

	INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT		MARICOPA COUNTY RYAN WHITE PART A PROGRAM 301 W. Jefferson Street, Suite 3200 Phoenix, Arizona 85003
	Agreement No.: 40-14-145-1	Amendment No. 3	Procurement #14022

RYAN WHITE PART A PROGRAM SERVICES

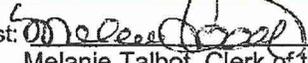
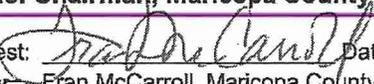
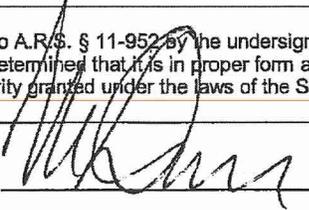
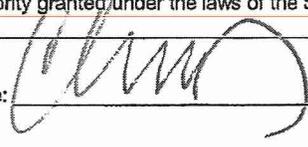
Effective March 1, 2015, it is mutually agreed that the referenced Intergovernmental Agreement is amended as follows:

Extend the IGA from March 1, 2015 to February 28, 2017.

Pursuant to:

1. Page Twenty Three (23), Section III: Work Statement Paragraph 1 is revised to include e. Health Education and Risk Reduction.
2. Section IV: Compensation is revised to include 7. Health Education and Risk Reduction.
3. Section V: Attachment 7 is added entitled Health Education and Risk Reduction 7a Service Definition.

ALL OTHER PROVISIONS OF THIS AGREEMENT REMAIN UNCHANGED.

CONTRACTOR:	COUNTY:
On behalf of: MARICOPA COUNTY SPECIAL HEALTHCARE DISTRICT dba: MARICOPA INTEGRATED HEALTH SYSTEM	On behalf of: THE MARICOPA COUNTY BOARD OF SUPERVISORS
Signature:  Date: <u>3/11/15</u> Name: Terence McMahon Title: Chair Board of Directors	Signature:  Date: <u>FEB 19 2015</u> Name: Steve Chucri Title: Chairman, Maricopa County Board of Supervisors
Attest:  Date: <u>3/11/15</u> Melanie Talbot, Clerk of the Board	Attest:  Date: <u>FEB 19 2015</u> 02646 Fran McCarroll, Maricopa County Clerk of the Board
Pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney, who has determined that it is in proper form and is within the powers and authority granted under the laws of the State of Arizona.	Pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney, who has determined that it is in proper form and is within the powers and authority granted under the laws of the State of Arizona.
Signature:  Date: <u>3-12-15</u>	Signature:  Date: <u>2-17-15</u>

INTERGOVERNMENTAL AGREEMENT
MARICOPA COUNTY
by and through the
RYAN WHITE PART A PROGRAM

301 West Jefferson, Suite 3200, Phoenix, AZ 85003

- 1. Agreement Number 90-14-145-1
- 2. Agreement Type: Fee for Service/Cost Reimbursement
- 3. Agreement Amount: \$2,935,000.00
- 4. Purpose: Ryan White Part A Program Services
- 5. Start Date: 3/01/2014
- 6. Expiration Date: 2/28/2015

This Agreement is entered into by and between the Maricopa County Special Health Care District dba Maricopa Integrated Health System (MIHS), referred to hereinafter as Contractor, and Maricopa County by and through its Ryan White Part A Program referred to hereinafter as County. Contractor, for and in consideration of the covenants and conditions set forth herein, shall provide and perform the services as set forth below. All rights and obligations of the parties shall be governed by the terms of this document its exhibits, Attachments and Appendices, including any Subcontracts or Amendments as forth herein and in:

Section I - General Provisions Section III - Work Statement Section V - Attachments
Section II - Special Provisions Section IV - Compensation

This Agreement contains all the terms and conditions agreed to by the parties. No other understanding, oral or otherwise regarding the subject matter of this Agreement shall be deemed to exist or to bind any of the parties hereto. Nothing in this Agreement shall be construed as consent to any suit or waiver of any defense in a suit brought against Maricopa County or its departments, employees, agents or representatives, or Contractor, in any State or Federal Court.

Legal Notice under this Agreement shall be given by personal delivery or by registered mail to the addresses set forth below and be effective upon receipt by the party to whom addressed unless otherwise indicated in said notice.

Notice to Contractor: Cheri Tomlinson, Maricopa Integrated Healthcare System, 2601 East Roosevelt Street, Phoenix, AZ 85008
e-mail: cheri.tomlinson@hcs.maricopa.gov Telephone number: 602-344-1159

Notice to County: Rose Conner, Maricopa County, Ryan White Part A Program, 301 West Jefferson, Suite 3200, Phoenix, AZ 85003
e-mail: ConnerR001@mail.maricopa.gov Telephone number: 602-372-7091

IN WITNESS WHEREOF the parties enter into this Agreement

CONTRACTOR: MARICOPA COUNTY SPECIAL HEALTHCARE
DISTRICT dba:

MARICOPA COUNTY BOARD OF SUPERVISORS

MARICOPA INTEGRATED HEALTH SYSTEM

Signature: Mary A. Harden

Signature: Denny Barney

Name: Mary A. Harden, RN

Name: Denny Barney

Title: Chair, Board of Directors

Title: Chair, Board of Supervisors

Date: 2/26/14

Date: FEB 12 2014

ATTEST: Melanie Talbot Date: 2/26/14

ATTEST: Fran Mc Carroll Date: FEB 12 2014

Melanie Talbot, Clerk of the Board

Fran Mc Carroll, Clerk of the Board

Pursuant to A.R.S. _11-952, the undersigned public agency's Intergovernmental Agreement is in proper form and is within the powers and authority granted under the laws of the State of Arizona.

Pursuant to A.R.S. _11-952, the Maricopa County Attorney's Office has determined that this Intergovernmental Agreement is in proper form and is within the powers and authority granted under the laws of the State of Arizona.

Signature: Mary A. Harden

Signature: [Signature]

Date: 2/26/2014

Date: 2-18-14

The Agreement referenced herein is funded by the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), Division of Service Systems, Ryan White CARE Act Title I Program, CFDA number 93.914- HIV Emergency Relief Projects Grants.

1.0 **DEFINITIONS**

As used throughout these PROVISIONS, the following terms shall have the meanings set forth:

- 1.1 **AGREEMENT** means this document and all attachments and amendments hereto.
- 1.2 **ADMINISTRATIVE AGENT** means the Ryan White Part A Program Manager, a County agent, responsible for Administration of the Grant.
- 1.3 **CLIENT** means the Ryan White eligible individual who has completed the eligibility application process and meets the HIV, Income, residency and third party payer requirements as outlined in the Ryan White Part A Policy and Procedure Manual.
- 1.4 **CONTRACTOR** means the person, firm or organization listed on the Cover page of this Agreement and who will be the service provider.
- 1.5 **COUNTY** means Maricopa County, Arizona.
- 1.6 **DEPARTMENT** means the Maricopa County, Ryan White Part A Program (RWPA).
- 1.7 **FUNDING SOURCE** means any Federal, State or Private Agency Funding Source that may impose conditions on the funding that will be passed on to the Contractor.
- 1.8 **PARTIES** means all entities associated with this Agreement i.e., the RWPA or Contractors staff.
- 1.9 **PROGRAM MANAGER** means the Manager of the Maricopa County, Ryan White Part A Program.
- 1.10 **RWPA** means the Ryan White Part A Program.
- 1.11 **RYAN WHITE PART A PROGRAM POLICY AND PROCEDURE MANUAL** is the policy and procedure manual developed for the Ryan White Part A Program and is as provided on <http://www.ryanwhiteparta.com> .

2.0 **PURPOSE OF THE PROGRAM. AUTHORITY AND BACKGROUND**

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act was first enacted in 1990 and subsequently amended several times. Currently, the Act was reauthorized in 2009 and is called the Ryan White HIV/AIDS Treatment Extension Act of 2009. The authority for this grant program is the Public Health Service Act Section 2603, 42 USC 300ff-13. The U.S. Department of Health and Human Services (DHHS) administers the Part A program through the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), Division of Service System (DSS). The entire CARE Act may be accessed at <http://Uhab.hrsa.gov/about/legislation.html>.

Part A funds provide direct financial assistance to Eligible Metropolitan Areas (EMAs) that have been the most severely affected by the HIV epidemic. Formula and supplemental funding components of the grant assist EMAs in developing or enhancing access to a comprehensive continuum of high quality, community-based care for low-income individuals and families with HIV disease. A comprehensive continuum of care includes primary medical care, HIV-related medications, mental health treatment, substance abuse treatment, oral health and case management services that assist PLWH/A (People Living with HIV/AIDS) in accessing treatment of HIV infection that is consistent with Public Health Service (PHS) Treatment Guidelines (current treatment guidelines are available at www.AIDSinfo.nih.gov). Comprehensive HIV/AIDS care beyond these core services also includes access to other health services (e.g., home health care, nutritional, and rehabilitation service). In addition, this continuum of care may include supportive services that enable individuals to access and remain in primary medical care (e.g., outreach, transportation, and food services).

Part A supplemental funds have been awarded since fiscal year {FY} 1999 under the Minority AIDS Initiative (MAI) to improve the quality of care and health outcomes in communities of color disproportionately impacted by the HIV epidemic. Funds are to initiate, modify, or expand culturally and linguistically appropriate HIV care services for disproportionately impacted communities of color. Following Congressional intent, MAI funds must be used to expand or support new initiatives consistent with these goals.

MAI funds are subject to special conditions of award, and providers of services funded with MAI funds must document their use separately from other Part A funds. Progress reports must be provided in a beginning of year, Mid-Year Progress Report, and end-of-fiscal year Final Progress Report. This information reported is used to monitor:

- Compliance with the MAI Condition of Award and related requirements;
- Progress in meeting planned objectives;
- Potential grantee technical assistance needs;
- Type and quantity of services delivered and demographics of clients served, and;
- Improvements in access and health outcomes being achieved through these services.

The Contractor should consider how efforts at the local level are consistent with the Ryan White HIV/AIDS Treatment Extension Act of 2009 which emphasizes the use of funds to address the service needs of "individuals who know their HIV status and are not receiving primary medical care services and for informing individuals of and enabling the individuals to utilize the services, giving particular attention to eliminating disparities in access and services among affected subpopulations and historically underserved communities" Section 2602 (b)(4)(D)(i).

Additionally, applicants should consider the Impact of the epidemic within the Phoenix EMA, which consists of Maricopa and Pinal counties. Several studies are available for applicants to review including:

- 2006 Hispanic PLWH/A Needs Assessment
- 2006 African American PLWH/A Needs Assessment
- 2006 PLWH/A Out of Care Needs Assessment
- 2006 Pinal County Needs Assessment
- Phoenix EMA 2006-2009 Comprehensive Plan

All reports can be viewed at the Phoenix EMA Ryan White Planning Council's website at

<http://www.ryanwhiteparta.com> Moreover, in developing your application you should consider the HIV/AIDS Bureau (HAB) Guiding Principles indicated below that have significant implications for HIV/AIDS care services planning.

- The HIV/AIDS epidemic is growing among traditionally underserved and hard-to-reach populations;
- The quality of emerging HIV/AIDS therapies can make a difference in the lives of people living with HIV disease;
- Changes in the economics of health care are affecting HIV/AIDS care network; and
- Outcomes are a critical component of program performance.

All Care Act funded projects in any service category must participate in the existing community-based continuum of care. This concept requires that services in a community must be organized to respond to the individual's or family's changing needs, in order to reduce fragmentation of care. For the Phoenix EMA to achieve this intent as required by HRSA guidance funded providers will be required to attend meetings sponsored by the Phoenix EMA Ryan White Planning Council and other management and technical assistance meetings deemed mandatory by Maricopa County Ryan White Part A Program. Lastly, Part A funds must be used in a manner consistent with current and future HRSA policies as developed by the Division of Services Systems, HIV/AIDS Bureau. These policies can be reviewed on the HAB website at <http://Uhab.hrsa.gov>.

3.0 RIGHT TO EXTEND AGREEMENT

Subject to availability of funds and acceptable Contractor performance, the Contractor hereby acknowledges and agrees that the Department shall have the right to extend this Agreement for additional periods, not to exceed a total term of five (5) years, except that the cost will be subject to renegotiation. Any extension of the Agreement Period must be mutually acceptable to the Department and the Contractor and signed by both parties in writing.

4.0 AMENDMENTS

All Amendments to this Agreement must be in writing and signed by both parties.

5.0 ASSIGNMENT/SUBCONTRACTING

No rights, liability, obligations or duties under this agreement may be assigned, delegated or subcontracted without the prior written approval of the County.

6.0 DISPUTES

Except as otherwise provided by law, any dispute arising under this Agreement shall be submitted in accordance with the Maricopa County Dispute Process as specified in the Maricopa County Procurement Code Section MC1-905 which is hereby incorporated by reference. The RWPA as required by the federal grantor agency, also has the grievance procedure specific to Ryan White Part A Program funded services which, depending on the nature of the dispute, may be invoked by interested parties.

7.0 ALTERNATIVE DISPUTE RESOLUTION

7.1 After the exhaustion of the administrative remedies provided in the Maricopa County Procurement Code, any agreement dispute in this matter is subject to compulsory arbitration. Provided the parties participate in the arbitration in good faith, such arbitration is not binding and the parties are entitled to pursue the matter in state or federal court sitting in Maricopa County for a de novo determination on the law and facts. If the parties cannot agree on an arbitrator, each party will designate an arbitrator and those two arbitrators will agree on a third arbitrator. The three arbitrators will then serve as a panel to consider the arbitration. The parties will be equally responsible for the compensation for the arbitrator(s). The hearing, evidence, and procedure will be in accordance with Rule 74 of the Arizona Rules of Civil Procedure. Within ten (10) days of the completion of the hearing the arbitrator(s) shall:

7.1.1 Render a decision;

7.1.2 Notify the parties that the exhibits are available for retrieval; and

7.1.3 Notify the parties of the decision in writing (a letter to the parties or their counsel shall suffice).

7.1.4 Within ten (10) days of the notice of decision, either party may submit to the arbitrator(s) a proposed form of award or other final disposition, including any form of award for attorneys' fees and costs. Within five (5) days of receipt of the foregoing, the opposing party may file objections. Within ten (10) days of receipt of any objections, the arbitrator(s) shall pass upon the objections and prepare a signed award or other final disposition and mail copies to all parties or their counsel.

7.2.1 Any party which has appeared and participated in good faith in the arbitration proceedings may appeal from the award or other final disposition by filing an action in the state or federal court sitting in Maricopa County within twenty (20) days after date of the award or other final disposition. Unless such action is dismissed for failure to prosecute, such action will make the award or other final disposition of the arbitrator(s) a nullity.

8.0 DEFAULT

County may suspend, modify or terminate this Agreement immediately upon written notice to Contractor in the event of a non-performance of state objectives or other material breach of contractual obligations or upon happening of any event, which would jeopardize the ability of the Contractor to perform any of its contractual obligations.

9.0 TERMINATION

10.1 County or the Contractor may terminate this Agreement at any time with thirty (30) days prior written notice to the other party. Such notice shall be given by personal delivery or by Registered or Certified Mail.

10.2 This Agreement may be terminated by mutual written agreement of the parties specifying the termination date herein.

10.3 County may terminate this Agreement upon twenty four (24) hours' notice when County deems the health or welfare of a client is endangered or Contractor non-compliance jeopardizes funding source financial participation. If not terminated by one of the above methods, this Agreement will terminate upon the expiration date of this Agreement as stated on the Cover Page.

10.0 NON-APPROPRIATION OF FUNDS

Notwithstanding any other provision of this Agreement, it may be terminated if the Maricopa County Board of Supervisors does not appropriate sufficient monies for the purpose of maintaining this Agreement.

11.0 SEVERABILITY

Any provision of this Agreement which is determined to be invalid, void or illegal shall in no way affect, impair or invalidate any other provision hereof, and the remaining provisions shall remain in full force and effect.

12.0 GENERAL REQUIREMENTS

13.1 The terms of this Agreement shall be construed in accordance with Arizona law. Any action shall be brought in the appropriate court in the State of Arizona.

13.2 The Contractor shall, without limitation, obtain and maintain all licenses, permits and authority necessary to do business, render services, and perform work under this Agreement, and shall comply with all laws regarding Unemployment Insurance, Disability Insurance and Worker's Compensation.

13.3 The Contractor is an independent Contractor in performance of the work and the provision of services under this Agreement and is not to be considered an officer, employee, or agent of Maricopa County.

13.0 CONTRACTOR ELIGIBILITY:

Contractors providing services under this Agreement shall be public or non-profit health and social services providers, and other non-profit community organizations, medical care providers, community-based organizations, HIV/AIDS service organizations, academic entities, or city, county, state, federal governmental units. The CARE Act Amendments of 1996 provide for contracting with for-profit entities under certain limited circumstances. Specifically, the amendments allow Part A funds to be used to provide direct financial assistance through contracts with private for-profit entities if such entities are the only available provider of quality HIV care in the area (Sec 2604(b) (2) (A); Section 2631(a) 1). Contractors are prohibited from serving as conduits to pass on their awards to for-profit entities. To better serve Persons Living with HIV/AIDS (PLWHA) within the EMA, the Maricopa County Ryan White Part A Program reserves the right, at its discretion, to issue multiple contracts within a service category.

All services must be directed to enhance the delivery of services to persons living with HIV, and, in limited, restricted instances, their families. These funds may not be used for prevention services.

All providers must have documented evidence to substantiate referral relationships on an ongoing basis. All providers must submit any written agreements with other organizations/entities that serve the community of persons living with HIV and are 1) service providers and/or 2) points of entry or access to HIV services. All Contractors shall include copies of such agreements, detailing each agencies/organization's roles and responsibilities.

14.0 TECHNICAL ASSISTANCE:

The Contractor is *strongly encouraged* to utilize the Ryan White Part A EMA technical assistance available to orient new providers at your organization, working through the service goals, service unit definition, process expected for service provision, and the administrative documentation required to comply with

Phoenix EMA Standards of Care and reporting requirements. This technical assistance will ensure that your internal processes meet the standards required and will assist you in fulfilling these requirements such that invoices are promptly paid.

15.0 ADAQUACY OF RECORDS

If the Contractor's books, records and other documents relevant to this Agreement are not sufficient to support and document that allowable services were provided to eligible clients the Contractor shall reimburse Maricopa County for the services not adequately supported and documented.

16.0 COMPLIANCE MONITORING

County shall monitor the Contractor's compliance with, and performance under, the terms and conditions of the Agreement, on-site visits for compliance monitoring may be made by County and/or its grantor agencies at any time during the Contractor's normal business hours, announced or unannounced. The Contractor shall make available for inspection and/or copying by County, all records and accounts relating to the work performed or the services provided under this Agreement, or similar work and/or service provided under other grants and contracts.

17.0. CONTINGENCY RELATING TO OTHER CONTRACTS AND GRANTS

- 17.1 The Contractor shall, during the term of this Agreement, immediately inform County in writing of the award of any other contract or grant where the award of such contract or grant may affect either the direct or indirect costs being paid/reimbursed under this Agreement. Failure by the Contractor to notify County of such award shall be a material breach of the Agreement and County shall have the right to terminate this Agreement without liability.
- 17.2. County may request, and the Contractor shall provide within a reasonable time, a copy of any other contract or grant, when in the opinion of the Ryan White Part A Program Manager, the award of the other contract or grant may affect the costs being paid or reimbursed under this Agreement.
- 17.3 If County determines that the award to the Contractor of such other Federal or State contract or grant has affected the costs being paid or reimbursed under this Agreement, County shall prepare an Amendment effecting a cost adjustment. If the Contractor protests the proposed cost adjustment, the protest shall be construed as a dispute within the meaning of the "Disputes" clause contained herein.

18.0. STRICT COMPLIANCE

Acceptance by County of performance not in strict compliance with the Agreement's terms shall not be deemed to waive the requirement of strict compliance for all future performance obligations. All changes in performance obligations under this Agreement must be in writing.

19.0 NON-LIABILITY

Maricopa County and its officers, employees, and representatives shall not be liable for any act or omission by the Contractor or any subcontractor, employee, officer, agent or representative of Contractor or subcontractors occurring in the performance of this Agreement, nor shall they be liable for purchases or Contracts made by the Contractor in anticipation of funding hereunder.

20.0 SAFEGUARDING OF CLIENT INFORMATION

The use or disclosure by any party of any information concerning an eligible individual served under this Agreement is directly limited to the performance of this Agreement.

21.0 RIGHTS IN DATA

The parties hereto shall have the use of data and reports resulting from this Agreement without costs or other restriction except as may otherwise be provided herein or by law or applicable regulation. Each party shall supply to the other party, upon request, any available information that is relevant to this Agreement and the performance hereunder.

22.0 NON-DISCRIMINATION

The Contractor, in connection with any service or other activity under this Agreement, shall not in any way discriminate against any client on the grounds of race, color, religion, sex, national origin, age, ability to pay or handicap. The Contractor shall include a clause to this effect in all subcontracts inuring to the benefit of the Contractor or County.

23.0 EQUAL EMPLOYMENT OPPORTUNITY

The Contractor will not discriminate against any employee, or applicant for employment because of race, age, handicap, color, religion, sex or national origin. The Contractor will take affirmative action to ensure that applicants are employed and that employees are treated during employment without regard to their race, age, handicap, color, religion, sex or national origin. Such action shall include, but not be limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising, lay-off or termination, rates of pay, or other forms of compensation, and selection for training, including apprenticeship. The Contractor shall to the extent such provisions apply, comply with Title VI and VII of the Federal Civil Rights Act: the Federal Rehabilitation Act, the Age Discrimination in Employment Act, the Immigration Reform and Control Act of 1986 (IRCA) and Arizona Executive Order 99-4 which mandates that all persons shall have equal access to employment opportunities. The Contractor shall also comply with all applicable provisions of the Americans with Disabilities Act of 1990.

24.0 REFERRAL RELATIONSHIPS

24.1 Contractors must have documented evidence to substantiate referral relationships on an ongoing basis consistent with HRSA guidance regarding "Maintaining Appropriate Referral Relationships" available from the RWPA upon request.

24.2 The Contractor shall have letters of agreement and Memorandums of Understanding (MOUs), or contracts to document referral relationships with key points of entry. Key points of entry may include:

- Emergency rooms
- Substance abuse and mental health treatment programs
- Detox(ification) centers
- Detention facilities
- Sexually Transmitted Disease (STD) Clinics
- Homeless shelters
- HIV counseling and testing sites

Additional points of entry:

- Public health departments
- Health care points of entry specified by eligible areas
- Federally Qualified Healthcare Centers (FQHCs)
- Entities such as Ryan White Part C and D grantees

25.0 REQUIREMENTS

- 25.1 Contractor shall comply with all policies and procedures as defined in the current Ryan White Part A Program Policies and Procedures Manual and amended versions.
- 25.2 Contractor will maintain discrete client files for all individuals served and will secure the necessary releases of information to allow for review of all pertinent client information by employees of County and/or their designated representatives. The Contractor will utilize an electronic medical record system to maintain client medical records as conducted by RWPA.
- 25.3 Contractor shall respond to all requests for information and documentation solicited by County when they are submitted in writing no later than seventy two (72) hours of receipt of request.
- 25.4 Contractor shall participate with a standardized anonymous Consumer Satisfaction Survey issued by the RWPA program. The survey and procedure is included in the Ryan White Part A Program Policies and Procedures Manual. Refer to <http://www.ryanwhiteparta.com>
- 25.5 Contractor's service locations shall be accessible by public transportation. If service locations are not accessible by public transportation, the Contractor shall have policies and procedures in place that describe how it will provide transportation assistance to clients.
- 25.6 Contractors providing Medicaid eligible services shall be certified to receive Medicaid payments, or receive a waiver from the U.S. Secretary of Health and Human Services. The Contractor shall document efforts to receive certification or waiver, and when certified, maintain proof of certification and file of contracts with Medicaid insurance companies.

26.0 RELEASE OF INFORMATION

- 26.1 The Contractor agrees to secure from all clients provided services under this Agreement any and all releases of information or other authorization requested by County. Each client file documenting the provision of Part A services must contain a current Administrative Agent authorized release form signed and dated by the client or client's legal representative. Failure to secure such releases from clients may result in disallowance of all claims to County for covered services provided to eligible individuals. If service to anonymous clients is specifically allowed and approved by the County according to the current Ryan White Part A policies and procedures manual or otherwise stated in writing by the Administrative Agent, this provision does not apply.
- 26.2 The Contractor agrees to comply with A.R.S. §36-662, access to records. In conducting an investigation of a reportable communicable disease to the Arizona Department of Health Services and local health departments may inspect and copy medical or laboratory records in the possession of or maintained by a health care provider or health care facility which are related to the diagnosis, treatment and control of the specific communicable disease case reported. Requests for records shall be made in writing by the appropriate officer of the Arizona Department of Health Services or local health department and shall specify the communicable disease case and the patient under investigation.

27. CERTIFICATION OF CLIENT ELIGIBILITY

- 27.1 The Contractor agrees to determine and certify eligibility as related to the payer of last resort requirements for all Clients seeking services supported by Ryan White funds, according to the requirements detailed in the Eligibility section of the current Ryan White Part A Program Policies and

Procedures Manual

27.2 The Contractor agrees to have billing, collection, co-pay and sliding fee policies and procedures that do not deny Clients services for non-payment, inability to produce income documentation, or require full payment prior to service, or include any other barriers to service based on ability to pay. If the Contractor charges Clients for services, the Contractor agrees to charge and document Client fees collected in accordance with their sliding fee schedule. This fee schedule shall be consistent with current federal guidelines 42 U.S.C. § 300ff-11 et seq.; Public Health Services (PHS) Act § 2605(e). This fee schedule must be published and made available to the public. If charging fees, the Contractor must have a fee discount policy, sliding fee schedule, and sliding fee eligibility applications. The Contractor must track fees charged and paid by clients. The Contractor must have a fee discount policy that includes client fee caps, including:

27.2.1. Clear responsibility for annually evaluating Clients to establish individual fees and caps.

27.2.2 Tracking of Part A charges or medical expenses inclusive of enrollment fees, deductibles, and co-payments.

27.2.3 Tracking of Part A charges or medical expenses inclusive of enrollment fees, deductibles, and co-payments.

27.2.4 A process for alerting the billing system that client has reached cap and no further charges will be charged for the remainder of the year.

27.2.5 Documentation of policies, fees, and implementation, including evidence that staff understand those policies and procedures.

27.2.6 Contractor must have a process for charging, obtaining, and documenting client charges through a Medical practice information system, either manually or electronically.

The chart below must be followed when developing the fee schedule.

Client Income	Fees For Service
Less than or equal to 100% of the official poverty line	No fees or charges to be imposed
Greater than 100%, but not exceeding 200%, of the official poverty line	Fees and charges for any calendar year may not exceed 5% of the Client's annual gross income
Greater than 200%, but not exceeding 300%, of the official poverty line	Fees and charges for any calendar year may not exceed 7% of the Client's annual gross income
Greater than 300% of the official poverty line	Fees and charges for any calendar year may not exceed 10% of the Client's annual gross income

28.0 QUALITY MANAGEMENT

28.1 The Contractor will participate in the Quality Management program as detailed in the current Ryan White Part A Program Policies and Procedures Manual (<http://www.ryanwhiteparta.com>).

28.2 The Contractor will utilize and adhere to the most current Standards of Care as developed by the Phoenix Eligible Metropolitan Area Planning Council.

28.3 The Contractor will develop and implement an agency-specific quality management plan for Ryan White Part A- funded services. The Contractor will conduct Quality Improvement projects at the

agency level utilizing the Plan- Do-Check-Act (PDCA) model.

- 28.4 The Contractor will participate in cost-cutting Quality Improvement projects and report data per the timeline established with the County. Additionally, the Contractor will report quality outcome measures established by the County per the reporting schedule.
- 28.5 The Contractor will participate in the Quality Management activities of the Clinical Quality Management Committee as requested by the County.
- 28.6 The Contractor will conduct and provide documentation of quality assurance and improvement activities, as designated by the County.
- 28.7 The Contractor will maintain a comprehensive unduplicated client level database of all eligible clients served as well as demographic and service measures required and submit this information in the format and frequency as requested by the County. The County will make available to the Contractor software for the collection of this information (CAREWare).
- 28.8 The Contractor will maintain consent to serve forms signed by the Clients to gain permission to report their data to County, State and Federal authorized entities and to view their records as a part of site visits and quality management review activities.
- 28.9 The Contractor will participate in Quality Management trainings sponsored by the County, which the County deemed mandatory. The Contractor understands that non-participation in these types of activities may result in non-compliance with the Standards of Care as mandated by the Ryan White Care Act. Further, such non-participation in Quality Management trainings could result in prompting a performance monitoring site visit.

29.0 REPORTING REQUIREMENTS

- 29.1 The Contractor agrees to submit monthly invoices as defined in the Invoice and Payments section.
- 29.2 The Contractor agrees to submit any administrative, programmatic, quality and/or fiscal reports requested and at the due date defined by the Administrative Agent.
- 29.3 The Contractor agrees to comply with and submit annual and semi-annual client-level and provider-level data as required by HRSA by the due date (s) defined by the Administrative Agent.
- 29.4 The Contractor agrees to comply with A.R.S. § 36-621, reporting contagious diseases. Any employee, subcontractor or representative of the Contractor providing services under this Agreement, shall follow the requirements of this law. Specifically, a person who learns that a contagious, epidemic or infectious disease exists shall immediately make a written report of the particulars to the appropriate board of health or health department. The report shall include names and residences of persons afflicted with the disease. If the person reporting is the attending physician he shall report on the condition of the person afflicted and the status of the disease at least twice each week.

30.0 PROGRAM MARKETING INITIATIVES

- 30.1 When issuing statements, press releases and/or Internet-based or printed documents describing projects, programs and/or services funded in whole or in part with Ryan White Part A funds, the Contractor shall clearly reference the funding source as the federal Department of Health and Human Services, Health Resources and Services Administration, the Ryan White HIV/AIDS Treatment Extension Act of 2009 (or current authorized or reauthorized name of Act), and Maricopa County

Ryan White Part A Program. Such references to funding source must be of sufficient size to be clear and legible.

- 30.2 Contractor is responsible for advertising Ryan White Part A-funded services. Such advertisement is to promote/incorporate the following components: Services available, venues/locations, and hours of operation. The content of any and all advertising for these services must be in a format allowed by Local, State and Federal regulations and shall contain the funding language referenced in this Agreement.
- 30.3 Contractor is responsible to ensure that all appropriate program descriptions, including hours and locations, and any changes related to these services are disseminated to the community and other Ryan White providers to ensure that clients have access to care. The Contractor shall be able to document and explain this communication process to the Administrative Agent upon request.

31.0 **POLICY ON CONFIDENTIALITY**

- 31.1 The Contractor understands and agrees that this Agreement is subject to all State and Federal laws protecting Client confidentiality of medical, behavioral health and drug treatment information.
- 31.2 The Contractor shall establish and maintain written procedures and controls that ensure the confidentiality of Client medical information and records.
- 31.3 In accordance with Section 318 (e) (5) of the Public Health Service Act [42 U.S.C. 247c (e) (5)], no information obtained in connection with the examination, care or services provided to any individual under any program which is being carried out with Federal monies shall, without such individual's consent, be disclosed except as may be necessary to provide services to such individual or as may be required by laws of the State of Arizona or its political sub-divisions. Information derived from any such program may be disclosed a). in summary, statistical, or other form; or b). for clinical research purposes, but only if the identity of the individual diagnosed or provided care under such program is not disclosed. The Contractor shall comply with the provisions of A.R.S. §36-663 concerning HIV-related testing; and A.R.S. §36-664 concerning confidentiality; in providing services under this Agreement.
- 31.4 Confidential communicable disease related information may only be disclosed as permitted by law, and consistent with the Ryan White Part A Program Policy Manual.

32.0 **EQUIPMENT**

- 32.1 All equipment and products purchased with grant funds should be American-made.
- 32.2 The title to any and all equipment acquired through the expenditure of funds received from County shall remain that of the Department of Health and Human Services, Health Resources and Services Administration. County must specifically authorize the acquisition of any such equipment in advance. Upon termination of this Agreement, County may determine the disposition of all such equipment.
- 32.3. The Contractor agrees to exercise reasonable control over all equipment purchased with capital outlay expense funds. All equipment lost, stolen, rendered unusable or no longer required for program operation must be reported immediately to County for disposition instructions. The Contractor shall report the physical inventory of all equipment purchased with these funds within sixty (60) days of receipt of such equipment.

33.0 RESTRICTIONS ON USE OF FUNDS

- 33.1. The Contractor shall not utilize funds made available under this Agreement to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item or service:
- 33.1.1 Under any State compensation program, under any insurance policy, or under any Federal, State, or County health benefits program; or
- 33.1.2 By an entity that provides health services on a prepaid basis.
- 33.2 Funds shall not be used to purchase or improve (other than minor remodeling) any building or other facility, or to make cash payments to intended recipients of services as referenced in the Arizona Revised Statutes (ARS) A.R.S. §41-2591, A.A.C. R2-7-701 and Code of Federal Regulations, Chapter 1, Subchapter e., Part 31, and Public Health Service Grants Policy Statement.
- 33.3 The federal Office of General Counsel and County emphasize that Ryan White Act funds may only support HIV-related needs of eligible individuals. All activities and expenditures must reflect an explicit connection between any service supported with Ryan White Act funds and the intended recipient's HIV status.
- 33.4 Contractor is not authorized to provide services anonymously, unless specifically approved for the service category in which the Contractor is providing services. All services must only be provided to documented eligible clients as defined in this agreement.
- 33.5 Ryan White funds shall not be used to finance the services of lobbyists, fundraisers or grant/proposal writers, nor to support lobbying, fundraising activities and/or the writing of grant/contract proposals. The Contractor shall have personnel policies and an employee orientation manual that include regulations that forbid using federal funds to lobby Congress or other Federal personnel.
- 33.6 The Ryan White Act limits the administrative expenses to not more than 10% of the total grant award. The Act defines the allowable "administrative activities" to include:
- 34.6.1 Usual and recognized overhead, including established indirect rates for agencies;
- 34.6.2 Management and oversight of specific programs funded under this title; and
- 34.6.3 Other types of program support such as quality assurance, quality control, and related activities.

34.0 USE OF SUBCONTRACTORS

- 34.1 The use of subcontractors and/or consultants shall be pre-approved by the County. If the use of subcontractors is approved by County, the Contractor agrees to use written subcontract/consultant agreements which conform to Federal and State laws, and the regulations and requirements of this Agreement appropriate to the service or activity covered by the subcontract. These provisions apply with equal force to the subcontract as if the subcontractor were the Contractor referenced herein. The Contractor is responsible for Agreement performance whether or not Subcontractors are used. The Contractor shall submit a copy of each executed subcontract to County within fifteen (15) days of its effective date.
- 34.1.1 All subcontract agreements must provide a detailed scope of work, indicating the provisions of service to be provided by both the Contractor and Subcontractor.
- 34.1.2 All subcontract agreements must include a detailed budget, identifying all administrative and direct service costs as defined in the Budget, Revenues and Expenditures section.
- 34.1.3 All subcontract agreements must document the qualifications and ability to provide

services by the subcontracting agency.

- 34.2 The Contractor agrees to include in any subcontracts a provision to the effect that the subcontractor agrees that County shall have access to the subcontractor's facilities and the right to examine any books, documents and records of the subcontractor, involving transactions related to the subcontract and that such books, documents and records shall not be disposed of except as provided herein.
- 34.3 The Contractor shall not enter into a subcontract for any of the work contemplated under this Agreement except in writing and with prior written approval of the County. Such approval shall include the review and acceptance by the County of the proposed sub-contractual arrangement between the Contractor and the subcontractor.

35.0 RYAN WHITE CAREWARE DATA BASE

- 35.1 RWPA requires the installation and utilization of HRSA-supplied Ryan White CAREWare software. CAREWare is used for client level data reporting and monthly billing reports, demographic reports, and various custom reporting. The Contractor agrees to install, collect, and report all data requested by the RWPA via RYAN WHITE CAREWare within sixty (60) days of request by the RWPA, or have systems for client care and level of billing to allow import of billing data into the RWPA CAREWare System. The Contractor agrees to participate in technical assistance training and/or informational presentations for CAREWare at various times scheduled during the agreement year.
- 35.2 The Contractor is responsible for coordinating the installation of the CAREWare software with their internal information technology staff. CAREWare software is developed by HRSA and requires no licensing fees. The Contractor will be responsible for the cost of the Virtual Provider Network (VPN) cards for each user within their organization if applicable.
- 35.3 The Ryan White Part A Office will provide technical assistance to eligible applicants for the implementation, and end user support for the CAREWare database. In addition, technical assistance is made available to eligible applicants to integrate CAREWare with proprietary in-house billing systems on an as needed basis to minimize data entry efforts needed to report client level demographic and service related data.

36.00 CULTURAL COMPETENCY

- 36.1 The Contractor shall meet and comply with applicable standards of the federal Culturally and Linguistically Appropriate Services (CLAS) standards. The Contractor shall develop and implement organizational policies that comply with these standards.
- 36.2 The Contractor shall recognize linguistic subgroups and provide assistance in overcoming language barriers by the appropriate inclusion of American Sign Language and languages of clients accessing care.

37.0 THE PHOENIX EMA RYAN WHITE PLANNING COUNCIL

The Phoenix EMA Ryan White Planning Council (PC) is a planning body required under the Part A authorization. The Chair of the Maricopa County Board of Supervisors serves as the Chief Elected Official for the Planning Council. Membership of the PC must be reflective of the epidemic within the Phoenix EMA and includes representatives from a variety of specific groups such as providers of housing and homeless shelters, HIV prevention services, representatives of individuals who were formerly Federal, State or local prisoners released from the custody of the penal system and had HIV disease on the date released, other mandated entities and interested advocates. The PC establishes service priorities, allocates Part A funds, develops a comprehensive plan, and addresses the efficiency of the grantee's administrative mechanism for rapidly contracting out funds to service providers.

The PC establishes Directives for service categories that are additional requirements that must be

incorporated into the program plan along with applicable Standards of Care. These Directives are provided under the service category description and should also guide prospective applicants in the development of goals, objectives and a work plan.

38.0 ADMINISTRATIVE AGENT AND QUALITY MANAGEMENT

Part A funds are awarded to the Chairman of the Maricopa County Board of Supervisors who acts as the chief elected official (CEO). The CEO retains ultimate responsibility for submitting grant applications, ensuring that funds awarded are used appropriately, and complying with reporting or other requirements. Most CEOs delegate day-to-day responsibility for administering their Part A award to a health related department within the jurisdiction.

For the purposes of this section, the CEO of the EMA has delegated this responsibility to the Ryan White Part A Program within Maricopa County. Administrative activities under the authority of the Administrative Agent include: Routine grant administration and monitoring activities, including the development of applications for funds, the receipt, monitoring and disbursement of program funds, the development and establishment of reimbursement and accounting systems, the preparation of routine programmatic and financial reports, compliance with grant conditions and audit requirements/promulgation of policies and procedures and continuous quality improvement initiatives.

All activities associated with the County's contract award procedures, including the development of requests for proposals, contract proposal review activities, negotiation and awarding of contracts, monitoring of contracts through telephone consultation, written documentation or onsite visits, reporting on contracts, and funding reallocation activities. The Administrative Agent will conduct site visits with service providers to monitor program and fiscal compliance with contracts, and to ensure adherence to the EMA's Standards of care as developed by the PC.

The lead agency (Contractor) agrees to include in any subcontracts a provision to the effect that the subcontractor agrees that Maricopa County Ryan White Part A Program shall have access to the subcontractor's facilities and the right to examine any books, documents, and records of the subcontractor, involving transactions related to the subcontract. Additionally, Client charts, care/treatment plans, eligibility requirements, etc., shall be available for inspection.

The Administrative Agent will also provide technical assistance and training that providers may be required to attend.

The CARE Act requires the establishment of quality management program and quality service indicators for all Part A programs to ensure that persons living with HIV disease receive those services and that the quality of those services meet certain criteria, specifically Standards of Care and the Public Health Services treatment guidelines.

The Maricopa County Ryan White Part A Program has established a Quality Management Program to assess all services funded under Ryan White Part A Program and to achieve the goals set forth in the CARE Act. All funded programs are subject to quality management reviews and technical assistance. All agencies must be able to demonstrate that health and support services supported by Part A funds are consistent with PHS treatment guidelines and the Standards of Care as established by the Planning Council.

All funded providers will be asked to submit quality management plans to reflect how providers are ensuring quality services.

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40.0 EFFECT

To the extent that the Special Provisions are in conflict with the General Provisions, the Special Provisions shall control. To the extent that the Work Statement(s) and the Special & General Provisions are in conflict the Work Statement(s) shall control.

41.0 AVAILABILITY OF FUNDS

41.1 The provisions of this Agreement relating to payment for services shall become effective when funds are assigned for the purpose of compensating the Contractor as herein provided are actually available to County for disbursement. The Maricopa County Chairman of the Board, who acts as the Chief Elected Official shall be the sole judge and authority in determining the availability of funds under this Agreement and County shall keep the Contractor full informed as to the availability of funds.

41.2 If any action is taken by any State Agency, Federal Department or any other agency or instrumentality to suspend, decrease, or terminates its fiscal obligations under, or in connection with, this Agreement, County may amend, suspend, decrease, or terminate its fiscal obligations under, or in connection with, this Agreement. In the event of termination, County shall be liable for payment only for services rendered prior to the effective date of the termination, provided that such services are performed in accordance with the provisions of this Agreement. County shall give written notice if the effective date of any suspension, amendment or termination under this section, at least ten (10) days in advance.

42.0 CHANGES

42.1 The Maricopa County RWPA may, with cause, by written order, make changes within the general scope of this Agreement in any one or more of the following areas: Work Statement activities reflecting changes in the scope of services, funding source or county regulations,

42.2 Administrative requirements such as changes in reporting periods, frequency of reports, or report formats required by funding source or County regulations, and/or,

42.3 Contractor fee schedules and/or, program budgets.

42.4 Examples of cause would include, but not be limited to: non-compliance, under performance, reallocations from the Planning Council, or approved directives from the Planning Council.

42.5 Such order will not serve to increase or decrease the maximum reimbursable amount to be paid to the Contractor. Additionally, such order will not direct substantive changes in services to be rendered by the Contractor.

42.6 Any dispute or disagreement caused by such written order shall constitute a "Dispute" within the meaning of the Disputes Clause of the Special Provisions of this Agreement and be administered accordingly.

43.0 RIGHT OF PARTIAL CANCELLATION

If more than one service category (Work Statement) is funded by this Agreement, Maricopa County reserves the right to terminate this Agreement or any part thereof based upon the Contractor's failure to perform any part of this Agreement without impairing, invalidating or canceling the remaining service category (Work Statement) obligations.

44.0 AUDIT REQUIREMENTS

If the Contractor receives \$500,000 or more from all contracts/agreements administered and /or funded via County, and/or receives \$500,000 or more per year from any federal funding sources, the Contractor, will be subject to Federal Audit requirements per P.L. 98-502 "The Single Audit Act." The Contractor shall comply with OMB Circulars A-128, A-110, and A-133 as applicable. The audit report shall be submitted to the Maricopa County EB&H for review within the twelve (12) months following the close of the fiscal year. The Contractor shall take any necessary corrective action to remedy any material weakness identified in the audit report within six (6) months after the release date of the report. Maricopa County may consider sanctions as described in OMB Circular A-128 for contractors not in compliance with the audit requirements.

45.0 AUDIT DISALLOWANCES

45.1 The Contractor shall, upon written demand, reimburse Maricopa County for any payments made under this Agreement, which are disallowed, by a Federal, State or Maricopa County audit in the amount of the disallowance, as well as court costs and attorney fees which Maricopa County incurs to pursue legal action relating to such a disallowance.

45.2 If at any time it is determined by County that a cost for which payment has been made is a disallowed cost, County shall notify the Contractor in writing of the disallowance and the required course of action, which shall be at the option of County either to adjust any future claim submitted by Contractor by the amount of the disallowed amount by the Contractor.

46.0 INSURANCE AND INDEMNIFICATION

- 46.1 Each party shall secure and maintain during the life of this agreement statutory worker's compensation and employer's liability insurance, commercial general liability and automobile liability insurance, including contractual liability, with limits of at least
- \$2,000,000. Each party shall retain the option of discharging this obligation by means of funded self-insurance. Should coverage be provided on a claims-made basis, the reporting period for claims shall be written so that it can be extended for two years. Contractors retained to provide work or service required by the Agreement will maintain Professional Liability Insurance covering acts, errors, mistakes, and omissions arising out of the work or service performed by the Contractor or any person employed by the Contractor, with limits of no less than \$2,000,000 per claim.
- 46.2 The MIHS shall secure and maintain property insurance or self-insurance coverage protecting its personal property against all risk of physical damage loss for their full replacement cost. The County shall obtain similar coverage for the personal property it maintains in MIHS Facilities pursuant to this IGA. Unless one of the party's personal property is damaged by the actions of the other party or its agents or invitees, the MIHS and the County agree to rely on their property insurance or self-insurance coverage for all other personal property damages.
- 46.3 All carriers shall be approved and shall be in good standing with the Arizona Department of Insurance and possess a B++ or better A.M. Best rating. Prior to the commencement of this Agreement, the County and MIHS shall provide certificates of insurance evidencing coverage provisions.
- 46.4 County shall hold MIHS harmless to the extent permitted by law, its officers, employees and volunteers; from and against any and all claims, demands, suits, actions, proceedings and expenses of any kind or nature, for damages to property or injuries to or death of any person or persons, including employees or agents of MIHS, and including, but not by way of limitation, worker's compensation claims, resulting from or arising out of the negligent or wrongful acts, errors or omissions of County, its employees or subcontractors.
- 46.5 MIHS shall hold the County harmless to the extent permitted by law, its officers, employees and volunteers, from and against any and all claims, demands, suits, actions, proceedings and expenses of any kind or nature, for damages to property or injuries to or death of a person or persons, including employees or agents of County, including, but not by way of limitation, worker's compensation claims, resulting from or arising out of the negligent or wrongful acts, errors or omissions of MIHS, or its employees.
- 46.6 The amount and type of insurance coverage set forth herein will in no way be construed as limiting the scope of the indemnity in Paragraphs D and E.

47.0 IMPROPRIETIES AND FRAUD

- 47.1 The contractor shall notify the Ryan White Part A Program in writing of any actual or suspected incidences of improprieties involving the expenditure of CARE Act funds or delivery of services. This will include when potential or current clients receive services, or attempt to receive services, for which they are ineligible. Notification is also required whenever acts of indiscretion are committed by employees that may be unlawful or in violation of this agreement. Notification to the Ryan White Part A Program shall occur in writing within 24 hours of detection.
- 47.1.1 The Federal Department of HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous.

Office of Inspector
General TIPS HOTLINE
P.O. Box 23489

Washington, D.C. 20026

Telephone:1-800-447-8477(1-880-HHS-TIPS)

47.1.2 The Contractor shall be responsible for any loss of funds due to mismanagement, misuse, and/or theft of such funds by agents, servants and/or employees of the Contractor.

48.0 CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

- 48.1 The undersigned (authorized official signing for the Contractor) certifies to the best of his or her knowledge and belief, that the Contractor, defined as the primary participant in accordance with 45 CFR Part 76, and its principles;
- 48.1.1 are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- 48.1.2 have not within a three (3) year period preceding this Agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction, violation, of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving of stolen property;
- 48.1.3 are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph two (2) of this certification; and
- 48.1.4 have not within a three (3) year period preceding this Agreement had one or more public transactions (Federal, State or local) terminated for cause or default.
- 48.2 Should the Contractor not be able to provide this certification, an explanation as to why should be attached to the Agreement.
- 48.3 The Contractor agrees to include without modification, this clause in all lower tier covered transactions (i.e. transactions with subcontractors) and in all solicitations for lower tier transactions related to this Agreement.

49.0 BUDGET, REVENUES AND EXPENDITURES:

- 49.1 The actual amount of consideration to be paid to the Contractor depends upon the actual hours worked, service provided and related expenses as stated in the current approved budget or as modified by amendment or appropriately executed task order. Any un-obligated balance of funds at the end of this Agreement period will be returned to the County in accordance with instruction provided.
- 49.2 The Contractor shall have written fiscal and general policies and procedures that include compliance with federal and Ryan White programmatic requirements.
- 49.3 The Contractor shall prepare and submit to County a budget using the current Ryan White Part A Program-approved formats at the beginning of each grant year in accordance with the stated funds allocated on the most recently issued task order. If the task order is increased or decreased at any time throughout the duration of the grant year, a revised budget may be required. Failure to provide a required budget or schedule of deliverables within the designated timeframe may result in termination of the agreement.
- 49.4 The total administrative costs budgeted; including any federally approved indirect rate (inclusive of contractor and subcontractor(s)) cannot exceed 10% of the amount of the current grant award. Any amount of administrative expenditures in excess of 10% will not be reimbursed.
- 49.5 Contractor agrees that all expenditures are in accordance with the current approved

Budget. Any expenditure deemed unallowable by the Administrative Agent is subject to the Contractor submitting a full reimbursement to the County.

- 49.5.1 Contractor agrees to establish and maintain a "Financial Management System" that is in accordance with the standards required by Federal OMB Circular A-110, Subpart C. Such system must also account for both direct and indirect cost transactions, reports on the results of those transactions, are in compliance with the requirements of OMB Circular A-21 and generally accepted accounting principles.
- 49.5.2 All expenditures and encumbered funds shall be final and reconciled no later than 45 days after the close of the grant year
- 49.5.3 Funds collected by the Contractor in the form of fees, charges, and/or donations for the delivery of the services provided for herein shall be accounted for separately. Such fees, charges and/or donations must be used for providing additional services or to defray the costs of providing these services consistent with the Schedule of Deliverables of this Agreement. As applicable, the Contractor agrees to include, in the underlying budget, the amount of projected revenue from client fees. The amount of funds collected from client fees shall be reported by Contractor in the Monthly invoice by discrete service. For audit purposes, the Contractor is responsible for maintaining necessary documentation to support provision of services.

50.0 DUTIES

- 50.1 The Contractor shall perform all duties stated in the budget's schedule of deliverables for that grant year and/or as directed by the current Ryan White Part A policies and procedures manual.
- 50.2 The Contractor shall perform services at the location(s) and time(s) stated in this application, the current approved work plan or as otherwise directed in writing, via an amendment and/or task order from the Administrative Agent.

51.0 TASK ORDERS

Contractor shall not perform a task other than those found/defined in the agreement. Task Orders may be issued by the Administrator of this agreement. Task Orders will be communicated via written document and shall include, but is not limited to: budget amount, reference to special conditions of award, and any special service and reporting requirements. Amended Task Orders can be issued at any time during the grant year. Both parties shall sign a new or amended Task Order.

52.0 CHANGES

The Maricopa County Ryan White Part A Program, with cause, by written order, may make changes within the general scope of this Agreement in any one or more of the following areas (Also see AMENDMENTS & TASK ORDER SECTIONS):

- 52.1 Schedule of deliverables activities reflecting changes in the scope of services, funding source or County Regulations.
- 52.2 Administrative requirements such as changes in reporting periods, frequency of reports, or report formats required by funding source or County regulations, policies or requirements, and/or,
- 52.3 Contractor fee schedules, reimbursement methodologies and/or schedules and/or program budgets.
 - 52.3.1 Examples of cause would include, but are not limited to: non-compliance, under performance, service definition changes, reallocations or other directives approved by the Planning Council, or any other reason deemed necessary by the Administrative Agent.
 - 52.3.2 Such order will not serve to increase or decrease the maximum reimbursable amount to be paid to the Contractor. Additionally, such order will not direct substantive changes in services to be rendered by the Contractor.
 - 52.3.3 Any dispute or disagreement caused by such written order shall constitute a "Dispute" within the meaning of the Disputes Clause found within this Agreement and shall be administered accordingly.

53.0 TAX (SERVICES)

No tax shall be levied against labor. It is the responsibility of the Contractor to determine any and all taxes and include the same in proposal price.

54.0 DELIVERY

It shall be the Contractor's responsibility to meet the proposed delivery requirements. Maricopa County reserves the right to obtain services on the open market in the event the Contractor fails to make delivery and any price differential will be charged against the Contractor.

55.0 COMPENSATION

- 55.1 County will pay the Contractor on a monthly basis for approved services and expenses and in accordance with the reimbursement methodology determined by the County's Administrative Agent; either fee-for service or cost. The total funds paid to the Contractor will be dependent upon the approved invoice according to the Administrative Agent. County does not guarantee a minimum payment to the Contractor. County will not reimburse for fee-for-service activities when an appointment is canceled either by the client or Contractor.
- 55.2 The Contractor understands and agrees to notify the County of any deviations or changes to any budget line of the current budget in place for this agreement within thirty (30) days of such change.
- 55.3 The Contractor shall be compensated for services provided only by the staff classifications/positions Unless specifically allowed and referenced elsewhere in this agreement, all services are to be provided at approved Contractor sites and/or venues. Services provided at non-authorized locations or venues will not be reimbursed by the County.
- 55.4 The Contractor shall provide monthly financial and corresponding programmatic reports per the reporting schedule to the County. If the Contractor is not in compliance due to non-performance, submission of reports after deadlines, insufficient back-up statements or improperly completed forms, the Contractor may not be reimbursed or reimbursement may be delayed until program compliance issues and any other related financial consequences are resolved. Furthermore, instances of non-compliance with billing and reporting requirements may result in the County reducing the Contractor's reimbursement by up to 10% of the corresponding month's billing. Billing forms and instructions are included in the current Ryan White Part A Program Policies and Procedures Manual refer to <http://www.rvanwhiteparta.com>
- 55.5 The County reserves the right to reallocate funding during the agreement period so that the services provided and corresponding agreement amount may be decreased or increased via contract amendment or Task order at the discretion of the County.

56.0 INVOICES AND PAYMENTS:

- 56.1 The County will pay the Contractor on a monthly basis for approved services and expenses and in accordance with the reimbursement methodology determined by the County's Administrative Agent; either fee-for service or cost. The total funds paid to the Contractor will be dependent upon the approved invoice according to the Administrative Agent. County does not guarantee a minimum payment to the Contractor. County will not reimburse for fee-for-service activities when an appointment is cancelled by either the client or Contractor.
- 56.2 Contractor will submit the invoice packet for services performed on or before the 25th calendar day following the month in which services were performed.
- 56.3 The invoice must include the requirements as outlined in the Ryan White Part A's current policies and procedures manual.
- 56.4 Contractors providing medical services are required to utilize HCF-1500, UB-92 or other standardized medical claim forms as agreed to with the Administrative Agent, and to submit to the Ryan White Part A program in addition to the other required invoice reports and forms.

57.0 METHOD OF PAYMENT:

- 57.1 Subject to the availability of funds, County will, within sixty (60) business days from the date of receipt of the documents enumerated herein, process and remit to the Contractor a warrant for payment up to the maximum total allowable for services provided or work performed during the previous month. Payment may be delayed or reduced if invoices are in non-compliance due to late submission, improperly completed or missing documentation/information or for other agreement non-compliance occurring in the related grant year. Other non-compliance issues that may delay or reduce payments can be related to any agreement issue, and may not necessarily be related to the bill itself. Should County make a disallowance in the claim, the claim shall be processed for the reduced amount. If the Contractor protests the amount or the reason for a disallowance; the protest shall be construed as a dispute concerning a question of fact within the

meaning of the "Disputes" clause of the Special Provisions of this Agreement.

- 57.2 The Contractor understands and agrees that County will not process any claim for payment for services rendered prior to the end of the agreement period which are submitted more than 45 calendar days from the last day of the grant year.
- 57.3 Payments made by County to the Contractor are conditioned upon the timely receipt of applicable, accurate and complete invoice reports and forms submitted by the Contractor. All monthly invoices must be supported by auditable documentation, which is determined to be sufficient, competent evidential matter defined by the County.
- 57.4 The Contractor understands and agrees that Ryan White Part A is the payer of last resort, and shall maximize and monitor all other revenue streams including self-pay and all sources of third party reimbursements. The Contractor understands and agrees that all self-pay and third party payments must be exhausted to offset program costs before Ryan White funds are used. The Contractor must have policies and procedures documented and in place to determine and bill these other potential payment sources. These third party payers include but are not limited to Regional Behavioral Health Authority (RBHA), Medicaid (Arizona Health Care Cost Containment Services/AHCCCS), Arizona Long Term Care System (ALTCs), TRICARE, Medicare and private/commercial or other insurance. The Contractor will determine eligibility of clients and assist with client enrollment whenever feasible.
- 57.5 Payments collected by the Contractor for Ryan White services must be recorded as Program Income in the Contractor's financial management system and deducted from bills issued to the County. Program income records must be made available to the County for assurance that such revenues are used to support related services. The Contractor shall have policies and procedures for handling Ryan White revenue including program income.
- 57.6 The Contractor shall have policies and staff training on the payer of last resort requirement and how it meets that requirement.
- 57.7 Payment shall be made to the Contractor by Accounts Payable through the Maricopa County Vendor Express Payment Program. This is an Electronic Funds Transfer (EFT) process. The Contractor shall have completed or perform the Vendor Registration Form located on the County Department of Finance Vendor Registration Web Site (www.maricopa.gov/finance/vendors).
- 57.8 EFT payments to the routing and account numbers designated by the Contractor will include the details on the specific invoices that the payment covers. The Contractor is required to discuss remittance delivery capabilities with their designated financial institution for access to those details.

57.0 METHOD OF PAYMENT:

- 57.1 Subject to the availability of funds, County will, within sixty (60) business days from the date of receipt of the documents enumerated herein, process and remit to the Contractor a warrant for payment up to the maximum total allowable for services provided or work performed during the previous month. Payment may be delayed or reduced if invoices are in non-compliance due to late submission, improperly completed or missing documentation/information or for other agreement non-compliance occurring in the related grant year. Other non-compliance issues that may delay or reduce payments can be related to any agreement issue, and may not necessarily be related to the bill itself. Should County make a disallowance in the claim, the claim shall be processed for the reduced amount. If the Contractor protests the amount or the reason for a disallowance; the protest shall be construed as a dispute concerning a question of fact within the meaning of the "Disputes" clause of the Special Provisions of this Agreement.
- 57.2 The Contractor understands and agrees that County will not process any claim for payment for services rendered prior to the end of the agreement period which are submitted more than 45 calendar days from the last day of the grant year.
- 57.3 Payments made by County to the Contractor are conditioned upon the timely receipt of applicable, accurate and complete invoice reports and forms submitted by the Contractor. All monthly invoices must be supported by auditable documentation, which is determined to be sufficient, competent evidential matter defined by the County.
- 57.4 The Contractor understands and agrees that Ryan White Part A is the payer of last resort, and shall maximize and monitor all other revenue streams including self-pay and all sources of third party reimbursements. The Contractor understands and agrees that all self-pay and third party payments

must be exhausted to offset program costs before Ryan White funds are used. The Contractor must have policies and procedures documented and in place to determine and bill these other potential payment sources. These third party payers include but are not limited to Regional Behavioral Health Authority (RBHA), Medicaid (Arizona Health Care Cost Containment Services/AHCCCS), Arizona Long Term Care System (ALTCs), TRICARE, Medicare and private/commercial or other insurance. The Contractor will determine eligibility of clients and assist with client enrollment whenever feasible.

- 57.5 Payments collected by the Contractor for Ryan White services must be recorded as Program Income in the Contractor's financial management system and deducted from bills issued to the County. Program income records must be made available to the County for assurance that such revenues are used to support related services. The Contractor shall have policies and procedures for handling Ryan White revenue including program income.
- 57.6 The Contractor shall have policies and staff training on the payer of last resort requirement and how it meets that requirement.
- 57.7 Payment shall be made to the Contractor by Accounts Payable through the Maricopa County Vendor Express Payment Program. This is an Electronic Funds Transfer (EFT) process. The Contractor shall have completed or perform the Vendor Registration Form located on the County Department of Finance Vendor Registration Web Site (www.maricopa.gov/finance/vendors).
- 57.8 EFT payments to the routing and account numbers designated by the Contractor will include the details on the specific invoices that the payment covers. The Contractor is required to discuss remittance delivery capabilities with their designated financial institution for access to those details.

58.0 BUDGET REVENUES AND EXPENDITURES:

- 58.1 The Contractor shall have written fiscal and general policies and procedures that include compliance with federal and Ryan White programmatic requirements.
- 58.2 The Contractor shall prepare and submit to County a budget and Work Plan using the current Ryan White Part A-approved formats at the beginning of each grant year in accordance with the stated funds allocated on the most recently issued task order. If the task order is increased or decreased at any time throughout the duration of the grant year, a revised budget and Work Plan may be required. The total administrative costs budgeted; including any federally approved indirect rate (inclusive of contractor and subcontractor(s)) cannot exceed 10% of the amount of the current grant award. Any amount of administrative expenditures in excess of 10% will not be reimbursed to MIHS.
- 58.3 Contractor agrees that all expenditures are in accordance with the current approved budget. Any expenditure(s) deemed unallowable by the Administrative Agent are subject to the Contractor submitting a full reimbursement to the County. Contractor agrees to establish and maintain a "Financial Management System" that is in accordance with the standards required by Federal OMB Circular A-110, Subpart C.21 (b). Such system must also account for both direct and indirect cost transactions, reports on the results of those transactions, are in compliance with the requirements of OMB Circular A-110 and generally accepted accounting principles.
- 58.4 All expenditures and encumbered funds shall be final and reconciled no later than 45 days after the close of the grant year.
- 58.5 Funds collected by the Contractor in the form of fees, charges, and/or donations for the delivery of the services provided for herein shall be accounted for separately. Such fees, charges and/or donations must be used for providing additional services or to defray the costs of providing these services

consistent with the Work Plan of this Agreement. As applicable, the Contractor agrees to include, in the underlying budget, the amount of projected revenue from client fees. The amount of funds collected from client fees shall be reported by Contractor in the Monthly invoice by discrete service. For audit purposes, the Contractor is responsible for maintaining necessary documentation to support provision of services.

- 58.6 Subject to the availability of funds, County shall pay the Contractor for the services described herein for a sum not to exceed the Agreement amount listed on the cover page of this agreement. County will pay the contractor for Invoices received that are based in accordance with the Arizona Health Care Cost Containment System (AHCCCS) Fee for Service rate in effect at the time of service and in accordance with the approved budget. The total funds paid to the Contractor will be dependent upon the number of units of service performed by the Contractor. County does not guarantee a minimum payment to the Contractor. County will not reimburse Contractor for missed appointments by clients.
- 58.7 The Contractor agrees to perform a reconciliation of the amount charged to RWPA with the actual cost of delivering services on an annual calendar year basis and to submit documentation no later than sixty (60) days after the end of the grant year (May 1st)
- 58.8 Administrative costs are allowable for services provided through this IGA, up to a maximum of 10% of direct service costs, if the Contractor submits a line item budget identifying the administrative costs specific to the RWPA Program.
- 58.9 Ryan White CARE Act funds shall not be used to finance the service of lobbyists, fundraisers or grant/proposal writers, nor to support lobbying, fundraising activities and/or the writing of grant/contract proposals.
- 58.10 The Contractor understands and agrees to notify the County of any deviations or changes to any budget line of the underlying budget of this agreement within Thirty (30) days of such change.
- 58.11 The Contractor shall be compensated for services provided only by the staff classifications/positions included/referenced in the underlying budget.
- 58.12 Unless specifically allowed and referenced elsewhere in this contract, all services at Contractor sites and/or venues. Services provided at non-authorized locations or venues will not be reimbursed by the County.

1. The Contractor shall provide the following services in accordance with their response to the Maricopa County Ryan White Part A Program, Requests for Proposals as provided in Attachments 1, 2 and 3.
 - a. Mental Health and Substance Abuse Treatment Services in accordance with the MIHS response to 12097-RFP, inclusive of their Application, Narrative, Budget and other documents as provided in Attachment 1.
 - b. Outpatient Ambulatory Medical Care Services in accordance with the MIHS response to 13126-RFP, inclusive of their Application, Narrative, Budget and other documents as provided in Attachment 2.
 - c. Oral Health Services in accordance with the MIHS response to 11068-RFP, inclusive of their application, Narrative and other documents as provided in Attachment 3.
2. The Contractor shall provide Early Intervention Services in accordance with the Statement of Work and Budget as provided in Attachment 4.
3. The Contractor shall provide Case Management Services in accordance with the Statement of Work and according to an agreed upon budget and schedule of deliverables.
4. All services shall be provided in accordance with all applicable federal, state and local requirements as detailed in the Ryan White Part A Program Policies and Procedures, located at <http://www.ryanwhiteparta.com>

The contractor shall be compensated as follows:

1. Outpatient Ambulatory Medical Care, Mental Health and Substance Abuse Treatment Services shall be provided in accordance with the Arizona Health Care Cost Containment System Fee for Service rate at the time of service.
2. Administrative costs for Outpatient Ambulatory Care, Mental Health and Substance Abuse , as identified in a separate line item budget, may be reimbursed up to a maximum of 10% of the AHCCCS fees, based on the approved budget and funding.
3. Oral Health Services shall be provided in accordance with the approved Delta Dental Fee Schedule at the time of service, plus 10% of direct service fees for dental care coordination.
4. Case Management Services shall be provided in accordance with the cost for providing the services in the approved budget and funding allocations, plus 10% of direct service fees.
5. Early Intervention Services shall be provided in accordance with the cost for providing the services as provided in the approved budget and funding allocation(s), plus 10% of direct service fees.

This Attachment consists of the Maricopa Integrated Health Systems Response to the Maricopa County Ryan White Part A Program, Request for Proposal 12097-RFP, for Mental Health and Substance Abuse Services. This portion of the Intergovernmental Agreement shall be a Fee for Service arrangement utilizing the Arizona Health Care Cost Containment System, Fee for Service rate, in place during the time the service(s) is/are performed.

Index of Attachments

Attachment 1: consists of the following original documents:

Attachment 1-A: Service Provider Application

Attachment 1-B-1: Budget for Mental Health Services

Attachment 1-B-2: Budget for Substance Abuse Services

Attachment 1-C: Narrative Scope of Work

Attachment 1-D: MIHS Grant Policy and Procedure

Attachment 1-E: MIHS Staff Licenses and Resumes

Attachment 1-F: MIHS References

Attachment 1-G: MIHS Org Chart

Attachment 1-A

SERVICE PROVIDER APPLICATION

Organization: Maricopa Integrated Health System

Address: 2601 E. Roosevelt St.

City: Phoenix State: AZ Zip: 85008

Telephone: 602-344-2629

Executive Director/CEO: Betsy Bayless, President and Chief Executive Officer

Person completing this form: Cheri Tomlinson Contact Telephone: 602-344-2629

Legal Status: Nonprofit 501-C3 Corporation LLC Partnership Other: Maricopa County Special Health Care

Years in Business: 133 years as an org

Maricopa County Vendor Registration Complete: Yes No Vendor Number: W000007745-9

Site and Locations where services will be provided under this contract: McDowell Healthcare Center

Service Site Location #1: McDowell Healthcare Center

Organization: Maricopa County Special Health Care District dba Maricopa Integrated

Address: 1144 E. McDowell Road, Suite 300

City: Phoenix State: AZ Zip: 85006

Telephone: 602-344-8550

Service Site Location #2:

Organization:

Address:

City: State: Zip:

Telephone:

Note: If you propose more than two (2) Service Site Locations please include an additional attachment identifying those locations.

What Geographic Location(s) do you plan to serve (See Exhibit 3)?

MIHS will provide services throughout the entire EMA.

Upon Award of a Contract, for this service, it is required that the Contractor shall comply with all Terms and Conditions of this Solicitation. Can your Organization meet and comply with all of the Terms and Conditions at this time? Yes or No YES

Can your Organization meet all of the Terms and Conditions at the time of the contract award? Yes or No YES

If your response is yes to this question, please identify the Term and Condition and describe how your Organization will meet the requirement:

Maricopa County Ryan White Part A - Budget Documentation

DATE PREPARED	8/16/12	
PREPARED BY:	Phyllis Hardy	
NAME OF ORGANIZATION:	Maricopa Integrated Health System	
Fed. Employee ID # (FEIN)	86-0830701	
DUNS #	186507216	
ADDRESS:	2601 E Roosevelt Road	
	Phoenix, AZ 85008	
AUTHORIZED CONTACT	Dr. Robert Fromm, Chief Medical Officer	
TELEPHONE	(602) 344-5503	FAX (602) 344-5190
E-MAIL	robert.fromm@mihs.org	
PRIMARY CONTACT	Cheri Tomlinson	
TELEPHONE	602-344-2629	FAX 602-344-2633
EMAIL	cheri.tomlinson@mihs.org	
CONTRACT NUMBER		
SERVICE CATEGORY	Mental Health Services	
BUDGET PERIOD:	3/1/2012	2/29/2013
	Start Date	End Date
CONTRACT AMOUNT	\$169,664.16	

By submission of this budget, the Provider certifies that they have read the List of Unallowable Costs under the Ryan White Part A Program and agree to follow the HRSA specific standards related to Unallowable Costs.

In addition, the following documents must be submitted with your budget proposal (Check the appropriate boxes)

If applicable, Indirect Cost Proposal is attached Cost Allocation Policy is attached (required)

**Maricopa County
Ryan White Part A Grant
Contractor Budget Summary**

Date Prepared: 8/16/2012

(Section I)

Organization
Service Category
Budget Period

Maricopa Integrated Health System
Mental Health Services
March 1, 2012 Through 2/29/2013

(Section II)

Contract Amount **\$169,664.16**

Operating Expenses		FTES	Administrative Budget	Direct Service Budget	Total Budget
			0.00	0.00	0.00
Personnel:	Salaries		\$ -	\$ -	\$ -
Personnel:	Fringe/Benefits		-	-	-

Subtotal: Personnel/Fringe Benefits - - -

Other Operating Expenses				
Travel		-	-	-
Supplies		-	-	-
Equipment		-	-	-
Contractual		-	32,548.32	32,548.32
Program Support		-	-	-
Other Professional Services		-	137,115.84	137,115.84

Subtotal: Other Operating Expenses - 169,664.16 169,664.16

Total Operating Expenses - 169,664.16 169,664.16
(Personnel and Other Direct Costs)

Indirect Costs				
Enter Indirect Cost Rate (may not exceed 10% of Direct Costs)		-	-	-

Providers claiming an indirect cost must submit their most current negotiated indirect costs rate agreement issued by the cognizant federal agency with their budget.

Total Costs of Contract - 169,664.16 169,664.16

(Admin-Percent of Direct Costs) 0.00%

Administration may not exceed 10% of Direct Costs

CONTRACT BALANCE

(Contract Revenue less Total Costs of Contract)

\$ -

*The Contract Balance should equal zero.

Personnel

All staff paid in full or part from this Ryan White Part A grant are to be listed in the following chart.

Date Prepared: 8/16/2012

1 Staffing

Provider Entry Auto Calculation

Fringe Benefit Rate 0.00%

Position Title	Last Name	Annual Hours	% RWFA	FTE	Hourly Rate	Salary Applied to Grant per FTE	Benefits Applied to Grant per FTE	Admin Stipend A, O or AO	% Applied as Administrative	Gross Admin Salary	Gross Admin Benefits	Direct Service Salary	Direct Service Benefits
Description				0.0000		\$	\$					\$	\$
Description				0.0000		\$	\$					\$	\$
Description				0.0000		\$	\$					\$	\$
Description				0.0000		\$	\$					\$	\$
Description				0.0000		\$	\$					\$	\$
Description				0.0000		\$	\$					\$	\$
Description				0.0000		\$	\$					\$	\$
Description				0.0000		\$	\$					\$	\$
TOTAL Personnel													
(Admin)													
(Direct Service)													
Total													
				0.00	FTE	Percent Admin		0%				0%	
				0.00	FTE	Percent Direct		0%				0%	
				-	FTE								

2 Staffing Continuation Sheet (Page 2 of 2)

Provider Entry Auto Calculation

Date Prepared: 8/16/2012

Staffing Continuation Sheet (Page 2 of 2) Manicopa Integrated Health System Mental Health Services													
Position Title	Last Name	Annual Hours	% FTE	Rate	Security Rate	Salary Applied to Grant per FTE	Benefits Applied to Grant per FTE	% Admin	% Admin	Gross Admin Salary	Gross Admin Benefits	Direct Service Salary	Direct Service Benefits
9	Description		0.0000	\$		\$						\$	\$
10	Description		0.0000	\$		\$						\$	\$
11	Description		0.0000	\$		\$						\$	\$
12	Description		0.0000	\$		\$						\$	\$
13	Description		0.0000	\$		\$						\$	\$
14	Description		0.0000	\$		\$						\$	\$
15	Description		0.0000	\$		\$						\$	\$
16	Description		0.0000	\$		\$						\$	\$
17	Description		0.0000	\$		\$						\$	\$

TRAVEL

Provider Entry	Auto Calculation
----------------	------------------

Date Prepared 8/16/2012

Travel can be budgeted for the cost of staff mileage and other travel associated with Ryan White Part A.

- 1 **Mileage** Mileage will be budgeted utilizing the standard calculation of annual miles for a full time staff person x the rate determined by your organization per mile x the number of FTE(s) budgeted to provide services under this grant. Enter only the FTEs that will travel and provide a Narrative Justification including who will travel and why.

Mileage Maricopa Integrated Health System Mental Health Services							
FTE	Mileage Rate	Annual Miles Budgeted for 1 FTE	Miles Applied to Cases	Total Budget	Admin	Direct Ser	Narrative Justification
Admin			0	\$ -	\$ -		
Direct Ser			0	\$ -	\$ -	\$ -	
TOTAL		0	0	\$ -	\$ -	\$ -	

*Note - Budget annual mileage for 1 FTE.

- 2 **Other Allowable Travel** (car rental, parking, fees, etc.)
 Ryan White Part A has determined that costs included in this section are Administrative Costs.

Other Allowable Travel Maricopa Integrated Health System Mental Health Services							
Dates of Travel	Cost Line Item	Total Budget	Admin	Direct Ser	Narrative Justification		
1	Cost	\$ -	\$ -				
	Line Item						
2	Cost	\$ -	\$ -				
	Line Item						
3	Cost	\$ -	\$ -				
	Line Item						
		\$ -	\$ -				

SUMMARY (Travel)	Admin	Direct Service	Total
\$	\$	\$	\$

SUPPLIES

Provider Entry Auto Calculation

Date Prepared: 8/16/2012

The supplies line item is used to budget funds for supplies used in the operations of the Grant. This category can include general office supplies and program/medical supplies

1 General Office Supplies: (Apply #1 FTE Ratio from the Budgeted Personnel Page)
 Pens, paper, toner and general supplies that are used to run an office.

General Office Supplies Maricopa Integrated Health System Mental Health Services					
Item	Annual Budget	% Admin 0%	% Direct 0%	Total 0%	Narrative Description/Cost Allocation Methodology
1	\$ -	\$ -	\$ -	\$ -	
2	\$ -	\$ -	\$ -	\$ -	
3	\$ -	\$ -	\$ -	\$ -	
4	\$ -	\$ -	\$ -	\$ -	
5	\$ -	\$ -	\$ -	\$ -	
TOTAL	\$ -	\$ -	\$ -	TOTAL	\$ -

2 Program Supplies
 Program/Medical Supplies are budgeted as Direct Service.

Program Supplies Maricopa Integrated Health System Mental Health Services					
Item	Annual Budget	Admin	Direct		Narrative Description/Cost Allocation Methodology
1		\$ -	\$ -		
2		\$ -	\$ -		
3		\$ -	\$ -		
4		\$ -	\$ -		
5		\$ -	\$ -		
TOTAL		\$ -	\$ -	TOTAL	\$ -

SUMMARY	(Supplies)	Admin	Direct	Total
		\$ -	\$ -	\$ -

EQUIPMENT

Provider Entry Auto Calculation

Date Prepared: 8/16/2012

The equipment line item is budgeted for equipment purchased or leased in conjunction with operations of the grant. Refer to your contract terms and conditions for requirements related to equipment purchases.

Equipment less than \$5,000

Equipment less than \$5,000 Maricopa Integrated Health System Mental Health Services				
Line Item	Admin	Direct	Total	Remaining Available for All Other Budget Lines
1			\$ -	
2			\$ -	
3			\$ -	
4			\$ -	
5			\$ -	
TOTAL	\$ -	\$ -	TOTAL \$ -	\$ -

Equipment \$5,000 or greater

Equipment \$5,000 or greater Maricopa Integrated Health System Mental Health Services				
Line Item	Admin	Direct	Total	Remaining Available for All Other Budget Lines
1			\$ -	
2			\$ -	
3			\$ -	
4			\$ -	
TOTAL	\$ -	\$ -	TOTAL \$ -	\$ -

SUMMARY (Equipment)	Admin	Direct	Total
\$ -	\$ -	\$ -	\$ -

Contractual

Provider Entry Auto Calculation

Date Prepared: 8/16/2012

Use this form to budget for consulting and contract labor (Section 1) and subcontracts (Section 2) in conjunction with operating this Part A grant.

1. Consulting/Professional Contract Labor/Clerical Support

This budget category includes payments to outside consultants, temporary services, professional contract labor and clerical support. Indicate the name, licenses/qualifications, hours budgeted, quoted rate, dates of service, and a detailed Narrative/Justification of activities to be provided.

1. Consulting/Professional Contract Labor/Clerical Support Maricopa Integrated Health System Mental Health Services							
Consultant Name	Annual Budgeted Hours	Quoted Rate	Total Budget	Admin Budget %	Admin Budget	Direct Service Budget	Dates of Service
1 Celia		\$ 32,548.32	\$ 32,548.32		\$ -	\$ 32,548.32	2/1/12 - 2/28/12
Licenses / qualifications: Psychiatrist assigned to Mental Health Services under this subcontract are Psychiatrists. Please see Project Narrative Section 2 pages 6-7 for additional detail as provided.							
Narrative/Justification: (160) psych contract labor to four psychiatric inpatient acute care and individual psychotherapy sessions. (200) is compensated at the APCCCS fee schedule to effect at the date of service.							
2		\$ -	\$ -		\$ -	\$ -	
Licenses / qualifications:							
Narrative/Justification:							
3		\$ -	\$ -		\$ -	\$ -	
Licenses / qualifications:							
Narrative/Justification:							
4		\$ -	\$ -		\$ -	\$ -	
Licenses / qualifications:							
Narrative/Justification:							
5		\$ -	\$ -		\$ -	\$ -	
Licenses / qualifications:							
Narrative/Justification:							
6		\$ -	\$ -		\$ -	\$ -	
Licenses / qualifications:							
Narrative/Justification:							
Consulting/Prof / Clerical Sup Page 1				SUBTOTAL	\$ -	\$ 32,548.32	\$ 32,548.32
Consulting/Prof / Clerical Sup From Contractual Continuation Page				SUBTOTAL	\$ -	\$ -	\$ -
				TOTAL	\$ -	\$ 32,548.32	\$ 32,548.32

2. Subcontracts

Include any payments through subcontracts to provide services under this grant.

Each Subcontractor listed in this section who is a sub recipient (not a vendor) must complete a Budget using the RWPA budget template.

Maricopa County RWPA will enforce the 10% administrative Cost Cap established by HRSA for first-line and second line sub recipient entities receiving Ryan White Part A Funds.

2. Subcontracts Maricopa Integrated Health System Mental Health Services						
Subcontractor Name	Sub recipient or vendor	Admin Budget	Direct Service Budget	Total Budget	Admin % of Direct	Dates of Service
1				\$ -	#DIV/0!	
Service(s) Provided:						
Narrative/Justification:						
2				\$ -	#DIV/0!	
Service(s) Provided:						
Narrative/Justification:						
3				\$ -	#DIV/0!	
Service(s) Provided:						
Narrative/Justification:						
TOTAL						

SUMMARY	Contractual	Admin	Direct	Total
		\$ -	\$ 32,548.32	\$ 32,548.32

Contractual- Continuation Page

Date Prepared: 8/16/2012

The Contractual line item is used for consulting and contracting to be utilized in conjunction with operations of the grant. Use this page to list Consultant/Contract Labor and Clerical Support if there is insufficient space on the Contractual Page.

Consulting/Professional Contract Labor/Clerical Support						
Consulting/Professional Contract Labor/Clerical Support Maricopa Integrated Health System Mental Health Services						
Consultant	Hours Budgeted	Quoted Rate	Total Budget	Admin Budget %	Admin Budget	Direct Services
Dates of Service						
6			\$ -		\$ -	\$ -
Licenses / qualifications						
Narrative						
7		0 \$	-		\$ -	\$ -
Licenses / qualifications						
Narrative						
8		0 \$	-		\$ -	\$ -
Licenses / qualifications						
Narrative						
9		0 \$	-		\$ -	\$ -
Licenses / qualifications						
Narrative						
10		0 \$	-		\$ -	\$ -
Licenses / qualifications						
Narrative						
11		0 \$	-		\$ -	\$ -
Licenses / qualifications						
Narrative						
12		0 \$	-		\$ -	\$ -
Licenses / qualifications						
Narrative						
13		\$ -	\$ -	\$ -	\$ -	\$ -
Licenses / qualifications						
Narrative						
14		0 \$	-		\$ -	\$ -
Licenses / qualifications						
Narrative						
15		0 \$	-		\$ -	\$ -
Licenses / qualifications						
Narrative						
16		0 \$	-		\$ -	\$ -
Licenses / qualifications						
Narrative						
Consulting/Prof/Contract Labor/Clerical Support			TOTAL			

Other Program Support

Provider Entry Auto Calculation

Date Prepared: 8/16/2012

Use this form to budget for other support necessary to provide services under this grant. In the Narrative Justification describe how the program support will be used and also the methodology used to allocate the total or a portion of the total cost to the grant.

1 **Communications/Telephone/Internet**

Communications/Telephone/Internet Maricopa Integrated Health System Mental Health Services					
Item	Amount Budgeted	Admin %	Direct %	Total	Narrative/Cost Allocation Methodology
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	TOTAL	\$ -

2 **Copy/Duplicating**

Copy/Duplicating Maricopa Integrated Health System Mental Health Services					
Item	Amount Budgeted	Admin %	Direct %	Total	Narrative/Cost Allocation Methodology
Program Expenses					
		\$ -	\$ -	\$ -	
Other Copying/Duplicating					
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	TOTAL	\$ -

3 **Postage**

Postage Maricopa Integrated Health System Mental Health Services					
Item	Amount Budgeted	Admin %	Direct %	Total	Narrative/Cost Allocation Methodology
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	TOTAL	\$ -

4 **Utilities**

Utilities are 100% administrative (Ruling 8.6.B05)

Utilities Maricopa Integrated Health System Mental Health Services					
Item	Amount Budgeted	Admin %	Direct %	Total	Narrative/Cost Allocation Methodology
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	TOTAL	\$ -

4 **Other Program Support**

Other Program Support Maricopa Integrated Health System Mental Health Services					
Item	Amount Budgeted	Admin %	Direct %	Total	Narrative/Cost Allocation Methodology
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	TOTAL	\$ -

		Admin	Direct	Total
SUMMARY	Program Support	\$ -	\$ -	\$ -

Other Professional Service

Provider Entry Auto Calculation

Date Prepared: 8/16/2012

Use this form to budget for other professional services, audit/accounting, insurance, rent/space, or other professional services

1 Audit/Accounting/Finance

Audit/Accounting/Finance Maricopa Integrated Health System Mental Health Services						
Vendor Name	Hours Budgeted	Quoted Price*	Direct Charge	Admin Budget %	Direct Services	Description of Service
a		\$ -	\$ -			
Cost Method Used						
Budget Justification						
b		\$ -	\$ -			
Cost Method Used						
Budget Justification						
c		\$ -	\$ -			
Cost Method Used						
Budget Justification						
			TOTAL		\$ -	

2 Insurance

Insurance Maricopa Integrated Health System Mental Health Services						
Vendor Name	Annual Premium	Percent To Grant	Direct Charge	Admin Budget %	Direct Services	Description of Service
a	\$ -		\$ -			
Cost Method Used						
Budget Justification						
b	\$ -		\$ -			
Cost Method Used						
Budget Justification						
c	\$ -		\$ -			
Cost Method Used						
Budget Justification						
			TOTAL		\$ -	

3 Rent/Space

Rent is considered 100% administrative

Rent/Space Maricopa Integrated Health System Mental Health Services						
Vendor Name	Annual Rent	Percent To Grant	Direct Charge	Admin Budget %	Direct Services	Description of Service
a	\$ -		\$ -			
Cost Method Used						
Budget Justification						
			TOTAL		\$ -	

4 Other Professional Service

Other Professional Service Maricopa Integrated Health System Mental Health Services						
Vendor Name	Hours Budgeted	Quoted Price*	Direct Charge	Admin Budget %	Direct Services	Description of Service
a	1	\$137,115.84	\$137,115.84		\$ -	\$ 137,115.84
Cost Method Used	MHI is compensated at the AHCCCS fee schedule in effect at the date of service. The Ryan-Walke program is charged base fees.					
Budget Justification	Reimbursement in this category includes the services of the counselor who provides individual face-to-face psychotherapy and the AHCCCS medical fees associated with each visit.					
b		\$ -	\$ -		\$ -	\$ -
Cost Method Used						
Budget Justification						
c		\$ -	\$ -		\$ -	\$ -
Cost Method Used						
Budget Justification						
			\$137,115.84	TOTAL	\$ -	\$ 137,115.84

SUMMARY	Other Prof Svcs	Admin	Direct	Total
	\$ -	\$ -	\$137,115.84	\$137,115.84

Maricopa County

Ryan White Part A - Budget Documentation

DATE PREPARED	8/16/12	
PREPARED BY:	Phyllis Hardy	
NAME OF ORGANIZATION:	Maricopa Integrated Health System	
Fed. Employee ID # (FEIN)	86-0830701	
DUNS #	186507216	
ADDRESS:	2601 E Roosevelt Road	
	Phoenix, AZ 85008	
AUTHORIZED CONTACT	Betsey Bayless, President and Chief Executive Officer	
TELEPHONE	(602) 344-5566	FAX (602) 344-5190
E-MAIL	betsey.bayless@mihs.org	
PRIMARY CONTACT	Cheri Tomlinson	
TELEPHONE	602-344-2629	FAX 602-344-2633
EMAIL	cheri.tomlinson@mihs.org	
CONTRACT NUMBER		
SERVICE CATEGORY	Substance Abuse Services	
BUDGET PERIOD:	3/1/2012 Start Date	2/29/2013 End Date
CONTRACT AMOUNT	\$17,647.44	

By submission of this budget, the Provider certifies that they have read the List of Unallowable Costs under the Ryan White Part A Program and agree to follow the HRSA specific standards related to Unallowable Costs.

In addition, the following documents must be submitted with your budget proposal (Check the appropriate boxes)

If applicable, Indirect Cost Proposal is attached Cost Allocation Policy is attached (required)

**Maricopa County
Ryan White Part A Grant
Contractor Budget Summary**

Date Prepared: 8/16/2012

(Section I)
Organization
Service Category
Budget Period

Maricopa Integrated Health System
Substance Abuse Services
March 1, 2012 Through 2/29/2013

(Section II)

Contract Amount **\$17,647.44**

Operating Expenses		FTES	Administrative Budget	Direct Service Budget	Total Budget
			0.00	0.00	0.00
Personnel:	Salaries		\$ -	\$ -	\$ -
Personnel:	Fringe/Benefits		-	-	-

Subtotal: Personnel/Fringe Benefits - - -

Other Operating Expenses				
Travel		-	-	-
Supplies		-	-	-
Equipment		-	-	-
Contractual		-	631.08	631.08
Program Support		-	-	-
Other Professional Services		-	17,016.36	17,016.36

Subtotal: Other Operating Expenses - 17,647.44 17,647.44

Total Operating Expenses
(Personnel and Other Direct Costs) - 17,647.44 17,647.44

Indirect Costs				
Enter Indirect Cost Rate (may not exceed 10% of Direct Costs)		-		-
		<i>Providers claiming an indirect cost must submit their most current negotiated indirect costs rate agreement issued by the cognizant federal agency with their budget.</i>		

Total Costs of Contract		-	17,647.44	17,647.44
	(Admin-Percent of Direct Costs)	0.00%		

Administration may not exceed 10% of Direct Costs

CONTRACT BALANCE (Contract Revenue less Total Costs of Contract)

\$ -

*The Contract Balance should equal zero.

Personnel

All staff paid in full or part from this Ryan White Part A grant are to be listed in the following chart.

Date Prepared: 8/16/2012

1 Staffing

Provider Entry Auto Calculation

Fringe Benefit Rate 0.00%

Position Title	Last Name	Annual Hours	% FTE/A	FTE	Hourly Rate	Salary Adjusted to grant per FTE	Benefits Adjusted to grant per FTE	% Appt'd as Administrative	Group Admin Salary	Circus Admin Benefits	Direct Service Salary	Direct Service Benefits
Description				0.0000		\$	\$				\$	\$
Description				0.0000		\$	\$				\$	\$
Description				0.0000		\$	\$				\$	\$
Description				0.0000		\$	\$				\$	\$
Description				0.0000		\$	\$				\$	\$
Description				0.0000		\$	\$				\$	\$
Description				0.0000		\$	\$				\$	\$
Description				0.0000		\$	\$				\$	\$
Description				0.0000		\$	\$				\$	\$
TOTAL Personnel												
(Admin)												
(Direct Services)												
Total												
				0.00	FTE	Percent Admin		0%				
				0.00	FTE	Percent Direct		0%				

Provider Entry Auto Calculation

Date Prepared: 8/16/2012

Staffing Continuation Sheet (Page 2 of 2) Maricopa Integrated Health System Substance Abuse Services													
Position Title	Last Name	Annual Hours	% BWP/A	FTE	Hourly Rate	Salary Applied to Grant per FTE	Benefits Applied to Grant per FTE	Job Status: A, B or AD	% Applied to Administrative	Gross Admin Salary	Gross Admin Benefits	Direct Service Salary	Direct Service Benefits
0	Description			0.0000	\$	\$	\$			\$	\$	\$	\$
10	Description			0.0000	\$	\$	\$			\$	\$	\$	\$
11	Description			0.0000	\$	\$	\$			\$	\$	\$	\$
12	Description			0.0000	\$	\$	\$			\$	\$	\$	\$
13	Description			0.0000	\$	\$	\$			\$	\$	\$	\$
14	Description			0.0000	\$	\$	\$			\$	\$	\$	\$
15	Description			0.0000	\$	\$	\$			\$	\$	\$	\$
16	Description			0.0000	\$	\$	\$			\$	\$	\$	\$
17	Description			0.0000	\$	\$	\$			\$	\$	\$	\$

TRAVEL

Provide Entry Auto Calculation

Date Prepared 8/16/2012

Travel can be budgeted for the cost of staff mileage and other travel associated with Ryan White Part A.

- 1 **Mileage** Mileage will be budgeted utilizing the standard calculation of annual miles for a full time staff person at the rate determined by your organization per mile x the number of FTE(s) budgeted to provide services under this grant. Enter only the FTEs that will travel and provide a Narrative Justification including who will travel and why.

Mileage Maricopa Integrated Health System Substance Abuse Services							
FTE	Mileage Rate	Annual Miles Budgeted (Per 1 FTE)	Miles Applied to Grant	Total Budget	Admin	Direct Exp	Narrative Justification
1			0	\$ -	\$ -		
2			0	\$ -	\$ -		
TOTAL		0	0	\$ -	\$ -	\$ -	

(Total Miles applied to grant)

*Note - Budget annual mileage for 1 FTE.

- 2 **Other Allowable Travel** (car rental, parking, fees, etc.)
 Ryan White Part A has determined that costs included in this section are Administrative Costs.

Other Allowable Travel Maricopa Integrated Health System Substance Abuse Services						
Date of Travel	Cost Line Item	Total Budget	Admin	Direct Exp	Narrative Justification	
1	Cost Line Item	\$ -	\$ -			
2	Cost Line Item	\$ -	\$ -			
3	Cost Line Item	\$ -	\$ -			
SUMMARY (Travel)		Admin	Direct Service	Total		
		\$ -	\$ -	\$ -		

SUPPLIES

Provider Entry Auto Calculation

Date Prepared: 8/16/2012

The supplies line item is used to budget funds for supplies used in the operations of the Grant. This category can include general office supplies and program/medical supplies

1 General Office Supplies: (Apply at FTE Ratio from the Budgeted Personnel Page)
 Pens, paper, toner and general supplies that are used to run an office.

General Office Supplies Maricopa Integrated Health System Substance Abuse Services					
Item	Annual Budget	% Admin 0%	% Direct 0%	Total 0%	Narrative Description/Cost Allocation Methodology
1	\$ -	-	-	\$ -	
2	\$ -	-	-	\$ -	
3	\$ -	-	-	\$ -	
4	\$ -	-	-	\$ -	
5	\$ -	-	-	\$ -	
TOTAL	\$ -	-	-	TOTAL \$ -	

2 Program Supplies
 Program/Medical Supplies are budgeted as Direct Service

Program Supplies Maricopa Integrated Health System Substance Abuse Services				
Item	Annual Budget	Admin	Direct	Narrative Description/Cost Allocation Methodology
1				
2				
3				
4				
5				
TOTAL	\$ -			TOTAL \$ -

SUMMARY (Supplies)	Admin	Direct	Total
\$ -	\$ -	\$ -	\$ -

EQUIPMENT

Provider Entry Auto Calculation

Date Prepared: 8/16/2012

The equipment line item is budgeted for equipment purchased or leased in conjunction with operations of the grant
 Refer to your contract terms and conditions for requirements related to equipment purchases

Equipment less than \$5,000 Maricopa Integrated Health System Substance Abuse Services				
Line Item	Equipment	Admin	Direct	Permitted Indirects (11% of Total Direct Costs)
1				
2				
3				
4				
5				
TOTAL	\$ -	\$ -	\$ -	\$ -

Equipment \$5,000 or greater Maricopa Integrated Health System Substance Abuse Services				
Line Item	Equipment	Admin	Direct	Permitted Indirects (11% of Total Direct Costs)
1				
2				
3				
4				
TOTAL	\$ -	\$ -	\$ -	\$ -

SUMMARY (Equipment)	Admin	Direct	Total
	\$ -	\$ -	\$ -

Use this form to budget for consulting and contract labor (Section 1) and subcontracts (Section 2) in conjunction with operating this Part A grant.

1. Consulting/Professional Contract Labor/Clerical Support

The budget category includes payments to outside consultants, temporary services, professional contract labor and clerical support. Indicate the name, licenses/qualifications, hours budgeted, quoted rate, dates of service, and a detailed Narrative/Justification of activities to be provided.

1. Consulting/Professional Contract Labor/Clerical Support Maricopa Integrated Health System Substance Abuse Services							
Consultant Name	Annual Budgeted Hours	Quoted Rate	Total Budget	Admin Budget %	Admin Budget	Direct Service Budget	Dates of Service
1 Counselor Group		\$ 631.08	\$ 631.08		\$ -	\$ 631.08	3/1/12 - 2/29/12
Licenses / qualifications	Providers assigned to Mental Health Services under this subcontract are Psychiatrists. Please see Project Narrative, Section 2, pages 9-11 for additional detail by provider.						
Narrative/Justification	(MHI) psychiatric contract fees to fund psychiatric diagnostic evaluations and individual psychotherapy sessions. (MHI) is compensated at the APCCO fee schedule in effect at the date of service.						
2		\$ -	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative/Justification							
3		\$ -	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative/Justification							
4		\$ -	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative/Justification							
5		\$ -	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative/Justification							
6		\$ -	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative/Justification							
Consulting/Prof/Clerical Sup Page 1			SUBTOTAL	\$ -	\$ 631.08	\$ 631.08	
Consulting/Prof/Clerical Sup From Contractual Continuation Page			SUBTOTAL	\$ -	\$ -	\$ -	
			TOTAL	\$ -	\$ 631.08	\$ 631.08	

2. Subcontracts

Include any payments through subcontracts to provide services under this grant.

Each Subcontractor listed in this section who is a sub recipient (not a vendor) must complete a Budget using the RWPA budget template.

Maricopa County RWPA will enforce the 10% administrative Cost Cap established by HRSA for first-line and second line sub recipient entities receiving Ryan White Part A Funds.

2. Subcontracts Maricopa Integrated Health System Substance Abuse Services						
Subcontract Name	Sub recipient or vendor	Admin Budget	Direct Service Budget	Total Budget	Admin % of Direct	Dates of Service
1				\$ -	#DIV/0!	
Service(s) Provided						
Narrative/Justification						
2				\$ -	#DIV/0!	
Service(s) Provided						
Narrative/Justification						
3				\$ -	#DIV/0!	
Service(s) Provided						
Narrative/Justification						
TOTAL						

SUMMARY	Contractual	Admin	Direct	Total
	\$ -	\$ -	\$ 631.08	\$ 631.08

Contractual- Continuation Page

Date Prepared: 8/16/2012

The Contractual line item is used for consulting and contracting to be utilized in conjunction with operations of the grant.
Use this page to list Consultant/Contract Labor and Clerical Support if there is insufficient space on the Contractual Page.

Consulting/Professional Contract Labor/Clerical Support							
Consulting/Professional Contract Labor/Clerical Support Maricopa Integrated Health System Substance Abuse Services							
Consultant	Hours Budgeted	Quoted Rate	Total Budget	Admin Budget %	Admin Budget	Direct Services	Date of Service
6			\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
7		0 \$	-		\$ -	\$ -	
Licenses / qualifications							
Narrative							
8		0 \$	-		\$ -	\$ -	
Licenses / qualifications							
Narrative							
9		0 \$	-		\$ -	\$ -	
Licenses / qualifications							
Narrative							
10		0 \$	-		\$ -	\$ -	
Licenses / qualifications							
Narrative							
11		0 \$	-		\$ -	\$ -	
Licenses / qualifications							
Narrative							
12		0 \$	-		\$ -	\$ -	
Licenses / qualifications							
Narrative							
13		\$ -	\$ -	\$ -	\$ -	\$ -	
Licenses / qualifications							
Narrative							
14		0 \$	-		\$ -	\$ -	
Licenses / qualifications							
Narrative							
15		0 \$	-		\$ -	\$ -	
Licenses / qualifications							
Narrative							
16		0 \$	-		\$ -	\$ -	
Licenses / qualifications							
Narrative							
TOTAL					\$ -	\$ -	

Other Program Support

Provider Entry Auto Calculation

Date Prepared: 8/16/2012

Use this form to budget for other support necessary to provide services under this grant. In the Narrative Justification describe how the program support will be used and also the methodology used to allocate the total or a portion of the total cost to the grant.

1 **Communications/Telephone/Internet**

Communications/Telephone/Internet Maricopa Integrated Health System Substance Abuse Services					
Item	Amount Budgeted	Admin %	Direct %	Total	Narrative/Cost Allocation Methodology
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	TOTAL	\$ -

2 **Copy/Duplicating**

Copy/Duplicating Maricopa Integrated Health System Substance Abuse Services					
Item	Amount Budgeted	Admin %	Direct %	Total	Narrative/Cost Allocation Methodology
PROGRAM REVENUES					
		\$ -	\$ -	\$ -	
Direct Charges/Overhead					
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	TOTAL	\$ -

3 **Postage**

Postage Maricopa Integrated Health System Substance Abuse Services					
Item	Amount Budgeted	Admin %	Direct %	Total	Narrative/Cost Allocation Methodology
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	TOTAL	\$ -

4 **Utilities**

Utilities are 100% administrative (Ruling 6.5.B05)

Utilities Maricopa Integrated Health System Substance Abuse Services					
Item	Amount Budgeted	Admin %	Direct %	Total	Narrative/Cost Allocation Methodology
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	TOTAL	\$ -

4 **Other Program Support**

Other Program Support Maricopa Integrated Health System Substance Abuse Services					
Item	Amount Budgeted	Admin %	Direct %	Total	Narrative/Cost Allocation Methodology
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	TOTAL	\$ -

SUMMARY	Program Support	Admin	Direct	Total
		\$ -	\$ -	\$ -

Other Professional Service

Power Entry Auto Calculation

Date Prepared: 8/16/2012

Use this form to budget for other professional services, audit/accounting, insurance, rent/space, or other professional services

1 Audit/Accounting/Finance

Audit/Accounting/Finance Maricopa Integrated Health System Substance Abuse Services							
Vendor Name	Hours Budgeted	Quoted Price*	Total Hours	Dates of Service	Admin Budget %	Direct Services	Description of Service
a			\$ -		\$ -		
Cost Method Used							
Budget Justification							
b			\$ -		\$ -		
Cost Method Used							
Budget Justification							
c			\$ -		\$ -		
Cost Method Used							
Budget Justification							
			TOTAL		\$ -		\$ -

2 Insurance

Insurance Maricopa Integrated Health System Substance Abuse Services							
Vendor Name	Annual Premium	Percent To Grant	Total Annual	Dates of Service	Admin Budget %	Direct Services	Description of Service
a	\$ -		\$ -		\$ -		
Cost Method Used							
Budget Justification							
b	\$ -		\$ -		\$ -		
Cost Method Used							
Budget Justification							
c	\$ -		\$ -		\$ -		
Cost Method Used							
Budget Justification							
			TOTAL		\$ -		\$ -

3 Rent/Space

Rent is considered 100% administrative

Rent/Space Maricopa Integrated Health System Substance Abuse Services							
Vendor Name	Annual Rent	Percent to Grant	Total Annual	Dates of Service	Admin Budget %	Direct Services	Description of Service
a	\$ -		\$ -		\$ -		
Cost Method Used							
Budget Justification							
			TOTAL		\$ -		\$ -

4 Other Professional Service

Other Professional Service Maricopa Integrated Health System Substance Abuse Services							
Vendor Name	Hours Budgeted	Quoted Price*	Total Hours	Admin Budget %	Admin Budget %	Direct Services	Description of Service
a	1	\$ 17,016.36	\$ 17,016.36		\$ -	\$ 17,016.36	
Cost Method Used	NHE is compensated at the AHCCCS fee schedule in effect at the date of service. The Ryan White program is charged these fees.						
Budget Justification	Reimbursement in this category includes the services of the counselor who provides individual case-to-case psychotherapy and the AHCCCS individual fees associated with each visit.						
b			\$ -		\$ -	\$ -	
Cost Method Used							
Budget Justification							
c			\$ -		\$ -	\$ -	
Cost Method Used							
Budget Justification							
			\$ 17,016.36	TOTAL	\$ -	\$ 17,016.36	\$ 17,016.36

SUMMARY	Admin	Direct	Total
Other Prof. Svcs	\$ -	\$ 17,016.36	\$ 17,016.36

CQM HO01 OAMC Retention

Data Scope: Area Agency on Aging/Care Directions

Report Criteria:

Report Start Date: 01/01/2013

Report End Date: 12/31/2013

A service visit must exist during the reporting period to be counted on this report.

HO02 - OAMC Retention in Care (Group By):	URN (Count):
In Numerator	384
Not In Denominator	2359
Not In Numerator	296

Numeric Totals:

3039

Number of Records 3

(Count is unduplicated across providers)

* - *Restricted Field*

NARRATIVE

Introduction:

For more than 20 years, Maricopa Integrated Health System (MIHS) has provided state-of-the-art care for Persons Living With HIV/AIDS (PLWHA) at the McDowell Healthcare Center. Dedicated to serving PLWHA, the McDowell Healthcare Center (MHCC) is a comprehensive HIV clinic that offers outpatient ambulatory medical care, outpatient mental health, outpatient substance abuse service, oral health care, laboratory testing services and early intervention services. *As both the oldest and largest provider of HIV primary care services in Maricopa County, one in every four PLWHA in Maricopa County chooses to receive all or part of their health care at the McDowell Healthcare Center.* Because of the excellent reputation of MHCC in the state, and lack of providers in rural areas, patients from other geographic areas of the state seek HIV medical care, mental health and substance abuse services at MHCC. The MHCC is also home to the only HIV Women's Clinic in Arizona. In June 2011, the Arizona Board of Regents unanimously approved an affiliation agreement between MIHS and the University of Arizona – Phoenix (U of A Phoenix). This agreement allows MIHS to become the primary training, research and education facility for the U of A Phoenix College of Medicine and enhance our system.

1. Description of the Organization.

MIHS is the logical and appropriate choice to be a RWPA grantee for this comprehensive, coordinated, and culturally competent system of mental health care and substance abuse services. MIHS is the grantee for Part C and Part D, the main medical and oral health care provider for Part A administered by Maricopa County, and a close partner with Part B. All of these services are provided in one clinic that allows for a full continuum of care. To show its strong commitment to PLWHA, in 1990, MIHS dedicated one of its 11 outpatient clinics to address the medical, behavioral and oral health needs of PLWHA. That clinic is the McDowell Healthcare Center.

MIHS – First Ryan White Grantee in Arizona. MIHS has been actively involved in Ryan White Programs since 1991 when MIHS received the first Ryan White Part C grant in Arizona. As Arizona's largest public health system, MIHS has the capability and experience to respond to Persons Living with HIV and AIDS (PLWHA). MIHS has served as the largest healthcare safety net for Maricopa County residents for over 130 years. Organizational strengths stem from a comprehensive healthcare delivery system incorporating the Maricopa Medical Center (MMC), a 351-bed public teaching hospital with a Level I Trauma Center; the Arizona Burn Center; two psychiatric facilities housing 190 beds for behavioral health services; the Comprehensive Healthcare Center which offers outpatient primary and specialty care; and 11 outpatient Family Health Centers (FHCs), including the comprehensive McDowell Healthcare Center. Two FHCs provide extended hours thereby improving access and lowering cost options to Emergency Department visits. MIHS is the largest provider of comprehensive and coordinated HIV-related medical, behavioral and oral health for adults in Maricopa County, and serves the greatest percentage of minority individuals in Maricopa County receiving HIV care. MHCC created the only HIV/AIDS Dental Clinic in Arizona in 2000 focused exclusively on PLWHA, and provides psychiatric, mental health and substance abuse services focused on HIV care.

Experts in HIV Disease. The McDowell Healthcare Center (MHCC) is recognized as the center for excellence in HIV care in Maricopa County and is the largest safety net provider offering state-of-the-art HIV medical care for adults. MIHS' vast experience includes:

- The MHCC provides a significant proportion of the HIV care in the region, serving one in every four PLWHA in Maricopa County, with the majority being underserved, ethnically diverse and medically needy individuals;
- MIHS provides the only comprehensive and seamless continuum of care for adult PLWHA including outpatient ambulatory care, a Women's HIV Clinic, mental health, substance abuse services and oral health in one location, with the ability to refer to specialties, sub-specialties and support services, as well as inpatient services utilizing full access to information through the system-wide EMR;
- MHCC has participated in HIVQUAL-US since 2004 and repeatedly shows that we are consistently providing PLWHA with high-quality, cost-effective medical care;

Additional points of entry:

- Public health departments
- Health care points of entry specified by eligible areas
- Federally Qualified Healthcare Centers (FQHCs)
- Entities such as Ryan White Part C and D grantees

1.28 POLICY ON CONFIDENTIALITY:

- 1.28.1 The Contractor understands and agrees that this Contract is subject to all State and Federal laws protecting client confidentiality of medical, behavioral health and drug treatment information.
- 1.28.2 The Contractor shall establish and maintain written procedures and controls that ensure the confidentiality of client medical information and records.
- 1.28.3 The Contractor shall maintain and document employee and direct service provider training on their organization's policies and procedures related to client confidentiality.
- 1.28.4 In accordance with Section 318 (e)(5) of the Public Health Service Act [42 U.S.C. 247c(e)(5)], no information obtained in connection with the examination, care or services provided to any individual under any program which is being carried out with Federal monies shall, without such individual's consent, be disclosed except as may be necessary to provide services to such individual or as may be required by laws of the State of Arizona or its political subdivisions. Information derived from any such program may be disclosed (a) in summary, statistical, or other form, or (b) for clinical research purposes, but only if the identity of the individuals diagnosed or provided care under such program is not disclosed. The Contractor shall comply with the provisions of A.R.S. § 36-663 concerning HIV-related testing; restrictions; exceptions and A.R.S. § 36-664 concerning confidentiality; exceptions, in providing services under this Contract.
- 1.28.5 Confidential communicable disease related information may only be disclosed as permitted by law, and only consistent with the current Ryan White Part A Program Policies and Procedures Manual (See Exhibit 2 <http://www.ryanwhiteparta.com>)

1.29 EQUIPMENT:

- 1.29.1 All equipment and products purchased with grant funds *should be* American-made.
- 1.29.2 The title to any and all equipment acquired through the expenditure of funds received from County shall remain that of the Department of Health and Human Services, Health Resources and Services Administration. County must specifically authorize the acquisition of any such equipment in advance. Upon termination of this Contract, County may determine the disposition of all such equipment.
- 1.29.3 The Contractor agrees to exercise reasonable control over all equipment purchased with capital outlay expense Contract funds. All equipment lost, stolen, rendered un-usable, or no longer required for program operation must be reported immediately to County for disposition instructions. The Contractor shall report the physical inventory of all equipment purchased with contract funds within sixty (60) days of receipt of such equipment.

Substantial Growth in Services Received by PLWHA at MHCC during FY2012. MHCC has realized significant growth in the number of people seeking HIV care. An on-going increase in the need for mental health and substance abuse services has been realized over the last year as well. All adult clients are potentially eligible for mental health and substance abuse services at either MHCC, or by referral through their insurance carriers to contracted providers. Many of the newly diagnosed patients coming into HIV care have a need for mental health and substance abuse services based on their dysfunctional life styles, risky behaviors and anxiety that has resulted from the diagnosis of HIV infection. Urgent care and crisis services are provided as necessary.

Data compiled from March 1, 2012 through June 30, 2012 for PWLHA receiving mental health and substance abuse services at MHCC demonstrate an enormous need in the community for services. Of the 75 unduplicated patients for both mental health and substance abuse services, 63 percent were new patients and over 93 percent were male. These 75 unduplicated patients made 173 visits to MHCC to meet with a psychiatrist or substance abuse counselor. In other words, each patient, on average, visited MHCC for mental health and/or substance abuse services 2.4 times. The primary diagnoses for those patients receiving mental health services were: 1) depressive disorder, 2) associated with HIV disease; 3) major single depressive disorder; 4) generalized anxiety disorder; and 5) obsessive-compulsive disorders. For patients receiving substance abuse services, the primary diagnoses were: 1) amphetamine or related abuse; 2) alcohol abuse; and 3) cannabis abuse. Table 1 shows demographic data pertaining to these 75 unduplicated patients.

Table 1. Demographics of Patients receiving Mental Health and Substance Abuse Services from 03/01/12-06/30/12.

Description	Mental Health Services		Substance Abuse Services	
	Unduplicated Patients	69		6
First-time Patients	45	65%	2	33%
Existing Patients	24	35%	4	67%
Male	64	93%	6	100%
Female	5	7%	0	0%
Number of visits:	162		11	
Visits with Psychiatrist	96	59%	1	9%
Visits with Substance Abuse Counselor	66	41%	10	91%

Comprehensive Services. MHCC will continue to provide the following services if awarded funding by Maricopa County: 1) pre-treatment/recovery readiness counseling; 2) harm reduction; 3) mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse; 4) outpatient counseling for individuals; and 5) relapse prevention. Mental health and substance abuse services are client-centered and include Cognitive Behavioral Therapy (CBT) interventions, brief and solution focused interventions and insight oriented treatment interventions. Motivational Enhancement Therapy (MET) is used to a large degree with substance abusers. Medications are provided by psychiatrists as intervention, with medication management emphasized as part of a patient's comprehensive treatment plan.

2. Personnel Assigned to the Service Category.

MIHS Exemplary Behavioral Health and Substance Abuse Services Team. The MIHS behavioral health and substance abuse therapy staff is fully committed to the field of HIV care and many have actively sought out their present positions. Carol Olson, M.D., who serves as the Chair of the Department of Psychiatry, has over 20 years of experience in providing behavioral health care. Wendy Watson, M.D., M.P.H., and Joanna Kowalik, M.D., M.P.H., are licensed psychiatrists, while Julie Lankton, LPC, LISAC, provides mental health and substance abuse counseling at MHCC.

Wendy J. Watson, M.D., M.P.H. Dr. Wendy Watson, DMG provider, is Board Certified in Adult Psychiatry and is in the process of completing her Board Certification in Child and Adolescent Psychiatry. Dr. Watson serves at the McDowell Healthcare Center specializing in psychiatric care for PLWHA. Prior to her work at MHCC, Dr. Watson worked as a staff Psychiatrist at the Phoenix Veterans Administration Health Care System,

2. All direct service providers meet the service category's Standards of Care as defined by the RWPA Planning Council.

MHCC Behavioral Health Services is licensed as an Outpatient Behavioral Health Clinic through the Arizona Department of Health Services Division of Assurances and Licensure. It is the only co-located HIV clinic providing mental health and substance abuse services, and outpatient ambulatory medical care. MHCC has a multidisciplinary behavioral health staff comprised of two 0.4 FTE Psychiatrists and one full-time Licensed Professional Counselor/Licensed Independent Substance Abuse Counselor. The primary care providers, mental health and substance abuse clinicians work collaboratively toward a goal of well-being for HIV-positive individuals who receive services at MHCC. This close relationship assures early intervention for medical, mental health, and/or substance abuse problems, and eliminates potential barriers to the referral process. Complex co-morbid medical and psychiatric conditions are addressed, including problems with poly-pharmacy and drug-to-drug interactions. The mental health and substance abuse services clinicians offer counseling and therapy for HIV-positive people addressing specific issues such as: social and internalized stigmatization, chronic illness and pain, readjustment of self-image due to health caused changes, changes to employment status, grief, bereavement and end of life issues. Additional mental health and substance abuse services can include support for depression, anxiety, psychosis, domestic violence, dementia, sexuality and gender issues, family dysfunction and stress management.

Patient Assessment. Initial patient status is assessed through a comprehensive psycho-social evaluation performed by Julie Lankton, LPC, LISAC, who works as both the intake evaluator and the clinic counselor. The initial assessment includes a basic HIV history, past medical history, notation of medication allergies, family medical and social history, patient medical and psychosocial history, mental health and substance abuse assessment. Ms. Lankton orders routine baseline HIV laboratory assessments under the direction of the medical director. Through direct consultation with the medical director at the time of the patient's intake visit tests may be ordered based on the patient's HIV and medical histories, as well as their current medical and psychosocial situation. These tests can include resistance testing, HLA-B5701 and CCR5 profile testing, tests for co-morbid opportunistic infections, and STD panel, psychiatric medication blood levels and urine drug screening. Since the entire MIHS system is now utilizing EMR, any inpatient records from patients recently hospitalized at Maricopa Medical Center are simultaneously available to the clinicians for review. Further, the clinicians in both the inpatient and the outpatient MHCC settings work closely together to ensure continuity of care across both settings, utilizing both telephonic and EMR communication. Patients are then scheduled a follow-up appointment with their medical provider to review lab results and establish care.

Patients whose initial assessment reveals further need for substance abuse, mental health or other psychosocial services are routinely given referrals at their initial visit for appropriate services. Ms. Lankton provides on-going psychotherapy to eligible patients as needed.

All patients are routinely screened for substance use and abuse, whether new, on-going or relapsed. Substance abusers comprise a considerable proportion of the patients seen at MHCC. Almost all patients who have been in chemical dependency treatment have relapsed at least once, have been expelled from a program, or ended up "on the street" again, and have been susceptible to a state of increased vulnerability to continued substance use, adding to the medication and therapy adherence problems, as well as safe-sex practice inconsistency. Patients are assessed and receive recommendations at intake from their clinician. Ms. Lankton extends motivation to these individuals through counseling sessions, and may refer patients for appropriate support and treatment services (psychiatry, education and/or support groups, case management). Clients who are in need of a substance withdrawal program are referred to appropriate outside agencies that provide those services. Counseling and referrals are given for those with substance abuse issues consistent with harm reduction and 12-step principles. There are numerous referral resources off-site in greater Phoenix including detoxification centers, residential programs and out-patient services.

Tobacco cessation assessment and intervention is repeatedly offered, with linkage to appropriate tobacco cessation resources including the Arizona Smokers' Helpline, cessation medications such as Chantix and patient assistance pharmaceutical programs when needed. Sexual activity is assessed and safer practices are encouraged using the Prevention for Positives model with both harm and benefit framed messages. To reduce risky sexual activity, condoms are available on-site at MHCC.

and at Arizona State University as a Teaching Assistant for the Department of Psychology. Dr. Watson graduated Cum Laude from Arizona State University with a Bachelor of Science Biology, received her Doctor of Medicine and Masters in Public Health from the University of Arizona, fulfilled her Psychiatric Residency at Banner Good Sam Hospital in Phoenix, and completed a Child and Adolescent Psychiatry Fellowship at MIHS City Adolescent Medicine Clinic and an Internship at the Maricopa County Department of Sexually Transmitted Diseases. Her many honors include:

- MIHS Child and Adolescent Psychiatry Fellowship Excellence in Psychotherapy Award in 2010;
- Banner Good Sam Psychiatry Residency Program House Officer Educator of the Year (2006 – 2007) awarded by the University of Arizona College of Medicine; and
- University of Arizona College of Medicine
 - College of Medicine's Dean's Scholarship,
 - Clerkship / Clinical Honors, and
 - Basic Science Honors.

Joanna Kowalik, M.D., M.P.H. Dr. Joanna Kowalik, DMG provider, is Board Certified as an Adult Psychiatrist and serves as a licensed Psychiatrist at MHCC. Dr. Kowalik is in the process of obtaining Board Certification in Child and Adolescent Psychiatry. While MHCC is an adult clinic, we work closely with The Bill Holt Pediatric HIV Clinic at Phoenix Children's Hospital to transition adolescents into adult primary care as individually appropriate. Dr. Kowalik's additional responsibilities include the MIHS Director for Medical Student Education, MIHS Desert Vista Behavioral Health Center Child and Adolescent Psychiatry Residency Program faculty, and Arizona's Children Association Outpatient Psychiatric Services. Dr. Kowalik also staffs the Psychiatric Consultation-Liaison Service at Maricopa Medical Center (MMC), and thus is able to provide continuity of care for patients admitted to MMC who receive outpatient care at MHCC. Dr. Kowalik holds a Master of Public Health – Health Policy and Administration from the University of Illinois at Chicago, completed a Psychiatric Residency Program at MIHS, and graduated from the Child and Adolescent Psychiatry Fellowship Program at MIHS. Her presentations include Banner Good Sam Psychiatry Grand Rounds: Teaching Psychiatry to Medical Students and New Research Poster Session at the 2008 Annual AACAP meeting. Dr. Kowalik has been honored as the Chief Resident at the MIHS Child and Adolescent Psychiatry Training Program and received special recognition for her strong organizational skills and leadership in teaching.

Julie Lankton, LPC, LISAC. Julie Lankton is a Licensed Professional Counselor and a Licensed Independent Substance Abuse Counselor and currently serves as a counselor at the McDowell Healthcare Center. Ms. Lankton provides comprehensive assessments to evaluate the complex psycho-social needs of the patients. As a MHCC counselor, Ms. Lankton provides counseling, social service intervention and care coordination for HIV-positive adult patients within an interdisciplinary team of HIV specialists. Through education and psychotherapy, Ms. Lankton's objectives are to assist patients with overall adjustment to their diagnosis, develop empowerment tools to increase health promoting behaviors, meet treatment goals and enhance quality of life. Ms. Lankton holds a Master of Arts Degree in Agency Counseling and has completed Post Graduate Clinical Coursework at Johns Hopkins University. With over 25 years of experience in the field, Ms. Lankton's experience includes serving as a counselor at a mental health center working primarily with adults in an outpatient substance abuse treatment program, Family Counselor, Program Counselor for adolescents in residential treatment facilities, Social Worker, Behavioral Health Manager working in consultation with Psychiatry and Behavioral Health staff, and Clinical Supervisor which included planning and development, trainings and evaluations, and maintaining a clinical caseload.

3. **Meeting the Needs of PLWHA.**

a. **Mental Health and PLWHA.**

Mental health disorders are common in the United States. The National Institute for Mental Health estimates that one in five adults will need mental health treatment in any given year. The number is even higher in the HIV-positive population. The U.S. Department of Health and Human Services (HRSA) HIV Costs and Services Utilization Study (HCSUS) found that nearly 50 percent of adults being treated for HIV have symptoms of a psychiatric disorder. HCSUS also found that 19 percent of patients studied showed signs of substance abuse, and 13 percent had co-occurring mental illness and substance abuse disorders.

HRSA states that major depression is the most common mental health disorder among PLWHA. However, in approximately one-half of PLWHA who have depression, the depression is both undiagnosed and untreated. Other psychiatric disorders commonly associated with HIV/AIDS include anxiety disorders such as Post Traumatic Stress Disorder (PTSD), HIV-associated dementia and substance abuse. Without appropriate treatment, individuals can experience rapid deterioration in physical and mental health, and are less likely to be compliant with medication regimens or the use of safe-sex practices. The integration of medical and behavioral health services improves the overall quality of care received by a client living with HIV/AIDS.

As people are living longer with HIV, quality of life issues can begin to manifest. Not all medications cross the blood-brain barrier and, while the plasma HIV-RNA load may decrease and the immune system function improve, dementia may occur and progress. Many patients are found to experience chronic pain, which is not necessarily related to a medical problem, but does dramatically interfere with their daily functioning and quality of life. Isolation, linked to the loss of significant others and friends to HIV, is a growing mental health concern. Mental health and substance abuse treatment issues, if not dealt with through treatment and therapy, can lead to serious adherence problems and subsequent poor medical outcomes. The evaluation of individual patients by a licensed clinical psychiatrist, followed by the combination of pharmaceutical and psychotherapeutic interventions, is more effective than any singular form of treatment for these disorders.

According to SAMHSA, 11 percent to 18 percent of Arizona residents suffer from serious psychological distress (SPD). SPD among youth ages 18-25 years occurs at a rate of 18.34 per 100,000. Many of the Phoenix EMA's seriously mentally ill are also among the homeless. Fifty-five percent of 'In Care' PLWHA reports a history of mental/behavioral health issues (i.e., anxiety, depression, and bi-polar disease) and over 18% report a history of substance abuse.

b. Providing services within the service area.

MIHS will provide mental health and substance abuse services in all seven of the identified RWPA Planning and Service Areas (PSA). The Phoenix EMA (Maricopa and Pinal counties) encompasses over 66 percent of the state's population. ADHS reports 14,265 PLWHA (March 2011) in Arizona, with over 75 percent of those residing in this service area, with the vast majority residing in Maricopa County. MIHS and MHCC are located in the heart of Phoenix where the vast majority of PLWHA resides. The MHCC is within walking distance of four major bus routes, and both MHCC and MIHS are within a short walk of Phoenix Valley Metro Light Rail. This allows for ease of access to co-located services at the MHCC such as primary medical care, oral health, **EIS, mental health and substance abuse services**. Additional services available at MHCC include the Apothecary Shops and the Southwest Center for HIV/AIDS.

c. Delivering services to special populations.

MIHS is committed to addressing the service needs of individuals who know their HIV status and may not be receiving primary medical care services, and is dedicated to informing and enabling individuals to utilize services. Our overarching goal is to eliminate disparities in access and services among the underserved. MIHS addresses these service needs based on these four guiding principles:

1. The HIV/AIDS epidemic is growing among traditionally underserved and hard-to-reach populations. MIHS serves a high percentage of PLWHA who are ethnically diverse (Table 2), are uninsured and/or live below 100% FPL.
2. The quality of HIV/AIDS therapies can make a tremendous difference in the lives of PLWHA. The MHCC HIVQUAL review for 2011 shows that 97.1% of all patients eligible for ARV therapy are taking medications to fight HIV.
3. Changes in the economics of health care are affecting the HIV/AIDS care network. MIHS works with RWPA and RWPB to enroll individuals into the PCIP program; and
4. Outcomes are a critical component of program performance. MIHS believes evaluating outcomes is critical to measuring program performance, and has demonstrated its commitment to program performance by being involved in HIVQUAL-US since 2004.

Needs and Gaps in Services. PLWHA face significant health care challenges and can be disproportionately impacted when accessing high quality medical care and supportive services. Various Needs Assessments have been conducted by the Phoenix EMA Planning Council to identify priority service needs, barriers to care, and gaps in the continuum of care for PLWHA. Results of these client-centered activities are used to establish service priorities, document the need for specific services, determine barriers to accessing care, provide baseline data for comprehensive planning, and help providers improve the accessibility, acceptability and quality of services delivered to PLWHA. In the Phoenix EMA, unmet needs and gaps in services have been identified by those newly diagnosed and/or out-of-care. Additional effects of the ongoing recession, cuts to AHCCCS (State of Arizona Medicaid) and state population growth have greatly impacted care of PLWHA.

Newly Diagnosed. The Phoenix EMA Planning Council conducted a 2009 Needs Assessment to learn more about the unmet needs and gaps in services for the Newly Diagnosed/New to Care. Newly diagnosed PLWHA ranked their top service needs as: 1) ambulatory outpatient medical care; 2) medication; 3) medical nutrition therapy; 4) housing assistance; and 5) **behavioral health services**. When queried about what would have helped these PLWHA enter care earlier, almost half reported an advocate/peer to accompany them to their first medical appointment, followed by transportation assistance (27%); more health education upon testing positive and a peer to talk with (27%); **mental health counseling (18%); and substance abuse counseling (9%)**. These identified supportive factors were viewed as having speeded their initial entry into care.

The Out-of-Care (OOC). The service gaps listed by the 2008 Phoenix OOC population survey included a mixture of essential core medical services and supportive services. Housing, transportation, **mental health and substance abuse counseling** complete the list of services perceived as unavailable by the OOC in the EMA. A lack of awareness of exact service location, how to access services and the absence of funding/insurance were cited as reasons impeding access to care and services.

Many OOC cite drug use as a primary reason for their delay into primary medical care and/or reason for stopping HIV primary medical care. The crystal methamphetamine problem is recognized as a significant contributor to increased high risk sexual behaviors and higher rates of HIV and STI transmission, particularly among MSM. Meth is the drug of choice most frequently reported as used by the 2008 OOC survey respondents: over 32% of the respondents reported regular use of meth. Ten percent of the OOC survey sample admitted to previous injection drug use (mostly heroin). Both the 2006 and 2008 needs assessment survey results reveal regular use of meth by the OOC, and is cited as a primary reason for delay into and/or reason for stopping HIV Outpatient Ambulatory Medical Care (OAMC).

Effects of the On-going Recession. The on-going effects of the lingering recession combined with the depth of unemployment have resulted in an increased demand for Ryan White funded services. In addition to being the Grantee for Parts C and D, MIHS is a Ryan White Part A-funded provider of OAMC, mental health and outpatient substance abuse services. As individuals have lost their jobs and the insurance attached to those jobs, many now depend solely upon the Ryan White program to remain in medical care. There is a high rate of transfers into Ryan White, largely due to the loss of other medical coverage.

Cuts to AHCCCS Create Health Care Struggles for PLWHA. Arizona is experiencing severe budget shortfalls and not long ago passed legislation that resulted in the reduction or elimination of health insurance benefits for many AHCCCS recipients, particularly childless adults. Due to state cuts to AHCCCS, additional Federal matching Medicaid funds of approximately \$1.02 billion were lost. This has resulted in PLWHA no longer able to enroll in AHCCCS, and those who do not renew timely lose their AHCCCS benefits, including mental health and substance abuse services. The statewide AHCCCS population as of July 2012 was nearly 1.3 million (www.azAHCCCS.gov), with the Phoenix EMA accounting for nearly 62 percent of those AHCCCS members. Due to these AHCCCS cuts, as many as 1,700 PLWHA in Arizona were deemed eligible to transfer their medical care into the Ryan White continuum of care. As a result of these cuts, MHCC has realized significant growth in the number of people seeking HIV care as previously mentioned. MIHS works with patients to complete AHCCCS renewal

applications timely and we assist individuals applying for Ryan White and the Pre-Existing Condition Insurance Plan (PCIP).

Population Growth Strains Services. The Phoenix EMA has experienced enormous population growth that is mirrored in the expanding PLWHA population. Twenty-two percent of Arizona's prevalent cases were diagnosed in another state, leading to an increase in prevalence in Arizona.¹ The number of PLWHA is increasing at a rate higher than available resources. Foreign migration, primarily from Mexico, but also from Burma and several African nations, has further strained the existing infrastructure and created language and cultural barriers unique to the service area. The state's moderate incidence coupled with reductions in death rate all contribute to an expanding PLWHA population which threatens to maximally stretch and exceed all available funds.

Diversity of PLWHA. MHCC provides services to a PLWHA population that is highly diverse. Our target populations are primarily non-White minorities (54.6%), Hispanics (32.2%), males (75.6%) and women (23.5%). Included in these target populations are individuals that are uninsured, those living below the Federal Poverty Level (FPL), resettled refugees and those of other language groups. As shown in Table 2, there are a number of similarities among the populations of the U.S., Arizona, the Phoenix EMA and MIHS Ryan White Part C and Part D patients. However, MHCC exceeds the national norm for the number of minorities served. While the U.S. population is 15.7% Hispanic, Arizona's population is 30.9% Hispanic. Hispanics account for 18.3% of PLWHA in the U.S., but are over 25% of PLWHA in the EMA and close to one-third of all Part C and Part D patients. While Arizona has a relatively small population of Blacks at 3.7%, they comprise 16% of Part C patients and over 23% of Part D patients. On average, minorities account for 52% of all MHCC patients.

increase of 116 percent. There are a greater number of females in care at MIHS than in the EMA or the state due in part to the women-focused care provided at MHCC.

High Levels of Uninsurance. Reports from the U.S. Census Bureau in 2011 show 19.1 percent of Arizona's population lacked health coverage, with about one in five residents lacking health coverage. Only ten states had higher uninsured populations than Arizona. In 2009, the Arizona Republic newspaper estimated that one in four Phoenix residents lacked health insurance, putting Arizona's largest city among the bottom of big cities on health coverage. Patients at MHCC in 2011 who had Medicare, Medicaid, other public or no insurance accounted for 73 percent of those served. As Arizona struggles with cuts to the Arizona Medicaid (AHCCCS), the number of uninsured patients is expected to rise.

Individuals Who Live Below the FPL. As reported in the Arizona Daily Star in September 2010, figures from the U.S. Census Bureau show that more than one-fifth of Arizonans live in poverty, second only to Mississippi. Approximately 21.2 percent of Arizonans live in households that earn less than the FPL, compared to the national figure of 14.3 percent. The Phoenix area also has a high percentage of persons of Hispanic/Latino origin living in poverty: the American Community Survey 2005-2009 from the U.S. Census Bureau reports that 27.7 percent live below the FPL. Sadly, nearly 55 percent of all MHCC patients live below 100% FPL.

Refugee Resettlement. Arizona ranks fourth in the nation for new refugee arrivals. The Arizona Refugee Resettlement Resources reports that nearly 62,000 refugees have been resettled in Arizona since 1984. Nearly 80 percent of all resettled refugees are women and children. Seventy-six percent of refugees resettle in Maricopa County and, of those, 66 percent reside in Central Phoenix where MHCC is located. A large percentage of immigrants and resettled refugees have come from Somalia, Burundi and, more recently, Burma. MHCC continues its history of providing culturally and linguistically competent care to all patients, as discussed in this application.

Other Language Groups. The U.S. Census Bureau Hispanic Population 2010 report states that Arizona ranks fourth highest in the nation with a Hispanic/Latino population. Nearly 28 percent of the state's population five years and older speak a language other than English at home. A recent University of Arizona Mexican-American Studies and Research Center report found that Hispanic women living in Border States have a higher risk of contracting HIV than do other Hispanic women due to their lack of knowledge of HIV/AIDS.

d. Providing culturally and linguistically appropriate services.

Culturally and Linguistically Appropriate Services (CLAS). MIHS primarily serves patients who speak English, Spanish and several African languages; however, the predominant non-English language spoken by our clients is Spanish. The literacy levels of our patients can vary greatly. Even when we meet the language needs of patients the level of literacy must be considered. MIHS and partners make every effort to provide patient materials, including Spanish translations, at a 6th grade reading level or lower. MIHS meets Federal CLAS Standards by providing our patients with translation and interpreting services. As mentioned above, many of the MHCC staff and clinicians are bilingual in Spanish. For non-Spanish speaking patients and/or those with limited English skills, staff has access to real-time translation utilizing the phone-based World Wide Interpreters service that is available throughout MIHS including MHCC. Over the past year, MIHS has contracted for two Cultural Patient Navigators (CHNs) that are well-known and respected in their communities. Their primary responsibilities include linking medical care to newly diagnosed refugees at MHCC, and helping refugees remain and/or return to care. The CHNs are fluent in ten languages including English, Liberian, Va, Khran, Swahili, French, Kirundi, Kinyarwanda, Lingala and Spanish.

We strive to schedule patients with the same provider to provide clinical consistency, thereby reinforcing trust and respect. Immigrants and refugees are afforded additional privacy measures beyond the usual and customary privacy practices, depending on their needs and beliefs. Care is taken to protect their privacy and to meet their needs while being respectful of their cultural and social beliefs. Every attempt is made to work within appropriate boundaries, to sensitively discuss health topics with the patient, and perhaps most importantly, to instill and establish a relationship of trust.

Table 2. Race and ethnicity of target population compared to national, state, and local populations.

	2009 U.S. Population ¹	2009 Arizona Population ²	2009 Phoenix EMA ³	2008 U.S. PLWHA ³	2009 Arizona PLWHA ⁴	2009 Phoenix EMA PLWHA ⁴	2011 MHCC Patients ⁵
NOT HISPANIC:							
White	65.0%	57.3%	57.6%	34.5%	57.3%	56.9%	34.0%
Black*	12.3%	3.7%	4.4%	46.3%	11.3%	12.3%	16.0%
AI/AN**	0.8%	4.1%	1.9%	0.4%	3.3%	3.0%	1.0%
Asian	4.3%	2.5%	2.9%	1.4%	1.2%	1.3%	2.0%
NH/OPI***	0.1%	0.1%	0.2%				0.0%
More than one race	1.5%	1.4%	1.4%		1.5%	1.4%	2.0%
Unknown/Not Reported							1.9%
HISPANIC:							
White	14.5%	38.8%	29.6%	17.4%	25.4%	25.3%	29.8%
Black*	0.6%	0.7%	0.7%				1.0%
AI/AN**	0.3%	0.7%	0.6%				0.0%
Asian	0.1%	0.2%	0.2%				0.0%
NH/OPI***	0.0%	0.1%	0.1%				0.0%
More than one race	0.2%	0.4%	0.4%				1.0%
Unknown/Not Reported							1.0%

*Black or African-American; **American Indian & Alaska Native; ***Native Hawaiian & Other Pacific Islander; ¹Population estimates from the U.S. Census Bureau, Statistical Abstract of the United States, 2011; ²Population estimates from the U.S. Census Bureau, American FactFinder; ³Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report*, v.60, n.21, June 3, 2011. "Native Hawaiian and Other Pacific Islander" included with "Asian." "More than one race" is not a reported category. "Hispanic" is not broken down by race; ⁴Estimates from the Arizona Department of Health Services, HIV Statistics Annual Report, 2011. "Native Hawaiian and Other Pacific Islander" included with "Asian." "Hispanic" is not broken down by race; ⁵MIHS System, Ryan White HIV/AIDS Program Data Report, 2011.

Eliminate Disparities in Care in Communities of Color. Rates of HIV/AIDS prevalence and emergence differ sharply between African Americans and other race/ethnicity groups. The emergent HIV/AIDS rate among African Americans in Arizona is three times more severe than any other race/ethnic group. The disparity is more pronounced among women than men who are both African American. Although HIV has historically been a disease that predominantly affects males in Arizona, the 2005 – 2009 rate of emergent HIV among African American women was 21% higher than the statewide rate among men. (2010 & 2011 Executive Summaries, ADHS) MIHS has an extensive history in serving communities of color in order to eliminate disparities in HIV care. For example and as shown in Table 2, while Blacks account for only 4.4% of the population in the Phoenix EMA, they comprised 16.0% of MHCC patients in 2011.

Serving a High Percentage of Women. MHCC continues to see increases in the number of minorities impacted by HIV/AIDS, especially among female minorities. A goal of MIHS is to increase access to primary medical care, mental health, substance abuse services and dental care especially for minority females. To address this goal, MHCC established a Women’s Clinic on-site staffed by female health care providers. Women’s Clinic day includes a catered breakfast, women’s support groups that include educational seminars and on-site childcare in collaboration with the Southwest Center for HIV/AIDS. As a result, the number of women clients at MHCC has steadily increased from 250 in 2004 to 540 in 2010, an

- MIHS is home to the largest teaching hospital in Maricopa County, thereby providing medical residents with an HIV rotation at MHCC that trains future physicians for this and other communities regarding care for PLWHA;
- MIHS, as both a teaching hospital and an affiliate of the U of A College of Medicine and District Medical Group (DMG), supports and encourages patient referrals to and participation in clinical trials within and outside our system;
- Four MHCC clinicians, two physicians and two nurse practitioners have each been providing full-time HIV-specialty medical care since the 1980's. All are certified HIV specialists through the American Academy of HIV Medicine;
- Dr. John Post, the founder of the MHCC HIV clinic, has received numerous awards over many years for his comprehensive and compassionate care, including most recently the 2011 Phoenix Business Journal Health Care Heroes Award;
- Dr. Ann Khalsa, the clinic's Medical Director, is a nationally recognized HIV specialist and educator. She has been involved with the Ryan White AIDS Education and Training Center program since 1990, providing direct full-time clinical preceptorships in HIV for 15 of those years. She received international recognition at the International AIDS Conference in Mexico City as one of fifteen recipients of the U.S.-Mexico Border Hero Award;
- MIHS has an excellent reputation in the medical community as a provider of quality HIV/AIDS treatment and services, from dedicated and knowledgeable clinicians. This is reflected in the significant increase in the number of PLWHA we serve. MHCC provided care to 2,594 PLWHA in 2011, an increase of over 11% from 2010;
- MIHS and MHCC provide culturally sensitive and accessible care. Three of the clinicians are bilingual in Spanish and on-site translation is always available utilizing bilingual clinic support staff. MIHS utilizes the telephonic World Wide Interpreter service, through which communication is possible with our many refugee immigrant patients from locations such as Burma and war-torn African nations. The MHCC clinic has a program of Cultural Health Navigators who provide an additional layer of patient support and education;
- MIHS has stellar financial systems in place to report and track administrative and clinical data through an Electronic Medical Record (EMR);
- MIHS was recently awarded NCQA certification for a medical home program and is working on a health exchange to enhance the exchange of information with health providers outside of MIHS; and
- MIHS has contracts with Magellan and their four Provider Network Organizations (PNOs) with four additional sites opening later this year.

District Medical Group. District Medical Group (DMG) is the exclusive nonprofit medical provider for MIHS, and consists of over 350 providers representing all major medical and surgical specialties / subspecialties including mental health. The mission of DMG is to improve the health and well-being of individuals in Arizona through an integrated medical group practice based on a balanced program of patient care, education, research and community service. DMG provides comprehensive physician, allied professional and medical education services for MIHS. DMG is grounded in serving the public by furthering the quality and safety of health care services through medical education and research, addressing Arizona's needs through training health care professionals, and improving access to care by means of innovation in the delivery of medical services to all citizens regardless of circumstance.

The District Medical Group six strategic areas of focus are:

- **Clinical Excellence and Community Health:** Increase access to health services for the community and elevate community health care standards.
- **Partnership Development:** Create effective, synergistic, and sustainable affiliations with community programs, MIHS and University of Arizona.
- **Education and Training:** Expand academic programs while maintaining the highest standards of academic performance and professional competence.
- **Clinical Research Excellence:** Create an institutional culture of exceptional scholarship and strengthen the competitive quality and reputation of the clinical research enterprise.

- **Outstanding Workplace and Operational Excellence:** Create a work environment that fosters the highest standards of operational performance and fiscal discipline.
- **Philanthropy and Public Value:** Grow philanthropy and effectively promote the group's unique public value.

MIHS Division of Psychiatry. The MIHS Division of Psychiatry is committed to being a leading provider of behavioral health services in Arizona. The Division is a robust and dynamic group that consists of 25 full-time adult psychiatrists, seven full-time child psychiatrists, nine full-time psychologists, five nurse practitioners, five full-time licensed counselors and over 35 part-time staff. The many accomplishments of the Psychiatry personnel include:

- Having the only HIV mental health and substance abuse clinic co-located with Outpatient Ambulatory Medical Care (OAMC);
- Staffing two acute-care psychiatric hospitals with a total of 190 beds - the largest number of behavioral health beds in Arizona outside of the Arizona State Hospital;
- Serving as faculty for an Adult Psychiatry Residency Training Program and the only Child Psychiatry Residency Training Program in Phoenix;
- Operation of their own outpatient psychiatric clinic: Desert Horizons Psychiatric Services;
- Providing full-time psychiatric consultation-liaison services to Maricopa Medical Center,
- Offering an Electroconvulsive Therapy (ECT) service;
- Providing psychiatric and administrative support to community and tribal based clinics, and residential treatment programs; and
- Providing the Medical Director for the Arizona Department of Economic Security Division of Developmental Disabilities.

The Division of Psychiatry delivers nearly forty specialty services including, but not limited to:

Adult Psychiatry
 Counseling
 Medication Management
 Pharmacotherapy
 Individual Psychotherapy
 Psychological Testing
 Diagnostic Testing and Assessments
 Court Ordered Evaluations and Treatment
 Forensic Services
 Trauma and Burn Patient Support
 Residency Training Programs

DMG Providing Mental Health and Substance Abuse Services According to RWPA Standards. DMG staff provides mental health and substance abuse services consistent with Maricopa County RWPA Policies and Procedures, and aligned with service category criteria established by the RWPA Program Planning Council. These policies include, but are not limited to:

Mental Health:

1. Staff providing treatment are licensed mental health and substance abuse professionals;
2. Communications made on behalf of the patient are documented in the EMR;
3. All activities are directly connected to the HIV-related clinical status of an eligible client;
4. Specific clinical outcomes are measured and reported; and
5. Services promote family/support system stability for coping with the unique challenges posed by living with HIV/AIDS.

Substance Abuse Services:

In addition to those listed above in mental health, substance abuse services policies and procedures include:

1. Providing assessment, treatment planning, counseling and referral to HIV-infected individuals with histories of substance abuse; and

Cultural Competency Training. All staff makes every effort to understand an individual's cultural beliefs and practices and how they differ from or reflect the cultural group with which the person identifies. To facilitate efforts to understand the unique cultural beliefs and practices of our patients, cultural competency training is a mandatory requirement of all MIHS clinical and support staff. MIHS believes that training of this nature is an integral component of the skill set required for every employee and clinician. In addition to being a DNV accreditation requirement, MIHS believes that training of this nature is an integral component of the skill set required for every employee and clinician. Cultural competency awareness training includes: 1) an on-line curriculum that discusses important considerations and questions to ask when working with patients of diverse backgrounds, and requires a demonstrated 100% proficiency on post-test; 2) an employee orientation session on cultural diversity; and 3) a clinical orientation session on health literacy. A variety of methods are used to provide this training, including on-site training from experts in the field. Fulfilling these requirements is part of MIHS employee's annual skills list and performance evaluations. As MIHS' patient populations change, the focus of the cultural competency training sessions changes to reflect the demographic changes of MHCC patients. The MIHS Community Relations Director provides guidance to the MHCC in the area of language and cultural competency.

MIHS Recognized for CLAS. MIHS has been recognized locally and nationally as a leader in the provision of CLAS services to patients. The MIHS Community Relations Director is responsible for directing the language and cultural competence program. Listed below are some of our accomplishments:

- MIHS received no deficiencies from the Arizona Medicaid Cultural and Linguistic Competent Care team;
- In 2004, MIHS was part of a leadership team for the Arizona Hispanic Center for Excellence. This project was awarded \$1.5 million from HRSA to improve Latino healthcare;
- Cultural Competence Works, Multicultural program Certificate of Recognition HRSA, 2000 and HRSA Publication, 2001;
- Community Centered Health Care Certificate of Recognition, American Hospital Association, 2000;
- MIHS Customer Service and Cultural Diversity Program President's Initiative on Race 1998, and Promising Practices for Racial Reconciliation 1999, The White House;
- Culturally Sensitive Care Committee, Achievement Award, NACo, 1998;
- Spanish Interpreter Pilot Program, NACo Award, 1995; and
- Spanish Language Training for Patient Care, NACo Award, 1993.

The Health Resources and Services Administration (HRSA) envisions optimal health for all, supported by a health care system that assures access to comprehensive, culturally competent, quality care. To further these aims, the Department of Health and Human Services (HHS) has promulgated a set of standards that define best practices for the provision of culturally and linguistically appropriate care. In Table 3, each of the standards is addressed individually to show how MIHS, in general, and the EMR, specifically, support the goals of culturally and linguistically appropriate services. The MHCC follows these same principals.

Table 3. CLAS Standards and Addressing by MIHS.

Standard	Addressed by MIHS
<p>Standard 1: Health care organizations should ensure that patients receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.</p>	<p>Both MIHS and MHCC take care to ensure that all patients receive health care that is respectful of the cultural health beliefs and preferred language of the patient. For example, with some HIV-positive refugee women, their cultural and religious beliefs do not allow a pelvic examination by male clinicians. To address this and other issues, MHCC instituted a weekly day-long Women's Clinic during HIV-positive women are provided medical care by women clinicians and providers.</p>
<p>Standard 2: Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a</p>	<p>Currently, approximately 50% of MHCC staff members are ethnic or racial minorities. This is only slightly less than the proportion of racial and ethnic minorities (52%) who comprise MHCC patients in</p>

Standard	Addressed by MIHS
diverse staff and leadership that are representative of the demographic characteristics of the service area.	2011. Every effort is made to ensure a diverse staff that is reflective of the patients served at the clinic.
Standard 3: Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.	In accordance with HHS/HRSA and DNV standards, among others, all MIHS employees (about 4,000 individuals) are required to take classes concerning, among other topics, both Cultural Diversity and HIV/AIDS.
Standard 4: Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient with limited English proficiency at all points of contact, in a timely manner during all hours of operation.	MIHS has a commitment to provide medical care to all patients, regardless of which languages are spoken. In 2011, requests at MHCC for language interpretation included Spanish, French, Arabic, Vietnamese, other (including several African Languages) and American Sign Language. Interpretation was provided by certified staff interpreters, Cultural Health Navigators, or a contracted interpreting service.
Standard 5: Health care organizations must provide to patients in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.	It is standard practice at MIHS and MHCC that all information concerning language assistance services is available in both English and Spanish. In house translators are used to translate documents or, in the alternative, to approve translations from other organizations. MIHS maintains a contract with an outside provider to provide translations into languages other than Spanish.
Standard 6: Health care organizations must assure the competence of language assistance provided to limited English proficient patients by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient).	All MIHS personnel who use a language other than English to communicate with patients and their families will be tested for competence in that language. If a patient requests that a family member or friend act as interpreter, a certified medical interpreter will also be present to ensure effective and accurate communication to the patient.
Standard 7: Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.	At both MIHS and MHCC, the most commonly encountered language outside English is Spanish. As with Standard 5, all signage posted in any MIHS facility is posted in both English and Spanish.
Standard 8: Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.	MIHS system-wide policy #01750 S provides the outline for the MIHS program of language and cultural competence. The MIHS Director of the Community Relations Department is responsible for the overall implementation and monitoring of the language and cultural competency program.
Standard 9: Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.	The MIHS policy on language and cultural competence provides for the periodic creation of a Language Needs Assessment for the population served by the system. The Assessment incorporates information on the number, proportion, and frequency of limited English proficient patients may seek medical care from MIHS. Data is regularly collected on requests for language services so that shifts in interpreting services can be detected early. This on-going data collection and early detection is crucial to MIHS' success in providing high-quality medical care to a culturally and linguistically diverse patient population.
Standard 10: Health care organizations should ensure that data on the individual patient's race, ethnicity, and spoken and	Through the Initial Patient Registration Form, all patients at MHCC are asked to provide information on race, ethnicity and language needs. This information is collected for inclusion in the patient

Attachment B Service Provider Application
 List of HIV/AIDS Grant Funds Addendum

Please list who provides these funds and how long you have been funded:

Service Category	Funder	Start Date	Stop Date
Outpatient/Ambulatory Medical Care	Ryan White Part A	03/01/1994	Current
	Ryan White Part C	01/01/1991	Current
	Ryan White Part D	08/01/1998	Current
Medical Case Management	Ryan White Part A	01/14/2011	08/01/2011
	Ryan White Part D	08/01/1998	Current
Oral Health Care	Ryan White Part A	09/01/2007	Current
	Ryan White Part C	01/01/1991	Current
	Ryan White Part D	08/01/1998	Current
Early Intervention Services (RWPA)	Ryan White Part A	09/12/2011	Current
Early Intervention Services (MAI)	Ryan White Part A	11/22/2011	Current
Early Intervention Services (Part C)	Ryan White Part C	01/01/1991	Current
Mental Health Services	Ryan White Part A	03/01/1994	Current
	Ryan White Part C	01/01/1991	Current
Substance Abuse Services, Outpatient	Ryan White Part A	03/01/1994	Current
	Ryan White Part C	01/01/1991	Current
Case Management, Non-medical	Ryan White Part C	01/01/1991	Current
Treatment Adherence Services	Ryan White Part B	04/01/2005	03/31/2008
	MAC Cosmetics AIDS Fund	10/18/2008	09/30/2009
	Boehringer-Ingelheim Pharmaceuticals	04/07/2008	03/31/2009
HIV Prevention	Centers for Disease Control & Prevention	10/01/2010	Current
Child Watch Services	Ryan White Part D	08/01/1998	Current
Outreach Services	Ryan White Part D	08/01/1998	Current
Unrestricted Funding	Aunt Rita's Foundation	12/01/2005	Current
	Soroptomist International	09/01/2005	08/31/2010

Maricopa Integrated Health System: Administrative Policy & Procedure

Effective Date: 07/01/2010
Reviewed Dates: 05/02/2011
Revision Dates:

Policy #:
Policy Title: Grant Financial Oversight

- Scope:** District Governance (G)
 System-Wide (S)
 Division (D)
 Multi-Division (MD)
 Department (T)
 Multi-Department (MT)

Signature: *V. Benavente* VP Finance/Controller
(Name - Title, MIHS)

Purpose:

The purpose of this policy is to establish consistent grant financial oversight policies and procedures throughout MIHS.

Definitions:

Allocable – A cost is allocable to a grant or contract if the cost directly benefits the work done on that project.

Allowable – For a cost to be allowably charged to a grant or contract, it must meet the following requirements:

- It must be allocable to the project;
- It must be reasonable;
- It must be consistently treated like other similar costs;
- It must be allowable under the terms of general federal cost principles, the guidelines of the funding agency and the grant or contract;

Business Objects – The MIHS financial reporting and budget system that incorporates the financial data produced in STAR. Business is a tool to prepare user-friendly financial statements for the operations of the organization including grants. In addition, Business Objects are used to prepare the annual budget for MIHS, including grant budgets.

Catalog of Federal Domestic Assistance (CFDA) – A number assigned to a Federal program in the CFDA.

Central Service Costs – Costs that benefit both grant and non-grant activities for inclusion as part of indirect cost in grants. This allocation is calculated in compliance with OASC-3, A Guide for Hospitals.

Central Service Departments – Department cost centers that support, manage, and maintain MIHS operations (i.e., Administration, Finance, Human Resources, Materials Management, Information Technology, Facilities Management, etc.).

Cost Transfer – Movement of costs between a grant/contract and another grant/contract or a non-sponsored departmental cost center.

Department Overhead – Departmental costs incurred for both grant and non-grant programs.

Grant – A transaction in which an entity transfers cash or other items of value to or incurs a liability for MIHS as a means of sharing costs or otherwise reallocating resources to the recipients.

Grantee - The organization that receives a grant and assumes legal and financial responsibility and accountability both for the awarded and for the performance of the grant-supported activity.

Grantor Agency – The federal, state, local, or private agency or organization which provides the grant funding and/or grant funding over

Indirect Costs – Costs incurred for a common or institution-wide objective that benefits more than one grant or projects. Such costs are readily assignable to the cost objective specifically benefited.

In-Kind – Contributions in the form of goods or services rather than cash.

Office of Management and Budget (OMB) Circular A-87 – This Circular establishes principles and standards for determining costs for Federal awards carried out through grants, cost reimbursement contracts, and other agreements with State and local governments and federally-recognized Indian tribal governments (governmental units).

Office of Management and Budget (OMB) Circular A-110 – This Circular sets forth standards for obtaining consistency and uniformity among Federal agencies in the administration of grants to and agreements with institutions of higher education, hospitals, and other non organizations.

Office of Management and Budget (OMB) Circular A-133 – This Circular is issued pursuant to the Single Audit Act of 1984, P.L. 98-5 and the Single Audit Act Amendments of 1996, P.L. 104-156. It sets forth standards for obtaining consistency and uniformity among Federal agencies for the audit of States, local governments, and non-profit organizations expending Federal awards.

Health and Human Services (HHS) OASC-3 – OACS-3, A Guide for Hospitals, establishes principles for determining costs applicable to research and development work performed by hospitals in contracts with the Department of Health and Human Services. HHS is designated by the Office of Management and Budget (OMB) as the cognizant federal agency for reviewing and negotiating facility and administrative (indirect) cost rates, fringe benefit rates, special rates as determined to be appropriate, research patient care rates, statewide cost allocation plans and public assistance cost allocation plans.

Pass-Through Grantor - A non-Federal entity that provides Federal awards to a sub-recipient to carry out a Federal program.

Program Income - Program income is income directly generated from the performance or activities of a sponsored program. Program income applies to federal and non-federal sponsored programs.

Reasonable – A prudent person would have purchased the same item at the same price.

Schedule of Expenditures of Federal Awards (SEFA) – A schedule required to be prepared and audited annually by the Single Audit Act. SEFA is compiled by CFDA #, Federal grantor, pass-through grantor (as applicable), and pass-through grantor's contract number.

STAR – The MIHS accounting software system administered by the Finance Department. STAR is the official financial records of MIHS.

Sub-recipient – A non-Federal entity that expends Federal awards received from a pass-through entity to carry out a Federal program, but does not include an individual that is a beneficiary of such a program. A sub-recipient may also be a recipient of other Federal awards directly from a Federal awarding agency.

Vendor - A dealer, distributor, merchant, or other seller providing goods or services that are required for the conduct of a Federal program. These goods or services may be for an organization's own use or for the use of beneficiaries of the Federal program.

Policy:

The Finance Department will exercise oversight of the financial transactions and status of each grant pursuant to the requirements of OMB Circular A-110. The Finance Department will ensure that charges are reasonable and necessary, allowable under the terms and conditions of the award, are properly allocated to and among multiple awards and funding sources, limited to funds awarded for the project, prepare and submit required financial reports, and ensure compliance with federal, sponsor, and other regulations.

The Finance Department shall also be responsible for contracting with an external audit firm to ensure compliance with the requirements of OMB Circular A-133 issued pursuant to the Single Audit Act. This responsibility includes the preparation and annual audit of the Schedule of Expenditures of Federal Awards (SEFA). The Finance Department shall also comply with all other audit/review requests from the sponsoring agency or its delegate.

The Finance Department also prepares and negotiates the Federal Indirect Hospital Rate Agreement with the Department of Health and Human Services, Division of Cost Allocation. MIHS uses the prescribed Medicare Cost Report methodology contained in the guidelines and cost principles promulgated by the Department of Health and Human Services publication OASC-3, A Guide for Hospitals, to calculate its indirect costs.

Procedure:

The Finance Department is responsible for setting up grant departments within STAR. Grants whose value is greater than \$100,000 will have be assigned a unique department number. Grants under \$100,000 will utilize STAR Entity AC – Department 8494 – Misc Grants Under \$100K for recording their financial transactions unless a separate department number is requested by the Grants Department.

The Finance Department will record, on a monthly basis, all financial transactions related to a grant, in STAR, Entity AC - Grants. Where feasible, the payroll subsystem will be used to allocate personnel expenditures to the grant and the accounts payable subsystem will be used to allocated vendor and other non-personnel costs to the grant. If neither of these subsystems can be utilized to charge costs to a grant, the Grant Accountant will prepare manual journal entries to allocate allowable costs to a grant.

Payments in advance will be recorded separately on MIHS' balance sheet and reported separately as "restricted for grants" in the Statement of Net Assets. Interest income associated with advance grants will be remitted back to the grantor as required by law or retained by the grant for program use if allowed by the grantor.

On a regular basis the Grant Accountant shall:

- Prepare/update an Excel spreadsheet with individual grant activity that reconciles to the STAR department 8494 grand totals.
- Review and ensure that costs allocated to the other grant departments are appropriate, recorded in the correct period, and are within the constraints of the overall and line-item budget.
- If appropriate, ensure that the payroll distribution reflects the actual work performed as certified in the effort reports received.
- Reconcile STAR Entity AC balance sheet assets and liabilities.
- Prepared correcting entries and input into STAR.
- Prepare financial reports as required by the MIHS management and grantors.
- Prepare drawdown/reimbursement requests.

The Assistant Controller or Controller is responsible to review and approve all journal entries and drawdown/reimbursement requests prepared by the Grant Accountant.

In addition to the above, on an annual basis the Grant Accountant shall:

- Prepare a Schedule of Expenditures of Federal Awards (SEFA) in accordance with the Single Audit Act. The Assistant Controller or Controller reviews the SEFA for completeness and accuracy.
- Provide documentation, as requested, for the annual A-133 audit.
- Respond to all questions from the external auditors on the annual A-133 audit.

On a grant year basis the Grant Accountant shall:

- Ensure the timely closure of the grant as required by the grantor.
- Ensure that all costs allocated to the grant are appropriate and are within the constraints of the overall and line-item budget.
- Prepare and ensure submission financial reports as required by the grantors. The Assistant Controller or Controller is responsible for the final review and approval of all grant financial reports.

References:

OMB Circular A-87, OMB Circular A-110, OMB Circular A-133, OASC-3 A Guide for Hospitals, Single Audit Act of 1984 and Amendments of 1996, 45 CFR Part 74, Appendix E-Cost Principles for Hospitals

MD PROFILE PAGE



Arizona Medical Board

azmd.gov
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General Information

Joanna K. Kowalik MD

570 W Brown Rd

Desert Vista Behavioral Health

Mesa AZ 85201

Phone: (602) 470-5000

License Number: 35667

License Status: Active

Licensed Date: 06/19/2006

License Renewed: 01/06/2011

Due to Renew By: 02/24/2013

If not Renewed, License Expires: 06/24/2013

Education and Training

Medical School: JAGIELLONIAN UNIV MED COLL, FAC OF MED
KRAKOW,
Poland

Graduation Date: 06/24/1994

Internship: 06/18/2003 - 04/15/2006 (Psychiatry)
MARICOPA INTEGRATED HEALTH SYSTEM
PHOENIX, AZ

Area of Interest Child and Adolescent Psychiatry (Psychiatry & Neurology)
Area of Interest Psychiatry (ABMS Board Certified)

The Board does not verify current specialties. For more information please see the American Board of Medical Specialties website at <http://www.abms.org> to determine if the physician has earned a specialty certification from this private agency.

Board Actions

None

A person may obtain additional public records related to any licensee, including dismissed complaints and non-disciplinary actions and orders, by making a written request to the Board. The Arizona Medical Board presents this information as a service to the public. The Board relies upon information provided by licensees to be true and correct, as required by statute. It is an act of unprofessional conduct for a licensee to provide erroneous information to the Board. The Board makes no warranty or guarantee concerning the accuracy or reliability of the content of this website or the content of any other website to which it may link. Assessing accuracy and reliability of the information obtained from this website is solely the responsibility of the user. The Board is not liable for errors or for any damages resulting from the use of the information contained herein.

Please note that some Board Actions may not appear until a few weeks after they are taken, due to appeals, effective dates and other administrative processes.

Board actions taken against physicians in the past 24 months are also available in a chronological list.

Credentials Verification professionals, please [click here](#) for information on use of this website.

CURRICULUM VITAE
JOANNA KOWALIK, MD, MPH

11018 North 12th Street • Phoenix, AZ 85020
Phone (602) 327-1995 • E-mail: jkilawok@hotmail.com

RECEIVED

JUL 25 2012

CREDENTIALING DEPT.

EDUCATION

- July 1, 2006-June 31, 2008 Maricopa Integrated Health System, Mesa, AZ
Child & Adolescent Psychiatry Fellowship Program
Graduated June 2008
- June 18, 2003-June 30, 2006 Maricopa Integrated Health System, Mesa, AZ
Psychiatry Residency Program
Graduated June 2006
- August 2000-June 2003 University of Illinois at Chicago, Chicago, IL
School of Public Health
Master of Public Health-Health Policy and Administration
PhD Candidate in Health Information Systems
- Nov 1994-Nov 1995 Jagiellonski University, Krakow, Poland
Rydygier General Hospital
Rotating Internship (Internal Medicine, Pediatrics, Surgery)
- October 1987-July 1994 Jagiellonski University Collegium Medicum,
Krakow, Poland
Medical Doctor

EMPLOYMENT

June 2008-Present District Medical Group (DMG)
Phoenix, AZ
Child and Adolescent Psychiatrist
Director for Medical Student Education
Arizona's Children Association Outpatient Psychiatric Services
Desert Vista-Psychiatry/Child and Adolescent Psychiatry Residency Programs
Faculty
MIHS-Consultation-Liaison Child and Adolescent Psychiatrist

August 2006 – June 2008 Medical Professional Associates (MedPro) of Arizona
Phoenix, AZ
Psychiatrist
MIHS-Inpatient Service and Consultation Liaison

July 2006 - July 2007 Value Options, Inc.
Phoenix, AZ
Psychiatrist
Urgent Psychiatric Care: emergency psychiatric evaluations, Court Order
Evaluations

August 2000-June 2003 Rush Presbyterian Medical Center, Chicago, IL
Department of Preventive Medicine/Office of Intellectual Property
Clinical Research Coordinator/Research Consultant

HONORS AND AWARDS

2007 Chief Resident Child & Adolescent Psychiatry Training Program
2008 Special Recognition Award for strong organizational skills and leadership in teaching

BOARD CERTIFICATIONS

	ABPN Diplomate In the specialty of Psychiatry	September 2008
	ABPN Part II Child and Adolescent Psychiatry	November 2012
MEDICAL LICENSE	Arizona Medical License No. 35667	

PROFESSIONAL SERVICES

July 2008-Present	MIHS Department of Psychiatry Research Committee Member
September 2011-Present	MIHS Credentialing Committee Member
August 2000-Present	American Medical Association
July 2003-Present	American Psychiatric Association
May 2004-June 2008	Arizona Psychiatric Society, Executive Member, Member in Training Representative for the State
July 2006-Present	American Academy of Child and Adolescent Psychiatry
July 2003-Present	Arizona Chapter of American of Child and Adolescent Psychiatry
August 2000-June 2003	Rush Presbyterian Medical Center, Health Initiative, Volunteer
1995- 2000	American Whole Health/Allergy & Asthma Center, Oak Park, Illinois; Observer/Sub-Intern

SCHOLARY PRESENTATIONS

- Conferences: Banner Good Samaritan Psychiatry Grand Rounds-April 20th, 2012: Teaching Psychiatry to Medical Students
- New Research Poster Session at the 2008 Annual AACAP meeting: Efficacy of Cognitive Behavioral Therapy in the Treatment of Pediatric Posttraumatic Stress Disorder-Meta-analysis.
- Conferences: Psychiatry Grand Rounds: May 2008: PTSD in children and adolescents: A review of current treatment modalities.

PUBLICATIONS

J Kowalik, J Weller, J Venter, D Drachman "Cognitive Behavioral Therapy for the treatment of pediatric Posttraumatic Stress Disorder: A review and meta-analysis" Journal of Behavior Therapy and Experimental Psychiatry, Volume 42, Issue 3 (2011), Pages 405-413

REFERENCES

Available upon request

State of Arizona
Board of Behavioral Health Examiners

Be It Known That

Julia M. Lankton

Having exhibited to the Board of Behavioral Health Examiners satisfactory evidence of having met requirements to practice as prescribed by law, is hereby licensed as a

Licensed Independent Substance Abuse Counselor

The Arizona Board of Behavioral Health Examiners hereby grants this

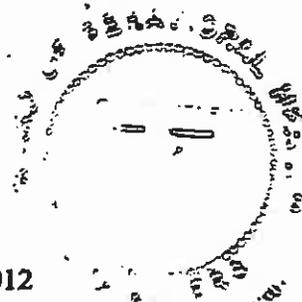
License Number LISAC-11857

Under its seal and signatures,

Louisa de Blank
Board Chair

Issue Date: October 1, 2008

Expiration Date: September 30, 2012



State of Arizona
Board of Behavioral Health Examiners

Be It Known That

Julia M. Lankton

Having exhibited to the Board of Behavioral Health Examiners satisfactory evidence of having met requirements to practice as prescribed by law, is hereby licensed as a

Licensed Professional Counselor

The Arizona Board of Behavioral Health Examiners hereby grants this

License Number LPC-12890

Under its seal and signatures,

Laura de Blank
Board Chair

Issue Date: January 1, 2008

Expiration Date: December 31, 2013

Julie M. Lankton, LPC, LISAC
P.O. 34177, Phoenix, Arizona 85067
602-281-6254 (home) / 703-901-7722 (mobile)
julielankton@hotmail.com

Current Credentials:

Licensed Professional Counselor, LPC12890: Arizona, issued 12/2007, renew 12/2013
Licensed Independent Substance Abuse Counselor, LISAC11857: Arizona, issued 9/2008,
renew 9/2012

Previous Credentials:

Licensed Professional Counselor, PRC452: District of Columbia, 1996-2008
Nationally Certified Addictions Counselor, NCAC012510, 1996-2010
Certified Addictions Counselor, CAC081082: Virginia, 1994-2010

Education:

Post Graduate Clinical Coursework (28 hours), Johns Hopkins University, 1/1997-8/2002
Master of Arts Degree, Agency Counseling, Appalachian State University, 8/1981-5/1983
Bachelor of Arts Degree, Elementary Education, Rollins College, 9/1976-5/1980

Work Experience:

Maricopa Integrated Health System, Phoenix, Arizona
January 2009-Present

Counselor – Provide counseling, social service intervention and care coordination for HIV positive adult patients within an interdisciplinary team of HIV specialists. Provide comprehensive assessments to evaluate the complex psycho-social needs of the patient. Coordinate with internal/external team members and community referral sources to address patient needs and improve patient health outcomes. Through education and psychotherapy assist patient with overall adjustment to the diagnosis, development of empowerment tools to increase health promoting behaviors, meet treatment goals and enhance quality of life.

Dynamic Living Counseling, Phoenix, Arizona
March 2007-December 2008

Clinical Supervisor - Responsible for clinical and administrative training and supervision of counseling staff. Worked with Clinical Director on program planning and development. Assisted with scheduling of staff as well as trainings and evaluations. Maintained clinical caseload as needed.

Kaiser Permanente Behavioral Health, Fairfax, Virginia & Washington, D.C.
May 1992-March 2007

Behavioral Health Manager (9/2003-3/2007) - Provided leadership, supervision and management of a Behavioral Health unit and Chemical Dependency service. Worked in consultation with Psychiatry Chiefs and other Behavioral Health Managers on program development, case management services, utilization management processes and referrals to network providers. Responsible for hiring, training and supervision of staff, completed scheduling and payroll (KRONOS). Continued to provide direct clinical services, including individual and group counseling.

Counselor (5/1992-9/2003) - Responsible for clinical services including assessment, crisis intervention, diagnosis, treatment planning, individual and group counseling and referrals for chemical dependency/dual disordered clients. Liaison with psychiatrists, addictionist, internists and ancillary members of treatment team and community resources.

United Methodist Family Services, Alexandria, Virginia
May 1989 – May 1992

Social Worker - Conducted assessment and referral services for a variety of clients, provided individual, couples and family counseling. Implemented intake and aftercare services for adolescent residential program. Facilitated groups for adolescents and parents. Worked in conjunction with Child Placing Program in offering pregnancy counseling and adoptions services, including social histories and home studies.

Straight, Inc., Fairfax, Virginia
August, 1988-May, 1989

Program Counselor – Conducted assessments, intakes, individual and group sessions for adolescents in residential treatment facility. Responsible for treatment planning, case management, referral and discharge planning. Worked in conjunction with medical staff to ensure quality of care. Facilitated parent support groups and education sessions.

Eckerd Family Youth Alternatives, Hendersonville, North Carolina
January 1985 – August 1988

Family Counselor - Participated in all phases of work with the family, youth and referring agency from intake through residential placement and aftercare. Facilitated groups and family conferences; worked independently, primarily in the field.

Partners, Inc., Charlotte, North Carolina
November 1983-January 1985

Volunteer Coordinator – Recruited and trained adult volunteers to mentor adjudicated adolescents. Interviewed and Assessed referrals from the court system and matched them with a suitable mentor. Worked closely with juvenile probation officers. Planned and implemented trainings for volunteers.

Lifetime Fitness, Charlotte, North Carolina
January 1983-January 1984

Assistant Manager – Responsible for hiring, training, scheduling and supervision of fitness instructor and sales staff, provided customer service, oversaw day to day operations of facility including accounting/payroll.

References:

Available Upon Request

Wendy Joy Watson, M.D., M.P.H.

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30 W. San Juan Avenue • Phoenix, Arizona 85013 • (602) 751-8816
wendyjoywatson@hotmail.com

MAR 21 2012

CREDENTIALING DEPT.

EDUCATION

Maricopa Integrated Health System, Mesa, Arizona
Child and Adolescent Psychiatry Fellowship
July 2008 – June 2010

Banner Good Samaritan Hospital, Phoenix, Arizona
Psychiatric Residency
June 2005 – June 2008

University of Arizona College of Public Health, Tucson,
Arizona
Masters in Public Health
December 2006

University of Arizona College of Medicine, Tucson, Arizona
Doctor of Medicine
May 2005

Arizona State University, Tempe, Arizona
Bachelor of Science Biology, Cum Laude
May 2000

HONORS

**Maricopa Integrated Health System, Child and Adolescent
Psychiatry Fellowship**

- Excellence in Psychotherapy Award (2010)

Banner Good Samaritan Psychiatry Residency Program

- House Officer Educator of the Year (2006-2007)
awarded by the University of Arizona College of
Medicine, Phoenix Campus Students

University of Arizona College of Medicine

- College of Medicine's Dean's Scholarship
(Full scholarship, 2000-2004)
- Clerkship/Clinical Honors: Subspecialty Surgery, Rural
Health/Family Practice, Psychiatry, Internal Medicine,
Neurology

- Basic Science Honors: Neuroscience, Biochemistry, Medical and Molecular Genetics, Microbiology, Pharmacology, Social and Behavioral Science

Arizona State University

- Arizona State University Dean's List 4.0 GPA (1998-2000)

RESEARCH

Maricopa Integrated Health System, Child and Adolescent Psychiatry Fellowship

- Adolescent Drug, Alcohol and Cigarette Use in an Inner City Adolescent Medicine Clinic (2010)

University of Arizona Masters in Public Health Program

- Internship at the Maricopa County Department of Sexually Transmitted Diseases (2005)
 - Thesis and Presentation: "HIV Testing Policy in Maricopa County" (2005-2006)
- Needs Assessments for Pinal County
 - Maternal and Child Health (November 2002)
 - Senior Transportation for Health Care (July 2002)

Arizona State University

- Department of Psychology Project
Statistical Evaluation of Critical Skills and Thinking (1998)

LEADERSHIP

Maricopa Integrated Health System, Child and Adolescent Psychiatry Fellowship

- Chief Resident (2009)

University of Arizona College of Medicine

- Support Groups Leader (2001-2002)

Arizona State University

- Program Coordinator for Adopt-a-School Program (a medical education program for underserved children; 1999-2000)

CERTIFICATIONS

Board Certification – American Board of Psychiatrists and Neurologists, Psychiatry Certificate # 62096 (Certified on 01/14/2011; certificate valid through 12/31/2021)

Licensure - Arizona Board of Medical Licensure No. 37763
DEA Registered (Controlled Substance/Regulated Chemical
Registration)
USMLE Parts I, II and III (USMLE No. 5-114-875-7)
Basic Life Support (1999-current)

**PROFESSIONAL
MEMBERSHIPS**

American Academy of Child and Adolescent Psychiatry (2009-
current)
Greater Phoenix Chapter of the Arizona Society of Child and
Adolescent Psychiatry (2010 - current)

**PRESENTATIONS
& VOLUNTEER
ACTIVITIES**

**Maricopa Integrated Health System, Child and Adolescent
Psychiatry Program**

Lectures to MIHS Adult Psychiatry Residency – “Child and
Adolescent Inpatient Psychiatry”, 4 part lecture series
(November – December 2011); “Substance Abuse in
Adolescents” (December 2011)

**Greater Phoenix Chapter of the Arizona Society of Child
and Adolescent Psychiatry**

Presentation – “Illicit Drug Use in Adolescents” (November
2010)

**Maricopa Integrated Health System, Child and Adolescent
Psychiatry Fellowship**

Presentations – “Enuresis and Encopresis”, “Loss and Grief in
Childhood”, “Illegal Drug use in Adolescents”, “Eating
Disorders in Children and Adolescents”; Child and Adolescent
Psychiatry Class for General Psychiatry Residents (2009-2010)

Presentation – “Adolescent Drug, Alcohol and Cigarette Use in
an Inner City Adolescent Medicine Clinic”; Research

Presentation (June 2010)

Presentation – “Illegal Drug Use in Adolescents”, Psychiatric
Grand Rounds (March 2008)

Banner Good Samaritan Psychiatry Residency Program

Presentation – “Illegal Drug Use”, Surgical Grand Rounds
(December 2007)

Presentation – “Illegal Drugs and Psychiatry”, Psychiatric
Grand Rounds (December 2007)

Presentation – “Assessing Capacity for Medical Decision Making”, Internal Medicine Residency Program (June 2007)

Presentation – “HIV Testing Policies in Psychiatric Settings”, Psychiatric Grand Rounds (May 2007)

University of Arizona College of Medicine

- Rural Health Preceptor Program (lived in Show-Low, Arizona for three summers working with a Family Practitioner for underserved, rural population, 2000-2004)
- Commitment to Underserved People (2000-2003):
 - Family Clinic/Refugee Clinic (2000-2003)
 - Homeless Shelter Clinic (2001-2002)
 - Domestic Abuse Shelter Clinic (2001)
 - Med Mentors (mentored at-risk children; 2001)
- Presentation – “Mentoring Underrepresented Medical Students”, STFM Pre-Doctoral Conference (2003)

EMPLOYMENT HISTORY

District Medical Group

- Adult Psychiatrist at the McDowell Healthcare Center specializing in psychiatric care for patients living with HIV/AIDS (August 2010 – current)
- Child and Adolescent Psychiatrist for the Gila River Indian Community (August 2010 – current)
- Child and Adolescent Psychiatrist at SCOPES school based clinic in the Osborn School District (August 2010 – September 2010)

Phoenix Veterans Administration Health Care System

- Staff Psychiatrist (August 2008 – February 2010)

Arizona State University

- Independent Biochemistry Tutor (1999)
- Department of Psychology, Teaching Assistant (1998)

MD PROFILE PAGE



Arizona Medical Board

azmd.gov
Printed on 04/17/12 @ 03:42

General Information

Wendy Joy Watson MD
570 W. Brown Rd.
Phoenix AZ 85201
Phone: (480) 344-2026

License Number: 37763
License Status: Active
Licensed Date: 11/16/2007
License Renewed: 02/25/2012
Due to Renew By: 02/26/2014
If not Renewed, License Expires: 06/26/2014

Education and Training

Medical School:	UNIV OF AZ COLL OF MED Tucson, Arizona
Graduation Date:	05/14/2005
Residency:	06/23/2005 - 11/15/2007 (Psychiatry) BANNER GOOD SAMARITAN MEDICAL CENTER PHOENIX , AZ
Area of Interest	Psychiatry (ABMS Board Certified)
Area of Interest	Child and Adolescent Psychiatry (Psychiatry & Neurology)

The Board does not verify current specialties. For more information please see the American Board of Medical Specialties website at <http://www.abms.org> to determine if the physician has earned a specialty certification from this private agency.

Board Actions

None

A person may obtain additional public records related to any licensee, including dismissed complaints and non-disciplinary actions and orders, by making a written request to the Board. The Arizona Medical Board presents this information as a service to the public. The Board relies upon information provided by licensees to be true and correct, as required by statute. It is an act of unprofessional conduct for a licensee to provide erroneous information to the Board. The Board makes no warranty or guarantee concerning the accuracy or reliability of the content of this website or the content of any other website to which it may link. Assessing accuracy and reliability of the information obtained from this website is solely the responsibility of the user. The Board is not liable for errors or for any damages resulting from the use of the information contained herein.

Please note that some Board Actions may not appear until a few weeks after they are taken, due to appeals, effective dates and other administrative processes.

Board actions taken against physicians in the past 24 months are also available in a chronological list.

Credentials Verification professionals, please click [here](#) for information on use of this website.

Attachment 1-F

RESPONDENT'S REFERENCES

RESPONDENT SUBMITTING PROPOSAL:

1. COMPANY NAME: Phoenix Children's Hospital
ADDRESS: 1919 E. Thomas Road, Phoenix, AZ 85016
CONTACT PERSON: Jan Piatt, M.D.
TELEPHONE: (602) 202-1260 E-MAIL ADDRESS: jpiatt@phoenixchildrens.org

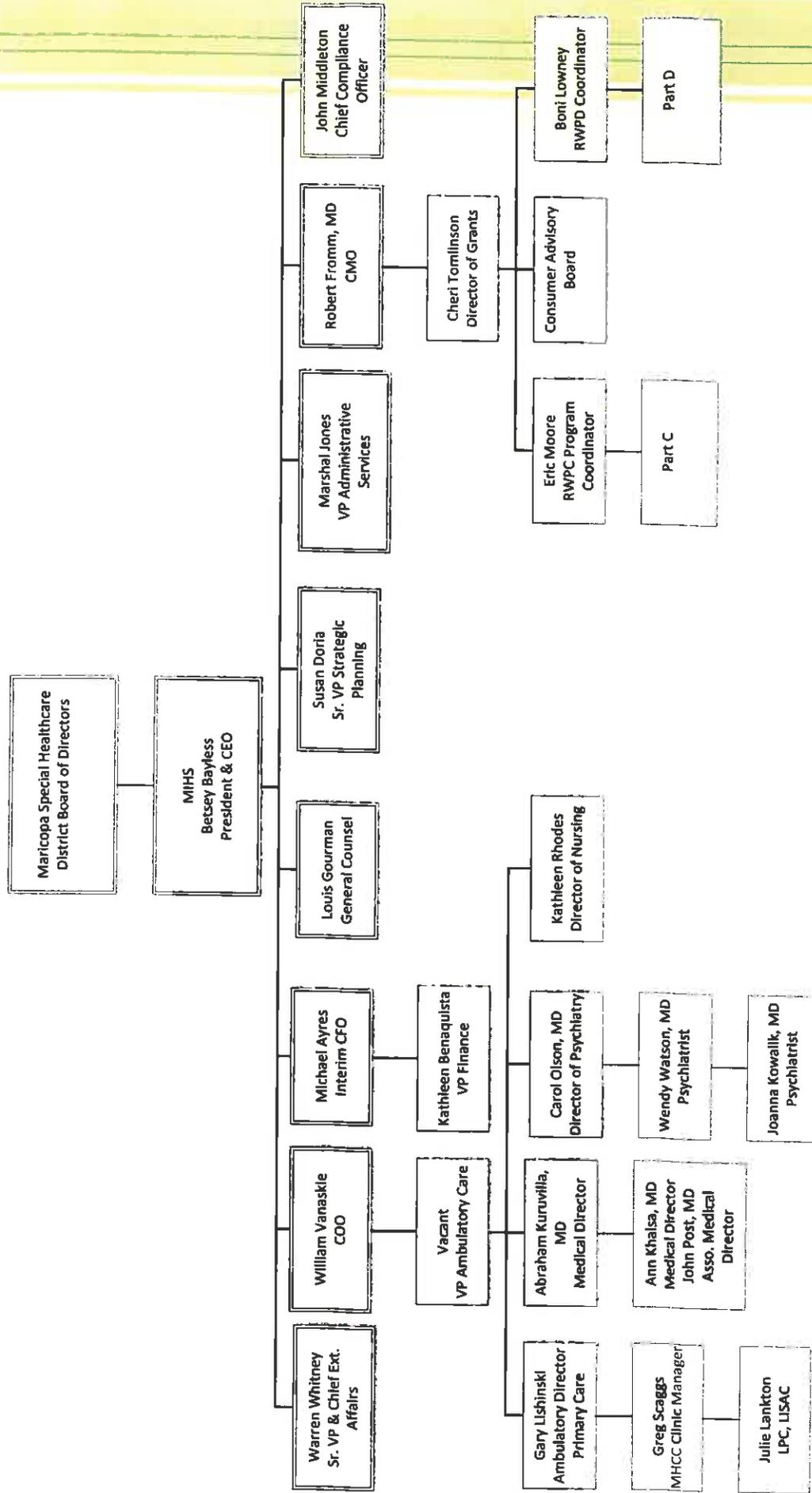
2. COMPANY NAME: Care Directions @ Area Agency on Aging
ADDRESS: 1366 E. Thomas Road, Suite 200, Phoenix, AZ 85014
CONTACT PERSON: Debby Elliott
TELEPHONE: (602) 241-6123 E-MAIL ADDRESS: debby.elliott@aaaphx.org

3. COMPANY NAME: Maricopa County Department of Public Health
ADDRESS: 1645 E. Roosevelt Street, Phoenix, AZ 85006
CONTACT PERSON: Tom Mickey, STD Program Manager
TELEPHONE: (602) 506-6364 E-MAIL ADDRESS: tommickey@mail.maricopa.gov

4. COMPANY NAME:
ADDRESS:
CONTACT PERSON:
TELEPHONE: E-MAIL ADDRESS:

5. COMPANY NAME:
ADDRESS:
CONTACT PERSON:
TELEPHONE: E-MAIL ADDRESS:

**Maricopa Integrated Health System
RWPA Outpatient Mental Health and Substance Abuse Services Solicitation 12097-RFP
August 8, 2012**



This Attachment consists of the Maricopa Integrated Health Systems response to the Maricopa County Ryan White Part A Program, Request for Proposal will consist of the response to 13126-RFP for Outpatient Ambulatory Medical Care Services. This portion of the Intergovernmental Agreement shall be a Fee for Service arrangement utilizing the Arizona Health Care Cost Containment System, Fee for Service rate, in place during the time the service(s) is/are performed.

Index of Attachments

Attachment 2 consists of the following original documents:

Attachment 2- A: Service Provider Application

Attachment 2-B: Budget for Outpatient Ambulatory Medical Care

Attachment 2-C: Narrative Scope of Work

Attachment 2-D: MIHS Staff Licenses and Resumes

Attachment 2-E: MIHS References

Attachment 2-F: MIHS Indirect Cost Agreement

Attachment 2-G: MIHS Org Chart

Attachment 2-A

SERVICE PROVIDER APPLICATION

Organization: Maricopa Integrated Health System

Address: 2601 E. Roosevelt St.

City: Phoenix State: AZ Zip: 85008

Telephone: 602-344-2629

Executive Director/CEO: Stephen A. Purves, President

Person completing this form: Cheri Tomlinson Contact Telephone: 602-344-2629

Legal Status: Nonprofit 501-C3 Corporation LLC Partnership Other: Maricopa County Spec

Years in Business: 134 years as an organization

Maricopa County Vendor Registration Complete: Yes No Vendor Number: W000007745-9

Site and Locations where services will be provided under this contract:

Service Site Location #1:

Organization: McDowell Healthcare Center

Address: 1101 N. Central Ave,

City: Phoenix State: AZ Zip: 85004

Telephone: 602-344-6550

Service Site Location #2:

Organization:

Address:

City: State: Zip:

Telephone:

Note: If you propose more than two (2) Service Site Locations please include an additional attachment B identifying those locations.

What Geographic Location(s) do you plan to serve (See Exhibit3)? MIHS will provide services throughout

Upon Award of a Contract, for this service, it is required that the Contractor shall comply with all Terms and Conditions of this Solicitation. Can your Organization meet and comply with all of the Terms and Conditions at this time? Yes or No

Can your Organization meet all of the Terms and Conditions at the time of the contract award? Yes or No

ATTACHMENT B

SERVICE PROVIDER APPLICATION

If your response is no to this question, please identify the Term and Condition and describe how your Organization will meet the requirement:

Do you currently provide services for HIV/AIDS Clients? Yes or No

If yes, do you receive other grant funds for these programs? Yes or No

Please list who provides these funds and how long you have been funded below.

Grant fund 1: **Please see attached addendum** Since:

Grant fund 2: Since:

Grant fund 3: Since:

Do you have a financial system in place that will allow you to separate income and expenditures related to each grant and general funds? Yes No

If yes, describe your system:

MIHS creates grant cost centers to track income and expenses separately.

If no, describe how you would be able to implement a system:

Do you have a financial system in place that will allow you to perform third party billing to ensure that funds used under this contract are the payer of last resort (applicable if other payer sources are possible)? Yes No

If no, describe how you would be able to implement a system for this:

Organizational Chart attached? Yes or No

Resumes attached? Yes or No

Licenses /Credentials attached? Yes or No

Attachment B Service Provider Application
 List of HIV/AIDS Grant Funds Addendum

Please list who provides these funds and how long you have been funded:

Service Category	Funder	Start Date	Stop Date
Outpatient/Ambulatory Medical Care	Ryan White Part A	03/01/1994	Current
	Ryan White Part C	01/01/1991	Current
	Ryan White Part D	08/01/1998	Current
Medical Case Management	Ryan White Part A	01/14/2011	08/01/2011
	Ryan White Part D	08/01/1998	Current
Oral Health Care	Ryan White Part A	09/01/2007	Current
	Ryan White Part C	01/01/1991	Current
	Ryan White Part D	08/01/1998	Current
Early Intervention Services (RWPA)	Ryan White Part A	09/12/2011	Current
Early Intervention Services (MAI)	Ryan White Part A	11/22/2011	Current
Early Intervention Services (Part C)	Ryan White Part C	01/01/1991	Current
Mental Health Services	Ryan White Part A	03/01/1994	Current
	Ryan White Part C	01/01/1991	Current
Substance Abuse Services, Outpatient	Ryan White Part A	03/01/1994	Current
	Ryan White Part C	01/01/1991	Current
Case Management, Non-medical	Ryan White Part C	01/01/1991	06/30/2013
Treatment Adherence Services	Ryan White Part B	04/01/2005	03/31/2008
	MAC Cosmetics AIDS Fund	10/18/2008	09/30/2009
	Boehringer-Ingelheim Pharmaceuticals	04/07/2008	03/31/2009
HIV Prevention	Centers for Disease Control & Prevention	10/01/2010	Current
Child Watch Services	Ryan White Part D	08/01/1998	Current
Outreach Services	Ryan White Part D	08/01/1998	07/31/2012
Unrestricted Funding	Aunt Rita's Foundation	12/01/2005	Current
	Soroptomist International	09/01/2005	08/31/2010

Maricopa County

Ryan White Part A - Budget Documentation

DATE PREPARED	10/22/13	
PREPARED BY:	Phyllis Hardy	
NAME OF ORGANIZATION:	Maricopa Integrated Health System	
Fed. Employee ID # (FEIN)	86-0830701	
DUNS #	186507216	
ADDRESS:	2601 E Roosevelt Road	
	Phoenix, AZ 85008	
AUTHORIZED CONTACT	Dr. Robert Fromm, Chief Medical Officer	
TELEPHONE	(602) 344-5503	FAX (602) 344-5190
E-MAIL	robert.fromm@mihs.org	
PRIMARY CONTACT	Cheri Tomlinson	
TELEPHONE	602-344-2629	FAX 602-344-2633
EMAIL	cheri.tomlinson@mihs.org	
CONTRACT NUMBER	c-31-10-001-3-00	
SERVICE CATEGORY	Outpatient Primary Medical Care	
BUDGET PERIOD:	3/1/2014	2/28/2015
	Start Date	End Date
CONTRACT AMOUNT	\$2,548,949.96	

By submission of this budget, the Provider certifies that they have read the List of Unallowable Costs under the Ryan White Part A Program and agree to follow the HRSA specific standards related to Unallowable Costs.

In addition, the following documents must be submitted with your budget proposal (Check the appropriate boxes)

- If applicable, Negotiated Indirect Cost Agreement is attached
 Cost Allocation Policy is attached (required)

**Maricopa County
Ryan White Part A Grant
Contractor Budget Summary**

Date Prepared: 10/22/2013

(Section I)
Organization
Service Category
Budget Period

Maricopa Integrated Health System
Outpatient Primary Medical Care
3/1/2014 Through 2/28/2015

(Section II)

Contract Amount **\$2,548,949.96**

Operating Expenses		Administrative Budget	Direct Service Budget	Total Budget
	FTEs	0.00	0.00	0.00
Personnel:	Salaries	\$ -	\$ -	\$ -
Personnel:	Fringe/Benefits	-	-	-
Subtotal: Personnel/Fringe Benefits		-	-	-

Other Operating Expenses				
Travel		-	-	-
Supplies		-	-	-
Equipment		-	-	-
Contractual		-	-	-
Program Support		-	2,317,227.24	2,317,227.24
Other Professional Services		-	-	-

Subtotal: Other Operating Expenses - 2,317,227.24 2,317,227.24

Total Operating Expenses - 2,317,227.24 2,317,227.24
(Personnel and Other Direct Costs)

Indirect Costs		231,722.72	231,722.72
Enter Indirect Cost Rate (may not exceed 10% of Direct Costs)	10.00%	<i>Providers claiming an indirect cost must submit their most current negotiated indirect costs rate agreement issued by the cognizant federal agency with their budget.</i>	

Total Costs of Contract	231,722.72	2,317,227.24	2,548,949.96
	(Admin-Percent of Direct Costs)	10.00%	

Administration may not exceed 10% of Direct Costs

CONTRACT BALANCE (Contract Revenue less Total Costs of Contract) **\$ (0.00)**

*The Contract Balance should equal zero.

Personnel

All staff paid in full or part from this Ryan White Part A grant are to be listed in the following chart.

Date Prepared: 10/22/2013

1 Staffing

Provider Entry Auto Calculation Fringe Benefit Rate 0.00%

Position Title	Last Name	Annual Hours	% Salary	FTE	Hourly Rate	Salary Annual Grant per FTE	Benefits Annual Grant per FTE	% Applied as A, D or A/D	Gross Admin Salary	Gross Admin Benefits	Direct Services Salary	Direct Services Benefits
Description				0.0000		\$	\$				\$	\$
Description				0.0000		\$	\$				\$	\$
Description				0.0000		\$	\$				\$	\$
Description				0.0000		\$	\$				\$	\$
Description				0.0000		\$	\$				\$	\$
Description				0.0000		\$	\$				\$	\$
Description				0.0000		\$	\$				\$	\$
Description				0.0000		\$	\$				\$	\$
TOTAL Personnel												
(Admin)												
(Direct Services)												
Total												
				0.00	FTE			0%			0%	
				0.00	FTE			0%			0%	
				-	FTE			0%			0%	

Staffing Continuation Sheet (Page 2 of 2) Maricopa Integrated Health System Outpatient Primary Medical Care												
Position Title	Local Name	Annual Hours	% BRNPA	FTE	Hourly Rate	Salary Applied to Grant per FTE	Benefits Applied to Grant per FTE	% Admin. A, D or AD	Gross Admin Salary	Gross Admin Benefits	Direct Service Salary	Direct Service Benefits
9	Description			0.0000	\$	\$			\$	\$	\$	\$
10	Description			0.0000	\$	\$			\$	\$	\$	\$
11	Description			0.0000	\$	\$			\$	\$	\$	\$
12	Description			0.0000	\$	\$			\$	\$	\$	\$
13	Description			0.0000	\$	\$			\$	\$	\$	\$
14	Description			0.0000	\$	\$			\$	\$	\$	\$
15	Description			0.0000	\$	\$			\$	\$	\$	\$
16	Description			0.0000	\$	\$			\$	\$	\$	\$
17	Description			0.0000	\$	\$			\$	\$	\$	\$

TRAVEL

Provide: Entry Auto Calculation

Date Prepared: 10/22/2013

Travel can be budgeted for the cost of staff mileage and other travel associated with Ryan White Part A

- 1 **Mileage** Mileage will be budgeted utilizing the standard calculation of # of monthly miles for a full time staff person x 12 months x the rate per mile used by your organization x the number of FTE(s) budgeted who will travel to provide services under this grant. Enter only the FTEs that will travel and provide a Narrative Justification including who will travel and why.

Mileage Metropia Integrated Health System Outpatient Primary Medical Care								
	Mileage Rate	FTE	Monthly Miles Budgeted (Per 1 FTE)	Annual Miles Applied to Grant	Total Budget	Admin	Direct Ser	Narrative Justification
Admins				0	\$ -	\$ -		
Direct Ser				0	\$ -	\$ -		
TOTAL		0	0	0	\$ -	\$ -	\$ -	

(Total Miles applied to this grant)

*Note - Budget monthly mileage for 1 FTE. This is a revision to prior year budget templates.

- 2 **Other Allowable Travel** (car rental, parking, less, etc)
Ryan White Part A has determined that costs included in this section are Administrative Costs

Other Allowable Travel Metropia Integrated Health System Outpatient Primary Medical Care							
Date of Travel	Cost Line Item			Total Budget	Admin	Direct Ser	Narrative Justification
1	Cost Line Item			\$ -	\$ -		
2	Cost Line Item			\$ -	\$ -		
3	Cost Line Item			\$ -	\$ -		
				\$ -	\$ -	\$ -	

SUMMARY (Total)	Admin	Direct Service	Total
	\$ -	\$ -	\$ -

SUPPLIES

Provider Entry Auto Calculation

Date Prepared 10/22/2013

The supplies line item is used to budget funds for supplies used in the operations of the Grant. This category can include general office supplies and program/medical supplies

1 General Office Supplies: (Apply an FTE Ratio from the Budgeted Personnel Page)
 Pens, paper, toner and general supplies that are used to run an office

General Office Supplies Maricopa Integrated Health System Outpatient Primary Medical Care					
Item	Annual Budget	% Admin 0%	% Direct 0%	Total 0%	Narrative Description/Cost Allocation Methodology
1		\$ -	\$ -	\$ -	
2		\$ -	\$ -	\$ -	
3		\$ -	\$ -	\$ -	
4		\$ -	\$ -	\$ -	
5		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	TOTAL	\$ -

2 Program Supplies
 Program/Medical Supplies are budgeted as Direct Service

Program Supplies Maricopa Integrated Health System Outpatient Primary Medical Care					
Item	Annual Budget	Admin	Direct	Total	Narrative Description/Cost Allocation Methodology
1		\$ -	\$ -	\$ -	
2		\$ -	\$ -	\$ -	
3		\$ -	\$ -	\$ -	
4		\$ -	\$ -	\$ -	
5		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	TOTAL	\$ -

SUMMARY (Supplies)	Admin	Direct	Total
\$ -	\$ -	\$ -	\$ -

EQUIPMENT

Provider Entry Auto Calculator

Date Prepared: 10/22/2013

The equipment line item is budgeted for equipment purchased or leased in conjunction with operations of the grant
 Refer to your contract terms and conditions for requirements related to equipment purchases

[Redacted]

Equipment less than \$5,000 Maricopa Integrated Health System Outpatient Primary Medical Care				
Line Item	Equipment Description	Admin	Direct	Total
1		\$ -	\$ -	\$ -
2		\$ -	\$ -	\$ -
3		\$ -	\$ -	\$ -
4		\$ -	\$ -	\$ -
5		\$ -	\$ -	\$ -
TOTAL		\$ -	\$ -	\$ -

[Redacted]

Equipment \$5,000 or greater Maricopa Integrated Health System Outpatient Primary Medical Care				
Line Item	Equipment Description	Admin	Direct	Total
1		\$ -	\$ -	\$ -
2		\$ -	\$ -	\$ -
3		\$ -	\$ -	\$ -
4		\$ -	\$ -	\$ -
TOTAL		\$ -	\$ -	\$ -

SUMMARY (Equipment)	Admin	Direct	Total
	\$ -	\$ -	\$ -

Contractual

Provider Entry | Auto Calculation

Date Prepared: 10/22/2013

Use this form to budget for consulting and contract labor (Section 1) and subcontracts (Section 2) in conjunction with operating this Part A grant.

1. Consulting/Professional Contract Labor/Clerical Support

This budget category includes payments to outside consultants, temporary services, professional contract labor and clerical support. Indicate the name, licenses/qualifications, hours budgeted, quoted rate, dates of service, and a detailed Narrative/Justification of activities to be provided.

1. Consulting/Professional Contract Labor/Clerical Support Maricopa Integrated Health System Outpatient Primary Medical Care							
Consultant Name	Annual Budgeted Hours	Quoted Rate	Total Budget	Admin Budget %	Admin Budget	Direct Service Budget	Dates of Service
1	Licenses / qualifications		\$ -		\$ -	\$ -	
	Narrative/ Justification						
2	Licenses / qualifications		\$ -		\$ -	\$ -	
	Narrative/ Justification						
3	Licenses / qualifications		\$ -		\$ -	\$ -	
	Narrative/ Justification						
4	Licenses / qualifications		\$ -		\$ -	\$ -	
	Narrative/ Justification						
5	Licenses / qualifications		\$ -		\$ -	\$ -	
	Narrative/ Justification						
6	Licenses / qualifications		\$ -		\$ -	\$ -	
	Narrative/ Justification						
Consulting/Prof / Clerical Sup. Page 1					SUBTOTAL	\$ -	\$ -
Consulting/Prof / Clerical Sup. From Contractual Contract on Page					SUBTOTAL	\$ -	\$ -
					TOTAL	\$ -	\$ -

2. Subcontracts

Include any payments through subcontracts to provide services under this grant.

Each Subcontractor listed in this section who is a sub recipient (not a vendor) must complete a Budget using the RWPA budget template

Maricopa County RWPA will enforce the 10% administrative Cost Cap established by HRSA for first-line and second line sub recipient entities receiving Ryan White Part A Funds

2. Subcontracts Maricopa Integrated Health System Outpatient Primary Medical Care						
Subcontractor Name	Sub recipient or Vendor	Admin Budget	Direct Service Budget	Total Budget	Admin % of Direct	Dates of Service
1	Service(s) Provided			\$ -	#DIV/0!	
	Narrative/ Justification					
2	Service(s) Provided			\$ -	#DIV/0!	
	Narrative/ Justification					
3	Service(s) Provided			\$ -	#DIV/0!	
	Narrative/ Justification					
						TOTAL

SUMMARY	Contractual	Admin	Direct	Total
	\$ -	\$ -	\$ -	\$ -

Contractual- Continuation Page

Date Prepared: 10/22/2013

The Contractual line item is used for consulting and contracting to be utilized in conjunction with operations of the grant.
Use this page to list Consultant/Contract Labor and Clerical Support if there is insufficient space on the Contractual Page.

Consulting/Professional Contract Labor/Clerical Support

Consulting/Professional Contract Labor/Clerical Support Maricopa Integrated Health System Outpatient Primary Medical Care							
Consultant	Hours Budgeted	Quoted Rate	Total Budget	Admin Budget %	Admin Budget	Direct Expense	Dates of Service
6			\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
7		0 \$	-		\$ -	\$ -	
Licenses / qualifications							
Narrative							
8		0 \$	-		\$ -	\$ -	
Licenses / qualifications							
Narrative							
9		0 \$	-		\$ -	\$ -	
Licenses / qualifications							
Narrative							
10		0 \$	-		\$ -	\$ -	
Licenses / qualifications							
Narrative							
11		0 \$	-		\$ -	\$ -	
Licenses / qualifications							
Narrative							
12		0 \$	-		\$ -	\$ -	
Licenses / qualifications							
Narrative							
13		\$ -	\$ -	\$ -	\$ -	\$ -	
Licenses / qualifications							
Narrative							
14		0 \$	-		\$ -	\$ -	
Licenses / qualifications							
Narrative							
15		0 \$	-		\$ -	\$ -	
Licenses / qualifications							
Narrative							
16		0 \$	-		\$ -	\$ -	
Licenses / qualifications							
Narrative							
Consulting/Professional Contract Labor/Clerical Support			TOTAL		-	-	

Other Program Support

Provider Entry Auto Calculation

Date Prepared: 10/22/2013

Use this form to budget for other support necessary to provide services under this grant. In the Narrative Justification describe how the program support will be used and also the methodology used to allocate the total or a portion of the total cost to the grant.

1 **Communications/Telephone/Internet**

Communications/Telephone/Internet Maricopa Integrated Health System Outpatient Primary Medical Care					
Item	Amount Budgeted	Admin %	Direct %	Total	Narrative/Cost Allocation Methodology
	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	
TOTAL	\$ -	\$ -	\$ -	TOTAL	\$ -

2 **Copy/Duplicating**

Copy/Duplicating Maricopa Integrated Health System Outpatient Primary Medical Care					
Item	Amount Budgeted	Admin %	Direct %	Total	Narrative/Cost Allocation Methodology
Program Expenses					
			\$ -	\$ -	
Other Copying/Duplicating					
	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	
TOTAL	\$ -	\$ -	\$ -	TOTAL	\$ -

3 **Postage**

Postage Maricopa Integrated Health System Outpatient Primary Medical Care					
Item	Amount Budgeted	Admin %	Direct %	Total	Narrative/Cost Allocation Methodology
	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	
TOTAL	\$ -	\$ -	\$ -	TOTAL	\$ -

4 **Utilities**

Utilities are 100% administrative. (Ruling 6.6.B05)

Utilities Maricopa Integrated Health System Outpatient Primary Medical Care					
Item	Amount Budgeted	Admin %	Direct %	Total	Narrative/Cost Allocation Methodology
	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	
TOTAL	\$ -	\$ -	\$ -	TOTAL	\$ -

4 **Other Program Support**

Other Program Support Maricopa Integrated Health System Outpatient Primary Medical Care					
Item	Amount Budgeted	Admin %	Direct %	Total	Narrative/Cost Allocation Methodology
Medical Services		\$ -	\$ 2,317,227.24	\$ 2,317,227.24	Total cost from Schedule of Deliverables.
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ 2,317,227.24	TOTAL	\$ 2,317,227.24

		Admin	Direct	Total
SUMMARY	Program Support	\$ -	\$ 2,317,227.24	\$ 2,317,227.24

Other Professional Service

Provider Entry Auto Calculation

Date Prepared: 3/22/2013

Use this form to budget for other professional services, audit/accounting, insurance, rent/space, or other professional services

1 Audit/Accounting/Finance

Audit/Accounting/Finance Maricopa Integrated Health System Outpatient Primary Medical Care						
Vendor Name	Hours Budgeted	Quoted Price*	Indirect %	Admin Budget %	Direct %	Description of Service
		\$ -				
Cost Method Used						
Budget Justification						
		\$ -				
Cost Method Used						
Budget Justification						
		\$ -				
Cost Method Used						
Budget Justification						
			TOTAL			\$ -

2 Insurance

Insurance Maricopa Integrated Health System Outpatient Primary Medical Care						
Vendor Name	Annual Premium	Percent To Grant	Indirect %	Admin Budget %	Direct %	Description of Service
	\$ -					
Cost Method Used						
Budget Justification						
	\$ -					
Cost Method Used						
Budget Justification						
	\$ -					
Cost Method Used						
Budget Justification						
			TOTAL			\$ -

3 Rent/Space

Rent is considered 100% administrative

Rent/Space Maricopa Integrated Health System Outpatient Primary Medical Care						
Vendor Name	Annual Rent	Percent To Grant	Indirect %	Admin Budget %	Direct %	Description of Service
	\$ -					
Cost Method Used						
Budget Justification						
			TOTAL			\$ -

4 Other Professional Service

Other Professional Service Maricopa Integrated Health System Outpatient Primary Medical Care						
Vendor Name	Hours Budgeted	Quoted Price*	Indirect %	Admin Budget %	Direct %	Description of Service
		\$ -				
Cost Method Used						
Budget Justification						
		\$ -				
Cost Method Used						
Budget Justification						
		\$ -				
Cost Method Used						
Budget Justification						
			TOTAL			\$ -

SUMMARY	Admin	Direct	Total
Other Prof Svcs	\$ -	\$ -	\$ -

Schedule of Deliverables

Organization Name:
Service Category:

Provider Entry Auto Calculation
Maricopa Integrated Health System
Outpatient Primary Medical Care

Date Prepared: 10/22/2013

Performance Measures:

Number of New Clients: 373
 Number of Returning Clients: 875
 Total # of Unduplicated Clients: 1,248

CAREWare Service Unit Name/Code	Service Description	Service Unit Definition (1 unit = 15 minutes)	Number of Units Proposed	Schedule of Deliverables												Fee for Service Only (Not Applicable to Cost Reimbursement Contracts)		Fee Source (ie AHCCCS, I.H.S., Negotiated Rate, etc.)
				Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Proposed Fee Per Product/Deliverable	Total Payment Per Objective/Activity	
1 Medical Services	Face-to-face outpatient primary medical care office visit	1 unit = 1 visit	7,128	514	514	504	504	504	504	504	504	504	504	504	504	504	504	AHCCCS. (Note that Column R is an average fee per visit based on actuals from 2012-13 grant year).
2 Specialty Services	Face-to-face outpatient specialty medical care office visit	1 unit = 1 visit	1,164	87	87	87	87	87	87	87	87	87	87	87	87	87	87	AHCCCS. (Note that Column R is an average fee per visit based on actuals from 2012-13 grant year).
3 Surgery Services	Outpatient Surgery	1 unit = 1 visit	24	2	2	2	2	2	2	2	2	2	2	2	2	2	2	AHCCCS. (Note that Column R is an average fee per visit based on actuals from 2012-13 grant year).
4 Lab	Laboratory Testing	1 unit = 1 lab test	31,440	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	AHCCCS. (Note that Column R is an average fee per test based on actuals from 2012-13 grant year).
5 Imaging	Diagnostic Testing	1 unit = 1 diagnostic test	360	30	30	30	30	30	30	30	30	30	30	30	30	30	30	AHCCCS. (Note that Column R is an average fee per test based on actuals from 2012-13 grant year).
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10																		
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12																		
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14																		
15																		
TOTAL			40,116	3,242	3,242	3,240	3,240	2,317,227.24										
Total Budget: \$ 2,448,949.96 Over/Under Budget: \$ (231,722.72) Balances should equal zero																		

Attachment 2-C

Maricopa Integrated Health System
Ryan White Part A Services – Outpatient Ambulatory Medical Care Service
Solicitation 13126-RFP

Introduction:

For more than 20 years, Maricopa Integrated Health System (MIHS) has provided state-of-the-art care for Persons Living with HIV/AIDS (PLWHA) at the McDowell Healthcare Center. Dedicated to serving PLWHA, the McDowell Healthcare Center (MHCC) is a comprehensive HIV clinic that offers outpatient ambulatory medical care, OB/GYN, outpatient mental health, outpatient substance abuse service, oral health care, laboratory testing services and early intervention services. *As the largest provider of HIV primary care services in Maricopa County, one in every three PLWHA in care in Maricopa County chooses to receive all or part of their health care at MHCC.* Because of the excellent reputation of MHCC in the state, and lack of providers in rural areas, patients from other geographic areas of the state seek HIV outpatient ambulatory medical care services at MHCC. MHCC is also home to the only HIV Women's Clinic in Arizona. In June 2011, the Arizona Board of Regents unanimously approved an affiliation agreement between MIHS and the University of Arizona – Phoenix (U of A Phoenix). This agreement allows MIHS to become the primary training, research and education facility for the U of A Phoenix College of Medicine and enhance our system.

1. Ability to improve accessibility of Ryan White funded services.

MIHS is the logical and appropriate choice to be a RWPA grantee for this comprehensive, coordinated, and culturally competent system of Outpatient Ambulatory Medical Care (OAMC). MIHS is the grantee for Part C and Part D, the main medical and oral health care provider for Part A administered by Maricopa County, and a close partner with Part B. All of these services are provided in one clinic that allows for a full continuum of care. To show its strong commitment to PLWHA, in 1990, MIHS dedicated one of its 11 outpatient clinics to address the medical, behavioral and oral health needs of PLWHA. That clinic is the McDowell Healthcare Center.

MIHS – First Ryan White Grantee in Arizona. MIHS has been actively involved in Ryan White Programs since 1991 when MIHS received the first Ryan White grant (under Part C) in Arizona. As Arizona's largest public health system, MIHS has the capability and experience to respond to PLWHA. MIHS has served as the largest healthcare safety net for Maricopa County residents for over 135 years. Organizational strengths stem from a comprehensive healthcare delivery system incorporating the Maricopa Medical Center (MMC), a 449-bed public teaching hospital with a Level I Trauma Center; the Arizona Burn Center; two psychiatric facilities housing 189 beds for behavioral health services; the Comprehensive Healthcare Center offering outpatient primary and specialty care; and 11 outpatient Family Health Centers (FHCs), including the comprehensive McDowell Healthcare Center. MIHS is the largest provider of comprehensive and coordinated HIV-related OAMC for adults in Maricopa County, and serves the greatest percentage of minority individuals in Maricopa County receiving HIV care. MHCC created the only HIV/AIDS Dental Clinic in Arizona in 2000 focused exclusively on PLWHA, and additionally provides psychiatric, mental health and substance abuse services focused on HIV care.

Experts in HIV Disease. The McDowell Healthcare Center (MHCC) is recognized as the center for excellence in HIV care in Maricopa County and is the largest safety net provider offering state-of-the-art HIV medical care for adults. MIHS' vast experience includes:

- The MHCC provides a significant proportion of the HIV care in the region, serving one in every three PLWHA in Maricopa County, with the majority being underserved, ethnically diverse and medically needy individuals;
- MIHS provides the only comprehensive and seamless continuum of care for adult PLWHA including OAMC, a Women's HIV Clinic, treatment adherence, mental health, substance abuse services, oral health care and early intervention services in one location;
- MHCC has the ability to refer to specialties, sub-specialties, support services and inpatient services, and has full access to information through the system-wide Electronic Medical Record (EMR);
- MHCC participated in HIVQUAL-US between 2004 and the 2011 review periods. Our results repeatedly showed that on a national level, we consistently provided PLWHA with high-quality, cost-effective medical care;
- MIHS is home to the largest teaching hospital in Maricopa County, providing medical residents with an HIV rotation at MHCC that trains future physicians for this and other communities regarding care for PLWHA;
- MIHS, as both a teaching hospital and an affiliate of the U of A College of Medicine and District Medical Group, supports and encourages patient referrals to and participation in clinical trials within and outside our system;
- Four MHCC clinicians, two physicians and two nurse practitioners have each been providing full-time HIV-specialty medical care since the 1980's. All are certified HIV specialists through the American Academy of HIV Medicine;
- Dr. John Post, the MHCC founder, has received numerous awards over many years for his comprehensive and compassionate care, including the 2011 Phoenix Business Journal Health Care Heroes Award;
- Dr. Ann Khalsa, MHCC's Medical Director, is a nationally recognized HIV specialist and educator. She has been involved with the Ryan White AIDS Education and Training Center program since 1990, providing direct full-time clinical preceptorships in HIV for 15 of those years. She received international recognition at the International AIDS Conference in Mexico City as one of fifteen recipients of the U.S.-Mexico Border Hero Award;
- MIHS has an excellent reputation in the medical community as a provider of quality HIV/AIDS treatment and services, from dedicated and knowledgeable clinicians. This is reflected in the significant increase in the number of PLWHA we serve. MHCC provided care to 2,906 PLWHA in CY2012, an increase of 11% from CY2011;
- MIHS and MHCC provide culturally sensitive and accessible care. Three of the clinicians are bilingual in Spanish and on-site translation is always available utilizing bilingual clinic support staff. MIHS utilizes the telephonic World Wide Interpreter service, through which communication is possible with our many refugee immigrant patients from locations such as Burma and African nations. The MHCC clinic has a program of Cultural Health Navigators who provide an additional layer of patient support and education;
- MIHS has stellar financial systems in place to report and track administrative and clinical data through the EMR; and
- Women can schedule an appointment with either an OB/GYN physician or Certified Mid-Wife at MHCC during Women's Clinic. This eases transportation concerns and encourages them to keep appointments, access services and/or address related issues.

Rapid Testing in 17 Labor & Delivery (L&D) Hospitals and MIHS Family Health Centers.

In July 2005, the MIHS RWPD program launched an initiative to ensure that all pregnant women at all MIHS facilities receive a rapid HIV test during routine pre-natal care. Additionally, if a woman presents to Maricopa Medical Center (MMC) during labor and has not received pre-natal care *or* does not have a documented pre-natal HIV test in her medical record *or* was at additional exposure risk since the initial test, she receives a rapid HIV test during labor and delivery. In 2010, 100% of women *with pre-natal care* and 96% of women *with no pre-natal care* or no documented HIV test received a rapid HIV test in the L&D unit. Since this program was instituted, there has not been one HIV-positive baby born at MMC. Due to the success of the L&D initiative at MMC, RWPD expanded the initiative to other L&D units in the service area. As a direct result of the support and technical assistance provided by the MIHS RWPD program, 16 additional L&D units in Maricopa County now offer HIV testing during pre-natal and peri-natal care. Including MMC, this represents 81% of all L&D units in Maricopa County.

First Arizona Hospital to Offer Rapid Testing in the Emergency Department (ED). The Adult ED at MIHS' Maricopa Medical Center (MMC) received a grant in partnership with the Arizona Department of Health Services (ADHS) through the Center for Disease Control and Prevention (CDC) to begin confidential, routine opt-out HIV rapid testing in 2011. The goal of the project is to test individuals who seek medical care at the ED. This program, known as TESTAZ, provides the opportunities to: 1) link patients who test HIV-positive earlier into HIV medical care and support services as early as possible, and 2) link patients who have fallen out-of-care back into medical care and/or support services. Newly diagnosed individuals are provided information regarding modes of HIV transmission and prevention. In the first two years, through TESTAZ nearly 18,000 unduplicated individuals were tested for HIV. Of those tested, and as of 07/07/2013, fifty-six (56) previously undiagnosed patients were confirmed HIV-positive. This is a positivity rate of 0.28%. Due in part to funding available through Part A, forty-three (43 or 76.8%) of the 56 patients have been linked to HIV medical care. We anticipate that routine opt-out testing in the ED will become the standard of care throughout Maricopa County hospitals, thus enabling the early identification of HIV-positive individuals who present at the ED.

MIHS On-line Training. MIHS mandates training for all relevant staff pertaining to HIV testing through our on-line learning management system. The purpose of this training is to assist employees and providers to have informed conversations with patients who are or may be HIV-positive. The training is divided into three learning activities that include: 1) an overview of HIV; 2) the rationale, benefits and procedures for routine opt-out HIV testing; and 3) the details about how routine, opt-out HIV testing has been implemented in our Adult ED. A demonstrated 100% competency is required upon post-test.

Providing Services Throughout the EMA. MIHS will provide OAMC in all seven of the identified RWPA Planning and Service Areas. The Phoenix EMA (Maricopa and Pinal counties) encompasses over 66 percent of the state's population. ADHS reports 15,288 PLWHA (September 2013) in Arizona, with 75% of those residing in this service area. ADHS has identified downtown Phoenix and those living within a ten-mile radius as the highest risk area in Arizona, where the majority of the state's HIV/AIDS infected (1 in every 3) and at-risk populations reside. Based on this demographic data, MHCC recently joined with the Parsons Center for Health and Wellness (aka The Southwest Center for HIV/AIDS) to create a strategically located, one-stop vibrant community health center in the heart of this at-risk

geographic service area. MHCC occupies 10,000 square feet of this center and provides OAMC, oral health, substance abuse services, treatment adherence, education, mental health, a HIV women's clinic, early intervention services, and other services for PLWHA. The center is located on the light rail and within walking distance of bus stops, allowing for ease of access to co-located services. A grand opening for the center occurred on November 1, 2013. We are confident that the on-going co-location of services will help reduce disparities and strengthen MIHS capacity to deliver HIV healthcare and chronic disease support.

Medical Care and Assessment. MIHS provides a comprehensive, coordinated, culturally competent and family-centered system of care for PLWHA, consistent with Public Health Service guidelines. Initial status for new clients is assessed through a comprehensive evaluation including patient medical and psychosocial history, family history, mental health and substance abuse evaluation, physical exam and diagnostic laboratory testing. The tests include, but are not limited to:

- CBC with differential
- Metabolic Panel
- Cholesterol & Triglycerides
- HIV-RNA & CD4 Panel
- RPR or Syphilis IgC
- Hepatitis A, B and C
- TB exposure and immunization status

MIHS Electronic Medical Record (EMR) System. MHCC utilizes a robust, integrated EMR called EPIC for referrals across MIHS. By utilizing one design with best practice customization, referrals are supported with efficient and effective communication between internal and external providers for hospitalization, subspecialty medical services, and/or social services. The primary medical providers order referrals daily depending on patient need. Patient and provider communication, and agreement on the referral, support patient compliance and follow-through. EPIC allows for the identification, documentation and discussion among the care team of a patient's refusal for tests and/or of barriers to care such as scheduling issues. EPIC is a valuable tool for referrals by ensuring regulatory compliance and communication between providers, enhancing appointment scheduling of the referrals and follow-up regarding the referral results. The clinician can flag the referral for acuity level and specify time frames for potentially emergent situations or order changes as needed. Standardized workflows at MHCC are entered into EPIC at the point of care. Each result is attached to the corresponding order.

Outpatient mental health and substance abuse screening, assessment and treatment services. MHCC is a licensed Outpatient Behavioral Health Clinic through the ADHS Office of Behavioral Health Licensure. The primary care and mental health clinicians work collaboratively toward the goal of total patient well-being. This integrated relationship assures early intervention in medical and mental health issues and eliminates potential barriers to the referral process. Complex co-morbid medical and psychiatric conditions are addressed including problems with poly-pharmacy and drug-to-drug interactions. Mental health patients receive counseling and therapy for HIV-specific issues, addressing social and internalized stigma, chronic illness and pain, grief and end of life issues, as well as substance abuse, depression, anxiety, psychosis, domestic violence, dementia, sexuality and gender issues, family dysfunction and stress management. For those patients needing substance abuse treatment, there are numerous referral resources off-site in greater Phoenix including detox centers, residential programs and out-patient services.

Oral Health Care. The MHCC dental program has become a teaching model for other dental clinics. Because dental services are provided on-site at MHCC, there is a healthy professional relationship between medical and dental providers. This closeness has allowed for educational opportunities, easier accessibility of consultation and access to relevant information on both sides. There is full integration of care for shared patients which has led to assimilation of treatment planning and a broader awareness of the patient's overall health.

In+Care Campaign. The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau together with the National Quality Center (NQC) have teamed up on a national retention campaign where clinics can have an immediate impact over the health and well-being of HIV patients. The goal of the campaign is to bring patients back to care and keep others from falling out of care, leading to healthier people and stronger communities. MIHS has developed committees for each of the 4 In+Care measures through our HIV Quality Committee at MHCC. We will submit our first round of data in December 2013 which will include information on the total patient cohort at MHCC.

Medical Case Management (MCM). MCM ensures continuity of care for all patients and their families so as to receive the medical care they need to stay healthy. All members of the network are aware of the vital link between support services and medical services. Many patients lead extremely challenging lives: many have multiple problems that are as important to their continued well-being as care of their HIV disease. These include care giving, lack of health care, poor health status, lack of basic resources such as housing and food, lack of education and literacy, and unfamiliarity with preventive medical care. Each patient's complete needs must be addressed *including* adding care of HIV disease to their everyday life. MCM assists the patient to access care: this is the link between support services and medical services. Ryan White Part D MCM services are co-located at MHCC.

On-going Treatment. Patients are routinely seen three- to four-times annually, or as often as needed, for on-going immune surveillance, management of HAART and monitoring for related opportunistic complications and co-morbidities. MIHS, including MHCC, has adopted the national Patient-Centered Medical Home Model approach to clinical care. MHCC actively participates in patient-focused continuity of care with attention to best practices for chronic conditions such as HIV, diabetes and hypertension. Since primary HIV care includes a focus on long-term prevention of complications, MHCC clinicians have been providing continuity-provider care with focus on periodic preventative health assessments and co-morbidity monitoring and management. Patients are involved in their medical decision-making as the primary member of the health care team.

Clinical Trials. Patients at MHCC are informed about the availability of clinical trials through their MCMs and HIV clinicians. Patients are given resources detailing available local trials. Once the primary care provider meets with the patient, and the patient expresses an interest in participating in research, an evaluation is completed to determine whether the patient is qualified to participate in a research study. Providers are well trained and informed about the available trials and serve as the patient's link to a clinical trials program. Patients may be referred to both local and national research opportunities, including the current National Institutes of Health trial on long term non-progressors. MHCC has initiated clinical trials and our collaborations include universities, research institutes and healthcare providers. Community alliance initiatives are

focused on increasing participation in prevention programs by underserved populations including those from minority communities.

Laboratory Services. Laboratory services are provided by the Maricopa Medical Center (MMC) laboratory which is CAP, CLIA, and DNV accredited. The greatest number of laboratory tests, including CD4 panels, viral load levels and HIV genotypes, are conducted on-site at MMC. The State, through its Communicable Disease Prevention and Surveillance Program, covers the costs for confirmatory HIV testing for Ryan White Part C funded rapid tests conducted at the Southwest Center. For those patients with insurance, two other local laboratories are available through contractual arrangements with the individual insurance provider agencies.

Pharmacy Assistance Programs. For uninsured patients, pharmaceutical services are provided through Avela, the ADAP contracted pharmacy. Medications not covered by ADAP can be filled at the MMC Outpatient Pharmacy, located on the MMC campus (less than 2 miles from Avela) or at outside commercial pharmacies. The MIHS pharmacy receives 340B pricing. For those with health insurance, patients are referred to the appropriate contracted pharmacy. Ryan White MCMs and clinicians assist patients to access pharmaceutical company Patient Assistance Programs.

Weekend and After-hours Coverage. MIHS policy provides patients the opportunity to obtain after-hours care through an answering service at MHCC. The procedure is:

- The main phone numbers automatically roll over to the answering service at the end of the business day.
- An automated voice mail message in English and Spanish alerts the patient that the clinic is closed and gives the patient the option to speak with an operator. The message includes the clinic name, hours of operation and emergency referral information.
- At the patient's request, the answering service will page the on call clinician with the patient contact information. The clinician then contacts the patient and conducts an assessment.
- The clinician documents the encounter in the EMR which is forward to the patient's primary care provider.
- If the patient is pregnant, all after-hours calls are forwarded to the MMC L&D unit and the attending physician assesses and documents the patient's health.

MHCC patients have the option of visiting the centrally-located MIHS 7th Avenue Walk-in Clinic for care after hours and on weekends. This clinic is open every day from 7am – 11pm and has access to all MHCC patient records through the EMR.

Referrals for HIV-Positive Patients. MHCC provides referrals to specialty and subspecialty services offered primarily at MIHS' Comprehensive Healthcare Center (CHC) located on the MMC campus. Specialties and subspecialties include, but are not limited to the cardio-pulmonary clinic, dialysis, ENT clinic, oncology, ophthalmology, radiology, outpatient surgery clinic, and the Refugee Women's Health Center. Women needed referrals from MHCC for enhance OB/GYN services are referred to the Women's Health Center, the Refugee Women's Health Center, the Teen Pregnancy Program, or the Internatal Clinic. All are located at the CHC, which is also home to the Phoenix Cancer Center.

Tobacco Cessation and Condom Distribution. Tobacco cessation assessment and intervention is repeatedly offered, with linkage to appropriate tobacco cessation resources including the Arizona Smokers' Helpline and patient assistance pharmaceutical programs when needed. Sexual activity is assessed and safer practices are encouraged using the Prevention for Positives model with both harm and benefit framed messages. Additionally, to reduce risky sexual activity, condoms are available on-site at MHCC. After Visit Summaries (AVS) printed for patients after medical visits also contain prevention messages.

Assistance with Eligibility. A full-time bilingual in Spanish Eligibility Specialist (ES) is available on-site at MHCC. The ES conducts financial counseling interviews with patients to establish eligibility for programs. The ES is responsible for pre-screening all uninsured clients for AHCCCS (Medicaid) eligibility, assists patients with enrollment into the appropriate benefit program, and refers patients to financial assistance agencies. This eligibility assistance extends to the expanded Medicaid program approved by the Arizona Legislature earlier this year. Individuals who are otherwise qualified but are over income for Medicaid are referred within MIHS for assistance with Marketplace enrollment.

2. Ability to deliver services to the Phoenix EMA's special populations.

MIHS is committed to addressing the service needs of individuals who know their HIV status and may not be receiving primary medical care services. We are dedicated to informing and enabling individuals to utilize services. Our overarching goal is to eliminate disparities in access and services among the underserved. MIHS addresses these service needs based on these four guiding principles:

1. The HIV/AIDS epidemic is growing among traditionally underserved and hard-to-reach populations. MIHS serves a high percentage of PLWHA who are ethnically diverse (Table 1), are uninsured and/or live below 100% FPL.
2. The quality of HIV/AIDS therapies can make a tremendous difference in the lives of PLWHA. The MHCC 2011 HIVQUAL review showed that 97.1% of all patients eligible for ARV therapy are taking medications to fight HIV.
3. Changes in the economics of health care are affecting the HIV/AIDS care network. MIHS is working with RWPA and RWPB to enroll individuals into expanded Medicaid and the healthcare marketplace; and
4. Outcomes are a critical component of program performance. MIHS believes evaluating outcomes is critical to measuring program performance, and has demonstrated its commitment to program performance by being involved in HIVQUAL-US between the 2004 and 2011 review periods.

Target Populations and Diversity of PLWHA. MHCC provides services to a PLWHA population that is highly diverse. Our target populations are primarily non-White minorities (54.8%), Hispanics (30.1%), males (80.1%) and women (19.9%). Included in these target populations are individuals that are uninsured, those living below the Federal Poverty Level (FPL), resettled refugees and those of other language groups. As shown in Table 1, there are a number of similarities among the populations of the U.S., Arizona, the Phoenix EMA and MHCC patients. However, MHCC exceeds the national norm for the number of minorities served. While the U.S. population is 16.3% Hispanic, Arizona's population is 29.6% Hispanic.

Hispanics account for 18.9% of PLWHA in the U.S., but are 26.1% of PLWHA in the EMA and 30.1% of all MHCC patients. While Arizona has a relatively small population of Blacks at 3.7%, they comprise 18.5% of MHCC patients and over 36.5% of Part D patients. On average, minorities account for 54.8% of all MHCC patients.

Table 1. Race and ethnicity of target population compared to national, state, and local populations.

	2010 U.S. Population ¹	2010 Arizona Population ¹	2010 Phoenix EMA ¹	2008 U.S. PLWHA ²	2012 Arizona PLWHA ³	2012 Phoenix EMA PLWHA ³	2012 MHCC Patients ⁴
NOT HISPANIC:							
White	63.7%	57.8%	58.7%	33.8%	55.8%	55.5%	45.2%
Black*	12.2%	3.7%	4.6%	43.9%	11.8%	13.0%	18.5%
AI/AN**	0.7%	4.0%	1.8%	0.4%	3.5%	2.5%	0.9%
Asian	4.7%	2.7%	3.2%	1.1%	1.4%	1.4%	2.1%
NH/OPI***	0.2%	0.2%	0.2%	0.1%			0.0%
Multiple races	1.9%	1.8%	1.9%	1.7%	1.6%	1.5%	
Other/Unknown	0.2%	0.1%	0.1%				3.2%
HISPANIC:				18.9%	25.9%	26.1%	30.1%
White	14.5%	28.8%	29.6%				
Black*	0.6%	0.7%	0.7%				
AI/AN**	0.3%	0.7%	0.6%				
Asian	0.1%	0.2%	0.2%				
NH/OPI***	0.0%	0.1%	0.1%				
Multiple races	0.2%	0.4%	0.4%				
Other/Unknown							

*Black or African-American; **American Indian & Alaska Native; ***Native Hawaiian & Other Pacific Islander; ¹Population estimates from the U.S. Census Bureau, American Fact Finder; ²Centers for Disease Control and Prevention, February 2013; Hispanic is not broken down by race; ³Estimates from the Arizona Department of Health Services, HIV Statistics Annual Report, 2013; *Native Hawaiian and Other Pacific Islander" included with "Asian." "Hispanic" is not broken down by race; ⁴MIHS System Internal Reports.

Eliminate Disparities in Care in Communities of Color. Rates of HIV/AIDS prevalence and emergence differ sharply between African Americans and other race/ethnicity groups. The emergent HIV/AIDS rate among African Americans in Arizona is more than double that of any other race/ethnic group and 164% higher than the statewide average. The disparity is more pronounced among African American women than men. Although HIV has historically been a disease that predominantly affects males in Arizona, the 2012 HIV prevalence rate among African American women at 418.28 per 100,000 population was 5.7% higher than the next highest HIV prevalence rate of 73.35 per 100,000 population among American Indian women (2012 HIV by Race/Ethnicity, ADHS). MIHS has an extensive history in serving communities of color in order to eliminate disparities in HIV care. For example and as shown in Table 1, while Blacks account for only 4.6% of the population in the Phoenix EMA, they comprised 18.5% of MHCC patients in 2012.

Exposure. As shown in Table 2, there are several differences pertaining to exposure among PLWHA in Arizona, the EMA and MHCC. MSM is the most commonly reported transmission

category across all groupings. There was substantially less exposure for IDU for PLWHA in Part C. Heterosexual transmission accounts for over one-fourth of all PWLHA in the U.S. However, for RWPC, the rate of heterosexual transmission, at 34.1%, is more than three times the rate for the state, service area and EMA. Significant proportions of heterosexually exposed patients live below the FPL and/or are uninsured. Although they have other health care options, these patients choose the MIHS program.

Table 2. Exposure category of target population compared to national, state, and local populations.

	2010 U.S. PLWHA ¹	2012 Arizona PLWHA ²	2012 Service Area PLWHA ²	2012 Phoenix EMA PLWHA ²	2012 MIHS RWPC ³
Men who have Sex with Men (MSM)	50.4%	60.0%	60.7%	61.2%	52.9%
Intravenous Drug Use (IDU)	16.1%	10.4%	10.5%	9.7%	5.8%
MSM and IDU	5.6%	8.5%	8.6%	8.2%	8.7%
Heterosexual Contact	26.0%	10.8%	9.8%	10.3%	32.0%
Other*	1.5%	10.2%	10.4%	10.5%	0.6%

* "Other" includes hemophilia, blood transfusion, perinatal exposure, transplant recipient, and unknown or not identified risk;
¹Centers for Disease Control and Prevention, HIV Surveillance Report, February 2013; ²Estimates from the Arizona Department of Health Services, HIV Statistics Annual Report, 2013; ³Maricopa Integrated Health System Internal Reports.

Serving a High Percentage of Women. MHCC continues to see increases in the number of minorities impacted by HIV/AIDS, especially among female minorities. A goal of MIHS is to increase access to OAMC, mental health, substance abuse services and dental care especially for minority females. To address this goal, MHCC established a Women’s Clinic on-site staffed by OB/GYN providers. Women’s Clinic includes breakfast, women’s support groups featuring educational seminars and on-site childcare in collaboration with the Southwest Center for HIV/AIDS. As a result, the number of women clients at MHCC has steadily increased from 250 in 2004 to 577 in 2012, an increase of 131%.

High Levels of Uninsurance. Reports from the U.S. Census Bureau in 2011 show 19.1 percent of Arizona’s population lacked health coverage, with about one in five residents lacking health coverage. Census data also show that 1 in 5 uninsured Americans reside in only 13 counties. To put that in context, there are more than 3,000 counties in the U.S. Maricopa County, Arizona, ranks *sixth* on that list. Only 8.7% of MHCC patients had private health insurance in 2012. The remaining 91.3% were enrolled in Medicare, Medicaid, PCIP, Ryan White or paid out-of-pocket for their care.

Individuals Who Live Below the FPL. Data from the U.S. Census Bureau show that 18.7% of Arizonans and 17.5% of Maricopa County residents live in poverty. Maricopa County also has a sizeable per income gap for residents of Hispanic/Latino origin compared to the population as a whole. For all residents of Maricopa County, annual per capita income is \$26,406. For Hispanic residents of Maricopa County, however, annual per capita income is \$13,636. This is just barely half. Sadly, more than 60% of all MHCC patients live below 100% FPL.

Refugee Resettlement. Data from the Office of Refugee Resettlement shows that Arizona ranked ninth in the nation for new refugee arrivals in FY12. Nearly 80 percent of all resettled refugees are women and children. Seventy-six percent of refugees resettle in Maricopa County and, of

those, 66 percent reside in Central Phoenix where MHCC is located. A large percentage of immigrants and resettled refugees have come from Somalia, Burundi and, more recently, Burma. MHCC continues its history of providing culturally and linguistically competent care to all patients, as discussed in this application.

Other Language Groups. The U.S. Census Bureau Hispanic Population 2010 report states that Arizona ranks fourth highest in the nation with a Hispanic/Latino population. Nearly 28 percent of the state's population five years and older speak a language other than English at home. A recent University of Arizona Mexican-American Studies and Research Center report found that Hispanic women living in Border States have a higher risk of contracting HIV than do other Hispanic women due to their lack of knowledge of HIV/AIDS.

3. Ability to provide culturally and linguistically appropriate HIV/AIDS services.

Culturally and Linguistically Appropriate Services (CLAS). MIHS primarily serves patients who speak English, Spanish and several African languages; however, the predominant non-English language spoken by our patients is Spanish. The literacy levels of our patients can vary greatly. Even when we meet the language needs of patients the level of literacy must be considered. MIHS makes every effort to provide patient materials, including Spanish translations, at a 6th grade reading level or lower. MIHS meets the enhanced National CLAS Standards by providing our patients with translation and interpreting services. As mentioned, many of the MHCC staff and clinicians are bilingual in Spanish. For non-Spanish speaking patients and/or those with limited English skills, staff has access to real-time translation utilizing the phone-based World Wide Interpreters service that is available throughout MIHS including MHCC. Through an MAI-funded early intervention services contract, MIHS has contracted for two Cultural Patient Navigators (CHNs) who are well-known and respected in their communities. Their primary responsibilities include linking newly diagnosed refugees to medical care at MHCC, and helping HIV-positive refugees remain in and/or return to care. The CHNs are fluent in ten languages including English, Liberian, Va, Khran, Swahili, French, Kirundi, Kinyarwanda, Lingala and Spanish.

We strive to schedule patients with the same provider to provide clinical consistency, thereby reinforcing trust and respect. Immigrants and refugees are afforded additional privacy measures beyond the usual and customary privacy practices, depending on their needs and beliefs. Care is taken to protect privacy and to meet their needs while being respectful of their cultural and social beliefs. Every attempt is made to work within appropriate boundaries, to sensitively discuss health topics with the patient, and perhaps most importantly, to instill a relationship of trust.

Cultural Competency Training. All staff make every effort to understand an individual's cultural beliefs and practices and how they differ from or reflect the cultural groups with which the person identifies. To facilitate efforts to understand the unique cultural beliefs and practices of our patients, cultural competency training is a mandatory requirement for all MIHS clinical and support staff. In addition to this being a DNV accreditation requirement, MIHS believes that training of this nature is an integral component of the skill set required for every employee and clinician. Cultural competency awareness training includes: 1) an on-line curriculum that discusses important considerations and questions to ask when working with patients of diverse backgrounds, and requires a demonstrated 100% proficiency on post-test; 2) an employee orientation session on cultural diversity; and 3) a clinical orientation session on health literacy. A

variety of methods are used to provide this training, including on-site training from experts in the field. Fulfilling these requirements is part of MIHS employee’s annual skills list and performance evaluations. As MIHS’ patient populations change, the focus of the cultural competency training sessions changes to reflect the demographic changes of MHCC patients. The MIHS Community Relations Director provides guidance to the MHCC in the area of language and cultural competency.

MIHS Recognized for CLAS. MIHS has been recognized locally and nationally as a leader in the provision of CLAS services to patients. The MIHS Community Relations Director is responsible for directing the language and cultural competence program. Listed below are some of our accomplishments:

- MIHS received no deficiencies from the Arizona Medicaid Cultural and Linguistic Competent Care team;
- In 2004, MIHS was part of a leadership team for the Arizona Hispanic Center for Excellence. This project was awarded \$1.5 million from HRSA to improve Latino healthcare;
- Cultural Competence Works, Multicultural program Certificate of Recognition HRSA, 2000 and HRSA Publication, 2001;
- Community Centered Health Care Certificate of Recognition, American Hospital Association, 2000;
- Culturally Sensitive Care Committee, Achievement Award, NACo, 1998;
- Spanish Interpreter Pilot Program, NACo Award, 1995; and
- Spanish Language Training for Patient Care, NACo Award, 1993.

The Health Resources and Services Administration (HRSA) envisions optimal health for all, supported by a health care system that assures access to comprehensive, culturally competent, quality care. To further these aims, the Department of Health and Human Services (HHS) has promulgated a set of standards that define best practices for the provision of culturally and linguistically appropriate care. In Table 3, each of the enhanced National CLAS Standards is addressed individually to show how MIHS support the goals of culturally and linguistically appropriate services. MHCC follows these same principals.

Table 3. CLAS Standards and Addressing by MIHS.

Standard	Addressed by MIHS
<p>Standard 1: Health care organizations should provide effective, respectful, and quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.</p>	<p>Both MIHS and MHCC take care to ensure that all patients receive health care that is respectful of the cultural health beliefs and preferred language of the patient. For example, with some HIV-positive refugee women, their cultural and religious beliefs do not allow a pelvic examination by male clinicians. To address this and other issues, MHCC instituted a weekly day-long Women’s Clinic during HIV-positive women are provided medical care by women clinicians and providers.</p>
<p>Standard 2: Health care organizations should advance and sustain governance and leadership that promotes CLAS and health equity.</p>	<p>Currently, approximately 50% of MHCC staff members are ethnic or racial minorities. This is only slightly less than the proportion of racial and ethnic minorities (52%) who comprise MHCC patients in 2011. Every effort is made to ensure a diverse staff that is reflective of the patients served at the clinic.</p>
<p>Standard 3: Health care organizations should recruit, promote, and support a diverse governance, leadership, and workforce.</p>	<p>In accordance with HHS/HRSA and DNV standards, among others, all MIHS employees (about 4,000 individuals) are required to take classes concerning, among other topics, both Cultural Diversity and HIV/AIDS.</p>

Standard	Addressed by MIHS
Standard 4: Health care organizations should educate and train governance, leadership, and workforce in CLAS.	MIHS has a commitment to provide medical care to all patients, regardless of which languages are spoken. In 2011, requests at MHCC for language interpretation included Spanish, French, Arabic, Vietnamese, other (including several African Languages) and American Sign Language. Interpretation was provided by certified staff interpreters, Cultural Health Navigators, or a contracted interpreting service.
Standard 5: Health care organizations must offer communication and language assistance.	It is standard practice at MIHS and MHCC that all information concerning language assistance services is available in both English and Spanish. In house translators are used to translate documents or, in the alternative, to approve translations from other organizations. MIHS maintains a contract with an outside provider to provide translations into languages other than Spanish. CHNs link refugees into medical care and/or remain in care.
Standard 6: Health care organizations must inform individuals of the availability of language assistance.	All MIHS personnel who use a language other than English to communicate with patients and their families will be tested for competence in that language. If a patient requests that a family member or friend act as interpreter, a certified medical interpreter will also be present to ensure effective and accurate communication to the patient. MIHS provides Language Interpretation Services Anywhere (LISA) for patients needing additional language services.
Standard 7: Health care organizations must ensure the competence of individuals providing language assistance.	At both MIHS and MHCC, the most commonly encountered language outside English is Spanish. As with Standard 5, all signage posted in any MIHS facility is posted in both English and Spanish.
Standard 8: Health care organizations must provide easy-to-understand materials and signage.	MIHS system-wide policy #01750 S provides the outline for the MIHS program of language and cultural competence. The MIHS Director of the Community Relations Department is responsible for the overall implementation and monitoring of the language and cultural competency program.
Standard 9: Health care organizations should infuse CLAS goals, policies, and management accountability throughout the organization's planning and operations.	The MIHS policy on language and cultural competence provides for the periodic creation of a Language Needs Assessment for the population served by the system. The Assessment incorporates information on the number, proportion, and frequency of limited English proficient patients may seek medical care from MIHS. Data is regularly collected on requests for language services so that shifts in interpreting services can be detected early. This on-going data collection and early detection is crucial to MIHS' success in providing high-quality medical care to a culturally and linguistically diverse patient population.
Standard 10: Health care organizations should conduct organizational assessments.	Through the Initial Patient Registration Form, all patients at MHCC are asked to provide information on race, ethnicity and language needs. This information is collected for inclusion in the patient medical record and the various electronic systems used to report these data (e.g., CAREWare). This information is collected from all MHCC patients.
Standard 11: Health care organizations should collect and maintain demographic data.	Through collaboration with the Arizona Department of Health Services, MIHS and MHCC are provided epidemiological data relating to people living with HIV/AIDS in Maricopa County. When combined with the data collection efforts mentioned for both Standard 9 and Standard 10, MHCC is able to effectively plan for changes in cultural and language patterns in the community of patients served.
Standard 12: Health care organizations should conduct assessments of community health assets and needs.	The MIHS Ryan White Part C and D Community Advisory Board (CAB) is a vital and active partner with Part C and D program staff to ensure that the Part C and D program meets the needs of Part C and D patients. The CAB is an enthusiastic group of HIV-infected and affected women, youth, and their families and caregivers. The input solicited from and provided by the CAB is an integral part of designing and implementing CLAS-related

Standard	Addressed by MIHS
Standard 13: Health care organizations should partner with the community.	activities. MIHS and MHCC are committed to preventing cross-cultural conflicts by providing regular cultural diversity training to all staff. If conflicts or complaints arise, all information is automatically available in both English and Spanish. As with Standard 5, MIHS ensures that patients have all the information they need concerning conflict and grievance resolution in a culturally and linguistically meaningful manner.
Standard 14: Health care organizations should create conflict and grievance resolution processes.	MIHS makes every effort to keep the public informed of progress made to meeting the CLAS standards. As just one example, on the MIHS website (http://www.mihs.org) there is a blurb and flyer available about the MIHS Spanish Bilingual Assistant Classes. These classes are available to both MIHS employees and non-employees in order to assist the wider community to provide culturally and linguistically appropriate services.
Standard 15: Health care organizations should communicate the organization's progress in implementing and sustaining CLAS.	MIHS continues to monitor our progress in sustaining CLAS as evidenced by this table.

4. Ability to provide services by appropriately credential staff, including subcontractors.

District Medical Group. District Medical Group (DMG) is the exclusive nonprofit medical provider for MIHS, and consists of over 400 providers representing all major medical and surgical specialties / subspecialties including behavioral health. The mission of DMG is to improve the health and well-being of individuals in Arizona through an integrated medical group practice based on a balanced program of patient care, education, research and community service. DMG provides comprehensive physician, allied professional and medical education services for MIHS. DMG is grounded in serving the public by furthering the quality and safety of health care services through medical education and research, addressing Arizona’s needs through training health care professionals, and improving access to care by means of innovation in the delivery of medical services to all citizens regardless of circumstance.

All clinicians working at MHCC are licensed to practice medicine in Arizona. In addition, each of them is an HIV Specialist as certified by the American Academy of HIV Medicine. Behavioral health, dental and nursing staff also maintains licensure specific to their respective fields. MHCC is recognized as a leader in the provision of high-quality integrated care designed to meet the medical, behavioral and oral health needs of our patient population. This leadership is evidenced, in part, by the fact that about one in every three PLWHA in Maricopa County chooses to receive all or part of their healthcare at MHCC and MIHS.

The District Medical Group six strategic areas of focus are:

- **Clinical Excellence and Community Health:** Increase access to health services for the community and elevate community health care standards.
- **Partnership Development:** Create effective, synergistic, and sustainable affiliations with community programs, MIHS and University of Arizona.
- **Education and Training:** Expand academic programs while maintaining the highest standards of academic performance and professional competence.
- **Clinical Research Excellence:** Create an institutional culture of exceptional scholarship and strengthen the competitive quality and reputation of the clinical research enterprise.

- **Outstanding Workplace and Operational Excellence:** Create a work environment that fosters the highest standards of operational performance and fiscal discipline.
- **Philanthropy and Public Value:** Grow philanthropy and effectively promote the group's unique public value.

Attachment 2-D

CURRICULUM VITAE

JOHN M. POST, M.D.
1144 E. McDowell Road, Suite 300
PHOENIX, AZ 85006
(602) 344-6550

PERSONAL DATA

Birth Date	September 21, 1945
Birthplace	Hastings, Nebraska
Citizenship	United States
Social Security Number	399-42-3867
Marital Status	Married, Two Daughters
Home Address	901 East Van Buren St #1066 Phoenix, Arizona 85006

EDUCATION

High School	Washington Park High School Racine, Wisconsin Graduated, 1963
College	University of Wisconsin Milwaukee, Wisconsin Bachelor of Science, 1967
Medical School	University of Wisconsin Madison, Wisconsin Doctor of Medicine, 1971

POSTDOCTORAL TRAINING

Internship (Rotating)	Maricopa Medical Center Phoenix, Arizona 1971-1972
Residency (Int. Med.)	Maricopa Medical Center Phoenix, Arizona 1974-1977

MILITARY SERVICES

General Medical Officer
United States Navy
1972-1974

LICENSURE

Arizona #8418

CERTIFICATION

American Board of Internal Medicine 1977

American Academy of HIV Medicine. HIV specialist

Human Participants Protection Education for Research Teams (NIH) February 2005

Human Subjects Protection Certification (Rochester Program) December 2002

HOSPITAL APPOINTMENTS

Attending Physician
Department of Medicine
Maricopa Medical Center
Phoenix, Arizona

Phoenix Memorial Hospital
Phoenix, Arizona

Phoenix Rehabilitation Hospital
Phoenix, Arizona

CLINICAL EXPERIENCE

General Internist
Maricopa Medical Center
Phoenix, Arizona
1977 to present

ADMINISTRATIVE AND COMMITTEE RESPONSIBILITIES

Director, Outpatient Medical Services
1979-1990

Director, Acute Care Clinic
1988-1990

Medical Director, McDowell Healthcare Center
Center for HIV Infected Individuals
1990-present

Pharmacy and Therapeutics Committee
Member, 1981-1992
Chairman, 1985-1992

Credentials Committee, Member
1983-1988

Medical Council, Member at Large
1984-1985, 1990-1991

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Ambulatory Care Committee, Member
1986-1991

Ambulatory Care Q.A. Committee Chairman
1987-1992

Research Committee, Member
1988-1992

Member, AIDS Education and Training Center
Phoenix, Arizona, 1990-Present

Member, Arizona Department of Health Services
Adhoc Advisory Committee on Title II Ryan White Care Act

1991-present
Member, Ryan White Title I Formulary Committee
1995-present

Arizona Health Care Cost Containment System (AHCCCS)
AIDS Advisory Committee
1996-2002

Member, Workgroup on HIV/Hepatitis C in the Arizona Correctional setting

Sub-Investigator, Phoenix Body Positive Clinical Trials
1995-Present

PROFESSIONAL MEMBERSHIPS

American College Of Physicians, Fellow

International Association Of Physicians In AIDS Care

International AIDS Society

Arizona Medical Association

American Academy of HIV Medicine

Infectious Disease Society of America

HIV Medicine Association of IDSA

TEACHING RESPONSIBILITIES

Hospital Ward Attending, HIV In-Patient Service

Attending McDowell Clinic
1990-present

HONORS AND AWARDS

Maricopa Medical Center Department Of Medicine Teaching Award, 1986

Malta Center Humanitarian Award, 1997

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Body Posillve Unsong Hero Award 2002

PUBLICATIONS AND ABSTRACTS

XIV International AIDS Conference Barcelona, Spain, July, 2002
The Seroprevalence of Viral Hepatitis in HIV infected persons attending a clinic in the Southwestern United States
J. Post M.D., C. Williams FNP, E. Post, D. Hobohm M.D.

XIII International AIDS Conference, Durban, South Africa, July 2000
An Open Label, Randomized, Trial Switching Nelfinavir From TID to BID: 96-Week Period.
J. Post, M.D., C. Williams FNP

Arizona American College Of Physicians Meeting, November 1998.
Immune Reconstruction Manifestation During Treatment Of Coccidiomycosis In A Patient. J.S. Carpenter, M.D., (Associate), **J.M. Post, M.D.**, Mayo Clinic Scottsdale Department Of Internal Medicine, Scottsdale, Arizona. McDowell HealthCare Center, Phoenix, Arizona.

Infectious Disease Society Of America Meeting; Denver, Co, November 1998.
An Open Label Trial Changing Nelfinavir Dosing From TID to BID With Pharmacokinetic Analysis. A Preliminary Report. **J. Post, M.D.**, C. Williams FNP, M. Mulrow, J. Brake. McDowell HealthCare Center, Phoenix, Arizona, Agouron Pharmaceuticals, Inc., La Jolla, C.A.

First International Conference On The Discovery And Clinical Development Of Antiretroviral Therapies, St. Thomas, West Indies, December 13-17, 1998.
An Open Label, Randomized Trial Switching Nelfinavir From TID to BID: Six Month Report.

J. Post, M.D., C. Williams FNP, M. Mulrow, J. Brake.
McDowell HealthCare Center, Phoenix, Arizona, Agouron Pharmaceuticals, Inc., La Jolla, CA.

RESEARCH

An Open-Label, Phase II Study of Amprenavir/Ritonavir or Saquinavir/Ritonavir In HIV-Infected Subjects Following failure with Kaletra (ABT-378/Ritonavir) as Their Second Protease Inhibitor Based HAART

An Open-Label, Phase II Study of Amprenavir/Ritonavir or Saquinavir/Ritonavir or Efavirenz in HIV-1 Infected subjects Following Failure with Kaletra (ABT-378/Ritonavir) as Their First Protease Inhibitor Based HAART

A Randomized, Open-Label Study of 800mg Lopinavir/200mg Ritonavir QD in Combination with Tenofovir and Emtricitabine vs. 400mg Lopinavir/100mg Ritonavir BID in Combination with Tenofovir and Emtricitabine in HIV-Infected Antiretroviral Naïve Subjects

A Randomized, Open Label Study Assessing Safety, Tolerability, Efficacy, and Metabolic Effects of a Simplified Lopinavir/Ritonavir-Based Induction/Maintenance Therapy in Antiretroviral-Naïve HIV-Infected Subjects

An Open-Label, Study of Pharmokinetics, Safety and Efficacy of Optimized Viracept Therapy as a Component of HAART in Treatment Naïve Subjects

Randomized, Open-Label, Comparative Safety and Efficacy Study of Tipranavir Boosted with Low-Dose Ritonavir (TPV/RTV) Versus Genotypically-Defined Protease Inhibitor/Ritonavir (PI/RTV) In Multiple Antiretroviral Drug-Experienced Patients (RESIST 1: Randomized Evaluation of Strategic Intervention in Multi-Drug Resistant Patients with Tipranavir)

A Long-Term, Open-Label Rollover Trial Assessing the Safety and Tolerability of Combination Tipranavir and Ritonavir Use in HIV-1 Infected Subjects

An Open-Label, Randomized, Parallel Group Pharmacokinetics Trial of Tipranavir/Ritonavir (TPV/RTV), Alone or in Combination with RTV-Boosted Saquinavir (SQV), Amprenavir (APV) or Loprinavir (LPV), Plus an Optimized Background Regimen, In Multiple Antiretroviral (ARV) Experienced Patients

An Open-Label, Non-Randomized, Treatment Protocol of Tipranavir Co-Administered with Low-Dose Ritonavir (TPV/r) in Protease Inhibitor-Experienced Patients with HIV-1 Infection (the Tipranavir Expanded Access Program)

A Phase IIIB, Open-Label, Randomized, Multi-Center Study Evaluating the Effect on Serum Lipids Following a Switch to Atazanavir (BMS-232632) in HIV Infected Individuals Evidencing Virologic Suppression on Their First P.I. Based Antiretroviral Regimen

Atazanavir (BMS-232632) for HIV Infected Individuals Completing Atazanavir Clinical Trials: An Extended Access Study

An Exploratory Study of the Effect of the Atazanavir (ATV) 150L Mutation on Subsequent Treatment Response.

A Phase IIIB, Open-Label, Randomized, Multi-Center Study Comparing the Antiviral Efficacy, Safety, and Effect on Serum Lipids of Atazanavir/Ritonavir Versus Lopinavir/Ritonavir, each in Combination with Tenofovir and either Didanosine EC or Stavudine XR in HIV-1 Infected Subjects Receiving a NNRTI-Containing HAART Regimen who are Experiencing their First Virologic Failure

Atazanavir (BMS-232632) for HIV Infected Individuals: An Early Access

A Phase III Randomized, Double-Blind, Multicenter Study of the Treatment of Antiretroviral-Naïve, HIV-1-Infected Patients Comparing Tenofovir Disoproxil Fumarate Administered in Combination with Lamivudine and Efavirenz Versus Stavudine, Lamivudine, and Efavirenz HAART Regimen to a Once Daily Regimen including Stavudine XR, Lamivudine, and Efavirenz Program

A Phase III, Randomized, Open-Label, Multi-Center Study of the Treatment of Antiretroviral Naïve, HIV-1-Infected Subjects Comparing Tenofovir Disoproxil Fumarate and Emtricitabine in Combination with Efavirenz Versus Combivir® (Lamivudine/Zidovudine) and Efavirenz

An Open-Label, Phase III Study to Assess the Long Term Safety Profile of GW433908 Containing Regimens in HIV-1 Infected Subjects

A Phase IIb, 96 Week, Randomized, Open-Label, Multicenter, Parallel Group, Repeat Dose Study to Evaluate the Safety, Tolerability, Pharmacokinetics and Antiviral Effect of Different Doses and Regimens of GW873140 in Combination with Kaletra® (Lopinavir and Ritonavir) in HIV-1 Infected Antiretroviral Therapy Naïve Subjects

A Phase IIIB, Randomized, Open-Label, Multicenter Study of the Safety and Efficacy of GW433908 (700mg BID) Versus Lopinavir/Ritonavir (400mg/100mg BID) when Administered in Combination with the Abacavir/Lamivudine (600mg/300mg) Fixed-Dose Combination Tablet QD in Antiretroviral-Naïve HIV-1 Infected Adults Over 48 Weeks

A Phase IV, Open Label, Multicenter Study of Treatment with Trizivir (Abacavir 300mg/Lamivudine 150mg/Zidovudine 300mg) Twice Daily and Tenofovir 300 mg Once-Daily for 48 Weeks in HIV-1 Infected Subjects Experiencing Early Virologic Failure (Ziagen Intensification Protocol)

A Phase III, 48-Week, Open-Label, Randomized, Multi-Center Study of the Safety and Efficacy of the Abacavir/Lamivudine Fixed-Dose Combination Tablet Administered QD Versus Abacavir +Lamivudine Administered BID in Combination with a PI or NNRTI in Antiretroviral Experienced Patients

A Phase III Randomized, Open-Label, Multi-Center Study of the Safety and Efficacy of Efavirenz Versus Tenofovir When Administered in Combination with the Abacavir/Lamivudine Fixed-Dose Combination Tablet as a Once-Daily Regimen in Antiretroviral-Naïve HIV-1 Infected Subjects

A Phase IV Multi-Center Study of the Efficacy and Safety of 48-Week Induction Treatment With Trizivir (Abacavir 300mg/Lamivudine 150mg/Zidovudine 300mg Combination Tablet BID) + Efavirenz (600mg QD) Followed by 48-Week Randomized, Open-Label, Maintenance Treatment With Trizivir I Efavirenz in HIV-1 Infected Antiretroviral Therapy Naïve Subjects

A Pilot, Phase II, Open Label, Single Arm Study to Evaluate the Efficacy, Safety, Tolerability, and Pharmacokinetics of GW640385X when Administered with Ritonavir in Combination with Nucleoside Reverse Transcriptase Inhibitors for 48 Weeks in HIV-1 Infected Adults

A Phase I, Multicenter, Double-Blind, Dose Ranging, Placebo-Controlled Study to Compare Antiviral Effect, Safety, Tolerability and Pharmacokinetics of Four Oral Doses of GW695634G Monotherapy Versus Placebo Over 10 Days in ART-Naïve HIV-1 Infected Adults

A Probe Study of the Safety, Tolerability, and Immunogenicity of a 3-Dose Regimen of the MRKAd5 HIV-1 Gag Vaccine in Healthy Adults

A Phase I, Dose-Ranging Study of Safety, Tolerability and Immunogenicity of the Merck Trivalent Adenovirus Serotype 5 HIV-1 gag/pol/nef Vaccine (MRKAd5 HIV-1 gag/pol/nef) in a Prime-Boost Regimen in Healthy Adults

A Probe Study of the Safety, Tolerability and Immunogenicity of a 1-Dose Regimen of the MRKAd5 HIV-1 Gag Vaccine Versus the ALVAC-HIV (vCP205) Vaccine in Healthy Adults Who Previously Received a 3-Dose Regimen of MRKAd5, Ad5 or Placebo in Merck v520 Protocols 007 or 012

A Multi-Center, Double-Blind, Randomized, Placebo-Controlled Probe Study With and Additional Open-Label Control Arm to Evaluate the Safety and Immunogenicity of a 3-Dose Regimen of the MRKAd5 HIV-1 gag Vaccine in Subjects With Chronic Hepatitis C Virus Infection

A Randomized, Double-Blind, Controlled Dose Finding Study of NGX-4010 for the Treatment of Painful HIV-Associated Distal Symmetrical Polyneuropathy

A Multicenter, Randomized, Double-Blind, Placebo Controlled Trial of A Novel CCR5 Antagonist, UK-427,857, In Combination with Optimized Background Therapy Versus Optimized Background Therapy Alone for the Treatment of Antiretroviral-Experienced HIV-1 Infected Subjects

A Multicenter, Randomized, Double-Blind, Placebo Controlled Trial of A Novel CCR5 Antagonist, UK-427,857, In Combination with Optimized Background Therapy Versus Optimized Background Therapy Alone for the Treatment of Antiretroviral-Experienced, Non-CCR5-Tropic HIV-1 Infected Subjects

A Phase III Open-Label Randomized, Active-Controlled Study Assessing the Efficacy and Safety of T-20/Ro29-9800 (HIV-1 Fusion Inhibitor) in Combination With an Optimized Background Regimen Alone, in Patients With Prior Experience and/or Prior Documented Resistance to Each of the Three Approved Classes of Antiretrovirals (Nucleoside Reverse Transcriptase Non-Nucleoside Reverse Transcriptase and Protease Inhibitors)

An Open-Label Study Assessing Safety and Tolerability of Chronic Dosing with T-1249 in HIV-1 Positive Subjects Who Have Failed Therapy with a T-20 Containing Regimen and Have Completed Study T1249-102

A Phase II, Randomized, Controlled, Partially Blinded, 48-Week Trial to Investigate Dose Response to TMC114/RTV in Three Class Experienced, Multi PI-Experienced HIV-1 Infected Subjects

An Open-Label, 48-Week Trial of TMC114/RTV in HIV-1 Infected Subjects Who Failed Trial Treatment in the Control group of sponsor selected trials with TMC114

A Randomized, Controlled, Partially Blinded Phase IIb Dose-Finding Trial of TMC 125, in HIV-1 Infected Subject with Documented Genotypic Evidence of Resistance to Currently Available NNRTIs and with at Least Three Primary PI Mutations

An Open-Label of TMC125 in HIV-1 Infected Subjects who were Randomized to an Active Control Arm of any Sponsor-Selected TMC125 Trial and either Virologically Failed or Completed the Entire Treatment Period

A Phase 2, Multicenter, Randomized, Double-Blinded, Placebo-Controlled, Three-Arm Study of the Anti-CD4 Monoclonal Antibody TNX-355 with Optimized Background therapy in Treatment-Experienced Subjects Infected with HIV-1

A Phase III Trial to Determine the Efficacy of Bivalent AIDSVAX B/B Vaccine in Adults at Risk of Sexually Transmitted HIV-1 Infection in North America and Europe

An Open-Label Treatment Program to Provide Continued ACH-126,443 to Subjects of Previous Achillon-Sponsored Phase 2 Studies in HIV Infection

Double-Blind, Randomized, Dose Optimizing Trial of Three Doses of Tipranavir Boosted with Low Dose Ritonavir (TPV/RTV) In Multiple Antiretroviral Drug-Experienced Subjects

A Phase IV, Open Label, Multicenter Study of Treatment with Trizlvir (Abacavir 300mg/Lamivudine 150mg/Zidovudine 300mg) Twice Daily and Tenofovir 300 mg Once-Daily for 48 Weeks in HIV-1 Infected Subjects Experiencing Early Virologic Failure (Ziagen Intensification Protocol)

A Phase II, Randomized, Placebo-Controlled Study to Compare Antiviral Effect, Safety, Tolerability and Pharmacokinetics of Four Oral Doses of S-1306 Versus Placebo Over 10 days in ART-Naïve HIV-1 Infected Adults

A Rollover Study of T-20 Administered in Combination with a Background Antiviral Regimen in HIV-1 Positive Adults Who Have Completed Clinical Trial T1249-101 or T1249-102

A Phase I/II Trial to Evaluate the Safety and Antiviral Activity of T-1249 in HIV-1 Infected Adults Who Have Failed Treatment With T-20 and Background Antiretroviral Therapy and Demonstrate Reduced Susceptibility to T-20

A Randomized, Multi-center, Double-Blind, Phase III, Parallel Study Of Zidovudine (ZVD) Alone, Versus ZDV-Zalcitabine (ddC), Versus ZDV-Ro 31-8959 (Proteinase Inhibitor, Saquinavir), Versus ZDV- ddC + Saquinavir In Previously Untreated Or Minimally Pretreated HIV-Infected Patients With CD4 Counts From ≥ 50 To ≤ 350 Cells/mm³.

Phase III Ritonavir Long-Term Treatment Trial.

MSG 24 A Double-Blind, Randomized Trial, Comparing Oral Fluconazole To Placebo For The Prevention Of Active Coccidioidomycoses And Other Systemic Fungal Infections In HIV-Infected Patients Living In The Coccidioidal Endemic Areas.

Saquinavir Soft Gel: A Randomized, Multi-center, Parallel Arm, Comparative, Open-Label Study Of The Activity And Safety Of Two Formulations Of Saquinavir, In Combination With Two Nucleoside Antiretroviral Drugs In Treatment of Naïve Patients.

A Continuation Protocol With Open Label Saquinavir, For HIV-Infected Patients Who Have Completed A Clinical Trial With Saquinavir Treatment.

A Randomized, Placebo-Controlled, Double Blind, Parallel Group, Multi-center Study, With Open-Label Extension, Of The Safety And Activity Of Saquinavir Soft Gelatin Capsule Formulation (Saquinavir-SGC) In Combination With Other Antiretroviral Drugs.

ABT-378/R (ABT378/Ritonavir) Early Access Program

A Phase III Safety And Efficacy Trial Of ABT-538 Plus Current Therapy Versus Placebo Plus Current Therapy In HIV-Infected Patients.

A Randomized, Double Blind, Phase III Study Of ABT-378/Ritonavir Plus Stavudine And Lamivudine Versus Nelfinavir Plus Stavudine And Lamivudine in Antiretroviral-Naïve HIV-Infected Subjects.

A Randomized, Open-Label, Phase III Study Of ABT-378/Ritonavir In Combination With Nevirapine And Two Nucleoside Reverse Transcriptase Inhibitors (NRTIs) Versus Investigator Selected Protease Inhibitor(s) In Combination With Nevirapine And Two NRTIs In Antiretroviral-Experienced HIV-Infected Subjects.

A Randomized, Double-blind, Adjuvant-controlled, Multicenter Study to Compare the Virologic and Immunologic Effect of Highly Active Antiretroviral Therapy (HAART) Plus REMUNE™ Versus HAART Plus Incomplete Freund's Adjuvant (IFA) in Antiretroviral-naïve Patients Infected with Human Immunodeficiency Virus type 1 (HIV-1)

A Phase II, single-blind, randomized, Placebo-controlled Study of Capravirine (AG1549) in Combination with VIRACEPT™ and Two Nucleoside Reverse Transcriptase Inhibitors in HIV-infected subjects who Failed an Initial Nonnucleoside reverse Transcriptase Inhibitor Containing Regimen

A Phase III, Randomized, Double Blind, Placebo-Controlled Study Of Viracept Administered In Combination With Zidovudine (AZT) + Lamivudine (3TC) Versus Zidovudine (AZT) + Lamivudine (3TC) Alone In HIV Positive Patients With Less Than One Month Or No Prior Antiretroviral Treatment.

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(d4t) Versus Stavudine (d4t A Phase III, Randomized, Double Blind, Placebo-Controlled Study Of Viracept In Combination With Stavudine) Alone In HIV Positive Patients.

A Multi-Center, Double Blind, Phase III, Adjuvant-Controlled Study Of The Effect Of 10 Units Of HIV-Immunogen Compared To IFA Alone Every 12 Weeks On AIDS-Free Survival In Subjects With HIV Infection And CD4 T-Lymphocytes Between 300 And 549 Cells, Regardless Of Concomitant HIV Therapies.

A Phase II, Randomized, Double-Blind Placebo-Controlled Study Of Combination Drug Antiviral Therapy To Include A Reverse Transcriptase Inhibitor And A Protease Inhibitor Plus HIV-IT (V) Or Placebo In HIV Patients With CD4 Counts ≥ 100 , And HIV RNA $\geq 1K$ But $\leq 10K$.

A Randomized, Phase II, Stratified, Open-Label, Multi-Center, Study Of The Safety And Efficacy Of Adefovir Dipivoxil And Indinavir In Combination With Zidovudine, Lamivudine Or Stavudine For The Treatment Of Therapy Naïve HIV-Infected Patients With CD4 Cell Counts $\geq 100/mm^3$ And HIV-RNA Copy Numbers $\geq 5,000$ Equivalents/mL.

A Phase II, Stratified, Randomized, Open-Label, Multi-Center Study Of The Safety And Efficacy Of Adefovir Dipivoxil At Two Dose Levels In Triple Combination Therapies With Protease Inhibitors For The Treatment Of HIV-Infected Patients With CD4 Cell Counts $\geq 100/mm^3$ And HIV-RNA Copy Numbers $\geq 5,000$ Equivalents/mL And Prior RTI Therapy But No Prior PI Therapy.

PREVEON (adefovir dipivoxil, GS840) Expanded Access Program

A Randomized, Open-Label, Expanded Access Program To Evaluate The Safety Of Preveon (Adefovir Dipivoxil) At Two Dose Levels When Used In Combination With Other Antiretroviral Agents For The Treatment Of Patients With HIV Infection Who Have Limited Treatment Options.

Expanded Access Program for Tenofovir Disoproxil Fumarate (Tenofovir DF) in the Treatment of HIV-1 Infected Patients Who Have Limited Treatment Options

A Compassionate Use Protocol For Thalidomide In The Treatment Of Recurrent Aphthous Stomatitis (RAS) In HIV-Infected Patients.

A Double Blind, Dose Comparison Trial Of Thalidomide For The Treatment Of Recurrent Refractory Aphthous Stomatitis (RAS)

An Open-Label Study Of The Effect Of Thalidomide On Body Composition In Adults With HIV Associated Wasting.

A Randomized Open-Label Study of the Antiviral Efficacy and Safety of Atazanavir Versus Lopinavir/Ritonavir (LPV/RTV), Each in Combination with Two Nucleosides in Subjects Who Have Experienced Virologic Failure with Prior Protease Inhibitor-Containing HAART Regimens.

A Phase III Study Comparing the Antiviral Efficacy and Safety of BMS-232632 with Efavirenz; Each In Combination with Fixed Dose Zidovudine-Lamivudine

A Randomized Study Of The Long-Term Suppression Of Plasma HIV RNA Levels By Triple Combination Regimens In Treatment Naïve Subjects.

Evaluation Of HIV RNA Suppression Produced By A Triple Combination Regimen Containing An Enteric Administered Once Daily Compared To A Reference Combination Regimen.

An Open Label Study Of The Safety And Tolerability Of Valganciclovir, An Oral Prodrug Of Ganciclovir, For The Treatment Of CMV Retinitis In Subjects With AIDS.

A Randomized, Controlled Comparison Of The Safety And Efficacy Of Ro 107-9070, (Valganciclovir) Versus IV Ganciclovir As Induction Therapy For The Treatment Of Newly Diagnosed CMV Retinitis.

A phase III open-label, randomized, active-controlled study assessing the efficacy and safety of T-20/Ro 29-9800 (HIV-1 fusion inhibitor) in combination with an optimized background regimen, versus optimized background regimen alone, in patients with prior experience and/or prior documented resistance to each of the three classes of approved antiretrovirals (nucleoside reverse transcriptase, non-nucleoside reverse transcriptase and protease inhibitors).

John M. Post, MD
Curriculum Vitae

-9-

A phase III open-label, randomized, active-controlled study assessing the efficacy and safety of T-20/Ro 29-9800 (HIV-1 fusion inhibitor) in combination with an optimized background regimen, versus optimized background regimen alone, in patients with prior experience and/or prior documented resistance to each of the three classes of approved antiretrovirals (nucleoside reverse transcriptase, non-nucleoside reverse transcriptase and protease inhibitors).

A Phase II, Randomized, Double Blind Placebo-Controlled Study Of The Safety And Antiviral Activity Of The Addition Of PMPA Prodrug To Combination Antiretroviral Regimens In Treatment-Experienced HIV-Infected Patients.

A Phase III, Double-Blind, Randomized, Placebo-Controlled, Multicenter Study Of The Safety And Efficacy Of Tenofovir Disoproxil Fumarate In Combination With Other Antiretroviral Agents For The Treatment Of HIV-1 Infected Patients.

An Open-Label, Multi-Center, Compassionate Access Study of the Safety of Tenofovir Disoproxil Fumarate Administered in Combination with Other Anti-retroviral Agents for the Treatment of HIV-1 Infected Patients

A Phase III, Open-label, Multicenter Study of the Safety of Tenofovir Disoproxil Fumarate Administered in Combination with Other Antiretroviral Agents for the Treatment of HIV-1 Infected Patients

A Phase III, Multi-Center, Randomized, Open-Label Study To Compare Antiretroviral Activity And Tolerability Of Three Different Combination Regimens (DMP 266 + Indinavir, DMP 266 + Zidovudine + Lamivudine, Indinavir + Zidovudine + Lamivudine) In HIV-Infected Patients.

A Randomized, Open-Label, Expanded Access, Program To Evaluate The Safety Of Sustiva (Efavirenz) When Used In Combination With Other Antiretroviral Agents For The Treatment Of Patients With HIV Infection Who Have Limited Treatment Options.

A Phase III, Randomized, Multi-Center, Parallel-Group, Open-label, Three-Arm Study to Compare the Efficacy and Safety of Two Dosing Regimens of GW4339081 Ritonavir (700mg/100mg Twice Daily or 1400mg/200mg Once Daily) Versus Lopinavir / Ritonavir (400mg/100mg Twice Daily) for 48 weeks in Protease Inhibitor Experienced HIV-Infected Adults Experiencing Virological Failure

A Phase II/III 48 Week, Randomized, Double-Blind, Controlled, Multicenter Study to Evaluate the Efficacy and Safety Of Lamivudine 300mg Once Daily vs Lamivudine 150mg BID in Combination with Zidovudine 300mg BID and Efavirenz 600mg Once Daily In Antiretroviral-Naïve Adults with HIV-1 Infection

A phase III, 1:1 randomized, double-blind, controlled, multicenter trial comparing the efficacy and safety of abacavir versus zidovudine when combined with lamivudine and efavirenz for treatment of HIV-1 infection in antiretroviral therapy naïve adults"

A Retrospective, Case-Control Study to Investigate Genetic Polymorphisms in HIV Infected Subjects Who Developed Hypersensitivity Following Treatment With Abacavir

A Phase II, Open-Label, Randomized Study to Compare the Efficacy and Safety of EPIVIR/ZIAGEN/ZERIT (3TC/ABC/d4T) Versus EPIVIR/ZIAGEN/SUSTIVA (3TC/ABC/EFV) Versus EPIVIR/ZIAGEN/GW433908/NORVIR (3TC/ABC/908/RTV) for 96 Weeks in the Treatment of HIV-1 Infected Subjects Who are Antiretroviral Therapy Naïve."

A Phase IIB, Randomized, Multicenter Study Of The Efficacy And Safety Of Combivir® Plus Ziagen® 300 Mg PO BID Versus Abacavir/Lamivudine/Zidovudine Table (300/150/300 Mg Abacavir/Lamivudine/Zidovudine) PO BID, When Administered For 24 Weeks In Subjects With HIV-1 Infection

An Open-Label Protocol For Adult Patients With HIV-Infection. Protocol Part A and B.

An Open-Label Compassionate Use of Nitazoxanide for the Treatment of Cryptosporidiosis in AIDS Patients

A Randomized, Double Blind Study Of MKC-442 Combined With Stavudine, Didanosine, And Hydroxyurea In HIV-Infected Patients Who Are Protease Inhibitor Experienced And Non-Nucleoside Reverse Transcriptase-Inhibitor Naïve.

Procrit Once A Week Vs. Placebo In The Treatment Of Anemia In HIV-Infected Patients.

A Treatment Ind. Protocol for the Use of Videx (ddI)—Bristol-Myers Squibb

An Open-Label Study Regimen of Videx (ddI)—Bristol-Myers Squibb

A Randomized Blinded Evaluation of Two Doses of Stavudine (d4T)—Bristol-Myers Squibb

An Open-Label Safety Study of Didoxycytidine (ddC)—Roche Laboratories

A Randomized Controlled Multi-Center Trial of Filgrastim (G-CSF) for the Prevention of Grade 4 Neutropenia in Patients with HIV Infection—Am Gen

A Three-Arm Comparative Trial for the Treatment of MAC Bacteremia in AIDS: a Clarithromycin/Ethambutol Regimen Containing Rifabutin, 900 mg; Rifabutin, 600 mg; or Placebo Adria Laboratories

A Double-Blinded Randomized Placebo-Controlled Study of Fluconazole in the Prevention of Active Coccidioidomycoses and Other Systemic Fungal Infections in HIV Infected Patients Living in the Coccidioidal Area—Pfizer/NIAID Mycosis Study Group

A Phase III, Randomized, Double-Blind, Placebo-Controlled Study of Viracept Administered in Combination with Zidovudine (AZT) + Lamivudine (3TC) versus AZT + 3TC Alone in HIV Positive Patients with Less Than One Month or No Prior Antiretroviral Treatment.

A Continuation Protocol with Open Label Saquinavir for HIV Infected Patients who have Completed a Clinical Trial with Saquinavir Treatment.

A Phase III Randomized, Double-Blind, Placebo-Controlled Study of Viracept In Combination with Stavudine (d4T) versus Stavudine (d4T) Alone in HIV Positive Patients.

A Randomized, Multicenter, Double-Blind, Phase III, Parallel Study of Zidovudine (ZDV) Alone, versus ZDV + Zalcitabine (ddC), versus ZDV + Ro 31-8959 (Protease Inhibitor, Saquinavir), versus ZDV + ddC + Saquinavir in Previously Untreated or Minimally Pretreated HIV Infected Patients with CD4 Counts from ≥ 50 to ≤ 350 cells/mm³.

A Randomized Controlled Trial Comparing Standard Hepatitis B Vaccination to an Enhanced Vaccination Protocol in HIV Seropositive Patients.

A Phase IV Randomized Study of the Use of Fluconazole as Chronic Suppressive Therapy versus Episodic Therapy in HIV Positive Subjects with Recurrent or Oropharyngeal Candidiasis

A Multicenter, Randomized, Controlled, Open-Label Study to Determine the Efficacy of Filgrastim (r-metHuG-CSF) in the Reduction of Bacterial Infections in AIDS Patients.

A Double-Blind, Placebo-Controlled Study Comparing the Combination of 15% SP-303 Gel with Acyclovir Versus Acyclovir Alone for the Treatment of Recurrent Herpes Simplex Virus (HSV) Infections in Subjects with AIDS.

An Open Compassionate Use Study of Ivermectin in the Treatment of Patients with Scabies.

A Randomized, Open-Label, Multicenter Study of the Safety and Efficacy of Adefovir Dipivoxil and Indinavir in Combination with Zidovudine, Lamivudine or Stavudine for the Treatment of Therapy Naive HIV Infected Patients with CD4 Cell Counts ≥ 100 Cells /mm³ and HIV-RNA Copy Numbers $\geq 5,000$ Equivalents/mL.

A Randomized, Open-Label, Multi-Center Study of the Safety and Efficacy of Adefovir Dipivoxil Two Dose Levels in Triple Combination Therapies with Protease Inhibitors and Nucleoside Reverse Transcriptase Inhibitors for the Treatment of HIV Infected Patients with CD4 Cell Counts ≥ 100 /mm³ and HIV-RNA Copy Numbers $\geq 5,000$ Equivalents/mL and Prior RTI Therapy But No Prior PI Therapy.

A 1592U89 Open-Label Protocol for Adult Patients with HIV-1 Infection.

A Phase III, Multicenter, Randomized, Open-Label Study to Compare Antiretroviral Activity and Tolerability of Three Different Combination Regimens (DMP 266 + Indinavir, DMP 266+ Zidovudine + Lamivudine, Indinavir + Zidovudine + Lamivudine) In HIV Infected Patients.

AG-632 An Open Label, Randomized Trial Switching Nelfinavir From TID to BID.

A Randomized Controlled Trial Comparing Standard Hepatitis B Vaccination To An Enhanced Vaccination Protocol In HIV Seropositive Patients.

A Randomized, Multi-center, Double-Blind, Phase III, Parallel Study Of Zidovudine (ZVD) Alone, Versus ZDV-Zalcitabine (ddC), Versus ZDV-Ro 31-8959 (Proteinase Inhibitor, Saquinavir), Versus ZDV-ddC + Saquinavir In Previously Untreated Or Minimally Pretreated HIV-Infected Patients With CD4 Counts From ≥ 50 To ≤ 350 Cells/mm³.

GS-95-120: Vislido (Cidofovir Intravenous) treatment IND Protocol for Relapsing Cytomegalovirus Retinitis in Patients with AIDS

98-40: A Double-Blind, Randomized, Placebo-Controlled, Multi-Center Study to Assess the Efficacy and Safety of Orally Administered SP-303 for the treatment of Diarrhea in Acquired Immunodeficiency Syndrome (AIDS) Patients

93-78: Oral vs. Intravenous Gancyclovir for the Treatment of CMV Retinitis in People with HIV Infections

94-10: A Comparative Trial of Valacyclovir and Acyclovir for Suppression of Anogenital Herpes

62979/030: The Efficacy and Tolerability of Albendazole in the Symptomatic Improvement of Diarrhea Caused by Microsporidia in HIV Infected Patients. An Open-Label Compassionate Use Study

92 IALM 013: A Phase III Controlled, Double-blind, Randomized, Multinational Study for the Preventative therapy of Latent Tuberculosis in HIV Positive Individuals: Isoniazid (300mg/d x 12 months) vs. Rifabutin (300mg/d x 3 months)

AG 632: An Open-Label, Randomized Trial Switching Nelfinavir From TID to BID.

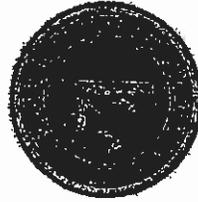
98-65: The Seroprevalence of Viral Hepatitis in HIV infected Patients Attending A Community Primary Care Clinic

200-24 HIV Research Network

John M. Post, M.D.

Date

MD PROFILE PAGE



Arizona Medical Board

azmd.gov
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General Information

John M. Post MD
 McDowell Healthcare Center
 1101 N Central Av
 Ste 204
 Phoenix AZ 85004
 Phone: (602) 344-6550

License Number: 8418
 License Status: Active
 Licensed Date: 09/05/1974
 License Renewed: 09/15/2013
 Due to Renew By: 09/21/2015
 If not Renewed, License Expires: 01/21/2016

Education and Training

Medical School:	UNIV OF WI MED SCH MADISON, Wisconsin
Graduation Date:	08/14/1971
Internship:	07/01/1971 - 08/30/1972 MARICOPA MEDICAL CENTER PHOENIX, AZ
Residency:	07/01/1974 (Internal Medicine) MARICOPA MEDICAL CENTER PHOENIX, AZ
Area of Interest	Internal Medicine
Area of Interest	HIV/AIDS

Ann Khalsa, M.D.
BIO

Ann Khalsa, MD, has worked in the field of HIV medicine since 1986. From 2006-2010 she was the Medical Director at the Centro de Salud Familiar La Fe HIV/AIDS C.A.R.E. Center in El Paso Texas which cares for over 1000 patients living on the US-Mexico Border. She held a clinical appointment as an Assistant Professor of Family Medicine at the Texas Tech University Health Science Center and also served as the Clinical Director at the Texas-Oklahoma AIDS Education and Training Center Local Performance Site in El Paso Texas. For the fifteen years prior to that she worked at the University of Southern California in Los Angeles as an Associate Professor of Clinical Family Medicine at the USC Keck School of Medicine where she also she served as the Director of Clinical AIDS Training for the Pacific AIDS Education and Training Center at USC, and chairperson for part of the medical school curriculum. During that time she cared for over 1000 patients at the LA County Rand Schrader and Maternal-Child AIDS clinics, and trained over 1000 local and international physicians in the care of HIV patients. She started off in the HIV field by doing four years of AIDS policy work through the Public Health Commission of the American Academy of Family Practice during medical school and residency.

Dr. Khalsa is certified as an HIV Specialist through the American Academy of HIV Medicine, has served on the national Board of Directors, the Academy's Core Curriculum Committee to develop its "Fundamentals of HIV Medicine" self-study guide, and has authored chapters on Health Maintenance and antiretroviral therapy for treatment-experienced patients. She served on the Texas Steering Committee for the HRSA HIV/AIDS Bureau-National Quality Center Cross-Part Quality Management Collaborative, as well as on the Quality Management Committee of the Ryan White Title II Administrative Agency for the West Texas Health Service Delivery Area. She lectures on HIV-related topics to providers and patients alike, in both English and Spanish throughout the country and internationally.

She is board certified by the American Board of Family Practice, was awarded the US-Mexico Border HIV Hero Award in 2008, is a recipient of the Mead Johnson Award for Graduate Education in Family Practice, and a member of the Alpha Omega Alpha Medical Honor Society. Dr. Khalsa obtained her undergraduate degree from Pitzer College in Claremont California with honors in Psychobiology, and her medical degree from USC. She did her residency training at San Bernardino County Medical Center in California, holds master's degrees in Biochemistry and Medical Education, and completed a Fellowship in Leadership Development at USC.

MD PROFILE PAGE



Arizona Medical Board

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Printed on 10/28/13 @ 02:56

General Information

Ann Marie Khalsa MD
Maricopa Integrated Health System
McDowell Clinic
1144 E McDowell Rd #300
Phoenix AZ 85006
Phone: (602) 344-6550

License Number: 43010
License Status: Active
Licensed Date: 05/19/2010
License Renewed: 09/30/2012
Due to Renew By: 10/21/2014
If not Renewed, License Expires: 02/21/2015

Education and Training

Medical School:	KECK SCH OF MED OF THE USC LOS ANGELES, CA
Graduation Date:	05/08/1987
Residency:	07/01/1987 - 06/30/1990 (Family Medicine) ARROWHEAD REGIONAL MEDICAL CENTER COLTON, CA
Area of Interest	Family Medicine

The Board does not verify current specialties. For more information please see the American Board of Medical Specialties website at <http://www.abms.org> to determine if the physician has earned a specialty certification from this private agency.

Board Actions

None



CAROL HENSLEY WILLIAMS

AP0225

ADV PRACTITIONER

Original License Date:	12/11/1985
Due For Renewal:	4/1/2017
Lawful Presence:	Verified
License Status:	12/11/1985 - ACTIVE: GOOD STANDING, 5/2/2013 - AP ISSUED PRIOR TO NATL CERT REQUIREMENT, 7/1/2002 - VALID IN ARIZONA ONLY
Prescribing Privileges:	YES
Dispensing Privileges:	YES
AP Specialty Type:	FAMILY NURSE PRACTITIONER
Fingerprints:	NO; Not required if originally licensed in Arizona prior to 1/1/1999

The Arizona State Board of Nursing's online verification system is a free service provided to licensees, certificate holders, employers and the public for primary source verification. In addition to verifying the person is licensed and certified through the website, users are encouraged to ask to view the current license/certificate, request a picture identification such as a driver's license or passport or Social Security card to verify the person's identity. (Note: Accepting a photo copy of the license may not be a reliable verification that the person is licensed.)

Carol Elise Williams, FNP
McDowell Healthcare Clinic
1101 N. Central Avenue
Phoenix, Arizona 85004

EXPERIENCE

- 1991 – Present **NURSE PRACTITIONER / HIV**
McDowell Healthcare Center – Director of Women’s Clinic
Dept of Medicine - DMG
1101 North Central Avenue
Phoenix, Arizona 85004
- 2001 – 2009 **NURSE PRACTITIONER / HIV**
Spectrum Medical Group
52 East Monterey Way
Phoenix, Arizona 85012
- 1995 – 2001 **SUB-INVESTIGATOR, CLINICAL TRIALS / HIV**
Southwest Center for HIV / AIDS
1144 East McDowell Road, Suite 200
Phoenix, Arizona 85006
- 2002 – 2009 **SUB-INVESTIGATOR, CLINICAL TRIALS / HIV**
Spectrum Medical Group
52 East Monterey Way
Phoenix, Arizona 85006
- 1980 – 2001 **CHIEF NURSE, Lt.Col. (Ret.)**
21 years (last duty- Chief Nurse)
United States Air Force Reserves
944th Medical Squadron
Luke AFB, Arizona
- 1980 – 1991 **NURSE PRACTITIONER**
Maricopa County Ambulatory Care – 7th Ave PCC
1407 South 9th Avenue 3 years
Also MIHS Walk-in Clinic, Dept of Medicine 3 years,
MIHS Emergency Department 5 years
Phoenix, Arizona
- 1976 – 1980 **REGISTERED NURSE**
Maricopa Medical Center
Medical Intensive Care Unit

TRAINING:

10/23/2014 *Carol Williams FNP*

August, 1985 B.S.N. Grand Canyon University

September, 1980 Maricopa County Hospital / University of Arizona
Emergency / Primary Care Nurse Practitioner Program
Certificate

December, 1976 A.D.N.
Scottsdale Community College

CREDENTIALS:

FNP – DEA Current, Arizona

National Board Certification
American Nurses Association
Certificate 026251-22 - Current

RN License Arizona 036708 - Current

American Academy of HIV Medicine
Certified – Current

PROFESSIONAL ACTIVITIES:

American Academy of HIV Medicine

RESPONSIBILITIES:

Director, Women's Clinic – McDowell Healthcare Clinic

Preceptor, Arizona State University, Grand Canyon University,
Stills University

Attachment 2-E

RESPONDENT'S REFERENCES

RESPONDENT SUBMITTING PROPOSAL: Maricopa Integrated Health System

1. COMPANY NAME: Phoenix Children's Hospital
ADDRESS: 1919 E. Thomas Road, Phoenix, AZ 85016
CONTACT PERSON: Jan Piatt, M.D.
TELEPHONE: 602-202-1260 E-MAIL ADDRESS: jpiatt@phoenixchildrens.org

2. COMPANY NAME: District Medical Group
ADDRESS: 2929 E. Thomas Rd., Phoenix, AZ 85016
CONTACT PERSON: Kote Chundu, M.D., President and CEO
TELEPHONE: 602-470-5000 E-MAIL ADDRESS: kote_chundu@dmgaz.org

3. COMPANY NAME: Maricopa County Department of Public Health
ADDRESS: 1645 E. Roosevelt St., Phoenix, AZ 85006
CONTACT PERSON: Tom Mickey, STD Program Manager
TELEPHONE: 602-506-6364 E-MAIL ADDRESS: tommickey@mail.maricopa.gov

4. COMPANY NAME: _____
ADDRESS: _____
CONTACT PERSON: _____
TELEPHONE: _____ E-MAIL ADDRESS: _____

5. COMPANY NAME: _____
ADDRESS: _____
CONTACT PERSON: _____
TELEPHONE: _____ E-MAIL ADDRESS: _____

Attachment 2-F



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Program Support Center
Financial Management Service
Division of Cost Allocation

DCA Western Field Office
90 7th Street, Suite 4-800
San Francisco, CA 94103
PHONE: (415) 437-7820
FAX: (415) 437-7823
E-MAIL: dcaof@psc.hhs.gov

JUL 29 2013

Kathleen Benaquista
Controller
Maricopa Integrated Health System
2619 East Plerce St., 1st Fl.
Phoenix, AZ 85008

Dear Ms. Benaquista:

A copy of an Indirect cost Negotiation Agreement is attached. This Agreement reflects an understanding reached between your organization and a member of my staff concerning the rate(s) that may be used to support your claim for Indirect costs on grants and contracts with the Federal Government. Please have the Agreement signed by a duly authorized representative of your organization and return it to me BY EMAIL OR FAX, retaining the copy for your files. We will reproduce and distribute the Agreement to the appropriate awarding organizations of the Federal Government for their use.

An Indirect cost proposal together with required supporting information must be submitted to this office for each fiscal year in which your organization claims Indirect costs under grants and contracts awarded by the Federal Government. Thus, your next proposal based on your fiscal year ending 06/30/13 is due in our office by 12/31/13.

Sincerely,

Arif Karim, Director
Division of Cost Allocation

Attachment

PLEASE SIGN AND RETURN THE NEGOTIATION AGREEMENT BY EMAIL OR FAX

HOSPITALS RATE AGREEMENT

EIN:
 ORGANIZATION:
 Maricopa Integrated Health System
 2619 East Pierce St., 1st Fl.
 Phoenix, AZ 85008

DATE:07/22/2013
 FILING REF.: The preceding
 agreement was dated
 06/23/2010

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES:	FIXED	FINAL	PROV. (PROVISIONAL)	PRED. (PREDETERMINED)	
<u>EFFECTIVE PERIOD</u>					
<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
PRED.	07/01/2012	06/30/2014	25.00	All	Other Sponsored Activities
PRED.	07/01/2012	06/30/2014	63.00	All	Research
PROV.	07/01/2014	06/30/2015	25.00	All	Other Sponsored Activities
PROV.	07/01/2014	06/30/2015	63.00	All	Research

***BASE**

Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations); subawards; hospitalization and other fees associated with patient care whether the services are obtained from an owned, related or third party hospital or other medical facility; rental/maintenance of off-site activities; student tuition remission and student support costs (e.g., student aid, stipends, dependency allowances, scholarships, fellowships).

ORGANIZATION: Maricopa Integrated Health System
AGREEMENT DATE: 7/22/2013

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

DEFINITION OF EQUIPMENT

Equipment is defined as tangible nonexpendable personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

The following fringe benefits are treated as direct costs:
FICA, HEALTH/LIFE INSURANCE, AND RETIREMENT.

ORGANIZATION: Maricopa Integrated Health System

AGREEMENT DATE: 7/22/2013

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognisant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the cost principles promulgated by the Department of Health and Human Services, and should be applied to the grants, contracts and other agreements covered by these regulations subject to any limitations in A above. The hospital may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected program, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

Maricopa Integrated Health System

(INSTITUTION)

(SIGNATURE)

(NAME)

(TITLE)

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

(SIGNATURE)

Arif Karim

(NAME)

Director, Division of Cost Allocation

(TITLE)

7/22/2013

(DATE) 3022

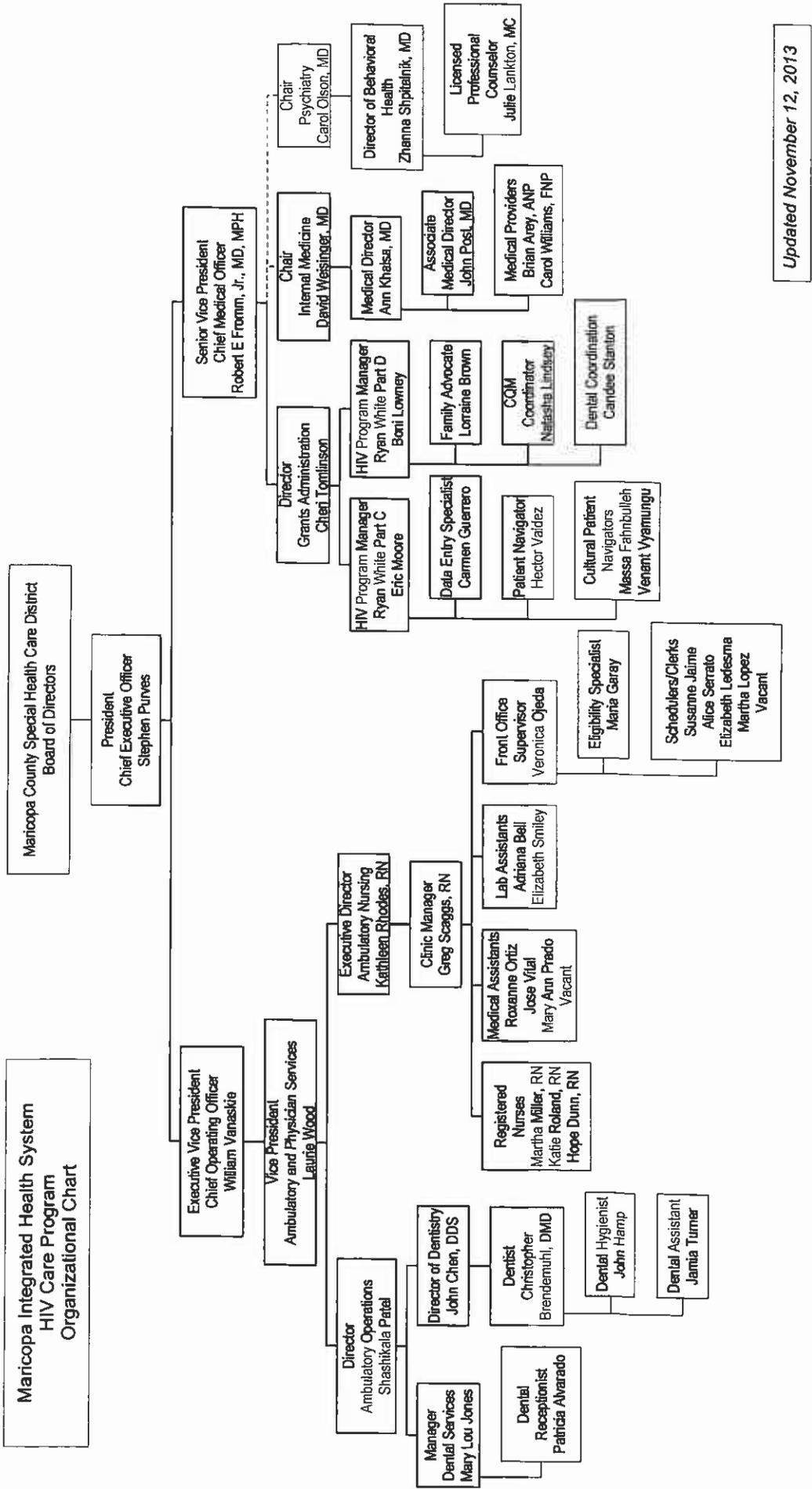
HHS REPRESENTATIVE:

Helen Fung

Telephone:

(415) 437-7820

Attachment 2-G



Updated November 12, 2013



DEC 23 2013

TO: HRSA Grantees

FROM: Chief Grants Management Officer, HRSA
Associate Administrator, OFAM

SUBJECT: Pilot Program for Enhancement of Employee Whistleblower Protection

Congress has enacted many whistleblower protection statutes to encourage employees to report fraud, waste, and abuse. You should be aware that the latest whistleblower protection statutes went into effect on July 1, 2013. The statute, 41 U.S.C. § 4712, applies to all employees working for contractors, grantees, subcontractors, and subgrantees on federal grants and contracts. The National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112-239, enacted January 2, 2013) mandates a pilot program entitled "Pilot Program for Enhancement of Contractor Employee Whistleblower Protections." This program requires all grantees, their subgrantees, and subcontractors to:

1. Inform their employees working on any federal award they are subject to the whistleblower rights and remedies of the pilot program;
2. Inform their employees in writing of employee whistleblower protections under 41 U.S.C. § 4712 in the predominant native language of the workforce; and,
3. Contractors and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

The statute (41 U.S.C. § 4712) states that an "employee of a contractor, subcontractor, grantee [or subgrantee] may not be discharged, demoted, or otherwise discriminated against as a reprisal for "whistleblowing." In addition, whistleblower protections cannot be waived by any agreement, policy, form, or condition of employment.

Whistleblowing is defined as making a disclosure "that the employee reasonably believes is evidence of any of the following:

- Gross mismanagement of a federal contract or grant;
- A gross waste of federal funds;

- An abuse of authority relating to a federal contract or grant;
- A substantial and specific danger to public health or safety; or
- A violation of law, rule, or regulation related to a federal contract or grant (including the competition for, or negotiation of, a contract or grant).

To qualify under the statute, the employee's disclosure must be made to:

- A Member of Congress, or a representative of a Congressional committee;
- An Inspector General;
- The Government Accountability Office;
- A federal employee responsible for contract or grant oversight or management at the relevant agency;
- An official from the Department of Justice, or other law enforcement agency;
- A court or grand jury; or
- A management official or other employee of the contractor, subcontractor, grantee, or subgrantee who has the responsibility to investigate, discover, or address misconduct.

The requirement to comply with, and inform all employees of, the "Pilot Program for Enhancement of Contract Employee Whistleblower Protections" is in effect for all grants, contracts, subgrants, and subcontracts issued beginning July 1, 2013 through January 1, 2017.



Michael J. Nelson

SECTION V

Attachment 3

RYAN WHITE PART A PROGRAM

This Attachment consists of the Maricopa Integrated Health System Response to the Maricopa County Ryan White Part A Program Request for Proposal 11068-RFP for provision of Oral Health Services. This portion of the Intergovernmental Agreement will be reimbursed based on the current Delta Dental Fee Schedule, plus 10% of direct charges for dental coordination. Any conflict between the terms and conditions of this contract and the IGA, General and Special Provisions, the General and Special Provisions shall comply.

Index of Attachments

Attachment 3 consists of the following original documents:

Attachment 3-A Service Provider Application and Narrative/Scope of Work

Attachment 3-B: Budget for Oral Health Services

Attachment 3-C: MIHS Staff Licenses and Resumes

Attachment 3-D: MIHS References

Attachment 3-E: MIHS Indirect Cost Agreement

Attachment 3-F: MIHS Org Chart

Attachment 3-A

SERVICE PROVIDER APPLICATION

Organization: Maricopa Integrated Health System
Address: 2601 E. Roosevelt Street
City: Phoenix State: AZ Zip: 85008
Telephone: 602-344-2629
Executive Director/CEO: Betsey Bayless, President and Chief Executive Officer
Person completing this form: Gary Lishinski Contact Telephone: 602-344-1102

Legal Status: Non profit 501-C3 Corporation LLC Partnership X Other: Maricopa County Special Health Care District

Years in Business: 133 years as an organization; over 20 years as an HIV clinic

Maricopa County Vendor Registration Complete: X Yes No Vendor Number: W000007745-9

Number of paid staff (fte) in your entire organization: In FY11, the number of paid staff (FTE) averaged 4,067.

Number of volunteer staff in your entire organization: 300

Do you meet the insurance requirements as described in Section 4.10 of this proposal: X Yes No

MIHS is self-insured. A copy of our current insurance certificate will be provided if funding is received.

If no, will you be able to meet the requirements upon contract approval: Yes No

Audit Requirements as described in Section 4.22:

In compliance with OMB Circular A-102	Yes	No	X N/A
In compliance with OMB Circular A-110	X Yes	No	N/A
In compliance with OMB Circular A-122	Yes	No	X N/A
In compliance with OMB Circular A-87	X Yes	No	N/A
In compliance with OMB Circular A-21	Yes	No	X N/A
In compliance with OMB Circular A-133	X Yes	No	N/A

If N/A on any please explain: A-102: MIHS is not an Indian Tribe; A-122: Pertains to cost sharing and matching;
A-21: Pertains to an educational facility

In compliance with the records retention policies as described in Section 4.31? X Yes No

If no, describe how you will meet this contract requirement:

Do you have a written Equal Opportunity Employment Policy Section 4.45? X Yes No

If no, describe how you will meet this contract requirement:

In compliance with cultural competency as described in Section 4.52 ? X Yes No

If no, describe how you will meet this contract requirement:

Understand the requirements for using the CAREWare central database system as described in Section 4.53 X Yes

No

If no, describe how you will meet this contract requirement:

In compliance with confidentiality policies as described in Section 4.57? X Yes No

If no, describe how you will meet this contract requirement:

Do you receive grant funds for your programs: Yes No

If yes, please list who you receive the grants from and how long:

Grant Fund 1: Ryan White Part A	Since: 1994
Grant Fund 2: Ryan White Part C	Since: 1991
Grant Fund 3: Ryan White Part D	Since: 1998
Grant Fund 4: National Libraries of Medicine	From: 2008 – 2010

Do you have a financial system in place that will allow you to separate income and expenditures related to each grant and general funds: Yes No

If yes, Describe system: MIHS creates grant cost centers to track income and expenses separately.

If no, describe how you would be able to implement a system:

Do you have a financial system in place that will allow you to perform third party billing to ensure that funds used under this contract are the payer of last resort? Yes No

If no, describe how you would be able to implement a system for this:

Executive Summary

Please respond with brief descriptions in each of these areas (i.e., your response should be a few paragraphs, not pages).

1. Describe the nature of your organization

- Provide your mission and vision statements

The mission of the Maricopa Integrated Health System (MIHS) is: “To provide a full spectrum of high quality, wellness oriented healthcare in an organized, cost sensitive and customer oriented academic environment.” Furthermore, the vision of MIHS is: “To dramatically enhance the health and wellness of the community we serve.” MIHS is a voter-approved independent healthcare district governed by a five-member Board of Directors.

- Describe what type of services your organization provides

MIHS is the largest health care safety net for citizens of Maricopa County, having provided primary and specialty health care services to thousands of low-income and at-risk individuals for over 133 years. MIHS is uniquely positioned to improve both the system of care and the health status of our community.

MIHS includes, but is not limited to, the Maricopa Medical Center, the Arizona Burn Center (second largest in the U.S.), 11 ambulatory outpatient clinics located throughout Maricopa County, the Refugee Women’s Health Center (one of only two in the nation), and the Comprehensive Healthcare Center (CHC) which encompasses the Arizona Children’s Center. The Level One Adult Trauma Department and Level II Pediatric Trauma Department each received verification from the American College of Surgeons (ACS), making MIHS the only hospital in Arizona to hold such ACS verification in both our Adult and Pediatric Trauma Centers. The Maricopa Medical Center, a premier training center for the nation's physicians, is the largest medical teaching facility in Maricopa County, training more than 400 physicians annually. District Medical Group (DMG), MIHS’ provider affiliation, is a not-for-profit entity consisting

of over 350 physicians representing all major medical and surgical specialties and sub-specialties. MIHS experiences 19,000 inpatient admissions and 300,000 outpatient admissions annually.

In addition to the primary and specialty care services provided at MIHS facilities, the MIHS Dental Department has provided a full spectrum of dental care to economically disadvantaged children and adults of Maricopa County for over 30 years. The majority of families served by the Dental Departments live below poverty level, and many have limited English proficiency. MIHS is positioned to improve oral health status in the community through its community-based clinics and community-oriented providers.

- Describe the type of clients your organization serves, include demographic makeup if available

Seventy-four percent of all MIHS patients are ethnic minority who come from diverse cultures and speak a wide variety of languages. Many patients face major challenges such as lack of health insurance, complex medical problems and difficult socioeconomic situations. MIHS provides medical care to everyone who comes through its doors for critical care services, including those from other states and countries. In 2010, the total patient population at MIHS consisted of the following ethnicities:

- Asian – 1.2%;
- Black – 10.7%;
- Caucasian – 21.0%;
- Hispanic – 59.4%;
- Native American – 1.4%; and
- Other / Unknown – 6.3%.

2. Provide an organizational chart

Please see attached MIHS Organizational Chart for the RWPA Direct Dental program.

Proposal – isn't this covered in the body of the solicitation?

This section should specifically address the respondent's qualifications to perform services and familiarity of government grant fiscal requirements. Please respond with brief descriptions in each of these areas (i.e., your response should be a few paragraphs, not pages).

1. Organization Qualifications – Provide copies of current licensure to comply with the contractor license agreement portion of this request for proposal.

Please see attached copies of current MIHS licensure.

2. Staffing Qualifications – Provide the qualifications of the personnel whom are qualified to perform the services of this contract. A profile of each individual including a professional resume demonstrating appropriate education and professional experience. Provide copies of current licensure/certification that each staff member has attained.

Please see attached copies of licensures and resumes/CVs for the following dental staff:

- Christopher Brendemuhl, DMD;
- Sonja Ann Carl, DMD;
- John J. Chen, DDS;
- Abrak Etemad, DMD;
- Gene M. Garsha, DMD;
- John M. Mann, DDS;
- Craig W. Pool, DDS;
- Kirk Allen Speicher, DDS;
- Melissa F. Villamor, DDS; and
- Roscoe C. Williams, DDS.

3. Describe your organization's ability to attain qualified personnel to fulfill the needs of this request for proposal.

The existing staff of dentists at MIHS is sufficient to provide the services outlined in this request for proposal. We are creating capacity by building blocks into the providers' schedules to reserve slots between September and February for patients who will be covered by this grant. We will be able to create further capacity by adding weekday evening and Saturday morning appointments to the schedules of our providers, if needed, to meet the demands for services. Although we are proposing a core group of dentists and clinics to provide the services under this proposal, we have the ability to utilize our entire staff of ten dentists and seven dental clinics to provide services as needed.

If additional recruitment is necessary to fulfill the obligations of this grant, the professional recruiters from the MIHS Human Resources Department, which fills employee vacancies within our 4,000 plus employee organization, will initiate a national search utilizing our web site, job boards and journals for sourcing candidates. Our Dental Division works with dental schools and residency programs to provide clinical experiences for dentists in training. We will reach out to our contacts within these programs to identify viable candidates. Because of our Federally Qualified Health Center- Look Alike status, we have the ability to serve as a site for National Health Service Corp dentists, who would be eligible for loan forgiveness by virtue of working with our organization to provide services to those with limited economic resources. We will subcontract with community dentists, if needed, to further increase capacity to serve those covered by the grant.

4. Describe your organization's marketing plans to ensure that the community is informed about the services you provide.

Informing the community about the available services is a critical component in meeting our contract objectives. To this end, we plan to implement and/or enhance current marketing strategies that include but are not limited to the following:

- Develop and distribute flyers describing available services throughout our clinics, RW Partners, and RW meetings;
- Inform all HIV medical providers of the services available and encourage them to discuss the importance of oral health with their patients, and make referrals as appropriate;
- Include information about available services in our appointment reminder call procedures at the McDowell Clinic; and
- Encourage all RWPA service providers to refer potential clients through CAREWare's referral system.

Maricopa County
Ryan White Part A - Budget Documentation

NAME OF ORGANIZATION: Maricopa Integrated Health System

Fed. Employee ID # 86-0830701
(FEIN)

ADDRESS: 2601 E. Roosevelt Street
Phoenix, AZ 85008

AUTHORIZED CONTACT Cheri Tomlinson

TELEPHONE 602-344-2629 **FAX** 602-344-2633

E-MAIL cheri.tomlinson@mihs.org

PRIMARY CONTACT Cheri Tomlinson

TELEPHONE 602-344-2629 **FAX** 602-344-2633

EMAIL cheri.tomlinson@mihs.org

SERVICE CATEGORY Oral Health

GRANT PERIOD: 9/12/2011 2/29/2012
Start Date End Date

AMOUNT \$600,009.52

**Maricopa County Health Care
Ryan White Part A Grant,
Contract Budget Summary**

(Section I)

Organization
Service Category
Grant Period

Maricopa Integrated Health System
Oral Health
September-11 Through
Narrative of Grant:

Contract Number

February-12

Non-medical case management.

(Section II)

Budget Requested: \$ 600,009.52

Operating Expenses		Administrative Budget	Direct Service Budget	Total Budget
Personnel:	Salaries	\$ -	\$ -	\$ -
Personnel:	Fringe/Benefits	-		-

Subtotal: Personnel

-	-	-
---	---	---

Other Direct Costs

Travel	-	-	-
Supplies	-		-
Equipment			
Contractual	-	60,013.80	60,013.80
Program Support			-
Other Professional Services	-	539,995.72	539,995.72

Subtotal: Other Direct Costs	-	600,009.52	600,009.52
-------------------------------------	---	-------------------	-------------------

Total Operating Expenses	-	600,009.52	600,009.52
---------------------------------	---	-------------------	-------------------

(Personnel and Other Direct Costs)

Indirect Costs

Indirect Rate	0%	-	-
---------------	----	---	---

(Providers claiming an indirect cost must submit their most current negotiated indirect cost rate issued by the cognizant federal agency.)

Total Costs of Grant	(Percent of Total)	-	600,009.52	\$ 600,009.52
-----------------------------	--------------------	---	------------	---------------

(Total Operating Expenses plus Indirect Costs)

0%	0%
----	----

GRANT BALANCE

(Grant Revenue less Total Costs of Grant)

\$ -

The Grant balance must equal zero
FALSE

Finance Approval

[Signature]

Date:

10-Aug-11

Exec. Director Approval

[Signature]

Date:

10-Aug-11

Administrative Agent

[Signature]
Robert E. [unclear] MD, MPH

Date:

10-Aug-11

Maricopa County

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The following tabs are to be used to update the Budget Cover Sheet.

All backup is required with each grant.

 These cells indicate provider required entry.

Maricopa County

Personnel All staff paid in full or part from this Ryan White Title I grant are to be listed in the following chart.

Position Title	FTE	Approved for grant FTE	Approved for grant per FTE	Job Title	Prevent Services Administrative	Direct Admin Services	Direct Service	Direct Service Benefits	Provider Entry										
									(C)	(D) - (E)									
Starting Maricopa Integrated Health System Oral Health																			
1				A	0%														
2				D	0%														
3				D	0%														
4				D	0%														
5																			
6																			
7					0%														
<table border="1"> <tr> <td>(Admin)</td> <td>FTE</td> <td>(N) = (D) * (I)</td> <td rowspan="2">Percent FTE</td> <td rowspan="2">(P) = (N) / (M) * (D)</td> </tr> <tr> <td>(Direct Service)</td> <td>FTE</td> <td>(O) = (D) * (1-I)</td> <td>(R) = (C) / (M) + (O)</td> </tr> </table>										(Admin)	FTE	(N) = (D) * (I)	Percent FTE	(P) = (N) / (M) * (D)	(Direct Service)	FTE	(O) = (D) * (1-I)	(R) = (C) / (M) + (O)	
(Admin)	FTE	(N) = (D) * (I)	Percent FTE	(P) = (N) / (M) * (D)															
(Direct Service)	FTE	(O) = (D) * (1-I)			(R) = (C) / (M) + (O)														

(A) Annual Salary: 0

(Rate x Annual Hours)

Benefits	Percent
FICA/Medicare	0.00%
ASRS Retirement	0.00%
Health/Life/Dent	0.00%
TOTAL	0.00%

Maricopa County

TRAVEL

Travel can be budgeted for the cost of staff mileage and other travel associated with Ryan White CARE Act Title I funds.

- 1 Mileage** Mileage will be budgeted utilizing the standard calculation of annual miles for a full time staff person x the rate determined by your organization per mile x the number of FTE(s) budgeted to provide services under this grant.

(A)	(B)	(C)	Mileage Maricopa Integrated Health System Oral Health			(G)	
	FTE	Annual Miles Budgeted (Per 1 FTE)	Miles Applied to Grant	Budget	Admin	Direct Svc	Description
				\$0.00			
1 Admin	0	0	0	\$ -	-	N/A	
2 Direct Svc	0	0	0	-		\$0.00	N/A
TOTAL		0	0	-	-	\$ -	

(Total Miles applied to this grant)

(B) Note - Budget annual mileage for 1 FTE

2 Other Allowable Travel

At this time, Maricopa County Health Care Mandates has determined that costs included in this section are Administrative Costs.

(A)	(B)	(C)	Other Allowable Travel Maricopa Integrated Health System Oral Health			(G)
Dates of Travel	Cost Line Item	Cost Line Item	Total Budget	Admin	Direct Service	Description
1	\$ -	\$ -	-	-	-	
2	\$ -	\$ -	-	-	-	
3	\$ -	\$ -	-	-	-	
			-	-	-	\$ -

(Travel) Admin Direct Service Total

Maricopa County

The supplies line item is used to budget funds for supplies used in the operations of the budget. This category can include general office supplies and program/medical supplies.

General Office Supplies: Includes (Apply at FTE Ratio)
 1 pens, paper, toner, etc.

(A)		(E)			
General Office Supplies Maricopa Integrated Health System Oral Health					
Item	Annual Budget	Admin	Direct Service	Total	Narrative
1		-	-	-	
2		-	-	-	
3		-	-	-	
4		-	-	-	
5		-	-	-	
TOTAL		-	-	TOTAL	\$ -

2 Program Supplies

Program Supplies have been deemed Direct Service.

(A)		(B)	(C)	(E)		(F)
Program Supplies Maricopa Integrated Health System Oral Health						
Description	Annual Budget	Admin	Direct	Narrative		
1		-	-			
2		-	-			
3		-	-			
4		-	-			
5		-	-			
TOTAL		-	-	TOTAL		\$ -

Equipment less than \$1,000 - includes (Apply at FTE Ratio)
 3 computers, fax machines, shredders, and adding machines to be used in the operations of this grant.

(A)		(E)			
Equipment less than \$1,000 Maricopa Integrated Health System Oral Health					
Description	Allocated Budget	Admin	Direct Service	Total	Narrative
1		-	-	-	
2		-	-	-	
3		-	-	-	
4		-	-	-	
5		-	-	-	
TOTAL		-	-	TOTAL	\$ -

Summary

Maricopa County

The equipment line item is budgeted for equipment purchased or leased in conjunction with operations of the grant.

Equipment greater than \$1,000
 1 Equipment greater than \$1,000 - Include large equipment necessary to be used in the operations of this grant. Please note that there are more requirements for approval.

(A)	(B)	Equipment greater than \$1,000 Maricopa Integrated Health System Oral Health			(E)
Item Budgeted	Amount Budgeted	Admin 2%	Direct Service	Total	Narrative
1		-	-	-	
2		-	-	-	
3		-	-	-	
4		-	-	-	
5		-	-	-	
TOTAL		-	-	TOTAL	\$

Maricopa County

The Contractual line item is used for consulting and contracting to be utilized in conjunction with operations of the grant.

This budget category includes payments to outside consultants and temporary services. Use this section for both professional and clerical support.

Consulting

1 Consulting - Include any payments anticipated for consulting and capacity building services

Consulting Maricopa Integrated Health System Oral Health							
Consultant	Hours Budgeted	Quoted Rate	Total Budget	Admin Budget %	Admin Budget	Direct Service	Dates of Service
1		0	-	0%	-	-	
Licenses / qualifications							
Narrative							
2	0	0	-	0%	-	-	
Licenses / qualifications							
Narrative							
3			-		-	-	
Licenses / qualifications							
Narrative							
4							
			TOTAL		-	-	1

Subcontracts

2 Include any payments for subcontracts to provide services under this grant.

Backup is required for each subcontract listed in this section. Maricopa County Department of Public Health will enforce the 10% administrative Cost Cap established by HRSA for first-line entities receiving Title I funds.

Subcontracts Maricopa Integrated Health System Oral Health							
Contract Provider	Units/Hours Budgeted	Quoted Rate	Total Budget	Admin Rate	Admin Budget	Direct Service	Dates of Service
1 Kathleen Stanton	2772	\$21.65	60,013.80	0%	-	60,013.80	8/12/11 - 2/29/12
Service(s) Provided	Oral Health coordination						
Narrative	The contractor will provide additional support to the Direct Dental Clients and Dental Clinics to ensure the successful completion of all contract objectives.						
2			-		-	-	
Service(s) Provided							
Narrative							
3			-		-	-	
Service(s) Provided							
Narrative							
			TOTAL		-	60,013.80	\$ 60,013.80

Other Program Support

Provider Entry | Auto Calculation

Date Prepared:

Use this form to budget for other support necessary to provide services under this grant. In the Narrative Justification describe how the program support will be used and also the methodology used to allocate the total or a portion of the total cost to the grant.

1 **Communications/Telephone/Internet**

Communications/Telephone/Internet Maricopa Integrated Health System Medical Case Management					
Item	Amount Budgeted	Admin %	Direct %	Total	Narrative/Cost Allocation Methodology
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	TOTAL	\$ -

2 **Copy/Duplicating**

Copy/Duplicating Maricopa Integrated Health System Medical Case Management					
Item	Amount Budgeted	Admin %	Direct %	Total	Narrative/Cost Allocation Methodology
1 Program Brochures					
			\$ -	\$ -	
2 Direct Copying/Duplicating					
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	TOTAL	\$ -

3 **Postage**

Postage Maricopa Integrated Health System Medical Case Management					
Item	Amount Budgeted	Admin %	Direct %	Total	Narrative/Cost Allocation Methodology
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	TOTAL	\$ -

4 **Utilities**

Utilities are 100% administrative. (Ruling 6.6.B05)

Utilities Maricopa Integrated Health System Medical Case Management					
Item	Amount Budgeted	Admin %	Direct %	Total	Narrative/Cost Allocation Methodology
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	TOTAL	\$ -

4 **Other Program Support**

Other Program Support Maricopa Integrated Health System Medical Case Management					
Item	Amount Budgeted	Admin %	Direct %	Total	Narrative/Cost Allocation Methodology
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	TOTAL	\$ -

SUMMARY		Admin	Direct	Total
Program Support		\$ -	\$ -	\$ -

Other Program Support RFP #

(These instructions will not print)

Section 1-3. These sections apply the FTE ratio for the expenditures including: telephone, postage, copying, and utilities. Section 4 - Other Program Support allows you to use your own calculation method to allocate costs between Admin and Direct. Enter the Admin Amount and Direct Amount to calculate the Total Budget and provide adequate justification of the methodology to allocate the costs; the methodology must be in line with your agency's cost allocation policy. Final determination resides with Maricopa County Ryan White Part A Program.

Maricopa County

1 Audit/Accounting/Finance

Audit/Accounting/Finance Maricopa Integrated Health System Oral Health							
Vendor	Hours Budgeted	Quoted Price*	FY08 Budget	Dates of Service	FY08 Admin	FY08 Contract Services	Description
	0	0	-		-	-	
Cost Method Used							
Budget Justification							
Cost Method Used							
Budget Justification							
Cost Method Used							
Budget Justification							
				TOTAL	-	-	

2 Insurance

Insurance Maricopa Integrated Health System Oral Health							
Insurance Type	Annual Premium	Percent To Grant	FY08 Budget	Dates of Service	FY08 Admin	FY08 Contract Services	Description
	0	0%	-		-	-	
Cost Method Used							
Budget Justification							
Cost Method Used							
Budget Justification							
Cost Method Used							
Budget Justification							
				TOTAL	-	-	

3 Rent/Space

Rent/Space Maricopa Integrated Health System Oral Health							
Provider	Annual Rent	Percent to Grant	FY08 Budget	Dates of Service	FY08 Admin	FY08 Contract Services	Description
	0	0%	-		-	-	
Cost Method Used							
Budget Justification							
				TOTAL	-	-	

4 Other Professional Service

Other Professional Service Maricopa Integrated Health System Oral Health							
Vendor	Hours Budgeted	Quoted Price*	FY08 Budget	Admin Budget %	FY08 Admin	FY08 Contract Services	Description
UNIS Dental Clinic	846	570.82	539,995.72	0%	-	539,995.72	
Cost Method Used	Average unit cost of treatments provided from historical perspective. Delta Dental fees will be used to determine all costs of services provided.						
Budget Justification							
Cost Method Used							
Budget Justification							
Cost Method Used							
Budget Justification							
				TOTAL	-	539,995.72	\$ 539,995.72

Roscoe C. Williams, DDS

South Central Dental Clinic

33 West Tamarisk Street

Phoenix, AZ 85041

602-344-6442

A. Education

Certificate 2000

General Practice Residency

Dental Clinic Naval Station, San Diego, CA

DDS Howard University 1983

Washington, DC

BA Occidental College 1978

Los Angeles, CA

B. Dental Licensure/Certification of Past 5 Years

State of Arizona Dental License #4422

Basic Life Support (BLS)

C. Professional Experience of Past 5 Years

Staff Dentist with Maricopa Integrated Health System

D. Appointments in Past 5 Years

Vice Chairman of Dental Department

E. Department Head of McDowell Dental Clinic

Providing dental care only to HIV/AIDS patients (2007 – 2009)

Coursework taken while at McDowell Clinic:

Clinical Preceptorship for Dentists Treating Patients with HIV LSU 11/12/2007

Identifying Health Hazards in HIV/AIDS Patients USC 03/06/2008

Modeling Risk Assessment with HIV-infected Patients USC 09/02/2009

Christopher S. Brendemuhl, DMD

1937 E Harvard Drive, Tempe AZ 85283

(602) 295-6003

cbrend@gmail.com

Education

Boston University Goldman School of Dental Medicine, Boston MA
Doctor of Dental Medicine, September 2007

Arizona State University, Tempe AZ
B.S. Human Nutrition, May 2002

Professional Experience

Dentist

Maricopa Integrated Health Systems, McDowell Dental Clinic, Phoenix AZ:
August 2009 – present. Provide comprehensive dental care for patients in a clinic dedicated for patients with HIV/AIDS. Experience with restorative, minor oral surgery, endodontics, fixed and removable prosthodontics.

Dentist

Thompson Peak Family Dental, Scottsdale AZ: September 2008 – present
Provide comprehensive dental care to patients of all ages. Experience with restorative, fixed and removable prosthodontics. Currently working part time, 2 Saturdays per month.

Dentist

Loving Family Dental, Fountain Hills AZ: October 2007 – July 2009
Provide comprehensive dental care to patients of all ages. Experience with digital radiographs, Dentrrix computer systems, Gendex intra-oral cameras. Experience with restorative work, minor oral surgery, fixed and removable prosthodontics and implant restoration.

Dentist

OnSite Mobile Dentistry – Maricopa Project, Phoenix AZ: March 2008 – January 2009
Provide dental care to employees of Maricopa County and their dependents. Experience with digital radiographs, Dentrrix computer systems. Experience with restorative, fixed and removable prosthodontics, some endodontics and minor oral surgery.

Dentist

Premier Dental Care, Glendale AZ: November 2007 – February 2008
Provide dental care to patients of all ages. Significant experience in pediatric and restorative dentistry and minor oral surgery. Some experience with fixed/removable prosthodontics.

Dental Extern

Family Health Centers of Fort Myers, Ft Myers FL: January – March 2007
Provided dental care to patients of all ages. Significant experience in pediatric and restorative dentistry and minor oral surgery. Some experience in fixed/removable prosthodontics and endodontics.

Memberships in Professional Organizations

American Dental Association, August 2003-present
Massachusetts Dental Society, August 2003-2008
Arizona Dental Association, September 2008 – present
Central Arizona Dental Society September 2008 - present
Arizona Craniomandibular Group, 2010-present

Professional Meetings Attended

Yankee Dental Conference, Boston MA, January 2005, 2006, 2007
Boston University Implantology Symposium, Boston MA, May 2006
Arizona Dental Association, Fall Conference – September 2010
Western Regional Dental Conference, Phoenix AZ March 2010, March 2011

Certifications & Licensure

Current Arizona Dental License
Current DEA license
Basic Life Support for Healthcare Providers, AZ (expires Feb 2012)
Western Regional Examining Board, April 2007
Invisalign, 2007

Special Skills

Proficient in basic computer systems – Windows, Microsoft Office
Proficient in Dentrix Dental Software and associated digital radiograph functions.
Basic training/experience with intra-oral photography.
Basic conversational Spanish and associated dental terminology.
****Professional/Dental and Personal References available upon request.**

**CURRICULUM VITAE
JOHN J. CHEN, D.D.S.**

PERSONAL DATA

Home Address: 7921 South Kenwood Lane
Tempe, Arizona 85284
Home Phone: (480) 831-7637
Office Phone: (602) 344-1010/344-1005

DENTAL LICENSURE

Texas License # 11061 1976 – present
Oregon License #D6010 1982 – present
Arizona License #2980 1983 – present

EDUCATION

1968 – 1972 University of Texas at Austin
BA 1972 (Major Biology)
1972 – 1976 University of Texas Dental Branch at Houston
D.D.S. 1976
1980 – 1982 Oregon Health Sciences University School of Dentistry
Certificate Pediatric Dentistry 1982

CURRENT POSITION

1994 – present Chair, Department of Dentistry
Maricopa Integrated Health System
2004 – present Adjunct faculty Arizona School of Dentistry and Oral Health
2009 – present Adjunct faculty Lutheran Medical Center

PRIOR EXPERIENCE

1991 – present Director, Dental Health Service/Chair MIHS Department of Dentistry
1983 – 1991 Pediatric Dentist
Dental Health Service
Department of Ambulatory Care
Maricopa County Health Services Agency
1983 – 1984 Part-time private practice in Tempe, Arizona
1982 – 1983 Dental Training Director
Crippled Children's Division
Oregon Health Sciences University
Joint appointment Oregon Health Sciences University
School of Dentistry
1976 – 1980 Texas Department of Health
Title XIX E.P.S.D.T. Dental Program

PROFESSIONAL ORGANIZATIONS

American Academy of Pediatric Dentistry
American Dental Association
Arizona Academy of Pediatric Dentists
Arizona Dental Association
Central Arizona Dental Association

OTHER

1994 – present M.I.H.S. Medical Staff Executive Committee

1994 – present M.I.H.S. Infection Control Committee

1996 – present M.I.H.S. Special Action Committee

2009 – present Adjunct faculty Lutheran Medical Center

2002 – 2004 Member, Admissions Interview Committee
Arizona School of Dentistry and Oral Health

2005 – present Adjunct faculty Arizona School of Dentistry and Oral Health

1992 – present Expert witness and consultant to the Arizona Board of Dental Examiners
for Pediatric Dentistry

1989 – present Member, Advisory Committee
Phoenix Community College
Dental Assisting Program

1997 – 2008 Health Advisory Committee, Human Services Department
Maricopa County

1997 – 1998 AHCCCS Dental Task Force

1993 – 1994 Member, Advocates of Oral Health Care for Arizonans
Office of Dental Health
Arizona Department of Health Services

1992 – 1997 Member, Children's Primary Care Task Force
Division of Family Services
Arizona Department of Health Services

1991 – 1995 Member, Board of Directors
Maricopa Area Health Education Center, Inc.

1990 – 1997 Member, Health Mother, Healthy Babies Oral Health Subcommittee
Arizona Department of Health Services

1987 – 1989 President, Arizona Academy of Pediatric Dentists

1984 – 1985 Member, Sedation and General Anesthesia Guidelines Subcommittee
Arizona State Board of Dental Examiners

Spring of 1988,
1989, and 1990

Pro bono dental screening of homeless children in conjunction with the
Arizona State University School of Nursing and St. Vincent de Paul

CURRICULUM VITAE
KIRK A. SPEICHER, DDS

July 26, 2011

8490 S. Mill Avenue
Tempe, AZ 85284
Home: 480-839-1441
Cell: 480-216-5511
Email: kaspelcher@cox.net

EDUCATION

Undergraduate

- Bucknell University, Lewisburg, PA. 1967-71. BA, Animal Behavior. Lab teaching assistant for introductory biology, 1968-1969. NIH grant in physiological psychology, Department of Psychology, summer 1970.

Graduate

- Attended Union Theological Seminary, New York, NY, 1971-1972.
- Temple University Dental School, Philadelphia, PA. 1972-76. DDS.
NIH summer grant in Public Health, Department of Community Dentistry
American Society of Dentistry for Children Award of Merit
Mosby Scholarship Book Award for Academic Excellence
Student Council all four years, vice-president 1974-75
Junior Class President
Oral Surgery Honor Society
Pediatric Dental Honor Society
Periodontal Honor Society

Postgraduate

- University of California at Los Angeles, 1976-78. Certificate in Pediatric Dentistry. NIH grant in Developmental Disabilities, 1977-78. Neuropsychiatric Institute, 1977-78, Certificate in Developmental Disabilities.
- University of Minnesota, 1980-82, Certificate in Orthodontics.

TEACHING EXPERIENCE

- Teaching Assistant, Pediatric Dentistry, University of California at Los Angeles, 1977-78.
- Assistant Professor, Pediatric Dentistry, University of Kentucky College of Dentistry, Lexington, KY. 1978-1980. Acting Director Pediatric Dental Residency, 1979-80.

- Teaching Assistant, University of Minnesota School of Dentistry, Minneapolis, MN. Department of Orthodontics, 1981-1982.
- Adjunct Clinical Faculty, Department of Orthodontics, Arizona School of Dental and Oral Health, A T Still University, Mesa, AZ. 2007-2009
- Adjunct Faculty, Community Partnership, Arizona School of Dental and Oral Health, A T Still University, Mesa, AZ 2009-Present
- Clinical Faculty, AEGD Program, Lutheran Medical Center, MIHS site, Phoenix, AZ, 2009-Present.
- Clinical Faculty, Pediatric Dentistry, Lutheran Medical Center, Tucson site, MIHS site for Operating Room experience, 2010-Present.

BOARD CERTIFICATION

- Diplomate of the American Board of Pediatric Dentistry: November 5, 2010

CPR

- Pediatric Advanced Life Support: September 22, 2009-September 2011

PRACTICE

- Pediatric Dentistry, Intramural Practice, University of Kentucky, Lexington, KY. 1978-80.
- General Dentistry, Minneapolis, MN, 1979-80.
- Pediatric Dentistry and Orthodontics, Affiliated Children's Dental Specialists, Phoenix, AZ. 1982-84.
- Orthodontics, Speicher Davis Orthodontics, Chandler, AZ. 1982-84.
- Orthodontics, Morgan W. Davis, Mesa, AZ, 1982-84.
- Orthodontics, Kirk A. Speicher, DDS, Ltd. Chandler and Phoenix, AZ 1984-2008.
- Pediatric Dentist, MIHS CHS Dental Clinic. 2525 E Roosevelt Street, Phoenix, AZ 85008. 2009-Present.

HOSPITAL PRIVILEGES

- A B Chandler Medical Center, University of Kentucky, Lexington, KY, 1978-80.
- MIHS Hospital, Phoenix, AZ, 2009-Present

PUBLICATIONS

- A Method of Assessing Dental Manpower is Tested in a Low Income Area of Philadelphia, Rosenbaum, J, Speicher, KA, Tannenbaum, KA, Mumma, RD. Public Health Rep. 1975 May-June; 90(3): 257-61.

- An Efficient Application of Topical Fluoride With a Dual Arch Tray, Speicher, KA, Spedding, RH. ASDC J Dent Child. 1980 Sept-Oct; 47(5): 343-5.

PRESENTATIONS:

- Temple University Alumni Association
- Kentucky State Dental Association
- American Association of Dental Schools, Section of Pediatric Dentistry
- International Association of Dental Research Poster Board Presentation
- Dayton Society of Dentistry for Children
- Minnesota Dental Association
- Arizona Dental Association

PROFESSIONAL ORGANIZATIONS (Current)

- Central Arizona Dental Society
 - Membership Committee-two terms, one as co-chair
 - Bylaws Committee-two terms, one as chairman
 - Dental Health Committee-chairman the year Give Kids a Smile was started
 - Vice-President
 - President Elect
- Arizona Dental Association
 - Council on Dental Education-two terms
 - House of Delegates-25 years
- American Dental Association
- Fellow, World Federation of Orthodontists
- Pierre Fauchard Academy
- Arizona Academy of Pediatric Dentistry
- Western Society of Pediatric Dentistry
- American Academy of Pediatric Dentistry
- Arizona Orthodontic Study Group-Honorary Member
 - President Elect
 - President
 - Secretary
 - Secretary-Treasurer
 - Board Member
 - 50th Anniversary Meeting Committee
 - Chair, 65th Anniversary Meeting Committee

John M. Mann, D.D.S.
(480) 8971513

4156 W. Post Rd.
Chandler, AZ 85226

Maricopa County General Dentist

Dentistry/ Management

Maricopa Integrated Health System Dental Department Central Health Clinic General Dentist	2008-present
Clinical Instructor AEGD General Practice Residency Program General Dental Education Lutheran Medical Center	2008- present
Adjunct Professor Arizona School of Dentistry and Oral Health	2005-present
Retired from MIHS	2007-2008
Maricopa Integrated Health System Dental Department Central Health Clinic General Dentist	2002-2007
Children's Dental Specialists Dr. Shashi Kapur -associate pediatric dental specialist	2001-2002
Cooley Family Dentistry Dr. Michael Cooley -general dental associate .	2000-2001
John M. Mann, D.D.S., P.C. (Family Dentistry) -Owned and managed a general dental practice in Chandler, AZ -Managed a staff of 9 personnel.	1982-2000
Arizona Dental Care - pediatric dentist for a large group practice.	1981-1982
General Dentist/Public Health Dentist -General Dentist for Fulton County Dental Clinics (Atlanta, GA).	1977-1981

- General Dentist, Franklin, GA.
- General Dentist, associate Dr. Hugh Mazzawi Snellville, Ga.

Queen Creek Industrial, L.L.C 1998-2005

Managing partner and chief financial officer.

- Oversee continuing construction of Queen Creek Industrial Complex.
- Oversees finance and leasing of buildings in Queen Creek Industrial Complex.
- Operating Manager of Queen Creek Industrial Complex

Mansculpture

- figurative and portrait sculpture
- charcoal drawings

1998-present

Education

- Certificate in Pediatric Dentistry, Emory University School of Dentistry 1981
- Doctor of Dental Surgery, Emory University School of Dentistry 1977
- Graduate Study-Analytical Chemistry, University of Massachusetts 1972-1973
- Bachelor of Science-Chemistry, Northern Arizona University 1972

Publications

- "Case Report: Oral Bleeding Due to Traumatic Occlusion in an Infant with Severe Hemophilia" Journal of Dentistry for Children July-August, 1981.
- "Herbicide Analysis by Pulse Polarography-Picloram" International Journal of Environmental Analytical Chemistry. 1973, Volume 2.

Scholarships

- Teaching associate (Chemistry Department) University of Massachusetts 1972-1973
- Research grant (Department of Forestry) Northern Arizona University 1971
- Tuition scholarship Mesa Community College 1969-1970

Awards and Honors

- Dean's List- Northern Arizona University 1972
- Outstanding Chemistry Student of the Freshman Class Award- Mesa Community College 1969

Presentations

- Table Clinic-"Heat adaptation of Acrylic Veneers" Southeastern Society of Pedodontics Meeting 1980

DENTIST TRIENNIAL CERTIFICATE OF RENEWAL

No. D02768

Expires: 06/30/2014



THIS CERTIFIES that the undenoted has fulfilled license renewal requirements and is entitled to practice at the location below as a licensed Dentist for the years listed above.

D02768

Date Issued: June 28, 2011

Gene M. Garsha, DMD
5141 W Lamar Ave
Glendale, AZ 85301

Elaine Huginius

Executive Director

THIS CERTIFICATE MUST BE DISPLAYED AT THE ENTRANCE OF PLACE OF PRACTICE

DENTAL DEPT *8461

MHS Employee * 810003237

EDUCATION

1976 Bachelor of Science California State University at Long Beach
1980 Doctor of Dental Medicine Oregon Health Sciences University

Employment

2000-present Maricopa Integrated Health System
Department of Dentistry

1997-2000 Solo Private Practice
Scottsdale, AZ

1995-1997 Dental Group Associate
Associated Dental Care Providers
Mesa, AZ

1992-1995 Private Practice
Phoenix, AZ

1989-1992 Dental Group Associate
Dr. Robert S. Wilke and Associates
Phoenix, AZ

1982-1989 Private Practice
Phoenix, AZ

1982

Group Practice Employee

DentaHealth of Arizona

Phoenix, AZ

1980-1982

Dental Group Associate

Mt. Tabor Dental Group

Portland, OR

DENTIST TRIENNIAL CERTIFICATE OF RENEWAL

No. D4422

Expires: June 30, 2012



THIS CERTIFIES that the undersigned has fulfilled license renewal requirements and is entitled to practice at the location below as a licensed Dentist for the years listed above.

Date Issued: July 7, 2009

4422
Roscoe C. Williams, DDS
1144 E. McDowell Rd #301
Phoenix, AZ 85006

Elaine Huguenin

Executive Director

THIS CERTIFICATE MUST BE DISPLAYED AT THE ENTRANCE OF PLACE OF PRACTICE

12095

DENTIST TRIENNIAL CERTIFICATE OF RENEWAL

No. D07404

Expires: 06/30/2014



THIS CERTIFIES that the undenoted has fulfilled license renewal requirements and is entitled to practice at the location below as a licensed Dentist for the years listed above.

D07404

Date issued: June 29, 2011

Christopher S. Brendemuhl, DMD
1144 E McDowell St., Ste-301
Phoenix, AZ 85006

Elaine Huginn

Executive Director

THIS CERTIFICATE MUST BE DISPLAYED AT THE ENTRANCE OF PLACE OF PRACTICE

10896

DENTIST TRIENNIAL CERTIFICATE OF RENEWAL

No. D02980

Expires: 06/30/2014



THIS CERTIFIES that the undersigned has fulfilled license renewal requirements and is entitled to practice at the location below as a Licensed Dentist for the years listed above.

D02980

Date issued: May 25, 2011

John J. Chen, DDS
2901 E Roosevelt
CHC Building - Dental Clinic
Phoenix, AZ 85008

Eraine Stuginis

Executive Director

THIS CERTIFICATE MUST BE DISPLAYED AT THE ENTRANCE OF PLACE OF PRACTICE

SD 0004 10/04 2005

LIT-00 10/01/08

1911

DENTIST TRIENNIAL CERTIFICATE OF RENEWAL

No. D02815

Expires: 06/30/2013



THIS CERTIFIES that the undenoted has fulfilled license renewal requirements and is entitled to practice at the location below as a licensed Dentist for the years listed above.

D02815

Date Issued: June 18, 2010

Kirk Allen Speicher, DDS
2525 E. Roosevelt Street
Phoenix, AZ 85008

Elaine Huginim

Executive Director

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7916

DENTIST TRIENNIAL CERTIFICATE OF RENEWAL

No. D02815

Expires: 06/30/2013



THIS CERTIFIES that the undenoted has fulfilled license renewal requirements and is entitled to practice at the location below as a licensed Dentist for the years listed above.

D02815

Date Issued: June 18, 2010

Kirk Allen Speicher, DDS
811 S. Hamilton
Chandler, AZ 85225

Elaine Huginim

Executive Director

THIS CERTIFICATE MUST BE DISPLAYED AT THE ENTRANCE OF PLACE OF PRACTICE

DENTIST TRIENNIAL CERTIFICATE OF RENEWAL

No. D02680

Expires: 06/30/2013



THIS CERTIFIES that the undemoted has fulfilled license renewal requirements and is entitled to practice at the location below as a licensed Dentist for the years listed above.

D02680

Date Issued: June 12, 2010

Craig W. Pool, DDS
2525 E Roosevelt
CHC Building
Phoenix, AZ 85008

Elaine Huginin

Executive Director

THIS CERTIFICATE MUST BE DISPLAYED AT THE ENTRANCE OF PLACE OF PRACTICE

DENTIST TRIENNIAL CERTIFICATE OF RENEWAL

No. D2342

Expires: June 30, 2012



THIS CERTIFIES that the undemoted has fulfilled license renewal requirements and is entitled to practice at the location below as a licensed Dentist for the years listed above.

Date Issued: June 25, 2009

2342
John M. Mann, DDS
2525 E. Roosevelt
CHC Bldg
Phoenix, AZ 85008

Elaine Hugenin
Executive Director

THIS CERTIFICATE MUST BE DISPLAYED AT THE ENTRANCE OF PLACE OF PRACTICE

Résumé

DOLORES RETANA
2110 E. Sesame St.
Tempe, Arizona 85283
Business: 480-491-5634
Fax: 480-777-5941
E-mail DRetana@aol.com

EDUCATION

- | | | |
|----------|---|------|
| M.A. Ed. | Northern Arizona University | 1989 |
| | Masters of Arts in Education and Counseling with Emphasis on Human Relations. | |
| B.S.W. | Arizona State University | 1986 |
| | Major: Social Work | |

LANGUAGE SKILLS: Bilingual (English/Spanish)

Experience:

- | | |
|---------------------|--|
| 1/95 to present | Human Services Consultant |
| | Provide consultative/contract services in the following areas: program development, administration and evaluation; community needs assessments, organizing and mobilizing communities; meeting and focus groups facilitation; proposal writing; event planning and fundraising; cultural competency training; and strategic planning using the Peter Drucker Method. |
| 4/1/93 to
1/3/95 | Assistant Director
Governor's Office for Children |
| | <u>Responsibilities:</u> Act as Director in her absence. Primary responsibility for supervision of all staff. Liaison between Office for Children and Governor's executive staff. |
| 4/1/94 to
1/3/95 | Administrator for Juvenile Justice Programs
Governor's Office for Children |
| | <u>Responsibilities:</u> Administer and assure compliance with the Federal Grant from the Office of Juvenile Justice Delinquency Prevention. Staff the Governor's Office Juvenile Justice Advisory Council. Work with community programs, police departments, courts and jail/lock ups to ensure Arizona's compliance with the OJJDP mandates. Responded to technical assistance requests submitted by Native American tribes. Worked with tribal law enforcement in helping tribes move towards compliance of the OJJDP Act. Directed and supervised OJJDP staff. |
| 7/1/91 to
1/3/95 | Early Childhood Specialist
Governor's Office For Children |
| | <u>Responsibilities:</u> Administer and assure compliance of the Federal Dependent Care Grant. Produce and seek sponsorship for various projects including the annual Kid's Safety Calendar. Coordinate press conferences and other media events that involve the Governor and First Lady of Arizona. Participate in the planning and implementing of conferences dealing with issues related to early childhood, health and minority populations. Coordinate grassroots activities such as parades and community forums. Work with all media forms to increase awareness of childhood issues and promote the activities of the GOFC. Participate in multiple coalitions who address maternal and child health issues. Act as office translator and interpreter. |

- 8/90 - 8/93 Maricopa Medical Center
Pediatric On-call Social Worker
Responsibilities: Provide coverage (as needed) in the pediatrics urgent care clinic and pediatrics floor. Part of medical team in a medical clinic setting. Coordinate abuse or neglect cases with police department and child protective services. Provide testimony as subpoenaed in criminal cases. Provide crisis counseling and referrals for follow-up to families in crisis.
- 10/90-6/91 Clinician
Child Abuse Prevention Center
Children's Health Center - St. Joseph's Hospital and Medical Center
Phoenix, Arizona 85013
Responsibilities: Investigative videotaped interviews of children alleging sexual/physical abuse and/or neglect. Provide testimony if subpoenaed. Multi-disciplinary Team member in reviewing deaths of children caused by possible non-accidental injury. Community education and services.
- 3/89-11/90 Bilingual Case manager/Special Educator
Central Arizona Child Evaluation Center
(CACEC) - St. Joseph's Hospital and Medical Center
Responsibilities: Developmental screening of children 5 years of age and younger. Coordinated developmental/educational evaluation of all Spanish speaking children (birth to 21 years). Participated in the development and implementation of the Transdisciplinary Infant Assessment (TDIA) model for assessing children 2 years and younger. Coordinated field clinics for CACEC. Center interpreter/translator.
- 8/88-3/89 Case manager
Maricopa County Long Term Care
Responsibilities: Case management in-home services for elderly and long term/chronically ill. Assessed clients ability to reside independently and coordinated out of home residential placement.
- 11/87-8/88 Vocational Instructor/Case manager
Chicanos Por La Causa/Via de Amistad
Responsibilities: Case management and pre-employment training to pregnant and/or parenting youth 21 years of age and younger. Individual counseling and facilitated therapy groups. In-service training to foster grandmothers.
- 12/86-11/87 Youth and Family Counselor
Chicanos Por La Causa/Centro de la Familia
Responsibilities: Individual and group counseling services to youths (25 years of age and younger) and their families. Emphasis on dysfunctional family systems, youth issues, chemical dependency and sexual/physical abuse.

Boards:

- 1/96 to 1/97 Valle del Sol, Inc. Board of Directors
2/95 to 11/95 Valley of the Sun Association for the Education of Young Children
Violence Prevention Conference Subcommittee
6/94 to 11/95 Arizona Child Care Resources/Advisory Board
1/93 to 2000 John C. Lincoln Hospital Desert Missions - Board of Directors/Secretary/Member at Large

Retana-Casillas - pg. 3

1993 to 12/00 Vida, Manos Y Salud Advisory Board Member
Az. Healthy Mother's/ Healthy Babies (HM/HB)
Advisory Board member
7/91 to 9/99 Arizona SAFE KIDS - Advisory Board Member
2/92 - 1/95 March for Children of Color Planning Committee
7/92 - 12/94 Mujeres Latinas Pro Salud - National Task Force focusing Hispanic Women and Aids -
Southwest Regional Committee.
1/92- 12/92 West Valley Kiwanis - Board Member
6/00 - 12/01 Arizona Latino Health Association (AZHLA)
11/03 - 9/08 Mountain Park Health Center, Officer for the Board of Directors
3/06 - Present Arizona Family Planning Council, Executive Committee Member

Coalition Member:

1989-1991 Western Maricopa Child Abuse Prevention Regional Council - member at large.
7/91-7/92 Secretary - Maricopa County HM/HB
1991 - 3/94 Central Phoenix Child Abuse Prevention Council - Chair
7/91-3/93 Governor's Council on Developmental Disabilities - member at large
Participated in the multi-cultural and the Goal 6 subcommittee.
8/91 - 1/95 The Arizona Partnership on Infant Immunization (TAPII) media campaign and advocacy
committees
1992 - 1993 Interagency Farm Workers Coalition
1993-1994 Coalition Co-Chair
Maricopa County Healthy Mother's /Healthy Babies
7/95 - 12/96 Proyecto Unidos Coalition - Coordinator

Professional Memberships:

1/93-12/94 National Association of Social Workers

Fellowships:

8/94 to 1/95 Educational Policy Fellowship Program
8/08 Oxford Round Table on Immigration
Oxford, England

Awards: 1996 Arizona SAFEKIDS Coalition Crystal Award - Safety Advocate; 9/9/2000 Valle del Sol Profiles of
Success - Appreciation for Dedicated Services

Credits: Dissertation: Branham, Shirley "Extended Day School-Age Child-Care Programs in Maricopa" 1994

Talent: Channel 12 and Banner Health Arizona - Buddy Check Media Campaign Airing 9/2000 - 2003

References and List of Clients/Contracts: Upon Request

Dolores Retana, M.A. Ed., is an independent human services consultant. She has been a sole proprietor since January 1995. Before launching an independent career, Dolores was the Assistant Director and Juvenile Justice Specialist at the Governor's Office for Children (GOFC).

To date, Dolores has worked on multiple and varying needs assessments and evaluation projects including Arizona's prenatal outreach program - Health Start, the implementation study of the SPRANS Genetics Project and the ADES Arizona Families First program.

Dolores was the Co-principal investigator in the Chinese and Vietnamese as well as the Korean and Filipino Community Needs Assessment Study and served as Co-principal investigator on the Chinese and Vietnamese Mental Health Study. She worked with local Asian community leaders to establish the Asian Pacific Community in Action (APCA), the only nonprofit organization who dedicates itself solely to address and meet the needs of Asian and Pacific Islanders in Maricopa County. She currently serves as evaluator for APCA's Health Through Action Program, an initiative funded by the Kellogg Foundation.

For five years, she served as Principal Evaluator for the Kyrene School District's Demonstration Safe Schools/Healthy Students Initiative funded by the Department of Health and Human Services, the Department of Education, and the Justice Department. She also completed a study for ThinkAZ on the impact Proposition 200 had on service utilization amongst undocumented individuals in Maricopa and Yuma Counties. In August 2008, during the Oxford Round Table on Immigration at the University of Oxford, she presented her findings. She was the only non-academician invited to present.

Dolores served as Arizona's Consultant for the Hispanics In Philanthropy Foundation providing technical assistance to ten grantees, in a variety of service areas. She is also part of a team of professionals contracted by Cenpatico Regional Behavioral Health to evaluate their prevention programs which are both community and school based. In a team effort, focusing on underage drinking, she recently work in the Ak-Chin Tribal Community completing a community needs assessment. This effort was funded by the Governor's Office via a Strategic Prevention Framework State Incentive Grant (SPF SIG). For the past five years, Dolores has worked with A Stepping Stone Foundation in evaluating their preschool and family literacy programs.

As part of health care reform, Dolores served as part of a team that prepared an application for the Mountain Health and Wellness Center in Apache Junction to be recognized as a Federally Qualified Health Center. Lastly, Dolores staffs the Children's Action Alliance Health Coalition, an effort funded by First Things First to enroll families with young children into AHCCCS.

KAREN KURTZ
4236 North 36th Street
Phoenix, Arizona 85018-4717
(602) 955-3611
kakurtz@msn.com

MISSION: Assist non-profit and government organizations to achieve their desired results through facilitation, mediation, writing, and organizational consulting.

STRONGEST SKILLS:

- ◆ Communicate clearly and concisely, orally and in writing. Able to synthesize large amounts of information and make difficult concepts easy to understand.
- ◆ Able to facilitate consensus in a group, focus on what is important for achieving results and persuade others to take action.
- ◆ Able to manage complex and controversial issues sensitively and create unique approaches to solving problems that are practical, reasonable, and get results.

PROFESSIONAL EXPERIENCE:

FACILITATOR/ORGANIZATIONAL CONSULTANT/WRITER 4/2001 - Present
Independent Consulting Services
4236 North 36th Street
Phoenix, Arizona 85018

Purpose: Assist government and non-profit organizations in achieving their goals through facilitation, mediation, organizational consulting, and writing (see attached list of facilitation projects).

Sample of Successful Results:

- Project manager for the development and construction of the Child Crisis Center's new Family Resource Center. Facilitated the facility development process, represented the owner in the construction process with the general contractor, architect, and lenders, served as liaison to government funders and other contractors, and monitored expenditures against revenues.
- Facilitated the planning process and provided technical assistance to the Northeast Valley Coalition Against Methamphetamine from its inception in 2006 through 2008. The coalition created a strategic plan using the strategic prevention framework planning model with a focus on finding environmental prevention strategies to address the impacts of methamphetamine on coalition communities.

- Project manager for the development and construction of Community Bridge's Center for Hope, a transitional facility for homeless pregnant women with co-occurring disorders. Facilitated the zoning approval process and the facility design process with the agency's CEO and the architect. Managed the project's sixteen funding contracts including communication with funders, financial tracking, and reporting.

HUMAN SERVICES COORDINATOR

5/94 – 4/2001

City of Mesa Community Revitalization Division
P.O. Box 1466
Mesa, Arizona 85211-1466

Purpose: Develop and coordinate a comprehensive social services delivery system for the City of Mesa. This is accomplished by working with social service providers and other communities in three roles; planner and policymaker, funder, and collaborator.

Sample of Successful Results:

- Managed the City's annual human services grant process that awarded over \$1 million in City grant funds to community-based non-profit organizations. Responsibilities included issuing the request for proposals, evaluating proposals, coordinating the volunteer review committee, and managing the 20+ contracts awarded annually.
- Wrote grant applications and managed the awarded contracts from the Department of Economic Security Community Services Administration for case management, community services, and homeless services from 1996-2001.
- In 2000, designed and managed a ten-month problem-solving process with the Mesa Day Labor Task Force. This resulted in recommendations to the City Council for the creation of a day labor work center in Mesa. A work center operations study was presented to the City Council in June 2001.
- In 1996, successfully managed a two-year process to designate the City of Mesa as a community action agency for the State of Arizona. This change resulted in a \$300,000 annual increase in State and Federal revenue and strategic positioning with the State to influence statewide policy and program development for community action agencies. In 2001-2006, assisted Mesa Community Action Network in obtaining community action agency designation from the City of Mesa.
- In 1995, designed and facilitated a ten-month problem-solving process with the Mesa Citizen's Task Force on Homelessness. This resulted in the creation of a homeless policy for the City (adopted by the City Council), a year-round transitional program for single homeless men in the East Valley (opened in December, 1998), and the creation of a provider problem-solving network to manage the issue in the

community.

- In 1995, re-created a gang prevention program for 300 at-risk junior high-aged teens called the Summer Positive Alternatives for Youth (PAY) Program. Managed the program and 30-34 seasonal employees from 1995 through 2000, serving over 1,800 teens.

ORGANIZATIONAL DEVELOPMENT CONSULTANT

1/93 - 5/94

Freelance Consulting Services
4236 North 36th Street
Phoenix, Arizona 85018

Purpose: Guide government and non-profit organizations through change resulting in increased productivity and operational effectiveness.

Sample of Successful Results:

- Created a two-day workshop called Thriving on Change for a non-profit social service agency.
- Managed a public-private productivity enhancement team working with Maricopa County's Correctional Health Services resulting in potential identified savings of \$500,000. (This project was started while working as a Management Analyst for the County.)

MANAGEMENT ANALYST IV

11/88 - 1/93

Maricopa County Organizational Development
301 West Jefferson Avenue
Phoenix, Arizona 85003

Purpose: Guide organizational units within Maricopa County through change resulting in increased productivity and operational effectiveness.

Sample of Successful Results:

- Managed a public-private productivity enhancement team working with Maricopa County's Health Plan resulting in potential identified savings of \$1.2 million.
- Created and facilitated the decision-making process used to select the site for the County's Southwest Regional Service Center. The process saved the County \$775,000 on the cost of the land and avoided a potentially costly lawsuit. The project was awarded a NaCO Achievement Award in 1991.

ADMINISTRATIVE ANALYST

1/86 - 11/88

City of Minneapolis Police Department
350 South Fifth Street
Minneapolis, Minnesota 55415

Purpose: Provide administrative support in the Police Department's Research and Development Unit through grant writing, policy development, and policy analysis.

Sample of Successful Results:

- Wrote grant applications resulting in \$400,000 increased revenue for the Police Department. The Police Department was one of only five cities selected to receive one of the first crack cocaine enforcement grants from the Department of Justice.
- Redesigned the Police Department policy manual in preparation for the CALEA accreditation process.
- Redesigned the budget performance measures for each unit within the Police Department.
- Awarded the Chief's Award of Merit in 1988 for my achievements in the Police Department.

BUDGET & EVALUATION ANALYST

4/82 - 1/86

City of Minneapolis Finance Department
350 South Fifth Street
Minneapolis, Minnesota 55415

Purpose: Provide budget analysis for five City departments, assist with the preparation of the annual City budget, and evaluate and recommend changes for City programs.

Sample of Successful Results:

- Wrote the City's application for the US Conference of Mayor's Financial Leadership Award. The City of Minneapolis was the first city to receive this award in 1986 and received a \$25,000 stipend for a Mayor's management intern.
- Transitioned the City's animal control operation from a private contractor to a City operation in the Health Department.
- Recommended and implemented the consolidation of the City's Vital Records operation with Hennepin County's Vital Records.

EDUCATION:

Master's in Public Administration

Awarded: 10/88

Humphrey Institute of Public Affairs
University of Minnesota
Minneapolis, Minnesota 55455

Bachelor of Science in Recreation and Park Administration

Awarded: 12/79

Western Illinois University
Macomb, Illinois 61455

REFERENCES:

Available upon request.

Karen Kurtz Facilitation Projects

Workshops, Retreats and Meetings

City of Mesa Office of Special Programs 1995
Tamara's Hope 1995
Americorp Program 1995, 1996
City of Mesa Quality Management Steering Team 1996, 1999
Mesa Community Action Network 1996, 1997, 2002
Mesa Emergency Services Network 1997
United Food Bank 1997
Valley Fire Chiefs meeting 1997
Adjunct Faculty Association 1997
City of Mesa City Manager's Office planning meetings 1997
Neighborhood Development Committee 1997
East Valley Family Resource Center 1997, 1998
PreHAB team building workshop 1997
Save the Family 1997, 1998, 1999, and 2000
City of Mesa Continuous Quality Improvement Team 1997, 1998
City of Mesa Library Administration 1998
Easy Valley Child Crisis Center 1998, 1999, 2001
Post Spring Training Evaluation 1998
East Valley Addiction Council 1999
Mayfield Center 1999
Full Circle Health Care 1999
Unity of Phoenix 2001, 2002
Child Abuse Prevention Arizona 2001, 2002
City of Mesa Employee Advisory and Solutions Team 2001
Mesa Human Relations Advisory Board 2001 - 2007
Mesa Leadership Training and Development 2002
Mesa Alliance Against Drugs 2002
Mesa City Council Retreat 2002
Community Bridges Medical Protocol Development meeting 2002
Tempe Communities In Schools Board Retreat 2002, 2005
Sirrinc Adult Day Care Board Retreat 2003
MLK Celebration Planning Committee 2003
Community Services Solutions Team 2005
Southwest Behavioral Health Services staff retreat 2006, 2007
Gila River Community Services Strategic Planning 2006, 2007, 2008, 2009
Project Soar Planning Meeting 2006
MARC staff retreat 2007
Department of Economic Security, Direct Care Workforce Committee 2007
Arizona Supreme Court, Juvenile Court Committee 2007
Wild Horse Pass Development Authority Board meeting 2007
Center for Disability Law staff retreat 2008
NAMI Arizona Board retreat 2008
Saemisch DiBella Architects strategic planning process 2008
Partners In Recovery strategic planning 2009
A Steppingstone Foundation board retreat 2009
Tempe Community Council board retreat and staff retreat 2009
Arizona Indian Head Start Director's Association strategic planning process 2009 (co-facilitator)/2010

City of Phoenix Head Start Program strategic planning 2010 (co-facilitator)

Projects and Task Forces

Mesa Citizens Task Force on Homelessness 1995-1996

Mesa Halfway House Task Force 1996-1997

Co-facilitated Case Management Training for Community Action Programs 1999

Mesa Day Labor Task Force 2000

City of Mesa Diversity Focus Groups 2001

Community Bridges Center for Hope Project Management 2001-2003

City of Mesa Diversity Awareness Training 2002

Tempe Community for Kids Focus Groups 2002

Mesa Community Action Network - Bridges Out of Poverty Training 2003

City of Mesa Diversity Training for Community Services 2004

Child Crisis Center Family Resource Center Planning and Project Management 2005-2008

Tempe Community Council Kinship Care Focus Groups and Planning Session 2006

Tolleson Senior Services focus groups 2007

Northeast Valley Coalition Against Methamphetamine 2006-2008

KATHLEEN (Candee) A. STANTON
5342 N. 3rd Avenue, Phoenix, Arizona 85013
602-881-6606--office
602-234-1205-fax
kastanton@att.net

EXPERIENCE

Independent Contractor

Phoenix, Arizona

Provide services to public sector and not for profit organizations. Services include:

- Needs assessment and strategic planning
- program evaluation
- program development and implementation
- proposal and grant preparation
- project management
- public and organizational policy development

Chief Administrator, County Administrative Office

Marcopa County, Arizona

June 1994 - March 1995

- developed and managed County Administrative Office budget
- prepared and/or coordinated the development of countywide policies, maintained County's administrative and procurement policy manual system
- developed special reports for County Administrative Officer and members of the Board of Supervisors, provided support to County Administrative Officer initiatives
- provided project tracking for information requested by members of the Board of Supervisors and County Administrative Officer
- maintained project management material related to countywide business plan which focuses on the County's financial condition
- managed administrative and professional support staff, assured that support resources were utilized appropriately, developed and implemented office policies
- coordinated critical communication among program staff, County Administrative Officer and members of Board of Supervisors
- researched information concerning critical issues, provided recommendations and developed implementation strategies to resolve issues

Executive Assistant, Justice, and Law Enforcement Agency

Marcopa County, Arizona

December 1991 - June 1994

- facilitated strategic planning in autonomous and direct report departments within the agency
- facilitated and developed an agency-wide strategic plan
- facilitated a diversion planning process for persons who are seriously mentally ill who interact with the criminal justice system
- administered the agency's involvement in a court case concerned with persons with serious mental illness. Administration included IGA development and negotiation, program planning, and compliance reporting
- developed and negotiated contracts
- developed and monitored office budget, developed office policy and procedures

Management Analyst, Organizational Development

Marcopa County, Arizona

March 1989 - December 1991

- developed countywide policies
- developed and implemented countywide program performance-based budgeting system, developed budget procedural manual and conducted training related to implementation
- developed countywide strategic planning process consisting of three components—corporate planning, departmental planning and grand strategies (enterprise activities), provided training related to implementation and facilitated implementation in many departments
- completed management reports related to items presented to the Board of Supervisors for consideration

**Executive Assistant to the Program Administrator
Department of Economic Security, Phoenix, Arizona**

August 1983 - March 1989

- researched, developed and reviewed material for administrations' budget, legislation, strategic plan and policies
- negotiated and monitored provider contracts
- developed policies and procedures
- prepared reports
- investigated employee grievances
- conducted overall review of administration's activities, services and programs and prepared report which included recommendations about changes
- coordinated Child Abuse Prevention and Treatment fund programs and activities

Details to special duty:

Operations Manager

September 1986 - January 1987

- supervised five unit managers responsible for budget, planning, contracting, policy development, licensing and administrative support

Manager, Program and Policy Development Unit

December 1985 - April 1986

- supervised nine program specialists responsible for the development and implementation of policies related to provision of child protective services and its ancillary functions.

Staff Assistant to the Program Manager

Department of Economic Security, Phoenix, Arizona

August 1982 - August 1983

- provided administrative support to planning service program for Maricopa County
- monitored budget activity
- developed, negotiated and monitored provider contracts
- addressed constituent and citizen issues

Field Training Officer

Department of Economic Security, Phoenix, Arizona

September 1979- July 1982

- planned, organized, and developed training and educational programs for Department of Economic Security and community agencies' staff.
- performed needs assessment to determine training requirements
- conducted new employee orientation
- developed and negotiated contracts with consultants
- managed Maricopa County's portion of training budget
- assisted in the formulation of policies and procedures related to the training function

Advocacy Planner

Arizona Coalition for Persons with Developmental Disabilities, Phoenix, Arizona

November 1977 - August 1979

- provided staff support to volunteer advisory board
- administered federal grant
- developed funding proposals for member agencies
- assisted in the development of legislation

EDUCATION

Masters Degree, May 1977, Arizona State University, Tempe, Arizona-Interned at AZ State Legislature

Bachelor of Arts, May 1975, University of Kansas, Lawrence, Kansas

KATHLEEN A. STANTON
SYNOPSIS OF PROJECTS COMPLETED

- **Central Arizona Shelter Services, Phoenix, Arizona (1995)** Through subcontract provided operations and administrative support during a transition in management staff. Specific activities included the development of job descriptions, contract administration, and training all employees related to new performance management/evaluation process.
- **Arizona Supreme Court Administrative Office of the Courts, Adult Services Division, Phoenix, Arizona (1995)** Through subcontract, facilitated work sessions related to organization assessment, reorganization, and redeployment of staff. Process included: staff assessment of individual work style preferences., work design—reorganization of work activities to increase productivity and more fully utilize staff strengths related to work preferences., development of reorganization alternatives to increase productivity and improve organizational functioning.
- **HOPE Family Services, Bradenton, Florida (1996)** Facilitated a strategic planning process that included participation from advisory board members and all staff within the organization. Process resulted in the establishment of an organizational vision and mission as well as the development of operational goals and objectives.
- **Central Arizona Shelter Services (1996)** Provided technical assistance and support in the development of a 60-unit permanent-housing apartment complex for individuals with very low incomes. Activities Included: project support related to development of affordable housing units, proposal development (Housing Trust Fund, Department of Commerce, Federal Home Loan Bank, Affordable Housing Program, Industrial Development Authority, Maricopa County), completion of application for nonprofit exemption {501(c)(3)} for new organization, completion of research and development of reports related to funding source requirements. Project had approximately 14 funding sources. Development of comprehensive Request for Proposal for property management services. Coordination of information dissemination and updates among key stakeholders (i.e. Agency, Corporation for Supportive Housing, city representatives).
- **Arizona City/County Manager Association, Phoenix, Arizona (1996)** Through subcontract, developed resumes for managers in transition.
- **Homeward Bound, Phoenix, Arizona (1996)** Through subcontract, developed funding proposals for a transitional housing project. Proposals were developed for the AZ. Department of Commerce, Housing Trust Fund and the Federal Home Loan Bank, Affordable Housing Program.
- **Training by Design, Phoenix, Arizona (1996-1997)** Developed proposal for The Department of Transportation. The proposal was for technical policy and procedure manual development and training activities.
- **Arizona Governmental Training Services (AGTS), Phoenix, Arizona (1996-2000)** Developed several proposals for funding. Proposals were developed for organizations such as: The State of Arizona, City of Yuma, Department of Economic Security, and Maricopa County. Conducted organizational assessment concerning facility needs.
- **Maricopa County Community Development Department, Phoenix, Arizona (1996)** Through subcontract, facilitated a process that provided for a workstyle assessment of all staff within the department and a redesign of work activities and processes to improve overall organizational and program effectiveness. Specific activities included: facilitation of the Work Style Patterns Inventory™ process that provides for an assessment of individual staff preferences concerning their approach to work activities. conducting an inventory of all processes, tasks, and activities completed by the organization. development of implementation strategies to facilitate the organization's transition to more effective organizational processes.
- **Homebuilders Association, Phoenix, Arizona (1996)** Through subcontract, drafted reports related to development fees.
- **Arizona Superior Court in Pima County, Pima County Juvenile Court, Tucson, Arizona (1996-1997)** Through subcontract facilitated a strategic planning process that included involvement of management, supervisory and line staff. Specific activities included: development of a vision, mission, strategic issues, goals, and objectives, assessment of current organizational activities related to the principles of restorative justice, identification and diagramming of all court processes for assessing possible areas for program enhancement and improved efficiency.
- **Presbyterian Services Agency, Phoenix, Arizona (1997, 2001)** Prepared a proposal to the Department of Economic Security for the provision of family support services. Provided technical assistance related to a proposal to ValueOptions.
- **Maricopa County Public Health Department (1997-2004)** Supported a team effort to develop a proposal for services funded under the Ryan White Care Act Amendment. Activities Included editing and formatting proposal. In 2001, prepared a proposal for funding for the health clinic that provides health care for the homeless.
- **Department of Economic Security, Phoenix, Arizona (1997)** Through subcontract, reorganized statistical information about child abuse reports into user-friendly format.
- **New Focus, Tucson, Arizona (1997-1998)**—Provided program evaluation and technical assistance to Tobacco Education Prevention Programs so that projects can provide services at an optimal level. Assistance was provided to the following sites: Scottsdale School District, the Mesa Partnership (a collaboration of the Mesa Community College, Mesa United Way, and Mesa School District), Mohave County, Yavapai County, Coconino County, Apache County, and Navajo County. Specific activities included: training local project staff in the use of the evaluation tool (Results Mapping). review of periodic data reports that provide feedback about results achieved to local projects. facilitation of development of strategies to enhance the effectiveness of the program and provide for higher-level program outcomes.

- **Maricopa County Head Start, Phoenix, Arizona (1997-1999)** Through subcontract, facilitated discussion with key management staff about key organizational strategies to improve program effectiveness. Conducted needs assessment related to organizational policies and procedures, developed policies and procedures.
- **Corporation for Supportive Housing, Phoenix, Arizona (1997 - 1998)** Conducted needs assessment among organizations that receive HUD-Supportive Housing Program funding. The process provided information about the need for technical assistance in a variety of areas including: management, operations, finance, accounting, and general organizational capacity. Coordinated and managed all aspects of fund-raising event that took place in November 1997 at the Phoenix Art Museum. Coordinated all aspects of the delivery of technical assistance training to more than 40 community-based agencies.
- **Lincoln House/Lincoln Hospital, Phoenix, Arizona (1997-1998)**. Responsible for the administration of a needs assessment related to childcare in the Sunnyslope area. Specific activities included: facilitation of steering committee meetings, development of needs assessment instruments and coordination of the administration, compilation of needs assessment data, and development of final report and plan.
- **Cannon and Associates, Inc., Phoenix, Arizona (1998-current)** Developed database and provided analysis about programs for foster children. Developed database for hospital survey. Conducted policy research. Revised funding worksheet related to tobacco settlement funds. Developed interdisciplinary Drug Endangered Children Protocol for the protection of children that are found at meth labs. Developed meeting documentation from statewide methamphetamine conference. Developed database and data report for community survey. Conduct research in specific program areas. Provide support to community needs assessment related to substance abuse for Sunnyslope, a community within Phoenix. Provide support related to FTF assessment. Provide support related to Head Start needs assessment at county and state level. Provide support to SLHI report related to health care. Manage project related to asset mapping for Arizona Department of Health Services.
- **Drugs Don't Work In Arizona, Phoenix, Arizona (1998)** Prepared proposal for funding for programs related to educating individuals through workplace programs about the harmful effects of drugs and strategies for communicating with their children about the issue.
- **Jane Killion Irvine, ACSW, Phoenix, Arizona (1998, 1999, 2000, 2001, 2002)** Conducted surveys about the Interagency Case Management Project for program evaluation effort. Provided data entry for related database. Conducted review of case files. Assisted in the development of collaborative proposal to provide services to homeless youth. Conducted focus groups with homeless youth. Conducted interviews and participated in development of a business plan for a family advocacy center. Participating in statewide evaluation for AZ Families First Substance Abuse Program. As a part of the evaluation, conduct site visits, interview key stakeholders, and develop site reports. Develop database for after school program provided by Tumbleweed.
- **Casillas Consulting, Phoenix, Arizona (1998)** Edited tobacco prevention curriculum materials.
- **Kyrene School District, Tempe, Arizona (1998)** Providing support to the District's involvement in the local tobacco coalition. Support includes: coordination of survey distribution, representing the District at coalition meetings and developing appropriate portions of a service plan.
- **City of Chandler, Chandler, Arizona (1998-1999)** Coordinating citywide training activities. Developed 3-year action plan for training activities.
- **Stardust Foundation, Scottsdale, Arizona (1999)** Provided support to strategic planning process for Homeowner's Association at South Ranch, a Habitat for Humanity community.
- **Harris Consulting, Litchfield Park, Arizona (1998-1999)** Provided support to the development of funding applications for affordable housing projects. Applications have included: Federal Home Loan Bank-Affordable Housing Program and Department of Commerce. Provided coordination for one-day conference on affordable housing.
- **Native American Connections, Inc., Phoenix, Arizona (1998-2000, 2002, 2009, 2010)** Provided support to organizational strategic planning process, developing funding applications for NACI programs. Applications have included Continuum of Care, Department of Commerce, and Federal Home Loan Bank-Affordable Housing Program. Developed funding proposals to private foundations. Developed SAMHSA application for substance abuse treatment services for persons who are homeless. Developed SAMHSA funding application related to Successor of Interest.
- **Mesa Partnership, Mesa, Arizona (1998-2001)** Conducted program evaluation of tobacco use prevention and cessation activities. Activities included survey development, database development, data analysis, and annual and ad hoc report development.
- **Arizona State University West (1999)** Developed program proposal for U.S. Department of Education Gear Up Project that prepared youth for college attendance.
- **Tobacco Lifelong Challenge Project (1999)** Conducted evaluation needs assessment and provided evaluation review report.
- **Apache County Health Department, Springerville, Arizona (1999-2001)** Conducted program evaluation of tobacco use prevention and cessation activities. Activities included survey development, database development, data analysis, and annual and ad hoc report development.
- **Navajo County Health Department, Holbrook, Arizona (1999-2000)** Conducted program evaluation of tobacco use prevention and cessation activities. Activities included survey development, database development, data analysis, and annual and ad hoc report development.
- **Mohave County Health Department, Kingman, Arizona (1999-2008)** Conducting program evaluation of tobacco use prevention and cessation activities. Activities included survey development, database development, data analysis, and annual and ad hoc report development. Conduct local Youth Tobacco Use Survey in 1999 and 2001. Survey activities included database development, data management, and

analysis and report development. Developed database to track tobacco use among clients of the WIC program. -Completed project related to position responsibilities analysis and comparability.

- **City of Chandler, Chandler, Arizona (1999)** Developed training outline for training related to city's conversion to new payroll system.
- **Mercy Housing, Southwest (2000)** Prepared funding proposals for housing projects to the Federal Home Loan Bank.
- **Scottsdale and Fountain Hills Tobacco Use Prevention Program, Scottsdale, Arizona (2000-2001)** Conducted program evaluation of tobacco use prevention and cessation activities. Activities included survey development, database development and data analysis, and annual and ad hoc report development.
- **House of Refuge East, Mesa, Arizona (2000-current)** Conducted strategic planning process with board and staff. Developed funding proposals for various program activities. Proposals have been developed for U.S. Department of Housing and Urban Development, Department of Economic Security, Kaboom, AZ Behavioral, and Health Foundation. Developed databases for the management of volunteers and donor information as well as a database for management of repair and maintenance information for the 85 transitional housing units.
- **House of Refuge Sunnyslope, Phoenix, Arizona (2000, 2001, 2003)** Developed funding proposals for the City of Phoenix Community Development Block Grant Program and the Arizona Department of Housing.
- **Community Bridges, (2000-current)** Developed funding proposals for transitional housing program. Proposals have been written for the U.S. Department of Housing and Urban Development, Mesa-Community Development Block Grant, Tempe-Community Development Block Grant, Maricopa County-Community Development Block Grant, Federal Home Loan Bank, Affordable Housing Program, and Virginia Piper Charitable Trust. Other proposals included: proposal to the U.S. Substance Abuse and Mental Health Services Agency, ValueOptions for the Local Alcohol Reception Center, ValueOptions for prevention programming, U.S. Department of Justice for Drug Free Communities Support Program and cities throughout Maricopa County. Developed and implemented grants management process.
- **Triple R Behavioral Health, Phoenix, Arizona (2001)** Provided support to efforts to identify properties for residential program services. Assisted in the development of a proposal to the City of Mesa.
- **Community Bridges Prevention Partnership, (2001-current)** Provide program evaluation for substance abuse prevention programs including ValueOptions and U.S. Drug Free Communities. Evaluation activities include survey development, database development, data management, and analysis and report development. Developed comprehensive database for the collection of information about program activities to be utilized for activity reports and process evaluation. Conducted strategic planning process.
- **Salvation Army, Bradenton, Florida (2002)** Developed database to manage volunteer information and fund raising.
- **Coconino County Tobacco Use Prevention Program, Flagstaff, Arizona (2002)** Developed a database for staff to utilize to report activities.
- **Governor's Office of Housing Development, Phoenix, Arizona (2002)** Through subcontract, coordinated the development of an annual performance and evaluation report for submittal to the U.S. Department of Housing and Urban Development. Prepared a summary annual report.
- **Maricopa County Integrated Health Systems (2003-2004, 2008/09)** Developed funding applications with some emphasis on Title IV or the Ryan White Care Act. Provided overall management support for dental services program for persons with HIV/AIDS.
- **Next Step and Associates, Sarasota, Florida (2003)** Database development for training needs assessment conducted for the City of Sarasota Florida.
- **Presbyterian Services Agency, Phoenix, Arizona (2003-2005)** Provide evaluation for school-based prevention program. Evaluation includes database and survey development, data management, and report development. Draft funding proposals.
- **Tumbleweed, Phoenix, Arizona (2003, 2004)** Developed U.S. Department of Housing and Urban Development Continuum of Care applications for program services.
- **Goodwill Industries of Central Arizona, Inc., Phoenix Arizona (2003, 2005)** Developed funding proposal to the U.S. Department of Labor to enhance employment opportunities for persons that are disabled.
- **Casey Family Foundation, Denver Colorado (2004)** Provided organizational support related to programmatic changes taking place within the organization.
- **Arizona Women In Education and Employment, Phoenix, Arizona (2004)** Developed funding proposals.
- **City of Tempe, Tempe, Arizona (2004, 2005)** Developed funding proposals of which one resulted in the development of the Connections Café, a life options center to meet the needs of baby boomers as they transition from full time employment.
- **EMPACT-SPC, Tempe, Arizona (2004-current)** Provide program evaluation for prevention activities that include database development, data analysis and report development. Support coalition effort around suicide prevention.
- **Cave Creek Unified School District, Cave Creek, Arizona (2004, 2005)** Develop funding proposals for prevention program activities.
- **John C. Lincoln Health Care, Desert Mission, Phoenix, Arizona (2005-2008)** Developed logic models for program areas within Desert Mission (Children's Health Care, Food Bank, Dental Clinic, and social services (Marley House). Providing support to development of final report for Weed and Seed initiative. Provided program evaluation for Title II program activities including survey and database development.

Developed application for prevention services through community coalition.

- **Tempe Community Action Agency, Tempe, Arizona (2005-current)** Develop funding proposals including city , county, and state applications as well as the Valley of the Sun United Way.
- **Youth Etc., Phoenix, Arizona (2005)** Developed funding proposal for AZ Department of Economic Security.
- **Valley of the Sun United Way, Phoenix, Arizona (2005-2007)** Manage data and develop reports for Early Literacy Initiative
- **Friendly House, Phoenix, Arizona (2005-2008)** Provide program evaluation for prevention programs.
- **AZ Department of Housing, Phoenix, Arizona (2006-2010)** Developed meeting documentation for the Governor's Task Force on Affordable Housing and its related subcommittees. Final report with recommendations to be developed, Developed HUD continuum of care application for rural counties, support rural continuum of care coalitions in rural counties of Arizona.
- **Partnership for Drug-Free America, AZ Chapter (2006-current) Phoenix and Yuma, AZ** Developed funding proposals for substance abuse prevention activities, provide evaluation support. Provide evaluation support for SPF SIG Project Yuma. Program Evaluation for AZ Parents' Conned Program (current).
- **Family Involvement Center, Phoenix AZ (2007-current)** Develop funding proposals for family involvement in behavioral health system. Provide additional support such as logic model development and database development. Manage database that captures monthly program activities. Develop monthly and annual reports.
- **CV Lore and Associates (2008, 2010) Phoenix, AZ** -Developed funding application to the U.S Department of Education for multiple program supports for youth in middle school. Develop data for First Things First Needs Assessment
- **Maricopa Integrated Health Systems, Phoenix AZ 2008-2009, 2009-2010,** Managed dental services case management program for persons with HIV/AIDS
- **Molera, Alvarez, Phoenix AZ (2009)** Developed applications related stimulus funding to support neighborhoods.
- **UMOM, Phoenix, AZ (2010)** Developed funding applications for family homeless shelter, and veteran families housing.
- **Valley of the Sun United Way (2010, 2011)** developed youth summer employment applications and applications for services for young youth including early literacy, oral health and family resource centers.
- **Scottsdale Health Care, Scottsdale AZ (2010)** develop funding proposals.
- **East Valley Institute of Technology, Mesa AZ (2010)** develop funding proposals.
- **TERROS, Phoenix AZ (current)** Develop grants applications to HRSA, CDC, Arizona Department of Economic Security, Arizona Department of Corrections
- **Gila River Indian Health Care Corporation, Sacaton, AZ (2011)** Develop funding application to Governor's Office for Children.
- **John C. Lincoln Health Foundation, Phoenix, AZ (current)** Develop funding applications for HRSA.

Beverly D. Hancock, MS
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Bradenton, FL 34207
941-758-6824
nextstep@prodigy.net

RESUME

Owner, Hancock Consulting, Inc. (formerly NEXT STEP & ASSOCIATES) 1998-present.

HANCOCK CONSULTING, INC. is an organizational development, performance improvement, and employee training firm based in Florida. We work with public and private business to help them improve operations and productivity. Primary services include: management and leadership development; organizational development; design, development and delivery of customized employee training programs and workshops; team building; conflict resolution and mediation services; meeting facilitation; design, development and administration of customized 360 degree assessments and needs analysis; executive and management coaching.

Adjunct Faculty, 2000-present

- St. Petersburg College, Corporate Training and Business Development
- State College of Florida, Workforce Solutions

Past Work Experiences:

Manager, Organizational and Employee Development, Sarasota County Government, Florida, 1996-2000.

Responsible for organizational development activities directed at improving organizational performance. Major achievements included: design and development of a 360 degree assessment tool for executive leadership; design of an electronic performance appraisal tool for the County Manager and executive leadership team; design and implementation of an employee satisfaction survey; establishment of a training tracking system to record and monitor employee development activities and ensure compliance with professional certifications, licenses, etc.; development of new employee orientation manual and orientation program; establishment of a Professional Customer Service Certification Program that included design and development of a 5-level training program; and, implementation of a Continuous Quality Improvement (CQI) program and selection, training, advising and monitoring of a cadre of Internal CQI Consultants.

Also responsible for all duties associated with administration of the organization's employee training and development function including: conducting a variety of needs assessments and surveys; designing and developing training programs/classes; developing and maintaining professional relationships and partnerships with a variety of educational institutions, community organizations and area businesses to support cooperative efforts aimed at achieving organizational goals; identifying, hiring, training and evaluating performance of staff and adjunct instructors; preparing and administering budget; publishing the bi-annual training catalog and schedule; management coaching.

Manager, Staff Development and Training, Maricopa County, Arizona,

Major responsibilities included: establishment of the corporate-wide employee training and development department; assessment of workforce development needs based on identification of critical competencies associated with accomplishment of the organization's mission and job-specific requirements; design, development and implementation of training and development programs for approximately 14,000 employees; involved in developing the plan for a major organizational restructuring which including facilitating department restructuring workshops, training supervisory personnel on how to appropriately lay-off staff, and establishing and administrating three career centers to assist terminated workers with their job searches, as well as accessing needed social service and unemployment assistance.

Education:

Master's Degree in Education, University of Nevada-Las Vegas (*Graduate Assistant*)
Bachelor of Arts, University of Nevada-Las Vegas
Completion of advanced studies in adult learning theory, curriculum design, creative training techniques, organizational development, work process improvement, and business continuity planning

Certifications:

Certified Birkman Method Consultant
Certified Zenger-Miller/Achieve-Global Instructor
Certified DDI Instructor
Authorized to administer the Myers-Briggs Type Indicator (MBTI)

PROPERTY OF THE
ARIZONA DEPARTMENT OF HEALTH SERVICES



**Maricopa County Special Health Care District, dba
MARICOPA MEDICAL CENTER**
2601 East Roosevelt Street
Phoenix, Arizona 85008

This facility is licensed to operate as a **GENERAL HOSPITAL**

Services:

Medical/Surgical = 135 Burn Unit = 37 ICU/CCU = 33 Postpartum = 27 NICU = 31 CCN = 22 Pediatrics = 34 PICU = 7 Psychiatric = 188

Total Capacity: 515

SATELLITE OFFICES:

Avondale Family Health Center, 950 East Van Buren, Avondale, Arizona 85323
Chandler Family Health Center, 811 South Hamilton, Chandler, Arizona 85225
El Mirage Family Health Center, 12428 West Thunderbird, El Mirage, Arizona 85335
Glendale Family Health Center & Dialysis Services, 5141 West Lamar Road, Glendale, Arizona 85301
Guadalupe Family Health Center, 5825 East Calle Guadalupe, Guadalupe, Arizona 85328
Maryvale Family Health Center, 4011 North 51st Avenue, Phoenix, Arizona 85031

This license has been issued under the authority of Title 36, Chapter 4, Arizona Revised statutes and pursuant to Department of Health Services' Rules, is not transferable and is valid only for the location identified above.

License Effective:

From: October 1, 2010 To: September 30, 2013

Issued: September 29, 2010

Number: H3673

Certificate 1 of 2

Cecilia Belden
Recommended By:

Mary J. ...
Issued By: Assistant Director

PURSUANT TO A.R.S. §41-1092.11 (A), UPON SUBMITTAL OF A TIMELY AND SUFFICIENT APPLICATION
THIS LICENSE WILL REMAIN IN EFFECT UNTIL REISSUED OR REVOKED
TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE

PROPERTY OF THE
ARIZONA DEPARTMENT OF HEALTH SERVICES



**Maricopa County Special Health Care District, dba
MARICOPA MEDICAL CENTER
2601 East Roosevelt Street
Phoenix, Arizona 85008**

This facility is licensed to operate as a GENERAL HOSPITAL

Services:

SATELLITE OFFICES:

McDowell Family Health Center, 1144 East McDowell Road, Phoenix, Arizona 85006
Mesa Family Health Center, 59 South Hibbert, Mesa, Arizona 85210
MHS Radiology, 1201 South 7th Avenue, Phoenix, Arizona 85007
Seventh Avenue Walk In Clinic, 1201 South 7th Avenue, Phoenix, Arizona 85007
Seventh Avenue Family Health Center, 1205 South 7th Avenue, Phoenix, Arizona 85007
South Central Family Health Center, 33 West Tamarisk, Phoenix, Arizona 85041
Sunnyslope Family Health Center, 934 West hatcher Road, Phoenix, Arizona 85021

This license has been issued under the authority of Title 36, Chapter 4, Arizona Revised statutes and pursuant to Department of Health Services' Rules, is not transferable and is valid only for the location identified above.

License Effective:

From: October 1, 2010 To: September 30, 2013

Issued: September 29, 2010

Number: H3673

Certificate 2 of 2

Cecilia Bullen
Recommended By:

Mary Truby
Issued By: Assistant Director

PURSUANT TO A.R.S. §41-1092.11 (A), UPON SUBMITTAL OF A TIMELY AND SUFFICIENT APPLICATION
THIS LICENSE WILL REMAIN IN EFFECT UNTIL REISSUED OR REVOKED
TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE

Attachment 3-D

RESPONDENT'S REFERENCES

RESPONDENT SUBMITTING PROPOSAL: Maricopa Integrated Health System

1. COMPANY NAME: Maricopa County Office of Oral Health
 ADDRESS: 4041 N. Central, Phoenix, AZ 85012
 CONTACT PERSON: Toby Urvater
 TELEPHONE: 602506-6767 E-MAIL ADDRESS: toby.urvater@mail.maricopa.gov

2. COMPANY NAME: ADA Foundation Samuel D. Harris Fund
 ADDRESS: 211 E. Chicago Ave., Chicago, IL 60611
 CONTACT PERSON: Rose Famularo
 TELEPHONE: 312-440-2763 E-MAIL ADDRESS: famularor@ada.org

3. COMPANY NAME: The Southwest Center for HIV/AIDS
 ADDRESS: 1144 E. McDowell Road, Suite 200, Phoenix, AZ 85006
 CONTACT PERSON: Carol Poore
 TELEPHONE: 602-307-5330 E-MAIL ADDRESS: cpoore@swhiv.org

4. COMPANY NAME: Care Directions @ Area Agency on Aging
 ADDRESS: 1366 E. Thomas Road., Suite 200, Phoenix, AZ 85014
 CONTACT PERSON: Debby Elliott
 TELEPHONE: 602-241-6123 E-MAIL ADDRESS: debby.elliott@aaaphx.org

5. COMPANY NAME: Phoenix Children's Hospital
 ADDRESS: 1919 E. Thomas Road, Phoenix, AZ 85016
 CONTACT PERSON: Jan Piatt, MD
 TELEPHONE: 602-202-1260 E-MAIL ADDRESS: jpiatt@phoenixchildrens.org

Attachment 3-E



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Program Support Center
Financial Management Service
Division of Cost Allocation

DCA Western Field Office
90 7th Street, Suite 4-800
San Francisco, CA 94103
PHONE: (415) 437-7820
FAX: (415) 437-7823
E-MAIL: dcaof@psc.hhs.gov

JUL 29 2013

Kathleen Benaquista
Controller
Maricopa Integrated Health System
2619 East Plerce St., 1st Fl.
Phoenix, AZ 85008

Dear Ms. Benaquista:

A copy of an Indirect cost Negotiation Agreement is attached. This Agreement reflects an understanding reached between your organization and a member of my staff concerning the rate(s) that may be used to support your claim for indirect costs on grants and contracts with the Federal Government. Please have the Agreement signed by a duly authorized representative of your organization and return it to me BY EMAIL OR FAX, retaining the copy for your files. We will reproduce and distribute the Agreement to the appropriate awarding organizations of the Federal Government for their use.

An indirect cost proposal together with required supporting information must be submitted to this office for each fiscal year in which your organization claims indirect costs under grants and contracts awarded by the Federal Government. Thus, your next proposal based on your fiscal year ending 06/30/13 is due in our office by 12/31/13.

Sincerely,

Arif Karim, Director
Division of Cost Allocation

Attachment

PLEASE SIGN AND RETURN THE NEGOTIATION AGREEMENT BY EMAIL OR FAX

HOSPITALS RATE AGREEMENT

EIN:
 ORGANIZATION:
 Maricopa Integrated Health System
 2619 East Pierce St., 1st Fl.
 Phoenix, AZ 85008

DATE: 07/22/2013
 FILING REF.: The preceding
 agreement was dated
 06/23/2010

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES:	FIXED	FINAL	PROV. (PROVISIONAL)	PRED. (PREDETERMINED)	
<u>EFFECTIVE PERIOD</u>					
<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
PRED.	07/01/2012	06/30/2014	25.00	All	Other Sponsored Activities
PRED.	07/01/2012	06/30/2014	63.00	All	Research
PROV.	07/01/2014	06/30/2015	25.00	All	Other Sponsored Activities
PROV.	07/01/2014	06/30/2015	63.00	All	Research

***BASE**

Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations); subawards; hospitalization and other fees associated with patient care whether the services are obtained from an owned, related or third party hospital or other medical facility; rental/maintenance of off-site activities; student tuition remission and student support costs (e.g., student aid, stipends, dependency allowances, scholarships, fellowships).

ORGANIZATION: Maricopa Integrated Health System

AGREEMENT DATE: 7/22/2013

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

DEFINITION OF EQUIPMENT

Equipment is defined as tangible nonexpendable personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

The following fringe benefits are treated as direct costs:
FICA, HEALTH/LIFE INSURANCE, AND RETIREMENT.

ORGANIZATION: Maricopa Integrated Health System

AGREEMENT DATE: 7/22/2013

SECTION III: GENERAL

A. LIMITATIONS

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES

The rates in this Agreement were approved in accordance with the cost principles promulgated by the Department of Health and Human Services, and should be applied to the grants, contracts and other agreements covered by these regulations subject to any limitations in A above. The hospital may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

Maricopa Integrated Health System

(INSTITUTION)

(SIGNATURE)

(NAME)

(TITLE)

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

(SIGNATURE)

Arif Karim

(NAME)

Director, Division of Cost Allocation

(TITLE)

7/22/2013

(DATE) 3022

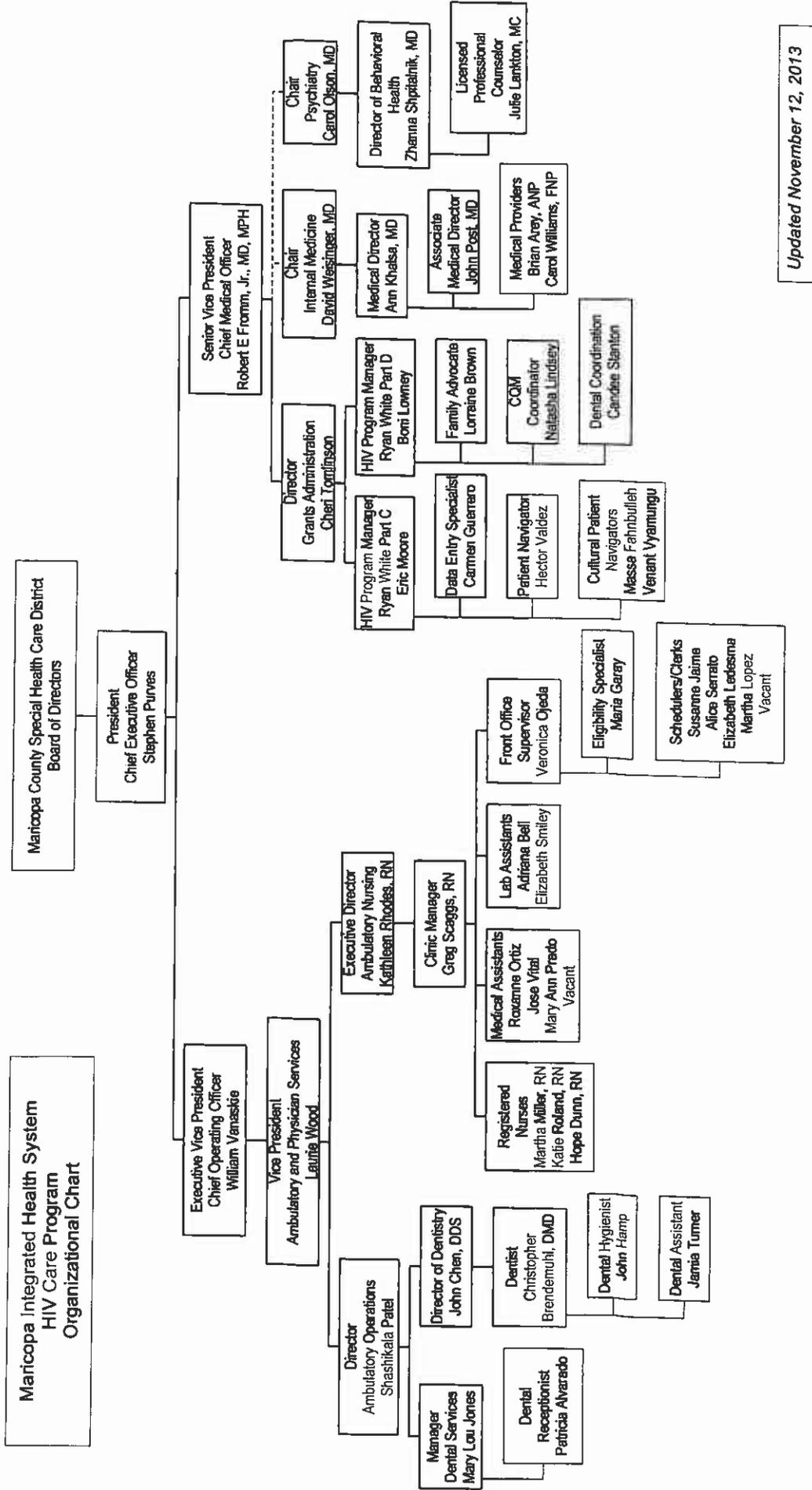
HHS REPRESENTATIVE:

Helen Fung

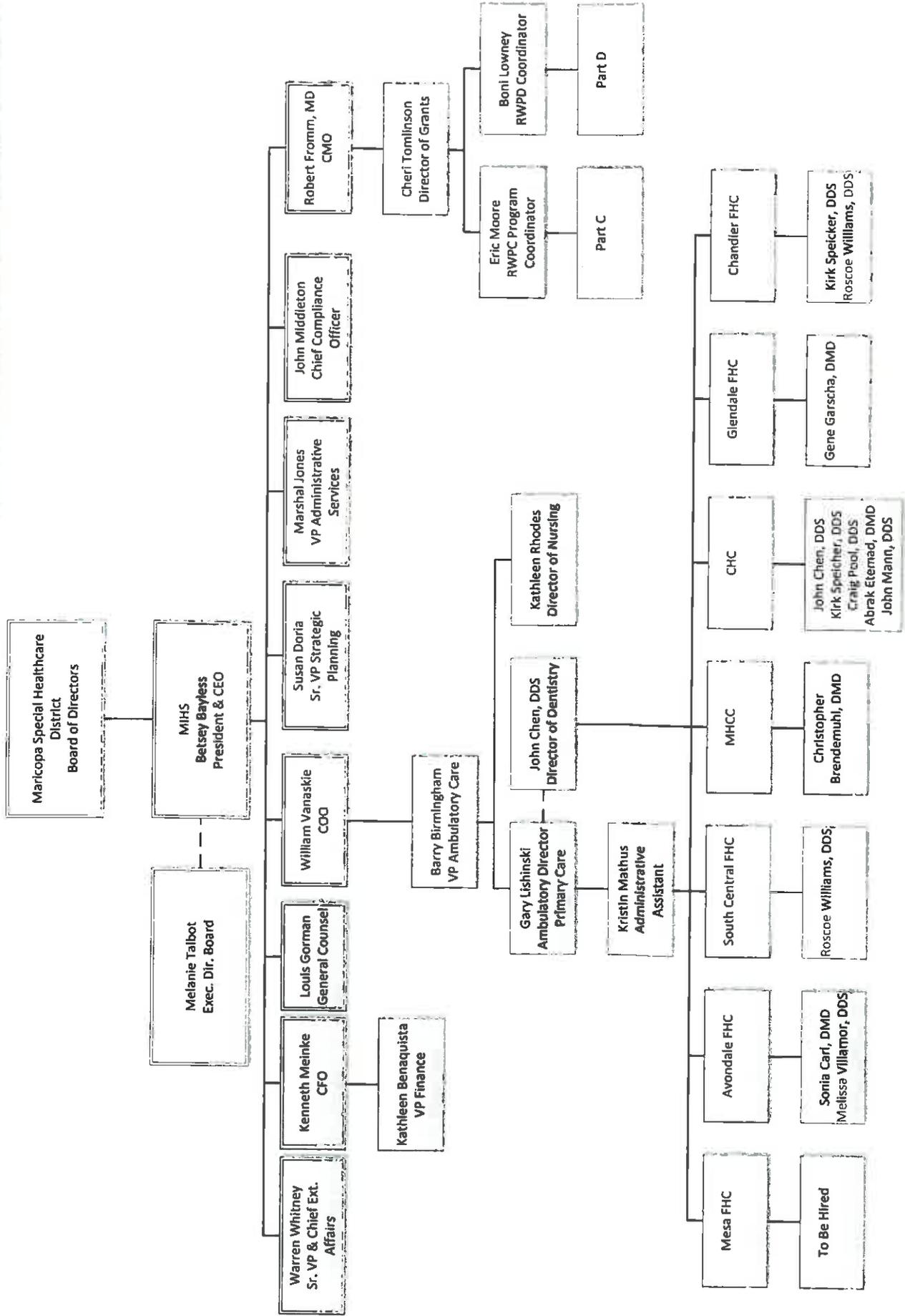
Telephone:

(415) 437-7820

Attachment 3-F



Updated November 12, 2013



This Attachment consists of the Scope of Work and Budget for Early Intervention Services. This portion of the Agreement shall be a cost re-imbusement fee methodology.

Index of Attachments:

Attachment 4 consists of following documents:

Attachment 4-A: Service Definition and Scope of Work

Attachment 4-B: Service Budget and Schedule of Deliverable.

Attachment 4-A

1.0 Service Definition

The United States Department of Health and Human Services, Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) defines Early Intervention Services (EIS) activities as identification of individuals at points of entry and access to services and the provision of the following:

- HIV Testing and Targeted counseling
- Referral Services
- Linkage to care
- Health education and literacy training that enable clients to navigate the HIV system of care

Early Intervention Services shall consist of all four of the above components being present, but part A funds to be used for HIV Testing shall only be as necessary to supplement, not supplant, existing funding by the Contractor.

2.0 Scope of Work

The Contractor shall provide Early Intervention Services (EIS) which includes counseling for individuals with respect to HIV/AIDS testing (including tests to confirm the presence of the disease, tests to diagnose the extent of the immune deficiency; tests to provide information on appropriate therapeutic measures); referrals; linkage to care and health education and literacy services in accordance with Ryan White Part A Program policies and procedures.

Attachment 4-B

Budget and Schedule of Deliverables.

Maricopa County
Ryan White Part A - Budget Documentation

DATE PREPARED 7/25/13

PREPARED BY: Eric Moore

NAME OF ORGANIZATION: City Special Health Care District d.b.a. Maricopa Integrated

Fed. Employee ID # (FEIN) 860830701

DUNS # 186507216

ADDRESS: 2601 E. Roosevelt
Phoenix, Arizona 85008

AUTHORIZED CONTACT Robert E Fromm, Jr., MD, MPH, Chief Medical Officer

TELEPHONE 602-344-5503 FAX 602-344-5190

E-MAIL robert.fromm@mihs.org

PRIMARY CONTACT Cheri Tomlinson, Director of Grants Administration

TELEPHONE 602-344-2629 FAX 602-344-2633

EMAIL cheri.tomlinson@mihs.org

CONTRACT NUMBER C-31-10-001-3-00

SERVICE CATEGORY Early Intervention Services

BUDGET PERIOD: 3/1/2013 2/28/2014
Start Date End Date

CONTRACT AMOUNT \$90,000.00

By submission of this budget, the Provider certifies that they have read the List of Unallowable Costs under the Ryan White Part A Program and agree to follow the HRSA specific standards related to Unallowable Costs.

In addition, the following documents must be submitted with your budget proposal (Check the appropriate boxes)

- If applicable, Negotiated Indirect Cost Agreement is attached Cost Allocation Policy is attached (required)

**Maricopa County
Ryan White Part A Grant
Contractor Budget Summary**

Date Prepared: 7/25/2013

(Section I)

Organization
Service Category
Budget Period

Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health		
Early Intervention Services		
3/1/2013	Through	2/28/2014

(Section II)

Contract Amount \$90,000.00

Operating Expenses		Contract Amount		
		Administrative Budget	Direct Service Budget	Total Budget
	FTES	0.00	0.00	0.00
Personnel:	Salaries	\$ -	\$ -	\$ -
Personnel:	Fringe/Benefits	-	-	-
Subtotal: Personnel/Fringe Benefits		-	-	-

Other Operating Expenses			
Travel		-	-
Supplies		-	-
Equipment		-	-
Contractual		-	81,783.60
Program Support		-	-
Other Professional Services		-	-

Subtotal: Other Operating Expenses	-	81,783.60	81,783.60
---	---	-----------	-----------

Total Operating Expenses	-	81,783.60	81,783.60
---------------------------------	---	-----------	-----------

(Personnel and Other Direct Costs)

Indirect Costs		8,178.36	8,178.36
Enter Indirect Cost Rate (may not exceed 10% of Direct Costs)	10.00%	<i>Providers claiming an indirect cost must submit their most current negotiated indirect costs rate agreement issued by the cognizant federal agency with their budget.</i>	

Total Costs of Contract	8,178.36	81,783.60	89,961.96
	(Admin-Percent of Direct Costs)	10.00%	

Administration may not exceed 10% of Direct Costs

CONTRACT BALANCE (Contract Revenue less Total Costs of Contract) **\$ 38.04**

*The Contract Balance should equal zero.

Personnel

All staff paid in full or part from this Ryan White Part A grant are to be listed in the following chart.

Date Prepared: 7/25/2013

1 Staffing

Provider Entry Auto Calculation Fringe Benefit Rate 0.007%

Staffing Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services													
Position Title	Last Name	Annual Hours	S. RMPA	FTE	Hourly Rate	Salary Applied to Grant per FTE	Benefits Applied to Grant per FTE	A, D or MD	% Applied as Administrative	Gross Admin Salary	Gross Admin Benefits	Direct Service Salary	Direct Service Benefits
1	Description			0.0000	\$	\$	\$			\$	\$	\$	\$
2	Description			0.0000	\$	\$	\$			\$	\$	\$	\$
3	Description			0.0000	\$	\$	\$			\$	\$	\$	\$
4	Description			0.0000	\$	\$	\$			\$	\$	\$	\$
5	Description			0.0000	\$	\$	\$			\$	\$	\$	\$
6	Description			0.0000	\$	\$	\$			\$	\$	\$	\$
7	Description			0.0000	\$	\$	\$			\$	\$	\$	\$
8	Description			0.0000	\$	\$	\$			\$	\$	\$	\$
TOTAL Personnel				0.00		\$	\$			\$	\$	\$	\$
(Admin) (Direct Services)				0.00		\$	\$			\$	\$	\$	\$
Total				0.00		\$	\$			\$	\$	\$	\$

2 Staffing Continuation Sheet (Page 2 of 2)

Provider Entry Auto Calculation

Date Prepared: 7/25/2013

Staffing Continuation Sheet (Page 2 of 2) Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services																		
Position Title	Last Name	Annual Hours	% FTE	MOHPA	FTE	Monthly Rate	Salary Applied to grant per FTE	Benefits Applied to grant per FTE	% Admin A, O or ATO	% Applied as Administration	Gross Admin Salary	Gross Admin Benefits	Direct Service Salary	Direct Service Benefits				
9	Description		0.0000			\$	\$	\$					\$	\$				
10	Description		0.0000			\$	\$	\$					\$	\$				
11	Description		0.0000			\$	\$	\$					\$	\$				
12	Description		0.0000			\$	\$	\$					\$	\$				
13	Description		0.0000			\$	\$	\$					\$	\$				
14	Description		0.0000			\$	\$	\$					\$	\$				
15	Description		0.0000			\$	\$	\$					\$	\$				
16	Description		0.0000			\$	\$	\$					\$	\$				
17	Description		0.0000			\$	\$	\$					\$	\$				
Subtotal on Page														0.00	\$	\$	\$	\$

TRAVEL

Provider Entry Auto Calculation

Date Prepared: 7/25/2013

Travel can be budgeted for the cost of staff mileage and other travel associated with Ryan White Part A.

- 1 **Mileage** Mileage will be budgeted utilizing the standard calculation of # of monthly miles for a full time staff person x12 months x the rate per mile used by your organization x the number of FTE(s) budgeted who will travel to provide services under this grant. Enter only the FTEs that will travel and provide a Narrative Justification including who will travel and why.

Mileage Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services							
FTE	Mileage Rate	Monthly Miles Budgeted (Per FTE)	Annual Miles Applied to Grant	Total Budget	Admin	Direct Svc	Narrative Justification
1			0	\$ -	\$ -		
2			0	\$ -	\$ -	\$ -	
TOTAL			0	\$ -	\$ -	\$ -	

***Note - Budget monthly mileage for 1 FTE. This is a revision to prior year budget templates.**

- 2 **Other Allowable Travel** (car rental, parking, fees, etc.)

Ryan White Part A has determined that costs included in this section are Administrative Costs.

Other Allowable Travel Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services						
Line Item	Cost	Total Budget	Admin	Direct Svc	Narrative Justification	
1	Cost	\$ -	\$ -			
7	Line Item	\$ -	\$ -			
3	Cost	\$ -	\$ -			
	Line Item	\$ -	\$ -			

SUMMARY (Travel)	Admin	Direct Services	Total
	\$ -	\$ -	\$ -

The supplies line item is used to budget funds for supplies used in the operations of the Grant.
 This category can include general office supplies and program/medical supplies

1 General Office Supplies:

(Apply an FTE Ratio from the Budgeted Personnel Page)

Pens, paper, toner and general supplies that are used to run an office

General Office Supplies Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services					
Item	Annual Budget	% Admin 0%	% Direct 0%	Total 0%	Narrative Description/Cost Allocation Methodology
1		\$ -	\$ -	\$ -	
2		\$ -	\$ -	\$ -	
3		\$ -	\$ -	\$ -	
4		\$ -	\$ -	\$ -	
5		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	\$ -	

2 Program Supplies

Program/Medical Supplies are budgeted as Direct Service

Program Supplies Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services					
Item	Annual Budget	Admin	Direct	Total	Narrative Description/Cost Allocation Methodology
1		\$ -	\$ -	\$ -	
2		\$ -	\$ -	\$ -	
3		\$ -	\$ -	\$ -	
4		\$ -	\$ -	\$ -	
5		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	\$ -	

SUMMARY (Supplies)	Admin	Direct	Total
	\$ -	\$ -	\$ -

EQUIPMENT

Provider Entry | Auto Calculation

Date Prepared 7/25/2013

The equipment line item is budgeted for equipment purchased or leased in conjunction with operations of the grant
 Refer to your contract terms and conditions for requirements related to equipment purchases

Equipment less than \$5,000

Equipment less than \$5,000 Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services				
Line Item	Admin	Direct	Total	Notes
1			\$ -	
2			\$ -	
3			\$ -	
4			\$ -	
5			\$ -	
TOTAL	\$ -	\$ -	TOTAL \$ -	

Equipment \$5,000 or greater

Equipment \$5,000 or greater Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services				
Line Item	Admin	Direct	Total	Notes
1			\$ -	
2			\$ -	
3			\$ -	
4			\$ -	
TOTAL	\$ -	\$ -	TOTAL \$ -	

SUMMARY (Equipment)	Admin	Direct	Total
	\$ -	\$ -	\$ -

Use this form to budget for consulting and contract labor (Section 1) and subcontracts (Section 2) in conjunction with operating this Part A grant

1. Consulting/Professional Contract Labor/Clerical Support

This budget category includes payments to outside consultants, temporary services, professional contract labor and clerical support. Indicate the name, licenses/qualifications, hours budgeted, quoted rate, dates of service, and a detailed Narrative/Justification of activities to be provided

1. Consulting/Professional Contract Labor/Clerical Support Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services							
Consultant Name	Annual Budgeted Hours	Quoted Rate	Total Budget	Admin Budget %	Admin Budget	Direct Service Budget	Dates of Service
Value International Communications	2110	\$ 38.76	\$ 81,783.60	0%	\$ -	\$ 81,783.60	March 1, 2013 through February 28, 2014
Licenses / qualifications	Master of Arts in Interdisciplinary Studies with emphasis in health disparities, health literacy, and cultural competency in underserved and hard-to-reach populations						
Narrative/ Justification	Under the direction of the Program Manager, the Patient Navigator will work with newly diagnosed HIV positive patients for one year at the McDowell Healthcare Center. During the first year the newly diagnosed patient is an MHCC patient, the Patient Navigator will, among other duties, conduct initial, six month, and one year psycho-social assessments. The Patient Navigator will facilitate regular case conferences with medical case management organizations. The Patient Navigator is in HRSA service category Early Intervention Services.						
2		\$ -	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative/ Justification							
3		\$ -	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative/ Justification							
4		\$ -	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative/ Justification							
5		\$ -	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative/ Justification							
6		\$ -	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative/ Justification							
Consulting/ Prof/ Clerical Sup. Page 1			SUBTOTAL	1	\$ -	\$ 81,783.60	\$ 81,783.60
Consulting/ Prof/ Clerical Sup. From Contracted Continuation Page			SUBTOTAL	1	\$ -	\$ -	\$ -
			TOTAL	1	\$ -	\$ 81,783.60	\$ 81,783.60

2. Subcontracts

Include any payments through subcontracts to provide services under this grant

Each Subcontractor listed in this section who is a sub recipient (not a vendor) must complete a Budget using the RWPA budget template

Maricopa County RWPA will enforce the 10% administrative Cost Cap established by HRSA for first-line and second-line sub recipient entities receiving Ryan White Part A Funds.

2. Subcontracts Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services						
Subcontractor Name	Sub recipient or Vendor	Admin Budget	Direct Service Budget	Total Budget	Admin % of Direct	Dates of Service
1		\$ -		\$ -	#DIV/0!	
Service(s) Provided						
Narrative/ Justification						
2				\$ -	#DIV/0!	
Service(s) Provided						
Narrative/ Justification						
3				\$ -	#DIV/0!	
Service(s) Provided						
Narrative/ Justification						
		TOTAL				

SUMMARY	Contractual	Admin	Direct	Total
	\$ -	\$ -	\$ 81,783.60	\$ 81,783.60

Contractual- Continuation Page

Date Prepared: 7/25/2013

The Contractual line item is used for consulting and contracting to be utilized in conjunction with operations of the grant.
Use this page to list Consultant/Contract Labor and Clerical Support if there is insufficient space on the Contractual Page.

Consulting/Professional Contract Labor/Clerical Support

Consulting/Professional Contract Labor/Clerical Support Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services

Consultant	Hours Budgeted	Quoted Rate	Total Budget	Admin Budget %	Admin Budget	Direct Service	Dates of Service
6			\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
7		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
8		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
9		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
10		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
11		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
12		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
13		\$ -	\$ -	\$ -	\$ -	\$ -	
Licenses / qualifications							
Narrative							
14		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
15		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
16		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
			TOTAL		\$ -	\$ -	

Other Program Support

Provider Entry Auto Calculation

Date Prepared: 7/25/2013

Use this form to budget for other support necessary to provide services under this grant. In the Narrative Justification describe how the program support will be used and also the methodology used to allocate the total or a portion of the total cost to the grant.

1 **Communications/Telephone/Internet**

Communications/Telephone/Internet Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services					
Item	Amount Budgeted	Admin 2%	Direct 2%	Total	Narrative/Cost Allocation Methodology
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	TOTAL	\$ -

2 **Copy/Duplicating**

Copy/Duplicating Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services					
Item	Amount Budgeted	Admin 2%	Direct 2%	Total	Narrative/Cost Allocation Methodology
1 Program Brochures					
		\$ -	\$ -	\$ -	
2 Other Copying/Duplicating					
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	TOTAL	\$ -

3 **Postage**

Postage Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services					
Item	Amount Budgeted	Admin 2%	Direct 2%	Total	Narrative/Cost Allocation Methodology
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	TOTAL	\$ -

4 **Utilities**

Utilities are 100% administrative. (Ruling 6.6 B05)

Utilities Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services					
Item	Amount Budgeted	Admin 2%	Direct 2%	Total	Narrative/Cost Allocation Methodology
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	TOTAL	\$ -

4 **Other Program Support**

Other Program Support Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services					
Item	Amount Budgeted	Admin 2%	Direct 2%	Total	Narrative/Cost Allocation Methodology
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	TOTAL	\$ -

SUMMARY	Program Support	Admin \$ -	Direct \$ -	Total \$ -
----------------	-----------------	------------	-------------	------------

Other Professional Service

Provider Entry Auto Calculation

Date Prepared 7/25/2013

Use this form to budget for other professional services, audit/accounting, insurance, rent/space, or other professional services

1 Audit/Accounting/Finance

Audit/Accounting/Finance Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services							
Vendor Name	Hours Budgeted	Quoted Price*	Time/Rate	Dates of Service	Admin	Direct Service	Description of Service
			\$ -		\$ -		
a	Cost Method Used						
	Budget Justification						
b	Cost Method Used		\$ -		\$ -		
	Budget Justification						
c	Cost Method Used		\$ -		\$ -		
	Budget Justification						
			TOTAL		\$ -		

2 Insurance

Insurance Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services							
Vendor Name	Annual Premium	Percent To Grant	Time/Rate	Dates of Service	Admin	Direct Service	Description of Service
	\$ -		\$ -		\$ -		
a	Cost Method Used						
	Budget Justification						
b	Cost Method Used		\$ -		\$ -		
	Budget Justification						
c	Cost Method Used		\$ -		\$ -		
	Budget Justification						
			TOTAL		\$ -		\$ -

3 Rent/Space

Rent is considered 100% administrative

Rent/Space Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services							
Vendor Name	Annual Rent	Percent to Grant	Time/Rate	Dates of Service	Admin	Direct Service	Description of Service
	\$ -		\$ -		\$ -		
a	Cost Method Used						
	Budget Justification						
			TOTAL		\$ -		\$ -

4 Other Professional Service

Other Professional Service Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services							
Vendor Name	Hours Budgeted	Quoted Price*	Time/Rate	Admin Budget %	Admin	Direct Service	Description of Service
			\$ -		\$ -	\$ -	
a	Cost Method Used						
	Budget Justification						
b	Cost Method Used		\$ -		\$ -	\$ -	
	Budget Justification						
c	Cost Method Used		\$ -		\$ -	\$ -	
	Budget Justification						
			TOTAL		\$ -	\$ -	\$ -

SUMMARY	Other Prof Svcs	Admin	Direct	Total
	\$ -	\$ -	\$ -	\$ -

Schedule of Deliverables

Organization Name:
Service Category

Special Health Care District d.b.a. Maricopa Integr
Early Intervention Services

Provider Entry Auto Calculation

Date Prepared:

7/25/2013

Performance Measures:

Number of New Clients 180
Number of Returning Clients 225
Total # of Unduplicated Clients 405

CAREWare Service Unit Name/Code	Service Description	Service Unit Definition 1 unit = (e.g. 15 minutes)	Number of Units Proposed	Schedule of Deliverables												Proposed Fee Per Product/Deliverable	Fee for Service Only <i>(Not Applicable to Cost Reimbursement Contracts)</i>		
				Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb		Total Payment Per Objective/Activity	Fee Source (ie AHCCCS, IHS, Negotiated Rate, etc.)	
1 EIS	EIS	1 unit = 15 minutes Primary Care appointment	4,182	346	346	346	346	346	346	346	346	346	346	346	346	346	346	-	-
2 Case Confirmation	ES		180	15	15	15	15	15	15	15	15	15	15	15	15	15	15	-	-
3			-															-	-
4			-															-	-
5			-															-	-
6			-															-	-
7			-															-	-
8			-															-	-
9			-															-	-
10			-															-	-
11			-															-	-
12			-															-	-
13			-															-	-
14			-															-	-
15			-															-	-
TOTAL			4,332	361	361	361	361	361	361	361	361	361	361	361	361	361	361	89,981.96	(89,981.98)

Total Budget \$ 89,981.96
Over(Under Budget) \$ (89,981.98)
Balance Akauld equal zero

Maricopa County
Ryan White Part A - Budget Documentation

DATE PREPARED 9/13/13

PREPARED BY: Eric Moore

NAME OF ORGANIZATION: City Special Health Care District d.b.a. Maricopa Integrated

Fed. Employee ID # (FEIN) 860830701

DUNS # 186507216

ADDRESS: 2601 E. Roosevelt
Phoenix, Arizona 85008

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EMAIL cheri.tomlinson@mihs.org

CONTRACT NUMBER C-31-10-001-3-00

SERVICE CATEGORY Early Intervention Services (MAI funded)

BUDGET PERIOD: 3/1/2013 2/28/2014
Start Date End Date

CONTRACT AMOUNT \$45,000.00

By submission of this budget, the Provider certifies that they have read the List of Unallowable Costs under the Ryan White Part A Program and agree to follow the HRSA specific standards related to Unallowable Costs.

In addition, the following documents must be submitted with your budget proposal (Check the appropriate boxes)

- If applicable, Negotiated Indirect Cost Agreement is attached Cost Allocation Policy is attached (required)

**Maricopa County
Ryan White Part A Grant
Contractor Budget Summary**

Date Prepared: 9/13/2013

(Section I)

Organization
Service Category
Budget Period

Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health
Early Intervention Services (MAI funded)
3/1/2013 Through 2/28/2014

(Section II)

Contract Amount \$45,000.00

Operating Expenses		FTES	Administrative Budget	Direct Service Budget	Total Budget
Personnel:	Salaries		0.00	0.00	0.00
Personnel:	Fringe/Benefits		\$ -	\$ -	\$ -
Subtotal: Personnel/Fringe Benefits			-	-	-

Other Operating Expenses				
Travel		-	-	-
Supplies		-	-	-
Equipment		-	-	-
Contractual		-	40,905.20	40,905.20
Program Support		-	-	-
Other Professional Services		-	-	-

Subtotal: Other Operating Expenses	-	40,905.20	40,905.20
---	---	-----------	-----------

Total Operating Expenses (Personnel and Other Direct Costs)	-	40,905.20	40,905.20
---	---	-----------	-----------

	Indirect Costs	4,090.52	4,090.52
Enter Indirect Cost Rate (may not exceed 10% of Direct Costs)	10.00%	<i>Providers claiming an indirect cost must submit their most current negotiated indirect costs rate agreement issued by the cognizant federal agency with their budget.</i>	

Total Costs of Contract	4,090.52	40,905.20	44,995.72
	(Admin-Percent of Direct Costs)	10.00%	

Administration may not exceed 10% of Direct Costs

CONTRACT BALANCE (Contract Revenue less Total Costs of Contract) **\$ 4.28**

*The Contract Balance should equal zero.

Personnel

All staff paid in full or part from this Ryan White Part A grant are to be listed in the following chart.

Date Prepared: 9/13/2013

1 Staffing

Provider Entry Auto Calculation Fringe Benefit Rate 0.00%

Staffing Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services (MAI funded)													
Position Title	Last Name	Annual Hours	% RWFA	FTE	Hourly Rate	Salary Applied to Grant per FTE	Benefits Applied to Grant per FTE	% Applied as Administrative	Gross Admin Salary	Gross Admin Benefits	Direct Service Salary	Direct Service Benefits	
Description				0.0000		\$	\$				\$	\$	
Description				0.0000		\$	\$				\$	\$	
Description				0.0000		\$	\$				\$	\$	
Description				0.0000		\$	\$				\$	\$	
Description				0.0000		\$	\$				\$	\$	
Description				0.0000		\$	\$				\$	\$	
Description				0.0000		\$	\$				\$	\$	
Description				0.0000		\$	\$				\$	\$	
TOTAL Personnel													
(Admin)													
(Direct Services)													
Total													
				0.00	FTE			0%					
				0.00	FTE			0%					
				0.00	FTE			0%					

2 Staffing Continuation Sheet (Page 2 of 2)

Provider Entry Auto Calculation

Date Prepared: 9/13/2013

Staffing Continuation Sheet (Page 2 of 2) Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services (MAI funded)

Position Title	Last Name	Annual Hours	% MIPA	FTE	Hourly Rate	Salary Applied to Grant per FTE	Benefits Applied to Grant per FTE	% Admin. A.D or A.I.D.	Gross Admin. Salary	Gross Admin. Benefits	Direct Service Salary	Direct Service Benefits	
9	Description			0.0000		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
10	Description			0.0000		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
11	Description			0.0000		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
12	Description			0.0000		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
13	Description			0.0000		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
14	Description			0.0000		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
15	Description			0.0000		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
16	Description			0.0000		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
17	Description			0.0000		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
Subtotal to Page 1												\$ -	\$ -

TRAVEL

Provider Entry Auto Calculation

Date Prepared: 9/13/2013

Travel can be budgeted for the cost of staff mileage and other travel associated with Ryan White Part A.

- 1 **Mileage** Mileage will be budgeted utilizing the standard calculation of # of monthly miles for a full time staff person x12 months x the rate per mile used by your organization x the number of FTE(s) budgeted who will travel to provide services under this grant. Enter only the FTEs that will travel and provide a Narrative Justification including who will travel and why.

Mileage Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services (MAI) funded							
Mileage Rate							
FTE	Monthly Miles Budgeted (for 1 FTE)	Annual Miles Applied to Grant	Total Budget	Admin	Direct Svc	Narrative Justification	
1		0	\$ -	\$ -			
2		0	\$ -	\$ -			
TOTAL		0	\$ -	\$ -			

(Total Miles applied to this grant)

*Note - Budget monthly mileage for 1 FTE. This is a revision to prior year budget templates.

- 2 **Other Allowable Travel** (car rental, parking, fees, etc)
 Ryan White Part A has determined that costs included in this section are Administrative Costs.

Other Allowable Travel Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services (MAI) funded							
Dates of Travel	Cost	Line Item	Total Budget	Admin	Direct Svc	Narrative Justification	
1			\$ -	\$ -			
2			\$ -	\$ -			
3			\$ -	\$ -			
SUMMARY (Travel)				Admin	Direct Services	Total	

The supplies line item is used to budget funds for supplies used in the operations of the Grant. This category can include general office supplies and program/medical supplies

1 General Office Supplies:

(Apply an FTE Ratio from the Budgeted Personnel Page)

Pens, paper, toner and general supplies that are used to run an office

General Office Supplies Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services (MAI funded)					
Item	Annual Budget	% Admin 0%	% Direct 0%	Total 0%	Narrative Description/Cost Allocation Methodology
1		\$ -	\$ -	\$ -	
2		\$ -	\$ -	\$ -	
3		\$ -	\$ -	\$ -	
4		\$ -	\$ -	\$ -	
5		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	TOTAL	\$ -

2 Program Supplies

Program/Medical Supplies are budgeted as Direct Service

Program Supplies Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services (MAI funded)					
Item	Annual Budget	Admin	Direct		Narrative Description/Cost Allocation Methodology
1			\$ -		
2			\$ -		
3			\$ -		
4			\$ -		
5			\$ -		
TOTAL		\$ -	\$ -	TOTAL	\$ -

SUMMARY (Supplies)	Admin	Direct	Total
	\$ -	\$ -	\$ -

EQUIPMENT

Provider Entry Auto Calculation

Date Prepared 9/13/2013

The equipment line item is budgeted for equipment purchased or leased in conjunction with operations of the grant
 Refer to your contract terms and conditions for requirements related to equipment purchases

Equipment less than \$5,000 Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services (MAI funded)

	Admin	Direct	Total
1			\$ -
2			\$ -
3			\$ -
4			\$ -
5			\$ -
6			\$ -
TOTAL	\$ -	\$ -	TOTAL \$ -

Equipment \$5,000 or greater Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services (MAI funded)

	Admin	Direct	Total
1			\$ -
2			\$ -
3			\$ -
4			\$ -
TOTAL	\$ -	\$ -	TOTAL \$ -

	Admin	Direct	Total
SUMMARY (Equipment)	\$ -	\$ -	\$ -

Use this form to budget for consulting and contract labor (Section 1) and subcontracts (Section 2) in conjunction with operating this Part A grant.

1. Consulting/Professional Contract Labor/Clerical Support

This budget category includes payments to outside consultants, temporary services, professional contract labor and clerical support. Indicate the name, licenses/qualifications, hours budgeted, quoted rate, dates of service, and a detailed Narrative/Justification of activities to be provided.

1. Consulting/Professional Contract Labor/Clerical Support Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services (MAI funded)							
Consultant Name	Annual Budgeted Hours	Quoted Rate	Total Budget	Admin Budget %	Admin Budget	Direct Service Budget	Dates of Service
1. Shawna Fehrdt Licenses / qualifications: Masters Degree in Health Administration Education with a concentration in Health Education. Librarian/refugee who speaks English, Latvian, Polish, and Va.	1013	\$ 20.40	\$ 20,665.20	0%	\$ -	\$ 20,665.20	March 1, 2013 through February 28, 2014
Narrative/Justification	Under the direction of the HIV Program Manager, Cultural Patient Navigators will work with newly diagnosed, new to the clinic, and/or out-of-care HIV positive refugees for one year at the McDowell Healthcare Center. During the first year the refugee is an MHCC client, Cultural Patient Navigators will, among other duties, conduct initial, six month, and one year assessments. Cultural Patient Navigators are in HRSA service category Early Intervention Services.						
2. Veronik Vyarnany Licenses / qualifications: Bachelor of Arts in English Language and Literature, Certified Nurse Assistant, CPR, and First Aid certifications. Bilingual refugee who speaks English, French, Swahili, Kinyarwanda, Kundi, Unga, and Spanish.	1012	\$ 29.00	\$ 29,240.00	0%	\$ -	\$ 29,240.00	March 1, 2013 through February 28, 2014
Narrative/Justification	Under the direction of the HIV Program Manager, Cultural Patient Navigators will work with newly diagnosed, new to the clinic, and/or out-of-care HIV positive refugees for one year at the McDowell Healthcare Center. During the first year the refugee is an MHCC client, Cultural Patient Navigators will, among other duties, conduct initial, six month, and one year assessments. Cultural Patient Navigators are in HRSA service category Early Intervention Services. Must speak, read, and write English, Swahili, and French. Prefer the individual also speak Kundi.						
3.		\$ -	\$ -		\$ -	\$ -	
4.		\$ -	\$ -		\$ -	\$ -	
5.		\$ -	\$ -		\$ -	\$ -	
6.		\$ -	\$ -		\$ -	\$ -	
Consulting/Prof/Clerical Sup. Page 1			SUBTOTAL	\$ -	\$ -	\$ 49,905.20	\$ 49,905.20
Consulting/Prof/Clerical Sup. From Contractual Continuation Page			SUBTOTAL	\$ -	\$ -	\$ -	\$ -
			TOTAL	\$ -	\$ -	\$ 49,905.20	\$ 49,905.20

2. Subcontracts

Include any payments through subcontracts to provide services under this grant.

Each Subcontractor listed in this section who is a sub recipient (not a vendor) must complete a Budget using the RWPA budget template.

Maricopa County RWPA will enforce the 10% administrative Cost Cap established by HRSA for first-line and second line sub recipient entities receiving Ryan White Part A Funds.

2. Subcontracts Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services (MAI funded)						
Subcontractor Name	Sub recipient or Vendor	Admin Budget	Direct Service Budget	Total Budget	Admin % of Direct	Dates of Service
1.				\$ -	#DIV/0!	
Service(s) Provided						
Narrative/Justification						
2.				\$ -	#DIV/0!	
Service(s) Provided						
Narrative/Justification						
3.				\$ -	#DIV/0!	
Service(s) Provided						
Narrative/Justification						
		TOTAL		\$ -		

SUMMARY	Contractual	Admin	Direct	Total
	\$ -	\$ -	\$ 49,905.20	\$ 49,905.20

Contractual- Continuation Page

Date Prepared: 9/13/2013

The Contractual line item is used for consulting and contracting to be utilized in conjunction with operations of the grant.
Use this page to list Consultant/Contract Labor and Clerical Support if there is insufficient space on the Contractual Page

Consulting/Professional Contract Labor/Clerical Support							
Budgeting/Professional Contract Labor/Clerical Support Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services (MAI T)							
Consultant	Hours Budgeted	Quoted Rate	Total Budget	Admin Budget %	Admin Budget	Direct Services	Dates of Service
6			\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
7		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
8		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
9		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
10		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
11		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
12		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
13		\$ -	\$ -	\$ -	\$ -	\$ -	
Licenses / qualifications							
Narrative							
14		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
15		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
16		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
Consulting/Professional Support Subtotal to Page 1			TOTAL		\$ -	\$ -	

Other Program Support

Provider Entry Auto Calculation

Date Prepared: 9/13/2013

Use this form to budget for other support necessary to provide services under this grant. In the Narrative Justification describe how the program support will be used and also the methodology used to allocate the total or a portion of the total cost to the grant.

1 **Communications/Telephone/Internet**

Communications/Telephone/Internet Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services (MAI funded)					
Item	Amount Budgeted	Admin 0%	Direct 0%	Total	Narrative/Cost Allocation Methodology
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	TOTAL	\$ -

2 **Copy/Quoting**

Copy/Duplicating Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services (MAI funded)					
Item	Amount Budgeted	Admin 0%	Direct 0%	Total	Narrative/Cost Allocation Methodology
Program Brochures					
			\$ -	\$ -	
Other Copying/Quoting					
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	TOTAL	\$ -

3 **Postage**

Postage Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services (MAI funded)					
Item	Amount Budgeted	Admin 0%	Direct 0%	Total	Narrative/Cost Allocation Methodology
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	TOTAL	\$ -

4 **Utilities**

Utilities are 100% administrative. (Ruling 6.6.B05)

Utilities Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services (MAI funded)					
Item	Amount Budgeted	Admin 0%	Direct 0%	Total	Narrative/Cost Allocation Methodology
		\$ -		\$ -	
		\$ -		\$ -	
		\$ -		\$ -	
		\$ -		\$ -	
TOTAL		\$ -		TOTAL	\$ -

4 **Other Program Support**

Program Support Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services (MAI funded)					
Item	Amount Budgeted	Admin 0%	Direct 0%	Total	Narrative/Cost Allocation Methodology
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	TOTAL	\$ -

SUMMARY	Program Support	Admin \$ -	Direct \$ -	Total \$ -
----------------	-----------------	------------	-------------	------------

Other Professional Service

Provider Entry | Auto Calculation

Date Prepared 9/13/2013

Use this form to budget for other professional services, audit/accounting, insurance, rent/space, or other professional services.

1 Audit/Accounting/Finance

Audit/Accounting/Finance Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services (MAI funded)							
Vendor Name	Hours Budgeted	Quoted Price*	Cost Price	Dates of Service	Admin	Direct Service	Description of Service
			\$ -		\$ -		
Cost Method Used							
Budget Justification							
			\$ -		\$ -		
Cost Method Used							
Budget Justification							
			\$ -		\$ -		
Cost Method Used							
Budget Justification							
			TOTAL		\$ -		

2 Insurance

Insurance Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services (MAI funded)							
Vendor Name	Annual Premium	Percent To Grant	Cost Price	Dates of Service	Admin	Direct Service	Description of Service
	\$ -		\$ -		\$ -		
Cost Method Used							
Budget Justification							
	\$ -		\$ -		\$ -		
Cost Method Used							
Budget Justification							
	\$ -		\$ -		\$ -		
Cost Method Used							
Budget Justification							
			TOTAL		\$ -		

3 Rent/Space

Rent is considered 100% administrative

Rent/Space Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services (MAI funded)							
Vendor Name	Annual Rent	Percent To Grant	Cost Price	Dates of Service	Admin	Direct Service	Description of Service
	\$ -		\$ -		\$ -		
Cost Method Used							
Budget Justification							
			TOTAL		\$ -		

4 Other Professional Service

Other Professional Service Maricopa County Special Health Care District d.b.a. Maricopa Integrated Health System Early Intervention Services (MAI funded)							
Vendor Name	Hours Budgeted	Quoted Price*	Cost Price	Admin Budget %	Admin	Direct Service	Description of Service
			\$ -		\$ -	\$ -	
Cost Method Used							
Budget Justification							
			\$ -		\$ -	\$ -	
Cost Method Used							
Budget Justification							
			\$ -		\$ -	\$ -	
Cost Method Used							
Budget Justification							
			TOTAL		\$ -	\$ -	

SUMMARY	Admin	Direct	Total
Other Prof. Svc:	\$ -	\$ -	\$ -

Schedule of Deliverables

Organization Name:
Service Category:

Special Health Care District d/b/a: Maricopa Integr
Early Intervention Services (MAI Funded)

Provider Entry Auto Calculation

Date Prepared:

9/13/2013

Performance Measures:

Number of New Clients 72
Number of Returning Clients 50
Total # of Unduplicated Clients 122

CAREWare Service Unit Name/Code	Service Description	Service Unit Definition 1 unit = (i.e. 15 minutes)	Number of Units Proposed	Schedule of Deliverables												Proposed Fee Per Product/Deliverable	Fee for Service Only <i>(Not Applicable to Cost Reimbursement Contracts)</i>		
				Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb		Total Payment Per Objective/Activity	Fee Source (ie AHCCCS, IH S, Negotiated Rate, etc.)	
1 EIS	EIS	15 minutes Primary Care appointment	3,972	337	337	337	337	337	337	337	337	337	337	337	337	337	337	-	-
2 Case Confirmation	EIS		72	6	6	6	6	6	6	6	6	6	6	6	6	6	6	-	-
3			-															-	-
4			-															-	-
5			-															-	-
6			-															-	-
7			-															-	-
8			-															-	-
9			-															-	-
10			-															-	-
11			-															-	-
12			-															-	-
13			-															-	-
14			-															-	-
15			-															-	-
TOTAL			4,044	337	337	337	337	337	337	337	337	337	337	337	337	337	337	44,995.72	-

Total Budget \$ 44,995.72
Over/(Under Budget) \$ (44,995.72)
Balance should equal zero

This Attachment consists of the Scope of Work, Budget and Schedule of Deliverables. For provision of Case Management Services. This portion of the Intergovernmental Agreement shall be a cost re-imbursement fee methodology.

Index of Attachments

Attachment 5-A: Service Definition and Scope of Work

Attachment 5-B: Service Budget and Schedule of Deliverables

Attachment 5-A

1.0 Service Definition

Medical and Non-Medical Case Management Services:

Medical Case Management Services:

The United States Department of Health and Human Services, Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) defines Medical Case Management Services (including treatment adherence) as a range of client-centered services designed to ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, provided by trained professionals, including both medically credentialed and other health care staff who are part of the clinical care team, through all types of encounters including face-to-face, phone contact, and any other form of communication. Activities that include at least the following:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Coordination of services required to implement the plan
- Continuous client monitoring to assess the efficacy of the plan
- Periodic re-evaluation and adaptation of the plan at least every 6 months, as necessary

Service components that may include:

- A range of client-centered services that link clients with health care, psychosocial, and other services, including benefits/ entitlement counseling and referral activities assisting them to access other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturers' Patient Assistance Programs, and other State or local health care and supportive services)
- Coordination and follow up of medical treatments
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments
- Client-specific advocacy and/or review of utilization of services

Non-Medical Case Management Services:

The United States Department of Health and Human Services, Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) defines Non-Medical Case Management as the provision of advice and assistance to clients in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.

May include:

- Benefits/entitlement counseling and referral activities to assist eligible clients to obtain access to public and private programs for which they may be eligible
- All types of case management encounters and communications (face-to-face, telephone contact, other)
- Transitional case management for incarcerated persons as they prepare to exit the correctional system

Medical and Non-medical Case Management Contractors will administer Ryan White Part A Financial Assistance funds as allocated to the Contractor. These funds may include Health Insurance Premium and Cost Sharing Assistance, and other client financial assistance programs approved and funded according to the directives of the Planning Council. Health Insurance Premium and Cost Sharing includes providing a cost-effective alternative to ADAP by:

- Purchasing health insurance that provides comprehensive primary care and pharmacy benefits for low income clients that provide a full range of HIV medications
- Paying co-pays (including co-pays for prescription eyewear for conditions related to HIV infection) and deductibles on behalf of the client
- Providing funds to contribute to a client's Medicare Part D true out-of-pocket (TrOOP) costs

Medical and Non-medical Case Management Contractors are considered Contractors for Minority AIDS Initiative (MAI) funding if the Contractor and County identify the need for the Contractor to serve HIV/AIDS positive minorities as defined by the current MAI implementation plan.

2.0 Scope of Work

The Contractor may provide Case Management Services, which may include Medical Case Management or Non-Medical Case Management Services including treatment adherence to clients receiving medical services at MIHS.

- a. The Contractor is responsible for ensuring that patients receiving services from MIHS utilizing Ryan White Part A Program funds have been properly screened for financial clearance. Obtains and maintains referrals for specific patients to ensure authorized services are received and provide the basis for maximum reimbursement.
- b. The Contractor shall provide thorough documentation and information entered into the Star system and provides assistance to patients inquiring about their hospital statements. This position ensures that all compliance policies are monitored and followed. As well as registers patients while ensuring accurate and timely processing of all accounts. This position obtains necessary verification of insurance and other eligibility programs. Initiates and assists patients in completing the AHCCCS application. Tracks and monitors the completion of the AHCCCS application. Performs Quality checks on all eligibility/AHCCCS applications initiated in the department and ensures they are processed on every self-pay or unverifiable payer source. Also performs Quality Assurance Checks on the AHCCCS application program and works with management and other staff to identify and resolve issues that threaten billing and reimbursement.

Attachment 5-B

Budget MIHS - Eligibility Specialist

Ryan White Part A - Grant Year 2014-15

Personnel	Start Date	Hourly Rate	Hourly Rate ¹	FTE%	Salary	Salary	Total Yearly Salary
		3/1/14 - 12/31/14	1/1/15 - 2/28/14		3/1/14 - 12/31/14	1/1/15 - 2/28/16	
Eligibility Specialist	3/1/2014	\$16.72	\$17.22	1.00	\$28,981	\$5,970	\$34,951
Subtotal Salary		\$16.72	\$17.22	1.00	\$28,981	\$5,970	\$34,951
EREs	Start Date	Hourly Rate	Hourly Rate	FTE%	ERE	ERE	Total Yearly ERE
		3/1/14 - 12/31/14	1/1/15 - 2/28/14		3/1/14 - 12/31/14	1/1/15 - 2/28/16	
FICA - 6.20%	3/1/2014	\$16.72	\$17.22	1.00	\$1,797	\$370	\$2,167
Medicare - 1.45%	3/1/2014	\$16.72	\$17.22	1.00	\$420	\$87	\$507
ASRS Retirement & LTD - 11.54%	3/1/2014	\$16.72	\$17.22	1.00	\$3,344	\$689	\$4,033
Health/Dental/Life Insurance 46.3%	3/1/2014			1.00	\$13,490	\$2,698	\$16,188
Subtotal ERE		\$16.72	\$17.22	1.00	\$19,052	\$3,844	\$22,895
Total Direct					\$48,033	\$9,813	\$57,846
10% Indirect					\$4,803	\$981	\$5,785
Total Budget					\$52,836	\$10,794	\$63,631

¹Hourly rate for the period 1/1/15 - 2/28/15 reflects a three percent merit increase.

Maricopa Integrated Health System Budget Justification

Personnel Year 1: \$34,951

Personnel costs reflect a three percent merit increase (from \$16.72 per hour to \$17.22 per hour) for a two month period, January – February 2015.

Position Title	Hourly Salary	Number of Months Assigned to Program	Total Amount Requested
Eligibility Specialist – 1.0 FTE	\$16.72	12	\$34,951

Employee Related Expenses (ERE) Year 1: \$22,895

MIHS has approved the following Fringe Benefits rates for FY14:

FICA	6.20%
Medicare	1.45%
ASRS Retirement & Long-term Disability (LTD)	11.54%
Health/Dental/Life	Based on employee's elected coverage (46.3%)

Name of Employee	FICA	Medicare	ASRS Retirement & LTD	Health / Dental / Life Insurance	Total Benefits
Eligibility Specialist	\$2,167	\$507	\$4,033	\$16,188	\$22,895

Total Salary and ERE Expenses: \$57,846

10% Indirect Expense: \$5,785

Total Budget: \$63,631