



INTERGOVERNMENTAL AGREEMENT (IGA)

Contract No. HG854284

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

Project Title: Immunization Program **Begin Date:** 1/01/2008

Geographic Service Area: Gila County **Termination Date:** 12/31/2012

Arizona Department of Health Services has authority to contract for services specified herein in accordance with A.R.S §§ 11-951, 11-952, 36-104 and 36-132. The Contractor represents that it has authority to contract for the performance of the services provided herein pursuant to:

- | | | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | Counties: | A.R.S. §§ 11-201, 11-951, 11-952 and 36-182. |
| <input type="checkbox"/> | Indian Tribes: | A.R.S. §§ 11-951, 11-952 and the rules and sovereign authority of the contracting Indian Nation. |
| <input type="checkbox"/> | School Districts: | A.R.S. §§ 11-951, 11-952, and 15-342. |
| <input type="checkbox"/> | City of Phoenix: | Chapter II, §§ 1 & 2, Charter, City of Phoenix. |
| <input type="checkbox"/> | City of Tempe: | Chapter 1, Article 1, §§ 1.01 & 1.03, Charter, City of Tempe. |
| <input type="checkbox"/> | Other: | |

The Contractor agrees to perform all the services set forth in the Agreement and Work Statement. Amendments signed by each of the parties and attached hereto are hereby adopted by reference as a part of this Contract, from the effective date of the Amendment, as if fully set out herein.

FOR CLARIFICATION, CONTACT:

Arizona Transaction (Sales) Privilege: _____

Name: Lorraine Dalrymple, RN

Federal Employer Identification No.: _____

Phone: 928 402-8807

Tax License No.: _____

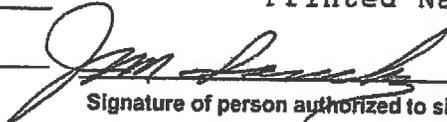
FAX No.: 928 425-0794

Contractor Name: Gila County Health Department

Jose Sanchez, Chairman
Printed Name

Address: 5515 S. Apache Avenue, Suite 100

Globe	AZ	85501
City,	State	Zip Code

 02-26-08
Signature of person authorized to sign Date

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

This contract shall henceforth be referred to as Contract

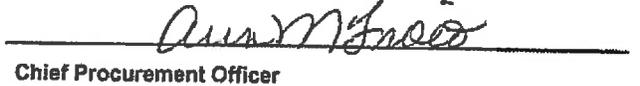
No. HG854284 The Contractor is hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until Contractor receives a fully executed copy of the contract.

State of Arizona

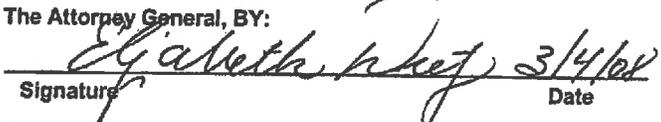
Signed this 5th day of March, 2008


Signature Date

Bryan Chambers, Chief Deputy
Print Name and Title Attorney


Chief Procurement Officer

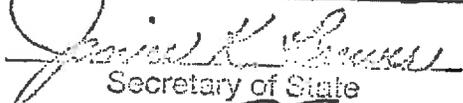
Attorney General Contract, No. FIGA2007002730 which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney General, who has determined that it is in the proper form and is within the powers granted under the laws of the State of Arizona to those parties to the Agreement represented by the Attorney General.

The Attorney General, BY:

Signature Date

Elizabeth Dietz
Print Name, Assistant Attorney General

RESERVED FOR USE BY THE SECRETARY OF STATE

NO. 29747
Filed with the Secretary of State
Date Filed: 3-7-08


Secretary of State

By: 

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1. DEFINITION OF TERMS. As used in this Contract, the terms listed below are defined as follows:

- "Attachment" means any document attached to the Contract.
- "ADHS" means Arizona Department of Health Services
- "Change Order" means a written order that is signed by a Procurement Officer and that directs the Contractor to make changes authorized by the Uniform Terms and Conditions of the Contract
- "Contract" means the combination of the Uniform and Special Terms and Conditions, the Specifications and Statement or Scope of Work, any Contract Amendments and any terms applied by law
- "Contract Amendment" means a written document signed by the Procurement Officer and the Contractor that is issued for the purpose of making changes in the Contract
- "Contractor" means any person who has a Contract with the Arizona Department of Health Services.
- "Cost Reimbursement" means a contract under which a contractor is reimbursed for costs, which are reasonable, allowable and allocable in accordance with the contract terms and the provisions of the State procurement code
- "Days" means calendar days unless otherwise specified.
- "Exhibit," means any item labeled as an Exhibit.
- "Fixed Price" establishes a set price per unit of service. The set price shall be based on costs, which are reasonable, allowable and allocable
- "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
- "Procurement Officer" means the person duly authorized by the State to enter into and administer Contracts and make written determinations with respect to the Contract or their designee.
- "Purchase Order" means a written document that is signed by a Procurement Officer, that requests a vendor to deliver described goods or services at a specific price and that, on delivery and acceptance of the goods or services by the State, becomes an obligation of the State.
- "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.
- "State" means the State of Arizona and/or the ADHS. For purposes of this Contract, the term "State" shall not include the Contractor

2. CONTRACT INTERPRETATION

- 2.1 Arizona Law. The law of Arizona applies to this Contract including, where applicable, the Uniform Commercial Code as adopted by the State of Arizona
- 2.2 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.
- 2.3 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.
 - 2.3.1 Special Terms and Conditions;
 - 2.3.2 Uniform Terms and Conditions,
 - 2.3.3 Statement or Scope of Work;
 - 2.3.4 Specifications;
 - 2.3.5 Attachments
 - 2.3.6 Exhibits
 - 2.3.7 Referenced Documents
- 2.4 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
- 2.5 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.

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- 2.6 No Parol 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.
- 2.7 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.
- 2.8 Headings. Headings are for organizational purposes only and shall not be interpreted as having legal significance or meaning.

3. CONTRACT ADMINISTRATION AND OPERATIONS

- 3.1 Term. As indicated on the signature page of the Contract, the Contract shall be effective as of the Begin Date and shall remain effective until the Termination Date.
- 3.2 Contract Renewal. This Contract shall not bind, nor purport to bind, the State for any contractual commitment in excess of the original Contract period. The term of the Contract shall not exceed five years. However, if the original contract period is for less than five years, the State shall have the right, at its sole option, to renew the Contract, so long as the original Contract period together with the renewal periods does not exceed five years. If the State exercises such rights, all terms, conditions and provisions of the original Contract shall remain the same and apply during the renewal period with the exception of price. The Contractor shall agree that the prices stated in the original Contract shall not be increased in excess of the maximum percentage of increase stated on the Pricing Schedule.
- 3.3 Non-Discrimination. The Contractor shall comply with State Executive Order No. 99-4, as applicable, and all other applicable Federal and State non-discrimination laws, rules and regulations, including, but not limited to Title VII of the Civil Rights Act of 1964, as amended, the Age Discrimination in Employment Act of 1975, Federal Executive Order 11246, Sections 503 and 504 of the Rehabilitation Act of 1973, as amended, Title VI of the Civil Rights Act of 1964, as amended, the Americans with Disabilities Act of 1990 (Public Law 101-336), and all other acts required for compliance with the federal funding source.
- 3.4 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 ("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.
- 3.5 Audit. Pursuant to A.R.S. § 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.
- 3.6 Financial Management. For all contracts, the practices, procedures, and standards specified in and required by the Accounting and Auditing Procedures Manual for the ADHS funded programs shall be used by the Contractor in the management of contract funds and by the State 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.
 - 3.6.1 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.
 - 3.6.2 State Funding. Contractors receiving state funds under this contract shall comply with the certified compliance provisions of A.R.S. § 35-181.03.
- 3.7 Inspection and Testing. The Contractor agrees to permit access, at reasonable times, to its facilities,

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subcontractor facilities and the Contractor's processes for producing the materials for inspection of the 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 at the Contractor's facilities nor testing shall constitute final acceptance of the materials. If the State determines non-compliance of the materials, the Contractor shall be responsible for the payment of all costs incurred by the State for testing and inspection.

3.8 Notices Notices to the Contractor required by this Contract shall be made by the State to the person indicated on the signature page by the Contractor, unless otherwise stated in the Contract. Notices to the State required by the Contract shall be made by the Contractor to an ADHS Procurement Officer, unless otherwise stated in the Contract. An authorized ADHS Procurement Officer and an authorized Contractor representative may change their respective person to whom notice shall be given by written notice, and an amendment to the Contract shall not be necessary.

3.9 Advertising and Promotion of Contract. The Contractor shall not advertise or publish information for commercial benefit concerning this Contract without the prior written approval of an ADHS Procurement Officer.

3.10 Property of the State

3.10.1 Equipment. The title to any and all equipment acquired through the expenditure of funds received from the State shall remain the property of the State by and through the ADHS and, as such, shall remain under the sole direction, management and control of the ADHS. When this Contract is terminated, the disposition of all such property shall be determined by the ADHS. For Fixed Price contracts, when the Contractor provides the services/materials required by the contract, any and all equipment purchased by the Contractor remains the property of the Contractor. All purchases of equipment need to be reported to the ADHS Office of Inventory Control.

3.10.2 Title and Rights to Materials. As used in this section, the term "Materials" means all products created or produced by the Contractor under this Contract, including, but not limited to: written and electronic information, recordings, reports, research, research findings, conclusions, abstracts, results, software, data and any other intellectual property or deliverables created, prepared, or received by the Contractor in performance of this Contract. Contractor acknowledges that all Materials are the property of the State by and through the ADHS and, as such, shall remain under the sole direction, management and control of the ADHS. The Contractor is not entitled to a patent or copyright on these Materials and may not transfer a patent or copyright on them to any other person or entity. To the extent any copyright in any Materials may originally vest in the Contractor, the Contractor hereby irrevocably transfers to the ADHS, for and on behalf of the State, all copyright ownership. The ADHS shall have full, complete and exclusive rights to reproduce, duplicate, adapt, distribute, display, disclose, publish, release and otherwise use all Materials. The Contractor shall not use or release these Materials without the prior written consent of the ADHS. When this Contract is terminated, the disposition of all such Materials shall be determined by the ADHS. Further, the Contractor agrees to give recognition to the ADHS for its support of any program when releasing or publishing program Materials.

4. **COSTS AND PAYMENTS**

4.1 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 Contractor's Expenditure Report for payment from the State within thirty (30) days, as provided in the Accounting and Auditing Procedures Manual for the ADHS.

4.2 Recoupment of Contract Payments.

4.2.1 Unearned Advanced Funds. Any unearned State funds that have been advanced to the Contractor and remain in its possession at the end of each budget term, or at the time of termination of the Contract, shall be refunded to the ADHS within forty-five (45) days of the end of a budget term or of the time of termination.

4.2.2 Contracted Services. If the number of services provided is less than the number of services for which the

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- Contractor received compensation, funds to be returned to the ADHS shall be determined by multiplying the unit of service cost by the number of services the Contractor did not provide during the Contract term
- 4.2.3 **Refunds.** Within forty-five (45) days after the end of each budget term or of the time of termination of the Contract, the Contractor shall refund the greater of: i) the amount refundable in accordance with paragraph 4.2.1, Unearned Advanced Funds; or ii) the amount refundable in accordance with paragraph 4.2.2, Contracted Services.
- 4.2.4 **Unacceptable Expenditures.** The Contractor agrees to reimburse the ADHS for all Contract funds expended, which are determined by the ADHS not to have been disbursed by the Contractor in accordance with the terms of this Contract. The Contractor shall reimburse ADHS within 45 days of the determination of unacceptability
- 4.3 **Delivery.** Unless stated otherwise in this Contract, all prices shall be F.O.B. Destination and shall include all delivery and unloading at the destinations
- 4.4 **Unit Costs/Rates or Fees.** Unit costs/rates or fees shall be based on costs, which are reasonable, allowable and allocable as outlined in the Accounting and Auditing Procedures Manual for the ADHS.
- 4.5 **Applicable Taxes**
- 4.5.1 **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 taxes from the buyer does not relieve the seller from its obligation to remit taxes.
- 4.5.2 **Tax Indemnification.** The 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 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.
- 4.5.3 **I.R.S. W9 Form.** In order to receive payment under any resulting Contract, the Contractor shall have a current I.R.S. W9 Form on file with the State of Arizona.
- 4.6 **Availability of Funds for the Next Fiscal Year.** Funds may not be presently available for performance under this Contract beyond the current fiscal year. The State may reduce payments or terminate this contract without further recourse, obligation or penalty in the event that insufficient funds are appropriated. The State shall not be liable for any purchases or Subcontracts entered into by the Contractor in anticipation of such funding. The Procurement Officer shall have the discretion in determining the availability of funds.
- 5. CONTRACT CHANGES**
- 5.1 **Amendments, Purchase Orders and Change Orders.** 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, Purchase Order and/or Change Order within the scope of the Contract, unless the change is administrative or otherwise permitted by the Special Terms and Conditions. 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 an unauthorized State employee or made unilaterally by the Contractor are violations of the Contract and of applicable law. Such changes, including unauthorized Contract Amendments, Purchase Orders and/or Change Orders, shall be void and without effect, and the Contractor shall not be entitled to any claim under this Contract based on those changes
- 5.2 **Subcontracts** The Contractor shall not enter into any Subcontract under this Contract without the advance written approval of the Procurement Officer. The Subcontract shall incorporate by reference all material and applicable terms and conditions of this Contract.
- 5.3 **Assignments 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

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withhold approval

6. RISK AND LIABILITY

6.1 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, Change 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.

6.2 Mutual Indemnification. 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.

6.3 Indemnification - Patent and Copyright. To the extent permitted by A.R.S. § 41-621 and § 35-154, 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 performance of the Contract or use by the State of materials furnished by 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.

6.4 Force Majeure.

6.4.1 Liability and Definition. 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; acts of terrorism; war; riots; strikes; mobilization; labor disputes; civil disorders; fire; flood; lockouts; injunctions-interventions not caused by or resulting from the act or failure to act of the parties; failures or refusals to act by government authority not caused by or resulting from the act or failure to act of the parties; and other similar occurrences beyond the control of the party declaring force majeure, which such party is unable to prevent by exercising reasonable diligence.

6.4.2 Exclusions. Force Majeure shall not include the following occurrences:

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

6.4.2.2 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

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

6.4.3 Notice. 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 the results or effects of such delay prevent the delayed party from performing in accordance with this Contract.

6.4.4 Default. 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.

6.5 Third Party Antitrust Violations. The Contractor assigns to the State any claim for overcharges resulting

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from antitrust violations to the extent that those violations concern materials or services supplied by third parties to the Contractor toward the fulfillment of this Contract.

7. WARRANTIES

7.1 Liens. The Contractor warrants that the materials supplied under this Contract are free of liens

7.2 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:

- 7.2.1 Of a quality to pass without objection in the Contract description;
- 7.2.2 Fit for the intended purposes for which the materials are used;
- 7.2.3 Within the variations permitted by the contract and are of even kind, quantity, and quality within each unit and among all units;
- 7.2.4 Adequately contained, packaged and marked as the Contract may require; and
- 7.2.5 Conform to the written promises or affirmations of fact made by the Contractor.

7.3 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

7.4 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

7.5 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 license and permit requirements.

7.6 Survival of Rights and Obligations After Contract Expiration and Termination.

7.6.1 *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.

7.6.2 *Purchase Orders and Change Orders*. Unless otherwise directed in writing by the Procurement Officer, the Contractor shall fully perform and shall be obligated to comply with all Purchase Orders and Change Orders received by the Contractor prior to the expiration or termination hereof, including, without limitation, all Purchase Orders and Change Orders received prior to but not fully performed and satisfied at the expiration or termination of this Contract.

8. STATE'S CONTRACTUAL REMEDIES

8.1 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.

8.2 Stop Work Order

8.2.1 *Terms*. 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 a period up to ninety (90) Days after the order is delivered to the Contractor, and for any further period to which the parties may agree. 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

8.2.2 *Cancellation or Expiration*. If a stop work order issued under this clause is canceled or the period of the

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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.

- 8.3 Non-exclusive Remedies. The rights and remedies of the State under this Contract are not exclusive.
- 8.4 Nonconforming Tender. Materials supplied under this Contract shall fully comply with the Contract. The delivery of materials or a portion of the materials in an installment that do not fully comply constitutes a breach of contract. On delivery of nonconforming materials, 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.
- 8.5 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.
- 8.6 Right to Purchase Materials or Complete Work. In the case of default, the State shall have the right to procure materials or services to replace those under this Contract in accordance with the Arizona procurement code. The State may recover any reasonable costs from the Contractor by.
 - 8.6.1 Deduction from an unpaid balance;
 - 8.6.2 Collection against the bid and/or performance bond;
 - 8.6.3 An action to recover costs; and/or
 - 8.6.4 Any combination of the above or any other remedies as provided by this Contract or law.

9. CONTRACT TERMINATION

- 9.1 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.
- 9.2 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, securing the Contract or an amendment to the Contract, or receiving 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.
- 9.3 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.
- 9.4 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 immediately 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. 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.

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9.5 Termination for Default The State reserves the right to terminate the Contract in whole or in part due to the failure of the Contractor to comply with any material obligation, term or condition of the Contract, to acquire and maintain all required insurance policies, bonds, licenses and permits, or to make satisfactory progress in performing the Contract.

9.6 Continuation of Performance Through Termination. Upon receipt of the notice of termination and until the effective date of the notice of termination, the Contractor shall perform work consistent with the requirements of the Contract and, if applicable, in accordance with a written transition plan approved by the ADHS. If the Contract is terminated in part, the Contractor shall continue to perform the Contract to the extent not terminated. After receiving the notice of termination, the Contractor shall immediately notify all subcontractors, in writing, to stop work on the effective date of termination, and on the effective date of termination, the Contractor and subcontractors shall stop all work.

9.7.1 Disposition of Property Upon termination of this Contract, all property of the State, as defined herein, shall be delivered to the ADHS upon demand.

10. ARBITRATION

Pursuant to A.R.S. § 12-1518, disputes under this Contract shall be resolved through the use of arbitration as follows:

10.1 Cases under the Jurisdictional Limit. In all cases filed in superior court in which the court finds or the parties agree that the amount in controversy does not exceed the jurisdictional limit, arbitration shall be used, unless all parties file a written stipulation waiving the arbitration requirement, and the court waives the arbitration requirement on a showing of good cause;

10.2 Public Works Contracts In all claims involving public works contracts, if the amount in controversy is less than one hundred thousand dollars, arbitration shall be used.

11. COMMUNICATION

11.1 Program Report: The Contractor shall provide program reports in a format approved by ADHS on all activities in the performance of the Contract

11.2 Information and Coordination. The State will provide information to the Contractor pertaining to activities that affect the Contractor's delivery of services, and the Contractor shall be responsible for coordinating its activities with the State's in such a manner as not to conflict or unnecessarily duplicate the State's activities. As the work of the Contractor progresses, advice and information on matters covered by the Contract shall be made available by the Contractor to the State throughout the effective period of the Contract.

12. CLIENT GRIEVANCES

The Contractor and its subcontractors shall use a procedure through which clients may present grievances about the operation of the program that results in the denial, suspension or reduction of services provided pursuant to this Contract and which is acceptable to and approved by the State. The State, at its discretion, may participate in or review all such grievances within 30 days after the Contractor has submitted its findings for the initial grievance.

13. INSURANCE

13.1 Type of Insurance. Contractor represents that it is insured and/or self-insured pursuant to:

- Counties, Cities Towns: A.R.S. §§ 11-952.01 and/or 11-981.
- School Districts: A.R.S. §§ 15-382 and/or 15-387.
- Indian Tribes/US Government: Contractor represents that it is insured and/or self-insured.
- Other: Maricopa Integrated Health Services A.R.S. §§ 48-5501

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13.2.1 Sovereign Immunity. Pursuant to A.R.S. § 41-621(O), the obtaining of insurance by the State shall not be a waiver of any sovereign immunity defense in the event of suit

14. FINGERPRINT AND CERTIFICATION REQUIREMENTS/JUVENILE SERVICES

14.1 Paid and Unpaid Personnel. The Contractor shall ensure that all paid and unpaid personnel who are required or are allowed to provide Services directly to juveniles have obtained class 1 or class 2 fingerprint clearance cards in accordance with A.R.S §§ 41-1758 et seq. The Contractor may, when applicable, submit verification of fingerprinting and certification of an employee by the Department of Economic Security, the Department of Corrections or the Arizona Supreme Court to meet this requirement.

14.2 Supervision. The Contractor shall ensure and verify that those employees who qualify only for a restricted certification shall be supervised when providing services directly to juveniles

14.3 Costs. The Contractor shall assume the costs of fingerprint certifications and may charge these costs to its fingerprinted personnel.

15. ADMINISTRATIVE CHANGES

The Procurement Officer, or authorized designee, reserves the right to correct any obvious clerical, typographical or grammatical errors, as well as errors in party contact information (collectively, "Administrative Changes"), prior to or after the final execution of a Contract or Contract Amendment. However, such corrections shall be allowed only to the extent that they do not change the intent of the parties or the material terms of the Contract or Contract Amendment. Administrative Changes subject to permissible corrections include: misspellings, grammar errors, incorrect addresses, incorrect Contract Amendment numbers, pagination and citation errors, mistakes in the labeling of the rate as either extended or unit, and calendar date errors that are illogical due to typographical error. The Procurement Office shall subsequently send to the Contractor notice of corrections to Administrative Changes in a written confirmation letter with a copy of the corrected Administrative Change attached.

16. FUNDING CAP CHANGES

The State shall use a Purchase Order and/or Change Order to make changes that increase and/or decrease federal Funding Caps. For purposes of this paragraph, a "Funding Cap" is defined as the total amount of money allowed by the federal funds

17. COST REIMBURSEMENT CONTRACT CHANGES

The Contractor and the State agree that, in a Cost Reimbursement contract that is not the result of a bid under A.R.S §§ 41-2501 et seq., an Increase in the Total Contract Amount, or Increase in the Incremental Cost Amounts and/or relative changes to Levels of Service will not require a Contract Amendment. The State shall use a Purchase Order and/or Change Order to make these changes, and both parties acknowledge that such changes shall be the result of negotiations between the parties. For purposes of this paragraph, "Increase in the Total Contract Amount" means an increase in the total allowable costs indicated on the price sheet, and "Increase in the Incremental Cost Amounts" mean an increase in the individual allowable cost totals for listed expenses as indicated on the price sheet. Levels of Service mean the required units of a particular service. In addition to issuing the Purchase Order or Change Order, the State shall notify the Contractor of the changes in writing with an attached price sheet indicating the changes. The provisions of the Purchase Order or Change Order will be deemed to have been accepted 30 days after the date the State provides notice of the changes to the Contractor, unless within that time, the Contractor notifies the State in writing that it disputes or refuses the terms of the Purchase Order or Change Order

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1. TERM OF CONTRACT (12 months)

The term of the resultant contract shall commence January 1, 2008 and shall remain in effect through December 31, 2012 unless terminated, canceled, or extended as otherwise provided herein

2. CONTRACT EXTENSION

By mutual written contract amendment, any resultant contract may be extended for one additional twelve (12) month period. The total contract term, including extensions, shall not exceed a total of five (5) years from the effective date of the contract.

3. CONTRACT TERMINATION

- a. The Contractor, in addition to other rights set forth elsewhere in the Contract, may at any time terminate this Contract with thirty (30) days notice in writing specifying the termination date. Such notices shall be given by personal delivery or by certified mail, return receipt requested.
- b. If the Contractor terminates this Contract, any monies prepaid by the State, for which no service or benefit was received by the State, shall be refunded to the State within 5 days of the termination notice. In addition, Contractor shall indemnify the State for any sanctions imposed by the funding source as a result of Contractor's failure to complete the Contract.

4. CONTRACT TYPE

Fixed Price

5. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) REQUIREMENTS

Contractor warrants to the State that it is familiar with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its accompanying regulations, and will comply with all applicable HIPAA requirements in the course of this contract. Contractor warrants that it will cooperate with the State in the course of performance of the contract so that both parties will be in compliance with HIPAA, including cooperation and coordination with State privacy officials and other compliance officers required by HIPAA and its regulations. Contractor will sign any documents that are reasonably necessary to keep the State 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 Pledge to Protect Confidential Information (Confidentiality Statement) 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 sensitive information. In addition, Contractor agrees to attend or participate in HIPAA training offered by 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.

6. 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. All 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.

7. FEDERAL IMMIGRATION LAWS, COMPLIANCE BY STATE CONTRACTORS

By entering into the Contract, the Contractor warrants compliance with the Federal Immigration and

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Nationality Act (FINA) and all other Federal immigration laws and regulations related to the immigration status of its employees. The Contractor shall obtain statements from its subcontractors certifying compliance and shall furnish the statements to the Procurement Officer upon request. These warranties shall remain in effect through the term of the Contract. The Contractor and its subcontractors shall also maintain Employment Eligibility Verification forms (I-9) as required by the U.S. Department of Labor's Immigration and Control Act, for all employees performing work under the Contract. I-9 forms are available for download at USCIS.GOV

The State may request verification of compliance for any Contractor or subcontractor performing work under the Contract. Should the State suspect or find that the Contractor or any of its subcontractors are not in compliance, the State may pursue any and all remedies allowed by law, including, but not limited to: suspension of work, termination of the Contract for default, and suspension and/or debarment of the Contractor. All costs necessary to verify compliance are the responsibility of the Contractor

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1. Background

The Arizona Immunization Program Office (AIPO) has contracted with County Health Departments since 1993 to expand delivery of immunization services. The contract's scope of work reflects activities necessary to aid the County Health Department to reach the national goals of immunization coverage outlined by the Centers for Disease Control and Prevention (CDC).

2. Objective

The objective is to assess the immunization coverage levels of children under the age of two, design a plan to increase these coverage levels, and implement activities that will aid in increasing these coverage levels. Another objective is to implement a Perinatal Hepatitis B case management program.

3. Scope of Work

A. Required Activities

Activity 1 The Contractor shall develop and implement an annual Immunization Action Plan (IAP) to ensure that immunization coverage levels in the County's birth through two-year-old population improve for both public and private health care recipients. In addition to all other required activities, the IAP must contain the following:

- a. Address the current delivery of immunization services in the public sector, the number of immunization clinics, the location of clinics, the dates and times of clinics, and appropriate changes made to increase immunization coverage levels.
- b. Address the strategies to bring more children into provider clinics and medical home offices to receive immunizations.
- c. Address the identification of special population's pockets of need (PONs) for immunizations and report the PONs to AIPO

Activity 2 The Contractor shall implement Perinatal Hepatitis B program activities (Attachment #1) designed to prevent the spread of the hepatitis B virus (HBV) from mother to newborn. The contractor shall conduct the following activities and provide the state Perinatal Hepatitis B program with the following statistical information on case management and services provided to the County's perinatal hepatitis B cases:

- a. Provide high-risk case management, including home visits if necessary, to assure that all infants born to HBsAg-positive mothers (including infants born to mothers whose HBV status is unknown) are offered appropriate prophylactic treatment after birth.
- b. Submit monthly: a log of new births to HBsAg-positive mothers; prophylaxis and vaccines provided; follow-up services; identification of on-going well-child provider; and disposition of HBsAg-positive cases in the County.
- c. Continue to provide high-risk case management, including home visits if necessary, to assure infants born to positive mothers receive time appropriate subsequent doses of hepatitis B vaccine and receive post serology testing within 9-15 months of age
- d. Implement measures to assure that all identified household/sexual contacts of HBsAg-positive mothers in the County are offered testing for susceptibility and immunized if susceptible.
- e. Submit quarterly. a Hepatitis B Quarterly Report, including a line listing using the ADHS/AIPO format (Attachment #2) that includes data on the vaccinations due and vaccinations received by infants during the quarter

Activity 3 The Contractor shall assign an appropriate individual to serve as an immunization liaison to the County Women, Infants, and Children (WIC) office. The Contractor shall provide technical assistance to the County WIC staff to implement the USDA memorandum 01-56 (Attachment #3).

Activity 4 The Contractor shall utilize Comprehensive Clinic Assessment Software Application (CoCASA),

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the CDC standardized assessment methodology, to assess immunization coverage levels of children 12-23 months and 24-35 months of age in all Contractor facilities. The measurement must be conducted twice a year, once in March and once in September, using the common review dates of March 1 and September 1. Applicable CoCASA reports, including single antigen, combination antigens, and diagnostic and summary reports, shall be submitted to AIPO. It is recommended that additional measurements be conducted in June and December.

Activity 5 The Contractor shall conduct monthly Reminder/Recall activities that include, but are not limited to, notification to parents/guardians of all children under 24 months of age served by the County. The Contractor shall:

- a Remind parents/guardians of the next vaccination visit no earlier than two weeks prior to the date the next vaccination is due.
- b Recall children who are overdue for vaccinations no later than four weeks after the missed visit.

Activity 6 The Contractor shall follow-up on all children who were identified as not up-to-date during the March and September CoCASA assessments. The Contractor will utilize a reminder system such as:

- a Postcards
- b Auto-dialer
- c Telephone calls
- d Other

Activity 7 The Contractor shall use the latest version of the ASIIS web application as provided by AIPO to report immunizations administered to all children and to retrieve information from the ASIIS Central Registry. In addition to adhering to ARS 36-135, the Contractor shall:

- a Ensure internet access for program personnel
- b Sign a User's Agreement form annually and submit to ASIIS (Attachment #4).

Activity 8 The Contractor shall continue to randomly select and validate immunization records entered into the Contractor's local database prior to entry into the Arizona State Immunization Information System (ASIIS). Transmission of the data should occur twice a month to ASIIS via Internet, electronic file transfer, or by CD. Records should be randomly selected and validated for accuracy on a weekly basis. The Contractor shall acknowledge in the quarterly report the results of the random weekly validation and identify the problems encountered.

Activity 9 The Contractor shall complete on-site Clinic Practices Operational Reviews and/or Vaccine Management Reviews of clinics/sites that receive publicly purchased vaccine from the County Health Department. The Contractor shall use *The Standards for Child and Adolescent Immunization Practices* as a guide in conducting the review. The review procedure shall include:

- a. A review of clinic immunization practices, and/or
- b. An audit of clinic vaccine management practices.

Activity 10 The Contractor shall enroll as a Vaccines for Children (VFC) provider and comply with the program requirements

Activity 11 The Contractor shall conduct activities to promote and increase attendance of children, birth to two (2) years, at existing immunization clinics during National Infant Immunization Week (NIIW) in April and during Child Health Month in October

Activity 12 The Contractor shall annually present to the County Health Officer and the Board of Health an in-depth review of the County IAP including the Spring and Fall immunization assessment results.

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Activity 13 The Contractor shall ensure that the County Immunization Program Coordinator, or appropriate substitute, attends: four (4) Quarterly Immunization Services meetings conducted by AIPO, a minimum of one (1) state or national immunization conference, and one (1) immunization education program.

Activity 14 The Contractor shall conduct vaccine storage and handling Quality Assurance Review (QAR) site visits to all providers that receive VFC vaccine from their inventory. The CDC software CoCASA shall be used to document the results of the site visit. A copy of each site visit report, which includes corrective actions, will be provided to AIPO Vaccine Center within two weeks of the site visit. An annual CoCASA summary report of all QAR site visits made during the previous calendar year will be provided to AIPO Vaccine Center by January 31st the following year.

Activity 15 The Contractor shall conduct the following activities related to vaccine preventable disease (VPD) surveillance:

- a. Maintain a passive surveillance system for VPDs and conduct active surveillance when needed (i.e., during outbreaks). Examples of active surveillance include contacting hospitals, laboratories, and/or providers on a regular basis (i.e., weekly) to inquire about possible unreported cases of disease and/or indicators of diseases
- b. Initiate an investigation of each suspected VPD within 48 hours of report
- c. Facilitate appropriate laboratory testing by collecting specimens and submitting them to the Arizona State Laboratory (ASL) arranging for transport of specimens from reference laboratories to the ASL (see Attachment #10). For culture-confirmed cases of pertussis, invasive *Haemophilus influenzae* and invasive meningococcal tested at reference laboratories, assure that isolates are transported to the ASL as part of the investigation. If it is not possible to forward the isolate to the ASL (i.e., specimen not viable, etc.), indicate on the corresponding VPD investigation form why specimen cannot be forwarded to the ASL
- d. Notify the Office of Infectious Disease Services (OIDS) of all cases of VPD (suspected, probable, and confirmed) within the next working day of the report.
- e. Complete the ADHS-approved VPD investigation forms and Communicable Disease Reporting Forms for each confirmed and probable case of VPD and fax and mail to OIDS upon completion (Attachment # 5). For missing or unknown information, indicate on the form why it is missing or unknown. If the information cannot be obtained from the informant, review the medical chart to abstract the missing information.
- f. Following an outbreak, submit a summary report of the outbreak to OIDS within one month following the outbreak (A R S R9-6-203-C).
- g. The above activities apply to the following VPDs: diphtheria, tetanus, pertussis, polio, meningococcal, Hib, measles, rubella and congenital rubella syndrome, mumps, hepatitis A, and hepatitis B.
- h. For varicella surveillance, ensure proper, accurate, and timely reporting of varicella cases by schools and providers (Reporting by schools should occur on a monthly basis at a minimum). Report all cases on a monthly basis to OIDS. Initiate the steps for a more comprehensive varicella surveillance program.

Activity 16 The Contractor shall conduct year-around influenza surveillance each influenza season by:

- a. Appointing a Local Influenza Surveillance Coordinator to be responsible for selecting and recruiting surveillance sites, collecting data from selected sources, and submitting data to OIDS on a weekly basis during influenza season. The Local Influenza Surveillance Coordinator and the State Influenza Coordinator will communicate, prior to the start of the season, to review the surveillance plan
- b. The Local Influenza Surveillance Coordinator will select at least one (1) influenza-like illness surveillance site per 250,000 county residents. These sites will agree to report cases of influenza-like illness on a weekly basis to the Centers for Disease Control and Prevention.

Activity 17 The Contractor shall distribute and encourage the use of the *Arizona Lifetime Immunization Card (ALIC)* (Attachment #6) to County providers; distribute copy-ready copies of *Vaccine Information*

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Statements (VISs) (Attachment #7) to County providers; Arizona School Immunization Record (ASIRs) (Attachment #8) to County schools; and Emergency Information and Immunization Record Cards (EIIRCs) (Attachment #9) to County Child Care Facilities and document distribution in the Quarterly Progress Report. AIPO will supply ALIRs, VISs, ASIRs, and EIIRCs to the Contractor for distribution within the County

- Activity 18** The Contractor shall conduct follow-up on all suspected adverse events reported to AIPO or Vaccine Adverse Events Reporting System (VAERS), conduct any requested follow-up actions, and submit original copies of the VAERS forms per occurrence to AIPO within 72 hours of notification of the adverse event. The Contractor will maintain copies of all VAERS reports submitted to AIPO.
- Activity 19** The Contractor shall distribute "new mother" information/education which will include, but not be limited to the Arizona Lifetime Immunization Record (ALIR) and a current immunization schedule, to all birthing centers in the Contractor's county and document distribution in the Quarterly Progress Report
- Activity 20** The Contractor shall complete and submit a quarterly progress report within 20 calendar days after the end of each quarter addressing all activities contained in the Contractor's Immunization Action Plan (Activity 1) and all required activities within this "Statement of Work."
- Activity 21** The Contractor shall complete and submit a quarterly Contractor's Expenditure Report (Attachment #11) listing all reports/summaries for which reimbursement is due, no later than ninety (90) days after the end of the quarter
- Activity 22** The Contractor shall explore methods and seek reimbursement for immunization administration fees from Medicaid health care plans, KidsCare, private health care plans, and Medicare.
- Activity 23** The Contractor is expected to use these funds for immunization related services and activities and in accordance with any federal and state regulations

B. At the Contractor's Option:

- Activity 24** The Contractor shall conduct one (1) site visit to each birthing hospital participating in the Perinatal Hepatitis B Program. The Contractor should encourage and ensure policies and procedures for maternal screening, prophylaxis of high-risk infants, and routine immunization of all infants are in place. The Contractor shall provide professional and parent educational materials and offer educational programs to labor and delivery and newborn nursery staff. The Contractor shall report the findings of this visit to AIPO
- Activity 25** The Contractor, in collaboration with public and private sector organizations, shall promote adult immunizations in an effort to raise adult immunization coverage levels in the County. The Contractor should:
 - a. Inform providers and beneficiaries that pneumococcal and influenza vaccine and their accompanying administrative costs are Medicare-covered benefits.
 - b. In light of the new licensure requirements for skilled nursing facilities, continue to provide consultation, technical assistance and advocacy to nursing homes and assisted-living facilities to promote influenza and pneumococcal immunizations for residents and staff
 - c. Provide education and survey for coverage levels
 - d. Encourage use of a standardized immunization record.
 - e. Encourage participation in TAPI (The Arizona Partnership for Immunization) coalition on the adult immunization subcommittee
 - f. Provide and implement a strategy addressing the immunization rates of special adult populations (i.e., college students, educators, health care workers, and child care employees).

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Activity 26 The Contractor, in collaboration with public and private sector organizations, shall develop and implement a plan to promote immunizations through education and provide immunizations:

- a To adolescents in locations such as teen centers, junior/middle schools, and juvenile detention.
- b. To children of mothers born after 09/30/1983 in countries with chronic hepatitis B infection of 2 percent or higher (Asia, Africa and northern South America).

Activity 27 The Contractor shall continue to have an Immunization Coalition. The Contractor should ensure that the Immunization Coalition Executive Committee meets quarterly to assist with the development of the IAP and propose ways of removing barriers to immunization. The coalition executive committee shall meet at least semi-annually. At least 50% of the members should represent organizations other than the County Department of Public Health.

C. Requirements

The activities in this contract will be performed by the County Health Department or its partners to increase immunization coverage levels of children under the age of two in both the public and private sectors of health care.

4. Reference Documents

- CDC Vaccine Management Guide
- Standards of Child and Adolescent Immunization Practices
- Vaccine Adverse Events Reporting System forms
- Immunization Data Report forms
- CDC WIC/Immunization Guidance on Process Measures and Outcome Monitoring
- Epidemiology and Prevention of Vaccine Preventable Diseases (Pink Book)
- Manual for Surveillance of Vaccine Preventable Diseases
- Case Definitions for Public Health Surveillance Manual
- ASIIS Confidentiality Policy

5. State-Provided Items

A. The Arizona Immunization Program Office will provide:

- 1.) Names of the identified HBsAg-positive pregnant women in County
- 2.) Names of suspected cases of vaccine preventable disease in County
- 3.) Hepatitis B reporting forms
- 4.) Assessment criteria for children 12-23 months old and 24-35 months old
- 5.) The latest version of ASIIS web application for use in the immunization database
- 6.) The latest version of CoCASA
- 7.) VPD Investigation forms
- 8.) Influenza Surveillance Worksheets/Guidelines
- 9.) State Laboratory Specimen Submission Forms
- 10.) Communicable Disease Reporting Forms
- 11.) Specimen Kits for Influenza, Pertussis and Viral Collection
- 12.) Educational and technical guidance through presentation at quarterly IAP coordinator meetings and ASIIS user group meetings
- 13.) Technical assistance upon request
- 14.) Technical support specific to health education efforts
- 15.) WIC Linkage Process Measure Logs
- 16.) Quarterly ASIIS user groups meetings
- 17.) Technical support/assistance for ASIIS software
- 18.) Training for input operators of ASIIS software
- 19.) VFC Operations Guide
- 20.) ASIIS Confidentiality Policy

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- 21.) ASIIS User's Agreement Statement
- 22.) Letter indicating percentage of federal and state vaccine usage from prior year to meet federal audit requirements.

6. Deliverables

See the Immunization Contract Fee Schedule Definitions, Reports Delivery Schedule, and Fee Schedule (see Item 7 below and pages 20 - 21).

7. Fee for Service Definitions

A. Administration fee per immunization visit

The cost reimbursement rate paid to supplement the administration cost for each child immunization visit. Source document: *Vaccine Order Summary, or ASIIS VFC report* submitted monthly or bimonthly by the county health departments to the Vaccines for Children program

B. Completions

The cost reimbursement rate paid for each child who completes (receives) 4 DTaP: 3 Polio: 1 MMR: 1 – 4 Hib: 3 Hep B: 1 Varicella vaccines by 24 months of age. Source document: a printout generated by ASIIS program submitted monthly by the County Health Departments listing each child, birth date and age at which doses were received

C. Perinatal Hepatitis B Case Management

Case management of a perinatal hepatitis B case spans from the mother's initial interview to completion of all preventive services for the infant and household/sexual contacts. Cases should not take more than 18 months to complete.

Contract payment for each case will be paid in two increments depending upon completion of prenatal services and postnatal services

The cost reimbursement rate paid for prenatal services. Prenatal services include date of initial client interview, identification of household and sexual contacts, testing and/or immunization of contacts or documentation of previous services or refusal of services. All services will be reported on the line listing form to the state office.

The cost reimbursement rate paid for postnatal services. Postnatal services include obtaining name of birth hospital; infant's name, DOB, date of HBIG and hepatitis B #1; and name of well child provider. Obtain subsequent dates of the remaining 2 doses of hepatitis B vaccine by 6-8 months of age* and dates and results of post serology follow-up or documentation of refusal.

Elements for ideal and recommended case management of positive HBV pregnant women include:

1) Prenatal Services:

- a Client interview: An initial interview with the positive mother will be made to introduce the program. The initial interview is best completed as a home visit.
- b Patient education:
 - (1.) What the test results mean
 - (2.) The possible course of the disease
 - (3.) How the patient can take care of herself
 - (4.) How the patient can avoid giving hepatitis B to others
 - (5.) The seriousness of the disease in babies and young children

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(6) How the baby will need to be managed regarding preventive treatment and follow-up
Written educational information will be left with the mother.

c Household and sexual contact services:

- (1.) All contacts will be offered Anti-HBc testing for susceptibility
- (2.) If already received, immunizations or testing status documented. If contacts refuse service, documentation of refusal
- (3.) Hepatitis B immunizations will be given if susceptible
- (4.) Contacts will be given written educational information, i.e pamphlets, etc.

2.) Post Natal Services

a. Information follow-up:

- (1.) The caseworker will obtain the name and date of birth of the new infant and the name of the well child provider who will be providing services to the infant after birth. This information will be forwarded to the state office as soon as possible for initiation of "exposure notification" letter
- (2.) Information will be left with the family regarding where and whom to call in the event of a change of address.
- (3.) Tracking: Infants will be tracked through the 3-dose hepatitis B series using reminder recall to ensure #2 at 1 month, and # 3 at 6 months. Tracking will be continued until post serology follow-up is completed at 9-12 months of age
- (4.) Reporting: All testing and immunization data will be reported to the state perinatal program on the perinatal line listing form. Forms will be sent in either monthly (Maricopa and Pima), or quarterly (remaining 13 counties)

b Per CDC guidelines, infants born to HBsAg positive mothers should receive hepatitis B #3 optimally by 6 months of age (a grace period of 2 months for a completed series is allowed)
Contract payment will only be paid until 12 months of age.

8. Notices, Correspondence and Reports

A. Notices, Correspondence, Reports from Contractor to ADHS shall be sent to:

Immunization Services Manager
Arizona Immunization Program Office (AIPO)
150 N. 18th Ave., Suite 120
Phoenix, AZ 85007-3233
Phone: 602-364-3630 Fax: 602-364-3285

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

Director
Gila County Health Department
1515 S Apache Ave.
Globe, AZ 85501-1428
Phone: 928-425-3189 Fax. 928-425-0794

C. Payments from ADHS to the Contractor shall be sent to (if different from the above address):

Organization: _____
Attention: _____
Street Address: _____
City, State and Zip Code: _____
Telephone/E-Mail: _____

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9. Reports Delivery Schedule

Reports/Activity	Date Due
Immunization Action Plan #1	January 31 st
Hepatitis B Report #2	April 20 th
Immunization Assessment #4 Reminder/Recall Summary #5 Record Validation summary #8	April 20 th April 20 th April 20 th
Hepatitis B Report #2	July 20 th
Reminder/Recall Summary #5 Record Validation Summary #8	July 20 th July 20 th
Hepatitis B Report #2	October 20 th
Immunization Assessment #4 Reminder/Recall Summary #5 Record Validation summary #8	October 20 th October 20 th October 20 th
Hepatitis B Report #2	January 20 th
Reminder/Recall Summary #5 Record Validation Summary #8	January 20 th January 20 th
Follow-Up Assessment #6 Immunization Education Programs #9	December 31 st December 31 st

Deliverables/Fee Schedule				
Salary/Fringe			\$25,000	
Total Cost Reimbursement (not to exceed)				\$25,000
FEE FOR SERVICE				
ACTIVITY	DATE DUE	UNITS	RATE	TOTAL
Administration fee per immunization visit of a child 18 years of age and younger	1/1 to 12/31	As Needed	\$15.00 per visit immunized	As Needed
Completions	1/1 to 12/31	As Needed	\$25.00 per completion	As Needed
Hepatitis B Case Management PRENATAL	1/1 to 12/31	As Needed	\$200.00 per case managed	As Needed
Hepatitis B Case Management POSTNATAL	1/1 to 12/31	As Needed	\$125.00 per case managed	As Needed
Total Fee for Service				As Needed
Total deliverables billed/invoiced must not exceed the amount on the purchase order issued, if additional funds are needed a change order will be issued.				

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List of Attachments

Attach #	Description
1	Guidelines for Case Management of Perinatal Hepatitis B Carriers and Contacts
2	Line Listing for Perinatal Hepatitis B program Services
3	Final WIC Policy Memorandum #2001-7 – Immunization Screening and Referral in WIC
4	ASIIS User Agreement
5	Communicable Disease Report
6	Lifetime Immunization Record
7	Vaccines & Immunizations
8	Arizona School Immunization Record
9	Emergency Information and Immunization Record Card
10	Arizona Department of Health Services - Bureau of State Laboratory Services form
11	Contractor's Expenditure Report

**GUIDELINES FOR CASE MANAGEMENT
OF
PERINATAL HEPATITIS B CARRIERS AND CONTACTS**

Purpose

The Office of Maternal Child Health, Division of Family Health Services, Arizona Department of Health Services, has developed this document to provide guidelines on Community Nursing Services to nurses who provide services to infants of Hepatitis B positive mothers, and families and individuals who have come in contact with Hepatitis B. The guidelines are intended to assure consistency and high quality of services to infants, mothers and families in Arizona.

Definition

Community Nursing Services is a dynamic process that promotes effective and efficient organization and utilization of resources to assure access to necessary health services for women, their infants and families.

Components

The components of case management include identification, assessment, intervention plan, intervention and evaluation. These components are dynamic and flexible.

A methodology for each component is described and should be followed by the case manager in his/her interactions with clients and their families.

I. IDENTIFICATION OF HEPATITIS B CARRIERS AND CONTACTS

- A. Identification of Hepatitis B carriers and contacts may involve both private physicians and agencies. The focus is to identify women, prenatally or perinatally, who have tested positive for Hepatitis B. Reports of pregnant women, infants, families and individuals exposed or testing positive to Hepatitis B will be made to the county health departments.
- B. The county health departments will notify:
 - 1) The Arizona Department of Health Services, Arizona Immunization Program Office and;
 - 2) The county follow-up nurse.

II. ASSESSMENTS: An assessment of the newborn infant, carrier mothers, and families identified as hepatitis B carriers or contacts is one of the most critical elements of case management. As a minimum, this assessment must occur during the initial home visit and

with each additional follow-up visit to include 1 month and 6 month visits. An environmental, psychosocial, infant, and postpartum visit must be conducted.

A. Environmental Assessment: Physical components: the physical environment should be safe and provide a safe healthy, nurturing arena for growth. It is important to assess the following factors:

- 1) Safety considerations
 - a. Child proofing
 - b. Cleanliness
 - c. Restraints-infant seats, high chair, play pens
- 2) Housing adequacy
 - a. Sanitation, utilities
 - b. Temperature control
 - c. Pest control
 - d. Fire Hazards
 - e. Space
 - f. Food supply
- 3) Age appropriate toys
- 4) Noise level

B. Psychosocial environment: The psychosocial environment should provide an emotionally safe and nurturing arena for growth. The factors included in a psychosocial assessment include:

- 1) Adult dynamics
- 2) Emotional climate
- 3) Parenting and family interaction
- 4) Social structure
- 5) Relationship of family to the community i.e., support systems and utilization of family resources.
- 6) Cultural and spiritual beliefs

C. Infant Assessment: The purpose of this assessment is to determine if the infant is developing at a regular rate and progressive rate and acquiring appropriate life skills (considering his physical and mental resources). Infant assessments will include the following:

- 1) History and pertinent demographic information, to include:
 - a. Age, birth date of infant
 - b. Names of both parents and DOB for mother and father
 - c. Brief summary of hospital course by parent report
 - d. Health care provider name and phone number
 - e. Special medical needs
 - f. Intervention program
 - g. Immunization record to include immunizations for Hep B
 - h. Parent perceptions of infant's degree of wellness or illness

- 2) Physical Assessment of the child includes:
 - a. Cardio-respiratory: heart rate, respiratory rate
 - b. Sensory-vision, hearing, touch, smell
 - c. Muscle tone/coordination: tonic neck reflex
 - d. Neurological system: babinski reflex
 - e. Skin-color, temperature
 - f. Orthopedic
 - g. Genital-urinary-excretory
- 3) Nutritional assessment of the infant includes:
 - a. Monitoring of growth
 - b. Intake amounts
 - c. Breast-feeding or bottle-feeding
 - d. Frequency of feedings
 - e. Elimination pattern
- 4) Sleep Assessment of the infant includes:
 - a. Time and duration of sleep period
 - b. Sleep versus wakeful periods
 - c. Crib/bassinet space for sleep
- 5) Developmental Assessment of the newborn includes:
 - a. Attainment of milestones
 - b. Reflexes
 - c. Quality of movement
 - d. Fine and gross motor skills
 - e. Language/cognitive
 - f. Personal-social

D. Postpartum Assessment of Mother: the purpose of this assessment is to determine if the mother is adjusting to the changes in her life, responding to her infant, and caring for herself. Maternal assessments will include the following:

- 1) Maternal history, to include:
 - a. Age and DOB
 - b. Gravida and para determinations, including number of living children
 - c. Review of pregnancy
 - d. Brief summary of hospitalization
 - e. Health care provider name and phone number
 - f. Special medical needs
 - g. Intervention program
 - h. Immunizations/ Hepatitis B vaccination schedule
 - i. Perception of own health status
 - j. Family planning
- 2) Nutrition Assessment
 - a. Breast-feeding or bottle-feeding: nipple care and/or bottle

- preparation
- b. Mother's oral and dietary intake: frequency, types, and amounts of foods eaten
- c. Breastfeeding and types of foods
- 3) Behavioral/emotional assessment of the mother includes:
 - a. Predictability: can mother read infant cues?
 - b. Temperament: calm versus excitable
 - c. Locus of Control
 - d. Self-esteem
 - e. Degree of competency to care for infant
 - f. Response to others: affect, intonation

III. INTERVENTION PLAN: Using both the subjective and objective assessment information gathered, the nurse negotiates with the family (and client, in the case of Hepatitis B contacts) to develop an intervention plan. The methodology for developing this plan includes the following steps:

- A. Identify strengths, weaknesses and needs of mother, infant and family.
- B. Identify and prioritize problems perceived by the family.
- C. Identify family and community resources available.
- D. Formulate mutually agreeable strategies to address specific problems with the parent(s).
- E. Develop a vaccination plan according to Hepatitis B policies and procedures that also meets the needs of individuals and families.
- F. Diagnosis

IV. INTERVENTION: The intervention methodology will vary, depending on demonstrated family needs. The nurse's role in intervention is to assure that Hepatitis B vaccine is received by the infant, mother, family and significant contacts. The nurse may also provide education and referral. Appropriate interventions include:

- A. Anticipatory guidance regarding:
 - 1) Primary care
 - 2) Preventive care
 - 3) Nutrition
 - 4) Language expectations
 - 5) Development, both physical and psychosocial
 - 6) Toys
 - 7) Discipline
 - 8) Parenting
- B. Problem specific education/ counseling
- C. Role modeling
- D. Administration of Hepatitis B Vaccine when applicable.
- E. Coordination of community resources through case conferences on individual

agency contacts.

F. Referral and follow-up.

G. Advocacy

H. Coordinate Hepatitis B follow-up activities with investigation officer.

V. **EVALUATION:** Evaluation should be an on-going dynamic process, with modifications in the care plan as necessary.

A. Evaluate the effectiveness of the care plan in terms of the family's commitment and relevance of the plan to identified needs.

B. Revise care plans as necessary.

C. Evaluate whether intervention goals have been achieved and reassess the appropriateness of other goals. Maintain contact with both family and community resources regarding compliance with and effectiveness of referrals.

D. Revise interventions and care plans as necessary.

VI. DATA COLLECTION/ DOCUMENTATION

A. A client chart for all infants, mothers and families will be maintained and will include:

- 1) Demographic information including A.K.A. for infant and/or mother
- 2) History
- 3) Assessment findings
- 4) Nursing Diagnosis
- 5) Care plan completed in the SOAP (Subjective, Objective, Assessment, Plan) format; updated and modified as needed
- 6) SOAP recording for interim home visits
- 7) Referrals and follow-up documentation
- 8) Hepatitis B vaccine and immunization schedule

GUIDELINES FOR HOME VISITS

Purpose: The Arizona Department of Health Services has provided funding through your County Health Department to provide Community Nursing Services to pregnant women, prenatally or perinatally, their infants, children, and families testing positive to Hepatitis B.

Goal: The goal of the program is to identify pregnant women who test positive to Hepatitis B. This identification provides the opportunity to prevent the spread of Hepatitis B to the newborn and allow early intervention in the care and treatment of mother, infant and family.

Target Population: The targeted population is pregnant women, prenatally or perinatally, infants, children and families who are positive for Hepatitis B. Also included are significant contacts that may have been exposed to Hepatitis B.

If you know of a woman or infant in this population who would benefit from community nursing services, or would like more information about this program, please make a referral to your appropriate county public health nursing manager.

I. General guidelines for home visits

- A. Appointments should be made by phone. If no phone, schedule home visit by letter or in person by "drop in" contact.
- B. Be on time (give yourself a half hour).
- C. Respond to family's needs; be an active listener; approach from their viewpoint.
- D. When obtaining a history, recognize that many families have difficulty expressing their emotional needs and fears. The parent's perception of the infant or child's course is an indicator to the nurse of the family's need for more information or clarification of concerns.
- E. Address problems as identified by family/care giver, prioritize according to family needs (for a newborn first visit may consist of a review of pregnancy, labor delivery) and try to normalize the situation.
- F. Validate the home visit with the parent by restating the situation/interview responses. Parents have "off" days; if the home visit occurs on an "off" day, the interview may not go well. Nurses do not always feel successful. Visits may be cut short or

extended based on the family situation. Flexibility is one of the main tools a nurse utilizes.

G. Discuss time and date for next contact.

H. Self evaluate the home visit

- 1) Do the parents seem pleased?
- 2) Was the visit effective?
- 3) What could have been said or done differently?
- 4) What did I learn?
- 5) Should the approach be changed?
- 6) Did active listening occur?
- 7) Were any problems identified?
- 8) Was referral well received?

II. Guidelines for Psychosocial Assessment

A. Psycho-social Environment: Share positive findings and specific strengths of the family before discussing the weaknesses, particularly when presenting information on questionable or abnormal test performance. Include in this assessment, findings from each individual of the family to emphasize mother and infant assessments.

B. Family Function: Observe interaction of adults with each other.

- 1) Are adults able to communicate with each other and have similar expectations of members of family?
- 2) Are expectations realistic with infant's/child's degree of development and were compromising conditions resulting from illness considered before these expectations were formulated?
- 3) Are there positive comments regarding infant/children?
- 4) Are comments positive about self and about spouse/partner?
- 5) Do parent(s) view themselves as able to parent and having adequate self-esteem?
- 6) Are expectations realistic for spouse and /or significant others?

C. Parenting and Family Interaction: Observe family and infant/children with each other.

- 1) Is parent able to identify both positive and negative infant cues such as crying, color changes, irritability, talking, smiling or gazing?
- 2) Do parents/family initiate appropriate behaviors?
 - a. Do parents make eye contact with infant?
 - b. Are comments regarding infant positive?
 - c. Do they hold him close or at arms length?

- d. Do they refer to child by name?
 - e. Do they know what he/she does?
 - f. Do they know how much infant eats?
 - g. Do they place value on him/her or is he/she considered a liability?
- 3) Is parent able to demonstrate knowledge of basic infant/child care?
 - 4) Can parent verbalize awareness that all infants are different (some irritable, some calm, etc). Does he/she realize requirements for handling differ with each child?
 - 5) Is infant under regular health care and receiving primary care? Is parent aware of need for early immunization and regular checkups? Is the child receiving appropriate care? Are other children in family also cared for?

D. Family and Community

- 1) Can parents identify support systems, personal and in community (i.e., has baby sitter if needed)?
- 2) Do they communicate needs to each other and/or other support persons?
- 3) Is their identified concept of extended family and friends helpful or problematic? Is family supportive or non-supportive?
- 4) Do they have adequate housing and income to function effectively?

III. Guidelines for Anticipatory Guidance:

- A. Answer any concerns the parents have; encourage and promote confidence to try different approaches to a problem. Anticipatory guidance should be offered during the home visit as problems and questions are addressed. Refer to and provide literature or research a problem if necessary. It is not expected that nurses know the answers to all questions. No information is better than offering incorrect information. If specific education is needed, give parents suggestions for obtaining it or provide literature and education on the topic.
- B. Address the problem as the parent sees it and plan with him/her; be sure adequate information is available to contact resources. Plan to mail additional information to the family or discuss at next home visit.
- C. Maintain open communication with the family, verify fulfillment of the family's educational needs. In a dynamic family relationship, needs may change and require additional or different information/methodology.

IV. Guidelines for Making Referrals:

- A. Referrals should be made within two weeks of the home visit. Discuss referrals with peers or supervisor if necessary. Remember the nurse's role is to identify resource

material and/or resource people and ensure that the client is compliant with the referral; one does not need to "know everything".

- B. Obtain a list of community resources, update it periodically.
- C. Network with other people providing services to children and families in the community.
- D. Make referrals and assist the family in identifying resources available to them.
 - 1) Extended family and friends
 - 2) Health care providers
 - 3) Community services
 - 4) Assist family to access resources if necessary
- E. Follow-Up
 - 1) Maintain open communication with family.
 - 2) Establish phone or mail communications with resources, familiarize self with criteria for acceptance and procedures for accessing services.
 - 3) Ongoing assessment: is the infant/family benefiting from the referral?

Attachment #3

August 30, 2001

SUBJECT: Final WIC Policy Memorandum #2001-7
Immunization Screening and Referral in WIC

TO: Regional Directors
Supplemental Food Programs
All Regions

I. PURPOSE

The purpose of this policy memorandum is to assure that children served by WIC are screened for immunization status and, if needed, referred for immunizations. WIC State and local agencies must ensure that WIC infants and children are screened and referred for immunizations using a documented immunization history.

It is not the intent of this policy memorandum to outline procedures to replace more comprehensive immunization screening, assessment and referral activities now in place in WIC and/or paid for and conducted by other services and programs. Instead, these procedures specify the minimum requirements for immunization screening and referral in WIC, as directed by the Executive Memorandum of December 11, 2000.

II. BACKGROUND

WIC's mission is to be a full partner in ensuring healthy and well-nourished women, infants, and children. Low-income children are less likely to be immunized than their counterparts, placing them at high risk for potentially serious diseases, such as diphtheria, pertussis, poliomyelitis, measles, mumps, and rubella. According to the Centers for Disease Control and Prevention (CDC), children who are not fully immunized are at increased risk for other preventable conditions, such as anemia and lead toxicity.

Educating WIC participants and their families about the importance of immunizations and providing referrals to immunization services has been a part of WIC's efforts for over 20 years. WIC staff have approached immunization promotion activities with energy and creativity and have made a positive difference in immunization rates in many States. WIC is acknowledged as an important ally in reaching the immunization coverage objectives for the Nation. CDC's National Immunization Survey (NIS) data indicates that children participating in WIC have significantly lower immunization coverage rates than their more affluent, non-WIC counterparts. However, low-income children in WIC are better immunized than low-income children who do not participate in WIC.

In December 2000, an Executive Memorandum was issued directing the Secretaries of Agriculture and Health and Human Services to continue to focus efforts to increase immunization levels among children participating in the WIC Program. The Executive

Memorandum specified that the immunization status of children applying for WIC services be evaluated using a documented immunization history. It also directed that immunization screening and referral procedures should never be used as a condition of eligibility for WIC services or nutritional assistance.

III. WIC's Role in Immunization Screening and Referral

The Immunization Program in each State is the lead agency in immunization planning and screening, and is responsible for design of immunization services, etc. As an adjunct to health services, the WIC Program's role in immunization screening and referral is to support existing funded immunization activities. WIC involvement in immunization screening and referral activities should enhance rather than substitute for on-going Immunization Program initiatives.

WIC State and local agencies must develop plans to coordinate with providers of immunization screenings so that children participating in WIC are screened and referred for immunizations using a documented immunization history. The purchase of vaccines and delivery of immunizations remain unallowable costs to WIC.

IV. Minimum Immunization Screening and Referral Protocol in WIC

The following minimum screening protocol was developed by CDC and the American Academy of Pediatrics specifically for use in WIC Programs where children are not screened and referred for immunizations by more comprehensive means. The purpose of the minimum screening and referral protocol is to identify children under age two who may be at risk for under-immunization. It is not meant to fully assess a child's immunization status, but allows WIC to effectively fulfill its role as an adjunct to health care by ensuring that children who are at risk for under-immunization are referred for appropriate care.

This is the minimum requirement; however, some WIC Programs conduct more comprehensive immunization screening and referral. For example, some have access to software that automatically reviews all vaccinations and identifies which ones are needed. WIC Programs with the capacity to perform more comprehensive screening should continue to do so.

Minimum Screening and Referral Protocol

1. When scheduling WIC certification appointments for children under the age of two, advise parents and caretakers of infant and child WIC applicants that immunization records are requested as part of the WIC certification and health screening process. Explain to the parent/caretaker the importance that WIC places on making sure that children are up to date on immunizations, but assure applicants that immunization records are not required to obtain WIC benefits.

Attachment #3

2. At initial certification and all subsequent certification visits for children under the age of two, screen the infant/child's immunization status using a documented record. A documented record is a record (computerized or paper) in which actual vaccination dates are recorded. This includes a parent's hand-held immunization record (from the provider), an immunization registry, an automated data system, or a client chart (paper copy).

3. At a minimum, screen the infant/child's immunization status by counting the number of doses of DTaP (diphtheria and tetanus toxoids and acellular pertussis) vaccine they have received in relation to their age, according to the following table:

By 3 months of age, the infant/child should have at least 1 dose of DTaP.

By 5 months of age, the infant/child should have at least 2 doses of DTaP.

By 7 months of age, the infant/child should have at least 3 doses of DTaP.

By 19 months of age, the infant/child should have at least 4 doses of DTaP.

4. If the infant/child is underimmunized: (1) provide information on the recommended immunization schedule appropriate to the current age of the infant/child, and (2) provide referral for immunization services, ideally to the child's usual source of medical care.

5. If a documented immunization record is not provided by the parent/caretaker: (1) provide information on the recommended immunization schedule appropriate to the current age of the infant/child, (2) provide referral for immunization services, ideally to the child's usual source of medical care, and (3) encourage the parent/caretaker to bring the immunization record to the next certification visit.

V. Coordination

CDC will ensure that the Immunization Programs in each State coordinate with WIC State and local agencies to assure that children participating in WIC are screened by and referred to dedicated Immunization Programs and immunization providers when available. Immunization Program managers should:

- cooperatively plan and fund, where needed, immunization screening and referral in WIC
- train WIC staff
- provide information on provider networks to whom WIC participants can be referred
- conduct provider education and outreach
- conduct participant outreach/tracking
- provide information on State and local immunization coverage rates for WIC children
- provide recommended immunization schedules

We encourage State and local WIC programs to coordinate with their immunization counterparts to ensure that a screening and referral system is in place for WIC participants, as outlined above. This coordination can be facilitated through a formal

agreement that outlines the responsibilities of the State Immunization Program and the WIC Program. CDC is providing State Immunization Program managers with a copy of this policy memorandum and will also issue guidance to Immunization Programs on working with WIC (see attached CDC "Dear Colleague" letter).

VI. Training

CDC will take the lead role in developing materials and training to assist WIC staff in implementing the screening and referral activities outlined above. Training will be coordinated with the Food and Nutrition Service (FNS), the National Association of WIC Directors, the Association of Immunization Managers, and the Association of State and Territorial Health Officials. Each WIC local agency with staff qualified to conduct immunization screening may provide training, as needed, to WIC staff who make referrals. FNS recognizes that the training component is under development and that sufficient time must be allowed for WIC staff to be trained to conduct these activities.

VII. Implementation

WIC Programs in State or local areas where National Immunization Survey data show that immunization coverage rates in WIC children by 24 months of age are 90 percent or greater are not required to comply with the minimum screening and referral protocol. WIC Programs can coordinate with Immunization Programs to determine pockets of need within a State through additional data sources if desired.

Implementation of this policy memorandum is expected to be in place by October 1, 2002. This date allows sufficient time for training, modification of certification in-take procedures, and coordination with Immunization Programs.

In the State Plan for fiscal year (FY) 2003 (section on certification and eligibility), each State agency must outline how it is meeting the requirements of this policy memorandum. The State agency must document one or more of the following: 1) WIC local programs are screening children under the age of two using a documented immunization history, either using the minimum screening protocol or by more comprehensive means; or 2) another program or entity is screening and referring WIC children using a documented immunization history; or 3) implementation of the minimum screening protocol is not necessary because immunization coverage rates in WIC children by 24 months of age are 90 percent or greater; or 4) it has been unable to formalize a coordination agreement with the State Immunization Program, and provide explanation of extenuating circumstances.

Signed by Patricia N. Daniels

Attachment #3

PATRICIA N. DANIELS
Director
Supplemental Food Programs Division

Attachment

FINAL:FNS:SFPD:PMITCHELL:sl:08/30/01:703-305-2747

FINAL:FNS:SFPD:P.Mitchell:703-305-2741:8-20-01

FC: PWP-20

DOC: I drive:p.mitchell:immunizations:final WIC policy memo

Dear Colleague:

This letter is to inform you of the attached United States Department of Agriculture (USDA) Policy Memorandum regarding immunization screening and referral for children enrolled in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). The memo provides guidance to WIC Directors in assessing the immunization status of children on WIC and referring them for needed immunization services.

Over the last decade the Department of Health and Human Services, through the Centers for Disease Control and Prevention (CDC) and the USDA, through the Food and Nutrition Service WIC Program, have cultivated a partnership to increase immunization coverage for children enrolled in WIC. Many states and local health departments already work closely with their WIC counterparts and have been conducting immunization assessment and referral activities for years. CDC encourages state and local health departments to continue these activities and to support WIC programs in providing these services.

The Policy Memorandum was developed with input from the seven partner organizations that make up the WIC Immunization Work Group including the Association of Immunization Program Managers, the CDC, the USDA, the American Academy of Pediatrics, the Association of State and Territorial Health Officials, the National Association of WIC Directors, and Every Child by Two

The policy language outlined in the memo is in accordance with guidance that immunization grantees have received from the CDC. Please refer to the 2002 CDC Grant Guidance and Immunization Program Operations Manual (IPOM) for additional information regarding coordination with WIC programs. The Grant Guidance instructs grantees under Program Requirements to coordinate with WIC to provide cooperative planning and budgeting that supports screening and referral activities. The IPOM outlines activities in Chapter 1, such as providing administrative support to WIC to operationalize screening and referral services (1.6.4). Immunization programs are also encouraged to establish or strengthen partnerships with WIC programs (1.6.7).

The CDC endorses the USDA Policy Memorandum and encourages state and local immunization programs to support their WIC programs in complying with this new policy.

Sincerely,

Signed by Walter A. Orenstein, M.D.

Walter A. Orenstein, M.D.
Assistant Surgeon General
Director
National Immunization Program

ASIIS USER AGREEMENT

Arizona State Immunization Information System (ASIIS)

ASIIS is a computer based immunization registry and tracking system implemented by the Arizona Department of Health Services and its partners. It is intended to aid health care professionals and other users who have a need to check a client's immunization status according to A.R.S § 36-135, R9-6-707, and R9-6-708. Client-specific information is only available to authorized users and the Arizona Department of Health Services. As a condition for participation in ASIIS, the User enters into this agreement with the Arizona Department of Health Services.

User will use the following methods to report immunization information to the ASIIS Registry:

- Web Application (Direct access to the registry via the internet)
- ASIIS Paper Reporting Form
- Practice Management (PMS)/Billing System /Electronic Medical Record (EMR) /Data Translation Tool (DTT)

If checked: PMS Name: _____ Name of Vendor/Company: _____

Please list the full name(s) of each new and current staff members who will need to use the web application for the purposes of querying and/or entering immunization data. If you are only using the web application to query (look up) records, you only need "view" privileges.

1.	<input type="checkbox"/> View Privilege <input type="checkbox"/> Edit Privilege	5.	<input type="checkbox"/> View Privilege <input type="checkbox"/> Edit Privilege
2.	<input type="checkbox"/> View Privilege <input type="checkbox"/> Edit Privilege	6.	<input type="checkbox"/> View Privilege <input type="checkbox"/> Edit Privilege
3.	<input type="checkbox"/> View Privilege <input type="checkbox"/> Edit Privilege	7.	<input type="checkbox"/> View Privilege <input type="checkbox"/> Edit Privilege
4.	<input type="checkbox"/> View Privilege <input type="checkbox"/> Edit Privilege	8.	<input type="checkbox"/> View Privilege <input type="checkbox"/> Edit Privilege

- View Privilege means you can only look at the patient record and immunization record(s).
- Edit Privilege means you can view, add and make changes to patient and immunization record(s).

1. User shall allow the parent or guardian to inspect, copy, and if necessary, amend or correct their own children's immunization records. The parent or guardian must demonstrate with proof of a signed official immunization record prior to the information being entered into the user's database and sent to ASIIS.
2. User agrees to use ASIIS only for the immunization needs of User's clients. User and his/her personnel will access the registry system only when needed to provide health care for User's client(s) or to assess overall immunization status.
3. User is responsible for the actions of User's staff regarding the confidentiality of information contained in the registry system. User shall adhere to the requirements in the ASIIS Confidentiality Policy, which is incorporated by reference into this agreement.
4. User agrees that he/she will safeguard his/her User ID and password against use other than allowed by this agreement. This agreement is in effect for one year and will need to be renewed annually.
5. User shall give ASIIS the demographic and immunization information on clients for whom permission has been obtained. User shall submit the immunization information to ASIIS within 30 days of the administered vaccination.

This agreement is effective January 1st of the current year or when signed and received by the Arizona Department of Health Services, ASIIS program at 150 North 18th Ave., Room 120, Phoenix, Arizona 85007-3233. ASIIS Technical Support Line (602) 364-3899 or 1-877-491-5741 (toll-free). ASIIS fax (602) 364-3285.

Primary contact for Immunization Data: _____
 (Please Print)

Physician or Office Manager: _____ Date _____
 (Please Sign)





COMMUNICABLE DISEASE REPORT
Important Instructions - Please complete Sections 1 thru 3 for all reportable conditions. In addition, complete Section 4 for STDs and HIV/AIDS, Section 5 for hepatitis, and Section 6 for tuberculosis. Once completed, return to your county or tribal health agency. If reporting through MEDSIS, go to <http://siram.az.gov>.

County / IHS Number _____ State ID / MEDSIS ID _____ Date Received by County _____

1. PATIENT INFORMATION

Patient's Name (Last) _____ (First) _____ (Middle Initial) _____ Date of Birth _____

Race (Check all that apply)
 White Pacific Islander Unknown
 Black Native American
 Asian Other

Ethnicity
 Hispanic Transgender
 Non-Hispanic Unknown

Sex
 Male Female Unknown

Pregnant
 No Yes
 Due Date _____

Telephone # _____

Street Address _____ City _____ State _____ ZIP Code _____

Residential _____

County _____

Is the patient any of the following?
 Health care worker Food worker/handler Childcare worker/attendee
 Facility Name & Address _____

Outcomes
 Survived Died
 Date _____

Guardian (Not necessary for STD) _____

Patient's Occupation or School _____

2. REPORTABLE CONDITION INFORMATION / LAB RESULTS

Diagnosis or Suspect Reportable Condition _____ Onset Date _____ Facility _____

Reporting Source (Physician or other reporting source) _____

Street Address _____ City _____ State _____ ZIP Code _____ Telephone # _____

Provider (if different from reporter) _____ Facility _____

Provider Street Address _____ City _____ State _____ ZIP Code _____ Telephone # _____

Lab Name, Address and Telephone # _____

LAB RESULTS	Date Collected	Date Finalized	Specimen Type	Lab Test	Lab Result	Diagnosis Date
			<input type="checkbox"/> Blood <input type="checkbox"/> CSF <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> NP Swab <input type="checkbox"/> Sputum <input type="checkbox"/> Other _____			
			<input type="checkbox"/> Blood <input type="checkbox"/> CSF <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> NP Swab <input type="checkbox"/> Sputum <input type="checkbox"/> Other _____			
			<input type="checkbox"/> Blood <input type="checkbox"/> CSF <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> NP Swab <input type="checkbox"/> Sputum <input type="checkbox"/> Other _____			

4. SEXUALLY TRANSMITTED DISEASES (STD) AND HIV/AIDS

Diagnosis
 Syphilis (specify below)
 Primary _____ Secondary _____ Early Latent (<1 year) _____ Late (>1 year) _____ Congenital _____
 Chlamydia PID Gonorrhoea Herpes Chancroid
 HIV/AIDS Risk Factors
 IDU Sex with IDU Sex with males
 Mother's Name _____ Mother's DOB _____
 Other Syphilis _____
 Neurological Symptoms _____

Date of Last Negative HIV Test _____

Site of Infection
 Genitalia Rectum Other
 Throat Other

Patient had Sexual Contact with
 Males Only Refused Unknown
 Females Only Unknown Both

Marital Status
 Married Single
 Divorced Widowed
 Separated Domestic Partner
 Unknown

Sex Partners # of partners _____ # of partners treated _____

Treatment Date	Drug	Dosage

5. HEPATITIS PANEL

Hepatitis A Serology Results
 Hepatitis A Antibody (Acute IgM anti-HAV) Pos Neg Unk

Hepatitis B Serology Results
 Hepatitis B surface Antigen (HBsAg) Pos Neg Unk
 Hepatitis B core Antibody IgM (HBcAb-IgM) Pos Neg Unk
 Hepatitis B core Antibody Total (HBcAb) Pos Neg Unk
 Hepatitis B surface Antibody (HBsAb) Pos Neg Unk
 Hepatitis B e Antigen (HBeAg) Pos Neg Unk
 Symptoms consistent with acute hepatitis Pos Neg Unk
 Jaundice Pos Neg Unk
 Liver Function Test ALT _____ AST _____

Hepatitis C Serology Results
 Hepatitis C-EIA s/co ratio _____ Pos Neg Unk
 Hepatitis C-RIBA _____ Pos Neg Unk
 Hepatitis C-NAT/PCR _____ Pos Neg Unk
 Hepatitis C-Viral Load _____ Pos Neg Unk
 Liver Function Test ALT _____ AST _____

6. TUBERCULOSIS (TB)

Site of Disease
 Pulmonary
 Laryngeal
 Extrapulmonary

TB Infection in a Child 5 and Under (Positive TB skin test result)

Medicine and Dosage (Please enter information)

Comments _____

Name:		Date of Birth:				
Type of Vaccine	1st Mo/Day/Yr	2nd Mo/Day/Yr	3rd Mo/Day/Yr	4th Mo/Day/Yr	5th Mo/Day/Yr	
(DTaP/DTP/DT) Diphtheria, Tetanus, Pertussis	/ /	/ /	/ /	/ /	/ /	
Signature of Provider						
(IPV) Polio	/ /	/ /	/ /	/ /	/ /	
Signature of Provider						
(Hib) <i>Haemophilus influenzae</i> type B	/ /	/ /	/ /	/ /	/ /	Notes:
Name of Hib Manufacturer						
Signature of Provider						
(PCV7) Pneumococcal Conjugate	/ /	/ /	/ /	/ /	/ /	
Signature of Provider						
(Hep B) Hepatitis B	/ /	/ /	/ /	/ /	/ /	
Signature of Provider						
(Hep A) Hepatitis A	/ /	/ /	/ /	/ /	/ /	
Signature of Provider						
(RV) Rotavirus	/ /	/ /	/ /	/ /	/ /	
Signature of Provider						
(MMR) Measles, Mumps, Rubella	/ /	/ /	/ /	/ /	/ /	
Signature of Provider						
(VAR) Varicella <input checked="" type="checkbox"/> <input type="checkbox"/> box if Hx of chickenpox	/ /	/ /	/ /	/ /	/ /	
Signature of Provider						
(Flu) Influenza	/ /	/ /	/ /	/ /	/ /	
Signature of Provider						
(HPV) Human Papilloma Virus	/ /	/ /	/ /	/ /	/ /	
Signature of Provider						
(Td) Tetanus, Diphtheria	/ /	/ /	/ /	/ /	/ /	
Signature of Provider						
(Tdap) Tetanus, Diphtheria, Pertussis	/ /	/ /	/ /	/ /	/ /	
Signature of Provider						
(MCV4) Meningococcal Conjugate	/ /	/ /	/ /	/ /	/ /	
Signature of Provider						
(PPV23) Pneumococcal Polysaccharide	/ /	/ /	/ /	/ /	/ /	
Signature of Provider						
Other:	/ /	/ /				
Signature of Provider			Newborn Screen	Date	Result	Provider
Other:	/ /	/ /				
Signature of Provider			TB Skin Test			
Other:	/ /	/ /				
Signature of Provider						

HEALTH IMMUNIZATION RECORD



BABY SHOTS

A HEALTHY DOSE OF LOVE

Newborn Hearing Screen			
	Initial Screen Complete by hospital discharge	Second Screen Complete by 1 month of age	
Date			
Right	Pass <input type="checkbox"/> Refer <input type="checkbox"/>	Pass <input type="checkbox"/> Refer <input type="checkbox"/>	Refer to a pediatric audiologist for complete evaluation
Left	Pass <input type="checkbox"/> Refer <input type="checkbox"/>	Pass <input type="checkbox"/> Refer <input type="checkbox"/>	Refer to a pediatric audiologist for complete evaluation
	Monitor for late onset and progressive losses	Monitor for late onset and progressive losses	Refer to a pediatric audiologist for complete evaluation



REMEMBER: Bring your child's shot record to every visit.
RECUERDE: Traiga la tarjeta de vacunas de su niño a cada cita.

Vaccines & Immunizations

Publications:

Vaccine Information Statements

Vaccine Information Statements (VISs) are information sheets produced by the Centers for Disease Control and Prevention (CDC) that explain to vaccine recipients, their parents, or their legal representatives both the benefits and risks of a vaccine. Federal law  (exit) requires that VISs be handed out whenever (before each dose) certain vaccinations are given.

Downloadable VISs :

| [Anthrax](#) | [DTaP](#) | [Hepatitis \(UPDATED\)](#) | [Hib](#) | [Influenza \(UPDATED\)](#) | [HPV](#) | [JE](#) | [MMR](#) | [Meningococcal \(UPDATED\)](#) | [PCV7](#) | [PPV23](#) | [Polio](#) | [Rabies](#) | [Rotavirus](#) | [Shingles](#) | [Smallpox](#) | [Td](#) | [Tdap](#) | [Typhoid](#) | [Varicella](#) | [Yellow Fever](#)

| [Mandatory Instructions for Use of the Vaccine Information Statements](#)

| [VIS News \(Update 10/4/07\)](#)

| [O&A - VIS Facts](#)

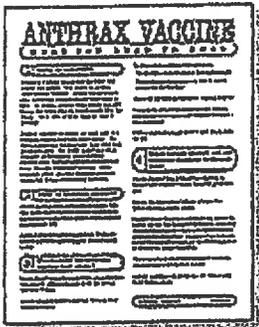
| [Important Info](#)

| [VIS Myth Exposed](#)



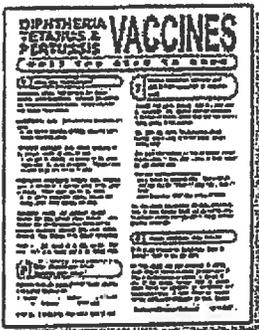
[Get Email Updates](#)

Downloadable VISs



Anthrax (4/24/03)

- [Anthrax](#) 
- [Text-only*](#) 
- [Other languages** \(exit\)](#)
(not current)

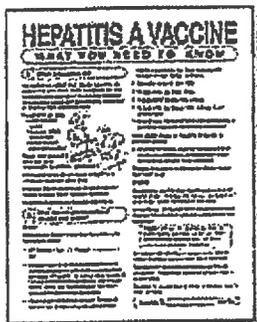


Diphtheria/Tetanus/Pertussis (DTaP) (5/17/07)

- [DTaP](#) 
- [Text-only*](#) 
- [Audio](#) 
- [Other languages** \(exit\)](#)
(including Spanish)

Hepatitis A (3/21/06)

- [Hepatitis A](#) 
- [Text-only*](#) 



[TOP](#) • [Audio](#)  (not current)

• [Other languages**](#)
(not current)

[Download Instructions](#)

[pdf format](#) 

[text only format](#) 

[TOP](#)

Important Info

- For more information on VISs, including frequently-asked questions, see these [VIS Facts](#).
- **All VISs on this page are current.**
A VIS with a date several years old is not necessarily out of date. VISs are not updated annually or on any other routine schedule. An updated VIS with a new date is posted when there is a change in recommendations.
- **New Hotline Number on VISs**
On March 15, 2005, the telephone number for the national immunization hotline changed. VISs posted on this webpage contain the new number in the "How can I learn more?" section.

Please replace your camera-ready copies of VISs with these new versions before reprinting.

Note: You do not need to discard your existing VIS stocks; calls made to the old hotline number will be forwarded to the new number for several months. **VIS dates have not changed.** The new phone number is the only difference between the old VISs and the new ones.

Combination Vaccines:

If there is no VIS for a non-routine combination vaccine (e.g., Pediarix, Comvax, Twinrix), use the VISs for all component vaccines.

*Text-only Files:

Text-only versions are available for screen-reader devices.

**Audio VIS Files:

Most VISs are available on this page as wma audio files. These files must be played using Windows Media Player®, which can be downloaded from the [Windows Media](#) (exit) website. For a CD-ROM containing these audio files, please write to NIPINFO@cdc.gov.

***VISs in other languages:

Download these Vaccine Information Statements in over 20 languages through our partner, the [Immunization Action Coalition](#) (IAC) (exit).

Vaccine Information Statements

The National Childhood Vaccine Injury (NCVI) Act requires that all health-care providers give parents or patients copies of Vaccine Information Statements before administering each dose of the vaccines listed in the schedule. Additional information is available from state health departments.

Detailed recommendations for using vaccines are available from the manufacturers' package inserts, Advisory Committee on Immunization Practices (ACIP) statements on specific vaccines, and the 2003 American Academy of Pediatrics Red Book. ACIP statements for all recommended childhood vaccines can be viewed,

downloaded, and printed on this website at www.cdc.gov/vaccines/pubs/ACIP-list.htm

Guidance on how to obtain and complete a **Vaccine Adverse Event Reporting System (VAERS)** form is available at www.vaers.hhs.gov or by telephone, (800) 822-7967.

Note: All VIS files are in .pdf format. They may be downloaded, printed, and used to make copies. If you do not have Adobe Acrobat Reader, you can download and install a copy from [Adobe's website](#) (exit).

 TOP

Non-CDC Link Disclaimer: Links to non-Federal organizations found at this site are provided solely as a service to our users. These links do not constitute an endorsement of these organizations or their programs by CDC or the Federal Government, and none should be inferred. The CDC is not responsible for the content of the individual organization web pages found at these links.

.pdf files: To view and print the .pdf files on this site, you will need Adobe Acrobat Reader. [Use this link to obtain a free copy of Adobe Acrobat Reader](#) (exit). We highly recommend that you upgrade to the latest version if haven't already.

This page last modified on October 9, 2007
Content last reviewed on February 13, 2007
Content Source: National Center for Immunization and Respiratory Diseases

INSTRUCTIONS FOR COMPLETION OF THE ARIZONA SCHOOL IMMUNIZATION RECORD (ASIR 109R)

I. IDENTIFICATION INFORMATION:

Complete the information section with the name, birth date, grade at entrance and sex of pupil.

II. IMMUNIZATION:

Fill in date (month/day/year) of each immunization the student has received from the record presented by the parent or guardian. Parental recall is not acceptable. The full date of month/day/year is required for MMR.

III. DOCUMENTATION:

A. Fill in date and your signature as the school representative who reviewed the immunization record.

B. Mark box to indicate the type of immunization or information used to transfer information onto ASIR 109R.

IV. STATUS OF REQUIREMENTS:

A. Determine if the immunizations are complete using the "Request for Exemption to Immunization (School) form (ADHS 209) must be completed and attached." If the pupil has met all immunizations required, check box A; fill in date.

B. If the pupil has not met all requirements, the pupil can be admitted. Pupil needs follow-up.

C. If the pupil has met the immunity requirement with laboratory evidence, check box C. The Request for Exemption to Immunization form (ADHS 209) must be completed and attached. Laboratory evidence of immunity must be disease specified.

D. If the pupil is to be exempted for medical reasons, a request for Exemption to Immunization (School) form (ADHS 209) must be signed by a physician and the parent or guardian and attached to ASIR 109R. If the medical exemption is permanent, the requirement for the immunization is met. Check box D with date of statement.

E. If the medical exemption is temporary, check box E and the date the exemption will no longer be valid. This pupil needs follow-up (refer to Table 2, Arizona Immunization Guide).

F. If the pupil is to be exempt for reasons of personal belief, the parent or guardian must sign a Request for Exemption to Immunization form (ADHS 209) indicating they received the information about immunizations provided by ADHS and understand the risks and benefits of immunizations.



Emergency Information and Immunization Record Card

Child's Name: _____

Date Enrolled: _____ Updated: _____

Home Address: _____
Street City State Zip

Date Disenrolled: _____

Home Phone: _____

Date of Birth: _____ Sex: male female

Mother or Guardian Name: _____	
Home Address: _____ <small>Street City State Zip</small>	
Home Phone: _____	Cell Phone: _____
Business Name: _____	Work Phone: _____
Business Address: _____ <small>Street City State Zip</small>	
Signature: _____	

Father or Guardian Name: _____	
Home Address: _____ <small>Street City State Zip</small>	
Home Phone: _____	Cell Phone: _____
Business Name: _____	Work Phone: _____
Business Address: _____ <small>Street City State Zip</small>	
Signature: _____	

If Medical Care is Necessary, Call:

DOCTOR: _____
Name Address City State Zip Phone

HOSPITAL: _____
Name Address City State Zip Phone

Does your child have insurance coverage? No Yes
 Name of Insurance Company _____ (Optional)

In case of injury or sudden illness, _____ will be called first. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.

Name: _____

Name: _____

Address: _____
Street City State Zip

Address: _____
Street City State Zip

Telephone: _____ Cell phone: _____

Telephone: _____ Cell phone: _____

Name: _____

Name: _____

Address: _____
Street City State Zip

Address: _____
Street City State Zip

Telephone: _____ Cell phone: _____

Telephone: _____ Cell phone: _____

The following person(s) may **not** remove my child from the center:

Name: _____

Name: _____

Custody papers have been provided and are on file at the facility. **yes** **no**

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:

_____ Date: _____

Parent or Guardian printed name

Signature



Bureau of State Laboratory Services
 250 N 17th Ave
 Phoenix, Arizona 85007 - 3231
 602 - 542 - 1188
 Victor Waddell, Ph.D. Bureau Chief

For Department Use Only

Patient Information

Submitting Agency Information

Last Name:		First Name:	Mi:	Agency Name:		Agency ID Code:	
DOB (MM/DD/YYYY):		Age:	Sex:	Street Address:			
Patient ID:							
Race:		Ethnicity:		City:	State:	Zip:	County:
<input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> White		<input type="checkbox"/> Other <input type="checkbox"/> Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact Name:		Phone:	

Specimen Information and Type

Collection Date: _____	<input type="checkbox"/> Acute Serum <input type="checkbox"/> Convalescent Serum <input type="checkbox"/> Random Serum <input type="checkbox"/> Plasma <input type="checkbox"/> Whole Blood <input type="checkbox"/> CSF <input type="checkbox"/> Urine	<input type="checkbox"/> Sputum <input type="checkbox"/> Stool <input type="checkbox"/> Swab Site: _____ <input type="checkbox"/> Tissue Specify: _____	<input type="checkbox"/> Wound Site: _____ <input type="checkbox"/> Body Fluid Specify: _____ <input type="checkbox"/> Other Specify: _____
<input type="checkbox"/> Reference <input type="checkbox"/> Clinical			

Virology

- CMV Culture
- Enterovirus Culture
- Herpes Culture
- Influenza Culture
- *Norovirus PCR
- Reference Virus Culture
- Respiratory Virus Culture
- Other _____

Parasitology

- Arthropod ID
- Blood/Tissue
- Intestinal
- Pinworm
- Worm ID

Mycobacteriology

- Culture
- ID (Referred Culture)
- Smear
- Susceptibility
- *Nucleic Acid Amplification

Mycology

- Culture
- ID (Referred Culture)
- Smear

Microbiology

- Anthrax
- Botulism
- *Brucella
- *C. diphtheriae
- Enteric Culture
- E. coli
- Gonorrhoea
- Haemophilus
- Legionella
- Leptospira
- Listeria
- Meningococcus
- Pertussis
- Pneumococcus
- Salmonella
- Shigella
- *Tularemia
- Yersinia
 - *pestis
 - Other _____
- Vibrio
 - cholera
 - Other _____
- Other _____

Serology

- Adenovirus CF
- *Brucella CF
- *Brucella Tube Agglutination
- Coccidioides CSF CF
- Coccidioides Serology Panel
IDTP
IDCF
- Western Equine Encephalitis
- St Louis Encephalitis
- *Colorado Tick Fever CF
- *Dengue IgM EIA
- *Hantavirus IgG EIA
- *Hantavirus IgM EIA
- Hepatitis Anti-HAV IgM
- Hepatitis Anti-Core Ab
- Hepatitis Anti-Core IgM
- Hepatitis Anti-HBs
- Hepatitis Anti-HCV
- Hepatitis HBsAG
- HIV (Separate Form)
- Prenatal Hepatitis HBsAG
- Diagnostic Hepatitis Panel
HBs Ag
Hbc IgM
HAV IgM
- Histoplasma CF
- Histoplasma Immunodiffusion
- LCM CF
- *Lyme EIA
- *Measles CF
- *Measles IgM EIA
- *Measles Immune Screen-IgG IFA
- *Mumps IgM IFA
- *Plague PHA
- *Rickettsial Panel
Rickettsial Spotted Fever Group
Rickettsial Typhus Fever Group
Rickettsial Q Fever
- Rubella Immune Screen IgG EIA
- *Rubella IgM EIA
- Syphilis CSF VDRL
- Syphilis FTA-ABS
- Syphilis Serum RPR
- Toxoplasma EIA
- *Tularemia TA
- Varicella-Zoster CF
- Varicella-Zoster Immune Screen-IgG IFA
- West Nile Virus EIA
- Other _____

***Prior notification required for:**

Brucella, Dengue, C. diphtheriae, Colorado Tick Fever, Hantavirus, Lyme, Measles, Mumps, Mycobacteria NAA, Norovirus PCR, Plague, Rickettsia, Rubella, or Tularemia testing.

Comments: _____

All fields highlighted with yellow are required for specimen processing. In addition, at least one test must be requested.

Attachment #11
 Arizona Department of Health Services
 Accounting/Contracts
 1740 W. Adams Street
 Phoenix, Arizona 85007

CONTRACTOR'S EXPENDITURE REPORT

1. Contract Number _____ P.O. # _____
 2. Contractor Name _____
 3. Title of Program _____
 4. Reporting Period From _____ To _____

4A. Cost Reimbursement -
 Cumulative Actual Expenditures
 Fixed Price
 4B. Periodic Report
 FINAL REPORT

Contractor's Detailed Statement of Expenditures and Fixed Price				Invoice #
5. COST REIMBURSEMENT (Actual Expenditures)	Approved Budget (a)	Prior Report Period Year to Date Expenditures (b)	Year to Date Expenditures (c)	Total Year to Date Expenditures (d)
A. Account Classification:				
Personal Services and ERE	\$ -	\$ -	\$ -	\$ -
Professional and Outside Services	\$ -	\$ -	\$ -	\$ -
Travel Expenses	\$ -	\$ -	\$ -	\$ -
Occupancy Expense	\$ -	\$ -	\$ -	\$ -
Other Operating Expense	\$ -	\$ -	\$ -	\$ -
Capital Outlay Expense	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -
6. FIXED PRICE				
A. Type of Unit:	Rate per Unit (1)	Number of Units Provided this Reporting Period (2)	Total Funds Earned this Reporting Period (3)	Prior Report Period Year to Date Funds Earned (4)
	\$ -		\$ -	\$ -
	\$ -		\$ -	\$ -
	\$ -		\$ -	\$ -
	\$ -		\$ -	\$ -
	\$ -		\$ -	\$ -
TOTAL			\$ -	\$ -

ADHS USE ONLY

THIS SECTION FOR ADHS ACCOUNTING USE ONLY

Total Expenditures or total Fixed Price _____
 Adj (if required): _____
 Less: Year to date payments _____
 Adj (if required): _____
 Net payment due: _____
 Index _____ PCA _____ AY _____ Amount _____

ADHS PROGRAM COORDINATOR CERTIFICATION:
 Performance satisfactory for payment
 Performance unsatisfactory, withhold payment
 No payment due

PROGRAM COORDINATOR SIGNATURE/DATE _____

7. CONTRACTOR CERTIFICATION
 I certify that this report has been examined by me, and to the best of my knowledge and belief, the reported expenditures and fixed price information is valid, based upon our official accounting records (book of account) and consistent with the terms of the contract. It is also understood that the contract payments are calculated by the Department of Health Services based upon information provided in this report.

AUTHORIZED CONTRACTOR'S SIGNATURE/TITLE/DATE _____

Preparer's Name and Phone # _____