INTERGOVERNMENTAL AGREEMENT (IGA)

CONTRACT No.: IGA2020-038

ARIZONA DEPARTMENT OF HEALTH SERVICES
150 North 18th Avenue, Suite 530
Phoenix, Arizona 85007

Project Title: Title V Maternal and Child Health Healthy Arizona Families **Begin Date:** July 1, 2020

Geographic Service Area: Cochise County **Termination Date:** June 30, 2025

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

X	**Counties: A.R.S. §§ 11-201, 11-951, 11-952 and 36-182.**
	Indian Tribes: A.R.S. §§ 11-951, 11-952 and the rules and sovereign authority of the contracting Indian Nation.
	School Districts: A.R.S. §§ 11-951, 11-952, and 15-342.
	City of Phoenix: Chapter II, §§ 1 & 2, Charter, City of Phoenix.
	City of Tempe: Chapter 1, Article 1, §§ 1.01 & 1.03, Charter, City of Tempe.

Amendments signed by each of the parties and attached hereto are hereby adopted by reference as a part of this Contract, from the effective date of the Amendment, as if fully set out herein.

Arizona Transaction (Sales) Privilege: _____

Federal Employer Identification No.: _____

Tax License No.: _____

Contractor Name: Cochise County
Address: Cochise County Health & Social Services
1415 W. Melody Ln, Bldg A

FOR CLARIFICATION, CONTACT:

Name: GINGER HESS

Phone: _____

FAX No: _____

E-mail: **GHess@COCHISE.AZ.GOV**

CONTRACTOR SIGNATURE:
The Contractor agrees to perform all the services set forth in the Agreement and Work Statement.

Signature of Person Authorized to Sign **Date**

This Contract shall henceforth be referred to as Contract No. IGA2020-038 The Contractor is hereby cautioned not to commence any billable work or provide any material, service or construction under this Contract until Contractor receives a fully executed copy of the Contract.

State of Arizona

Signed this _____ day of _____, 20____

Procurement Officer

CONTRACTOR ATTORNEY SIGNATURE:

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

Signature of Person Authorized to Sign **Date**

Print Name and Title

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 the proper form and is within the powers granted under the laws of the State of Arizona to those parties to the Agreement represented by the Attorney General.
The Attorney General, BY:

Signature **Date**

Assistant Attorney General:

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 "*Emerging Issues*" are projects and/or strategies that become prominent and/or are unique to a particular County.

1.11 *"Evidence-Based Strategies"* are strategies that explicitly link public health or clinical practice recommendation to scientific evidence of the effectiveness and/or other characteristics of such practices. (Reference: Community Guide: http://www.thecommunityguide.org/) Evidence based public health practice is the careful, intentional and sensible use of current best scientific evidence in making decisions about the choice and application of public health interventions. (Reference: Community Commons http://www.communitycommons.org/)

1.12 *Evidence-informed* means interventions, strategies, approaches, and/or program models that bring together the best available research, professional expertise, and input from participants to identify and deliver services that have promise to achieve positive outcomes.

1.13 *"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.

1.14 *"Materials"* unless otherwise stated herein, means all property, including but not limited to equipment, supplies, printing, insurance and leases of property.

1.15 "*MCH HAF*" means the ADHS issued Title V Maternal and Child Health Healthy Arizona Families Intergovernmental Agreement. This IGA was developed to facilitate collaboration, coordination, and communication between the Contractors/Local Health Departments and ADHS to improve the health and well-being Arizona's women and children.

1.16 *"May"* means the Contractor is encouraged to utilize recommended policy in order to fulfill the intent of the contract

1.17 *"Must"* means a mandatory Program policy considered essential to the provision of high quality services. A Contractor who does not follow a required Program policy will be cited for this failure.

1.18 *"National Performance Measures Framework"* means a structure that enables states to demonstrate the impact of Title V on selected health outcomes within the state. The framework contains three levels of measure:
1) National Outcome Measures (NOMs) intended to represent the desired result of Title V program activities and interventions. These measures for improved health are longer-term than National Performance Measures.
2) National Performance Measures intended to drive improved outcomes relative to one or more indicators of health status (i.e., NOMs) for the MCH population.
3) Evidence based/informed strategy measures (ESMs) intended to hold states accountable for improving quality and performance related to the NPMs and related public health issues. ESMs will assist state efforts to more directly measure the impact of specific strategies on the NPMs.

1.19 *"Procurement Officer"* means the person duly authorized by the State to enter into, administer Contracts, and make written determinations with respect to the Contract.

1.20 "*Program Manager*" means the ADHS employee who is responsible for the implementation and oversight of the specific programs within the MCH HAF IGA. The Program Manager coordinates activities among Contractors and among ADHS staff, receives and reconciles invoices, handles budget issues, and provides technical support. The Program Manager is responsible for negotiating contracts, requesting contract amendments to be processed by the Procurement Office, conducting site visits, and monitoring Contractor compliance with the provisions of the contract.

1.21 *"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.

1.22 *"SOW"* means Scope of Work, which is the area in an agreement where

the work to be performed is described. The SOW should contain any milestones, reports, deliverables, and end products that are expected to be provided by the performing party

1.23 *"Services"* means the furnishing of labor, time or effort by a Contractor or Subcontractor.

1.24 *"Site Visit"* means any visit to the Contractor's or Sub-contractor's business location by ADHS MCH HAFIGA Program staff or a designee, once per year.

1.25 *"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.

1.26 *"State"* means the State of Arizona, or ADHS. For purposes of this Contract, the term "State" shall not include the Contractor.

2. CONTRACT TYPE:

This Contract shall be:

[X] **COST REIMBURSEMENT**

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; and

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 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 Materials are the property of the State by and through the ADHS and, as such, shall remain under the sole direction, management and control of the ADHS. The Contractor is not entitled to a patent or copyright on these Materials and may not transfer a patent or copyright on them to any other person or entity. To the extent any copyright in any Materials may originally vest in the Contractor, the Contractor hereby irrevocably transfers to the ADHS, for and on behalf of the State, all copyright ownership. The ADHS shall have full, complete and exclusive rights to reproduce, duplicate, adapt, distribute, display, disclose, publish, release and otherwise use all Materials. The Contractor shall not use or release these Materials without the prior written consent of the ADHS. When this Contract is terminated, the disposition of all such Materials shall be determined by the ADHS. Further, the Contractor agrees to give recognition to the ADHS for its support of any program when releasing or publishing program Materials.

4.10.3. *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.

4.10.4. 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.

4.10.5. 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.

4.12. 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 4.2.1, 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.

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.

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. Force Majeure**.**

7.3.1. *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.

7.3.2. *Exclusions*. Force Majeure shall not include the following occurrences:

7.3.2.1. Late delivery of Materials caused by congestion at a manufacturer's plant or elsewhere, or an oversold condition of the market;

7.3.2.2. 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

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

7.3.3. *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.

7.3.4. *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.

7.4. 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.

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) 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 Contact 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 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):

18.1. 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.

18.2. 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.

19. 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, 150 North 18th Avenue, Suite 260, Phoenix, Arizona 85007.

20. DATA UNIVERSAL NUMBERING SYSTEM (DUNS) REQUIREMENT:

For federal funding, 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 sub recipient under an award or subaward to a non-Federal entity) may receive a subaward from ADHS unless the entity provides its Data Universal Numbering System (DUNS) Number to ADHS.

21. THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA OR TRANSPARENCY ACT - P.L.109-282, AS AMENDED BY SECTION 6202(A) OF P.L. 110-252), FOUND AT HTTPS://WWW.FSRS.GOV/ :

If applicable, the Contractor/Grantee shall submit to ADHS via email the Grant Reporting Certification Form. This form and the instructions can be downloaded from the ADHS Procurement website at http://www.azdhs.gov/operations/financial-services/procurement/index.php#ffata and must be returned to the ADHS by the 15th of the month following that in which the award was received. The form shall be completed electronically, and submitted using the steps outlined in the Grant Reporting Certification Form Instructions to the following email address: ADHS_Grant@azdhs.gov. All required fields must be filled including Top Employee Compensation, if applicable. Completing the Grant Reporting Certification Form is required for compliance with the Office of Management and Budget (OMB), found at http://www.whitehouse.gov/omb/open. Failure to timely submit the Grant Reporting Certification Form could result in the loss of funds. This requirement applies to all subcontractors/sub-awardees utilized by the Contractor/Grantee for amounts exceeding $30,000.00 during the term of the Award.

22. TECHNOLOGY REPLACEMENT:

In any event where product is discontinued, no longer available or technically inferior to newly developed product, the Contractor shall provide an equivalent replacement model at no additional cost and shall honor the original contract terms.

23. AUTHORIZATION FOR PROVISION OF SERVICES:

Authorization for purchase of services under this agreement shall be made only upon ADHS issuance of a Purchase Order that is signed by an authorized agent. The Purchase Order will indicate the agreement 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 agreement.

24. PUBLIC HEALTH EMERGENCIES:

24.1. In the event of a public health emergency, ADHS under the guidance of the federal funder may authorize a Contractor to temporarily reassign staff to address the emergency. Contractors shall adhere to the following reassignment conditions:

24.1.1. Approval from ADHS shall be requested prior to reassignment of staff.

24.1.2. Reassignment must be voluntary;

24.1.3. Locations for reassignment must be covered under the public health emergency; and

24.1.4. Any reassignment of staff shall be considered approved until further notice from the ADHS or until the Governor declares an end to the public health emergency.

24.2. ADHS shall continue to coordinate with program staff regarding the extent and duration of the planned assignment(s) and other potential impacts to the program.

1. BACKGROUND:

1.1. The vision of the Arizona Department of Health Services (ADHS) is "Health and Wellness for all Arizonans." The ADHS conducts a five (5) year statewide needs assessment to examine key health indicators and provide a comprehensive overview of the health of Arizonans. ADHS published the 2019 Arizona State Health Assessment which utilizes an evidence-based public health approach to improve the health and wellness of Arizona residents. This assessment informs other federally funded programs within ADHS that also require statewide needs assessments. One (1) of those programs is the Title V Maternal and Child Health (MCH) Block Grant located within the Bureau of Women's and Children's Health (BWCH);

1.2. The mission of the BWCH is to "strengthen the family and community by promoting and improving the health status of women, infants, and children." The BWCH administers the federal Title V MCH Block Grant, other federally funded programs, as well as private, and state supported programs;

1.3. BWCH is responsible for the implementation of the Health Resources and Services Administration (HRSA) funded Title V MCH Block Grant. Established in 1935, in Title V of the Social Security Act, the goal of the Title V MCH Block grant is to improve the health and well-being of America's mothers, children and families including children with special health care needs by supporting and promoting the development and coordination of systems of care for the MCH population, which are family-centered, community based and culturally appropriate. The Title V MCH Block Grant has five (5) population domains which include: Women/Maternal Health, Perinatal/Infant Health, Child Health, Children with Special Health Care Needs, Adolescent Health. The sixth (6^{th}) domain addresses Cross-Cutting and Systems Building;

1.4. The Title V MCH Block Grant also requires that a five (5) year statewide needs assessment be conducted and submitted as one (1) of the grant deliverables. The purpose of the Title V MCH statewide needs assessment is to identify the priority health needs and issues of Arizona's maternal and child health populations through a collaborative and systematic data collection and analytic process with stakeholder input. This needs assessment process is guided by eight (8) overarching principles and values that include:

1.4.1. **Listen** to those who are not traditionally involved,

1.4.2. **Learn** from community members as well as the MCH Community,

1.4.3. **Honor** and **respect** the work that others in the community and state have completed to assess the well-being of Arizona residents,

1.4.4. **Assess health disparities** across communities including racial, socioeconomic and access,

1.4.5. Use a **life course development approach and address social determinants of health** as a framework for planning,

1.4.6. **Recognize** that social, political and economic policies and conditions impact health outcomes,

1.4.7. **Value the community** as a core partner in public health and work to assure the equity in health, and

1.4.8. Plan, develop and **evaluate programs and systems of care** which are comprehensive, community-based, culturally competent, coordinated and effective.

1.5. The Title V MCH Block Grant uses a three-tiered National Performance Measurement Framework (Attachment A) which includes National Outcome Measures (NOMs), National Performance Measures (NPMs) and state-initiated Evidence-based or informed Strategy Measures (ESMs). The framework provides flexibility to a state in identifying the best combination of measures to address the MCH priority needs that were identified based on the findings of the Five-Year Needs Assessment (Attachment B).

2. PURPOSE:

The purpose of this IGA is to leverage partnerships between ADHS and Local County Health Departments by providing Title V MCH Block Grant funding to support the implementation of health priorities identified through the Arizona Statewide Needs Assessment and MCH statewide needs assessment. This IGA is intended to provide flexibility to the Local County Health Department to meet the needs of local communities through high impact strategies that align with the 2020-2025 MCH health priorities, the identified national performance measures and administrative functions.

3. OBJECTIVES:

3.1. Counties will implement evidence-based/evidence-informed strategies at the local community level that:

3.1.1. Promote and implement evidence-based or evidence-informed strategies that enhance preventive and primary care services for pregnant women, mothers and infants up to age one (1) for the Women/Maternal and Perinatal Infant population domains,

3.1.2. Promote and implement evidence-based or evidence-informed strategies that enhance preventive and primary care services for the Child Health, Adolescent Health and Children with Special Health Care Needs population domains,

3.1.3. Enhance family, youth, and community engagement for all five (5) population domains in the MCH Block Grant including children and families with special health care needs, and

3.1.4. Promote and implement evidence-based or evidence-informed strategies that enhance cross-cutting and system building infrastructure.

4. SCOPE OF WORK:

4.1. Counties can select to implement strategies within population domains and/or in National Performance Measures.

4.1.1. Population domains include:

4.1.1.1. Women/Maternal Health – women ages eighteen (18) to forty-four (44), before, during, and beyond pregnancy; and across the life course;

4.1.1.2. Perinatal/Infant Health – infants during the time surrounding childbirth, particularly three (3) months before and one (1) year after;

4.1.1.3. Child Health – children one (1) to ten (10) years of age;

4.1.1.4. Adolescent Health – young people ages ten (10) to nineteen (19) years of age;

4.1.1.5. Children/Youth with Special Health Care Needs – children/youth with a diverse range of needs ranging from behavioral and emotional conditions to chronic conditions, to more medically complex health issues;

4.1.1.6. Cross-cutting and Systems Building - priority need such as oral health, access to care, injury prevention, etc. that is related to program capacity and/or systems-building as it applies to all/any of the MCH population domains; or

4.1.1.7. Emerging Issues - projects and/or strategies that become prominent and are unique to a particular County, for example, reassignment of staff to address the COVID-19 pandemic or any other public health emergency, conducting focus groups to determine how to improve services for children/youth with special health care needs, etc.

4.1.2. NPMs selected by the State and identified through the findings of a five (5) year needs assessment include:

4.1.2.1. NPM #1 - Well-woman visits - Percent of women, ages eighteen (18) through forty-four (44), with a preventive medical visit in the past year, and family planning services;

4.1.2.2. NPM #4 Breastfeeding – A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through six (6) months of age;

4.1.2.3. NPM #6 Developmental Screening - Percent of children, ages nine (9) through thirty-five (35) months, who received a developmental screening using a parent-completed screening tool in the past year;

4.1.2.4. NPM #9 Bullying - Percent of adolescents, ages twelve (12) through seventeen (17), who are bullied or who bully others;

4.1.2.5. NPM #10 Adolescent well visits - Percent of adolescents, ages twelve (12) through seventeen (17), with a preventive medical visit in the past year;

4.1.2.6. NPM #12 Transition - Percent of adolescents with and without special health care needs, ages twelve (12) through seventeen (17), who received services necessary to make transitions to adult health care; and

4.1.2.7. NPM #13 Preventive dental visits for pregnant women, children and adolescents - A) Percent of women who had a dental visit during pregnancy; and B) Percent of children, ages one (1) through seventeen (17), who had a preventive dental visit in the past year.

4.1.3. If strategies selected by the Counties do not align with the State selected NPMs listed above, BWCH in partnership with Counties will develop State Performance Measures (SPMs) as needed to measure priority needs that have not been addressed through the selected NPMs, and

4.1.4. Counties may elect to provide Family Planning Services which would qualify under NPM #1 and the Women/Maternal Health population domain:

4.1.4.1. Implement a clinic based reproductive health program which enhances maternal and child health;

4.1.4.2. Provide accessible, comprehensive education, screening and contraceptive services to underserved individuals of reproductive age; and

4.1.4.3. Adhere to the ADHS Family Planning Policy and Procedure Manual (Attachment H).

4.2. This IGA offers a variety of evidence-based and evidence-based informed strategies designed to

promote and positively impact the health status and outcomes of the MCH population in Arizona. Contingent upon available funding, Local County Health Departments are expected to implement at multiple levels, in accordance with local community needs infrastructure activities that integrate and build on each other to optimize the health improvements of the community. Counties have the option to select from a menu of evidence-based/evidence-informed strategies (Attachment B) or to propose their own evidence-based/evidence informed strategies that are identified as a need in their communities;

4.3. MCH has created Skill Sets in each of the NPMs to support implementation and further assist with thinking not only about evidence and strategies to make change but the capacity of the workforce to carry out activities (Attachment B); and

4.4. Where applicable, strategies shall be inclusive of children with special health care needs. Though counties are not required to implement strategies to specifically target this population, strategies designed for children, adolescents, and families assume an integrated approach that includes this population.

5. EVALUATION:

5.1. Performance measures and evaluations allow the counties and ADHS to collaboratively track progress, process indicators, outcomes measures, and impacts. As part of the local evaluation plan, the counties will be responsible for measuring the short term, and intermediate outcomes. Monitoring progress on short-term outcomes provides an opportunity for the counties to make adjustments to strategies to ensure increased long-term impact. ADHS in coordination with the counties will be responsible for measuring the long-term and impact outcomes. Process indicators, outcomes measures, and impacts must clearly relate to the selected strategies and activities identified within each County's Annual Action Plan; and

5.2. ADHS will provide technical support to counties on selecting the appropriate indicators to measure process and outcomes as they align with the new Title V MCH Priorities and Performance Metrics.

6. APPROVALS:

6.1. The quarterly reports, annual action plans, annual budget workbook, and monthly CERs with receipts supporting expenses billed for in-state and out-of-state travel and equipment purchases of $250 or more, as required and/or requested shall be approved by ADHS prior to payment reimbursement;

6.2. Upon approval of the Action Plan, any changes to the approved activities, or strategies must be resubmitted to ADHS for review and approval prior to implementation;

6.3. Any requests to provide additional information on quarterly reports will require resubmission of the report for ADHS review and approval prior to payment reimbursement;

6.4. Purchases of Capital Equipment (single item purchase of $5,000 or more) will require approval prior to purchasing;

6.5. All marketing materials (the use of ADHS logo, brochures, posters, public service announcements, paid media, videos, etc.) which have been developed, written, published, or recorded by the Counties and paid for with funds from this award must be first approved by ADHS prior to the dissemination of such materials or airing or use of such announcements;

6.6. All County local emerging issues and related supporting documentation must be approved by ADHS prior to implementation;

6.7. Any evaluation or study to be conducted that involves human subjects must be approved by ADHS prior to conducting; and

6.8. Request approval in writing to the MCH HAF IGA Program Manager for purchases of single items of capital equipment at or above the purchase price of five thousand dollars ($5,000.00);

6.8.1. Requests can be made via email and shall include the following information:

6.8.2. Type of equipment requesting to be purchased,

6.8.3. Cost of equipment, and

6.8.4. How the proposed purchase supports the current approved scope of work and annual action plan.

7. TASKS:

7.1. The Local County Health Department Contractor shall for the overall IGA:

7.1.1. Develop and submit an Annual Budget Workbook due January 15th of each year for the following year's budget period, including the federally approved indirect rate letter,

7.1.2. Develop and implement an Annual Action Plan within the first forty-five (45) days of each budget period,

7.1.3. Implement the selected approved evidence-based and/or evidence-informed strategies outlined in County Action Plans,

7.1.4. Participate in all calls (monthly, bi-monthly, quarterly), technical assistance calls, webinars, meetings, and training, and

7.1.5. Participate in the development of a shared comprehensive evaluation plan and report out on any performance measures related to the implementation of their activities (process and/or intermediate), or as defined by the funding sources.

7.2. Complete tagging and inventory of equipment in compliance with the policy in the State of Arizona Accounting Manual, https://gao.az.gov/sites/default/files/2535%20Stewardship%20190304.pdf;

7.2.1. Submit documents to the MCH HAF Program Manager pertaining to the asset, i.e., receiving papers, invoice, purchase order, receipt, etc., and

7.2.2. Documents shall include the make, model, serial number, and acquisition date of the asset.

7.3. All out-of-state travel shall follow the travel and per diem policies as outlined in the State of Arizona Accounting Manual;

9.5.1 https://gao.az.gov/sites/default/files/5009%20Traveler%20Responsibilities%20Draft%20200113.pdf, and

9.5.2 https://gao.az.gov/sites/default/files/5095%20Reimbursement%20Rates%20%20190102%20a.pdf.

7.4. Food purchases for events are an allowable cost under this grant. Food costs less than $500 per event and cumulative cost less than $5,000 annually do not require prior approval when spent within the State of Arizona Accounting Manual policies;

7.4.1. When food costs exceed the allowable thresholds set forth in the IGA, requests to purchase food shall be required by completing the *Request for Purchase of Food* form (Attachment F) and submitting to the MCH HAF Program Manager,

7.4.1.1. Requests shall be submitted ten (10) business days prior to needing to purchase food items;

7.4.1.2. Blanket food approval requests can be submitted for approval if multiple events, of the same nature, are reoccurring. The request shall indicate the number of events that will be held during the year and number of people attending; and

7.4.1.3. No food shall be purchased or reimbursed until the form has been approved and signed by the MCH HAF Program Manager.

7.4.2. Purchases shall follow the Food and Beverages policy outlined in the State of Arizona Accounting Manual, https://gao.az.gov/sites/default/files/8010%20Food%20and%20Beverages%20at%20State-sponsored%20Events%20181113.pdf, which includes but is not limited to:

7.4.2.1. Food provided must not exceed the allowable ADHS per person, per diem meal rates.

7.4.3. Justification for providing food at events requires but is not limited to:

7.4.3.1. how providing food serves a valid public purpose and does not violate the “gift clause”,

7.4.3.2. is an integral part of the function, and

7.4.3.3. Benefits to the community.

7.4.4. A speaker/presentation during the time the meal is provided is required, and

7.4.5. Food provided should be healthy items. Please see the ADHS Healthy Meeting Policy for further guidance on nutritional guidelines for events/meetings: https://azdhs.gov/documents/prevention/nutrition-physical-activity/healthy-meeting policy.pdf.

7.5. Comply with all federal reporting requirements;

7.6. At least one (1) Program Manager or coordinator from each of the MCH HAF IGA programs must be in attendance at the Annual HPHC/MCH HAF IGA Summit;

7.7. Counties implementing Family Planning Programs with MCH HAF IGA funding shall abide by all standards and protocols outlined in the Family Planning Policies & Procedures manual (Attachment H); and

7.8. County program staff implementing strategies in this IGA will be required to participate in a one-time MCH HAF IGA orientation webinar, date to be determined.

7.9. ADHS will provide:

7.9.1. Review, feedback, and approval of the Annual Action Plan(s) within thirty (30) days of submitting,

7.9.2. Review, feedback, and approval of the annual Budgets Workbooks, CERs and Supporting Documentation within thirty (30) days of submission,

7.9.3. Feedback, technical assistance, and training to support the approved Annual Action Plan(s), Annual Budget, Quarterly Reporting, and Supporting Documentation,

7.9.4. Samples of evidence-based and/or evidence-informed strategies and supporting resources,

7.9.5. A Quarterly Reporting template upon execution of the IGA,

7.9.6. The Annual Action Plan template upon execution of the IGA,

7.9.7. Annual Budget Workbook and CER templates upon execution of the IGA,

7.9.8. Outcome Measures and examples of process, or intermediate performance measures, as needed,

7.9.9. Access to virtual technical assistance and guidance from ADHS staff, Local County Health Department peers/mentors, and subject matter experts related to the strategies for which the County has received funding, and

7.9.10. Coordinate and conduct annual Contractor site visits.

8. STATE PROVIDED ITEMS:

8.1. Attachment A – Maternal and Child Health National Performance Framework;

8.2. Attachment B – Evidence-based/Evidence-informed Strategies for MCH populations;

8.3. Attachment C – Contractor Expenditure Report (CER);

8.4. Attachment D – Financial Supporting Documentation Requirements;

8.5. Attachment E – Line Item Budget Move Tool;

8.6. Attachment F – Request for Food Form;

8.7. Attachment G – Emerging Issues Request Process and Form; and

8.8. Attachment H – Family Planning Policies and Procedures Manual

8.9. Upon execution of IGA:

8.9.1. Action Plan Template,

8.9.2. Quarterly Report Template, and

8.9.3. Budget Workbook Template.

9. Restrictions:

9.1. Funds cannot be used for any of the following:

9.1.1. Lobbying activities, including the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government,

9.1.2. Inpatient services, other than inpatient services provided to children with special health care needs or to high-risk pregnancy women and infants and such other inpatient services approved by the Secretary of the Department of Health and Human Services (DHHS),

9.1.3. Cash payments to intended service recipients of health services,

9.1.4. The purchase or improvements of land; the purchase, construction or permanent improvement (other than minor remodeling) of any building or other facility; or the purchase of major medical equipment – unless the ADHS has obtained a waiver from the Secretary of DHHS,

9.1.5. Satisfying any requirements for the expenditure of non-federal funds as a condition for the receipt of federal funds,

9.1.6. Providing funds for research or training to any entity other than a public or non-profit private entity, and

9.1.7. Payment for any item of service (other than an emergency item or service) furnished by or at the medical direction or prescription of an ineligible or uncertified individual or entity.

10. Deliverables:

10.1. Annual Action Plan within the first forty-five (45) days of each budget period;

10.2. Contractor Expenditure Report (CER) to ADHS, due thirty (30) days following each month of services.

10.2.1. Receipts supporting expenses billed for any in-state/out-of-state travel and equipment purchases of $250 or more are to also be submitted, and

10.2.2. Upon request from ADHS, all receipts supporting expenses billed for a selected CER shall be submitted for review.

10.3. Written Quarterly Reports, due thirty (30) days after each quarter end (Q1: July – September; Q2: October – December; Q3: January – March; and Q4: April – June);

10.4. A final CER invoice no later than forty-five (45) days following the end of each contract year;

10.5. Annual Budget Workbook due by January 15th, for the next year's fiscal period;

10.6. Annual Report forty-five (45) days following the end of each Contract year; and

10.7. Family Planning Programs funded through this IGA will submit monthly data into the Family Planning Database as outlined in the policies and procedures manual.

10.7.1. Submit monthly CERs (Attachment C) and maintain sufficient documentation in the form of receipts in support of expenses incurred for any purchases that are being claimed for reimbursement or applied as match dollars to a budget (Attachment D),

10.7.1.1. Supporting documentation shall be kept by the Contractor and does NOT need to be submitted with quarterly CERs **with the exception of** travel documentation (in-state and out-of-state) and single purchases of equipment exceeding $250, and

10.7.1.2. Documentation supporting all expenses being billed shall be provided as requested by ADHS.

10.8. Provide the MCH HAF Program Manager with contact information of all program staff funded under this IGA within thirty (30) days of IGA execution to include:

10.8.1. Name, title, email address and phone numbers,

10.8.2. Staff Resumes, and

10.8.3. Program area assigned.

10.9. Submit the MCH HAF Program Manager of all staffing and programmatic changes within fifteen **(15) days** providing information outlined in 10.8;

10.10. Request to transfer budget amounts between line items, exceeding twenty-five percent (25%) of total annual budget or to a non-funded line item, will require a revised budget be submitted to the MCH HAF Program Manager and a IGA amendment issued by ADHS Procurement; and

10.11. Submit brochures, posters, public service announcements, paid media, videos, sponsorships, etc., to be paid for with funds from this IGA prior to development and use.

11. NOTICES, CORRESPONDENCE, REPORTS, AND INVOICES:

11.1. Notices, correspondence, reports, supporting documentation, and CERs from the County contractors to ADHS shall be sent to:

MCH HAF Program Manager
Arizona Department of Health Services
150 N. 18th Avenue
Phoenix, AZ 85007-3242
Email: TBD

11.2. Invoices shall be emailed to: invoices@azdhs.gov

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

Contractor _____

Attention _____

Address _____

City, State, ZIP _____

Phone _____

Fax _____

Email _____

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT (IGA)
IGA2020-038	PRICE SHEET

Cochise County Department of Public Health
MCH Healthy Arizona Families IGA
Cost-Reimbursement Price Sheet
FY21

ACCOUNT CLASSIFICATION	LINE ITEM TOTALS
PERSONNEL EXPENSES	**$76,300.00**
EMPLOYEE RELATED EXPENSES	**$30,520.00**
PROFESSIONAL & OUTSIDE SERVICES EXPENSES	**$0.00**
TRAVEL EXPENSES	**$5,700.00**
OCCUPANCY EXPENSES	**$0.00**
OTHER OPERATING EXPENSES	**$0.00**
CAPITAL OUTLAY EXPENSES	**$0.00**
INDIRECT COST EXPENSES (IF AUTHORIZED)	**$0.00**
	TOTAL $112,520

The Contractor is authorized to transfer up to a maximum of twenty-five percent (25%) of the total budget amount between line items.

Transfers exceeding twenty-five percent (25%) or to a non-funded line item shall require an amendment.

The MCH Block Grant utilizes a three-tiered national performance measurement framework, which includes National Outcome Measures (NOMs), National Performance Measures (NPMs) and state-initiated Evidence-based or -informed Strategy Measures (ESMs). The framework provides flexibility to a state in identifying the best combination of measures to address the MCH priority needs that were identified based on the findings of the Five-Year Needs Assessment.

A state tracks the NOMs to monitor the impact of the NPMs.

The NPMs are a set of short-term and medium-term performance measures that utilize population-based, state-level data derived from national data sources and for which a state Title V program tracks prevalence rates and works towards demonstrated impact.
They are intended to drive improved outcomes relative to one or more medium and long-term indicators of health status or access to quality health care (i.e., NOMs) for the MCH population.

ESMs are the final tier of the national performance measurement framework, and they are the structural or process measures through which a state can achieve intended impact on the NPMs. State-specific and actionable, the ESMs seek to track a state Title V program's strategies/activities and to measure evidence-based or –informed practices that will impact individual, population-based NPMs. The ESMs are developed by the state, and they provide accountability for improving quality and performance related to the NPMs and to the MCH public health issues that they are designed to address. While not part of the NPM framework, a state will also develop SPMs to address its identified priority needs to the extent that they have not been fully addressed through the selected NPMs and ESMs.

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT (IGA) ATTACHMENT B EVIDENCE-BASED AND EVIDENCE-INFORMED STRATEGIES FOR MCH DOMAINS
IGA2020-038	

This overview of the NPMs, by MCH population health domains chart identifies which population domains are targeted in each of the NPMs. For example, the Women/Maternal Health population can be reached implementing strategies in NPM #1 Well-woman visit and NPM #2 Low-risk cesarean delivery.

NPM #		MCH Population Domains					Cross-cutting/Systems Building Domain *Optional*
		Women/ Maternal Health	Perinatal/ Infant Health	Child Health	Adolescent Health	Children with Special Health Care Needs	
1	Well-woman visit	✓					States have the option to develop a state performance measure (SPM) that is Cross-cutting/Systems Building. Examples of measure topic areas include but are not limited to: • Family partnership activities that cross all population health domains; • Social determinants of health; • Work force development; and • Enhanced data infrastructure
2	Low-risk cesarean delivery	✓					
3	Risk-appropriate perinatal care		✓				
4	Breastfeeding++		✓				
5	Safe sleep		✓				
6	Developmental screening			✓			
7	Injury hospitalization*			✓	✓		
8	Physical activity*			✓	✓		
9	Bullying				✓		
10	Adolescent well-visit				✓		
11	Medical home*			✓	✓	✓	
12	Transition*				✓	✓	
13	Preventive dental visit *++	✓		✓	✓		
14	Smoking *++	✓		✓	✓		
15	Adequate insurance *			✓	✓	✓	

Following are evidence-based and evidence-informed strategies that may be implemented in each selected population domain under each of the NPMs. Counties may elect to implement strategies other than these, as long as data supports that they are either evidence-based or evidence-informed. The NPM number identified in the strategy corresponds with the NPM number listed in the chart above.

Skill Sets have been identified in each of the NPMs to support implementation and further assist with thinking not only about evidence and strategies to make change but the capacity of the workforce to carry out activities. There are six (6) overarching skill set topics:

1. **Population Health** - Enables Title V professionals to analyze how program interventions and their related health outcomes are distributed among a state's MCH population. Population health skills complement all of Title V's work, including program design and implementation, strategic partnerships and communication.

2. **Strategic Planning & Program Design** - Effective strategic planning and program design requires the ability to base programs on defined goals and desired outcomes. Strategic planning should include a monitoring and evaluation system to track and monitor progress and inform program alterations as needed. Program design skills must ultimately be coupled with implementation, where program design is carried out.

3. **Strategic Alliance and Effective Partnership** - The wide array of stakeholders and partners in the field of MCH, from providers and insurers to women and children, require a set of skills in strategically aligning Title V goals with those of their partners. In the Title V world, there is an increasing interest in engaging unlikely or nontraditional partners to achieve the NPMs. The skills in this category take that into account and include unique partner groups linked to this measure.

4. **Consumer Engagement/Cultural & Linguistic Brokering -** Consumers are arguably the most important stakeholders in MCH work, thus skills in consumer engagement and cultural and linguistic brokering are essential to moving the needle for each NPM. In some cases, consumer engagement includes negotiating with other stakeholders on behalf of MCH populations. Closely linked with this skills category are skills in communication and strategic alliances.

5. **Policy & Program Implementation -** These skills ensure that MCH priorities are integrated into all aspects of policy and program implementation, as well as ensuring that policies and programs selected are well-aligned with NPMs and other MCH program goals. Implementing policies and programs with fidelity also requires skills in the implementation science drivers: technical and adaptive leadership; selection; training; coaching; systems intervention; facilitative administration; and decision support data systems.

6. **Communication** - Communication skills support the creation and delivery of effective messages between MCH professionals, professional and community partners, and populations served by Title V. Effective communication ensures the delivery of appropriate messages to audiences in the way that they were intended and is key to all aspects of MCH work. These skills are linked closely with skills in strategic partnerships and cultural and linguistic brokering.

Women/Maternal		
Evidence-based Strategies	**Evidence-informed Strategies**	**Skill Sets**
NPM #1 - Well Woman Visits		
Community-Based Group Education: Utilize community-based education groups to promote annual preventative visits. Patient Reminders: Support providers in disseminating reminders (e.g., postcard, text, email, phone) to women about scheduling annual preventative visits. Designated Clinics/ Extended Hours: Increase access and visibility to clinics that offer extended hours of service within close proximity to MCH populations.	Nurse Family Partnership (National): Partnering nurses with low income mothers. Healthy Women, Health Futures (OK): Education, skills, and supports. Superior Babies Program (MN): Promotion of healthy prenatal & parenting behavior.	Population Health • Ability to conduct surveillance of well-woman visit utilization that allows public health practitioners to understand and respond to disparities in utilization of visits • Ability to use population health surveillance to inform proposed delivery system changes • Skills to analyze how health care delivery systems identify and refer women for appropriate treatment following a well-woman visit Strategic Planning & Program Design • Ability to employ qualitative methods in needs assessments with families, providers, and communities to identify attitudes about and root causes of low use in preventive services • Skills in quality improvement to support providers and health systems in making data-informed decisions Strategic Alliance & Effective Partnership • Skills to create and manage external alliances that engage public health, private health plans, federally qualified health centers, and Medicaid to increase awareness of well-woman visit coverage among providers and women • Skills to manage public health and inter-governmental partnerships that work to advance the receipt of preventive services and the health of women • Ability to foster collaboration between public and private health care providers to increase the utilization and quality of well-woman visits Consumer Engagement/Cultural & Linguistic Brokering • Ability to effectively engage consumers in policy and program efforts that provide education about and increase utilization of preventive health care services for women • Skills to educate and monitor providers about their responsibilities for accessible interactions with women related to translation services, linguistic access, and American Disability Act (ADA) compliance Policy & Program Implementation • Skills to support robust and effective referral systems to preventive services in

		community settings • Ability to analyze workforce shortage data that reflect the capacity of communities to provide well-woman visits • Ability to determine legal authority behind existing memoranda of understanding with governmental agencies in regard to well-woman care • Skills to develop memoranda of understanding with Medicaid and other payers to develop policies that ensure effective services and reimbursement for well-woman care Communication • Skills to effectively communicate the importance of preventive services with selected audiences of women • Ability to effectively market well-woman services offered by public health departments in states/territories where Title V provides or supports clinical services for women • Ability to communicate with consumers about their legal rights related to access and quality of preventive care • Skills to effectively integrate preventive service visit initiatives into existing health promotion campaigns for women, including preconception campaigns and healthy heart campaigns
Evidence-based Strategies	**Evidence-informed Strategies**	**Skill Sets**
NPM #2 – Low-risk Cesarean Delivery		
Childbirth Education Classes: Support the development of a community-based childbirth education class series. Supportive Care from Lay Doulas: Implement a statewide community-based doula program which contracts to local hospitals.	Healthy Babies are Worth the Wait (KY): Prevention of preterm births. Women's Health Education Navigation (WHEN) Program for justice-involved families (NY): Improvement of access to services through a strong referral network.	Population Health Ability to conduct surveillance of low-risk cesarean delivery first births that allows public health practitioners to understand and respond to disparities in trends regarding cesarean deliveries among low-risk first births. Strategic Planning & Program Design • Skills to implement evidence-based "train the trainer" models that use clinician champions to train other providers • Skills in quality improvement to support providers and health systems to make data-informed decisions • Skills to effectively align Title V initiatives related to low-risk cesarean deliveries and perinatal regionalization activities Strategic Alliances & Effective Partnerships • Ability to effectively collaborate with March of Dimes and state/territory perinatal quality collaboratives to decrease rates of low-risk cesarean deliveries

		• Ability to provide public health support for health systems to conduct quality improvement initiatives designed to decrease low-risk cesarean deliveries • Ability to align low-risk cesarean delivery activities with perinatal regionalization initiatives • Ability to foster collaboration between public and private health care providers in low-risk cesarean delivery <u>Consumer Engagement/Cultural & Linguistic Brokering</u> • Skills to identify and involve women of childbearing age in development of program and policy efforts • Ability to engage women and their families as advocates for policy change • Skills to empower women and those that influence them to make decisions about their deliveries <u>Policy & Program Implementation</u> • Skills to set up new agreements that include the minimum of what each agreement should include from a Title V perspective • Ability to determine legal authority behind existing memoranda of understanding with governmental agencies • Skills to develop memoranda of understanding with Medicaid and other payers to develop policies that address use of cesarean deliveries in low-risk first deliveries • Ability to understand options available to draw down Medicaid administrative match for Title V programs • Skills to negotiate health system and payer incentives to align with cesarean delivery goals • Skills to develop or edit delivery protocols for medical indications for hospital systems • Skills to ensure evidence-based regulations and guidelines are disseminated to health systems and physician practices <u>Communication</u> • Ability to effectively communicate the risks of cesarean delivery to pregnant women so they can make fully informed delivery decisions • Ability to communicate with professional associations to ensure best practices are communicated to physician groups
Also see: NPM # 13 – Preventive Dental Visits NPM #14 - Smoking		

Perinatal/Infant Health		
Evidence-based Strategies	**Evidence-informed Strategies**	**Skill Sets**
NPM #3 – Risk-appropriate Perinatal Health		

Multicomponent: Continuing Education of Hospital Providers + State Policies/Guidelines: Support establishment of intra-hospital transportation system and develop educational CME module.
 	
Multicomponent: Access to Providers through Hotline + Continuing Education of Hospital Providers + State Policies/Guidelines: Support a 3-pronged approach.
	Prenatal Plus Program (CO): Care coordination, nutrition, & mental health counseling.
	
	The JJ Way Model of Maternity Care (FL): Improve birth outcomes.
		Population Health
		• Ability to calculate quality-adjusted life years (QUALYs) to quantify:
		  • Impact of appropriate level of care for very low birth weight infants
		  • Rates of morbidity/mortality by social, demographic and economic indicators
		• Ability to develop estimates of death rates and implications based on percent of very low birth weight infants born in a hospital with a Level III+ neonatal intensive care units (NICU)
		• Ability to conduct economic analyses for babies born in appropriate (or inappropriate) facilities, including transport costs and potential morbidities associated with inappropriate levels of care
		• Ability to collect and review perinatal regionalization policies from all hospitals in state/territory
		• Skills to obtain and establish coordinated data reports for key stakeholders
		
		Strategic Planning & Program Design
		• Skills to develop evaluation measures for targeted outreach and progress for the care of very low birth weight infants
		• Skills in quality improvement to provide public health support of providers and health systems to make data-informed decisions
		
		Strategic Alliances & Effective Partnerships
		• Ability to foster collaboration between public and private health care providers in perinatal regionalization efforts
		• Skills to engage with Level I and Level II hospitals to review very low birth weight data
		• Ability to align perinatal regionalization activities with low-risk cesarean delivery initiatives
		• Ability to convene a multi-stakeholder group to assess effectiveness of current perinatal regionalization plans with partners from:
		  • Public Health
		  • State legislature
		  • Family advocacy groups
		  • Medicaid and other payers
		  • Hospital associations

		• Managed care groups • State/territory hospital regulators • Health professional organizations • Health plans <u>Consumer Engagement/Cultural & Linguistic Brokering</u> • Ability to engage women at risk and mothers of very low birth weight infants as peer educators • Ability to navigate sensitivities around very low birth weight outcomes with women <u>Policy & Program Implementation</u> • Skills to analyze and align NICU levels of care and maternal levels of care • Skills to create or enhance voluntary reporting systems among Levels II and III care facilities • Ability to support implementation of CDC/CoIIN Level of Care Assessment Tool (LOCATe) • Ability to advocate for increasing numbers of Level III+ hospitals in rural areas to address disparities • Ability to support hospitals or hospital associations with implementation science tools to ensure effective level adjustment when necessary • Skills to analyze authorizing contexts related to levels of care in individual hospitals and determine with policy makers if there are opportunities for improvement • Ability to determine legal authority behind existing memoranda of understanding regarding NICU levels of care regarding relevant agencies • Skills to develop memoranda of understanding with Medicaid and other payers to develop policies that address appropriate Level III+ NICU care for very low birth weight infants • Ability to analyze transport policies and procedures of Level II care facilities to appropriate Level III care facilities • Ability to define policies, procedures, and incentives to women who deliver high-risk newborns in appropriate facilities (beyond transport of infants) <u>Communication</u> • Ability to effectively reach women of childbearing age with culturally appropriate and compelling level of care messages • Ability to create unified messages for parents and clinicians about delivery of risk-appropriate hospital levels and their impact on morbidity/mortality outcomes of very low birth weight infants

NPM #4 - Breastfeeding		

Home Visits: Provide training and coaching to MIECHV home visiting staff to promote breastfeeding best practices.
 	
Lactation Consultants: Maintain a 24-hour breastfeeding hotline staffed by a bilingual certified lactation consultant.
 	
Peer Counselors: Utilize breastfeeding peer counselors through WIC programs.
	Every Child Succeeds (OH): Building trusting relationships for those with children 0-3.
	
	First 5 California Kit for New Parents (CA): Parenting and community resources.
		Population Health
		• Ability to conduct surveillance of breastfeeding rates that allows public health practitioners to understand and respond to disparities in breastfeeding rates
		• Ability to develop estimates of death rates and implications based on breastfeeding rates
		• Ability to calculate quality-adjusted life years (QUALYs) to quantify impact of breastfeeding in local communities
		
		Strategic Planning & Program Design
		Ability to apply the socio-ecological framework to breastfeeding
		
		Strategic Alliances & Effective Partnerships
		• Ability to convene public health and primary care professionals to align their breastfeeding efforts
		• Ability to identify and collaborate with hospital and child care center partners, especially those that serve women least likely to initiate and continue breastfeeding
		• Ability to provide public health support for implementation of breastfeeding-friendly hospitals
		• Skills to collaborate with private sector partners to increase knowledge of benefits of workplace accommodations
		• Skills to encourage Medicaid and managed care organizations (MCOs) to:
		  • Collect data on breastfeeding
		  • Initiate a performance improvement project that seeks to increase breastfeeding rates among employees
		  • Reimburse for the provision of Medical Lactation Therapy services
		• Ability to align breastfeeding efforts with safe sleep initiatives
		
		Consumer Engagement/Cultural & Linguistic Brokering
		• Skills to promote meaningful participatory practice with families in the development and support of breastfeeding practices
		• Ability to effectively engage breastfeeding mothers as peer educators
		• Ability to leverage knowledge about cultural, racial, and socioeconomic differences regarding initiation and duration of breastfeeding
		• Ability to help consumers understand the rights they have under the Affordable Care Act (ACA) regarding breastfeeding
		
		Policy & Program Implementation
		• Ability to leverage opportunities through the ACA and other federal and state policies

		to support breastfeeding initiatives, particularly: • Reimbursement for International Board Certified Lactation Consultants • Greater access to pumps, • Leave time for pumping at work, • Ability to provide state public health recognition (e.g. certificates, awards, news releases) for employers, primary care clinics and birth facilities that promote breastfeeding according to the law and national recommendations • Ability to ensure that health care providers have access to tools and best practices regarding breastfeeding and are trained to use the tools in an evidence-based manner • Skills to ensure high-quality breastfeeding support is embedded in programs for which Title V has authority • Ability to support or provide incentives for hospitals to become Baby Friendly or take first steps in becoming Baby Friendly through a state recognition program. • Skills to partner with employers to implement workplace accommodations that they are required to provide by law • Skills to educate policymakers on the value of legislation that: • Gives women the right to breastfeed in any public or private place • Prohibits restricting or limiting the right of a mother to breastfeed • Ability to establish memoranda of understanding with Medicaid and other payers to promote coverage of breastfeeding services as separately reimbursable pregnancy-related services in hospitals, clinics, and other health care settings • Ability to determine legal authority behind existing memoranda of understanding with partners Communication • Ability to use traditional and social media to effectively reach women of childbearing age with culturally appropriate and compelling breastfeeding messages • Skills to train hospital staff as necessary to effectively support breastfeeding • Skills to effectively navigate around conflicting messages between safe sleep and breastfeeding • Skills to ensure that women of color are trained to become skilled lactation support providers
NPM #5 – Safe Sleep		
Multicomponent: Caregiver Education + Health Care Provider Education + Hospital	Nurse Family Partnership (National): Partnering nurses with low income mothers.	Population Health Ability to conduct surveillance of safe sleep that allows public health practitioners to understand and respond to disparities in safe sleep practices

Safe Sleep Policy: Implement a multicomponent strategy that targets caregivers, child care providers, health care providers, and hospital systems (not including quality improvement components). Mass Media: National Campaign: Promote the national Safe to Sleep Campaign locally by providing professionals (e.g., first responders) with safe sleep kits. Caregiver/Parent Education (e.g., mothers, family members): Partner with WIC, home visiting, and other programs to provide safe sleep education and counseling to new caregivers.	Welcome Family (MA): Nurse home visit and follow-up phone call to all mothers.	Strategic Planning & Program Design • Ability to apply the socio-ecological framework to safe sleep • Ability to ensure that evidence-based safe sleep promotion messages are included in home visiting and care coordination programs for which Title V provides oversight Strategic Alliances & Effective Partnerships • Ability to collaborate with federally qualified health centers and school-based health centers to promote policy solutions to unsafe sleep practices • Ability to partner with Medicaid and managed care organizations (MCOs) to collect and analyze data on sudden infant death syndrome/sudden unexplained infant death (SID/SUID) • Ability to align safe sleep efforts with breastfeeding initiatives Consumer Engagement/Cultural & Linguistic Brokering • Skills to effectively engage expectant families, new parents and intergenerational families in designing safe sleep interventions • Skills to engage families in needs assessment for safe sleep programs and policies • Ability to effectively engage new parents as peer educators for safe sleep initiatives • Skills to respectfully build relationships with families and communicate the importance of safe sleep practices using cultural understanding and humility • Ability to be sensitive to the cultural norms that impact newborn sleep practices Policy & Program Implementation • Skills to ensure high quality safe sleep counseling is embedded in programs for which Title V has authority • Ability to provide state public health recognition (e.g., certificates, awards, news releases) to health providers, birth facilities, and others who work to reduce SIDS/SUID or lessen its impact on families • Ability to leverage national safe sleep resources for a public education campaign, including distribution of materials to health providers, health department clinics, childcare centers and homes, and families in birth facilities • Ability to conduct a performance improvement project that attempts to increase rates of safe sleep among enrollees in partnership with Medicaid and/or MCOs • Ability to effectively communicate with policymakers about the value of laws requiring emergency medical technicians, firefighters, child care providers, and law enforcement officers to receive training on how to handle SID/SUID deaths • Ability to advocate for adoption of a law that requires post-mortem examinations or autopsies when SID/SUID death is suspected

		• Ability to create/maintain a child death/fatality review process that includes SID/SUID-specific protocols and SID/SUID experts Communication • Ability to effectively reach women of childbearing age with culturally appropriate and compelling safe sleep messages • Skills to train hospital staff as necessary to effectively support safe sleep practices • Skills to effectively navigate around potentially conflicting messages between safe sleep and breastfeeding

Child Health and Adolescent Health		
Evidence-based Strategies	**Evidence-informed Strategies**	**Skill Sets**
NPM #6 – Developmental Screening *(does NOT include Adolescent Health)*		

Home Visiting Programs: Utilize Home Visiting/MIECHV programs to provide the Ages and Stages Developmental Screening tool to clients.
 	
Implementation of Quality Standards: Support statewide learning collaborative for primary care practices + enhanced reimbursement + collaboration with local agencies.
 	
Provider Training: Train medical and childcare providers on developmental screening.
	Every Child Succeeds (OH): Building trusting relationships for those with children 0-3.
	
	Nurse Family Partnership (National): Partnering nurses with low income mothers.
		Population Health
		Ability to conduct surveillance of developmental screening that allows public health practitioners to understand and respond to disparities in screening rates
		
		Strategic Planning & Program Design
		• Skills to identify whether programs for which Title V provides oversight, such as home visiting and care coordination, are including evidence-based developmental screening tools
		• Ability to establish mechanisms that ensure that children with identified developmental risks and conditions are linked to a family-centered, community-based, and coordinated system of care
		
		Strategic Alliances & Effective Partnerships
		• Ability to convene multiple disciplines and systems (e.g., education, early childhood education, health, housing,) to assess, coordinate and increase rates of screening
		• Ability to build and/or sustain effective partnerships with primary care providers and early childhood systems, including:
		  ◦ Partnership with clinicians and child care health consultants
		  ◦ Training for clinicians and child care health consultants
		• Ability to build alliances with local chapters of the American Academy of Pediatrics (AAP), other child-serving organizations, and clinical provider organizations to:

		• Support developmental screening • Implement quality improvement projects • Establish learning collaboratives <u>Consumer Engagement/Cultural & Linguistic Brokering</u> • Ability to partner with parent support groups to promote developmental screening • Ability to assess cultural practices around developmental screening in partnership with parent groups • Ability to partner with consumers to test screening tools for cultural appropriateness • Ability to engage and empower families to be able to seek care and discuss their child's health and health care needs • Ability to ensure that evidence-based screening tool options are available in the most prevalent local languages <u>Policy & Program Implementation</u> • Skills to ensure high quality screening tools are embedded in programs for which Title V has authority • Ability to ensure that screening providers have access to tools and best practices and are trained to use the tools in an evidence-based manner • Ability to refer/connect (or support local public health to refer/connect) children identified through positive screenings to existing services in public health and health care systems • Ability to determine legal authority behind existing memoranda of understanding with governmental agencies • Ability to develop memoranda of understanding with Medicaid and other payers to develop policies that address use of developmental screenings, particularly coverage of standardized developmental screening tools for children at their 9-, 18-, and 30-month visits • Ability to effectively use electronic medical records to support screening as appropriate • Ability to support public and private practitioners in efforts to make accommodations for assessing children with special health care needs <u>Communication</u> • Ability to effectively communicate with families about the importance of developmental screening • Ability to effectively advocate and communicate with legislators and other policy makers about the importance of developmental screening

NPM #7 - Injury Hospitalization		

Education During Home Visiting Programs: Provide injury prevention education for families participating in home visiting programs.
 	
Oversight and Regulation of Innovative Programs: Provide oversight and regulation of innovative programs such as comprehensive home safety assessments.
 	
Person-to-Person Interventions Outside the Clinical Setting: Adopt person-to-person interventions such as the drug disposal program, Count it! Drop it! Lock it!
 	
School-Based Interventions: Conduct outreach, education campaigns, and trainings in school-based settings.
	Every Child Succeeds (OH): Building trusting relationships for those with children 0-3.
	
	Boys' Health Advocacy Program (SD): Increase access to health care services for boys.
	
	Teen Driving Safety Task Force (UT): Safe driving education campaign for teens.
		Population Health
		• Ability to conduct surveillance of child injury that allows public health practitioners to understand and respond to disparities in injury rates
		• Skills to model drug epidemics, motor vehicle accident patterns, mental health issues, homicides, and other systems-level patterns that influence injury and death rates
		• Ability to calculate quality-adjusted life years (QUALYs) to quantify impact of child injury in local communities
		
		Strategic Planning & Program Design
		• Skills to conduct needs assessment using consumer input, especially regarding effective messages about injury prevention
		• Ability to appreciate how child injury prevention efforts fit into the larger framework of youth development
		
		Strategic Alliances & Effective Partnerships
		• Ability to create injury topic-specific task forces that align multiple sectors in injury prevention efforts, including in the task force:
		  • Law enforcement
		  • Departments of Education and Transportation
		  • Child Protective Services
		  • Hospitals and community health centers
		  • Universities
		  • Community coalitions
		  • Organizations that serve families and youth
		  • Private sector partners
		
		Consumer Engagement/Cultural & Linguistic Brokering
		• Ability to understand and leverage cultural context when considering programmatic and policy changes related to childhood injury prevention
		• Ability to effectively engage youth as peer educators
		• Ability to develop and promote positive social norms for child safety that are culturally relevant
		
		Policy & Program Implementation
		• Ability to ensure health care providers have access to tools and best practices

		regarding injury prevention and are trained to use the tools in an evidence-based manner
		• Skills to ensure high quality injury prevention counseling is embedded in programs for which Title V has authority
		• Ability to support regulations that require:
		  • Smoke detectors, hot water heater temperature controls, and stair safety gates in all homes
		  • Protective restraints in cars
		  • Pool fencing, self-closing gates, and pool alarms
		  • Graduated driver licensing for teens
		  • Toy manufacturer safety standards
		  • Use of serialized, tamper-proof prescription forms by prescribing physicians
		  • Development and use of a prescription drug monitoring program for hospitals
		  • Prohibitions on cellphone use (including hands-free) by youth while driving
		
		Communication
		• Skills to effectively reach young adults, parents, and caretakers with injury prevention messages
		• Ability to work with media as part of injury prevention campaigns
		• Ability to alert the public about emerging injury-related trends
		• Ability to describe violence and injury as a health problem
		• Ability to communicate with policymakers and other opinion leaders about the health and financial impacts of injuries and proposed policies

NPM #8 – Physical Activity		
Individual Counseling by Health Professionals: Promote physical activity counseling during well-child visits. Infrastructure and Environmental Supports for Physical Activity: Promote the development and use of infrastructure that facilitates physical activity (e.g., walking trails, sidewalks, playgrounds, parks).	Empower Program (AZ): Promotion of physical activity standards in child care. La Vida Sana, La Vida Feliz (IL): Health, nutrition, and fitness promotion program. Trauma-Informed Yoga (NV): Specialized yoga for high-risk youth.	Population Health • Ability to conduct surveillance of physical activity during childhood and adolescence that allows public health practitioners to understand and respond to disparities in physical activity rates • Ability to analyze obesity trends and select leverage points for physical activity interventions • Ability to develop estimates of death rates related to physical activity rates • Ability to calculate quality-adjusted life years (QUALYs) to quantify impact of physical activity in local communities Strategic Planning & Program Design Ability to apply the socio-ecological framework to physical activity interventions

Policies Regarding the Use and Promotion of Local Locations and Resources: Develop policies for the use of local locations and resources (e.g., sporting clubs, community centers, shopping malls, schools) and promote physical activity events at these locations. Extracurricular Activities for Physical Activity: Provide chances for children and adolescents to be active via before- and after-school activities.		Strategic Alliances & Effective Partnerships Ability to collaborate effectively with broad public health campaigns and the private sector in efforts to increase physical activity Consumer Engagement/Cultural & Linguistic Brokering • Skills to include children, adolescents, and parents in physical activity intervention planning efforts • Ability to effectively engage youth as peer educators Policy & Program Implementation • Ability to ensure health care providers have access to tools and best practices regarding physical activity counseling and are trained to use the tools in an evidence-based manner • Skills to advocate for mandatory evidence-based physical activity interventions during school • Ability to effectively engage in park/land/school joint-use agreements in support of activities that promote physical activity for children and adolescents Communication • Ability to effectively communicate with the public about the importance of physical activity • Ability to navigate sensitivities about obesity and provide nuanced communication with children, adolescents and parents to ensure positive engagement • Ability to effectively communicate with policy makers and community leaders about the importance of investing in physical activity policies
NPM #9 – Bullying Prevention *(does NOT include Child Health)*		

Adult-Led Counseling, Mentoring, and Support: Increase youth participation in evidence-based mentoring, counseling, or adult supervision programs.
 	
Suicide Prevention In-Class Training: Provide learning opportunities and support to youth in the classroom
	Social Support System (National): Intervention using a whole-school approach.
	
	Take the Lead (National): Curriculum-based bullying prevention program.
	
	Steps to Respect (National): Social-emotional learning resources.
		Population Health
		• Ability to conduct surveillance of bullying that allows public health practitioners to understand and repond to disparities in bulling rates
		• Skills to effectively analyze all relevant data sources, including school- and county-level data, to identify:
		  • Sub-groups of children affected by bullying
		  • Geographic areas with high prevalence of bullying
		• Ability to conduct community-wide bullying assessments where data are otherwise unavailable
		
		Strategic Planning & Program Design

regarding bullying and suicide prevention. Strengths-Based Classroom Training: Provide classroom training for students on positive youth development and non-violence intervention skills. Trauma Training: Provide education for school professionals and the community.		• Ability to apply the socio-ecological framework to bullying • Ability to appreciate how bullying prevention efforts fit into the larger framework of youth development Strategic Alliances & Effective Partnerships • Ability to identify and capitalize on mutually reinforcing anti-bullying activities with youth development organizations, safety committees, Girls on the Run and similar programs • Ability to partner with schools and afterschool programs to support evidence-based anti-bullying programs • Ability to partner with health care providers and provider organizations to ensure that health care providers screen for emotional distress in youth Consumer Engagement/Cultural & Linguistic Brokering • Ability to effectively work with youth to integrate evidence-based anti-bullying interventions in their contexts • Skills to engage youth to support anti-bullying efforts in younger children, including empowering youth to talk about bullying, aggregating stories, and communicating themes Policy & Program Implementation • Ability to support local health departments to participate in anti-bullying activities by sitting on local school and youth development committees to provide input on evidence-based interventions and public health resources • Skills to support local school efforts to build evidence-based anti-bullying initiatives into school curricula • Skills to support the development of early screening tools to detect bullying and follow-up tools to monitor youth who have bullied or been bullied to ensure they get to appropriate resources Communication • Ability to effectively communicate with youth about bullying-related concepts such as reading social cues, understanding differences, and reflecting on their actions • Ability to promote community-wide anti-bullying public health campaigns for general public/consumers in youth-friendly places like movie theaters • Ability to effectively work with media regarding bullying as a public health issue
NPM #10 – Adolescent Well-being *(does NOT include Child Health)*		

Expanded Insurance Coverage: Ensure adolescents are enrolled in a health insurance program. Patient Reminders/Navigator Programs: Support a patient reminder/navigator program that includes telephone and mailed reminders with transportation services. Improving Young Adult Health: State and Local Strategies for Success. This guide outlines five real-life strategies that Title V programs can adopt to improve young adult (YA) health.	Hospital Transition Planning Tool (TX): EMR-based tool to improve readiness. Boys' Health Advocacy Program (SD): Increase access to health care services for boys. Youth Advisory Council (RI): Leadership development through council participation.	Population Health • Ability to conduct surveillance of adolescent well-visit utilization that allows public health practitioners to understand and respond to disparities in utilization of visits • Ability to use population health surveillance to inform proposed delivery system changes • Skills in analyzing how health care delivery systems identify and refer adolescents for appropriate treatment following a well-visit Strategic Planning & Program Design • Ability to employ qualitative methods in needs assessments with families and communities to identify attitudes about root causes of low use of preventive services • Skills in quality improvement to support providers and health systems in making data-informed decisions Strategic Alliances & Effective Partnerships • Skills to create and manage external alliances that engage public health, private health plans, federally qualified health centers, school-based health centers, and Medicaid/Children's Health Insurance (CHIP) to increase awareness of adolescent well visit coverage among providers and patients • Skills to manage public health and inter-governmental partnerships that work to advance the health, safety, and well-being of adolescents and the receipt of preventive services • Ability to foster collaboration between public and private health care providers to increase the utilization and quality of adolescent well-visits • Skills in working with other state agencies and relevant organizations from the private sector to improve access to high quality clinical preventive services by vulnerable groups of adolescents, including youth in foster care, homeless youth, and immigrant youth Consumer Engagement/Cultural & Linguistic Brokering • Ability to effectively engage adolescents and young adults in policy and program efforts that attempt to increase utilization and quality of preventive health care services for adolescents • Skills to educate and monitor providers about their responsibilities for accessible interactions with adolescents related to confidentiality of care, youth-centered care, translation services, linguistic access, and American Disabilities Act (ADA) compliance • Ability to assist public health and clinical health programs to provide evidence-

		based health education to youth and families on topics important to adolescent health including, for example, reproductive and sexual health, navigating the health care system, and inter-generational communications, to adolescents and their families in a variety of settings, including schools, and youth organizations <u>Policy & Program Implementation</u> • Ability to create evidence-based practices systems that support the planning and implementation of transition from adolescent to adult services by others e.g. providers, health care systems, local public health, schools • Skills to support robust and effective referral systems to preventive services in community settings • Skills to promote health care providers' effective use of youth-oriented community programs as resources to promote healthy development • Ability to include measurements of family perspectives in program evaluation plans • Ability to analyze workforce shortage data that impact capacity of communities to provide adolescent well visits • Ability to analyze and make recommendations to strengthen "adolescent-friendly" payment systems that protect patient confidentiality • Ability to determine legal authority behind existing memoranda of understanding with governmental agencies in regard to adolescent care • Skills to develop memoranda of understanding with Medicaid and other payers to develop policies that promote sharing of data and ensure effective services and reimbursement for adolescent care • Ability to analyze and refine state and health plan policies relevant to confidentiality, minor consent, and explanation of benefits statements <u>Communication</u> • Skills to effectively communicate the importance of preventive services with selected adolescent and family audiences • Skills to effectively communicate with health care providers regarding adolescent use of preventive service visits and enhancing the quality and comprehensiveness of the visit • Ability to effectively market adolescent health services offered by public health departments in states/territories where Title V provides or supports clinical services for adolescents • Ability to communicate with adolescents, families, and health care providers information about legal rights related to access and quality of preventive care, especially confidentiality issues related to adolescents

		• Ability to select and use traditional and/or social media to communicate the importance of adolescent visits and shift conversation to a culture of health
NPM #11 – Medical Home *(includes Children w/Special Health Care Needs)*		

Dedicated Care Coordinators: Use dedicated care coordinators to develop relationships with families to increase timely attendance of well-child visits and respond to the needs of families.
 	
Provider Alliance and Mid-Level Providers: Use a provider alliance and mid-level providers to create a "one-stop" medical home model to provide community outreach and coordination of services.
 	
Shared Care Coordination with Home Visiting: Develop early connections to a medical home through care coordination and collaboration with home visiting.
 	
Provider-School Partnerships: Develop partnerships between primary care providers (PCPs) and school-based health centers (SBHC) to create an expanded medical home model based on care coordination.
	Health-e-Access Telemedicine Program (NY): Diagnosis/treatment using technology.
	
	Hospital Transition Planning Tool (TX): EMR-based tool to improve readiness.
	
	Family Voices of California Project Leadership (CA): Advocacy training for families.
	
	Oregon Care Coordination Program (OR): Support and resources for CYSHCN.
		Population Health
		• Skills to effectively use data systems for service delivery improvements and reporting
		• Ability to assess and report the quality of medical homes within the state or territory
		
		Strategic Planning & Program Design
		• Ability to conduct strengths-opportunities-weaknesses-threat analyses to determine how best to support medical home efforts for children within the state or territory
		• Ability to assess where practices currently fall on the medical home implementation continuum
		
		Strategic Alliances & Effective Partnerships
		• Ability to convene stakeholders to:
		  ◦ Ensure knowledge of, visualize and analyze current medical homes in local communities
		  ◦ Advance medical home service utilization
		  ◦ Identify, understand, and remove barriers to receiving care in medical homes
		  ◦ Support the establishment of new medical homes as appropriate
		  ◦ Build and Maintain a coordinated system from the state/territory level
		
		Consumer Engagement/Cultural & Linguistic Brokering
		• Skills to promote patient- and family-centered care that ensures shared decision making for families who use medical homes
		• Ability to assess cultural competence of services received by families who use medical homes
		• Skills to support an official role for underserved families in larger stakeholder medical home efforts
		
		Policy & Program Implementation
		• Skills in quality improvement to:
		  ◦ Help guide medical home practices on workflow, ensuring quality health care delivery

		• Ensure high quality services in medical homes for which Title V has authority • Ability to assist in the development of comprehensive care plans/care planning in medical homes that are driven by families and shared across systems • Ability to adapt standards for pediatric practices, such as the National Committee for Quality Assurance, in medical homes • Ability to implement or support telemedicine clinics as part of medical home model • Ability to determine legal authority behind existing memoranda of understanding with governmental agencies about medical homes • Skills to develop memoranda of understanding with Medicaid and other payers that includes language providing for payment reforms that support medical homes and care integration models • Ability to ensure that Title V-sponsored care coordinators are trained to make and ensure completion of referrals to medical homes • Ability to include measurements of family perspectives in program evaluation plans • Ability to ensure that medical homes can meet the needs of both typically developing children and those with special health care needs Communication • Ability to communicate effectively with providers, families, and community stakeholders to align systems and ensure medical homes serve all children who need them • Ability to use traditional and/or social media marketing/outreach to communicate effectively with the public about the importance of medical homes for children and families
NPM #12 – Transition *(includes Children w/Special Health Care Needs)*		
Six Core Elements Adaptation with Quality Improvement (QI): Incorporate the Six Core Elements in a learning collaborative or medical center/hospital system with built-in QI activities. Training/Educating Youth: Provide training including	Community Systems Building Grants for CYSHCN (NC): Capacity-building to launch innovative strategies and county-level and service delivery system change. PATCH Program (WI): Improve transition and overall health care experiences.	Population Health • Ability to conduct surveillance of adolescents who should be transitioning into adult care each year using state-specific transition tables from the 2009-10 National Survey of Children with Special Health Care Needs (NSCSHCN) or other state-specific data sources that allows public health practitioners to understand and respond to disparities in transition rates Strategic Planning & Program Design • Ability to employ qualitative methods in needs assessments with families,

communication and social media for adolescents with and without special health care needs who are ready for transition to adult health care.
 	
Peer Support and Mentorship: Create a peer support and mentorship program or adolescent advisory council to discuss issues around health care transition.
 	
Transition Care Coordination Services: Use care coordinators at clinics to help with appointments, scheduling, education, and other health care transition services.
	Care Connection for Children (VA): Care coordination for CYSHCN.	providers and communities to identify attitudes about and root causes of low use of transition services
		• Ability to align health care transition efforts with other life skills initiatives for young adults
		• Ability to perform a strengths-opportunities-weaknesses-threat analyses to consider ways to best support transition within the state/territory
		• Skills in quality improvement to support providers and health systems in making data-informed decisions
		
		Strategic Alliances & Effective Partnerships
		• Ability to effectively convene diverse partners in establishing a common goal around coordination of transition, including:
		  • Health care systems
		  • Insurers
		  • Health care providers
		  • Education systems
		  • Behavioral health
		  • Disability support and advocacy organizations
		• Organizations representing families, youth, and youth adults with special health care needs
		• Ability to build capacity at local level to facilitate coalitions of partners to mobilize around transition planning
		• Ability to work with state pediatric, family medicine, internal medicine, and nursing leadership to expand educational efforts about evidence-informed transition efforts
		
		Consumer Engagement/Cultural & Linguistic Brokering
		• Skills to effectively engage and partner with families/caregivers, youth and young adults in transition quality improvement efforts
		• Ability to connect with existing patient navigators and care coordination systems to align transition efforts
		• Skills to facilitate self-determination, leading to independence for youth, in systems where Title V programs are directly responsible for transition
		• Utilize the Got Transition assessment tools to do an initial assessment and document improvement of involvement of youth and families in their transition approach
		
		Policy & Program Implementation
		• Ability to critically review transition strategies and measures suggested by MCHB

		and Got Transition • Ability to analyze when efforts should move beyond programs and clinics toward supporting broader system changes that support funding of transition, especially for youth with special health care needs • Ability to leverage the Affordable Care Act (ACA) provisions that allow children to stay on parent insurance through the age of 26 • Ability to determine legal authority behind existing memoranda of understanding with governmental agencies in regard to transition services • Skills to develop memoranda of understanding with Medicaid and other payers to develop policies that ensure effective transition • Ability to work with state pediatric, family medicine, internal medicine, and nursing leadership to expand educational efforts of evidence-based transition efforts • Ability to include measurements of family perspectives in program evaluation plans Communication • Ability to effectively communicate with families, youth and adults about the importance of early and ongoing transition planning, especially for those with special health care needs • Ability to use life course language to communicate importance of transition services • Ability to adapt transition language to make it understandable for individuals outside MCH programs • Ability to effectively communicate positively with both pediatric and adult leaders, medical educators, and clinicians about evidence-based transition strategies
NPM #13 – Preventive Dental Visits		

Public Insurance Coverage (13.2): Collaborate with Medicaid to increase the number of children and youth who have had a preventive dental visit in the past year.
 	
School/Preschool Interventions (13.2): School-Based Dental Services/Head Start Participation: Increase oral
	Virtual Dental Home (HI): Community-based dental services.
	
	Children's Dental Services (MN): Safety net services for underserved populations.
	
	Home by One Program (CT): Trainings for parents, case managers, and providers.
		Population Health
		• Ability to conduct surveillance of oral health services during pregnancy, early childhood and adolescence that allows public health practitioners to respond to disparities in utilization of oral health services
		• Ability to identify workforce shortage areas related to:
		  • Dental provider adequacy
		  • Dental provider competencies
		  • Primary care provider competencies
		  • Excess utilization of emergency care for preventable dental problems
		
		Strategic Planning & Program Design

health referrals among children and youth through School Based Health Centers (SBHCs).
 	
Provider Education (13.1): Collaborate with Early Head Start programs, home visiting programs, and/or Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) clinics to train staff to provide preventive oral health care to pregnant women and referrals to oral health professionals for dental visits.
 	
Caregiver Education/Counseling (13.2): Increase preventive dental visits by sharing postcards with information on dental enrollment and appointments.
		• Ability to support integration of medical and dental records for pregnant women, adolescents, and children
		• Skills to support robust and effective oral health referral systems in community settings for oral health
		• Ability to identify and implement evidence-based practices to address provider shortages and provider competencies
		
		Strategic Alliances & Effective Partnerships
		• Ability to convene and train medical and dental providers to:
		  • Include oral health promotion in primary care settings
		  • Include primary care health promotion in oral care settings
		  • Establish/improve bi-directional referral and follow-up systems
		• Ability to effectively partner with Medicaid, dental providers, and professional oral health organizations to assess and improve systems for pregnant women and youth, including those with special health care needs
		
		Consumer Engagement/Cultural & Linguistic Brokering
		Ability to consider local community culture to identify the most effective strategies and channels of communication for oral health messages
		
		Policy & Program Implementation
		• Skills to ensure that high quality oral health counseling is:
		• Embedded in programs for which Title V has authority (including medical home initiatives and EPSDT)
		• Offered by providers that serve pregnant women, adolescents, and children, including children and youth with special health care needs
		• Skills to support robust and effective referral systems for oral health services within all programs Title V delivers
		• Ability to determine legal authority behind existing memoranda of understanding with governmental agencies in regard to dental services
		• Skills to develop memoranda of understanding with Medicaid and other payers to develop policies that ensure effective services and reimbursement for oral health services
		
		Communication
		• Ability to communicate with policymakers about oral health and financial impacts of poor oral health
		• Ability to write and disseminate policy briefs and media messages that effectively increase awareness of the need for oral health care during pregnancy,

		capitalizing on pregnancy insurance coverage benefits • Ability to communicate, via traditional and social media, accurate, consistent and motivational oral health messages for pregnant women and children, including the benefits of sealants • Ability to effectively communicate with dentists and professional dental organizations to highlight the guidelines about dental care during pregnancy, infancy, and early childhood • Ability to communicate with medical homes about the importance of oral health • Ability to communicate with prenatal care providers about the importance of oral health • Skills to create effective public health messages about the negative impact poor oral health has on school readiness and academic achievement • Skills to create effective public health messaging about the relationship between poor oral health care and chronic health conditions such as gum disease, diabetes, heart disease, and stroke
NPM #14 - Smoking		
Telephone Counseling + Education Materials: Provide telephone counseling + educational materials to reduce children's exposure to secondhand smoke in the home. Incentives: Incentives to reduce smoking during pregnancy. Health Education: Provide health education to reduce smoking during pregnancy. Clinic-based Counseling + Education Materials: Provide in-person counseling + educational materials during visits with a health care provider to reduce child exposure to secondhand smoke	Baby and Me Tobacco Free (National): Tobacco cessation counseling & management. One Tiny Reason to Quit (VA): Social marketing directed to African-Americans. Internatal Care Program (AZ): Care coordination and health education.	Population Health • Ability to conduct surveillance of tobacco use during pregnancy and adolescence that allows public health practitioners to understand and respond to disparities in smoking rates • Ability to develop estimates of death rates and implications based on tobacco use rates • Ability to calculate quality-adjusted life years (QUALYs) to quantify impact of tobacco use in local communities Strategic Planning & Program Design • Ability to effectively leverage home visiting and other programs for which Title V has authority as a way to assess and address household tobacco use • Ability to apply the socio-ecological framework to smoking during pregnancy and household smoking Strategic Alliances & Effective Partnerships • Ability to collaborate to promote policy solutions with public housing officials, Medicaid and other payers for secondhand smoke interventions • Ability to address economic interests related to tobacco use among various stakeholders • Ability to effectively negotiate and utilize conflict resolution skills to support local partners in enforcement of smoke-free areas

in the home.		Consumer Engagement/Cultural & Linguistic Brokering • Skills to engage consumers in needs assessment regarding tobacco and alternative tobacco delivery use • Ability to effectively engage youth as peer educators for tobacco prevention efforts Policy & Program Implementation • Ability to ensure health care providers have access to tools and best practices regarding tobacco use/reduction/cessation and are trained to use the tools in an evidence-based manner • Skills to ensure high quality tobacco counseling is embedded in programs for which Title V has authority • Skills to support robust and effective referral systems for tobacco cessation, especially for pregnant women • Skills to effectively use electronic medical records for tobacco screening • Skills to develop memoranda of understanding with Medicaid and other payers to develop policies that reduce tobacco exposure • Ability to navigate political sensitivities around tobacco use and find common ground for action Communication • Skills to communicate effectively with tobacco users • Ability to build capacity at local level to facilitate coalitions of partners to mobilize tobacco prevention and control messages • Ability to communicate with policymakers about health and financial impacts of secondhand smoke exposure and pregnant women's tobacco use • Ability to work with young adults as part of preconception health campaigns • Ability to effectively reach young adults with tobacco messages specific to their local community and demographic profile
NPM #15 – Adequate Insurance *(includes Children w/Special Health Care Needs)*		
Insurance Utilization Support: Insurance enrollment helpline. Healthcare Delivery Quality Improvement (QI initiatives): On-site medical practice care coordination services.	Health-e-Access Telemedicine Program (NY): Diagnosis/treatment using technology. Parent Child Assistance Program (PCAP) (WA):	Population Health Skills to monitor trends of insurance adequacy for children Strategic Planning & Program Design • Skills to train local partners about insurance coverage options • Skills to map networks of adequate and inadequate coverage

Health Insurance Enrollment Outreach and Support: For un-/under-insured families.
 	
Patient Navigators: Provide care coordination to guide patients through supports.
 	
Strategies states are using to improve and finance care for CYSHCN
	Advocacy/case management for mothers.
	
	MN Care Coordination Systems Assessment and Action Planning (MN): Care Coordination assessment.
		Strategic Alliances & Effective Partnerships
		• Ability to collaborate with partners to promote insurance coverage, including:
		  • Accountable care organizations (ACOs) and managed care organizations (MCOs)
		  • Medicaid and Children's Health Program (CHIP)
		• Ability to align efforts to enroll children in health insurance with other initiatives related to insurance coverage for the population as a whole
		
		Consumer Engagement/Cultural & Linguistic Brokering
		• Skills to engage consumers, especially families of children and youth with special health care needs, to:
		  • Serve as peer educators
		  • Provide input into Title V outreach effort plans
		
		Policy & Program Implementation
		• Skills to identify, assess, and select appropriate outreach and enrollment activities for state and local jurisdictions
		• Skills to train local health agencies and health care providers to effectively inform families about insurance coverage options
		• Skills to support robust and effective referral systems for insurance enrollment
		• Skills to assist with enrollment in insurance for children
		
		Communication
		• Skills to effectively communicate with families about insurance coverage options
		• Ability to effectively use traditional and social media to conduct outreach for insurance enrollment
		• Ability to communicate effectively with decision makers/local legislators regarding:
		• The health impacts of insurance coverage
		• The economic benefits of insurance coverage
		• Ability to effectively communicate with decision makers/legislators regarding the importance of adequate coverage for children (CHIP reauthorization, Medicaid expansion, etc.)

Children with Special Health Care Needs
See Child Health and Adolescent Health: NPM #11 – Medical Home

NPM #12 - Transition
NPM #15 – Adequate Insurance

Cross-Cutting/Systems Building

Strategies include but are not limited to:

- Family partnership activities that cross all population health domains.
- Social determinants of health
- Workforce development
- Enhanced data infrastructure
- Capacity Building
- Oral Health
- Injury Prevention
- Access to care

Emerging Issues

Projects and/or strategies that become prominent and/or are unique to a particular County. These strategies will require pre-approval from ADHS (see Attachment G). Projects such as: reassignment of staff to address the COVID-19 pandemic or any other public health emergency, conducting focus groups to determine how to improve services for children/youth with special health care needs, etc.

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT (IGA) ATTACHMENT C CONTRACTOR EXPENDITURE REPORT
IGA2020-038	

Arizona Department of Health Services
Accounting/Contracts
150 N 18th Ave, Ste 280
Phoenix, Arizona 85007

Invoice #

CONTRACTOR'S EXPENDITURE REPORT

1. Contract Number ADHS
2. Contractor Name
3. Title of Program
4. Reporting Period: _____ To _____

Purchase Order No. **PO-**

☒ Cost Reimbursement - Cumulative Actual Expenditures
☐ Fixed Price
☐ Periodic Report
☐ FINAL REPORT

Contractor's Detailed Statement of Expenditures and Fixed Price

5. COST REIMBURSEMENT (Actual Expenditures) A. Account Classification:	**APPROVED** Budget (Matches ORIGINAL Contract Price Sheet) (a)	**REVISED** Budget (from ADHS INTERNAL Adjustments)	Prior Report Period Year to Date Expenditures (b)	Current Reporting Period Expenditures (c)	Total Year to Date Expenditures (d)
Personnel Services					$ -
ERE					$ -
Professional and Outside Services					$ -
Travel					$ -
Occupancy					$ -
Other Operating					$ -
Capital Outlay					$ -
Indirect					$ -
Total	$ -	$ -	$ -	$ -	$ -

ADHS USE ONLY

ADHS PROGRAM

COORDINATOR CERTIFICATION:

☐ Performance satisfactory for payment
☐ Performance unsatisfactory, withhold payment
☐ No payment due

PROGRAM COORDINATOR SIGNATURE/DATE

THIS SECTION FOR ADHS ACCOUNTING USE ONLY

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

FUNCTION	PPC	BFY	AMOUNT

7. CONTRACTOR CERTIFICATION

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

AUTHORIZED CONTRACTOR'S SIGNATURE / TITLE / DATE

PLEASE PRINT - PREPARED BY / PHONE NUMBER

ADHS/BFS/F-110 (Rev. 7/7/2015)

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT (IGA) ATTACHMENT D FINANCIAL SUPPORTING DOCUMENTATION
IGA2020-038	

For Cost Reimbursement contracts, Counties are required to maintain sufficient documentation in the form of receipts in support of **expenses incurred for any purchases that are being claimed for reimbursement or applied as match dollars** to a budget. Supporting documentation is essential for successful auditing, monitoring and processing of Contractor Expenditure Reports (CERs). County contractors are to follow the guidelines below:

- Supporting documentation shall be kept by the Contractor and does NOT need to be submitted with CERs **with the exception of**:
    - Travel documentation (in-state and out-of-state), and
    - Single purchases of equipment/assets exceeding $250
- The ADHS Office of Auditing may conduct random audits each year. All supporting documentation, upon request by ADHS, must be provided for review.
    - It is strongly recommended that supporting documentation be maintained in an organized and readily available manner as delays in providing documentation for an Audit will delay reimbursement of a CER.

Acceptable support documentation of expenses by line item that should be retained and/or submitted includes:

Supporting Documentation of Expenses			
		Applicable Manual	
Line Item	**Supporting Documentation Needed**	**State of Arizona Accounting Manual (SAAM)**	**Office of Management & Budget *Code of Federal Regulation 2 (CFR) Part 200* (OMB)**
Personnel	● Staff time sheets /labor distribution, ***and*** ● Staff pay stubs or electronic pay records *Please note that signatures must be in the form of an electronic signature with a time/date stamp (if converted to a PDF) or must be hand-written. Names that are typed out (regular font or cursive) are not allowable and can be considered a finding if ever audited. Signatures must indicate true authenticity of the signer.*	**Topic 55 Section 05 & 15**	**2 CFR 200.430**
Employee Related Expenses (ERE)	● Staff pay stubs ***or*** electronic pay records	**Topic 55 Section 05 & 15**	**C CFR 200.431**
Professional & Outside Services	● Paid invoice for service	**Topic 45 Section 20**	**2 CFR 200.302(3)**
Travel	Out-of-state and In-state (out of Contractor area)	**Topic 50 Section 05**	**2 CFR 200.474**

	Travel reimbursements claim form which includes traveling employee's name, date(s) of travel, time of departure and return, reason for travel, claim signed by traveler and their supervisor ***and*** ● Itemized copies of all receipts - hotel, meals, transportation, etc. ● Copy of the meeting/conference agendas Mileage claims that include start & end odometer readings, travel to/from, date of travel, signed by employee and supervisor *Please note that signatures must be in the form of an electronic signature with a time/date stamp (if converted to a PDF) or must be hand-written. Names that are typed out (regular font or cursive) are not allowable and can be considered a finding if ever audited. Signatures must indicate true authenticity of the signer.*	**Section 25** **Section 45** **Section 55** **Section 95**	
Occupancy	Bill, invoice, receipt or lease agreement and allocation breakdown	**Topic 45** **Section 20**	**2 CFR 200.302(3)**
Other Operating	● Itemized receipts and/or paid invoice to supplier ● Percentage being billed, if expenses are divided amongst multiple programs	**Topic 45** **Section 20**	**2 CFR 200.302(3)**
Capital Outlay	● Paid invoice for service	**Topic 45** **Section 20**	**2 CFR 200.302(3)**
Indirect	● Contract Itemized Price Sheet ● RFGA Budget Worksheet ● Federally approved indirect cost letter	**Topic 70** **Section 40**	**2 CFR 200.414** **Appendix III Part 200** **Appendix IV Part 200**

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT (IGA) ATTACHMENT E LINE ITEM BUDGET MOVE REQUEST
IGA2020-038	

Note: This document is provided only for County use to assist with tracking budget line item moves to determine if/when a contract amendment needs to be requested.

BUDGET LINE ITEM MOVES

Revised Budget Per 25% Movement Between Line Items

(Budget moves exceeding 25% of total annual budget or to a non-funed line item will require a contract amendment.)

Account Classification	Approved Contract Budget	Total Budget Change 00/00/00	Total Budget Change 00/00/00	Total Budget Change 00/00/00	Revised Budget *	% of Budget Change
Personnel Services					$0.00	#DIV/0!
ERE					$0.00	#DIV/0!
Professional & Outside Services					$0.00	#DIV/0!
Travel Expenses					$0.00	#DIV/0!
Occupancy Expense					$0.00	#DIV/0!
Other Operating Expenses					$0.00	#DIV/0!
Indirect					$0.00	#DIV/0!
Total	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!
Total Amount & Percentage of Movement Request	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!

Request for Purchase of Food

When food costs exceed the allowable thresholds ($500 per event and cumulative cost less than $5,000 annually), requests to purchase food shall be required by completing the Request for Purchase of Food form and submitting to the MCH HAF Program Manager.

Agency Name:

MCH HAF IGA Contract Number:

A. A description of the event, including the public purpose of the meeting, the programmatic benefit of the meeting, how the benefit of the meals or refreshments exceeds the cost, and any alternatives that have been considered:

B. A description of the target audience:

C. An estimate of the number of participants and a breakout of the number of staff and the estimated number of participants:

D. A description of the meals or refreshments to be provided and the estimated cost:

E. The funding source(s) for the food:

F. A draft agenda or similar document with beginning and ending times of the meeting, and the activities planned to coincide with the meals/refreshments:

G. The name(s), title(s), contact number(s) and email address(s) of the contact for the event (if there are several individuals involved, please list all of them, along with the other information listed above):

H. This request form and the supporting documentation establish a clear purpose for the event. As the contractor, you certify that this event serves a valid public purpose and the meals, or refreshments do not violate **Article 9, Section 7**, “Gift or Loan of credit; subsides; stock
ownership; joint ownership” of the Arizona Constitution.”

County Program Manager Signature_____Date_____

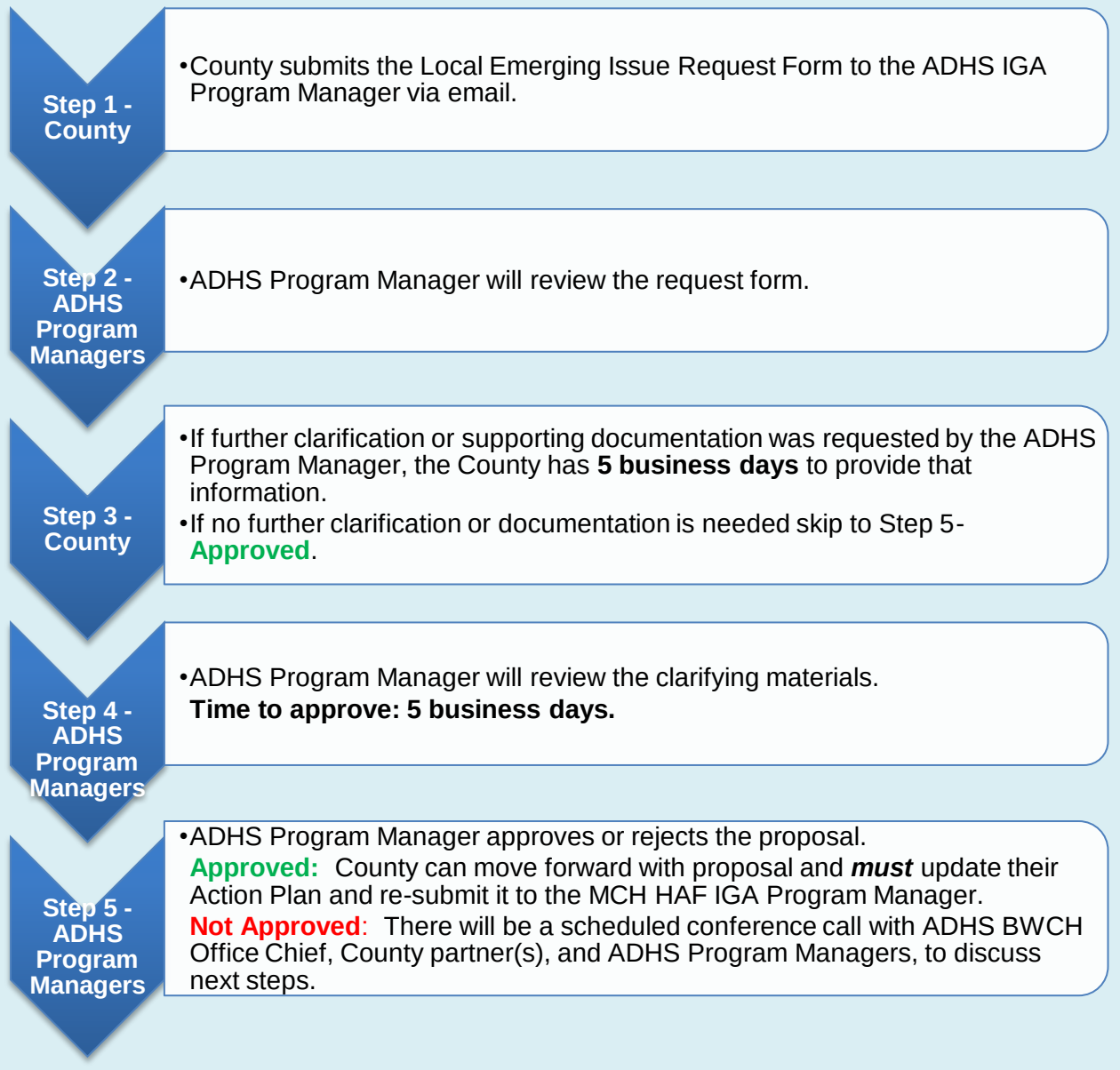
BWCH Financial Manager Signature_____Date_____

MCH HAF Signature_____Date_____

Approved_____Denied_____

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT (IGA) ATTACHMENT G EMERGING ISSUES APPROVAL PROCESS
IGA2020-038	

The local emerging issues approval process should be followed by the County partners when seeking to work on local emerging issues within the MCH HAF IGA. ADHS requires justification of the local emerging issue and the County staff can work with their designated program manager to identify potential documentation that will be acceptable.
This document was created in order to have a clear approval process in place. By following these steps, the local emerging issues' proposals will be approved in a timely manner, without delay.



Note: Time frame for ADHS approval may be outside of the 5 business days listed above based on the emerging issue, program, and funding guidelines.

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT (IGA) ATTACHMENT G EMERGING ISSUES APPROVAL PROCESS
IGA2020-038	

Please Fill in the Local Emerging Issue Request Form

Local Emerging Issue Request	**Responses**
Program Area	*Choose one:* **MCH HAF IGA:** ☐ Family Planning ☐ Maternal Child Health ☐ Children and Youth with Special Health Care Needs
Proposed Local Emerging Issue(s)/Project Title	
Staff Members Working on Project (List Names and Titles)	
Source (s) of the Projected Funds	
Time Period (Dates) That the Funds Will Be Utilized/Spent	
Proposed Funding Total	
Proposed Staff Time Spent	
Justification for Use of Funds (i.e. documentation from Health Officer on the emerging issue, County data, etc.)	
How Does This Project Connect with the MCH HAF IGAs?	
Population(s) or System(s) Impacted	
Describe How You Propose to Evaluate the Project to Show Impact/Success	
If Also Allocating Non-Personnel Resources (supplies, travel, etc.) Please Indicate That Here and Provide Funding Total and Justification for Use of Funds	
Line Item Budget is Attached (If cost sheet created please attach)	

ADHS Use Only:

Request is: ☐Approved ☐Rejected

--Insert e-Signature--

Staff Signature and Date

ARIZONA DEPARTMENT OF HEALTH SERVICES

Bureau of Women's & Children's Health

Title V

Reproductive Health/Family Planning Program

Policies and Procedures Manual

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CHAPTER 1: INTRODUCTION

1.1 Program Background and Description

The mission of the Bureau of Women's and Children's Health (BWCH) is to "strengthen the family and community by promoting and improving the health status of women, infants, and children." This is accomplished through the provision of community-based services and the facilitation of systems development. The Bureau of Women's and Children's Health administers the federal Maternal Child Health Title V Block Grant and other federally funded programs, as well as private and state supported programs.

The Bureau of Women's and Children's Health, Reproductive Health/Family Planning Program is a statewide, clinic-based, program that provides comprehensive family planning and reproductive health services to promote optimal health to Arizona's men and women. Services include education, screening, counseling, and medical and referral services that enable people to make voluntary and informed decisions. Program services are preventive health services that enhance maternal and infant health, and the emotional and social health of the individual and the family.

Reproductive health and family planning is a cost effective intervention that plays a key role in health care delivery. Clinics are often the entry point into the health care system, and may be the only source of health care for the low income, for the young, and for the underinsured and the uninsured. Program services promote responsible and healthy lifestyles by providing accurate information, education, and counseling to people regarding their reproductive health and family planning options. Program services provide individuals with the information and means to exercise personal choice in determining the number and the spacing of their children.

Research indicates that women who can plan and space their pregnancies are likely to have healthier babies. The reduction of unplanned pregnancy increases the likelihood that women will receive early and continuous prenatal care. Improved birth outcomes include a reduction of birth defects, decreases in infant mortality, and decreases in the incidence of low birth weight babies. An important social statistic indicates that children born to individuals who are prepared for them are less likely to be abused and/or neglected.

Clients receive initial or annual exams which include a choice of a family planning method, cancer and Sexually Transmitted Infection (STI) screenings. Clients also receive treatment as indicated, pregnancy testing, counseling, education, and referrals to other medical services as needed. It is vital that reproductive health and family planning services be available, accessible, and linked to other types of necessary medical, social, educational, and financial resources in communities throughout Arizona.

1.2 Authority for the Program

Arizona Revised Statutes, ARS §36-104(1)(c)(i), authorizes the Director of the Arizona Department of Health Services (ADHS) to administer community health services which are to include medical service programs for family planning.

1.3 Mission Statement

The mission of the Reproductive Health/Family Planning Program is:

A. To provide preventive health services to enhance the emotional, physical, and social health and well-being of mother's, children, and the whole family unit.

B. To enable individuals to make and implement educated personal decisions regarding the quantity and spacing of their children

C. To make reproductive health and family services available and easily accessible to all who seek such assistance

1.4 Reproductive Health/Family Planning, Maternal and Child Health Block Grant

To assure that mothers and children (in particular, those with low income or with limited access to health services) receive quality maternal and child health services, the United States Congress enacted Title V of the Social Security Act. Title V provides funds via the federal Maternal and Child Health Services Block Grant for the health promotion of mothers and children, particularly through preventive and primary care services for the low-income population. Title V also provides support for prenatal care, delivery assistance, and postpartum care for low-income mothers. Recognizing that reproductive health and family planning services are important components of maternal and child health care, the Bureau of Women's and Children's Health contributes a portion of this block grant to address various reproductive health and family planning needs.

The funding for reproductive health and family planning services administered by the Bureau of Women's and Children's Health is supported entirely by dollars received from the federal Maternal Child Health Title V Block Grant.

1.5 Other Reproductive Health/Family Planning Programs

A. Infertility Prevention Project (IPP) Referrals

Gonorrhea and chlamydia infections are considered major cause of pelvic inflammatory disease (PID), ectopic pregnancy and related infertility among women in Arizona and in the United States. ADHS Sexually Transmitted Disease Control Program (STDCP) manages the IPP component of the CDC Comprehensive STD Prevention Services (CSPS) Cooperative Agreement grant. The overall goal of the IPP is to assess and reduce the prevalence of chlamydial and gonococcal infection, and associated complications through increased education and training, targeted screening, timely, and effective treatment, effective partner referral and treatment, and dissemination of chlamydia-related information to providers and policy makers

in order to reduce infertility among women through the screening and treatment of chlamydia.

Should the contractor choose to participate in this program, the Contractor agrees to:

1. Provide universal chlamydia and gonorrhea screening for all women at Title V Health Clinics, during the first visit and annually thereafter. Prevalence requirements may change as funds for testing dictates.
2. Provide client level services including treatment, education and counseling, as well as partner elicitation and services.
3. Provide staff training in the process for collecting specimens, client education, referral, confidentiality, reporting, and requisition of laboratory supplies.
4. Provide comprehensive reports in a timely manner as dictated

Contingent upon the availability of IPP funds, ADHS' contracted laboratory will provide Contractor testing collection kits for the target population of women 25 years of age and younger at no cost. Failure to adhere to Region IX Infertility Prevention Chlamydia Clinical Guidelines may result in elimination of Chlamydia testing funds.

Contingent upon availability, IPP agrees to provide Contractor with dosages of azithromycin at no charge for treatment of Title V patients. If azithromycin is no longer available, Contractor will provide treatment at Contractor's expense or provide appropriate referrals for target population for treatment of a positive Chlamydia test result. Contractor agrees to submit the IPP Azithromycin Usage Report on a monthly basis to IPP.

B. Title X, Public Health Service Act

Congress enacted the Family Planning Service and Population Research Act, which added Title X, Population Research, and Voluntary Family Planning Programs, to the Public Health Service Act. Title X is administered by the Office of Population Affairs, a department within the U.S. Department of Health and Human Services. The regulations governing Title X are contained in the Code of Federal Regulations, (CFR), (42 CFR, Subsection A, Part 59). These regulations govern the provision of family planning services nationwide. In Arizona, The Arizona Family Health Partnership (AFHP) administers these funds and services. All clinics provide basic medical, educational, and counseling services related to contraception and pregnancy testing. These services are targeted for low-income women and men.

C. Title XIX

Title XIX of the Social Security Act funds federal Medicaid programs. Arizona's version of the Medicaid program is the Arizona Health Care Cost Containment System (AHCCCS). AHCCCS acts as the health insurer for low income Arizonans who qualify for various state and federal programs. Enrollees are entitled to receive health care benefits, including family planning services through prepaid managed care health plans. Family planning services are covered services for Title XIX enrollees, but

AHCCCS health plans may elect at the time of contract negotiations not to provide family planning services directly. In those cases, services must be made available on a fee-for-service basis through referrals to AHCCCS registered providers.

1.6 Program Goals and Objectives

A. The overall goal of the Reproductive Health/Family Planning Program is to provide comprehensive health services to promote optimal health, outcomes, and wellness for all Arizonans.

1. Related goals include:
   a. Promoting safe sexual behaviors
   b. Improving access to quality health care
   c. Improving maternal and infant health
2. The related Bureau of Women's and Children's strategic plan priority is to improve the health of women prior to pregnancy.

B. The objectives of the Reproductive Health/Family Planning Program are to:
1. Decrease the teen pregnancy rate by providing reproductive health and family planning education, counseling, medical care, and referral services to adolescents statewide
2. Ensure access to health care by providing reproductive health and family planning education, counseling, medical care, and referral services to low- income individuals living in rural and other underserved areas

By meeting these objectives, Program services aim to improve birth outcomes by reducing birth defects, decreasing infant mortality, and decreasing the incidence of low birth weight babies. These services also aim to improve the emotional and social health of the individual and the family by decreasing the stress that can be caused by an unplanned pregnancy.

1.7 The Purpose of this Manual

The purpose of this manual is to document the Reproductive Health/Family Planning policy and procedures for the Maternal and Child Health Title V Block Grant Contractors to use in development, implementation, and management of the Program. The manual is to be used to supplement terms of the contracts as indicated in the Scope of Work (SOW). Program Contractors, Department Administration, and other interested parties are to use this manual for reference and to provide more detailed information than contained in the contract. Reproductive health and family planning Contractors are required to adhere to the requirements and guidelines set forth in this manual, and are also responsible for incorporating any policy changes into their operations.

Revisions to the manual will be distributed to all Contractors at least thirty days prior to the effective date of any change, when appropriate. Contractors may consider keeping relevant correspondence and program updates as an Appendix to this document. If this reference

does not answer a question or concern, or if Contractors have suggestions for additional information that might be included in the policy manual, please contact the Reproductive Health/Family Planning Program Manager via any of the information below:

Physical Address:

Attention: Family Planning Program Manager Arizona
Department of Health Services
Bureau of Women's and Children's Health 150 N. 18th
Avenue, Suite 320
Phoenix, Arizona 85007-3242
Office Number: 602-364-3124
Preferably e-mail:alison.lucas@azdhs.gov

CHAPTER 2: GLOSSARY

1. "ACOG" means the American College of Obstetricians and Gynecologists. ACOG establishes and promotes standards for women's health care.

2. "ADHS" means the Arizona Department of Health Services. The Department is the Arizona state agency that is mandated to promote, protect and improve the health of the people of the state of Arizona. The Department is responsible for administering public health services and a variety of community health programs, including the Reproductive Health/Family Planning Program.

3. "AHCCCS" means the Arizona Health Care Cost Containment System. AHCCCS is the Arizona state agency that administers health care benefits and services for persons who are eligible for Title XIX services (Medicaid) or other low-income medical assistance programs.

4. "Annual Review" means compliance-based site visits that are conducted to ensure that services are delivered pursuant to the terms and conditions of the contract and in accordance with the Reproductive Health/Family Planning Program Policy and Procedure Manual. All Contractors will have at least one compliance-based site visit at least every two years, either virtually or in person, as circumstances dictate.

5. "Annual Visit" means an established client's yearly comprehensive well-woman preventive visit. Please click this link for updated guidelines for the annual visits: https://www.womenspreventivehealth.org/recommendations/well-woman-preventive-visits/. A client may only have one annual visit in a twelve month period.

6. "BWCH" means the Bureau of Women's and Children's Health at the Arizona Department of Health Services.

7. "CDC" means the Centers for Disease Control and Prevention, a federal public health agency. The CDC is recognized as the lead federal agency for protecting the health and safety of people in the United States and abroad, providing credible information to enhance health decisions, and promoting health through strong partnerships. The CDC serve as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of the people of the United States.

8. "Client" means an individual who receives reproductive health/family planning services through the Program.

9. "Clinic Site" means an outpatient facility, or part of a facility, devoted to diagnosis and treatment of patients.

10. "Clinical Staff" means a designated physician or nurse practitioner who is licensed and board certified in the State of Arizona who administers clinical care for the Reproductive Health/Family Planning Program.

11. "Continuous Quality Improvement" (CQI) means the combination of activities traditionally referred to as quality assurance, quality management, utilization review, and risk management. CQI encompass any and all plans, actions, and evaluation practices used to monitor and improve services and service provision.

12. "Contractor" means the organization awarded by ADHS to provide services; also known as the Grantee.

13. "DES" means the Arizona Department of Economic Security. DES is the Arizona state agency that is responsible for determining eligibility for federal assistance programs for low income persons.

14. "Encounter" means an episode of contact or single unit of service provided to an eligible reproductive health/family planning client. An initial or annual visit is an example of a client encounter. A visit for contraceptive supplies is another example of a client encounter.

15. "Family Planning" means the process by which individuals and couples exercise their ability to make personal choices in the spacing and quantity of their children.

16. "FDA" means the Food and Drug Administration. The FDA is the federal agency that promotes and protects the public health by helping safe and effective products reach the market and by monitoring products for continued safety after they are in use. The FDA reviews clinical research and takes action on the marketing of foods, human and veterinary drugs, devices intended for human use, and cosmetics.

17. "HPHC IGA" means Healthy People Healthy Communities Intergovernmental Agreement, funding Arizona County Health Departments to provide family planning services.

18. "Informed and Written Consent" means that the client has provided written consent to participate in receiving Family Planning services after having been properly educated about the medical facts and risks involved.

19. "Initial Visit" means a client's first comprehensive visit. It will normally include a physical exam, a pap smear, if indicated, and issuing of a birth control method.

20. "Infertility Prevention Program (IPP)" is a program established by the CDC and the Office of Population Affairs to reduce the incidence of sexually transmitted diseases that can lead to infertility (primarily chlamydia and gonorrhea).

21. "Logic Model" is a diagram that shows the relationship between the program components and activities and desired process and outcome objectives. It is a visual way to present and share understanding of the relationships among the resources available to implement the proposed intervention, the strategies/activities planned for implementation, and the outputs and outcomes expected. Logic Models should typically be one (1) to three (3) pages in length.

22. "Low-Income/Low-Income Family" means an individual or family meeting the official poverty guideline, as revised annually by Health and Human Services.

25. "Network" means a collection of service resources or information pathways that have been developed to assist clients in accessing appropriate information, education, medical, social, and financial services.

26. "Nurse Practitioner" means a registered nurse with a graduate degree in advanced practice nursing. She/he must be certified by the Arizona State Board of Nursing to function as a nurse practitioner in the extended role under the provisions of ARS Title 32, Chapter 15, Nursing.

27. "Outpatient Treatment Center" means a class of health care institution without inpatient beds which provides medical services for the diagnosis and treatment of persons on an outpatient basis. See ARS §36-421.01.

28. "Outreach" means any method used to provide information and education to the community regarding Reproductive Health Family Planning Program, services, benefits, etc.

29. "Preconception Health" the physical, emotional, social well-being and economic stability of a man or woman during their reproductive years, before conception.

30. "Preconception Care" the provision of education and/or services to men or women related to the impact of their physical, emotional, social well-being and economic stability on their health status prior to conception.

31. "Primary Care Physician" means a main doctor who manages most of a patient's medical issues.

32. "Program" refers to the Title V Reproductive Health/Family Planning Program as outlined in the Policy and Procedure manual.

33. "Program Manager" means the Department employee who is responsible for the implementation and oversight of the Reproductive Health/Family Planning Program. The Program Manager coordinates activities among Contractors and among Reproductive Health Team members, receives and reconciles invoices, handles budget issues, and provides technical support. The Program Manager is responsible for negotiating contracts, requesting contract amendments to be processed by the Procurement Office, conducting site visits, and monitoring Contractor compliance with the provisions of the contract.

34. "Recommended Services" are those services that are not required by contract or Program policy, but may be provided by the Contractor in order to promote the general reproductive-related health care needs of the client.

35. "Related Services" are those services which are not authorized or paid for by the Department but may be provided by the Contractor in order to meet the general health care needs of the client.

36. "Reproductive Health/Family Planning Services" means the cost effective and preventative care provided to participants designed to help promote responsible and healthy lifestyles. Family planning services may include but are not limited to education, confidential counseling, comprehensive health history, physical exams, provision and maintenance of safe and effective contraceptive methods, health screenings and follow up for breast and cervical cancer, screening, testing, and treatment of sexually transmitted diseases, pre-pregnancy counseling, pregnancy testing and counseling, infertility screening, sterilization services for men and women, intimate partner violence and reproductive life planning screening and education, and referrals to other medical or social services. Abortion is not a family planning service.

37. "Required Services" means those services which are stipulated either by law, in rules, by contract, or by Program policy which are otherwise considered essential to the provision of high quality reproductive health services.

38. "SOW" means Scope of Work, which is the area in an agreement where the work to be performed is described. The SOW should contain any milestones, reports, deliverables, and end products that are expected to be provided by the performing party.

39. "Shall" means mandatory program policy.

40. "Site Visit" means any visit to the Contractor's or Sub-contractor's business location by ADHS Reproductive Health/Family Planning Program staff or a designee, at least every two years.

41. "Title V" means Title V of the Social Security Act. At the national level the Maternal and Child Health Bureau administers Title V. The bureau is a segment of the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services. Title V funds programs that promote the health of women, infants, and children. Title V funding and services are administered in Arizona by the Arizona Department of Health Services, Bureau of Women's and Children's Health.

42. "Title X" means the National Family Planning Program created by the Public Health Service Act (P.L.910572). Title X is administered by the Office of Population Affairs, the U.S. Department of Health and Human Services. The regulations governing Title X are contained within the Code of Federal Regulations (CFR), (42 CFR, Subsection A, Part 59). In Arizona, Title X funding and services are administered by the Arizona Family Health Partnership.

43. "TITLE XIX" means Title XIX of the Social Security Act. Title XIX funds federal Medicaid programs. Arizona's version of the Medicaid program is the Arizona Health Care Cost Containment System (AHCCCS). AHCCCS acts as the health insurer for low income Arizonans who qualify for various state and federal programs.

3.1 Role of the Bureau of Women's and Children's Health

A. The Bureau of Women's and Children's Health (BWCH) administers the federal Maternal Child Health Title V Block Grant. Recognizing that reproductive health and family planning services are important components of maternal and child health care, BWCH contributes a portion of this block grant specifically to address reproductive health and family planning needs. BWCH provides the criteria, policies, funding, and requirements for developing and implementing the Reproductive Health and Family Planning Program at the community level.

B. BWCH contracts with local public and private agencies. Contractors may use a variety of strategies and/or service delivery systems to achieve program standards and desired outcomes. Within the framework of the Reproductive Health and Family Planning Program is the flexibility for Contractors to implement clinical programs and provide reproductive health services in a manner that suits the needs of their community. BWCH provides technical assistance to the Contractor, monitors contract compliance, and authorizes payment of contracted deliverable services.

C. BWCH provides two annual summits each year for Contractors, the Family Planning Nurse Summit and the Healthy People Healthy Communities Intergovernmental Agreement (HPHC IGA) Annual Fall Summit. Each Annual Summit provides comprehensive training, education, and technical assistance support on reproductive health and family related topics. Continuing education credits may be available.

3.2 Role of the Contractor in Program Management

Contractors are required to achieve and maintain certain minimum standards. Contractors must provide services of high quality and must be efficiently administered. The Contractor must develop administrative, management, and organizational systems that meet all Reproductive Health/Family Planning Program requirements. The Contractor must also have adequate staff and support services to implement the program at each clinic site. The Contractor's personnel shall meet all certification and licensure requirements. At a minimum, the following personnel are required:

A. Administrator:

The Contractor is required to have a qualified Program Administrator who is responsible and accountable for overall Program planning, implementation, and evaluation at each contracted site. The Administrator's allocation of time to this position must be sufficient to ensure that program objectives are met.

B. Clinical Staff:

The clinical care component of the program must be under the supervision and responsibility of a designated physician or nurse practitioner who is licensed and board certified in the State of Arizona. If a nurse practitioner is overseeing the Program, she or he must work collaboratively with a physician for consultation or

referral on an as-needed basis. Training or experience in reproductive health services is preferred.

C. Nursing Coordinator:
The nursing care component of the Reproductive Health/Family Planning Program must be under the supervision and responsibility of a Nursing Coordinator who is a registered nurse licensed in the State of Arizona with special training or experience in reproductive health and family planning services. The Nursing Coordinator must maintain compliance with the Arizona State Board of Nursing regulations. The Nursing Coordinator must be committed to obtaining reproductive and family health training. Please see the Family Planning National Training Center www.fpntc.org for more information.

D. Other Support Staff:
Other support staff for the Contractor may include registered nurses, licensed practical nurses, nurse's aides, health educators, nutrition counselors, family planning counselors, and other administrative personnel required to support business and clinical operations.

3.3 Contractor Oversight of Medical Management Component

All medical functions for the Contractor's Reproductive Health/Family Planning Program are performed under protocols, or standing orders approved by the designated physician or nurse practitioner. The standing orders and protocols must be in compliance with state rules and laws.

3.4 Sub-contracts

A. The Contractor must not enter into any subcontract under this contract without the advance written approval of the Arizona Department of Health Services Procurement Officer.

B. In the event that family planning services are sub-contracted, the Contractor will remain responsible for ensuring that the subcontractor provides service in accordance with all specifications within the contract and the policy and procedure manual.

C. Contractors must have a written and signed agreement with the sub-contractor.

D. Contractor must monitor the sub-contractor's performance annually and provide a written evaluation for the Bureau of Women's and Children's Health Program Manager to review during the Contractor's annual site review.

3.5 Contractor's Personnel Policy Standards

Contractors must establish and maintain written personnel policies that comply with federal and state requirements and Title VI of the Civil Rights Act. These policies shall include, but need not be limited to: staff recruitment and selection, performance evaluation, promotion,

termination, compensation, benefits, orientation to the agency and the Program, in-service training, and grievance procedures. At a minimum, Contractors must require and ensure that:

A. Personnel records are kept confidential in a secured place.

B. An organizational chart and personnel policies are available to all personnel.

C. Job descriptions (specifying training, formal education, experience, and licensure) are available for all positions, and that these are reviewed annually and updated as necessary to reflect changes in duties.

D. A performance appraisal system is in place for all employees. An evaluation and review of the job performance of all program personnel must be conducted annually, at a minimum.

E. It is the responsibility of all sub-recipients and Contractors to be aware of, and monitor their staff and volunteers to be in compliance with protection of minors receiving Family Planning services.

3.6 Staff Training and Orientation

A. Contractors must provide an orientation to all Program personnel and must include the following:
   1. Orientation on the agency, or clinical site where the employee is employed.
   2. Orientation on reproductive and family health services, federal and state Program protocols, policies and procedures. Note* This Family Planning Policy and Procedure Manual must be reviewed by ALL staff and readily available for staff if applicable.
   3. Introductory call with the ADHS Family Planning Program Manager.
   4. Overview of the HPHC IGA and how the family planning program fits within the IGA.

B. Contractors must provide for the in-service training of all Program personnel. Contractors must also develop and implement plans for promoting and offering continuing education programs as needed. Contractors are required to attend the HPHC IGA Annual Fall Summit and Family Planning Nurse Summit. Furthermore, all program personnel must participate in continuing education related to their activities, including on-the-job training, workshops, institutes, and courses

C. Documentation of attendance at in-service trainings and of having received orientation must be kept in the Program's records or the staff's personnel record. Documentation of training and orientation will be used in evaluating the scope and effectiveness of the staff training program.

3.7 Continuous Quality Improvement (CQI)

A. Contractors must develop an ongoing, systematic process to monitor and evaluate the quality, efficiency, effectiveness, and appropriateness of client service and program operations. Required CQI:

1. Resolving Client Problems

   The Contractor and its subcontractors must develop and implement a process by which clients may present grievances about the operation and management of the program and services received. When developing grievance policy and procedure the following must be included:

   a. Contractors must inform the client of the right to grieve and must assist the client with the grievance process.
   b. Client grievances must be addressed in a timely manner.
   c. Client problems and issues must be tracked to identify potential trends.
   d. Contractors must incorporate findings and feedback into a plan to identify and correct future problems.
   e. The Contractor must include in the grievance process, contact information for the Bureau of Women's and Children's Health Program Manager and cooperate in the resolution of any client problems brought to the attention of the BWCH.

2. Client Satisfaction Surveys

   Contractors must develop a client satisfaction survey to facilitate client input into clinic operations and services. Survey results must be considered when identifying areas for improvement.

3. Medical Record Review

   Medical records should be reviewed periodically for accuracy, completeness, quality of care, and compliance with policy and contract obligations. Examples include but should not be limited to:

   a. Counseling and education provided to the client
   b. Client receives and is assisted as needed with referrals for services that are not provided by the clinic
   c. Notification and follow up of abnormal lab results
   d. Follow up by staff of client self-reported risk factors
   e. Informed consent
   f. Medical record documentation is signed and dated
   g. Staff certifications and licenses are current
   h. Staff has been fingerprinted as required by law

B. Recommended CQI

1. Monitoring Service Availability and Accessibility:
   a. Determine the time interval between the request for an appointment and the date the appointment is scheduled.
   b. Determine the time interval between the client's scheduled appointment and the time the client sees the care provider.
   c. Determine if there are any clients with unmet needs.

2. Timeliness of Deliverables
   Contractors should monitor the performance reports, CERs, and the annual reports for accuracy and for timely submission to the ADHS FP Program Manager.
3. Monitoring Referral Networks
   Contractors should periodically evaluate the accessibility, availability, and quality of service provided by the outside agencies, providers, and organizations to which they are referring clients.
4. CQI projects can be initiated by the County Contractors or started by ADHS.

3.8 Internal Policy and Procedure for Reproductive Health/Family Planning

A. Contractors must maintain an internal policy and procedure manual to be used to provide staff with guidelines for client care and Program management.

B. When developing policy, procedure, and protocols the Contractor must consider the contract requirements as further detailed in this manual. The internal manual should include but not limit policy to:

1. Management and administrative functions as detailed in Chapter 3 of this manual
2. All required services as detailed in Chapter 4 of this manual
3. Any recommended services detailed in Chapter 4 that are adopted by the Contractor
4. Monthly reporting
5. Monthly billing
6. Reporting physical, sexual, emotional abuse, and neglect to the protective agencies
7. Procedure for management of on-site medical emergencies

3.9 Clinic Facility Standards

A. Clinic sites and client care facilities for the Reproductive Health/Family Planning Program shall be licensed by the ADHS as Outpatient Treatment Centers.

B. Facilities must meet applicable federal, state, and local government standards, i.e.: fire codes, building codes, Occupational Safety and Health Administration (OSHA) requirements, Clinical Laboratory Improvement Amendments (CLIA) Licensure, etc.

C. Facilities must meet the accessibility standards as established by the American's with Disabilities Act (ADA). The current ADA recommendations can be found here: https://www.ada.gov/2010_regs.htm.

3.10 Availability and Accessibility of Clinic Services

A. Reproductive health and family planning facilities and services must be geographically accessible to the population served and should be available at times that are convenient to persons seeking services.

B. Facilities should be adequate to provide the required services and should be designed for the comfort and privacy for clients.

C. Facilities must have a written plan and procedure for management of emergencies.

3.11 Program Eligibility

A. Income Eligibility:

1. Reproductive health and family planning services are to be provided to persons from low income households as the highest priority.
2. Low income for the purpose of this Program is defined as at or below 150% of the Federal Poverty Level (FPL). The FPL is determined by the Office of Management and Budget and is revised annually. Contractors must maintain and use current information regarding the FPL. The current information for the FPL can be found here: https://aspe.hhs.gov/poverty-guidelines.
3. A client's self-declaration of income may be considered sufficient to receive services.
4. Eligibility for minors seeking services shall be based on the financial resources of the minor.
5. Client income must be reevaluated annually.
6. Clients at or below 150% FPL shall receive services free of charge. Voluntary donations from clients are permissible within the following guidelines:
    a. Clients must not be pressured to make donations
    b. The amount of the donation cannot be specified
    c. Those not donating cannot be refused service
    d. Those not donating must not be subjected to any variation in services
7. Clients who are above 150% of FPL can be provided services on a sliding fee scale within the following guidelines:
    a. The scale must be adjusted to reflect income and family size
    b. The scale must be posted in a visible public place
    c. Clients who do not pay the sliding scale rate must not be subjected to any variation in quality of services

B. Program services are to be provided to clients who are reproductive; i.e., not to clients who are post-menopausal, have had a hysterectomy, and/or who have been sterilized.

C. Program services are to be provided without the imposition of any duration residency requirement.

3.12 Nondiscrimination

Contractors must provide program services without regard to religion, race, color, national origin, creed, disability, gender, sexual orientation, and number of pregnancies, marital status, age, ability to pay, and contraceptive preference.

3.13 Voluntary Participation

A. Use of program services by any individual must be solely on a voluntary basis. Individuals must not be coerced to accept services or to use any particular method of family planning. Acceptance of reproductive health services must not be a prerequisite to eligibility for or receipt of any other service or assistance from or participation in any other programs.

B. Program personnel should be informed that it is an illegal action to coerce or attempt to coerce any person to undergo a sterilization procedure or an abortion procedure, (Arizona Revised Statutes, Section 36-2153).

3.14 Confidentiality

Every Contractor must assure client confidentiality and provide safeguards for individuals against the invasion of personal privacy as required by Arizona Revised Statute (ARS) and by Public Law 104-191, the Health Insurance Portability and Accountability Act (HIPAA).

A. All information obtained and records prepared in the course of providing service to clients shall be considered to be confidential information. No information obtained by the provider's staff about individuals receiving services may be disclosed without the client's written consent, except as required by law. The client's statement of written consent must be included in the client's medical record. Information may otherwise be disclosed only in summary, statistical, or other form that does not identify the individual.

B. Clients transferring care to other providers may be provided with a copy of their medical record to expedite continuity of care.

3.15 Client Medical Records

A. Contractors must establish a medical record for every client who obtains clinical services.

B. Clinic staff members are required to document all pertinent information about client interaction.

C. Entries in the medical record are to reflect professional, nonjudgmental statements of fact. Records must be legible, dated, and are to be signed in ink with the initial and last name of the clinician providing the service. Records must be complete, accurate, and follow standard practice for medical record documentation.

D. Medical records must contain the following information:
   1. Personal identifying information about the client
   2. Medical history, physical examination, laboratory tests, results, and follow-up, diagnosis, orders, allergies
   3. Treatment and instructions
   4. Informed and written consent
   5. Documentation of telephone contact of a clinical nature
   6. Documentation of attempts to contact client
   7. Refusal of service
   8. Documentation of counseling, referrals, and education; both written and verbal provided
   9. Financial information
   10. Procedures

E. Clients must be informed that a medical record will be maintained and that this information is confidential information to be divulged only upon their written permission, or as otherwise required by law.

F. Clients shall have access to their own medical record at all times, and shall have the right to correct any inaccurate information included in the records.

G. Clients will have signed an informed consent statement prior to receiving reproductive health services.

H. The Contractor is responsible for maintaining the client's case file record in a confidential manner, and ensuring that information contained in the records is released only to authorized parties.

I. The BWCH Program Manager may have access to client records without client consent in order to conduct necessary evaluations or programmatic review. The client's case file record is not available to other governmental agencies, except for the Auditor General, without specific prior written consent by the client for the release of information in the client record.

J. The Contractor shall store and maintain client records in a safe, secure location. Except for non-identifiable demographic characteristics, records shall be destroyed six (6) years after the client's last participation in the Reproductive Health/Family Planning Program. Minors' records must be maintained until the age of majority plus three (3) years.

To learn more about how to handle HIPAA Related client records, please review the Custom Records Retention Schedule Issued to: All State and Local Agencies Administrative and Management Records document, page 12, Record Series Number

10283 here: https://azlibrary.gov/sites/default/files/arm-all-general- schedules_2019-12-16.pdf.

For more information on Permanent and Historical records, please see here: https://azlibrary.gov/sites/default/files/arm_permanent_and_historical_records_20 19.pdf.

3.16 Informed Consent

A. A written, signed, informed consent statement must be received from the client prior to receiving family planning services or medical treatment. This statement documents the client's voluntary consent to receive program services.

B. The form must be written in the primary language of the client or witnessed by an interpreter the client knows and/or trusts. The form must cover all procedures and medications to be provided.

C. To give informed consent for contraception, the client must receive education about the benefits, risks and limitations of the various contraceptive alternatives, and details on the safety, effectiveness, potential side effects, complications, discontinuation issues, and danger signs of the contraceptive methods of choice.
The consent statement shall include at least the following:

1. A clear description of the services or procedures to be performed, including medical treatments and interventions, counseling, or other client contact
2. The right of the client to terminate treatment or refuse services at any time
3. Any responsibilities of the client
4. Any other information that is necessary to convey to the client a clear understanding of the Program
5. All consent forms must contain a statement that the client has been counseled, has read the appropriate informational material, and has understood the content of both. The signed informed consent must be a part of the client's record
6. The form must be renewed and updated when there is a major change in the client's health status or a change to a different prescriptive contraceptive method

3.17 Program Promotion

A. Contractors must establish and implement planned activities whereby family planning services are made known to the community.

B. In planning for Program promotion, providers should review and utilize a range of strategies to gain community acceptance. Program promotion activities should be updated periodically and be responsive to the needs of the community.

C. Contractors must develop written material for distribution to clients, the community, and to other agencies and organizations. When developing materials, the Contractor must follow the guidelines below:

1. Materials must be medically accurate and culturally suitable for the population and community to which they are being distributed.
2. Program materials must be printed in a size and type style that is easy to read.
3. The materials must be language and literacy level appropriate.
4. All marketing, or education materials shall bear the following "Funded in part by the Bureau of Women's and Children's Health, Arizona Department of Health Services as made available through the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau, Title V Maternal and Child Health Services Block Grant Program."
5. All written materials should be reviewed periodically to be certain that the information remains timely, correct, inclusive, and medically accurate.

3.18 Community Education

A. To enhance understanding of the objectives of the Program and to make known the availability of services to potential clients, Contractors must provide education to the community about the Reproductive Health/Family Planning Program services.

B. Community education should be directed toward identifying local agencies and organizations that are likely to serve significant numbers of individuals in need of family planning care. Programs should offer in-service training sessions for the staff of these agencies and organizations in order to help them provide better counsel and to offer reference options to potential clients.

C. Education directed toward the general community should employ a variety of approaches. Education must be designed to meet the educational, cultural, and language needs of the community to be served.

3.19 Establishing Referral and Communication Networks

A. Contractors must develop a comprehensive listing of available local resources to assist clients with obtaining services not provided by the Reproductive Health/Family Planning Program.

B. The resource information should be reviewed and updated periodically to ensure continued availability, accessibility, and quality of the services recommended to clients.

C. In circumstances where resources or necessary services do not exist within the local community, Contractors will provide the client with information to obtain access to equivalent services in another community.

D. The Contractor must network with those agencies and organizations most frequently used as referrals for clients. An established informal network helps to ensure acceptance of the client for services and can provide a smoother transition for the client. Networking also helps to ensure that the client did receive the services as referred or recommended.

E. The Contractor is encouraged to develop a community based Reproductive Health and Family Planning Advisory Committee to aid in the identification of communities' reproductive health needs and resources, and to help develop strategies to meet the needs.

F. The Contractor shall make uninsured clients aware of the possibility of coverage through the Arizona Health Care Cost Containment System (AHCCCS) and shall provide referrals to AHCCCS as appropriate.

3.20 Developing Partnerships and Establishing Collaborative Efforts

A. To avoid duplication of effort and to maximize resources, Contractors must develop partnerships, or collaborate with existing agencies providing family planning services in their local communities.

B. Contractors will be familiar with the AHCCCS eligibility criteria and refer clients who meet those criteria to an AHCCCS provider to receive services. If the Contractor identifies that a number of individuals seeking services at their clinic are eligible for AHCCCS, the Contractor will consider becoming an AHCCCS provider to maximize the state resources to serve all populations in need of services.

4.1 Required Services

A. Contractors must provide clinical, informational, educational, social, and referral services to Program clients who want such services.

B. Contractors must offer a broad range of acceptable and effective medically approved family planning methods and services either on site or by referral. Programs should make all methods of contraception approved by the Federal Food and Drug Administration (FDA) available to all clients.

C. Contractors must provide the following services as part of initial and annual exams, and at other times as deemed medically appropriate:

1. Client Education/Counseling
2. Physical Assessment
3. Laboratory Testing, as medically indicated
4. Fertility Regulation
5. Infertility Services Referral
6. Pregnancy Diagnosis and Counseling
7. Adolescent Services
8. Sexually Transmitted Infection Screening/Assessment, as medically indicated
9. Referral and Follow-up
10. Screening for intimate partner violence (IPV) and reproductive coercion
11. Education on Preconception Health and Reproductive Life Planning

4.2 History

A. A comprehensive personal, medical, and social history must be obtained on all clients at the initial medical visit and must be updated at subsequent visits.

B. The medical history must address but not be limited to the following areas:

1. Allergies
2. Immunizations, including rubella and TDAP
3. Current use of prescription and over-the-counter medications
4. Chronic and acute medical conditions
5. Significant hospitalization
6. Surgeries
7. Review of systems
8. Extent of use of tobacco, alcohol and other drugs
9. Genetic conditions or disorders that affect the client or her family
10. Pertinent medical history of immediate family members
11. Partner history, including:
    a. Injectable drug use

b. Multiple partners
c. Risk history for STI's and HIV
d. Bisexuality

C. History of reproductive function must include but not be limited to the following:
1. Menstrual history
2. Sexual history
3. Obstetrical history
4. Gynecological conditions
5. Sexually transmitted infections (Chlamydia, Gonorrhea, and Syphilis)
6. HIV
7. Pap smear history (date of last pap, any abnormal pap, treatment)
8. Contraceptive use, past and present, and any adverse reactions
9. Pregnancies
10. Genetic risk assessment

4.3 Client Education/Counseling

A. Contractors must provide clients with education needed to make informed decisions about family planning choices. Contractors must provide this information both orally and in writing. Furthermore, client education must be appropriate to the client's age, level of knowledge, language, and culture. Any instruction and other client education offered or provided must be documented in the client's medical record.

Contractors must also provide education to assist clients in reaching informed decisions regarding the choice and continued use of contraceptive methods. Education is designed to help clients resolve uncertainty, ambivalence, and anxiety in relation to their reproductive health. Education should be provided in a private environment in which the client feels comfortable and in a manner that protects the dignity of the individual. Documentation of all education provided, must be included in the client's medical record.

B. Client education must include but not be limited to the information needed to:
1. Make informed decisions about care
2. Choose specific methods of contraception
3. Perform breast self-exam
4. Reduce the risk of infection or transmission of STIs and HIV
5. Understand intimate partner violence and reproductive coercion
6. Understand the procedures involved in the clinic visit
7. Understand the services offered at the clinic

C. Clients must also be offered the following information/education, as appropriate:
1. Achieving optimal preconception/inter-conception health
2. Basic female and male reproductive anatomy
3. Benefits of Folic Acid

4. Fertility regulation referral
5. Developing an individualized reproductive life plan
6. Health promotion/disease prevention
7. MMR & TDAP information and/or referrals
8. Exercise
9. Nutrition
10. Smoking cessation
11. Alcohol and drug abuse
12. Sexual abuse

D. Persons who provide education must be knowledgeable, objective, non-judgmental, culturally aware, and sensitive to the rights and differences of clients as individuals. The counselor's knowledge must be sufficient to provide information regarding the risks, benefits, limitations, contraindications, and effective use of any method, procedure, treatment, or option being considered by the client.

E. Pre-examination counseling must be provided to clients to explain the Program, clinical procedures, eligibility requirements, and to allow the client the opportunity to ask questions, express concerns, etc.

F. Post-examination counseling should be provided to assure that the client:
1. Knows results of the physical examination and laboratory studies
2. Knows how to use and is comfortable with the contraceptive method selected and prescribed
3. Knows the common side effects and possible complications of the method selected and what to do if complications occur
4. Knows how to discontinue the contraceptive method and has information regarding a backup method
5. Receives appropriate referrals for additional services as needed
6. Knows an emergency 24-hour number and a location where emergency services can be obtained
7. Knows when to schedule a return visit

G. Sexually Transmitted Disease and HIV Counseling:
1. Contractors must provide clients with thorough and medically accurate counseling on STI's, HIV infection, and AIDS. Contractors must also offer information on risk and infection prevention, and referral services.

H. Other Counseling:
1. Clients should receive special counseling regarding future planned pregnancies, assistance with current pregnancy, and other individual concerns as indicated i.e. substance use and abuse, sexual abuse, sexual concerns, domestic violence, nutrition, etc. Preconception counseling and a reproductive life plan must also be provided.

2. Referral systems should be in place for those who require genetic counseling and evaluation.
3. Contractors should counsel clients about health promotion and disease prevention and make referrals as appropriate.

4.4 Physical Assessment

A. Clients must have a general physical examination at each initial and annual medical visit. The physical examination must include but not be limited to the following:
   1. Height
   2. Weight
   3. Blood pressure
   4. Thyroid
   5. Heart
   6. Lungs
   7. Extremities
   8. Breast
   9. Abdomen
   10. Pap smear as medically indicated

B. A client's refusal or deferral of a service, including the reason for refusal and/or deferral must be documented in the client's medical record.

C. Clients who decline or defer a service must be counseled regarding any possible health risks associated with declining and/or deferring the screening test or procedure. Counseling regarding any associated risk must be documented in the client's medical record.

D. Physical examinations and laboratory testing should not be deferred beyond 3 months after the client's visit unless in the clinician's judgment there is a compelling reason to extend the deferral. All deferrals and the reason for the deferral must be documented in the client's medical record.

E. Revisit schedules must be individualized, based upon the client's need for education, counseling, and medical care. Younger clients and clients initiating a new contraceptive method may need to be scheduled for a revisit to reinforce proper use, check for side effects, and to provide additional information or clarification.

4.5 Laboratory Testing

A. The following laboratory procedures must be provided as medically indicated for all clients at the initial and annual visit:
   1. Hemoglobin (Hgb) or Hematocrit (Hct), as indicated
   2. Pap smear/Guidelines:

First	Age 21, regardless of the age or onset of sexual activity

Pap Smear	Should be avoided before age 21
Until Age 30	Screen every 3 years instead of annually, using either the standard pap or liquid-based cytology
Ages 30 – 65	Contractors are required to follow the American College of Obstetricians and Gynecologists (ACOG) Clinical Guidance, found here:https://www.acog.org/Clinical-Guidance-and-Publications/Search-Clinical-Guidance?IsMobileSet=false
Note: Contractors are required to follow the ACOG Clinical Guidelines for women who have a history of cervical cancer, are infected with HIV, have a weakened immune system, or who were exposed to diethylstilbestrol (DES) before birth.	

3. Pregnancy testing
4. Wet mounts, as indicated
5. Urine Dip Stick/ Urinalysis
6. Syphilis serology, as indicated
7. Gonorrhea and Chlamydia tests
8. HIV testing, as medically indicated or upon client request
9. Other procedures and laboratory testing may be indicated for some clients and may be provided on-site or by referral

B. Laboratory procedures or services that cannot be performed on site must be made available through a referral when indicated.

C. Contractors must assure that laboratory tests performed by or for the clinic are of high quality. The Contractor must assess the credentials of the laboratories with which it contracts. Laboratories must be CLIA certified. If laboratory testing is performed on-site, written protocols for quality control and proficiency testing are necessary.

D. The Contractor must establish a procedure for timely client notification and adequate follow up of all abnormal laboratory results.
   1. The procedure must respect the client's request to maintain confidentiality
   2. When initial contact of the client is not successful, a reasonable further effort must be made to notify the client, this shall consist of at least three attempts, the means having been discussed during the visit.

E. A client who has had a negative Pap smear done at another facility within 6 months of the visit and has written test results, may have these procedures waived during the initial/annual visit.

F. Annual history updates, exams, and laboratory tests are required for all clients.

4.6 Fertility Regulation Referral

A. Contractors must make available through referral, all of the FDA approved methods of reversible contraception.
   1. Reversible Contraception:
      a. Non-hormonal Methods
      b. Hormonal Methods
      c. Long-Term Contraception
      d. Emergency Contraception
   2. Permanent Contraception Referral:
      a. Clients who request information regarding sterilization procedures must be counseled with regard to the permanence, risks, and benefits of this procedure.
      b. Contractors should be aware of federal sterilization regulations, (42 CFR Part 50, Subpart B). More information can be found here: https://www.hhs.gov/opa/sites/default/files/42-cfr-50-c_0.pdf.

B. More than one method of contraception can be used simultaneously by a client and may be indicated to minimize risk of STI, HIV, and pregnancy.

4.7 Infertility Services Referral

A. Providers are required to make basic (level 1) infertility services available to clients who request such service. Level I service includes initial infertility interview, education, physical examination, appropriate laboratory testing, counseling, and appropriate referral.

4.8 Pregnancy Screening, Counseling, and Referrals

A. Programs must provide pregnancy diagnosis and counseling to all clients in need or requesting this service. Pregnancy testing is one of the most frequent reasons for the initial visit to the family planning facility, particularly by adolescents. It is therefore important to use this occasion as an entry point for providing education and counseling about family planning.

B. Pregnancy screening consists of:
   1. Pregnancy History
   2. Pregnancy test
   3. Referrals to supportive programs

C. Programs providing pregnancy testing on-site should have available at least one test of high specificity. For those clients with positive pregnancy tests results who elect to

continue the pregnancy, the examination may be deferred, but should be performed within 30 days.

D. For clients with a negative pregnancy diagnosis and abnormal menstrual history, the cause of the abnormal menstruation should be investigated.

E. Pregnant women planning to carry their pregnancy to term must be offered information and education regarding their pregnancy. Clients must be given information about good health practices during early pregnancy, especially those practices that serve to protect the fetus during the first three months, and referral for prenatal care.

F. Women requesting information on options for the management of an unintended pregnancy must be given non-directive counseling on alternative courses of action and referral upon request.

H. Clients who are found to be not pregnant must be offered information about the availability of contraceptive, or infertility services, depending on the client's wishes. Anticipatory guidance regarding good health practices prior to pregnancy, including avoidance of teratogens should also be provided.

4.9 Adolescent Services

A. Contractors must offer age appropriate information and skilled services to adolescents.

B. Contractors must take steps to assure the adolescent that all information learned during any encounter is confidential information and that every effort will be made to ensure privacy in any encounter or any necessary follow-up contact. (See G. below regarding Duty to Report)

C. Adolescent clients require skilled counseling and detailed information. Program staff should have a comprehensive understanding of the following:

a. Adolescent growth and development
b. Psychosocial growth and development
c. Nutritional needs
d. Risk and resiliency factors
e. Communication skills

D. When providing services to adolescents Contractors must:

a. Inform the adolescent about all methods of contraception
b. Make every attempt to schedule appointments for them on short notice
c. Encourage the young person to participate in the full range of medical services
d. Evaluate the adolescents understanding about the contraceptive method selected

e. Inquire about symptoms and exposure to STI's
f. Encourage examination and treatment either directly or by referral to those at risk for STI's

E. It should not be assumed that all adolescents are sexually active. Many teenagers are seeking assistance in reaching this decision. Abstinence as an option should be discussed.

F. Contractors do not need the consent of parent or guardian for provision of service to minors. Therefore, Contractors must not notify the parent or guardian before or after an adolescent has requested and/or received service. Staff should encourage young clients to involve a parent or guardian in their family planning decisions. Discussion of encouraging family involvement should be documented in the client's medical record.

G. Contractors must be knowledgeable regarding Department of Child Safety (DCS) reporting laws e.g. ARS § 13-3620, "Duty to report abuse, physical injury, neglect and denial or deprivation of medical or surgical care or nourishment of minors…" Contractors are advised to consult with their legal counsel regarding any clarification they may need regarding this and other related statutes. Adolescents seeking services who the staff member believes may meet DCS reporting requirements must be advised prior to any service provision that they will not be refused service but due to their particular circumstance, a report to DCS will need to be filed.

G. Fees for minors seeking services must be based on the income of the minor.

4.10 Sexually Transmitted Infection Screening

A. Contractors must have a process for identification of high-risk behavior for STIs and HIV/AIDS.

B. Appropriate education and preventive measures must be provided to discourage continuation of risk behaviors and to help prevent the client from contracting or spreading an infection.

C. The Contractor must offer Gonorrhea, Syphilis, Chlamydia, and HIV screening for clients and their partners with probable or definite exposure, signs, and symptoms suggesting an infection. The client may also request screening.

D. The Contractor must offer at risk clients either treatment or referral for treatment for clients and partners testing positive for an STI and/or HIV.

E. Contractors must establish a procedure for timely client notification and adequate follow up of all positive results:
a. The procedure must respect the client's request to maintain confidentiality.

b. When initial contact of the client is not successful, a reasonable further effort must be made to notify the client; this shall consist of at least three attempts, one of which is a certified letter.

F. The Contractor must comply with Arizona Administrative Code, Article 2, R9-6-202, Communicable Disease and Infestation Reporting, and any other local reporting requirements.

4.11 Referral and Follow-up

A. Contractors must assure that clients requiring services indicated to be medically necessary but beyond the scope of the Contractor, are referred to other providers for care.

B. Contractors must establish and maintain a comprehensive and current list of available quality health care providers and community resources.

C. The Contractor must assure that:
1. The client is able to follow through with contacting the referred provider; if the client is unable to follow through independently, the Contractor must offer assistance or find support for the client
2. Arrangements are made for the provision of pertinent information regarding client care and services to the referral provider with the prior written consent of the client
3. The client's confidentiality and privacy are always maintained
4. The client is advised of the importance of complying with the referral
5. The client is advised of their responsibility in complying with the referral

D. The Contractor must, whenever possible, give clients a choice of providers from whom to select.

E. The Contractor must have a procedure to prioritize referrals and follow-up. For example:
1. Referrals considered by the clinician to be emergencies should be made immediately
2. Referrals considered by the clinician to be urgent should be followed up with the client within two weeks
3. Referrals considered by the clinician to be important and necessary but not urgent, may be followed up at the discretion of the provider but prior to the next clinic visit
4. Referral requests made by the client and not considered to be urgent or of immediate need may be followed up with the client at the next clinic visit

4.12 Recommended Services

A. Minor Gynecologic Problems:

Contractors may provide for the diagnosis and treatment of minor gynecologic problems so as to avoid fragmentation of services or lack of medical care for clients with these conditions. Problems such as vaginitis or urinary tract infection may be amenable to on-the-spot diagnosis and treatment. More complex procedures may be offered providing the clinician has had the necessary training and has demonstrated proficiency.

B. Genetic Screening and Referral:

Contractors may provide basic counseling to clients who are at risk for transmission of genetic abnormalities. More complete genetic screening and counseling may be offered by referral to a comprehensive genetic service program. If feasible, training in genetics should be arranged to enable Program staff to provide simple genetic screening.

C. Health Promotion and Disease Prevention:

For many clients the family planning program services are their only continuing source of health information and medical care. The Contractor may whenever possible, provide health maintenance services such as screening, immunization, and general health education and counseling directed toward health promotion and disease prevention. These additional services enhance the client's general state of health, and in turn, the health of their families and children. Programs are therefore encouraged to assess the health problems prevalent among the populations they serve, and to develop services or referral mechanisms to address them.

D. Preconception Education and Reproductive Life Planning:

Couples and prospective mothers may receive preconception education from the Contractor to obtain an overview of the responsibilities of pregnancy and parenting. Preconception health helps women think about how their behaviors, lifestyles, and medical conditions affect their ability to live healthy lives and to have healthy children. It gives women the opportunity to be assessed for risks, to be counseled about healthy living and to be offered treatment if needed. The education may include but not be limited to:

1. Fertility awareness/menstrual cycle
2. A review of family genetic history
3. Immunizations (MMR & TDAP)
4. Spacing of children
5. Nutritional needs, including folic acid supplements
6. Effects of medications on maternal health and pregnancy
7. Current contraceptive method, when to stop using it, and the waiting to conceive timeframe
8. Substance use and abuse

E. Intimate Partner Violence and Reproductive Coercion:

Definitions:

a. Birth Control Sabotage: Active interference with contraceptive methods (flushing pills, poking holes in condoms, refusing to wear condoms).
b. Pregnancy Coercion: Threats or acts of violence if the partner does not comply with the perpetrator's wishes to continue or terminate a pregnancy.

Intimate partner violence and coercion have long been linked to negative health outcomes. In 2011, the National Academy of Medicine formerly named the Institute of Medicine, recommended screening patients for current and past domestic and sexual violence as part of basic preventative care.

The Bureau of Women's and Children's Health (BWCH) recognizes the negative impact of domestic and sexual abuse on reproductive health, and funded a program to assist communities in addressing it through Futures Without Violence (formerly the Family Violence Prevention Fund): https://www.futureswithoutviolence.org/. Future Without Violence, along with ACOG created a comprehensive document with guidelines on how to handle intimate partner violence.

In a nationally competitive application process, Arizona was selected to receive funding to implement a statewide public health initiative. Since the spring of 2010, Project Connect Arizona has trained over 300 health care providers on the links between abuse and reproductive health and has worked diligently to make positive changes in policies and procedures related to screening and response to abuse. Please see more on Project Connect Arizona here: https://vsuw.org/what-we- do/fight-for-families/project-connect. Health care providers are in a unique position to assist victims of domestic and sexual violence by providing validation, education, and resources. This simple process can be easily integrated into reproductive health appointments.

Domestic violence and reproductive coercion screening should include, at a minimum, three questions from the following sample screening questions:

1. Has your partner ever messed with your birth control or tried to get you pregnant when you didn't want to be?
2. Does your partner refuse to use condoms when you ask?
3. Has he/she ever tried to force or pressure you to become pregnant when you didn't want to be?
4. Are you afraid your partner will hurt you if you tell him/her you have an STI and he/she needs to be treated?
5. Do you feel controlled or isolated by your partner?
6. Do you feel safe in your current relationship?

4.13 Excluded Services

Programs funded by Title V may not provide abortion services to clients as a method of family planning.

CHAPTER 5: MONTHLY, QUARTERLY AND ANNUAL REPORTS

5.1 Monthly Reports

The contractor must submit a monthly Family Planning Database Report in a format approved by the Bureau of Women's and Children's Health (BWCH).

5.2 Monthly Report Requirements

A. Contractors must have procedures in place to review the completeness, accuracy, integrity, and timely submission of the information required on the Monthly Family Planning Database Report.

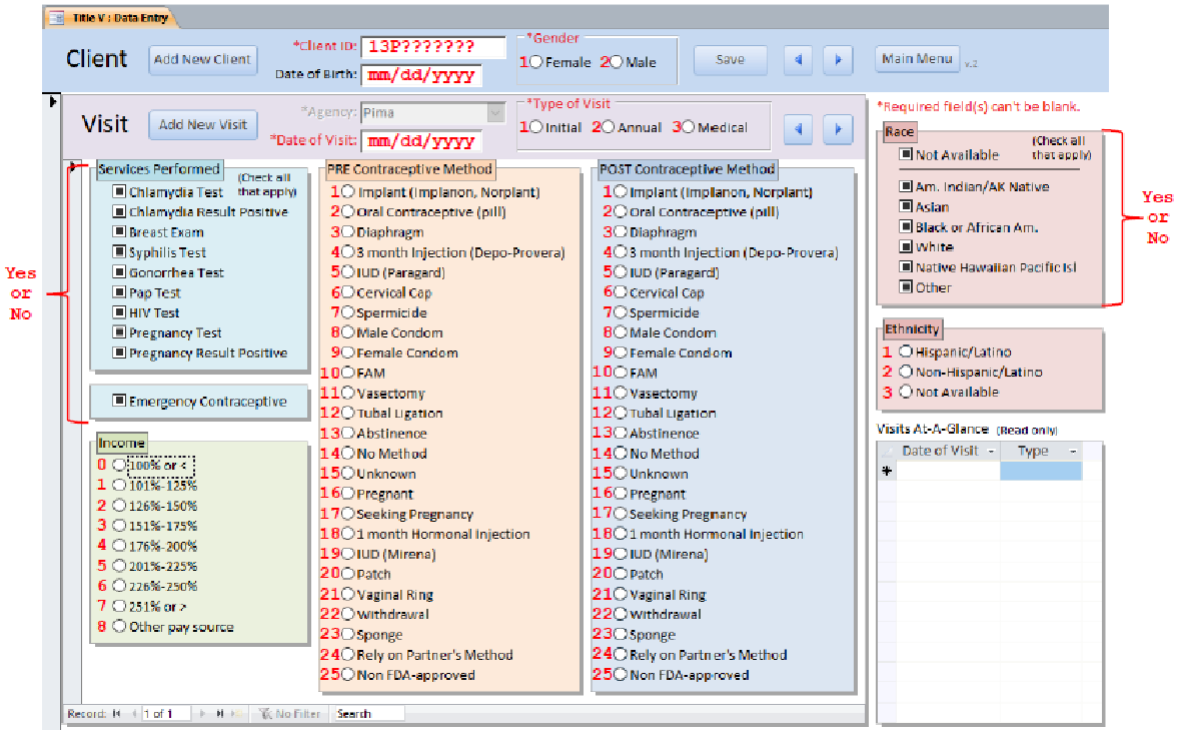
B. Under the HPHC IGA, the Family Planning Contractor's Expenditure Reports (CERs) are due quarterly to the ADHS Family Planning Program manager.

C. Beginning in March 2020, along with submitting the quarterly reports and CERS, Contractors are to also submit the following supporting documents: Certificates of Completion for training and conferences, and conference registration receipts. The ADHS Family Planning Program Manager will access the Family Planning database to verify the services provided are reflective of the narrative in the quarterly reports and document in the ADHS Program Procedure Tool

5.3 Monthly Performance Report Instructions

The Monthly Performance Report form is to be used to document encounters occurring during the calendar month. Documentation will be based on each individual client versus aggregate data. Here is what the Client and Visit key looks like:

Client and Visit – KEY



This document is provided to each Contractor, along with an Excel database document for the data to be listed.

A. Contractor will populate the 3 fields in the header with:
   1. Name of contractor
   2. Month reporting
   3. Date submitted to ADHS Family Planning Program Manager

B. Complete the form as follows for each qualifying Title V funded client:
Client ID number. (Column 1) This is an identification number assigned by the Contractor. No two clients may have the same client identification number. Client ID numbers must not exceed nine characters.

C. Date of visit. (Column 2) Must be recorded as mm/dd/yyyy.

D. Date of birth. (Column 3) Must be recorded as mm/dd/yyyy.

E. Age. (Column 4) This column will self-populate with correct date of visit and date of birth.

F. Type of visit. (Columns 5-7) Visit type #3 Medical captures all visits excluding initial follow-up, complaints, re-pap and/or follow ups, etc. Initial and annual visits will be unduplicated.

G. Gender. (Column 8) Determined by observation or medical records.

H. Race. (Columns 9-13) Based on Federal requirements; race is different than ethnicity.

I. Ethnicity. (Columns 14-15) Ethnicity should be provided through client self- declaration not through observation.

J. Income. (Columns 16-24) Record client's income, following the Federal Poverty Guidelines; update the income as necessary. Family size and monthly income are used to determine eligibility requirements for the Federal Poverty Level (FPL). The FPL is determined by the Federal Office of Management and Budget (OMB) and is revised annually. Contractors must stay current with OMB information regarding the FPL. The FPL was discussed earlier in this manual and the OMG website was provided.

When determining the client's income, the Contractor must:

a. Determine the family size, which is the number of people in the client's household, including spouse, and any other dependents. If the client is less than 18 years of age, do not include parents or siblings. Include only the teen and any children the teen reports
b. If the client is single use the total gross monthly household income (before taxes)
c. If the client is married, use the amount of gross income (before taxes), including any spousal income
d. If the client is a teen, include only the teen's income, not the parent's income
e. If income varies, or is seasonal, use an average of the annual income, i.e., annual income divided by 12 months

K. Services Provided. (Columns 25-33) Select all tests performed and record all positive results.

L. Emergency Contraception. (Column 34)

M. Pre Visit Contraceptive Method: (Columns 35-36) The method a client is using the majority of time prior to the visit. Post Visit Contraceptive Method: The method the client intends to use after the visit. Record both methods when possible using the contraceptive method coding numbers 1 – 26.

5.4 Quarterly Expenditure Report

Per the HPHC IGA, the Contractor shall submit a Quarterly Expenditure Report in a format approved by the Bureau of Women's and Children's Health (BWCH).

5.5 Quarterly Expenditure Report Requirements

A. The Quarterly Expenditure Report shall accurately reflect the Contractor's expenditures for each quarter (every three months). For the HPHC IGA, the quarters are: July-September, October-December, January-March, and April-June.

B. The Quarterly Expenditure Report must be submitted to the Program Manager by the 30th of October, January, April, and July.

5.6 Contractor's Quarterly Expenditure Report Instructions

A. The Quarterly Expenditure Report form is to be used to document expenditures for Title V Reproductive Health/Family Planning funds only.

B. Complete the form as follows:

1. Contract Number: Write in your contract number
2. Contractor's Name: Write in your agency name
3. Title of Program: Healthy People Healthy Communities IGA
4. Reporting Period Covered: Quarterly Expenditure Reports are submitted after each quarter (every three months) of the year and are to report expenditures occurring during that period. For example, a report submitted for the quarter of January 2010 thru March 2010 would read, Reporting Period From 1/1/10 to 3/31/10.
5. Contractor's Detailed Statement of Expenditures:
    a. Budget: Next to each line item, e.g. Personnel Salaries, Professional and Outside, Travel Expenses, etc. write the dollar amount that was budgeted or planned for in the quarter
    b. Prior Report Period Year to Date Expenditures: This amount is taken from the Total Year to Date Expenditures from the Contractor's Quarterly Expenditure Report from the previous quarter
    c. Current Reporting Period Expenditures: Write the actual expenditures for each line item for the quarter
    d. Total Year to Date Expenditures: Add the dollar amount in the Prior Report Period Year to Date Expenditures and the amount in the Current Reporting Period Expenditures. This amount is equal to the Total Year to Date Expenditures
6. Signature of Authorized Person: The authorized person that completed or reviewed the report must sign and date the report

5.7 BWCH Program Manager's Role in Quarterly Expenditure Report Review

A. The Program Manager in BWCH will review all Quarterly Expenditure Reports when received and will compare expenditures budgeted for the quarter, actual expenditures, and contracted amounts.

B. The Contractor will be contacted to discuss any discrepancies found or for any expenditure concerns.

C. If there are expenditure concerns, the Program Manager in BWCH and the Contractor will agree to a resolution.

5.8 **Annual Report**

The Contractor shall prepare an annual report that will summarize program activities.

5.9 **Annual Report Requirements**

A. The Annual Report must be submitted within 45 days of the end of the contract year..

B. A blank Annual Report template is provided to all County Contractors that are participating in the HPHC IGA.

CHAPTER 6: BILLING

6.1 Contractor Reimbursement and Contractor's Expenditure Report (CER)

Contractor reimbursement provisions and methods are specified in the Contractor's written contract agreement with the Arizona Department of Health Services. Reimbursement for services and any other program expenditures are made in accordance with these contract specifications, and upon approval of BWCH Program Manager.

The CER is a multi-purpose form for use by agencies that have a Negotiated Service Contract with the Arizona Department of Health Services. The CER must be completed, signed by an authorized person, and e-mailed to the Program Manager. It is the responsibility of the Chief Executive Officer/Health Officer/Authorized Signer of the reporting agency to insure valid representation of the agency's expenditures or units reported on Fixed Rate Contracts. Once satisfied, this person must sign and date the report.

6.2 Submission Requirements

Per the contractual language within the HPHC IGA, the contractor must submit a complete and accurate (CER) and narrative report (including all programs within the HPHC IGA), quarterly to the HPHC IGA Program Manager for payment for contracted services provided. For Family Planning specifically, the Contractor must submit the Family Planning Database Report for the ADHS Family Planning Program Manager by the 15th of each month. The CERs will be submitted with the other programs within the HPHC IGA quarterly. If there is an unavoidable delay in submission of any part of the report, the Contractor must notify the ADHS Family Planning Program Manager in a timely fashion.

6.3 Submission Location

Contractors are to submit the quarterly CER, supporting documentation, and the monthly Family Planning Database Reports to:

Physical Mail:

Attention: Family Planning Program Manager
Arizona Department of Health Services
Bureau of Women's and Children's Health
50 N. 18th Avenue, Suite 320
Phoenix, Arizona 85007-3242
Office Number: 602-364-3124
Preferably e-mail: alison.lucas@azdhs.gov

6.4 BWCH Program Manager's Role in CER Approval

A. The BWCH Program Manager will review the CER and supporting documents for errors, or omissions

B. The Contractor will be contacted to discuss any discrepancies found.

C. CER's not meeting specification may either be amended by the Contractor or by the BWCH Program Manager. If the CER is amended by the BWCH Program Manager, a copy of the amended document will be sent to the Contractor for their records.

D. Partial or no payment of CER's submitted may be authorized by the Program Manager when:
   1. Deliverables are billed but not submitted
   2. Insufficient funds exist to fully reimburse the Contractor for services provided
   3. Reports and FP databases are blank or if they are not properly filled out (i.e. missing information, data, etc.)

E. Once the BWCH Program Manager approves the CER, it will be forwarded for payment.

6.5 Supporting Documentation

The Contractor must maintain adequate supporting documentation to verify that units of service billed match units of service provided, and to verify that services were provided to eligible clients.

7.1 Annual Review

All Contractors shall have at least one compliance-based site visit at least every two years. This site visit is also referred to as the site review.

7.2 Multiple Sites

To the extent practical, annual reviews will include a visit to all Contractor site locations, if the Contractor is providing services at multiple sites.

7.3 Consultative Site Visit

In addition to the site review, additional consultative site visits will be conducted if Contractor performance or other circumstances deem it necessary.

7.4 Purpose of the Site Review:

A. Compliance-based site visits are provided to ensure that services were delivered pursuant to the terms and conditions of the contract and in accordance with the Reproductive Health/Family Planning Program Policy and Procedure Manual.

B. Other purposes for annual review include but are not limited to:
   1. Evaluation of State and Community Resource Utilization
   2. Investigation of areas in question
   3. Identification of strengths and accomplishments
   4. Identification of weaknesses or areas of needed focus
   5. Providing consultation and technical assistance
   6. Facilitation of communication between the Contractor and BWCH
   7. Follow-up on previous site visit findings

7.5 Review Guidelines

The review, which will take place at least every two years, will be conducted in accordance with the following guidelines:

A. Contractor Notification:
   1. The ADHS Family Planning Program Manager will notify the Contractor of the scheduling of annual review site visits.
   2. The ADHS Family Planning Program Manager will send an email to the Contractor which will:
      a. Confirm the date and the time of the visit
      b. Review the purpose of the visit
      c. Identify the reviewer
      d. Discuss activities to expect as part of the review process
      e. Provide the Contractor with a copy of the site review monitoring tool(s)
   3. The visit with the Contractor will be scheduled a minimum of 30 days in advance of the review. The reviewer will work with the Contractor as much as

possible to assist in minimizing interruptions to the staff's normal workload during the course of the review.

B. Review Process
   1. Contractors and Sub-contractors must cooperate fully with the reviewer during the review process by making records and information available, allowing interviews, and providing a tour of the facilities
   2. The reviewer will hold an entrance interview to obtain a current overview of clinic operations, clarify the review process, meet staff, answer any questions, and discuss completion of corrective action from any past review
   3. Examples of activities included in site visits may include, but are not limited to:
      a. Review of Contractor Documentation
         i. Any materials to be distributed to clients
         ii. Medical records
         iii. Management reports
         iv. Job descriptions, personnel files, etc.
      b. Meeting with or interviewing program personnel to discuss program successes and potential problems
      c. Work unit observation
   4. Exit Conference: The reviewer will provide feedback to the Contractor regarding preliminary findings, the Contractors will have the opportunity to clarify and provide any input they deem necessary

7.6 Annual Review Draft Report

A. The Program Manager will write findings in a draft report and e-mail the draft with a cover letter to the Contractor for review and comment. The cover letter will include instructions for review of the draft report. The Contractor must respond to the draft report within fourteen (14) days of receipt.

B. The ADHS Family Planning Program Manager will be available to provide technical assistance as needed.

7.7 Annual Review Final Report and Corrective Action

A. Within (5) five days of receipt and review of the Contractor's comments, the Program Manager will prepare a final report. The final report will identify areas of strength and a request for a written plan of corrective action, if required. The final report will be sent with a cover letter that will include instructions for completion of the written plan of correction.

B. The Contractor will prepare the plan of corrective action addressing each finding included in the current year's annual review. This plan must be returned within 14 days of receipt of the final report.

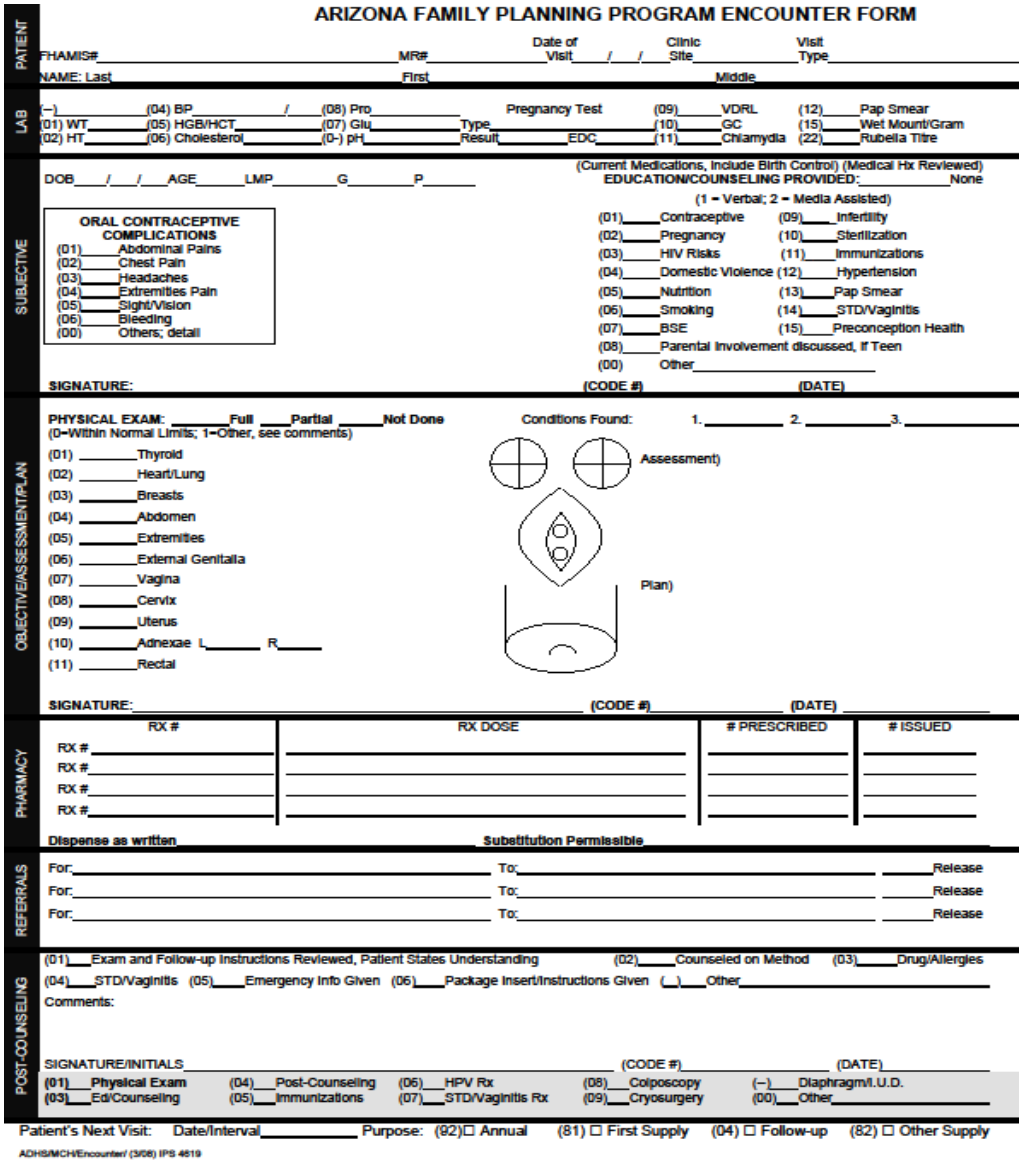
C. Once the written plan of corrective action has been reviewed and approved by the Program Manager, it will be included as part of the final report

D. The final report will be maintained in the Program files for future review.

7.8 Failure to Comply

Concerns of compliance failure or major contract performance issues will be reported to the Procurement Administrator. The Procurement Administrator will notify the Contractor within (7) seven days of receipt of the concern regarding further recourse.

CHAPTER 8: APPENDICES AND OPTIONAL DOCUMENTS



ARIZONA FAMILY PLANNING PROGRAM ENCOUNTER FORM

PATIENT

FHAMIS# _____ MR# _____ Date of Visit ___/___/___ Clinic Site _____ Visit Type _____

NAME: Last _____ First _____ Middle _____

LAB

(–)_____ (04) BP _____/_____ (08) Pro _____ Pregnancy Test (09)_____VDRL (12)_____Pap Smear
(01) WT_____ (05) HGB/HCT_____ (07) Glu _____ Type _____ (10)_____GC (15)_____Wet Mount/Gram
(02) HT_____ (06) Cholesterol_____ (0-) pH _____ Result _____ EDC _____ (11)_____Chlamydia (22)_____Rubella Titre

SUBJECTIVE

DOB___/___/___AGE_____LMP_____G_____P_____

(Current Medications, Include Birth Control) (Medical Hx Reviewed)
EDUCATION/COUNSELING PROVIDED: _____None
(1 = Verbal; 2 = Media Assisted)

ORAL CONTRACEPTIVE COMPLICATIONS
(01)____Abdominal Pains
(02)____Chest Pain
(03)____Headaches
(04)____Extremities Pain
(05)____Sight/Vision
(06)____Bleeding
(00)____Others; detail

(01)____Contraceptive (09)____Infertility
(02)____Pregnancy (10)____Sterilization
(03)____HIV Risks (11)____Immunizations
(04)____Domestic Violence (12)____Hypertension
(05)____Nutrition (13)____Pap Smear
(06)____Smoking (14)____STD/Vaginitis
(07)____BSE (15)____Preconception Health
(08)____Parental Involvement discussed, if Teen
(00) Other _____

SIGNATURE: (CODE #) (DATE)

OBJECTIVE/ASSESSMENT/PLAN

PHYSICAL EXAM: _____Full ____Partial _____Not Done
(0=Within Normal Limits; 1=Other, see comments)
(01) _____Thyroid
(02) _____Heart/Lung
(03) _____Breasts
(04) _____Abdomen
(05) _____Extremities
(06) _____External Genitalia
(07) _____Vagina
(08) _____Cervix
(09) _____Uterus
(10) _____Adnexae L_____ R_____
(11) _____Rectal

Conditions Found: 1. _____ 2. _____ 3. _____

Assessment)

Plan)

SIGNATURE: _____ (CODE #)_____ (DATE) _____

PHARMACY

	RX #	RX DOSE	# PRESCRIBED	# ISSUED
RX #				
RX #				
RX #				
RX #				

Dispense as written _____ Substitution Permissible _____

REFERRALS

For:_____ To:_____ _____Release
For:_____ To:_____ _____Release
For:_____ To:_____ _____Release

POST-COUNSELING

(01)___Exam and Follow-up Instructions Reviewed, Patient States Understanding (02)_____Counseled on Method (03)_____Drug/Allergies
(04)___STD/Vaginitis (05)____Emergency Info Given (06)___Package Insert/Instructions Given (__)___Other _____
Comments:

SIGNATURE/INITIALS _____ (CODE #)_____ (DATE)_____

(01)___Physical Exam	(04)___Post-Counseling	(06)___HPV Rx	(08)___Colposcopy	(–)___Diaphragm/I.U.D.
(03)___Ed/Counseling	(05)___Immunizations	(07)___STD/Vaginitis Rx	(09)___Cryosurgery	(00)___Other_____

Patient's Next Visit: Date/Interval_____ Purpose: (92)☐ Annual (81) ☐ First Supply (04) ☐ Follow-up (82) ☐ Other Supply

ADHS/MCH/Encounter/ (3/06) IPS 4619

Add in County Name

ARIZONA FAMILY PLANNING PROGRAM CLIENT MEDICAL HISTORY

NAME _____ DOB _____

Date of visit _____ (YR1) Date Updated (YR 2) _____ Date Updated (YR 3) _____

Allergies _____ Smoking _____ # of Cigs per day _____

Current Medications _____

Date and detail all positive comments 0 = within Normal Limits 1 = Other; See Detail

YR 1	YR 2	YR 3	
___	___	___	SKIN (Rashes, Lumps, Sores) _____
___	___	___	HEAD (HA's, Migraines, Seizures) _____
___	___	___	EYES (Glasses/Contacts, Visual Disturb) _____
___	___	___	EARS (Hearing Disturb, Pain, Infection) _____
___	___	___	NOSE, SINUS (Freq Colds, Hay Fever) _____
___	___	___	MOUTH/THROAT (Sores, Pain) _____
___	___	___	NECK (Lumps, Swollen Glands, Pain) _____
___	___	___	BREASTS (BSE, Pain, Lumps, Discharge) _____
___	___	___	RESPIRATION (Asthma, TB, Infection) _____
___	___	___	CARDIAC (Hypertension, Heart Disease, High Cholesterol) _____
___	___	___	GASTRO-INTESTINAL (Digestive upsets, bowel problems, Liver/ gallbladder disease) _____
___	___	___	URINARY (UTI's, Urinary Disorders) _____
___	___	___	REPRODUCTIVE (PID, STD, Vag. Inf., DES, Abn Pap) _____
___	___	___	MUSCULOSKELETAL (Pains, Cramps) _____
___	___	___	PERIPHERAL VASCULAR (Thrombophlebitis, Varicose veins) _____
___	___	___	NEUROLOGIC (Seizures, Fainting, Numbness, Tingling) _____
___	___	___	PSYCHIATRIC (Nervousness, depression) _____
___	___	___	ENDOCRINE (Diabetes, Thyroid disorders) _____
___	___	___	HEMATOLOGIC (Anemia, Bruising/Bleeding, Clotting disorders) _____
___	___	___	CANCER _____
___	___	___	OPERATIONS/HOSPITALIZATIONS/INGURIES _____
___	___	___	IMMUNIZATIONS _____
___	___	___	SEX HISTORY _____

FAMILY HISTORY

F = Father M = Mother PGM = Paternal Grandmother PGF = Paternal Grandfather
MGM = Maternal Grandmother S = Sister B = Brother

___ Diabetes ___ Cholesterol ___ Heart Disease ___ Stroke ___ Hypertension
___ Cancer Type & REL _____
___ OTHER ___ SPECIFY _____

Signature (CODE) Date

Signature (CODE) Date

Signature (CODE) Date

El Cliente Del Programa De La Planificacion De La Familia De Arizona La Historia Medica

Nombre_____ La Fecha Del Nacimiento_____

Fecha (YR 1) _____ Fecha Actualizado (YR 2) _____ Fecha Actualizado (YR 3) _____

Alergias a Medicinas_____ Fumar_____ Mumere por Dia_____

Medicinas Actuales_____

Fecha y Detalla Todos Comentarios Positivos 0=Dentro de Limites Normales 1=Otro, ve Detalle

YR 1	YR2	YR 3	
____	____	____	Pele (sarpullidos, amontonan, llagas) _____
____	____	____	Dirija (dolores cabeza, migranas, ataquees) _____
____	____	____	Ojos (gafas, contactos, alborotos visuales) _____
____	____	____	Orejas (oyendo alborotos, dolor, infecciones) _____
____	____	____	Nariz/Seno (frecuenta los frios, polinosis) _____
____	____	____	La Boca/Garganta (llagas, el dolor) _____
____	____	____	El Cuello (amontona, glandulas hinchadas, paing) _____
____	____	____	Los Senos (auto examen mensual, dolor, amontona, decarga) _____
____	____	____	Respiracion (asma, TB, infecciones) _____
____	____	____	Cardiaco (hipertension, enfemedad cardiaca, cholesterol alto) _____
____	____	____	Gastro-Intestinal (contratiempo digestivo, problemas intestineos, higado/vesicula biliar_____
____	____	____	Urinario (las infecciones, desordenes) _____
____	____	____	Reproductor (enfermedad inciatante pelvica, ETS, infecciones vaginales, manchas anormales de papilla _____
____	____	____	Musculoesqueletico (dolor, obstaculizando) _____
____	____	____	Periferico Vacular (thrombophlebitis, venas varicosas) _____
____	____	____	Neurologico (ataquees, desmayar, entumecimiento, sintiendo hormagueo) _____
____	____	____	Psiquiatrico (nerviosismo, depresion) _____
____	____	____	El Endocrino (diabetes, desordenes de tiroides) _____
____	____	____	Hematologic (anemia, magullar, sangrar, coagulando) _____
____	____	____	Cancer_____
____	____	____	Operaciones, Hospitalizaciones, Las Heridas_____
____	____	____	Inmunizaciones_____
____	____	____	Historia Del Sexo (la edad llego a ser activa/numero de socios) _____ Los Comentarios (fecha pr favor todo comenta)

HISTORIA DE LA FAMILIA

F = Padre M = Madre PGM = Abuela Paternal PGF = Abuelo Paternal
MGM = Abuela Materna MGF = Abuelo Paternal S = Hermana B = Hermano

____ Diabetes ____ Cholesterol ____ Enfermedad Cardiaca ____ Stroke ____ Hipertension

____Cancer (maquina y el pariente) _____

____Otro __(especifique)_____

_____
Firma Fecha

_____
Firma Fecha

_____
Firma Fecha

ARIZONA DEPARTMENT OF HEALTH SERVICES - FAMILY PLANNING PROGRAM CLIENT REGISTRATION FORM - **ALL INFORMATION IS CONFIDENTIAL**

Date of Visit:____/_____/_____Social Security Number_____/____/_____Clinic Site: _____

Personal Data: Please provide the following information.

Last Name:_____First_____Middle Initial_____Birth Date:__/__/__

Sex:	Marital Status:	Race:	Are you of Hispanic origin	Primary Language:	Years of
(___) Female (F) (___) Male (M)	(___) Never Married (N) (___) Married (M) (___) Divorced (D) (___) Living Together (L) (___) Separated (S) (___) Widowed (W)	(___) Asian (A) (___) Black (B) (___) White (W) (___) Other (O) (___) Native American (I) Tribe:_____	such as Mexican American, Latin American, Puerto Rican or Cuban? (___) Yes (H) (___) No	(___) English (01) (___) Spanish (02) (___) Other___	Education Completed: _____

Maiden Name:_____Mother's Maiden Name: ____

Residential Address:_____APT#___CITY_____ZIP_____ ___

Mailing Address:_____APT#____CITY_____ZIP_____ ___

Home #:(_____)_____Work #:(_____)_____Cell Phone #:(__)_____

Check all the ways we may contact you for Follow-up:
___Mail only____Home Phone _____Work Phone____Cell Phone____Mail or Phone

Special Instructions/Other:_____

In case of EMERGENCY: Phone # (___)_____Relationship:_____NAME (Last, First)_____

What is your PRIMARY work status? (please check one)

_____Unemployed_____Working Full-Time__Working Part-Time_____Student Are you a:____

Seasonal Worker_____Migrant Worker ____Not Seasonal or Migrant Worker

Have you seen a doctor in the last 3 months?____Yes _____No If yes, why?_____ _____

Who do you usually go to for health care? (_____) Doctor (__) Clinic (_____) Other (_) None Name:_____

If you are single, what is **your total monthly** income before taxes: OR
If you are married, what is **your total combined monthly income** before taxes: $___per month Number of people (including yourself) who are supported by this income: _____

How many children have you given birth to? (Parity)_____

FOR CLINIC USE ONLY		
FEDERAL GUIDELINE %_____	FEE SCALE: ___ No Fee__Partial Fee__Full	ASSIGNED SOURCE OF PAYMENT: ___ Title V __Title XX __Private Insurance ___ Title X __AHCCCS __Self ___ Other:_____ Authorization:_____

Are you enrolled in AHCCCS? Yes:___AHCCCS ID #: _____ No:_____

Do you ANY have Health Insurance? Yes___No_____
If Yes, does the insurance cover Family Planning services? Yes:__No:_____

How did you hear about this Clinic?____Friend ____Family Member _____Flyer/Pamphlet
_____ TV/Radio/Newspaper _____Referred by other agency
_____I am a regular patient

HIPPA / Patient Rights

ACKNOWLEDGEMENT

I acknowledge that I have been given the opportunity to view or receive a copy of the notice of Health Information Practices describing how medical information may be used and disclosed under the Health Insurance portability and Accountability Act (HIPAA), as well as a copy of Patient Rights.

_____ _____

Name **Date**

_____

Signature

ADVANCE DIRECTIVES
(LIVING WILL OR POWER OF ATTORNEY)

IF you have an advanced directive you may provide us with a copy.
If you do not, we can give you information on how you can obtain one.

PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS:

____ I have an **ADVANCE DIRECTIVE (Living Will or Power of Attorney)** for health care.

____ I do not have an **ADVANCE DIRECTIVE (Living will or Power of Attorney)** for health care.

_____ I would like to have information on obtaining an Advanced Directive.

Witness/Staff Signature _____

HIPPA RECONOCIMIENTO

Yo reconozco que se me ha dado la oportunidad de ver o recibir una copia del aviso de Prácticas de Información de Salud que describe cómo su información médica puede ser utilizada y divulgada en virtud de la Ley de portabilidad y Responsabilidad de Seguros Médicos (HIPAA), igualmente copia de los derechos de paciente.

_____ _____

Nombre **Fecha**

_____ _____

Firma

LAS INSTRUCCIONES POR ADELANTADO (TESTAMENTO)

Si tiene una directiva avanzada puede proporcionarnos una copia.
Si no, podemos darle información sobre cómo puede obtener uno.

POR FAVOR MARQUE UNA DE LAS SIGUIENTES AFIRMACIONES:

_____ YO tener una directriz anticipada (Testamento) para el cuidado de la salud.

_____ No tengo una directriz anticipada (Testamento) para el cuidado de la salud.

_____ ME gustaría tener información sobre la obtención de una Directiva Avanzada.

DOMESTIC/SEXUAL VIOLENCE SCREENING FORM

Completing this form is voluntary. You do not have to fill out this form to receive services. Anything you disclose, including your relationship with the person, who has abused you, will be kept confidential, with the exception of child abuse and neglect.

You may complete this form and request counseling services regardless of your gender, sexual orientation, or marital status. You do not have to have children or have left the abusive situation. You are not required to provide any information or details about the abusive situation to anyone before you are referred to see a counselor.

Are you in danger of a family member, your partner, or ex-partner doing any of the following to you?:

- Hitting, slapping, kicking, choking, or in any way hurting you physically?
- Isolating you, making you feel like a prisoner, or controlling what you can do?
- Threatening to harm you, your children, or someone close to you?
- Stalking you, following you, or checking up on you?
- Shaming or belittling you, constantly putting you down, or telling you that you are worthless?
- Forcing you to have sex, or into sexual acts that you do not want to participate in?
- Making you feel afraid?

_____**YES**: I would like to meet with a domestic/sexual violence case worker to discuss my situation.

_____**YES**: But I do not want to meet with anyone at this time.

_____**NO:** None of the situations described above apply to me or I do not wish to answer these questions at this time.

In signing this form I affirm that the information above is correct.

Signature:_____

Revised 03/10/2020

VOLUNTARY CONSENT FORM

I voluntarily agree to receive Family Planning services from the Graham County Health Department, and further state that I have not been coerced, forced, threatened with physical violence, or otherwise received any undue influence to compel me to receive these services.

I understand that as a part of the overall services, I may be expected to have a physical exam, as well as a Pap smear if deemed necessary by the medical provider. These services will be conducted either by clinicians on contract with, or staff of, the Graham County Health Department. I also agree to participate in any administrative or consultation process that may be necessary to provide the identified services.

I understand that Graham County Health Department provides a teaching environment to students in the health care field. If I have any questions or concerns about this I will speak to a nurse.

I understand that family planning services are available to all females aged 14 years or older regardless of marital status, sexual orientation, religious affiliation, race, ethnicity, or national origin. If I feel I have been discriminated against by any contractor or staff member of the Graham County Health Department I will speak with the Health Director.

I have received and read my Patient Bill of Rights.

I have read the above information and hereby consent to and authorize the staff and contracted clinicians of the Graham County Health Department to conduct the identified Family Planning services.

_____ _____

Signature of Client Date

_____ _____

Signature of Witness Date

Please Note: This is an example of language that can be used.

FORMULARIO DE CONSENTIMIENTO VOLUNTARIO

Estoy de acuerdo voluntariamente recibir servicios de planificación familiar del Departamento de salud del Condado_____y más estado que yo he no sido coaccionado, obligado, amenazados con violencia física, o de lo contrario recibe cualquier influencia indebida para obligarme a recibir estos servicios.

Entiendo que como parte de los servicios generales se espera tener un examen físico, así como una prueba de Papanicolaou o sangre dibuja si se considera necesario por el médico. Estos servicios se llevará a cabo por los médicos por contrato con, o de personal, el Departamento de salud del Condado. También estoy de acuerdo en participar en alguna administrativo o proceso de consultas que sea necesaria para proveer los servicios identificados.

Entiendo que_____Graham Departamento de Salud proporciona un entorno de enseñanza a los estudiantes en el campo de la salud. Si tengo alguna pregunta o inquietud acerca de esto voy a hablar con una enfermera.

Entiendo que servicios de planificación familiar están disponibles para todas las mujeres de 14 años de edad o mayores independientemente del estado civil, orientación sexual, afiliación religiosa, raza, etnia o nacionalidad de origen. Si siento que he sido discriminado por cualquier contratista o miembro del personal del Departamento de salud del Condado voy a hablar con el Director de salud.

Haber leído la información anterior y por la presente consiente y autorizar al personal y los médicos contratados del Departamento de salud del Condado para llevar a cabo los servicios de planificación familiar identificados.

_____ _____

Firma del cliente fecha

_____ _____

Firma del testigo fecha

Optional Documents

Electronic copies of the following documents will be shared with each County: Consent for Birth

Control Patch
Consent for Birth Control Ring
Consent for Depo-Provera Consent for
NuvaRing
Consent for Oral Contraceptive ECP
Informed Consent