

NAVAJO COUNTY AGENDA ITEM REQUEST FORM

| | | | | | | | | | | | |
|---|--|--------------------------|--------------------------|--------------------------|-----------|---------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Meeting Date: January 27, 2015 | Time Needed: CONSENT | | | | | | | | | | |
| Requesting Department: Health | Presenter(s) Name: Mary Herring, Director | | | | | | | | | | |
| Motion before the Board: Approve Amendment #1 of Contract #ADHS12-021336 with the Arizona Department of Health Services for Population Health Policy Initiative extended through June 30, 2015 in the amount of \$59,390.00 | | | | | | | | | | | |
| Recommendation: (who, what, where, when, how, etc.) Approve | | | | | | | | | | | |
| <p>Background: (why should it be done, what will happen if not approved, etc. include resolution)</p> <p>Population Health Policy Initiative provides funding for services to work with local communities and/or schools to develop policies or resources for increasing the health of the residents.</p> | | | | | | | | | | | |
| <p>Fiscal Impact: (what will it cost, where funds will come from, is it budgeted, etc.)</p> <p>Services will not be able to be provided without this funding.</p> <p>No Match Required</p> | | | | | | | | | | | |
| Reviewed and approved by: | <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">County Manager</td> <td style="text-align: center;">County Attorney</td> <td style="text-align: center;">Human Resources</td> <td style="text-align: center;">Finance</td> <td style="text-align: center;">IT</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | County Manager | County Attorney | Human Resources | Finance | IT | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| County Manager | County Attorney | Human Resources | Finance | IT | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| <p style="text-align: center;">Board Action Taken</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Approved</td> <td style="text-align: center;">Denied</td> <td style="text-align: center;">No Action</td> <td style="text-align: center;">Continued</td> <td style="text-align: center;">Continued to:</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> </table> <p>Approved with changes as follows: _____</p> | | Approved | Denied | No Action | Continued | Continued to: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Approved | Denied | No Action | Continued | Continued to: | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | | | | | |
| Clerk's Notes | | | | | | | | | | | |
| Date: | Initial: | | | | | | | | | | |

REMINDER: Email this coversheet and all backup documentation to **BOS.Clerk** by **Noon the Tuesday** before the BOS meeting.



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: ADHS12-021336

Amendment No. 1

Procurement Specialist
Manuel Gonzales

Population Health Policy Initiative

It is mutually agreed that the Intergovernmental Agreement referenced is amended, effective upon final signature, as follows:

1. Pursuant to Terms and Conditions, Provision Four (4) Contract Administration and Operation 4.2, Contract Renewal, the Contract is hereby extended through June 30, 2015.
2. Replace Price Sheet of the original Agreement, with the revised Price Sheet Page Three (3), of this Amendment One (1).
3. Delete in its entirety, Terms and Conditions, Provision Four (4), item 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.

All other provisions of this agreement remain unchanged.

Navajo County Public Health Services District

CONTRACTOR SIGNATURE

Contractor Name
117 E. Buffalo Street

Contractor Authorized Signature

Address
Holbrook Arizona 86025

Printed Name

City State Zip

Title

CONTRACTOR ATTORNEY SIGNATURE

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.

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

State of Arizona

Signed this _____ day of _____ 2015

Signature Date


Procurement Officer

Printed Name

Attorney General Contract No. P0012014000078, 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.

Signature Date
Assistant Attorney General

Printed Name:

| | | | |
|--|--|-----------------|---|
|  | 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: ADHS12-021336 | Amendment No. 1 | Procurement Specialist Manuel Gonzales |

4. Pursuant to Terms and Conditions, Provision Eighteen (18), Health Insurance Portability and Accountability Act of 1996 (HIPAA) is revised with the following:

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 Department of Administration-Arizona Strategic Enterprise Technology (ADOA-ASET) Office, the ADOA-ASET Arizona State Chief Information Security 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 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 ADOA-ASET Arizona State Chief Information Security Officer and HIPAA Coordinator.

5. Revise and replace Scope of Work, Provision F, section one (1), Notices, Correspondence and Reports from the Contractor to ADHS shall be sent to:, with the following updated information:

1. Arizona Department of Health Services
 Bureau of Health Systems Development
 Attn: MPA Health Policy Program Manager
 150 N 18th Ave., Suite 300
 Phoenix, AZ 85007
 Telephone: (602)-364-0606
 Facsimile: (602)-542-2011
 Email: sherry.haskins@azdhs.gov



**INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT
Price Sheet**

**ARIZONA DEPARTMENT OF
HEALTH SERVICES**

1740 W. Adams, Room 303
Phoenix, Arizona 85007
(602) 542-1040
(602) 542-1741 Fax

Contract No: ADHS12-021336

Amendment No. 1

Procurement Specialist
Manuel Gonzales

**Revised
Quarterly Fixed Price**

| Account Classification | Number Per Budget Period | Unit Rate | Total Cost |
|-------------------------------|---------------------------------|------------------|--------------------|
| Healthy Community Design | 5 | \$5,939.00 | \$29,695.00 |
| School Health | 5 | \$5,939.00 | \$29,695.00 |
| Total | | | \$59,390.00 |