatives, employees or subcontractors, and Contractor is free to purchase additional insurance.

1 **MINIMUM SCOPE AND LIMITS OF INSURANCE:** Contractor shall provide coverage with limits of liability not less than those stated below

1.1 Commercial General Liability – Occurrence Form

1.1.1 Policy shall include bodily injury, property damage, personal injury and broad form contractual liability coverage.

1.1.1.1 General Aggregate	\$2,000,000
1.1.1.2 Products – Completed Operations Aggregate	\$1,000,000
1.1.1.3 Personal and Advertising Injury	\$1,000,000
1.1.1.4 Blanket Contractual Liability – Written and Oral	\$1,000,000
1.1.1.5 Fire Legal Liability	\$ 50,000
1.1.1.6 Each Occurrence	\$1,000,000

1.1.2 The policy shall be endorsed to include the following additional insured language: ***“The Department of Health Services, the State of Arizona, its Departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor”.***

1.1.3 Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.

SPECIAL TERMS AND CONDITIONS
SOLICITATION NO: HP061205

1.2 Automobile Liability

Bodily Injury and Property Damage for any owned, hired, and/or non-owned vehicles used in the performance of this Contract.

1.2.1 Combined Single Limit (CSL) \$1,000,000

1.2.2 The policy shall be endorsed to include the following additional insured language: *“The Department of Health Services, the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor, involving automobiles owned, leased, hired or borrowed by the Contractor”.*

1.2.3 Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.

1.3 Worker's Compensation and Employers' Liability

1.3.1 Workers' Compensation Statutory

1.3.2 Employers' Liability

1.3.2.1 Each Accident \$ 500,000

1.3.2.2 Disease – Each Employee \$ 500,000

1.3.2.3 Disease – Policy Limit \$1,000,000

1.3.3 Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor

1.3.4 This requirement shall not apply to: Separately, EACH Contractor or subcontractors exempt under A.R.S. 23-901, and when such Contractor or subcontractor executes the appropriate waiver (Sole Proprietor/Independent Contractor) form

1.4 Professional Liability (Errors and Omissions Liability)

1.4.1 Each Claim \$1,000,000

1.4.2 Annual Aggregate \$2,000,000

1.4.3 In the event that the professional liability insurance required by this Contract is written on a claims-made basis, Contractor warrants that any retroactive date under the policy shall precede

the effective date of this Contract; and that either continuous coverage will be maintained or an extended discovery period will be exercised for a period of two (2) years beginning at the time work under this Contract is completed.

1.4.4 The policy shall cover professional misconduct or lack of ordinary skill for those positions defined in the Scope of Work of this Contract

2 ADDITIONAL INSURANCE REQUIREMENTS: The policies shall include, or be endorsed to include, the following provisions:

SPECIAL TERMS AND CONDITIONS
SOLICITATION NO: HP061205

- 2.1 The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees wherever additional insured status is required such additional insured shall be covered to the full limits of liability purchased by the Contractor, even if those limits of liability are in excess of those required by this Contract
- 2.2 The Contractor's insurance coverage shall be primary insurance with respect to all other available sources
- 2.3 Coverage provided by the Contractor shall not be limited to the liability assumed under the indemnification provisions of this Contract
- 3 **NOTICE OF CANCELLATION:** Each insurance policy required by the insurance provisions of this Contract shall provide the required coverage and shall not be suspended, voided, canceled, or reduced in coverage or in limits except after thirty (30) days prior written notice has been given to the State of Arizona. Such notice shall be sent directly to **The Arizona Department of Health Services, 1740 West Adams, Room, 303, Phoenix, AZ 85007** and shall be sent by certified mail, return receipt requested
4. **ACCEPTABILITY OF INSURERS:** Insurance is to be placed with duly licensed or approved non-admitted insurers in the state of Arizona with an "A.M. Best" rating of not less than A- VII. The State of Arizona in no way warrants that the above-required minimum insurer rating is sufficient to protect the Contractor from potential insurer insolvency
5. **VERIFICATION OF COVERAGE:** Contractor shall furnish the State of Arizona with certificates of insurance (ACORD form or equivalent approved by the State of Arizona) as required by this Contract. The certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf

All certificates and endorsements are to be received and approved by the State of Arizona before work commences. Each insurance policy required by this Contract must be in effect at or prior to commencement of work under this Contract and remain in effect for the duration of the project. Failure to maintain the insurance policies as required by this Contract, or to provide evidence of renewal, is a material breach of contract

All certificates required by this Contract shall be sent directly to **The Arizona Department of Health Services, 1740 West Adams, Room 303, Phoenix, AZ 85007**. The State of Arizona project/contract number and project description shall be noted on the certificate of insurance. The State of Arizona reserves the right to require complete, certified copies of all insurance policies required by this Contract at any time. **DO NOT SEND CERTIFICATES OF INSURANCE TO THE STATE OF ARIZONA'S RISK MANAGEMENT SECTION.**
6. **SUBCONTRACTORS:** Contractors' certificate(s) shall include all subcontractors as insureds under its policies or Contractor shall furnish to the State of Arizona separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to the minimum requirements identified above.
7. **APPROVAL:** Any modification or variation from the *insurance requirements* in this Contract shall be made by the Department of Administration, Risk Management Section, whose decision shall be final. Such action will not require a formal Contract amendment, but may be made by administrative action.
8. **EXCEPTIONS:** In the event the Contractor or subcontractor(s) is/are a public entity, then the Insurance Requirements shall not apply. Such public entity shall provide a Certificate of Self-insurance. If the Contractor or subcontractor(s) is/are a State of Arizona agency, board, commission, or university, none of the above shall apply

V Health Insurance Portability and Accountability Act of 1996

The Contractor warrants that it is familiar with the requirements of HIPAA and HIPAA's accompanying regulations and will comply with all applicable HIPAA requirements in the course of this contract. Contractor warrants that it

SPECIAL TERMS AND CONDITIONS
SOLICITATION NO: HP061205

will cooperate with the Arizona Department of Health Services (ADHS) in the course of performance of the contract so that both the ADHS and Contractor will be in compliance with HIPAA, including cooperation and coordination with the ADHS Privacy Officer and other compliance officials required by HIPAA and its regulations. Contractor will sign any documents that are reasonably necessary to keep the ADHS and Contractor in compliance with HIPAA, including, but not limited to, business associate agreements.

If requested by the ADHS, Contractor agrees to sign the "Arizona Department of Health Services Pledge To Protect Confidential Information" and to abide by the statements addressing the creation, use and disclosure of confidential information, including information designated as protected health information and all other confidential or sensitive information as defined in policy. In addition, if requested, Contractor agrees to attend or participate in HIPAA training offered by the ADHS or to provide written verification that the Contractor has attended or participated in job related HIPAA training that is: (1) intended to make the Contractor proficient in HIPAA for purposes of performing the services required and (2) presented by a HIPAA Privacy Officer or other person or program knowledgeable and experienced in HIPAA and who has been approved by the ADHS HIPAA Compliance Officer

W. Pandemic Contractual Performance

- 1 The State shall require a written plan that illustrates how the Contractor shall perform up to contractual standards in the event of a pandemic. The State may require a copy of the plan at any time prior or post award of a Contract. At a minimum, the pandemic performance plan shall include:
 - 1.1 Key succession and performance planning if there is a sudden significant decrease in Contractor's workforce.
 - 1.2 Alternative methods to ensure there are products in the supply chain
 - 1.3 An up to date list of company contacts and organizational chart
2. In the event of a pandemic, as declared the Governor of Arizona, U S Government or the World Health Organization, which makes performance of any term under this Contract impossible or impracticable, the State shall have the following rights:
 - 2.1 After the official declaration of a pandemic, the State may temporarily void the Contract(s) in whole or specific sections, if the Contractor cannot perform to the standards agreed upon in the initial terms
 - 2.2 The State shall not incur any liability if a pandemic is declared and emergency procurements are authorized by the Director as per A R S 41-2537 of the Arizona Procurement Code
 - 2.3 Once the pandemic is officially declared over and/or the Contractor can demonstrate the ability to perform, the State, at its sole discretion, may reinstate the temporarily voided Contract(s)

X. Eligibility for State or local public benefits; documentations and violations

Contractors providing services as an agent of the State, shall ensure compliance with A.R.S. § 1-502. A.R.S. § 1-502 requires each person applying or receiving a public benefit to provide documented proof which demonstrate a lawful presence in the United States. The State shall reserve the right to conduct unscheduled, periodic process and documentation audits to ensure contractor compliance. All available contract remedies, up to and including termination may be taken for failure to comply with A.R.S. § 1-502 in the delivery of services under this Contract.

SCOPE OF WORK

SCOPE OF WORK

SOLICITATION NO: HP061205

A. Background

The Arizona Health Start Program was developed over eighteen (18) years ago to address the steady increases in the rate of women receiving inadequate or no prenatal care in the 1980's. Late or no prenatal care is associated with preterm and low birth weight births, which increases the risk of infant mortality. The trend continued through 1990, when Arizona was ranked 45th lowest in the nation for the number of women receiving adequate prenatal care. In 2008 and 2009, Arizona ranked 34th lowest in the nation, indicating that entry into early, consistent prenatal care is still a challenge. Many Arizona women experienced barriers that kept them from seeking prenatal care especially during the first trimester. These barriers encompassed a number of social and cultural factors, as well as geographical accessibility. Early prenatal care is very important in identifying potential risks early in the pregnancy and initiating treatment. More recent research indicates that the health of a woman prior to pregnancy might have a greater influence on improving birth outcomes. Preconception health is a woman's health before she becomes pregnant. Preconception care aims to promote the health of women of reproductive age before conception and thereby improve pregnancy related outcomes. Interconception health is a woman's health between pregnancies. Preconception care includes assessing health risk factors and implementing intervention strategies to support women as they strive to adopt healthier behaviors. The Health Start Program will have a strong focus on preconception and interconception care through the provision of educational services, screenings and assessments to women and their families.

Health Start is based on an earlier program titled "Un Comienzo Sano/A Healthy Beginning" that was created in 1984 through the Rural Health Office of the University of Arizona College of Medicine, Department of Family and Community Medicine, utilizing lay health workers or "Promotoras" to address the needs of rural, minority pregnant women in Arizona. In 1992, the Arizona Health Start Program was established and administered by the Arizona Department of Health Services (ADHS), Bureau of Women's and Children's Health (BWCH) based on the earlier model. Health Start is governed by A.R.S. § 36-697, which describes the purpose, requirements and administration of the program. Health Start is a community based outreach program that identifies, screens and enrolls pregnant women early in their pregnancies and assists them with obtaining early and consistent prenatal care, provides prenatal and postpartum education, information and referral services, advocacy and emphasizes timely immunizations and developmental assessments for their children.

The Mission of the Health Start Program:

1. To educate, support and advocate for families at risk by promoting optimal use of community based family health care services and education services through the use of community health workers who live in and reflect the ethnic, cultural and socioeconomic characteristics of the community they serve.

The Goals of the Health Start Program are to:

1. Increase prenatal care services to pregnant women.
2. Reduce the incidence of infants who weigh less than fifteen hundred (1,500) grams (three (3) pounds, four (4) ounces) at birth and who require more than seventy-two hours of neonatal intensive care.
3. Reduce the incidence of children affected by childhood diseases.
4. Increase the number of children receiving age appropriate immunizations by two (2) years of age.
5. Increase awareness by educating families:
 - 5.1 On the importance of good nutritional habits to improve the overall health of their children;
 - 5.2 On the need for developmental assessments to promote the early identification of learning disabilities, physical handicaps or behavioral health needs; and
 - 5.3 Of the benefits of preventative health care and the need for screening examinations such as hearing and vision.

The Health Start Program administration is subject to the appropriation of lottery fund monies as provided through Proposition 203, the Healthy Arizona Initiative. The program shall be statewide, based in targeted communities and neighborhoods with a high incidence of inadequate prenatal care, inadequate infant health care, high percentages of preterm births and low birth weight births. The incidence and prevalence of these conditions

SCOPE OF WORK

SOLICITATION NO: HP061205

among groups are referred to as health disparities. Women marginalized because of socioeconomic status, race/ethnicity, geographic location and other factors are more likely to experience worse health. They also tend to have less access to the social determinants or conditions that impact health, such as healthy food, good housing, good education, employment opportunities and safe neighborhoods. It is important that women become aware of these risk factors and how they can affect their health and the health of their families across their lifespan. The life course perspective emphasizes the individual responsibility across the lifespan, encouraging the development of a reproductive life plan.

The Health Start Program will integrate a community health nursing component, providing home visits to high risk infants who have been in the neonatal intensive care unit for five (5) days or longer and are enrolled in Health Start. The Community Health Nurse (CHN) will provide support to families during the transition of the infant to home; conduct developmental, physical and environmental assessments and make referrals to specific community services as needed. Services may be provided if needed, until a child's first birthday. This additional component may be more time intensive and may require more visits by the CHN, who will only serve the high risk clients in need, which may impact the total number of clients served.

In 2008 in Arizona, approximately 79 percent of births were born to women who began prenatal care in the first trimester, an increase from 76 percent in 2004. In addition, data from 2008 indicate that 25 percent of infants born to women receiving no prenatal care were premature compared to 10 percent receiving early prenatal care. Similarly, 15 percent of the infants born to women with no prenatal care had low birth weight compared to seven percent of women who received early prenatal care. In 2009, the Health Start Program provided 3,850 prenatal visits and 8,084 family follow-up visits to 2,319 clients and their families. Recently published research on the Health Start Program found that Health Start participants had higher birth weight babies (above 2,500 grams) and longer gestational periods (greater than or equal to 37 weeks) than non Health Start participants.

B. Objectives

1. To identify, screen and enroll pregnant women at risk of having a preterm or low birth weight birth and to ensure that they have early and consistent prenatal care through the provision of home based, family centered culturally appropriate education and referral services.
2. To identify, screen and enroll postpartum women with children up to age two (2) with medical and social risk factors that increase the likelihood that they or their children will experience future poor health outcomes.
3. To establish a network of health and social service providers in communities and neighborhoods that are accessible to all women, children and their families in an effort to link program participants to adequate prenatal care, adequate infant care, and other services that reduce illiteracy, reduce dependency on welfare, encourage employment, and encourage self-sufficiency and community involvement.
4. To integrate preconception and interconception health education and health screening that will improve a women's health before, during and between pregnancies through the implementation of the life course perspective, focusing on health outcomes across the span of a women's life, emphasizing folic acid supplements, proper immunizations, proper nutrition, healthy behaviors and family planning and development of a reproductive life plan into the services provided to women.

C. DEFINITIONS

1. "Community Health Worker" for the purpose of this document means an individual who has been specially trained to reach out into the community to identify pregnant/postpartum women, to provide information and education about specific topics, and to provide support and advocacy to help them access resources which they may need. Community Health Workers reflect the ethnic, cultural and socio-economic makeup of the neighborhoods they serve.
2. "Community Health Nurse" for the purpose of this document means a Registered Professional Nurse (R.N.) who provides high risk nursing home visit services to infants who have been in the neonatal intensive care unit (NICU) for five days or longer and are enrolled in Health Start.

SCOPE OF WORK SOLICITATION NO: HP061205
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- 3 "Medical Home" as defined by the American Academy of Pediatrics is a model of delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective care

D. SCOPE OF WORK

The Contractors shall develop administrative, management, organizational systems and information and referral networks to implement and manage a Health Start Program at the contracted site in targeted communities/service areas at risk for preterm and low birth weight births and high rates of infant mortality per the Health Start Policy and Procedure Manual (HSPPM). Contractor shall provide monthly program documentation and quarterly reports with results of efforts related to improving the social determinants of health and achieving any quality improvement indicators as described in the HSPPM. The program shall be statewide.

E. TASKS

The Contractor shall:

- 1 Identify a Project Manager who shall be the primary contact person for the ADHS Program Manager. The Project Manager shall, at a minimum:
 - 1.1 Serve as a primary day-to-day contact with the Agency;
 - 1.2 Attend, lead, and prepare materials for meetings as requested;
 - 1.3 Ensure all necessary operational components are completed prior to implementation;
 - 1.4 Troubleshoot and correct problems after implementation;
 - 1.5 Designate an alternate contact for when the Project Manager is unavailable;
 - 1.6 Assure that the Offeror, as well as any subcontractors, fulfills its duties and responsibilities under the Contract; and deliver required documents to the ADHS
- 2 Employ a Health Start Program Coordinator at a minimum .25 FTE to serve as the primary contact person regarding the implementation of the program at the community level and provide administrative oversight of all contracted activities. The Program Coordinator shall be the primary contact for the ADHS Program Manager for all contract related requirements
- 3 **At a minimum the Health Start Program Coordinator shall:**
 - 3.1 Recruit, hire, train and supervise at a minimum one .50 Community Health Worker from the communities to be served who shall identify, screen and enroll pregnant and postpartum women;
 - 3.2 Recruit, hire, train and supervise a Community Health Nurse or subcontract for high risk nursing home visit services as needed for the high risk clients residing in the Contractor's targeted service area;
 - 3.3 Complete a background check for all staff working under this Contract and maintain a copy in the personnel file (Attachment 6);
 - 3.4 Ensure that each .50 Community Health Worker maintains a minimum caseload of thirty-five (35) women with a majority being prenatal clients; develop a plan for outreach to recruit and maintain minimum number of clients;
 - 3.5 Attend all Health Start sponsored annual meetings and trainings;
 - 3.6 Ensure that Community Health Workers attend all Health Start sponsored annual meetings and trainings;

SCOPE OF WORK
SOLICITATION NO: HP061205

- 3.7 Ensure that Community Health Nurses shall attend Health Start sponsored annual meetings and trainings upon request;
- 3.8 Ensure that Community Health Workers provide preconception/ interconception education to women that have negative pregnancy tests;
- 3.9 Provide at least eight (8) hours of training to Community Health Workers to ensure adequate knowledge of pregnancy, prenatal care, maternal nutrition, women's health, child health, immunization requirements, preconception and interconception health, family planning and development of reproductive life plans and screenings regarding alcohol use and depression and how to facilitate referrals.
- 3.10 Provide or arrange for a minimum six (6) hours of approved continuing education and training on an annual basis to Community Health Workers;
- 3.11 Instruct Community Health Workers on how to screen and enroll clients utilizing enrollment form and a health risk assessment tool, provide home/office visits of a minimum of thirty (30) minutes duration, screenings, educational classes of at least one (1) hour duration, developmental assessments and referrals;
- 3.12 Provide at least eight (8) hours of supervised home visits with Community Health Workers within ninety (90) days after employment;
- 3.13 Instruct Community Health Nurses on how to identify eligible high risk infants and their families not followed by High Risk Perinatal Program (HRPP), screen and enroll clients utilizing enrollment form and a health risk assessment tool, provide home visits of a minimum of thirty (30) minutes duration, screenings, developmental assessments and referrals;
- 3.14 Provide one (1) supervised home visit per year thereafter of each Community Health Worker, complete Health Start Home Visiting Checklist and save the checklist in the personnel file as described in HSPPM;
- 3.15 Train Community Health Workers and Community Health Nurses on accurate completion of forms and the identification and utilization of information and referral resources that are available within the Contractor's service area;
- 3.16 Develop a plan to ensure that the Contractor is making efforts to achieve quality improvement indicators as described in the HSPPM;
- 3.17 Identify and annually update a network of available health care, behavioral health and social service providers and resources to which participants could be referred for services they may need;
- 3.18 Ensure that Community Health Workers and Community Health Nurses verify that participants received or denied services through a Contractor referral form;
- 3.19 Assist Community Health Workers and Community Health Nurses with referrals and all encounter form documentation;
- 3.20 Ensure that Contractor employee or sub-contractor shall maintain a Registered Professional Nurse (R N) to provide home visits to high risk infants who have been in the neonatal intensive care unit for five (5) days or longer and are enrolled in Health Start. The Community Health Nurse (CHN) shall

SCOPE OF WORK
SOLICITATION NO: HP061205

provide support to families during the transition of the infant to home; conduct developmental, physical and environmental assessments and make referrals to specific community services as needed. Services shall be provided in the client's home and may be provided if needed, until a child's first birthday

- 3.21 Ensure that Contractor or subcontractor maintains the following professional support persons:
 - 3.21.1 A Registered Professional Nurse (RN) for a minimum of four (4) hours of consultation per month;
 - 3.21.2 A Certified Independent, Licensed Certified, Licensed Masters Social Worker and/or Licensed Professional Counselor (CISW, LCSW, LMSW, LPC) for a minimum of four (4) hours of consultation per month to assist with training of Community Health Workers, attend monthly case management conferencing and to provide guidance regarding difficult issues;
 - 3.22 Ensure that the Contractor, as well as any subcontractors or consultants, fulfill its duties and responsibilities as described in the HSPPM and the Contract;
 - 3.23 Maintain client records that are complete, organized and kept in a locked location at the Contractor's site as described in the HSPPM;
 - 3.24 Ensure that all Health Start Program forms and visit notes are accurate and complete every month and filed in client charts;
 - 3.25 Conduct monthly data preparation to ensure all forms, client logs, and invoices are accurate and complete and submitted to ADHS within fifteen (15) days of the end of the billing period, ensure that all visit forms are signed and dated by clients in blue ink at the bottom of the form, ensure timely response to ADHS Data Managers and/or Health Program Manager if there are any questions;
 - 3.26 Conduct quarterly data preparation to complete quarterly reports within thirty (30) days after the end of each quarter as described in the HSPPM; ensure timely response to ADHS Data Manager and/or Health Program Manager if there are any questions; and
 - 3.27 Ensure monthly review of progress in meeting any quality improvement indicators as described in the HSPPM
 - 3.28 Develop a monthly follow-up visit checklist and call at a minimum two clients visited by each Community Health Worker that month to ask the client questions about the visit to ensure that visits occurred and that the client was satisfied with the services. A copy of the Contractor developed check list form shall be turned in with the monthly billing; and
 - 3.29 Ensure that Community Health Workers and Community Health Nurses maintain a daily/monthly online calendar of scheduled home visits, classes and any other activities related to Health Start. Provide copies of all monthly staff calendars for that month with monthly billing
4. Submit complete and accurate original hard copies of Health Start Billing Monthly Invoices as described in the HSPPM in accordance with the approved Contract Price Sheet with:
- 4.1 Attached detail log of client visits organized by type;
 - 4.2 Copies of all visit/screening and commitment forms attached in the order of the client log;
 - 4.3 Client class lists complete with client signatures and type list of class participants;

SCOPE OF WORK
SOLICITATION NO: HP061205

- 4.4 Staff certificates of attendance for non-Health Start sponsored trainings being billed; and
- 5. Submit Health Start Quarterly Report within thirty (30) days of the end of September, December, March and June of each year. Report shall address the following as described in the HSPPM:
 - 5.1 Any improvements made in social determinants of health in communities serviced;
 - 5.2 The preconception/interconception education provided;
 - 5.3 Progress made in achieving any quality improvement indicators; and
 - 5.4 Fourth Quarter Report within thirty (30) days after the beginning of the fiscal year starting July 1, shall contain:
 - 5.5.1 A description of the Contractor's prior year's summary of prior year's activities,
 - 5.5.2 Next year's projected number of prenatal and postpartum clients to be enrolled,
 - 5.5.3 Current and projected caseload of each CHW,
 - 5.5.4 Projected number and type of FTE's for program,
 - 5.5.5 Projected number of visits by type to be provided,
 - 5.5.6 Number of classes to be provided by topic, and
 - 5.5.7 The plan to address any quality improvement indicators
- 6. Maintain regular communication and work closely with ADHS on the subjects of:
 - 6.1 Program Development;
 - 6.2 Implementation;
 - 6.3 Notification regarding any changes to personnel and daily operations as issues arise;
 - 6.4 Share information with ADHS and other Health Start Contractor's through conference calls, webinars and other sources regarding resources, forms, reports, challenges and barriers; and
 - 6.5 Be responsive to ADHS requests for clarification, missing data or other requested information
- 7. Collaborate with other community based agencies, health departments or other providers that may be providing similar home visiting programs in the targeted service area;
- 8. **Community Health Workers (CHW)** shall:
 - 8.1 Identify and implement community based outreach strategies to:
 - 8.1.1 Identify,
 - 8.1.2 Screen; and
 - 8.1.3 Enroll pregnant or postpartum women:
 - 8.1.3.1 With children under age two (2),
 - 8.1.3.2 At risk for poor birth outcomes,
 - 8.1.3.3 Who reside in the Contractor's targeted service area, and
 - 8.1.3.4 Who meet the medical and social risk eligibility criteria as described in the Contract and HSPPM;
 - 8.2 Conduct pregnancy test of potential clients as necessary;

SCOPE OF WORK
SOLICITATION NO: HP061205

- 8.2.1 If pregnancy tests result is positive, offer enrollment into the Health Start Program,
- 8.2.2 If pregnancy test result is negative, conduct screening using a health risk assessment tool and provide appropriate preconception/and interconception education for a minimum of thirty (30) minutes and referrals, as needed, per HSPPM;
- 8.3 If a pregnant or postpartum woman agrees to participate in the Health Start Program, complete Intent to Participate and Client Enrollment forms per HSPPM;
- 8.4 Schedule and conduct prenatal visits for a minimum of thirty (30) minutes per visit per client and as described in the HSPPM;
- 8.5 Schedule and conduct family follow-up and multiple child visits for a minimum of thirty (30) minutes per visit per client as described in the HSPPM;
- 8.6 Schedule and conduct as an education option, health education classes for a minimum of one (1) hour per class for a minimum of four (4) Health Start enrolled clients as described in HSPPM;
- 8.7 Provide each enrolled client the Arizona Family Resource Guide at enrollment;
- 8.8 Conduct alcohol use screening, and brief intervention education if necessary, of all enrolled prenatal clients per HSPPM;
- 8.9 Conduct depression screening and other health/behavioral health screenings as necessary of all enrolled prenatal and postpartum clients per HSPPM;
- 8.10 Administer the Ages and Stages three (3) and Social Emotional Developmental Assessment Screening at the four (4), eight (8), twelve (12), eighteen (18) and twenty-four (24) month intervals for all children per HSPPM;
- 8.11 Provide health education services, support, advocacy and referrals to enrolled women and their families during each visit as described in the HSPPM;
- 8.12 Assist enrolled clients in securing an established source of prenatal care and/or primary care and assist the family with establishing a medical home for all family members in the service area or nearest location;
- 8.13 Provide referrals using Contractor's referral form; verify and document outcome of the referrals as described in the HSPPM;
- 8.14 Provide and administer the Safe Home/Safe Child Checklist in the enrolled client's place of residence within five (5) months after the birth of the index child as required in the HSPPM;
- 8.15 Provide Never Shake a Baby education and commitment forms to all postpartum clients within two (2) months after child is born as described in the HSPPM;
- 8.16 Ensure that the social determinants of health are addressed per the HSPPM and that preconception and interconception screening, education, referrals and support are provided; and
- 8.17 Provide a client satisfaction survey to clients four (4) weeks after the prenatal period and after two (2) years of family follow-up services or at disenrollment from the program; collect completed surveys and keep on file for site review

9 Community Health Nurses (CHN) shall:

- 9.1 Identify and implement community based outreach strategies to:

SCOPE OF WORK
SOLICITATION NO: HP061205

- 9.1 1 Identify infants who have been in the neonatal intensive care unit for five (5) days or longer who are not being followed by the ADHS HRPP Program;
- 9.1 2 Identify, screen and enroll postpartum women:
 - 9.1 2.1 With infants who have been in neonatal intensive care unit for five (5) days or longer who are not being followed by the ADHS HRPP Program,
 - 9.1 2.2 Who reside in the Contractor's targeted service area, and
 - 9.1 2.3 Who meet the medical and social risk eligibility criteria as described in the Contract and HSPPM;
- 9.2 If postpartum woman agrees to participate in Health Start Program, complete Intent to Participate and Client Enrollment forms as per HSPPM;
- 9.3 Schedule and conduct a minimum of one (1) but no more than three (3) per year (up to infants first birthday) high risk nurse home visits for a minimum of thirty (30) minutes per visit per client in the client's home as described in the HSPPM;
- 9.4 Provide each enrolled high risk client the Arizona Family Resource Guide at enrollment;
- 9.5 Delegate any services to CHW if CHN determines this is appropriate;
- 9.6 Conduct depression screening and other health/behavioral health screenings as necessary of enrolled high risk clients;
- 9.7 Administer the Ages and Stages three (3) and Social Emotional Developmental Assessment Screening at the four (4), eight (8) and twelve (12) month intervals for all children per HSPPM;
- 9.8 Provide health education services, support, advocacy and referrals as necessary to enrolled high risk clients;
- 9.9 Provide referrals using Contractor's referral form; verify and document outcome of the referrals as described in the HSPPM;
- 9.10 Provide and administer the Safe Home/Safe Child Checklist in the enrolled high risk client's place of residence within 5 months after birth of the high risk child as required in the HSPPM;
- 9.11 Provide Never Shake a Baby education and commitment forms to all high risk postpartum clients within 2 months after high risk child is born as described in HSPPM;
- 9.12 Provide a client satisfaction survey to high risk clients after on (1) year of high risk nursing home visits or at disenrollment from the program; collect completed surveys and keep on file for site review;

F. Requirements

The Contractor shall:

- 1. Identify a Project Manager;
- 2. Have one (1) year experience providing the services as described in the Scope of Work to pregnant and post partum women and be able to complete all the listed tasks;
- 3. Hire Community Health Worker (s) that live in the targeted service area that are able to complete the services and meet the minimum qualifications as defined in the HSPPM;

SCOPE OF WORK
SOLICITATION NO: HP061205

- 4 Adhere to Arizona Revised Statute A R S. § 36-697 (<http://www.azleg.gov/ArizonaRevisedStatutes.asp>) ;
and
- 5 Provide a current and accurate Certificate of Insurance (COI) as described in the Special Terms and Conditions within five (5) days of Contract award. A Purchase Order shall not be issued for services without this document on file with ADHS

G. State Provided Items

ADHS shall provide the following upon award:

- 1 The revised Health Start Policy and Procedure Manual will be available by April 28, 2010, (online link will be provided) to include the following:
 - 1 1 Visit Forms, Screening forms, Commitment forms (English and Spanish versions);
 - 1 2 Health Risk Assessment Tool (example);
 - 1 3 Client Satisfaction Survey (example); and
- 1 4 Quarterly Report Form
- 2 Technical assistance to the Contractor's staff that are implementing the Health Start Program;
- 3 Monitor the implementation and operation of the program, and ongoing compliance with Contract provisions and the Health Start Policy and Procedure Manual (HSPPM), through site visits, review of submitted forms and other mechanisms;
- 4 Provide Contractor with forms, guides, screening forms, and any other forms that may be necessary to implement the program;
- 5 Provide Contractor with summary information from the Health Start forms and other information if available;
- 6 Safe Home Safe Child Checklists (English and Spanish versions);
- 7 Ages and Stages Assessment Questionnaires Third Edition, (ASQ-3) and Social Emotional (English and Spanish versions);
- 8 Arizona Family Resource Guide (English and Spanish versions); and
- 9 List of Provider Resources

H. Approvals

- 1 Any 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:
 - 1 1 A draft of the material shall be submitted to ADHS Program Manager for approval prior to printing;
 - 1 2 A copy shall be provided to ADHS Program Manager for each item created;
 - 1 3 All marketing or educational materials shall bear the following "Funded in part by the Bureau of Women's and Children's Health as made available through the Arizona Department of Health Services."
- 2 Monthly Contractor's Expenditure Report (invoice/CER) shall be approved by ADHS prior to payment;
- 3 Health Start Quarterly Report;
- 4 Health Start Community Health Worker training prior to CHW attendance and billing ADHS for the approved training per HSPPM; and

SCOPE OF WORK
SOLICITATION NO: HP061205

5. Contractor visits to clients temporarily residing in alternative living situations including but not limited to rehabilitation centers, jails, inpatient treatment centers or homeless shelters, and when primary caregiver is out of the home for extended periods of time, shall be approved on a case by case basis by ADHS;

I. Deliverables

The Contractor shall submit to ADHS:

1. Monthly Health Start Billing Invoice (Attachment 1) with attached copies of program documentation including all forms, client logs and other documentation within fifteen (15) days after the end of the service month;
2. Health Start Quarterly Report within thirty (30) days after the end of each quarter; September, December, March and June for each Contract year
 - 2.1 The fourth quarter report shall include:
 - 2.1.1 Contractor's description of the prior year's summary of activities;
 - 2.1.2 The next year's projected number of prenatal and postpartum clients to be enrolled;
 - 2.1.3 Current and projected caseload of each Community Health Worker;
 - 2.1.4 Projected number and type of FTE's for program;
 - 2.1.5 Projected number of visits by type to be provided;
 - 2.1.6 Number of classes to be provided by topic;
 - 2.1.7 The plan to address any quality improvement indicators as described in the HSPPM within thirty (30) days after the beginning of the fiscal year starting July 1;
3. Core Training Master Scoring Sheets for all Community Health Worker staff and Home Visiting Checklists for all staff within ninety (90) days after employment as described in the HSPPM;
4. Copies of any proposed or executed consultant subcontracts or other agreements to provide any of the services described in the Scope of Work;
5. Submit a copy of all visit forms signed by clients by the 15th of each month;
6. Submit a copy of follow up visit check list of client visits by the 15th of each month; and
7. Submit a copy of staff monthly calendars by the 15th of each month.
8. Submit a copy of the Criminal History (Attachment 6) for new employees within 90 days of employment

SCOPE OF WORK
SOLICITATION NO: HP061205

J. Notices, Correspondence and Reports

Notices, correspondence, reports and invoices from the Contractor to ADHS shall be sent to:

Health Start Program Manager
ADHS Bureau of Women's and Children's Health
150 North 18th Avenue, Suite 320
Phoenix, Arizona 85007-3242
(602) 364-1421
(602) 364-1494

Notice, correspondence, and reports from ADHS to the Contractor shall be sent to:

Contractor Position Name
Company
Street Address
City, State, Zip code
Telephone number
Facsimile number
Email address

Payments to the Contractor should be mailed to:

(Contractor Name and Address)

PRICE SHEET



SOLICITATION AMENDMENT

Solicitation No. HP061205

Amendment No 4

Solicitation Due Date: 5/28/2010

Page 4

3:00 P.M

ARIZONA DEPARTMENT OF
HEALTH SERVICES
1740 West Adams, Room 303
Phoenix, AZ 85007
(602) 542-1040
(602) 542-1741 fax

Contact: Najwa Stuck

Price Sheet

DESCRIPTION	UNIT	UNIT RATE
Data Preparation	Per Month	\$ 200.00
Negative Pregnancy Test Visits	Per Person	\$ 70.00
Client Enrollments	Per Person	\$ 80.00
High Risk Nurse Home Visits	Per Child	\$150.00
Client Visits Prenatal and Family Follow-up Visits	Per Person	\$ 90.00
Multiple-Child Visits	Per Child	\$ 45.00
Classes for Clients	Per Class	\$175.00
Enhanced Alcohol Screening Visits	Per Person	\$ 50.00
Enhanced Brief Intervention Visits	Per Person	\$ 35.00
Nurse Consultation	Per Hour	\$ 28.00
Social Work/LPC Consultation	Per Hour	\$ 29.00
Approved Community Health Worker Training	Per Person/Per Day/Per the Arizona Department of Administration General Accounting Office guidelines www.gao.az.gov/travel/	\$125.00

Pricing shall be inclusive of all costs to provide the Services No other costs shall be allowed
Budget Term: 7/1/2010 TO 6/30/2011

FINAL PROPOSAL REVISION

David Fletcher
Director

Judy Smith
Divisional Program Manager
for Community Services



Jendean Sartain
Deputy Director

Carolyn Haro
Divisional Program Manager
for Health

GILA COUNTY DIVISION of HEALTH and COMMUNITY SERVICES

5515 S. Apache St. Suite 100, Globe, AZ 85501

(928) 425-3189

"Improving the Quality of Life for all Residents"

Re: Request for Proposal, HP061205, Health Start Services

Method and Approach

The NICP is the major part of the High Risk Perinatal Program. The transition of the program name to High Risk Perinatal Program (HRPP) is due to the fact that the program provides a statewide system of specialized care for high risk pregnant women and sick newborns. There are currently three program components to the HRPP/NICP; Transport Services, Hospital Inpatient Physician Services, and Community Nursing Services. The goal of the NICP program is to reduce maternal and infant mortality and morbidity.

Gila County understands that the Health Start Program Community Health Nursing component is only a stop gap if no other funding is available. Health Start is not intended to take over HRPP/NICP Services, but to enroll those not being followed by the ADHS HRPP/NICP program. There will be no joint visits. Children enrolled in one program will not be enrolled in the other program.

Children enrolled in the ADHS HRPP/NICP Program will remain in that program until all goals are met. Children who are not enrolled in the ADHS HRPP/NICP Program and meet the criteria for the Health Start CHN program will be offered the home visiting program through Health Start. Recruitment can be done during Well Baby and Immunization Clinics. Gila County will send introduction letters to all level II and III hospitals located in Phoenix and Tucson describing the Community Health Nursing services provided by Health Start and the requirements for participation.

Experience and Expertise:

To comply with funding availability, we are proposing that the Community Health Worker (CHW) in Globe be changed to a full-time position, and the new position proposed for Payson be postponed until more funding is available. By increasing our current Community Health Worker located in Globe/Miami to full-time, we will increase Health Start services in the Globe/Miami area to meet current needs. Our current Globe/Miami caseload is approximately 80 clients. Eliminating the new position in Payson, we will save monies on training, travel, office supplies, telephone and computer supplies, advertisement costs and program supplies that would be needed for the new position. This would reduce our proposed budget of \$70,527.95 to \$56,983.50. Unfortunately, this also means that the Payson area would still not have Health Start Services and reduce the total projected number of visits and services for the year. Health Start would remain in the Globe/Miami area only.

With the elimination of a Payson CHW and the increase of the Globe/Miami CHW, the number of full time and part-time staff is the following:

- One Health Start Program Manager/Coordinator at .25 FTE
- One CHW in Globe/Miami at 1.0 FTE,
- One RN and one Social Worker for four (4) hours of consultation a month
- Three Community Health Nurses on an as needed basis.

The Program Coordinator will set up and conduct training for all staff participating in the program to be trained on the Health Start Policy and Procedures from April 2010 during the first quarter of the contract.

Cost:

Attached is our most competitive and firm pricing. (See attached price sheet and budget work sheet.)

Bio- Terrorism Prevention	Community Action	Environmental Health	GEST
Housing Rehabilitation	Nursing Services	Nutrition Services	Public Fiduciary
Rabies Control	REPAC	Section 8 Housing	Weatherization Program
Workforce Investment Act			

Reasonable accommodations for persons with disabilities may be requested.
 Countywide T D D (928) 425-0839

	<h2>SOLICITATION AMENDMENT</h2> <p>Solicitation No HP061205</p>	ARIZONA DEPARTMENT OF HEALTH SERVICES 1740 West Adams, Room 303 Phoenix, AZ 85007 (602) 542-1040 (602) 542-1741 fax
		Contact: Najwa Stuck

Price Sheet

DESCRIPTION	UNIT	UNIT RATE
Data Preparation	Per Month	\$ 160.00
Negative Pregnancy Test Visits	Per Person	\$ 70.00
Client Enrollments	Per Person	\$ 80.00
High Risk Nurse Home Visits	Per Child	\$150.00
Client Visits Prenatal and Family Follow-up Visits	Per Person	\$ 80.00
Multiple-Child Visits	Per Child	\$ 45.00
Classes for Clients	Per Class	\$175.00
Enhanced Alcohol Screening Visits	Per Person	\$ 12.50
Enhanced Brief Intervention Visits	Per Person	\$ 17.50
Nurse Consultation	Per Hour	\$ 28.00
Social Work/LPC Consultation	Per Hour	\$ 29.00
Approved Community Health Worker Training	Per Person/Per Day/Per the Arizona Department of Administration General Accounting Office guidelines www.gao.az.gov/travel/	\$125.00

Pricing shall be inclusive of all costs to provide the Services No other costs shall be allowed
 Budget Term: 7/1/2010 TO 6/30/2011

**Health Start Current Caseload and the Projection of the Number of Clients to be Served by Type
2010 – 2011 (FY11)**

DESCRIPTION	Projected Number of Clients to be enrolled in FY11
Client Enrollments - Prenatal	45
Client Enrollments - Postpartum	25
Total	70

Projected Number of Visits by Type 2010 – 2011 (FY11)

Visits and Services	Projected Number per Year
Negative Pregnancy Test Visits	96
High Risk Nurse Home Visits	6
Client Visits - Prenatal	275
Client Visits - Family Follow-Up	175
Multiple-Child Visits	14
Classes for Clients	6
Enhanced Alcohol Screening Visits	70
Enhanced Brief Intervention Visits	15
Nurse Consultation (# of hours)	48
Social Work/LPC Consultation (# of hours)	48
Approved Community Health Worker Training (# per staff person/# trainings per day) (Example: CHW Mary Smith: 3 trainings @ 8 hours per day)	3 trainings @\$125-CHW 1 training @\$125-PC

ATTACHMENT 2
BUDGET DEVELOPMENT GUIDELINES & WORKSHEET
 Solicitation Number: HP061205

Itemized Service Budget

1. Personnel (use additional pages, if necessary)			Total Salary for % Allocated
FTE %	Position/Title	Name of Employee	
25	Program Manager/Coordinator	Paula Horn	\$11,336.00
50	Community Health Worker	Kasey Jankowski	\$22,445.31
TOTAL			33,781.31
2. Employee Related Expenses			
Item	Basis		
FICA			\$2,797.19
Unemployment Insurance			\$
Worker's Compensation			\$ 108.73
Retirement			\$3,507.01
Life Insurance			\$
Health Insurance			\$8,937.50
TOTAL			\$15,350.43
3. Professional and Outside Services			
Item	Basis		
TOTAL			0
4. Travel Expenses			
Item	Basis		
Mileage			\$ 494.00
In town \$.50 per mile x 19 miles per week x 52 weeks			\$ 270.00
Mileage-Annual mtg/2 trainings 180(1Globe)x3=1080x.50			\$ 600.00
Hotel-2 trainings- Hotels average \$100 per night x 1 training @2 nights x1 training@4 nights			\$ 15.00
Per diem annual mtg 2 employees x \$7.50			\$ 150.00
Per diem Training 6 nights x 2 employees x \$25.00			
TOTAL			\$1,529.00
5. Occupancy Expenses			
Item	Basis		TOTAL
			\$0
6. Other Operating			
Item	Basis		
Program Supplies/Materials			\$ 0
Medical Items			
Pregnancy Tests 96 test \$30.59 + shipping/handling 4 boxes			\$ 123.00
Office Supplies			
Pens, paper, highlighters, file folders ect. X 2			\$ 100.00
Equipment			
Cell phone for one employee with electronic email and scheduling			\$ 840.00
Postage			
General mailings reminders/appts			\$ 29.45
Reproduction/Printing			
Business cards 2 employees x \$50			\$ 50.00
General Operating			
TOTAL			\$1,142.45
7. Capital Outlay Expenses			
Item	Basis		
			\$0
TOTAL			\$0

ATTACHMENT 2
BUDGET DEVELOPMENT GUIDELINES & WORKSHEET
 Solicitation Number: HP061205

<u>8. Other</u>	Basis	
Item		
Indirect costs	10%	\$5,180.31
		TOTAL <u>\$5,180.31</u>
		GRAND TOTAL \$56,983.50



GILA COUNTY
DIVISION OF HEALTH AND COMMUNITY SERVICES
 5515 SOUTH APACHE AVENUE SUITE 100 | GLOBE AZ 85501
 PHONE: 928 • 425 • 3231 EXT. 8811 | FAX: 928 • 425 • 0794

FACSIMILE TRANSMITTAL SHEET

TO: Christine Ruth	FROM: Paula Horn
COMPANY: Procurement	DATE: 9/16/10
FAX #: (602) 542-1741	TOTAL # OF PAGES INCLUDING COVER: 2
PHONE #: (602) 542-1040	SENDER'S REFERENCE #:

PLEASE REPLY
 PLEASE COMMENT
 PLEASE RECYCLE

Notes/comments:

Here is the requested price sheet for Gila Counties final revision for Proposal HPO 61205, Health Start Services

Thanks.

CONFIDENTIAL-FOR INTENDED RECIPIENT ONLY

WARNING: The information contained in this transmission is privileged and confidential information intended for the use of the individual named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this fax in error, please notify us immediately and return the original message to us at the address above via the U.S. mail.

Price Sheet

DESCRIPTION	UNIT	UNIT RATE
Data Preparation	Per Month	\$160 00
Negative Pregnancy Test Visits	Per Person	\$ 70 00
Client Enrollments	Per Person	\$ 80.00
High Risk Nurse Home Visits	Per Child	\$150 00
Client Visits Prenatal and Family Follow-up Visits	Per Person	\$ 80 00
Multiple-Child Visits	Per Child	\$ 45 00
Classes for Clients	Per Class	\$175 00
Enhanced Alcohol Screening Visits	Per Person	\$ 12 50
Enhanced Brief Intervention Visits	Per Person	\$ 17 50
Nurse Consultation	Per Hour	\$ 28 00
Social Work/LPC Consultation	Per Hour	\$ 29 00
Approved Community Health Worker Training	Per Person/Per Day/Per the Arizona Department of Administration General Accounting Office guidelines www.gao.az.gov/travel/	\$125 00

Pricing shall be inclusive of all costs to provide the Services. No other costs shall be allowed.
Budget Term: 7/1/2010 TO 6/30/2011

ORIGINAL PROPOSAL

EXECUTIVE SUMMARY:

Gila County is located in east central Arizona. It encompasses 4,752 square miles with terrain that includes both desert and mountain ranges. There are five incorporated cities and several other smaller communities scattered within the County. The Gila County Division of Health and Community Services has identified the Globe/ Miami area and the Payson area as communities that would benefit from the Health Start Program and its services.

The Gila County Office of Health has been providing services to pregnant women and children for a number of years through our Well Baby Services, Immunization Programs and the W.I.C. Program. The Gila County Office of Health has provided services to Gila County residents since 1893. The W.I.C. Program has served the Globe/Miami area and Payson area since 1974. During that time W.I.C. has continued to grow. There are currently 706 clients in the Globe/Miami area, and 630 clients in the Payson area. The Payson numbers are increasing every month.

There will be two Health Start Program locations in Gila County, one in Globe/Miami and one in Payson. The employees who will be providing services for the Health Start Program include: a Health Start Program Coordinator/Project Manager, two (2) Community Health Workers, three (3) Community Health Nurses on an as needed basis, one RN Consultant, and one BSW at 4 hours a month or as needed. Due to lack of access to an MSW, we have had prior approval to provide service with the BSW currently on staff. The Program Coordinator will supervise the Community Health Workers to ensure that a minimum caseload of thirty-five (35) women is receiving services at each site. Educational classes will be provided six times a year at each site.

The Program Manager/Program Coordinator serves as the primary contact for the state. She maintains all grant documentation, and does all purchasing, financial record management, and grant management within the Gila County system.

She will provide all necessary training to staff. Additional required trainings will be provided through the State annual meetings and trainings that come available through other programs. Records will be kept by the Program Coordinator showing successful completion of all trainings. The Program Coordinator will continually train and assist the Community Health Workers and Community Health Nurses in fulfilling their assigned job responsibilities.

The Program Coordinator will supervise the Community Health Workers and the Community Health Nurses. She will monitor Health Start visits for quality control by reviewing case files, periodic supervision of home visits, quarterly reviews to ensure completeness, accuracy and integrity of the information submitted by the CHW's and the CHNs. All participants in the program are provided with the Gila County Division of Health and Community Services Client Satisfaction Survey. The survey provides opportunity for the client to assess service and provide input for future improvements of

the program. She monitors and mediates client complaints through satisfaction surveys and telephone calls.

The Program Coordinator is responsible for coordination of services within the community. This includes developing strategies to assist the CHW and the CHN to identify at-risk women for recruitment purposes, coordination with all community resources, and collaboration with other agencies and service providers. The Program Coordinator provides referrals to other programs, and handles transitions including transfers from one location or program to another. She schedules case meetings. She also identifies gaps in services and coordinates service provision from another community.

The CHW's will provide service through pregnancy testing of potential clients and home visits to pregnant or postpartum women. At the time of enrollment the client is provided the Arizona Family Resource Guide, local resource and referral list and any educational materials they request. Prenatal visits include education based on the client's needs, financial assistance, job assistance, development of coping and problem solving, fetal growth and development, an Enhanced Alcohol Screening visit and Enhanced Brief Intervention if needed. Client risk factors, reinforcement of physician recommendations and healthy behaviors are encouraged. Post-partum visits include ages and stages developmental assessments, post-partum education and interconceptual education, "Never Shake A Baby" education, a depression screening, "Safe Home/Safe Child" assessments, immunizations, and health concerns for both mother and child. Referrals are provided as needed. The CHW's also provide education through one hour classes focusing on prenatal, perinatal and postpartum education. Topics include nutrition, breast feeding, healthy behaviors during pregnancy, C.P.R./first aid, first aid for small children, parenting tips, water safety and other topics recommended by Health Start participants.

The CHN's provide service through home visitation for a minimum of 30 minutes to postpartum women who qualify through the Health Start Program. The CHN will provide a minimum of one home visit, with a maximum of three visits during the first year. The CHW may provide additional visits upon recommendation of the CHN. Post-partum visits include ages and stages developmental assessments, post-partum education and interconceptual education, "Never Shake A Baby" education, a depression screening, "Safe Home/Safe Child" assessments, immunizations, and health concerns for both mother and child. Referrals are provided as needed.

A case meeting will be held monthly for a minimum of 4 hours. The Community Health Workers, the Program Manager, an RN, and the Community Health Nurse assigned to the client, and a BSW will review client charts and make recommendations.

The Gila County Office of Health has provided the Health Start Program in the Globe/Miami area for over ten years. This program has been very successful in providing the support and education so desperately needed by our young families. We look forward to providing this valuable to service to those residents in our Payson area.

6. METHOD OF APPROACH (METHODOLOGY)

The Gila County Office of Health and Community Services will employ Paula Horn to serve as the Project Manager (PM) and Health Start Program Coordinator (PC). She will be employed at .25 FTE to serve as the primary contact regarding the program development, implementation, changes to personnel, daily operations, all conference calls and other scheduled events provided by the state, and to answer any questions by the State Program Manager regarding the Health Start Program in Gila County.

There will be two Health Start Program locations in Gila County, one in Globe/Miami and one in Payson. Each site will be staffed by a .50 FTE Community Health Worker (CHW). Kasey Jankowski will be the CHW in Globe and the position for a CHW in Payson will be posted at the Gila County Court House, the Gila County Job Site, and in the Payson newspaper. Interviews will be held and the most qualified applicant from the Payson area will be hired. Per Gila County Division of Health and Community Services policy, all persons working with children or incapacitated adults must receive a fingerprint clearance card. A signed "Criminal History" Affidavit or fingerprint clearance will be kept in each employee file (See Attachment 6).

The PC will train the new CHW one-on-one regarding the Policies and Procedures for the Health Start Program and provide 8 hours of supervised home visits within 90 days of hire. She will review all paperwork for completion and accuracy. The Community Health Workers will be trained regarding the new Policy and Procedures for the Health Start Program. This instruction will include how to screen and enroll clients utilizing the enrollment form and the assessment tools. The CHW staff will be trained on the Nursing Section Policies and Procedures for pregnancy testing which includes preconception/interconception education for negative pregnancy test. Referral sources will be provided as needed. Additional required trainings are provided through the State annual meetings and trainings that come available through other programs. Records will be kept by the PC showing successful completion of the trainings provided in the employees file. The PC will ensure that all required staff are scheduled to attend the Health Start sponsored annual meetings and trainings. The Project Manager will continually train and assist the Community Health Workers and Community Health Nurses in fulfilling their assigned job responsibilities.

The PC will supervise the Community Health Workers to ensure that a minimum caseload of thirty-five (35) women is receiving services at each site. Number of visits will be monitored monthly and caseloads are monitored quarterly. Educational classes are provided six times a year at each site.

Quality assurance of Health Start visits will be monitored by the PC. This includes quality control for all case files, periodic supervision of home visits, quarterly reviews to ensure completeness, accuracy and integrity of the information submitted by the CHW's and the CHNs. A Gila County Employee Evaluation is done annually per County policy. This is the evaluation used to review strengths, weaknesses and establish goals and objectives for continuing education for staff. An annual Health Start Home Visiting

Checklist will be maintained in the CHW's personnel file. All participants in the program are provided with the Gila County Division of Health and Community Services Client Satisfaction Survey. The surveys are provided to clients after each class, upon delivery of the baby, and after 2 years of family follow up services. The survey provides opportunity for the client to assess service and provide input for future improvements of the program. Each class will also have a pre and post test to measure increase in knowledge as well as to provide the participant the opportunity to express desire for continued education topics. The PC will provide all information to the state as requested.

The PC is responsible for coordination of services within the community. This includes developing strategies to assist the CHW and the CHN to identify at-risk women for recruitment purposes, coordination with all community resources, and collaboration with other agencies and service providers. Referrals are received by other agencies such as physician offices, DES and W.I.C. Outreach is provided through posters, tear-offs, presentations at agency meetings and newspaper articles. She conducts all public relations functions for the program by attending coalition meetings and by speaking to other community groups. Communication between the PC and Head Start who provides a "home visitation program" through "First Things First" is maintained to avoid replication of services. The PC provides referrals to other programs, and handles transitions including transfers from one location or program to another. She also identifies gaps in services and coordinates service provision from another community. The program coordinator maintains a "Resource and Referral" list which is updated annually.

The PC is responsible for all grant and program administrative functions of the Health Start Program. She submits monthly invoices and client logs, monthly staff calendars, visit forms and any class attendance forms for the month. Certificates will be provided with the monthly billing for any sponsored trainings by employees. She also completes and submits quarterly reports and quality improvement plans according to Health Start Policy. She monitors and mediates client complaints through satisfaction surveys and telephone calls. The PC maintains all grant documentation, and does all purchasing, financial record management, and grant management within the Gila County system. She ensures that all Health Start forms and visits are accurate, and that all client files are kept in a locked file cabinet in a locked office within the Gila County Office of Health Services. There is no public access to the area in which the files are kept. The Community Health Worker and Coordinator are the only people who have access to the filing cabinet. She will also create a check list and call a minimum of two clients visited by each CHW each month to ensure quality services are being provided.

The PC schedules the case meetings that are held for a minimum of 4 hours per month. The CHW/CHN, PC, RN (Lorraine Dalrymple), and BSW (Carolyn Haro), review charts and make recommendations. Due to the lack of access to an MSW, we have had prior approval to provide service with the BSW currently on staff.

The CHW's provide service through home visitation for a minimum of 30 minutes to pregnant or postpartum women who qualify for the Health Start Program. Clients are enrolled into the Health Start Program and must complete all necessary paperwork including Intent to Participate and Client Enrollment forms. At the time of enrollment the client is provided the Arizona Family Resource Guide, local resource and referral list and any educational materials they request such as nutrition education, tobacco quit education, stress relief or exercise. The first visit will consist also of the alcohol use screening form, and if the client meets eligibility they will be provided a brief intervention education follow-up visit. They also provide education through one hour classes focusing on prenatal, perinatal and postpartum education. Topics include nutrition, breast feeding, healthy behaviors during pregnancy, C.P.R/first aid, first aid for small children, parenting tips, water safety and other topics recommended by Health Start participants.

The CHW's also provide pregnancy testing of potential clients as necessary. If the pregnancy tests result is positive, the CHW will offer enrollment into the Health Start Program and complete the necessary enrollment forms. If the pregnancy test is negative, the CHW will conduct a screening using the appropriate forms, provide appropriate education according to Health Start and Gila County Policies, discuss the importance of folic acid, and provide referrals as needed. Referrals may include, D.E.S. AHCCCS, WIC services or Family Planning Services which are available at the Gila County Office of Health.

Prenatal visits include education based on the clients needs, financial assistance, job assistance, development of coping and problem solving, fetal growth and development, client risk factors, reinforcement of physician recommendations and encouragement of healthy behaviors. Referrals are given as needed, any questions are addressed, and goals are set for the next visit. Post-partum visits include ages and stages developmental assessments, post-partum education and interconceptual education (including, but not limited to breastfeeding, nutrition, exercise, stress relief, shaken baby, financial assistance, job assistance, development of coping and problem solving, family planning), immunizations, and health concerns for both mother and child. After the child reaches two months, the CHW will provide the Never Shake a Baby education and commitment forms and will conduct the depression screening for the mother. When the child reaches 5 months of age a Safe Home/Safe Child assessment is conducted in the home to determine if the home needs any changes to make the home safe for the child. The CHW will provide an assessment update of the safe home visit within the following months to assist the client with any issues. Referrals are provided as needed. These referrals may include but are not limited to prenatal or primary care physician, or the W.I.C. nutritionist. The PC is a breast feeding counselor and immunizations are provided at the Gila County Office of Health. Client visits occur in the family home, county office, mother's work site, or other local public location. Upon request by the Community Health Worker, the coordinator or an additional staff member will accompany the Community Health Worker for visits. A county vehicle is made available to the Community Health Worker for use during work hours as available.

Upon completion of a visit, the Community Health Worker documents the visit and provides the visitation forms to the Program Coordinator for visual review prior to filing. On a monthly basis, the Program Coordinator must again review the visitation forms for completeness prior to billing and logging ADHS for the contact. Quarterly, ten case files are randomly audited for accuracy by the Program Coordinator. Monthly, cases that have extenuating issues are reviewed by the nurse and social worker in conjunction with the Program Coordinator and Community Health Worker.

Community outreach of the services provided by the CHN's will include close collaboration with the CHW's, letters informing local physicians and the local hospital regarding this service, and pamphlets distributed at local health fairs to locate and identify at-risk women and infants who qualify for this program. The CHN's provide service through home visitation for a minimum of 30 minutes to postpartum women who qualify through the Health Start Program. The CHN will fill out all necessary enrollment forms at the initial visit and provide the family with the Arizona Family Resource Guide. The CHN will provide a minimum of one home visit, with a maximum of three visits during the first year. The CHW may provide additional visits upon recommendation of the CHN. Post-partum visits include ages and stages developmental assessments, post-partum education and interconceptual education (including, but not limited to breastfeeding, nutrition, exercise, stress relief, shaken baby, financial assistance, job assistance, development of coping and problem solving, family planning), immunizations, and health concerns for both mother and child. After the child reaches two months, the CHN will provide the Never Shake a Baby education and commitment forms and will conduct the depression screening for the mother. When the child reaches 5 months of age, a Safe Home/Safe Child Assessment is conducted in the home to determine if the home needs any changes to make the home safe for the child. The CHN will provide an assessment update of the safe home visit within the following months to assist the client with any issues. Referrals are provided as needed. These referrals may include but are not limited to prenatal or primary care physician, or the W.I.C. nutritionist. The PC is a breast feeding counselor and immunizations are provided at the Gila County Office of Health.

6.2

The Gila County Health Department has been a part of several wellness programs including a women's health program which provided free mammograms and education to uninsured and underinsured women. The program was a grant from the Susan G. Komen foundation and the name of the program was the Gila County BEST (Breast Education Support Team). The program was a huge success.

The Gila County Office of Health currently participates in the federally funded "Vaccines for Children Program." This grant provides immunizations to children 0 – 18 years of age. ADHS provides our agency with a set of deliverables based on CDC guidelines. Our staff is required to administer, report usage, and maintain inventory for all vaccines provided under this program. All reports are completed in a timely manner. The program has been very successful, and we have received several awards (Arizona Hot

Shot's) over the past years for our innovative style for reaching children and increasing immunization rates.

The Gila County Office of Health provides developmental screenings to children birth through five years of age through the "Early Childhood Screening Program" funded by "First Things First". The developmental screenings are done using the Ages and Stages programs ASQ-3 and the ASQ-SE. Vision screenings are provided using the SureSight Vision screener, Vision Developmental Questionnaires, LEA Symbol Chart for near and far sightedness, and the Lang Stereopsis Test. Hearing screenings are provided using the AuDx OAE Hearing Screening System. Parents are informed of the findings and referrals are made as needed.

6.3

Gila County is located in east central Arizona. It encompasses 4,752 square miles with terrain that includes both desert and mountain ranges. There are five incorporated cities and several other smaller communities scattered within the County. The Gila County Division of Health and Community Services has identified both the Globe/Miami area in Southern Gila County and the Payson area in Northern Gila County as an area that would benefit from the Health Start Program and its services. The decision to maintain our current part-time Community Health Worker in Globe and add an additional part-time Community Health Worker in Payson is based upon the numbers of current clients in Globe and the recent changes in statistical birth facts in Payson which reflect a need to expand the program.

The demographics in Payson are rapidly changing. Previously, Payson had a large number of retired residents. The average age and income of Payson's residents is declining as the current economic situation is requiring children to return to the parent's residence in Payson. In December 2007, W.I.C. in Payson provided service to 316 clients. Today, W.I.C. is providing services to 630 clients, and the number is increasing every month.

Research shows that prenatal care improves pregnancy outcomes. The Arizona Department of Health Services Community Health Profile 2009 for Globe/Miami reveals that out of 1000 births 90.5 women receive 0-4 prenatal care visits, in Payson it is 47.5 women, and in Arizona it's 65.3 women.

Studies list several factors that are associated with insufficient prenatal care. These factors include minority status; age; education; income; and geographic location. Both Globe/Miami and Payson have a high incidence of some of these factors explaining the high incidence of inadequate prenatal care.

Minority Status: According to the U.S. Census Quick Facts, Hispanics make up 28.0% of Arizona residents. In Globe, Hispanics make up 32.7% of the population, in Miami 54.4% of the residents are of Hispanic ethnicity, and in Payson Hispanics make up 5.2% of the population.

Age: Gila County has the highest teen-pregnancy rate in the state of Arizona with a rate of 45.9. According to the Arizona Department of Health Services, the Arizona teen-pregnancy rate is 31.6. In Gila County 172 of our 730 pregnancies were teens. In 2008, Payson had 52 births to teen mothers. Twenty women who gave birth were between the ages of 15 and 17 years of age and thirty two women were between the ages of 18-19. These women made up 31.3% of all births in the Payson area. In the Globe/Miami area the teen birth rate continues to be 52.8 per 1,000 females compared to Arizona's 38.8.

Education: Individuals with a 9th-12th grade education but no diploma comprise 11.2% of the population in Payson. This is comparable to Arizona's 11.2%. In Globe/Miami it is 16.4%.

Income: Low income women are at greater risk for delaying prenatal care. The median income for Arizona is \$44,261; for Globe \$33,500; Miami \$28,100; and Payson \$34,296.

Geographic Location: According to the Rural Healthy People 2010 survey, access to quality health services (which includes access to primary care) was rated as the top ranking rural health priority. The higher proportion of poor in these rural communities – a population that often requires more health care – make the consequences of provider shortages even more significant. According to Rural Healthy People 2010, barriers in rural communities include “lack of available local prenatal and obstetrical care associated with higher rates of preterm delivery, infant mortality, and complications during delivery.” Other barriers to prenatal care for women living in rural communities include less access to health insurance, greater distance and travel time to providers, transportation problems, and child care difficulties for larger families. There are only two level one hospitals located in Gila County. All high risk deliveries need to be flown out to Phoenix or Tucson. Also, there is no form of mass public transportation in Gila County. This makes it difficult for women to access prenatal care in a timely manner.

High incidence of inadequate infant health care

The Globe/Claypool/Miami area has a high incidence of inadequate infant health care. There is one pediatrician and three general practitioners that provide pediatric care. Although vaccines can be provided by these physicians, most parents depend on The Gila County Office of Health to provide their children's vaccines. There are no sliding fee scale clinics or school based clinics in the area, and there is only one level one hospital with a 6 crib nursery and no pediatric department. There is no NICU, making it necessary for newborns with complications to be flown to Phoenix or Tucson. Children's Rehabilitative Services provides orthopedic and cardiac clinics at the Office of Health quarterly. Other specialists from Phoenix provide services at the hospital one day every two weeks or once a month. Payson has only one level-one hospital and one sliding fee scale clinic. The hospital in Payson is a level one with no NICU making it necessary for newborns with complications to be flown to Phoenix.

High incidence of low birth weights

The number of low-weight births per 1,000 live births in the Globe/Miami area is 81.2; in the Payson area it is 80.3. In Arizona the number of low-weight births per 1,000 live births is only 71.3.

High incidence of inadequate early childhood immunizations

There are four physicians in Globe and four physicians in Payson that provide immunizations for infants and children. The Gila County Office of Health also provides immunizations Monday thru Friday from 8AM – 4PM. The Office of Health uses the media and a recall system to provide as much coverage as possible. Yet, more effort is needed. Although 82.5% of 2 year olds in Globe are vaccinated, its neighbor Miami has a 38.8% immunization level – almost half the percentage of the state which is 79.8%. In Payson, the immunization level is 90%.

Birth Measures/ Death Measures

The most recent data available regarding additional characteristics of mothers and newborns in our communities dates back to the Community Health Profiles provided by the Arizona Department of Health Services in 2003. Below is a comparison of that data for Payson, Globe, and Miami compared to Arizona.

<u>Indicator</u>	<u>Payson</u>	<u>Globe</u>	<u>Miami</u>	<u>Arizona</u>
Preterm babies (<37 weeks) per 100 births	13.4	10.1	10.9	10.5
Payee for births: AHCCCS Or HIS per 100 births	55.6	64.2	73.9	52.2
Tobacco use during pregnancy Per 100 births	16.6	25.1	28.3	5.8
Number of infant deaths (<1 Year of age) per 1,000 births	N/A	11.2	21.7	6.5
Mortality rates by age groups Per 100,000 1-4 years	169.9	0.0	735.3	40.1

6.4 Potential clients and services provided:

Data Preparation currently takes approximately 4 hours. This amount of time would be increased due to the additional Payson staff. We currently perform approximately 6 pregnancy tests, with 5 negatives and one positive test a month. This would double with

the addition of the Payson Office. There were 199 births in Globe/Miami area and 233 births in the Payson area. There were 61 women in the Globe/Miami area and 70 women in the Payson area that were eligible based on age alone. Our Globe office enrolled 61 clients last year and currently serves 58 clients. It is projected each 0.5FTE Community Health Worker will enroll 5 clients, and have an average case load of 35 clients; and see 15 prenatal clients and 10 postpartum clients monthly.

Prenatal women will be seen every month for a total of approximately 180 prenatal visits per CHW. This will make a grand total of approximately 360 prenatal visits per year. Postpartum mothers and their infants will be seen within 2 weeks after the child's birth, then at two months, 4 months ASQ, 5 months is the Safe Home/Safe Child Assessment, 6 months ASQ, 8 months ASQ and Safe Home/Safe Child reassessment, 12 months ASQ, 18 months ASQ, and 24 months ASQ.

It is projected that each CHW will provide 120 family follow-up visits for a total of 240 family follow up visits a year. Based on historical findings, of the 70 clients, three women would be determined high-risk. They will receive 3 visits by a Community Health Nurse. Of the 35 clients served per CHW, 2 will be multiple births. Therefore, of the 240 family follow-up visits, approximately 16 visits will be multiple-child visits.

A total of 12 classes will be held annually, alternating sites between Globe and Payson. Every enrolled pregnant client will receive an enhanced alcohol screening for a total of 15 screenings per CHW. According to our W.I.C. Office approximately 4% of woman will admit to drinking prior to discovering they were pregnant. Therefore, approximately 2 clients per CHW will need a Brief Intervention visit.

Nurse Consultation and Social Work Consultation (case review) will be provided 4 hours and month. Both CHW's will attend the Case review meeting in Globe with the Program Coordinator and CHN as needed. The CHW's will attend the Health Start Annual Meeting and two additional trainings. The Program Coordinator will attend the Health Start Annual Meeting.

6.5 Strategies for outreach and recruitment

The Gila County Office of Health collaborates with several agencies who work with pregnant and post-partum women. Referrals for women to enroll in Health Start are provided by doctors, WIC, DES, Head Start, and other agencies. Pregnancy testing is offered by the Gila County Office of Health. Women who test positive are offered enrollment into the Health Start Program. Advertising and publicity for the program are provided by posters in community locations, newspaper articles, radio announcements, local agency network emails, and community health fairs. Many of our Health Start clients refer their friends to the program.

6.6 Resources

Resources with the Globe/Miami and Payson areas are limited. There are only 3 Obstetrics/Gynecological Offices in Payson and one in Globe. The practitioners in the Globe Office come up from Phoenix as rotation physicians. There are 2 pediatric offices in Payson and one in Globe. There are no NICU facilities in Gila County. Behavioral health, adult education, nutrition assistance, child care assistance, early childhood education, clothing and financial assistance all exist with the areas. The Gila County Office of Health provides free well child clinics, immunizations, early childhood screenings and participates in the home based Community Nursing Services (NICP) Program. All social service, health and law enforcement agencies within the communities meet on a monthly basis through the Interagency Meetings. Since the area is fairly small and the resources are fairly slim, The Gila County Office of Health has enjoyed a close working relationship with the other organizations in the area.

6.7 Consultation

The Program Coordinator schedules the case meetings that are held for a minimum of 4 hours per month. The Community Health Workers, the Program Manager, an RN (Lorraine Dalrymple), and the Community Health Nurse assigned to the client, and a BSW (Carolyn Haro), review charts and make recommendations.

6.8 Duplication of Services

A "First Things First" Home Visitation Program exists within the Globe/Miami/Payson area. This service is provided by the "Pinal/Gila Childcare Services through Head Start. Historically, our local Head Start programs and our Health Start program have enjoyed a positive working relationship. We meet on a monthly basis at the network meetings.

6.9 Offeror other grant contracts

We currently do not have any additional programs which would address the same services as the Health Start program.

EXPERIENCE AND EXPERTISE:

4.1

The Gila County Office of Health has been providing services to pregnant women and children for a number of years through our Well Baby Services, Immunization Programs and the W.I.C. Program. The Gila County Office of Health has provided services to Gila County residents since 1893. The W.I.C. Program has served the Globe/Miami area and Payson area since 1974. During that time W.I.C. has continued to grow. There are currently 706 clients in the Globe/Miami area, and 630 clients in the Payson area. The Payson numbers are increasing every month.

The Gila County Office of Health has taken the lead in establishing programs to address teen pregnancy prevention and to address Maternal and Child Health issues. The Office of Health has provided the Teen Maze, originally a program supported by the Coalition to Prevent Teen Pregnancy, bi-annually since 1997. We provided services through the Maternal Child Health Prenatal Block Grant from 1996 through 2009, and currently provide The Neonatal Intensive Care Program since 1999, the Health Start Program since 2000, Family Planning since the summer of 2008, the Folic Acid Distribution Program since 2008, and the Early Childhood Screening Program through "First Things First" since 2009.

Our Maternal Child Health Program involves group outreach types of activities utilizing media, Public Service Announcements and referrals from physician's offices, schools, churches and social service agencies. Workshops are offered and information disseminated in a variety of locations and at several unrelated community events. The stated goals of the Maternal Child Health Program include: positive birth outcomes of women of childbearing age and infants; and, to improve the health status of newborns, infants, and children. In spite of these efforts, statistics show that many individuals are not receiving early prenatal intervention.

(See Attachment 4 – Applicants Experience in Section 10- Other Attachments)

4.2 Employees who will be providing services for the Health Start Program include:

1. One (1) Health Start Program Coordinator/Project Manager .25FTE
2. Two (2) Community Health Workers 2 @ .5 FTE
3. Three (3) Community Health Nurses on an as needed basis
4. One RN at 4 hours a month or as needed
5. One BSW at 4 hours a month or as needed

(See Resume's and Job Descriptions in Section 10)

4.3 Staffing

The Health Start Program Coordinator:

This position is currently filled by Paula M. Horn. Paula has been the Program Coordinator for the Health Start Program for over six years.

The Community Health Worker:

There will be two (2) Community Health Workers. Each will work for .5FTE.

The position of Community Health Worker in Globe is currently filled by Kasey Jankowski. Kasey works .5FTE for the Health Start Program and serves the Globe/Miami area. The Program Coordinator will train Kasey on the new forms and current updated Policy and Procedure for the Health Start Program. Kasey reports to the coordinator one-on-one on a daily basis. Supervision is also provided via e-mail and telephone.

The position of a Community Health Worker for .5FTE in Payson will be posted according to the Gila County Personnel procedures. Employment applications are routed to the Health Start program coordinator. Interviews and background checks will be completed. Per Gila County Division of Health and Community Services policy, all persons working with children or incapacitated adults must receive a fingerprint clearance card. The coordinator will conduct one-on-one core training, orientation and site specific training for the additional staff. Orientation and core training will be done within the first 30 days of hire. The new hire will come to Globe for this training with the Program Coordinator. The Payson CHW will shadow Kasey on several visits and will be observed by the Coordinator on several home visits before she is allowed to assume independent client contact responsibilities. The Payson CHW will be supervised and provided assistance by telephone, e-mail, and periodic office visits.

The program coordinator is responsible for all personnel management functions of the Health Start Program. This includes hiring, dismissal, background check, disciplinary actions, supervision of Community Health Worker, and Gila County Merit System appraisals for the Community Health Workers (CHW). She develops employee schedules for the CHW and maintains personnel files for this program.

(See Attachment three and Organizational Charts – Section 10)

4.4 The Community Health Nurses:

The Community Health Nurses positions will be provided by the three (3) existing Gila County Public Health Nurses.

The Gila County Public Health Nurses include Lucinda Campbell RN, Michelle Craft RN, and Ramona Scales RN. These RN's will provide Community Health Nurse Visits to participants who meet the medical and social risk eligibility criteria of this contract and are not being followed by the ADHS HRPP Program. The FTE's for the nurses will be based on the number of clients and visits needed.

All the nurses will be trained to provide Community Health Nursing services as described by the ADHS HRPP Program Policy and Procedures, Chapter 4: Personnel and Training, dated 07/01/09. Shadow visits will be scheduled with nurses currently providing services through the ADHS HRPP Program. The nurses will be provided orientation regarding their responsibilities as Community Health Nurses for Health Start by the Program Coordinator. Supervision will be provided to the Community Health Nurses by the Program Coordinator with the assistance of the Director of Nursing for the Gila County Office of Health.

5. TECHNICAL QUALIFICATIONS:

Paula Horn will be the Project Manager in addition to her position as Program Coordinator. She shall be the primary contact person for the ADHS Program Manager. Paula can be contacted via e-mail at phorn@co.gila.az.us or by telephone at (928) 402-8813 (work), or her cell phone at (928) 200-5205.

Paula will coordinate with the Director of Nursing regarding monthly staff meetings. Paula will provide any information and updates regarding the Health Start Program that need to be discussed with staff at the meetings. Staff meetings are held the second Friday of every month. Paula attends all state program meetings along with her Community Health Workers. Any questions or concerns of staff that cannot be answered by Paula are presented at the state meetings. The Project Manager ensures attendance of her staff to all meetings using electronic invites via outlook. Agenda's are provided when needed.

Paula will ensure all necessary operational components are completed. She will ensure that adequate space is available for each CHW to conduct day to day operations which includes; work areas, computer systems, telephones, cell phones, and locked filing cabinets. All necessary office supplies are ordered including, but not limited to, pens, paper, file folders, and forms supplied by ADHS. Access to a copy machine, fax machine and a county vehicle is provided.

Paula will collaborate with other agencies and service providers to achieve a comprehensive network of available community resources and referrals by attending local coalition and network meetings. A resource and referral list is updated as needed and made available by hard copy for all participants along with the Arizona Resource Guide.

Paula will trouble shoot and correct problems after implementation by meeting with staff on a regular basis. Meetings may be called in addition to the monthly staff meetings to address any urgent issues. Quality Assurance Procedures are monitored and satisfaction surveys are reviewed on a regular basis. Monthly meetings are held with the CHW's, the Program Coordinator, an RN, and a BSW to discuss any concerns with Health Start clients.

Paula is responsible for the supervision of all Health Start staff members. She ensures that all staff are trained sufficiently. Charts will be reviewed and any concerns will be addressed appropriately. Retraining will be recommended when needed. All required ADHS documents will be completed and delivered by the 15th day of the following month. Quarterly reports will be submitted by the 30th of the following month.

In Paula's absence, the designated alternative contact will be Lorraine Dalrymple, RN, Health Services Program Manager. She can be contacted by e-mail at ldalrymp@co.gila.az.us, or by phone at (928) 402-8807 (work) or (928) 701-1614 (cell).