

	INTERGOVERNMENTAL AGREEMENT (IGA) Amendment		ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF PROCUREMENT 150 N. 18 th Ave., Suite 530 Phoenix, Arizona 85007
	Contract No.: CTR068849	IGA Amendment No: 2	Procurement Officer: Brittany Manuel

1. Background

- 1.1. 2021 Arizona statistics demonstrate an ongoing Sexually Transmitted Disease (STI) syndemic: The State of Arizona reported 41,514 cases of chlamydia (CT), 18,443 cases of gonorrhea (GC), and 3,456 cases of syphilis. Furthermore, in September 2018, ADHS declared the first statewide outbreak of syphilis in women and babies. Of the reported 2021 cases, Cochise County accounted for 403 CT cases, 91 GC cases, and 20 syphilis cases.
- 1.2. To address this syndemic, Cochise Health and Social Services (Contractor) and ADHS must build upon the current infrastructure that provides surveillance, epidemiology, disease investigation, prevention, policy and communication to expand and identify new interventions including:
 - 1.2.1. Screening and treatment,
 - 1.2.2. Partner services,
 - 1.2.3. Outreach,
 - 1.2.4. Community collaborations,
 - 1.2.5. Linkage to care, and
 - 1.2.6. Health promotions that address the target populations and geographical areas of high prevalence in Cochise County.
- 1.3. The changing health care landscape and information technology advances present opportunities and challenges to improve STI prevention programs. The public health landscape is shifting from direct individual patient care and individual-level interventions to population health.

2. Objective

In accordance with the cooperative agreement with the Center for Disease Control and Prevention (CDC) Strengthening Sexually Transmitted Disease Prevention and Control for Health Departments (STI PCHD) Grant number CDC-RFA-PS19-1901 (<https://www.cdc.gov/std/funding/pchd/default.htm>), the objective is to assure the prevention and control of STIs by supporting and improving the capacity of Contractor to:

- 2.1. Prevent and control the incidence of CT, GC, and syphilis.
- 2.2. Eliminate congenital syphilis.
- 2.3. Reduce primary and secondary syphilis.
- 2.4. Prevent antibiotic resistant gonorrhea.
- 2.5. Effectively respond to STI-related outbreaks.
- 2.6. Prevent STI-related reproductive health problems.
- 2.7. Reduce STI-related health disparities.
- 2.8. Improve surveillance capacity.
- 2.9. Provide appropriate treatment and linkage to care for persons infected with STIs and their partners.

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- 2.10. Promote CDC-recommended screening, diagnosis and treatment.
- 2.11. Disseminate local data to the healthcare community and general public.
- 2.12. Monitor and develop STI-related policy.
- 2.13. Develop and strengthen partnerships to support STI prevention and control.
- 2.14. Support Human Immunodeficiency Virus (HIV) prevention goals.
- 2.15. Analyze and use data for increased program insight and development.
- 2.16. Provide testing for clients for CT, GC, and syphilis using a licensed lab that meets requirements established in this contract and in accordance with FDA approved test technologies.

3. Scope of Services

The Contractor shall:

- 3.1. In addition to the reporting, prevention and control measures stated in the Arizona Revised Statutes, Title 9, Chapter 6, Articles 1 through 11, the Contractor will build upon the current infrastructure that provides surveillance, epidemiology, disease investigation, prevention, policy and communication to expand and identify new interventions that include: screening and treatment, partner services, outreach, community collaborations, linkage to care, and health promotions that address the target populations and geographical areas of high prevalence in Cochise County.
- 3.2. Collaborate with ADHS STI Control Epidemiologists and other community stakeholders to identify and conduct community outreach and activities to educate and screen high risk populations.
- 3.3. Conduct patient care and partner services in accordance with the current CDC STI Treatment Guidelines and STI Program Operations Guide which can be found [here](#) and updates as published in the Morbidity and Mortality Weekly Report (MMWR), available at www.cdc.gov/STI.

4. Tasks

The Contractor shall:

- 4.1. Within thirty (30) days of executed agreement and in collaboration with the ADHS STI CONTROL develop a five (5) year Work Plan for 2024-2028 to meet the required activities as noted in section 3.2, and in accordance with the CDC-approved Work Plan for Arizona. It is highly recommended that the Contractor use ADHS provided templates. In this work plan, the contract shall describe strategies and metrics related to the following areas.

4.1.1. Surveillance

- 4.1.1.1. Increase the percent of STI records with complete data for key epidemiological fields; and
- 4.1.1.2. Increase the percent of STI records dispositioned within thirty (30) days.

4.1.2. Disease Investigation and Intervention



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4.1.2.1. Increase the percent (%) of early syphilis cases that have at least one (1) partner treated in thirty (30) days of initial test.

4.1.3. Increase the percent (%) of syphilis cases that are screened for HIV/AIDS within thirty (30) days of initial syphilis test.

4.1.4. Promote CDC-recommended screening, diagnosis, and treatment

4.1.4.1. Increase the proportion of target populations (youth, men who have sex with other men, and women of childbearing age) who receive at least annual STI screening; and

4.1.4.2. Reduce the percent of gonorrhea cases that receive non-CDC recommended treatment.

4.1.5. Promote STI prevention and policy

4.1.5.1. Improve health department policies for STI prevention by using data to inform policy change and development.

4.1.6. Analyze and use data for program improvement

4.1.6.1. Improve surveillance efficiency through automation to increase the frequency of layered analysis by core epidemiological variables.

4.1.6.2. Utilize surveillance data to inform resource allocation.

4.2. From years 2024 through 2028, submit a six (6) month and annual progress report. These reports should build upon the five (5) year work plan. It is recommended that the Contractor use the ADHS provided templates.

The Contractor shall:

4.2.2. Review timeliness of case disposition canned report in Patient Reporting Investigation Surveillance Manager (PRISM) at least twice annually and include this metric in the semiannual report to ADHS STI CONTROL.

4.2.3. If Contractor has fewer than seventy percent (70%) of syphilis cases dispositioned in thirty (30) days, then they shall include strategies to improve this metric in semi-annual/annual work plan.

4.2.4. Include activities and metrics for promoting quality STI care in the STI Specialty Clinics on their semi-annual/annual work plans.

4.2.5. Submit lists of STI Specialty Clinics in their semi-annual/annual work plan.

4.2.6. Include provider education metrics in their semi-annual/annual work plan (e.g., number/type of providers educated, scope of education, number of training events, etc.).

4.2.7. Include activities to improve STI screening in men who have sex with men in their semi-annual/annual work plans and metrics to monitor progress in this area.

4.2.8. Include percent positivity for all screening conducted using RFA-PS19-1901 funds.



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- 4.2.9. Include strategies for improving data security in their work plan if gaps are identified in the data security and confidentiality checklist.
- 4.2.10. If Contractor is not on track to spend down funds by July 31st, Contractor should also include a spend-down plan in their semi-annual report.
- 4.2.11. Notify ADHS of any staffing changes and/or submit a current staff roster of positions funded under this work that includes the name of the team member and the percent of their time that is funded for this work.
- 4.2.12. Indicate the current training status for each funded team member.
- 4.3. Utilize the comprehensive database, PRISM, for state-mandated STI reporting and complete the following activities to assure accurate data entry, and quality surveillance activities.
- 4.3.2. Ensure that staff using PRISM access adhere to the current PRISM Policies and Procedures, and
- 4.3.3. Ensure that staff using PRISM attends at least two (2) quarterly PRISM meetings and receive the slides and attachments from any missed meetings.
- 4.4. Adhere to the most current version of the ADHS reactor grid for case prioritization. **Syphilis cases are the highest priority for case investigation and partner services.** Contractor may request to opt out of certain activities related to gonorrhea/chlamydia investigations in their work plans, if such activities are limiting capacity to provide timely and appropriate disease intervention services to syphilis cases. Request must be noted and justified in the workplan and approved by the ADHS STI Control Office Chief.
- 4.5. The Contractor shall:
- 4.5.2. Conduct prompt case management activities including field investigations, internet-based partner notification, patient interviews and case closure for patients diagnosed with early, primary, and secondary syphilis per CDC program standards and the ADHS checklist,
- 4.5.3. Initiate case investigation within one (1) business day of notification for syphilis cases that meet one (1) or more of the following criteria:
- 4.5.3.1. Pregnant female.
- 4.5.3.2. Possible congenital case.
- 4.5.3.3. Female under the age of forty-five (45).
- 4.5.4. Initiate case investigation within three (3) business days of notification for syphilis cases that meet one (1) or more of the following criteria:
- 4.5.4.1. Titer \geq 1:8.
- 4.5.4.2. Contact to a primary, secondary, or early case (denoted as T4 in PRISM).
- 4.5.5. Prioritize pregnant syphilis case investigations by following-up with partner(s), prenatal care providers, birthing centers, and neonatal care providers as needed to ensure adequate maternal treatment and education to prevent reinfection.



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- 4.5.6. Complete thorough investigation of all congenital syphilis cases, and note any possible missed opportunities for prevention in PRISM. This information is also required for babies that are determined to not be a congenital syphilis case.
- 4.5.7. Prioritize syphilis cases occurring in women of childbearing age for partner services to verify staging and treatment, obtain pregnancy status, elicit partners, and collect other relevant risk factors and submit case information within thirty (30) days of notification.
- 4.5.8. Prioritize cases of syphilis in persons with a titer $\geq 1:8$ for partner services to verify staging and treatment, elicit partners, and collect other relevant risk factors and case information within thirty (30) days of notification.
- 4.5.9. Prioritize case investigation of contacts (cases marked as T4 in PRISM) of pregnant, primary, secondary, and/or suspect early, syphilis cases for testing, treatment (or epi-treatment if initially negative), staging (if positive), partner elicitation, risk factors, etc. within thirty (30) days of notification of original patient. This applies to contacts identified by other jurisdictions.
- 4.5.10. Ensure appropriate treatment and follow-up with partners of primary, secondary, and suspected early cases of syphilis within thirty (30) days of notification of original patient.
- 4.5.11. For syphilis cases that occur on tribal lands, Contractor shall work directly with the tribe, where possible, to coordinate case investigation and follow-up activities.
- 4.5.12. Provide education to any provider failing to appropriately screen for congenital syphilis.
- 4.5.13. Shall be receptive to ADHS regional investigation support if they are unable to meet investigation timeframes.
- 4.6. Provide accurate entry of all state mandated information on laboratory and Communicable Disease Reports and Laboratory Reports for *Treponema pallidum* (syphilis), *Neisseria gonorrhoea*, *Chlamydia trachomatis*, and *Haemophilus ducrey* (chancroid).
 - 4.6.2. Complete required training for data entry staff, epidemiologists, disease investigators, reporters and their supervisors. At minimum, STI disease investigators, epidemiologists, and public health nurses working with STI data should complete the modules available on learnparterservices.org within thirty (30) days of hire and should attend at least two (2) quarterly PRISM trainings a year and receive the materials for any quarterly trainings they miss.
 - 4.6.3. Follow up with reporting physicians to obtain missing data, particularly for fields that require: birthdate, gender, pregnancy status, HIV status, treatment given, staging (if syphilis), patient address, provider information and specimen source.
 - 4.6.4. Enter all Communicable Disease Reports into PRISM his includes reports for cases that occur on tribal lands if the Tribe does not have access to PRISM. Tribes with PRISM access are expected to enter their own CDRs.
 - 4.6.4.1. Contractor may request assistance with CDR entry for tribal cases from ADHS. Assistance must be approved by the ADHS STI Control Office Chief.
- 4.7. Reduce the threat of antibiotic resistance by providing CDC Treatment Guidelines to physicians that are flagged as consistently failing to treat gonorrhoea according to these guidelines.



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- 4.8. Annually review data security by using the CDC Data Security and Confidentiality Guidelines available here: <https://www.cdc.gov/nchhstp/programintegration/docs/pcsidatasecurityguidelines.pdf>, to identify program gaps (if any). If gaps are identified, the contractor shall include strategies for improving security and confidentiality on the semi-annual and annual progress reports.
- 4.9. Conduct priority investigations and partner service delivery on HIV co-infected individuals and insuring these clients are enrolled in care services.
- 4.10. Ensure that persons rectally positive for gonorrhea are screened for HIV and syphilis.
- 4.11. Contractor shall use ADHS reports and canned PRISM reports to inform resource allocation and other program planning efforts.
- 4.12. Ensure 340B Drug Pricing Program integrity and maintain accurate records documenting compliance with all 340B Program requirements.
- 4.13. For clients who test positive for CT, GC, and/or syphilis through the county-contracted lab, linkage to a provider for education and treatment shall be provided to the client.
- 4.14. The county-contracted lab shall adhere to all lab instructions and guidelines for lab testing requisitions, specimen preparation, specimen shipping, ordering of supplies, shipping, and monitoring of test results.
- 4.15. The county-contracted lab shall submit either a laboratory report form, an electronic laboratory report (ELR) or report via the ADHS Medical Electronic Surveillance Intelligence System (MEDSIS), in accordance with the Arizona Administrative Code (AAC) R9-202, 203, 203 and 205.

5. Requirements

Contractor shall:

- 5.1. Have internet access to the ADHS Portal where PRISM resides and training webinars are held.
- 5.2. Abide by all HIPAA guidelines and CDC's Data Security and Confidentiality Guidelines.
- 5.3. Abide by all PRISM Data Use agreements;
- 5.4. Consult ADHS STI CONTROL before pursuing publication of PRISM data;
- 5.5. Submit any budget changes on or before July 15th to ensure timely approval of changes and timely approval of the required annual grant close out;
- 5.6. Submit all reports described in this contract;
- 5.7. Ensure that new staff conducting STI case investigations complete the training modules available on [CDC Train](#) within thirty (30) days of hire. Proof of training completion shall be required for staff who are at least partially funded by RFA-PS-19-1901 and submitted along with the monthly CER for new staff;
- 5.8. Ensure that all staff complete an annual cultural humility training, which may include coverage of topics such cultural competency, implicit bias, cultural diversity and inclusion; and
- 5.9. Participate in an annual meeting with the STI Control Office to discuss the grant and any challenges that may have arisen during the year. The meeting will also provide staffing updates and an opportunity to identify areas of support.

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5.10. **The county contracted lab shall:**

5.10.1. **Be licensed in the United States to perform bacteriology testing for chlamydia trachomatis, Neisseria gonorrhoea, and Treponema pallidum.**

5.10.2. **Maintain Clinical Laboratory Improvement Amendments (CLIA) certifications.**

5.10.3. **Adhere to all lab reporting rules as listed here: <https://www.azdhs.gov/preparedness/epidemiology-disease-control/index.php#reporting-labs>.**

5.11. **Include STI lab testing reimbursements on monthly CERs. Supporting documentation shall also be submitted that includes the following elements:**

5.11.1. **Number of tests by type of test performed per morbidity.**

5.11.2. **Cost per test performed.**

5.11.3. **Total cost for all tests performed for the month.**

6. Funding Restrictions

6.1. Funds may only be used for reasonable program purposes (personnel, travel, supplies, and services).

6.2. Funds cannot be used for:

6.2.1. Research,

6.2.2. Furniture,

6.2.3. HIV Pre-exposure Prophylaxis (PrEP) medications or family planning medications,

6.2.4. Clinical services (unless otherwise noted, see 6.4),

6.2.5. Publicity or propaganda for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body, or

6.2.6. The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive Order proposed or pending before any legislative body.

6.3. STI-related HIV prevention activities can be conducted under this IGA; however, they should not exceed ten percent (10%) of program effort and allocation.

6.4. No more than ten percent (10%) of the total award can be used for safety-net STI clinical preventive services provided the contractor can document ability to provide safety-net SD services as per CDC guidance.

6.4.1. If a majority or all funds are used on clinical services, counties are still expected to adhere to the investigation timeframes outlined in their full contract.

6.5. Personnel funds shall only be used for staff conducting STI investigation, partner services, STI data entry, STI analysis, or contributing to any of the other deliverables outlined in this Contract.



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- 6.6. Although it would be allowable to fund/partially fund administrative and supervisory staff, personnel funds should be prioritized for syphilis case investigation. If a jurisdiction does not have capacity to investigate their syphilis cases, it would not be allowable to use this funding to cover non-investigation staff. Similarly, these funds cannot be used for clinicians unless they are funding the time clinical staff are spending on STI investigation work (i.e., a public health nurse who conducts partner services could be funded for the time they spend on STI investigations and contact tracing. Contractor shall prioritize personnel funds to ensure adequate capacity for conducting syphilis disease investigation before allocating personnel funds for other STI prevention related activities.
- 6.7. **Antibiotic susceptibility testing for Neisseria gonorrhea without prior authorization. Antibiotic susceptibility testing for Neisseria gonorrhea isolates where there is concern for antimicrobial resistance using current testing standards can be conducted, only with prior authorization as approved by the ADHS STICP. This testing is to be reserved for eligible candidates where other explanations (such as reinfection) have been ruled out to warrant antibiotic susceptibility testing.**

9. Reference Documents

- 9.1. [Internet Guidelines for Online STI Prevention and Communication – available at http://www.cdc.gov/STI/program/.](http://www.cdc.gov/STI/program/)
- 9.2. [Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydia Infection.](#)
- 9.3. [CDC's Data Security and Confidentiality.](#)
- 9.4. Guidelines: <http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf>.
- 9.5. [CDC Treatment Guidelines.](#)

10. State Provided Items

- 10.1. ADHS will provide an annual security and confidentiality training during at least one (1) PRISM quarterly webinar.
- 10.2. ADHS will provide local data reports to inform program planning.
- 10.2.1. The Contractor may request additional data from ADHS by emailing prism.helpdesk@azdhs.gov to inform program planning. It is recommended that the contractor allow for a minimum of two (2) weeks for the development of customized reports.
- 10.3. ADHS will maintain and manage the data system, PRISM. This includes acting as the liaison between the developer and the county.
- 10.3.1. ADHS will perform bi-monthly edit checks and quality assurance review.
- 10.3.2. ADHS will maintain PRISM through regular system updates as provided by the developer and required by CDC.
- 10.3.3. ADHS will provide technical support for the use of PRISM.
- 10.3.4. ADHS will monitor the helpdesk requests in PRISM daily.

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10.3.5. ADHS will monitor the PRISM helpdesk email (prism.helpdesk@azdhs.gov) daily for all other requests.

10.3.6. ADHS will provide quarterly PRISM trainings and release materials to all invitees.

10.4. ADHS will provide epidemiology and technical support with respect to syphilis case investigation.

10.5. ADHS will coordinate Provider trainings by working with the State Medical Director and California Prevention Training Center, as is required by the CDC grant.

11. Reporting Requirements/Deliverables and Schedule

The Contractor Shall:

- 11.1. Within thirty (30) days of executed Agreement the Contractor shall submit a five (5) year work plan for 2024-2028 to meet the required activities as noted in Section 3.3 and in accordance with the CDC-approved Work Plan for Arizona.
- 11.2. Submit a six (6) month progress report by July 31st, each year of the grant cycle (2024-2028) to summarize progress toward the five (5) year work plan.
- 11.3. Submit an annual data security and confidentiality checklist when there are changes and a new checklist every five (5) years even if there are no changes. If gaps in data security and confidentiality are identified on the checklist then additional strategies to address these gaps should be identified on the annual progress report.
- 11.4. Submit an annual progress report by January 31st, each year of the grant cycle (2024-2028) to summarize progress toward the five (5) year work plan.
- 11.5. Submit an annual itemized budget by January 31st, each year of the grant cycle (2024-2028).
- 11.6. Contractor's Expenditure Report that includes a summary of all positions, filled or vacant, with the breakdown of associated costs incurred with each position should be submitted monthly and shall not exceed the total budget.
 - 11.6.1. Staff that are at least partially funded by this IGA are required to complete the modules available at [CDC Train](#) within thirty (30) days of hire and proof of completion should be submitted along with the CER for any new staff.

11.7. Reports Schedule

Report	Time Period	Due to ADHS
5-year work plan	January 1, 2024 - December 31, 2028	Thirty (30) Days upon execution of IGA. This is a one (1) time report.
Six (6) month progress report	January 1 - June 30	This report shall be submitted annually on July 31st. The first six (6) month progress report will be due July 31st, 2024.



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Data Security and Confidentiality Checklist	January 1 - December 31	This checklist should be submitted annually by January 31st along with the Annual Progress Report. If gaps in data security and confidentiality are identified then strategies for improving data security should be noted on the Annual Progress Report.
Annual progress report	Annually	This report shall be submitted annually, thirty (30) days after the end of the current project period to summarize the work of the project year.
Annual itemized budget	January 1 - December 31	The budget shall be submitted annually on January 31st. The first budget shall be due January 31st, 2024.
Monthly CER's and Finance Reports	Monthly	Thirty (30) days after the end of the month.

12. Notices, Correspondence, and Reports

12.1. Notices, correspondence, reports and invoices/CERs from the Contractor to ADHS shall be sent to:

Meagan Surgenor, MHA
STIC Initiatives Manager
Bureau of Infectious Diseases and Services
Arizona Department of Health Services
150 North 18th Ave, Suite 280 Phoenix, AZ 85007
Mobile 480-407-9854
Email Meagan.Surgenor@azdhs.gov

12.2. Notices, correspondence, and reports (and payments if sent to same address) from ADHS to the Contractor shall be sent to:

Cochise Health and Social Services
ATTN: Carolyn Doose
1415 W. Melody Lane, Building A
Bisbee, AZ 85603-3090
Phone: 520-366-2285
Email: cdoose@cochise.az.gov



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Price Sheet

**Cochise Health and Social Services
Annual Price Sheet**

COST REIMBURSEMENT LINE ITEMS	BUDGETED AMOUNT
PERSONNEL SERVICES *	\$ 33,770.50
EMPLOYEE RELATED EXPENSES (ERE) *	\$ 10,100.00
PROFESSIONAL & OUTSIDE SERVICES	\$0.00
TRAVEL *	\$ 100.00
SUPPLIES	\$0.00
OTHER OPERATING *	\$ 13,896.00
CAPITAL OUTLAY EXPENSES	\$0.00
OTHER	\$0.00
TOTAL ANNUAL NOT TO EXCEED AMOUNT	\$ 57,866.50

*Indicates Indirect costs calculation

NOTES: With prior written approval from the STI Control Office Chief, CCHSS is authorized to transfer up to a maximum of thirty percent (30%) of the total budget amount between line items. Transfers of funds are only allowed between funded line items. Transfers exceeding thirty percent (30%) or to a non-funded item shall require a written amendment.

This budget is contingent on funding and is subject to potential changes in subsequent years.



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Exhibit - 2 CFR 200.332

§ 200.332	
Prime Awardee:	Arizona Department of Health Services
UEI #	QMWUG1AMYF65
Federal Award Identification (Grant Number):	6 NH25PS005157-05-11
Subrecipient name (which must match the name associated with its unique entity identifier):	Cochise County
Subrecipient's unique entity identifier (UEI #):	LNCRRL2K1DA9
Federal Award Identification Number (FAIN, sometimes it's the same as the Grant Number):	NH25PS005157
Federal Award Date (see the definition of Federal award date in § 200.1 of this part) of award to the recipient by the Federal agency;	3/14/2025
Subaward Period of Performance Start and End Date;	1/1/19- 2/28/26
Subaward Budget Period Start and End Date:	1/1/23- 2/28/26
Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient (this is normally the contract amount):	\$57,866.50
Total Amount of Federal Funds Obligated to the subrecipient by the pass-through entity including the current financial obligation (how much is available for contracts):	\$57,866.50
Total Amount of the Federal Award committed to the subrecipient by the pass-through entity	\$57,866.50
Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)	mitted Disease Prevention and Control in AZ
Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity	Centers for Disease Control and Prevention
Assistance Listings number and Title; the pass-through entity must identify the dollar amount made available under each Federal award and the Assistance Listings Number at time of disbursement:	Sexually Transmitted Diseases Control Grants
Identification of whether the award is R&D	No
Indirect cost rate for the Federal award (including the de minimis rate is charged) per § 200.414	N/A