

Contract Number	INTERGOVERNMENTAL AGREEMENT TERMS AND CONDITIONS
ADHS13-041539	

1. **Definition of Terms.** As used in this Contract, the terms listed below are defined as follows:
 - 1.1 “Attachment” means any document attached to the Contract and incorporated into the Contract.
 - 1.2 “ADHS” means Arizona Department of Health Services.
 - 1.3 “Budget Term” means the period of time for which the contract budget has been created and during which funds should be expended.
 - 1.4 “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.
 - 1.5 “Contract” means the combination of the Uniform and Special Terms and Conditions, the Specifications and Statement or Scope of Work, Attachments, Referenced Documents, any Contract Amendments and any terms applied by law.
 - 1.6 “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.
 - 1.7 “Contractor” means any person who has a Contract with the Arizona Department of Health Services.
 - 1.8 “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 approved by ADHS.
 - 1.9 “Days” means calendar days unless otherwise specified.
 - 1.10 “Fixed Price” establishes a set price per unit of service. The set price shall be based on costs, which are reasonable, allowable and allocable.
 - 1.11 “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.
 - 1.12 “Materials” unless otherwise stated herein, means all property, including but not limited to equipments, supplies, printing, insurance and leases of property.
 - 1.13 “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.
 - 1.14 “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 ADHS, becomes an obligation of the State.
 - 1.15 “Services” means the furnishing of labor, time or effort by a Contractor or Subcontractor.
 - 1.16 “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 this Contract.
 - 1.17 “State” means the State of Arizona and/or the ADHS. For purposes of this Contract, the term “State” shall not include the Contractor.

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2. Contract Type.

This Contract shall be:

 X Fixed Price

3. Contract Interpretation.

3.1 Arizona Law. The law of Arizona applies to this Contract including, where applicable, the Uniform Commercial Code as adopted by the State of Arizona.

3.2 Implied Contract Terms. Each provision of law and any terms required by law to be in this Contract are a part of this Contract as if fully stated in it.

3.3 Contract Order of Precedence. In the event of a conflict in the provisions of the Contract, as accepted by the State and as they may be amended, the following shall prevail in the order set forth below:

3.3.1 Terms and Conditions;

3.3.2 Statement or Scope of Work;

3.3.3 Attachments;

3.3.4 Referenced Documents.

3.4 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.

3.5 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.

3.6 No Parole Evidence. This Contract is intended by the parties as a final and complete expression of their agreement. No course of prior dealings between the parties and no usage of the trade shall supplement or explain any terms used in this document.

3.7 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.

3.8 Headings. Headings are for organizational purposes only and shall not be interpreted as having legal significance or meaning.

4. Contract Administration and Operation.

4.1 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.

4.2 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 and Scope of Work, which may be renegotiated.

4.3 New Budget Term. If a budget term has been completed in a multi-term Contract, the parties may agree to

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change the amount and type of funding to accommodate new circumstances in the next budget term. Any increase or decrease in funding at the time of the new budget term shall coincide with a change in the Scope of Work or change in cost of services as approved by the Arizona Department of Health Services.

- 4.4 Non-Discrimination. The Contractor shall comply with State Executive Order No. 2009-09 and all other applicable Federal and State laws, rules and regulations, including the Americans with Disabilities Act.
- 4.5 Records and Audit. Under A.R.S. § 35-214 and A.R.S. § 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 and where applicable the Federal Government at reasonable times. Upon request, the Contractor shall produce a legible copy of any or all such records.
- 4.6 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.
 - 4.6.1 *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.
 - 4.6.2 *State Funding.* Contractors receiving state funds under this Contract shall comply with the certified compliance provisions of A.R.S. § 35-181.03.
- 4.7 Inspection and Testing. The Contractor agrees to permit access, at reasonable times, to its facilities.
- 4.8 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.
- 4.9 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.
- 4.10 Property of the State.
 - 4.10.1 *Equipment.* Except as provided below or otherwise agreed to by the parties, 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.
 - 4.10.2 *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

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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.

Notwithstanding the above, if the Contractor is a State agency, the following shall apply instead: It is the intention of ADHS and Contractor that all material and intellectual property developed under this Agreement be used and controlled in ways to produce the greatest benefit to the parties to this Contract and the citizens of the State of Arizona. As used in this paragraph, "Material" means all written and electronic information, recordings, reports, findings, research information, abstracts, results, software, data, discoveries, inventions, procedures and processes of services developed by the Contractor and any other materials created, prepared or received by the Contractor and subcontractors in performance of this Agreement. "Material" as used herein shall not include any pre-existing data, information, materials, discoveries, inventions or any form of intellectual property invented, created, developed or devised by Contractor (or its employees, subcontractors or agents) prior to the commencement of the services funded by this Agreement or that may result from Contractor's involvement in other service activities that are not funded by the Agreement.

Title and exclusive copyright to all Material shall vest in the State of Arizona, subject to any rights reserved on behalf of the federal government. As State agencies and instrumentalities, both ADHS and Contractor shall have full, complete, perpetual, irrevocable and non-transferable rights to reproduce, duplicate, adapt, make derivative works, distribute, display, disclose, publish and otherwise use any and all Material. The Contractor's right to use Material shall include the following rights: the right to use the Material in connection with its internal, non-profit research and educational activities, the right to present at academic or professional meetings or symposia and the right to publish in journals, theses, dissertations or otherwise of Contractor's own choosing. Contractor agrees to provide ADHS with a right of review prior to any publication or public presentation of the Material, and ADHS shall be entitled to request the removal of its confidential information or any other content the disclosure of which would be contrary to the best interest of the State of Arizona. Neither party shall release confidential information to the public without the prior expressly written permission of the other, unless required by the State public records statutes or other law, including a court order. Each party agrees to give recognition to the other party in all public presentations or publications of any Material, when releasing or publishing them.

In addition, ADHS and Contractor agree that any and all Material shall be made freely available to the public to the extent it is in the best interest of the State. However, if either party wants to license or assign an intellectual property interest in the material to a third-party for monetary compensation, ADHS and Contractor agree to convene to determine the relevant issues of title, copyright, patent and distribution of revenue. In the event of a controversy as to whether the Material is being used for monetary compensation or in a way that interferes with the best interest of the state or ADHS, then the Arizona Department of Administration shall make the final decision. Notwithstanding the above, "monetary compensation" does not include compensation paid to an individual creator for traditional publications in academia (the copyrights to which are Employee-Excluded Works under ABOR Intellectual Property Policy Section 6-908C.4.), an honorarium or other reimbursement of expenses for an academic or professional presentation, or an unprofitable distribution of Material.

- 4.11 E-Verify Requirements In accordance with A.R.S. § 41-4401, Contractor warrants compliance with all Federal immigration laws and regulations relating to employees and warrants its compliance with Section A.R.S. § 23-214, Subsection A.

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4.12 Scrutinized Businesses In accordance with A.R.S. § 35-391 and A.R.S. § 35-393, Contractor certifies that the Contractor does not have scrutinized business operations in Sudan or Iran.

4.13 Federal Immigration and Nationality Act The Contractor shall comply with all federal, state and local immigration laws and regulations relating to the immigration status of their employees during the term of the Contract. Further, the Contractor shall flow down this requirement to all subcontractors utilized during the term of the Contract. The State shall retain the right to perform random audits of Contractor and subcontractor records or to inspect papers of any employee thereof to ensure compliance. Should the State determine that the Contractor and/or any subcontractors be found noncompliant, the State may pursue 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.

5. **Costs and Payments**

5.1 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.

5.2 Recoupment of Contract Payments.

5.2.1 *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.

5.2.2 *Contracted Services.* In a fixed price contract, if the number of services provided is less than the number of services for which the Contractor received compensation, funds to be returned to the ADHS shall be determined by the Contract price. Where the price is determined by cost per unit of service or material, the funds to be returned shall be determined by multiplying the unit of service cost by the number of services the Contractor did not provide during the Contract term. Where the price for a deliverable is fixed, but the deliverable has not been completed, the Contractor shall be paid a pro rata portion of the completed deliverable. In a cost reimbursement contract, the ADHS shall pay for any costs that the Contractor can document as having been paid by the Contractor and approved by ADHS. In addition, the Contractor will be paid its reasonable actual costs for work in progress as determined by Generally Accepted Accounting Procedures up to the date of contract termination.

5.2.3 *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 5.2.1, Unearned Advanced Funds; or ii) the amount refundable in accordance with paragraph 5.2.2, Contracted Services.

5.2.4 *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.

5.3 Unit Costs/Rates or Fees. Unit costs/rates or fees shall be based on costs, which are determined by ADHS to be reasonable, allowable and allocable as outlined in the Accounting and Auditing Procedures Manual for the ADHS.

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5.4 Applicable Taxes.

5.4.1 *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.

5.4.2 *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.

5.4.3 *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.

5.5 Availability of Funds for the Next Fiscal Year. Funds may not be presently available for performance under this Contract beyond the first year of the budget term or Contract term. The State may reduce payments or terminate this Contract without further recourse, obligation or penalty in the event that insufficient funds are appropriated in the subsequent budget term. 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.

5.6 Availability of Funds for the Current Contract Term. Should the State Legislature enter back into session and decrease the appropriations through line item or general fund reductions, or for any other reason these goods or services are not funded as determined by ADHS, the following actions may be taken by ADHS:

5.6.1 Accept a decrease in price offered by the Contractor;

5.6.2 Reduce the number of goods or units of service and reduce the payments accordingly;

5.6.3 Offer reductions in funding as an alternative to Contract termination; or

5.6.4 Cancel the Contract.

6. **Contract Changes**

6.1 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.

6.2 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.

6.3 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 withhold approval.

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7. Risk and Liability

- 7.1 Risk of Loss. The Contractor shall bear all loss of conforming material covered under this Contract until received and accepted 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.
- 7.2 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.
- 7.3 Indemnification - Patent and Copyright. To the extent permitted by A.R.S. § 41-621 and A.R.S. § 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.
- 7.4 Force Majeure.
- 7.4.1 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.
- 7.4.2 Exclusions. Force Majeure shall not include the following occurrences:
- 7.4.2.1 Late delivery of Materials caused by congestion at a manufacturer's plant or elsewhere, or an oversold condition of the market;
- 7.4.2.2 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
- 7.4.2.3 Inability of either the Contractor or any subcontractor to acquire or maintain any required insurance, bonds, licenses or permits.
- 7.4.3 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.

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7.4.4 *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.

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

8. Description of Materials The following provisions shall apply to Materials only:

8.1 Liens. The Contractor agrees that the Materials supplied under this Contract are free of liens. In the event the Materials are not free of liens, Contractor shall pay to remove the lien and any associated damages or replace the Materials with Materials free of liens.

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

8.2.1 Of a quality to pass without objection in the Contract description;

8.2.2 Fit for the intended purposes for which the Materials are used;

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

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

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

8.3 Inspection/Testing. Subparagraphs 8.1 through 8.2 of this paragraph are not affected by inspection or testing of or payment for the Materials by the State.

8.4 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.

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

8.5.1 *Contractor's Representations.* All representations and warranties made by the Contractor under this Contract in paragraphs 7 and 8 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.

8.5.2 *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.

9. State's Contractual Remedies

9.1 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.

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9.2 Stop Work Order.

9.2.1 *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.

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

9.3 Non-exclusive Remedies. The rights and remedies of ADHS under this Contract are not exclusive, and ADHS is entitled to all rights and remedies available to it, including those under the Arizona Uniform Commercial Code and Arizona common law.

9.4 Right of Offset. The State shall be entitled to offset against any sums due the Contractor in any Contract with the State or damages assessed by the State because of the Contractor's non-conforming performance or failure to perform this Contract. The right to offset may include, but is not limited to, a deduction from an unpaid balance and a collection against the bid and/or performance bonds. Any offset taken for damages assessed by the State shall represent a fair and reasonable amount for the actual damages and shall not be a penalty for non-performance.

10. **Contract Termination**

10.1 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.

10.2 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.

10.3 Suspension or Debarment. The State may, by written notice to the Contractor, immediately terminate this Contract if the State determines that the Contractor or its subcontractor 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.

10.4 Termination Without Cause.

10.4.1 Both the State and the Contractor may terminate this Contract at any time with thirty (30)

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days notice in writing specifying the termination date. Such notices shall be given by personal delivery or by certified mail, return receipt requested.

10.4.2 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, if the Contractor terminates the Contract, the Contractor shall indemnify the State for any sanctions imposed by the funding source as a result of the Contractor's failure to complete the Contract.

10.4.3 If the State terminates this Contract pursuant to this Section, the State shall pay the Contractor the Contract price for all Services and Materials completed up to the date of termination. In a fixed price contract, the State shall pay the amount owed for the Services or Materials by multiplying the unit of service or item cost by the number of unpaid service units or items. In a cost reimbursement contract, the ADHS shall pay for any costs that the Contractor can document as having been paid by the Contractor and approved by ADHS. In addition, the Contractor will be paid its reasonable actual costs for work in progress as determined by GAAP up to the date of termination. Upon such termination, the Contractor shall deliver to the ADHS all deliverables completed. ADHS may require Contractor to negotiate the terms of any remaining deliverables still due.

10.5 Mutual Termination. This Contract may be terminated by mutual written agreement of the parties specifying the termination date and the terms for disposition of property and, as necessary, submission of required deliverables and payment therein.

10.6 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. In the event the ADHS terminates the Contract in whole or in part as provided in this paragraph, the ADHS may procure, upon such terms and in such manner as deemed appropriate, Services or Materials, similar to those terminated, and Contractor shall be liable to the ADHS for any excess costs incurred by the ADHS in obtaining such similar Services or Materials.

10.7 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.

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

11. **Arbitration** Pursuant to A.R.S. § 12-1518, disputes under this Contract shall be resolved through the use of arbitration when the case or lawsuit is subject to mandatory arbitration pursuant to rules adopted under A.R.S. § 12 -133.

12. **Communication**

12.1 Program Report. When reports are required by the Contract, the Contractor shall provide them in the format approved by ADHS.

12.2 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

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for coordinating their 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.

13. **Client Grievances** If applicable, the Contractor and its subcontractors shall use a procedure through which clients may present grievances about the operation of the program that result in the denial, suspension or reduction of services provided pursuant to this Contract and which is acceptable to and approved by the State.
14. **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.
15. **Fingerprint and Certification Requirements/Juvenile Services.**
 - 15.1 Paid and Unpaid Personnel. Pursuant to A.R.S. § 36-425.03, the Contractor shall ensure that all paid and unpaid personnel who are required or are allowed to provide Services directly to juveniles have obtained fingerprint clearance cards in accordance with A.R.S. § 41-1758 et. seq.
 - 15.2 Costs. The Contractor shall assume the costs of fingerprint certifications and may charge these costs to its fingerprinted personnel.
16. **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. 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 errors in a written confirmation letter with a copy of the corrected Administrative Change attached.
17. **Survival of Terms After Termination or Cancellation of Contract** All applicable Contract terms shall survive and apply after Contract termination or cancellation to the extent necessary for Contractor to complete and for the ADHS to receive and accept any final deliverables that are due after the date of the termination or cancellation.
18. **Health Insurance Portability and Accountability Act of 1996 (HIPAA)** The Contractor warrants that it is familiar with the requirements of HIPAA, as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH Act) of 2009, and accompanying regulations and will comply with all applicable HIPAA requirements in the course of this Contract. Contractor warrants that it will cooperate with the Arizona Department of Health Services (ADHS) in the course of performance of the Contract so that both ADHS and Contractor will be in compliance with HIPAA, including cooperation and coordination with the Government Information Technology Agency (GITA), Statewide Information Security and Privacy Office (SISPO) Chief Privacy Officer and HIPAA Coordinator and other compliance officials required by HIPAA and its regulations. Contractor will sign any documents that are reasonably necessary to keep ADHS and Contractor in compliance with HIPAA, including, but not limited to, business associate agreements.

If requested by the ADHS Procurement Office, Contractor agrees to sign a "Pledge To Protect Confidential Information" and to abide by the statements addressing the creation, use and disclosure of confidential information, including information designated as protected health information and all other confidential or sensitive information as defined in policy. In addition, if requested, Contractor agrees to attend or participate in HIPAA training offered by 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

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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 GITA/SISPO Chief Privacy Officer and HIPAA Coordinator.

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

- 20. **Comments Welcome** The ADHS Procurement Office periodically reviews the Uniform Terms and Conditions and welcomes any comments you may have. Please submit your comments to: ADHS Procurement Administrator, Arizona Department of Health Services, 1740 West Adams, Suite 303, Phoenix, Arizona, 85007.

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A. Background

The Arizona Department of Health Services (ADHS), Arizona Immunization Program Office (AIPO), has contracted with County Health Departments (Contractor) since 1993 to provide immunization-related services. The Scope of Services reflects activities necessary to reach the national immunization goals and objectives outlined by the Centers for Disease Control and Prevention (CDC). All objectives and related activities identified in this Scope of Services include the Contractor as well as all public health entities involved with immunizations within the Contractor's jurisdiction.

B. Objective

1. Enhance program stewardship and accountability for all publicly-purchased vaccine and Vaccines for Children Program (VFC) and Section 317
http://www.hhs.gov/recovery/reports/plans/pdf20100610/CDC_Section%20317%20Immunizations%20June%202010.pdf
2. Assess and improve immunization coverage levels.
3. Assure access to vaccines for eligible populations in Arizona.
4. Prevent and control Vaccine Preventable Diseases (VPD).

C. Scope of Services

The services shall be provided throughout the Contractor's jurisdiction. The Tasks described herein are provided to outline the services required and shall not be considered to be either comprehensive or restrictive to innovation or creativity on the part of the Contractor in the preparation of the work plan.

The tasks, activities and performance measures shall be geared for the calendar year of January to December.

D. Tasks

The Contractor shall:

1. Activity One (1) Immunization Action Plan (IAP)

- 1.1 Develop and implement an annual IAP to ensure that immunization coverage levels in the County's young child, adolescent, and adult populations improve for both public and private health care recipients. Evidence-based strategies can be taken from the "Guide to Community Preventive Services" located at: <http://thecommunityguide.org>. In addition to all other required activities, the IAP must contain the following:
 - 1.1.1 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;
 - 1.1.2 The strategies to bring more clients into provider clinics and medical home offices to receive immunizations;
 - 1.1.3 The identification of low or lagging vaccination coverage among children, adolescents, adults, special populations and pockets of need relevant to Contractor's jurisdiction, using best available evidence and data including National Immunization Survey results, State reports, and locally gathered statistics; and
 - 1.1.4 A description of how activities will accomplish the objectives and tasks within this Scope of Services and address low or lagging coverage rates.

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1.2 Annually present to the County Health Officer and the Board of Health a review of the County IAP including the Spring and Fall immunization assessment results.

2. Activity Two (2) Perinatal Hepatitis B Case Management

2.1 Implement Perinatal Hepatitis B program activities designed to prevent the spread of the hepatitis B virus (HBV) from mother to newborn. The Contractor shall comply with Chapter Eight (8) of the Perinatal Hepatitis B Prevention Program Manual (<http://www.azdhs.gov/phs/immun/documents/Perinatal-Hepatitis-B-Manual.pdf>). AIPO will provide the Contractor with a listing of identified HBsAg-positive women in the County. Specifically 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:

- 2.1.1 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;
- 2.1.2 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 nine to fifteen (9-15) months of age;
- 2.1.3 Implement measures to assure that all identified household/sexual contacts of HBsAg-positive mothers in the County are offered testing (to include HBsAg and anti-HB's) for susceptibility and immunized if susceptible; and
- 2.1.4 Submit, at least quarterly, a Hepatitis B Line Listing Report (<http://www.azdhs.gov/phs/immun/documents/Perinatal-Hepatitis-B-Manual.pdf>) which includes data on HBsAg+ women, contacts, infants born to HBsAg+ women, vaccinations due, and vaccinations received by infants during the quarter.

3. Activity Three (3) Comprehensive Clinic Assessment Software Application (CoCASA)

3.1 Review Spring and Fall CoCASA summary reports provided by AIPO (see Exhibit One (1)), which provide data analysis of the immunization rates of children and adolescents immunized at the Contractor's clinic sites, and can be used to pinpoint strengths and areas of improvement. Share results with clinic staff to identify:

- 3.1.1 Missed opportunities to immunize;
- 3.1.2 Invalid doses;
- 3.1.3 Missing immunizations;
- 3.1.4 Coverage levels; and
- 3.1.5 Strategies to follow-up with under-immunized clients and to improve coverage levels.

4. Activity Four (4) Reminder/Recall

4.1 Conduct monthly Reminder/Recall activities that include, but are not limited to, notification to parents/guardians of all children and adolescents, and to adults, served by the County.

- 4.1.1 Remind parents/guardians/adults of the next vaccination visit no earlier than two (2) weeks prior to the date the next vaccination is due; and

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4.1.2 Recall children, adolescents, and adults who are overdue for vaccinations no later than four (4) weeks after the missed visit.

5. Activity Five (5) Follow-up to CoCASA Report

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

- 5.1.1 Postcards;
- 5.1.2 Auto-dialer;
- 5.1.3 Telephone calls; and
- 5.1.4 Other.

6. Activity Six (6) Arizona State Immunization System (ASIIS)

6.1 Enroll in ASIIS and use the latest version of the ASIIS web application (www.asiis.state.az.us) to take any required training, order vaccine, and to report, within thirty (30) days, immunizations administered to all children and to adults who consent to entry into ASIIS; and to retrieve information from the ASIIS Central Registry.

- 6.1.1 Adhere to ARS 36-135, ARS 36-674, and Arizona Administrative Code (AAC) R9-6-701-708 and R9-5-304-305 located at: <http://www.azleg.gov/ArizonaRevisedStatutes.asp> and http://www.azsos.gov/public_services/table_of_contents.htm;
- 6.1.2 Ensure internet access for program personnel;
- 6.1.3 Sign a User's Agreement form annually and submit to ASIIS; and
- 6.1.4 Adhere to guidelines posted at the Arizona State Immunization Information System, (ASIIS) website (<https://www.asiis.state.az.us/main.jsp>), which include vaccine ordering policies, inventory management and dose-level accountability.

7. Activity Seven (7) Vaccine Management

7.1 In cooperation with staff from AIPO, complete an annual on-site Clinic Practices Operational Review and/or Vaccine Management Review of Contractor clinics/sites that receive publicly purchased vaccine from the State. The Contractor shall use *The Standards for Child and Adolescent Immunization Practices* located at: <http://pediatrics.aappublications.org/content/112/4/958.extract> and the *Standards for Adult Immunization Practices* (located at http://www.azdhs.gov/phs/immun/pdf/immunizations/winter07/InsertA_Winter2007.pdf) as guides in conducting the review. The review procedure shall include:

- 7.1.1 A review of clinic immunization practices; and/or
- 7.1.2 An audit of clinic vaccine management practices.

7.2 The Contractor shall be responsible for compliance with VFC storage, handling, and administration requirements and for preventing any loss or wastage of its vaccine used in clinics, sites, or other venues to which the Contractor has distributed vaccine.

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8. Activity Eight (8) Enrollment in VFC Program

- 8.1 Enroll as a Vaccines for Children (VFC) provider and comply with the program requirements as defined in the Arizona VFC Program Provider Enrollment Agreement, the Arizona VFC Operations Guide and AIPO directives on appropriate use of 317 funded vaccine located at: http://www.azdhs.gov/phs/immun/act_aipo.htm#vfc.

9. Activity Nine (9) VPD Case Management/Flu Surveillance

- 9.1 Conduct the following activities related to VPD (including but not limited to, diphtheria, tetanus, pertussis, polio, meningococcal disease, Hib, measles, rubella and congenital rubella syndrome, mumps, hepatitis A, and hepatitis B) surveillance, coordinating efforts with the ADHS Office of Infectious Disease Services (OIDS) and AIPO:
- 9.1.1 Maintain a passive surveillance system for VPDs and perform investigation of each suspected VPD;
 - 9.1.2 Facilitate appropriate laboratory testing of specimens;
 - 9.1.3 Notify OIDS of all cases of VPD (suspected, probable, and confirmed) in a timely manner, and complete the ADHS VPD investigation and reporting forms or electronic screens;
 - 9.1.4 Complete outbreak summary reports; ensure proper, accurate and timely reporting by schools and by providers for varicella surveillance; and work with OIDS to complete varicella reports; and
 - 9.1.5 Conduct year-round influenza surveillance by 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.
- 9.2 Protocols for these activities are specified in “Case Definitions for Reportable Communicable Diseases” located at: <http://www.azdhs.gov/phs/oids/pdf/casedefinitions.pdf>; “Infectious Disease Investigation Manual” located at: <http://www.azdhs.gov/phs/oids/investigations/manual.htm>; and Vaccine Preventable Disease Surveillance Manual” located at: www.cdc.gov/vaccines/pubs/surv-manual/index.html.

10. Activity Ten (10) Outreach Education

- 10.1 Distribute and encourage the use of the *Arizona Lifetime Immunization Card (ALIC)* located at: http://www.azdhs.gov/phs/immun/pdf/forms_request.pdf to County providers; distribute copy-ready copies of *Vaccine Information Statements (VISs)* located at: <http://www.immunize.org/vis/> to County providers; *Arizona School Immunization Record (ASIRs)* <http://www.immunize.org/vis/> to County schools; and *Emergency Information and Immunization Record Cards (EIIRC)s* <http://www.azdhs.gov/als/forms/ccgh11.pdf> to County Child Care Facilities and document distribution in the Quarterly Progress Report;
- 10.2 Distribute “new mother” information/education which will include, but not be limited to, the Arizona Lifetime Immunization Record (ALIR) located at: http://www.azdhs.gov/phs/immun/pdf/forms_request.pdf and a current immunization schedule, to all birthing centers in the Contractor’s county and document distribution in the Quarterly Progress Report;
- 10.3 In partnership with public and private sector organizations promote immunizations by using educational materials, social media, special mailings, newsletters, communicable disease bulletins, websites, email list services, and other outreach methods; and

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10.4 Conduct activities to promote and increase attendance of children, adolescents, and adults, as appropriate, at existing immunization clinics during National Infant Immunization Week (NIIW) in April, Child Health Month in October, National Influenza Vaccination Week, and other immunization promotional events.

11. Activity Eleven (11) Healthcare Provider Education

11.1 Present at least one (1) one-hour immunization education programs for the staff of private medical offices and clinics, hospitals, schools, or other immunization administration sites. The program shall include the topics of vaccine administration, immunization schedules, immunization assessments, immunization registry/tracking, and vaccine storage and handling. The Contractor shall report these sessions to AIPO in the Quarterly Progress Reports.

12. Activity Twelve (12) Staff Education

12.1 Regularly update all immunization clinical staff on appropriate and timely education and training on immunization-related issues by ensuring that immunization program staff members view the CDC Epidemiological and Prevention of Vaccine-Preventable Diseases program or the annual update (available as a DVD or web-on-demand product from CDC); and

12.2 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.

13. Activity Thirteen (13) Vaccine Adverse Event Reporting System (VAERS)

13.1 Comply with the immunization provider responsibilities as defined in the National Childhood Vaccine Injury Act (Section 2126 of the Public Health Service Act, 42, U.S.C. Section 300aa-26 located at: http://www.cdc.gov/vaccinesafety/Vaccine_Monitoring/history.html;

13.1.1 Submit reports of adverse reactions to the electronic VAERS within seventy-two (72) hours of notification of the adverse event located at: <http://vaers.hhs.gov/index>;

13.1.2 Follow-up on any reports as requested by CDC or AIPO; and

13.1.3 Submit a copy of the electronic VAERS report and any follow-up reports to AIPO.

14. Activity Fourteen (14) Insurance Reimbursement

14.1 Explore methods and seek reimbursement, when possible, for immunization administration fees from Medicaid health care plans, KidsCare, private health care plans, and Medicare.

15. Activity Fifteen (15) School/Childcare Immunization Data Reports (IDRs)

15.1 Support and work directly with school and childcare facilities in order to improve compliance with state immunization requirements located at: http://www.azdhs.gov/phs/immune/index_schchld.htm and the submission of required reports, in the format specified by AIPO/ADHS located at: http://www.azdhs.gov/phs/immun/documents/idr_form.htm. AIPO will provide to the Contractor lists of schools and childcare centers that might need assistance with compliance. Work will include on-site visits to provide education and technical assistance. The Contractor shall:

15.1.1 Review immunization records;

15.1.2 Assist the site in completing a "Referral Notice of Inadequate Immunization" for each under-immunized child;

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- 15.1.3 Complete and submit, to AIPO, the site's IDR for each grade level required by AIPO/ADHS; and
- 15.1.4 Include a copy of the submitted school/childcare IDR(s), signed by both the Contractor and school/childcare representative, as supporting documentation to the Contractor Expenditure Report (CER).

16. Activity Sixteen (16) VPD Outbreak and Pandemic Preparedness

- 16.1 In conjunction with State public health preparedness programs, the Contractor shall develop or revise plans for responding to VPD outbreaks and pandemic responses in coordination with equivalent public health preparedness programs and other relevant partners, such as communicable disease groups, including mass vaccination, identification of priority groups and hard-to-reach populations for immunization, and identification of critical infrastructure personnel. VPDs include, but are not limited to measles, pandemic influenza, and anthrax.

17. Activity Seventeen (17) Adult Immunizations

- 17.1 Collaborate with public and private sector organizations, as funding and vaccines become available, to promote adult immunizations in an effort to raise adult immunization coverage levels striving to reach Healthy People 2020 immunization rates located at: www.healthypeople.gov.

The Contractor shall:

- 17.1.1 Inform providers and beneficiaries that pneumococcal and influenza vaccine and their accompanying administrative costs are Medicare-covered benefits;
- 17.1.2 Provide consultation, technical assistance, and advocacy to nursing homes and assisted-living facilities to promote influenza and pneumococcal immunizations for residents and staff;
- 17.1.3 Provide education and assessments of coverage levels;
- 17.1.4 Encourage use of a standardized immunization record;
- 17.1.5 Encourage participation in The Arizona Partnership for Immunization (TAPI) coalition on the adult immunization subcommittee;
- 17.1.6 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);
- 17.1.7 Immunize adults if vaccine is available; and
- 17.1.8 Target at-risk adults, healthcare workers, and others with vaccine and educational messages.

18. Activity Eighteen (18) Child Immunizations

- 18.1 In partnership with public and private sector organizations, such as Women, Infants, and Children Program (WIC), promote child immunizations in an effort to raise coverage levels, striving to reach Healthy People 2020 immunization rates (www.healthypeople.gov). Contractor will target, but not be limited to, the following:

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- 19.1.1 Children two (2) years of age and younger, school and childcare required immunizations, and women, infants and children enrolled in the (WIC) programs;
- 19.1.2 Adolescents in locations such as teen centers, junior/middle schools, and juvenile detention; and
- 19.1.3 Children of mothers born after September 30, 1983 in countries with chronic hepatitis B infection of two (2) percent or higher (Asia, Africa and northern South America).

19. Activity Nineteen (19) (At the Contractor’s Option)

- 19.1 Conduct one (1) or more site visit(s) 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.

20. Activity Twenty (20) (At Contractor’s Option)

- 20.1 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 fifty percent (50%) of the members should represent organizations other than the County Department of Public Health.

E. Requirements

- 1. The activities in this Contract shall be performed by the Contractor, or its partners, for the purpose of increasing immunization coverage levels of children under the age of two (2) years in both the public and private sectors of health care. Funds shall be used for immunization related services and activities and in accordance with any federal and state regulations.

F. State Provided Items

The Arizona Immunization Program Office will provide:

- 1. CoCASA Summary Report (example) which contains Assessment criteria for children twelve to twenty-three (12-23) months old and twenty-four to thirty-five (24-35) months old.

G. Deliverables

The Contractor shall:

- 1. Complete and submit a quarterly Contractor’s Expenditure Report (CER) listing all reports/summaries for which reimbursement is due within thirty (30) days of the end of the quarter. The Contractor is expected use the funds received from the CER for immunization-related services and activities and in accordance with any Federal and State regulations.
- 2. Complete and submit reports as indicated in Exhibit One (1), Scheduled Reports Delivery.

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H. Notices, Correspondence and Reports

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

Immunization Services Manager
Immunization Program Office
Arizona Department of Health Services
150 N. 18th Avenue, Suite 120
Phoenix AZ 85007
Telephone: 602:364-3626
FAX: 602:364-3285

2. Notices, Correspondence and Payments from the ADHS to the Contractor shall be sent to:

Gila County Health & Emergency Services
5515 South Apache Avenue, Suite 100
Globe, Arizona 85501
Attn: Michael O'Driscoll, Director
Phone: 928-402-8761
Fax: 928-425-0794
E-Mail: modriscoll@co.gila.az.us

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Immunization Program
Effective Date: January 1, 2013 through December 31, 2013*

Activity	Frequency	Unit Rate	Unit of Measure	Total
Total Salary/Fringe	Yearly	N/A	Total	\$50,000.00
Immunization Visit for children zero (0) to eighteen (18) years of age	Quarterly	\$50.00	Visit	As approved by ADHS and authorized by purchase order
Immunization Completion for children zero (0) to eighteen (18) years of age	Quarterly	\$100.00	Visit	
Perinatal Hepatitis B Case Management – Prenatal	Quarterly	\$300.00	Case	
Perinatal Hepatitis B Case Management – Postnatal	Quarterly	\$200.00	Case	
School/Childcare IDR Management – Preparation and Submittal	Quarterly	\$250.00	Each/per grade level IDR	
Immunization Visit for adults nineteen (19) years of age and older	As funding is available	\$50.00	Visit	
Immunization Visit for Flu Vaccine, in children and adults	When specific flu vaccine funds are available	\$50.00	Visit	

***Prices may be reviewed and adjusted annually over the term of the Contract.**

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Scheduled Reports Delivery

Reports	Due Date
Immunization Action Plan (IAP)	February 1 st
Quarterly Progress Reports	April 30 th July 31 st October 31 st January 31 st
Childcare Immunization Data Reports	November 15 th
School Immunization Data Reports	November 15 th
Hepatitis B Line Listing Report (submitted with CER)	April 30 th July 31 st October 31 st January 31 st
Contractor Expenditure Report	April 30 th July 31 st October 31 st January 31 st

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Fee for Service Definitions

A. Fixed Price

1. Immunization Administration

- 1.1 "Immunization Visits" is the rate paid to supplement the administration cost for each child immunization visit. Source document: Vaccines for Children Accountability Log to be submitted with the quarterly Contractor's Expenditure Report (CER).
- 1.2 "Completions" is the rate paid for each child who completes (receives) four (4) DTaP, three (3) Polio, one (1) MMR, one to four (1-4) Hib, three (3) Hep B, and one (1) Varicella by twenty-four (24) months of age. Contractor is advised that this immunization completion series is subject to change based on future CDC and AIPO requirements or recommendations. Source document: ASIIS Completion Report to be submitted with the quarterly CER.

2. Perinatal Hepatitis B Case Management

Perinatal Hepatitis B Case Management spans from the mother's initial interview through to completion of all preventive services for the infant and the household/sexual contacts. It is anticipated that cases should not take more than eighteen (18) months to complete.

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

- 2.1 "Pre-Natal Management" is the rate paid to 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 Hepatitis B Line Listing Report which shall accompany the quarterly CER.
- 2.2 "Post-Natal Management" is the rate paid to include obtaining name of birth hospital, infant's name, date of birth (DOB), birth weight, date of administration of HBIG and Hepatitis B # 1, and the name of the infant's health provider. The rate also includes obtaining subsequent dates for the remaining two (2) doses of Hepatitis B vaccine as well as the dates and results of post serology follow-up or documentation of refusal.

Per CDC guidelines (refer to Hepatitis B Manual identified in Activity 2.1) infants born to HBsAg -positive mothers should receive Hepatitis #3 optimally by six (6) months of age (a grace period of two months is allowed for a "completed series"). Contract payment will only be paid until twelve (12) months of age. All services will be reported on the Hepatitis B Line Listing Report which shall accompany the quarterly CER.

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3. Immunization Data Report (IDR) Submission

- 3.1 An "Immunization Data Report (IDR)" is an AIPO-designed form used to collect enrollment and immunization information from a school or child care center about children in an age group or at a grade level required by ADHS and posted at http://www.azdhs.gov/phs/immun/idr_forms.htm. IDRs must include the number of children enrolled, the number of enrolled children who have proof of each required immunization dose, and the number of enrolled children who have exemptions from immunization requirements. In addition to the information listed above, IDRs from child care centers must also include the name or identification number of each enrolled child and the immunization history for each enrolled child. Schools and child care centers are required to submit an annual Immunization Data Report per Arizona Revised Statutes 15-874, and Arizona Administrative Code, R9-6-707.
- 3.2 "Immunization Data Report Submission" is the rate paid per childcare center or per grade level for a school Immunization Data Report. This rate includes at least one site visit to the school or child care center and documentation of the completed Immunization Data Report signed by a representative of the school or child care center, and a member of the CHD staff, submitted with the CER.