



**INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT**

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

Contract No: **ADHS13-041539**

Amendment No. **1**

**Procurement Specialist**  
**Jacqueline Ortega-Avila**

**IMMUNIZATION PROGRAM**

Effective January 1, 2014, it is mutually agreed that the Intergovernmental Agreement referenced is amended as follows:

1. Pursuant to Page Three (3), Terms and Conditions, Provision Four (4), Contract Administration and Operation, Item (4.12), Scrutinized Businesses, is deleted in its entirety.
2. Pursuant to Page Seven (7), Terms and Conditions, Provision Six (6), Contract Changes, Item (6.1), Amendments, Purchase Orders and Change Orders; the Contract Price Sheet Effective January 1, 2013 is replaced with the Revised Price Sheet January 1, 2014 of this Amendment. Pricing will be updated in the ProcureAZ "Items Tab" to reflect the pricing upon execution of this Amendment.
3. Pursuant to Page Seven (7), Terms and Conditions, Provision Six (6), Contract Changes, Item (6.1), Amendments, Purchase Orders and Change Orders; the Scope of Services, Provision D, Tasks, of the Contract is hereby revised as follows:

**(CONTINUED ON NEXT PAGE)**

**ALL OTHER PROVISIONS OF THIS AGREEMENT REMAIN UNCHANGED.**

<b>Gila County Health &amp; Emergency Services</b>		<b>CONTRACTOR SIGNATURE</b>	
<b>Contractor Name</b>		<b>Contractor Authorized Signature</b>	
<b>5515 South Apache Avenue, Suite 100</b>		<b>Michael A. Pastor</b>	
<b>Address</b>		<b>Printed Name</b>	
<b>Globe</b>	<b>Arizona</b>	<b>Chairman</b>	
<b>City</b>	<b>State</b>	<b>Title</b>	
<b>85501</b>		<p>This Intergovernmental Agreement Amendment shall be effective the date indicated. The Public Agency is hereby cautioned not to commence any billable work or provide any material, service or construction under this IGA until the IGA has been executed by an authorized ADHS signatory.</p> <p><b>State of Arizona</b></p> <p>Signed this _____ day of _____, 2014</p>	
<b>CONTRACTOR ATTORNEY SIGNATURE</b>			
Pursuant to A.R.S. § 11-952, the undersigned public agency attorney has determined that this Intergovernmental Agreement is in proper form and is within the powers and authority granted under the laws of the State of Arizona.			
<b>Signature</b>	<b>Date</b>		
<b>Bryan Chambers, Deputy Attorney Principal</b>		<b>Procurement Officer</b>	
<b>Printed Name</b>		<b>RESERVED FOR USE BY THE SECRETARY OF STATE</b>	
<p><b>Attorney General Contract No. P0012012000033, 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 proper form and is within the powers and authority granted under the laws of the State of Arizona.</b></p>		<p><b>Under House Bill 2011, A.R.S. § 11-952 was amended to remove the requirement that Intergovernmental Agreements be filed with the Secretary of State.</b></p>	
<b>Signature</b>		<b>Date</b>	
<b>Assistant Attorney General</b>			
<b>Printed Name:</b>			

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**D. Tasks**

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

- 3.1 Review Spring and Fall CoCASA summary reports provided by AIPO, 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:

**7. Activity Seven (7) Vaccine Management**

- 7.2 The Contractor shall be responsible for compliance with VFC and VFA 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.

**8. Activity Eight (8) Enrollment in VFC and VFA Programs**

- 8.2 If participating in the Vaccines for Adults (VFA) program, enroll as a VFA provider and comply with the program requirements as defined in the Arizona VFA Program Provider Enrollment Agreement, the Arizona VFA operations Guide and AIPO directives on appropriate use of 317 funded vaccine located at <http://azdhs.gov/phs/immunization/vaccines-for-adults-program/>.

**10. Activity Ten (10) Outreach Education**

- 10.1 Utilize and distribute the Arizona Lifetime Immunization Record Card (LIRC), and Vaccine Information Statements (VIS) and document distribution in the Quarterly Progress Report. May distribute the Arizona School Immunization Record (ASIR) to County schools if requested. All forms can be ordered by using Smartworks or by using the Forms Request form located at <http://azdhs.gov/phs/immunization/documents/forms-request.pdf>. VISs may also be found at <http://www.immunize.org/vis>;
- 10.2 Distribute "new mother" information/education which will include, but not be limited to, the Arizona Lifetime Immunization Record Card (LIRC) and a current immunization schedule, located at <http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html>, to all birthing centers in the Contractor's county and document distribution in the Quarterly Progress Report;

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

- 15.1 Work directly with schools and childcare facilities to improve compliance with state immunization requirements as specified by Arizona Revised Statutes and Arizona Administrative Code, and posted at <http://azdhs.gov/phs/immunization/school-childcare/requirements.htm>, and the submission of required reports in the format prescribed by AIPO/ADHS and posted at <http://azdhs.gov/phs/immunization/school-childcare/data-reports.htm>. AIPO shall provide the Contractor with spreadsheets of data reflecting the immunization, exemption and compliance levels of schools and childcare centers to assist the Contractor in identifying facilities that need assistance. Work will include on-site visits to provide education and technical assistance.

- 4. Pursuant to Page Seven (7), Terms and Conditions, Provision Six (6), Contract Changes, Item (6.1), Amendments, Purchase Orders and Change Orders; the Scope of Services, Provision E, **Requirements**, of the Contract has been revised with the following:

**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 0-18 years of age and adults 19 years of age and older 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.

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5. Pursuant to Page Seven (7), Terms and Conditions, Provision Six (6), Contract Changes, Item (6.1), Amendments, Purchase Orders and Change Orders; the Scope of Services, Provision F, **State Provided Items**, of the Contract has been revised with the following:

**F. State Provided Items**

The Arizona Immunization Program Office will provide:

1. CoCASA Summary Report (example) which contains Assessment criteria for children twenty-four to thirty-five (24-35) months old and adolescent reports for children within the thirteen to eighteen (13-18) year old age cohort.
6. Pursuant to Page Seven (7), Terms and Conditions, Provision Six (6), Contract Changes, Item (6.1), Amendments, Purchase Orders and Change Orders; the Scope of Services, Provision G, **Deliverables**, of the Contract has been revised with the following:

**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 to use the funds received from the CER for immunization-related services and activities and in accordance with any Federal and State regulations.
7. Pursuant to Page Seven (7), Terms and Conditions, Provision Six (6), Contract Changes, Item (6.1), Amendments, Purchase Orders and Change Orders; the Exhibit Two (2), is replaced with the Revised Exhibit Two (2) of this Amendment.
8. Pursuant to Page Twelve (12), Terms and Conditions, Provision Fifteen (15), Fingerprint and Certification Requirements/Juvenile Services, is deleted in its entirety.
9. Pursuant to Page Twelve (12), Terms and Conditions, Provision Eighteen (18), Health Insurance Portability and Accountability Act of 1996 (HIPAA) is revised to read as follows:
- 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 Arizona Strategic Enterprise Technology (ASET) Office, 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.

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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 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 ASET /SISPO Chief Privacy Officer and HIPAA Coordinator.

10. Pursuant to Page Twelve (12), Terms and Conditions, Provision Twenty-One (21) is added as follows:

**21. Data Universal Numbering System (DUNS) Number Requirement**

Pursuant to 2 CFR 25.100 *et seq.*, no entity (defined as a Governmental organization, which is a State, local government, or Indian tribe; foreign public entity; domestic or foreign nonprofit organization; domestic or foreign for-profit organization; or Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity) may receive a subaward from ADHS unless the entity provides its DUNS Number to ADHS.



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**IMMUNIZATION PROGRAM**

**REVISED PRICE SHEET**

<b>Activity</b>	<b>Frequency</b>	<b>Unit Rate</b>	<b>Unit of Measure</b>	<b>Total</b>
Total Salary/Fringe	Yearly	N/A	Total	Up to \$50,000.00
Immunization Visit Fee for children zero (0) to eighteen (18) years of age who meet VFC eligibility requirements. Do not include visits for insured children.	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 of IDR by County nurse or in cooperation with school/childcare personnel	Quarterly	\$250.00	Each/per grade level IDR	
Immunization Visit Fee for adults nineteen (19) years of age and older who meet VFA eligibility requirements. Do not include visits for insured adults.	As funding is available	\$50.00	Visit	
Immunization Visit for Flu Vaccine, in children and adults, who meet VFC and VFA eligibility requirements. Do not include visits for insured children or adults.	When specific flu vaccine funds are available	\$50.00	Visit	

**\*\*\*PRICES MAY BE REVIEWED AND ADJUSTED OVER THE TERM OF THE CONTRACT.**



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**REVISED EXHIBIT TWO (2)**

**Fee for Service Definitions**

**A. Fixed Price**

**1. Immunization Administration**

- 1.1 "Immunization Visit Fee" is the rate paid to supplement the county-specific administration cost for each child and/or adult immunization visit. The fee will only be applied to VFC and VFA eligible visits and should not be used for private insurance visits. Please use ASIIS reports such as the ASIIS Vaccines for Children Accountability Log, VFC Vaccination Breakdown Report, or the Vaccination Total Report as source documents when submitting 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, three (3) 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. Please use ASIIS reports such as the ASIIS Completion Report as source documents when submitting 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](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 by the County nurse, assistance with and/or preparation and submittal of the IDR by the County nurse or in cooperation with school/child care personnel, 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.

