

**Council Members**

Scott Jacobson, Chairman  
Eileen Sullivan, Vice Chairman  
Earl Arbuckle, Treasurer  
Nelly Clotter-Woods, Member  
Chris Hooper, Member  
Salina Imam, Member  
Norma Muñoz, Member  
William O'Neill, Member  
Essen Otu, Member  
Wayne Tormala, Member  
Jane Wilson, Member  
Mary Rose Garrido Wilcox, District Board,  
Non-Voting Member

**AGENDA****Valleywise Community Health Centers  
Governing Council****Mission Statement**

The Valleywise Health's mission is to provide exceptional care, without exception, every patient, every time.

• Virginia G. Piper Charitable Trust Pavilion •  
• 2609 East Roosevelt Street • Phoenix, Arizona 85008 •  
• 4<sup>th</sup> Floor • Classroom 1 •

Wednesday, October 16, 2024  
5:30 p.m.

Access to the meeting room will start at 5:20 p.m., 10 minutes prior to the start of the meeting.

One or more members of the Valleywise Community Health Centers Governing Council may be in attendance by technological means. Council members attending by technological means will be announced at the meeting.

**Please silence cell phone, computer, etc., to minimize disruption of the meeting.**

5:30 **Call to Order**

**Roll Call****Call to the Public**

*This is the time for the public to comment. The Valleywise Community Health Centers Governing Council may not discuss items that are not specifically identified on the agenda. Therefore, pursuant to A.R.S. § 38-431.01(H), action taken as a result of public comment will be limited to directing staff to study the matter, responding to any criticism, or scheduling a matter for further consideration and decision at a later date.*

**ITEMS MAY BE DISCUSSED IN A DIFFERENT SEQUENCE**

Agendas are available within 24 hours of each meeting at Valleywise Community Health Centers and at Valley Comprehensive Health Centers, and on the internet at <https://valleywisehealth.org/about/governing-council/>. Accommodations for individuals with disabilities, alternative format materials, sign language interpretation, and assistive listening devices are available upon 72 hours advance notice via the Clerk's Office, Virginia G. Piper Charitable Trust Pavilion, 2609 East Roosevelt Street, Phoenix, Arizona 85008, (602) 344-5177. To the extent possible, additional reasonable accommodations will be made available within the time constraints of the request.

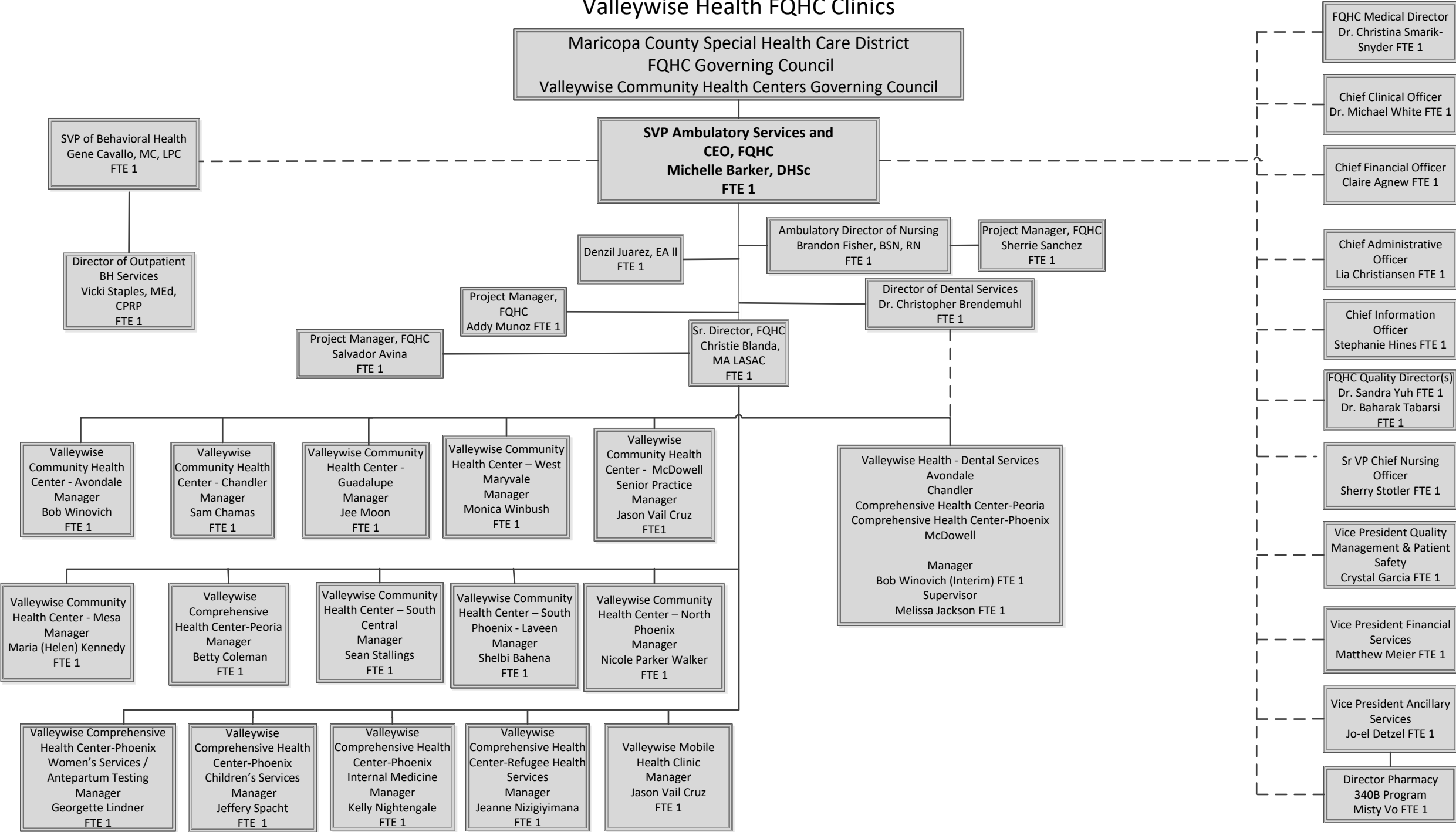
10/10/2024 11:34 AM

**General Session, Presentation, Discussion and Action:**

- 5:35 1. Discuss, Review and **Approve** the Maricopa County Special Health Care District dba Valleywise Health, [Organizational Chart](#) for the Federally Qualified Health Centers **5 min**  
*Michelle Barker, DHSc, Chief Executive Officer, Federally Qualified Health Centers*
- 5:40 2. Discuss, Review, and **Approve** a [Service Area Competition \(SAC\) application](#) to Health Resources and Services Administration (HRSA) for funding opportunity #HRSA-25-015 **10 min**  
*Michelle Barker, DHSc, Chief Executive Officer, Federally Qualified Health Centers*
- 5:50 **Adjourn**

01. Valleywise Health Organizational Chart for the FQHCs

Maricopa County Special Health Care District  
Valleywise Health FQHC Clinics



October 2024



## **02. Service Area Competition (SAC) application**

## Application for Federal Assistance SF-424

\* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

\* 2. Type of Application:

- ☐ New  
☒ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify):

\* 3. Date Received:

09/24/2024

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

H80CS33644

State Use Only:

6. Date Received by State:

7. State Application Identifier:

Arizona

8. APPLICANT INFORMATION:

\* a. Legal Name:

MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

86-0830701

\* c. UEI:

J2RHHVGKRH11

d. Address:

\* Street1:

2601 E ROOSEVELT STREET

Street2:

\* City:

PHOENIX

County/Parish:

Arizona

\* State:

AZ: Arizona

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

85008-4973

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Dr .

\* First Name:

MICHELLE

Middle Name:

\* Last Name:

BARKER

Suffix:

Title:

SR VP AMB SRVCS AND CEO FQHC CLINICS

Organizational Affiliation:

\* Telephone Number:

6027055107

Fax Number:

\* Email:

MICHELLE.BARKER@VALLEYWISEHEALTH.ORG

## Application for Federal Assistance SF-424

### \* 9. Type of Applicant 1: Select Applicant Type:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

### \* 10. Name of Federal Agency:

Health Resources and Services Administration

### 11. Catalog of Federal Domestic Assistance Number:

93.224

CFDA Title:

Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housin

### \* 12. Funding Opportunity Number:

HRSA-25-015

\* Title:

Service Area Competition

### 13. Competition Identification Number:

9519

Title:

Service Area Competition

### 14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

### \* 15. Descriptive Title of Applicant's Project:

VALLEYWISE HEALTH SERVICE AREA COMPETITION COMPETING CONTINUATION

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
* a. Applicant	AZ-003
* b. Program/Project	AZ-003
Attach an additional list of Program/Project Congressional Districts if needed.	
1234-VH Clinic Congressional Districts.pdf	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<b>17. Proposed Project:</b>	
* a. Start Date:	04/01/2025
* b. End Date:	03/31/2028
<b>18. Estimated Funding (\$):</b>	
* a. Federal	1,022,301.00
* b. Applicant	0.00
* c. State	1,005,400.00
* d. Local	38,914,846.00
* e. Other	3,145,300.00
* f. Program Income	67,299,091.00
* g. TOTAL	111,386,938.00
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/> .	
<input checked="" type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<b>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)</b>	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
<b>Authorized Representative:</b>	
Prefix:	Dr.
* First Name:	MICHELLE
Middle Name:	
* Last Name:	BARKER
Suffix:	
* Title:	SR VP AMB SRVCS AND CEO FQHC CLINICS
* Telephone Number:	6027055107
Fax Number:	
* Email:	MICHELLE.BARKER@VALLEYWISEHEALTH.ORG
* Signature of Authorized Representative:	Megan Allen
* Date Signed:	09/24/2024

Valleywise Health and Ambulatory Clinic Information and Congressional Districts

Clinic	Address	Zip + 4	National & State Congressional District
Avondale*	950 E. Van Buren St., Avondale, AZ	85323-1506	7 <sup>th</sup> Congressional Dist.; AZ-007
Chandler*	811 S. Hamilton St., Chandler, AZ	85225-6308	4 <sup>th</sup> Congressional Dist.; AZ-004
Guadalupe*	5825 E. Calle Guadalupe, Guadalupe, AZ	85283-2664	3 <sup>rd</sup> Congressional Dist.; AZ-003
McDowell*	1101 N. Central Ave. #204, Suite 204 Phoenix, AZ	85004-1844	3 <sup>rd</sup> Congressional Dist.; AZ-003
Mesa*	950 E. Main St., Mesa, AZ	85203-8820	4 <sup>th</sup> Congressional Dist.; AZ-004
Mobile Health Clinic*	2601 E. Roosevelt St., Phoenix, AZ	85008-4973	3 <sup>rd</sup> Congressional Dist.; AZ-003
North Phoenix*	2025 W. Northern Ave., Phoenix, AZ	85021-5157	8 <sup>th</sup> Congressional Dist.; AZ-008
Peoria*	8088 W. Whitney Dr., Peoria, AZ	85345-6564	8 <sup>th</sup> Congressional Dist.; AZ-008
Phoenix*	2525 E. Roosevelt St., Phoenix, AZ	85008-4948	3 <sup>rd</sup> Congressional Dist.; AZ-003
South Central*	33 W. Tamarisk St., Phoenix, AZ	85041-2422	3 <sup>rd</sup> Congressional Dist.; AZ-003
South Phoenix / Laveen*	5650 S. 35 <sup>th</sup> Ave., Phoenix, AZ	85041-3531	3 <sup>rd</sup> Congressional Dist.; AZ-003
West Maryvale*	7808 W. Thomas Rd., Phoenix, AZ	85033-5481	3 <sup>rd</sup> Congressional Dist.; AZ-003
Maryvale Behavioral Health Center	5102 W. Campbell Ave., Phoenix, AZ	85031-1703	3 <sup>rd</sup> Congressional Dist.; AZ-003
Maryvale Emergency	5102 W. Campbell Ave., Phoenix, AZ	85031-1703	3 <sup>rd</sup> Congressional Dist.; AZ-003
Mesa Behavioral Health Center	570 W. Brown Rd., Mesa, AZ	85201-3227	4 <sup>th</sup> Congressional Dist.; AZ-004
Phoenix Behavioral Health Center	2619 E. Pierce St., Phoenix, AZ	85008-6092	3 <sup>rd</sup> Congressional Dist.; AZ-003
VH Medical Center	2601 E. Roosevelt St., Phoenix, AZ	85008-4973	3 <sup>rd</sup> Congressional Dist.; AZ-003

\*FQHC Sites

## Project Abstract Summary

*This Project Abstract Summary form must be submitted or the application will be considered incomplete. Ensure the Project Abstract field succinctly describes the project in plain language that the public can understand and use without the full proposal. Use 4,000 characters or less. Do not include personally identifiable, sensitive or proprietary information. Refer to Agency instructions for any additional Project Abstract field requirements. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including USApending.gov.*

### Funding Opportunity Number

HRSA-25-015

### CFDA(s)

93.224

### Applicant Name

MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

### Descriptive Title of Applicant's Project

VALLEYWISE HEALTH SERVICE AREA COMPETITION COMPETING CONTINUATION

### Project Abstract

**Brief Description:** Maricopa County Special Health Care District dba Valleywise Health (VH) is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income, and ethnically diverse populations. For nearly 150 years, VH has built a reputation of quality health and medical services by placing compassion at the forefront of care. As a Health Center Program with Community Health Center designation (H80CS33644), VH provides comprehensive primary care at 12 Federally Qualified Health Centers (FQHC) located throughout Maricopa County: 1) North Phoenix, 2) South Central Phoenix, 3) South Phoenix/Laveen, 4) Phoenix, 5) McDowell, 6) Avondale, 7) Chandler, 8) Guadalupe, 9) West Maryvale, 10) Mesa, 11) Peoria, and 12) the Valleywise Mobile Health Clinic. Behavioral health services are integrated into primary care and support both adults and children with mental health and substance use needs. VH is committed to supporting the entire family, with bilingual libraries and social support services offered at our eight integrated Family Resource Centers (FRCs).

**Needs addressed and populations served:** As a safety-net health system, 75% of all VH ambulatory patients are racially/ethnically diverse and over 40% of all patients are served best in a language other than English. Nearly 80% of patients obtaining services at VH FQHC clinics utilize AHCCCS (State of Arizona Medicaid), Medicare, the VH Financial Assistance Program (sliding fee scale) or are self-pay. The VH service area has high rates of poor health indicators, including obesity, diabetes, cardiovascular disease, and respiratory illness. The vast majority of VH patients are impacted by the social determinants of health, including those that affect economic stability, education, food, housing, transportation, and safety.

**Proposed services:** VH is certified by NCQA as a Patient-Centered Medical Home and adheres to a model of health care that is relationship-based with an orientation toward the whole person. VH projects to deliver comprehensive, culturally competent primary health services and integrate access to pharmacy, mental health, substance use disorder, and oral health services to 88,449 unique patients in 324,276 visits across the 12 FQHC clinics located in Service Area #160, Phoenix Metropolitan Area, Arizona. VH proposes to support access to non-medical, social, educational, and other enabling services through our dedicated FRCs. Embedded within eight VH clinics (Chandler, Mesa, West Maryvale, South Phoenix/Laveen, North Phoenix, Phoenix, South Central Phoenix and Peoria), FRCs provide healthcare guidance and resources, parenting activities, nutrition education, reading initiatives, community referrals, and a range of additional support services to address health related social needs. Additionally, VH has been actively involved in the Federal Ryan White HIV/AIDS Program (RWHAP) since receiving HRSA Demonstration Project funding in 1990. The McDowell Clinic is the largest provider of HIV/AIDS-related medical care for adults in the state. To address the critical need for HIV prevention and primary care services in our target population, VH proposes to continue providing HIV testing and PrEP throughout our ambulatory clinics, conducting outreach to identify high risk populations throughout Maricopa County and connect them to care, and investing in workforce development. All FQHC staff are trained in opt-out HIV testing and PrEP prescription.

## Project/Performance Site Location(s)

**Project/Performance Site Primary Location** ☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Maricopa County Special Health Care District

UEI:

\* Street1: 2601 E. Roosevelt Street

Street2:

\* City: Phoenix

County:

\* State: AZ: Arizona

Province:

\* Country: USA: UNITED STATES

\* ZIP / Postal Code: 85008-4973

\* Project/ Performance Site Congressional District: AZ-003

**Project/Performance Site Location 1** ☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Community Health Center - Avondale

UEI:

\* Street1: 950 E. Van Buren Street

Street2:

\* City: Avondale

County:

\* State: AZ: Arizona

Province:

\* Country: USA: UNITED STATES

\* ZIP / Postal Code: 85323-1506

\* Project/ Performance Site Congressional District: AZ-007

**Project/Performance Site Location 2** ☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Community Health Center - Chandler

UEI:

\* Street1: 811 S. Hamilton Street

Street2:

\* City: Chandler

County:

\* State: AZ: Arizona

Province:

\* Country: USA: UNITED STATES

\* ZIP / Postal Code: 85225-6308

\* Project/ Performance Site Congressional District: AZ-004

## Project/Performance Site Location(s)

### Project/Performance Site Location 3

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Community Health Center - Guadalupe

UEI:

\* Street1: 5825 E. Calle Guadalupe

Street2:

\* City: Guadalupe

County:

\* State: AZ: Arizona

Province:

\* Country: USA: UNITED STATES

\* ZIP / Postal Code: 85283-2664

\* Project/ Performance Site Congressional District: AZ-003

### Project/Performance Site Location 4

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Community Health Center - McDowell

UEI:

\* Street1: 1101 N. Central Avenue #204

Street2:

\* City: Phoenix

County:

\* State: AZ: Arizona

Province:

\* Country: USA: UNITED STATES

\* ZIP / Postal Code: 85004-1844

\* Project/ Performance Site Congressional District: AZ-003

### Project/Performance Site Location 5

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Community Health Center - Mesa

UEI:

\* Street1: 950 E. Main Street

Street2:

\* City: Mesa

County:

\* State: AZ: Arizona

Province:

\* Country: USA: UNITED STATES

\* ZIP / Postal Code: 85203-8820

\* Project/ Performance Site Congressional District: AZ-004



## Project/Performance Site Location(s)

### Project/Performance Site Location 6

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Valleywise Mobile Health Clinic

UEI:

\* Street1: 2601 E Roosevelt Street

Street2:

\* City: Phoenix

County:

\* State: AZ: Arizona

Province:

\* Country: USA: UNITED STATES

\* ZIP / Postal Code: 85008-4973

\* Project/ Performance Site Congressional District: AZ-003

### Project/Performance Site Location 7

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Community Health Center - North Phoenix

UEI:

\* Street1: 2025 W Northern Avenue

Street2:

\* City: Phoenix

County:

\* State: AZ: Arizona

Province:

\* Country: USA: UNITED STATES

\* ZIP / Postal Code: 85021-5157

\* Project/ Performance Site Congressional District: AZ-008

### Project/Performance Site Location 8

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Comprehensive Health Center - Peoria

UEI:

\* Street1: 8088 W. Whitney Drive

Street2:

\* City: Peoria

County:

\* State: AZ: Arizona

Province:

\* Country: USA: UNITED STATES

\* ZIP / Postal Code: 85345-6564

\* Project/ Performance Site Congressional District: AZ-008

## Project/Performance Site Location(s)

### Project/Performance Site Location 9

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Comprehensive Health Center - Phoenix

UEI:

\* Street1: 2525 E Roosevelt Street

Street2:

\* City: Phoenix

County:

\* State: AZ: Arizona

Province:

\* Country: USA: UNITED STATES

\* ZIP / Postal Code: 85008-4973

\* Project/ Performance Site Congressional District: AZ-003

### Project/Performance Site Location 10

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Community Health Center - South Central

UEI:

\* Street1: 33 W. Tamarisk Street

Street2:

\* City: Phoenix

County:

\* State: AZ: Arizona

Province:

\* Country: USA: UNITED STATES

\* ZIP / Postal Code: 85041-2422

\* Project/ Performance Site Congressional District: AZ-003

### Project/Performance Site Location 11

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Community Health Center - South Phoenix/ Laveen

UEI:

\* Street1: 5650 S. 35th Avenue

Street2:

\* City: Phoenix

County:

\* State: AZ: Arizona

Province:

\* Country: USA: UNITED STATES

\* ZIP / Postal Code: 85041-3531

\* Project/ Performance Site Congressional District: AZ-003

Project/Performance Site Location(s)

Project/Performance Site Location 12

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

Community Health Center - West Maryvale

UEI:

\* Street1:

7808 W. Thomas Road

Street2:

\* City:

Phoenix

County:

\* State:

AZ: Arizona

Province:

\* Country:

USA: UNITED STATES

\* ZIP / Postal Code:

85033-5481

\* Project/ Performance Site Congressional District:

AZ-003

Additional Location(s)

Add Attachment

Delete Attachment

View Attachment

**SF-424A: BUDGET INFORMATION - Non-Construction Programs**

Expiration Date 8/31/2016

<b>SECTION A - BUDGET SUMMARY</b>						
<b>Grant Program Function or Activity</b>	<b>Catalog of Federal Domestic Assistance Number</b>	<b>Estimated Unobligated Funds</b>		<b>New or Revised Budget</b>		
		<b>Federal</b>	<b>Non-Federal</b>	<b>Federal</b>	<b>Non-Federal</b>	<b>Total</b>
Community Health Centers	93.224	\$0.00	\$0.00	\$1,022,301.00	\$110,364,637.00	\$111,386,938.00
<b>Total</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,022,301.00</b>	<b>\$110,364,637.00</b>	<b>\$111,386,938.00</b>

<b>SECTION B - BUDGET CATEGORIES</b>			
<b>Object Class Categories</b>	<b>Federal</b>	<b>Non-Federal</b>	<b>Total</b>
a. Personnel	\$440092.00	\$34073676.00	\$34513768.00
b. Fringe Benefits	\$137520.00	\$10647417.00	\$10784937.00
c. Travel	\$0.00	\$20989.00	\$20989.00
d. Equipment	\$0.00	\$0.00	\$0.00
e. Supplies	\$0.00	\$3919562.00	\$3919562.00
f. Contractual	\$150000.00	\$26157233.00	\$26307233.00
g. Construction	\$0.00	\$0.00	\$0.00
h. Other	\$24080.00	\$13472833.00	\$13496913.00
<b>i. Total Direct Charges (sum of a-h)</b>	<b>\$751692.00</b>	<b>\$88291710.00</b>	<b>\$89043402.00</b>
j. Indirect Charges	\$270609.00	\$22072927.00	\$22343536.00
<b>k. TOTALS (sum of i and j)</b>	<b>\$1022301.00</b>	<b>\$110364637.00</b>	<b>\$111386938.00</b>

<b>SECTION C - NON-FEDERAL RESOURCES</b>				
<b>Grant Program Function or Activity</b>	<b>Applicant</b>	<b>State</b>	<b>Other Sources</b>	<b>TOTALS</b>
Community Health Centers	\$0.00	\$1,005,400.00	\$109,359,237.00	<b>\$110,364,637.00</b>
<b>Total</b>	<b>\$0.00</b>	<b>\$1,005,400.00</b>	<b>\$109,359,237.00</b>	<b>\$110,364,637.00</b>

<b>SECTION D - FORECASTED CASH NEEDS</b>					
	<b>Total for 1st Year</b>	<b>1st Quarter</b>	<b>2nd Quarter</b>	<b>3rd Quarter</b>	<b>4th Quarter</b>

Federal	<b>\$1,022,301.00</b>	\$255,575.00	\$255,575.00	\$255,575.00	\$255,576.00
Non-Federal	<b>\$0.00</b>	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$1,022,301.00</b>	<b>\$255,575.00</b>	<b>\$255,575.00</b>	<b>\$255,575.00</b>	<b>\$255,576.00</b>

<b>SECTION E - FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT</b>					
<b>Grant Program</b>	<b>FUTURE FUNDING PERIODS (YEARS)</b>				
	<b>First</b>	<b>Second</b>	<b>Third</b>	<b>Fourth</b>	
Community Health Centers	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

<b>SECTION F - OTHER BUDGET INFORMATION</b>	
<b>Direct Charges</b>	No information added.
<b>Indirect Charges</b>	No information added.
<b>Remarks</b>	No information added.

**Valleywise Health Budget Narrative**

	Federal		Non-Federal			
	Year 1		Year 1 Total		Year 2 Total	Year 3 Total
<b>Revenue</b>						
SAC/SAC-AA Funding Request	\$ 1,022,301	\$ -	\$ 1,022,301	\$ 1,022,301	\$ 1,022,301	\$ 1,022,301
Applicant Organization	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
State Funds	\$ -	\$ 1,005,400	\$ 1,005,400	\$ 1,005,400	\$ 1,005,400	\$ 1,005,400
Local Funds	\$ -	\$ 38,914,846	\$ 38,914,846	\$ 39,155,548	\$ 39,387,826	\$ 39,387,826
Other Support	\$ -	\$ 3,145,300	\$ 3,145,300	\$ 3,334,990	\$ 3,537,407	\$ 3,537,407
Program Income	\$ -	\$ 67,299,091	\$ 67,299,091	\$ 67,972,082	\$ 68,651,803	\$ 68,651,803
Total Revenue	\$ 1,022,301	\$ 110,364,637	\$ 111,386,938	\$ 112,490,321	\$ 113,604,737	\$ 113,604,737
<b>Expenses</b>						
Administration	\$ -	\$ 4,291,427	\$ 4,291,427	\$ 4,334,341	\$ 4,377,684	\$ 4,377,684
Medical Staff	\$ -	\$ 10,846,405	\$ 10,846,405	\$ 10,954,869	\$ 11,064,418	\$ 11,064,418
Dental Staff	\$ -	\$ 3,850,338	\$ 3,850,338	\$ 3,888,841	\$ 3,927,729	\$ 3,927,729
Behavioral Staff:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Mental Health Services	\$ -	\$ 3,413,461	\$ 3,413,461	\$ 3,447,596	\$ 3,482,072	\$ 3,482,072
Substance use disorder services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Enabling staff	\$ -	\$ 5,352,179	\$ 5,352,179	\$ 5,405,701	\$ 5,459,758	\$ 5,459,758
Other Staff	\$ 440,092	\$ 6,319,865	\$ 6,759,957	\$ 6,823,156	\$ 6,886,987	\$ 6,886,987
Total Personnel	\$ 440,092	\$ 34,073,676	\$ 34,513,767	\$ 34,854,504	\$ 35,198,648	\$ 35,198,648
<b>Fringe Benefits</b>						
FICA	\$ 31,526	\$ 2,440,903	\$ 2,472,429	\$ 2,496,838	\$ 2,521,491	\$ 2,521,491
Medical	\$ 50,771	\$ 3,930,918	\$ 3,981,689	\$ 4,020,998	\$ 4,060,701	\$ 4,060,701
Retirement	\$ 53,347	\$ 4,130,342	\$ 4,183,689	\$ 4,224,993	\$ 4,266,709	\$ 4,266,709
Dental	\$ 1,199	\$ 92,816	\$ 94,015	\$ 94,943	\$ 95,880	\$ 95,880
Unemployment & Workers Compensation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Disability	\$ 677	\$ 52,438	\$ 53,115	\$ 53,639	\$ 54,169	\$ 54,169
Total Fringe	\$ 137,520	\$ 10,647,417	\$ 10,784,937	\$ 10,891,411	\$ 10,998,950	\$ 10,998,950
<b>Travel</b>						
Conference Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Milage	\$ -	\$ 20,989	\$ 20,989	\$ 20,989	\$ 20,989	\$ 20,989
Total Travel	\$ -	\$ 20,989	\$ 20,989	\$ 20,989	\$ 20,989	\$ 20,989
<b>Equipment</b>						
Total Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Supplies</b>						
Medical Supplies	\$ -	\$ 3,299,831	\$ 3,299,831	\$ 3,332,829	\$ 3,366,157	\$ 3,366,157
Dental Supplies	\$ -	\$ 278,010	\$ 278,010	\$ 280,790	\$ 283,598	\$ 283,598

Office Supplies	\$ -	\$ 243,992	\$ 243,992	\$ 246,432	\$ 248,896
Educational Supplies	\$ -	\$ 97,729	\$ 97,729	\$ 98,706	\$ 99,693
Total Supplies	\$ -	\$ 3,919,562	\$ 3,919,562	\$ 3,958,757	\$ 3,998,344
<b>Contractual</b>					
Medical Service Fee - DMG	\$ -	\$ 25,203,861	\$ 25,203,861	\$ 25,455,900	\$ 25,710,459
Consulting & Management	\$ -	\$ 10,436	\$ 10,436	\$ 10,540	\$ 10,645
Dental Services	\$ -	\$ 202,756	\$ 202,756	\$ 204,783	\$ 206,831
Other Professional Services	\$ 150,000	\$ 740,180	\$ 890,180	\$ 897,582	\$ 905,058
Total Contractual	\$ 150,000	\$ 26,157,233	\$ 26,307,233	\$ 26,568,805	\$ 26,832,993
<b>Construction</b>					
Total Construction	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Other</b>					
Rent - Building	\$ -	\$ 429,583	\$ 429,583	\$ 433,879	\$ 438,218
Utilities	\$ -	\$ 456,875	\$ 456,875	\$ 461,444	\$ 466,058
Infectious Waste Disposal	\$ -	\$ 52,541	\$ 52,541	\$ 53,067	\$ 53,598
Communication Services	\$ -	\$ 27,886	\$ 27,886	\$ 28,165	\$ 28,447
Books, Pamphlets, Subscriptions	\$ -	\$ 68,346	\$ 68,346	\$ 69,030	\$ 69,720
Organizational memberships, Certifications, Licenses	\$ -	\$ 58,058	\$ 58,058	\$ 58,639	\$ 59,225
Other	\$ 24,080	\$ 57,327	\$ 81,407	\$ 81,980	\$ 82,559
Allocated Ancillary Expenses	\$ -	\$ 12,322,216	\$ 12,322,216	\$ 12,445,438	\$ 12,569,892
Total Other	\$ 24,080	\$ 13,472,833	\$ 13,496,913	\$ 13,631,642	\$ 13,767,717
<b>Direct Charges</b>					
Total Direct Charges	\$ 751,692	\$ 88,291,709	\$ 89,043,401	\$ 89,926,108	\$ 90,817,641
<b>Indirect Charges</b>					
Indirect cost rate 36% - Federal & 25% - Non Federal	\$ 270,609	\$ 22,072,927	\$ 22,343,536	\$ 22,564,213	\$ 22,787,097
Totals (direct and indirect charges)	\$ 1,022,301	\$ 110,364,637	\$ 111,386,938	\$ 112,490,321	\$ 113,604,737

Federal Personnel Justification					
Name	Position Title	% of FTE	Base Salary	Adjusted Annual Salary	Federal Amount Requested
	Family Learning Center Coordinator I	100%	60,008	60,008	60,008
	Family Learning Center Coordinator II	100%	70,200	70,200	70,200
	Family Learning Center Coordinator II	100%	70,200	70,200	70,200
	Family Learning Center Coordinator II	100%	70,200	70,200	70,200
	Family Learning Center Coordinator II	25%	70,200	17,602	17,602
	Family Learning Center Coordinator III	100%	75,941	75,941	75,941
	PREP Linkage Navigator	100%	75,941	75,941	75,941
<b>Total</b>					<b>\$ 440,092</b>



## DISCLOSURE OF LOBBYING ACTIVITIES

OMB Approval No. 0

Expiration Date 12

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

**1. \* Type of Federal Action:**

- ☐ a. contract  
☒ b. grant  
☐ c. cooperative agreement  
☐ d. loan  
☐ e. loan guarantee  
☐ f. loan insurance

**2. \* Status of Federal Action:**

- ☐ a. bid/offer/application  
☐ b. initial award  
☐ c. post-award

**3. \* Report Type:**

- ☐ a. initial filing  
☐ b. material change

**For Material Change**

Year   
Quarter   
Date of Last Report

**4. Name and Address of Reporting Entity:**

☒ Prime ☐ SubAwardee Tier If Known:

\*Name

\*Street 1

Street 2

\* City  State

\* Zip  Congressional District, if known:

**5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:****6. \* Federal Department/Agency:****7. \* Federal Program Name/Description:**

CFDA Number, if applicable:

**8. Federal Action Number, if known:****9. Award Amount, if known:****10. a. Name and Address of Lobbying Registrant:**

Prefix  \* First Name  Middle Name

\* Last Name  Suffix

\* Street 1  \* Street 2

\* City  State  \* Zip

**b. Individual Performing Services (including address if different from No. 10a)**

Prefix  \* First Name  Middle Name

\* Last Name  Suffix

\* Street 1  Street 2

\* City  State  \* Zip

**11.** Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact

upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to U.S.C. 1352.

This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure

shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

\* Signature:

\* Name Prefix:  \* First Name

Middle Name

\* Last Name  Suffix

Title:  Telephone No.:  Date:



## CERTIFICATION REGARDING LOBBYING

### Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### \* APPLICANT'S ORGANIZATION

MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

#### \* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Prefix: Dr. \* First Name: MICHELLE Middle Name:   
\* Last Name: BARKER Suffix:   
\* Title: SR VP AMB SRVCS AND CEO FQHC CLINICS

\* SIGNATURE: Megan Allen

\* DATE: 09/24/2024

## Key Contacts Form

**\* Applicant Organization Name:**

MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

Enter the individual's role on the project (e.g., project manager, fiscal contact).

**\* Contact 1 Project Role:** Project Director

Prefix:

Dr.

\* First Name: Michelle

Middle Name:

\* Last Name: Barker

Suffix:

Title: Sr VP Ambulatory Svcs & CEO FQHC Clinics

Organizational Affiliation:

\* Street1: 2601 E. Roosevelt Street

Street2:

\* City: Phoenix

County:

\* State: AZ: Arizona

Province:

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 85008-4973

\* Telephone Number: 602-705-5107

Fax:

\* Email: michelle.barker@valleywisehealth.org

## Key Contacts Form

**\* Applicant Organization Name:**

MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

Enter the individual's role on the project (e.g., project manager, fiscal contact).

**\* Contact 2 Project Role:** Project Manager

Prefix:

\* First Name: Addy

Middle Name:

\* Last Name: Munoz

Suffix:

Title: Project Manager

Organizational Affiliation:

\* Street1: 2601 E Roosevelt Street

Street2:

\* City: Phoenix

County:

\* State: AZ: Arizona

Province:

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 85008-4973

\* Telephone Number: 602-344-5942

Fax:

\* Email: addy.munoz@valleywisehealth.org

## Key Contacts Form

**\* Applicant Organization Name:**

MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

Enter the individual's role on the project (e.g., project manager, fiscal contact).

**\* Contact 3 Project Role:** Fiscal Contact

Prefix:

\* First Name: Wesley

Middle Name:

\* Last Name: Korte

Suffix:

Title: Manager Accounting

Organizational Affiliation:

\* Street1: 2601 E. Roosevelt Street

Street2:

\* City: Phoenix

County:

\* State: AZ: Arizona

Province:

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 85008-4973

\* Telephone Number: 602-344-2821

Fax:

\* Email: wesley.korte@valleywisehealth.org

## **NEED**

Maricopa County Special Health Care District, doing business as Valleywise Health (VH), is the only public teaching hospital and health care system in Arizona. VH provides primary and specialty care services predominantly to underserved, low-income, and ethnically diverse populations. Over a nearly 150-year history, VH has built a reputation as a quality health care by placing compassion at the forefront of care, in alignment with our mission, *"to provide exceptional care, without exception, every patient, every time."* Accordingly, VH employs a comprehensive approach to care, clinical training, and population health management.

Our facilities include the Valleywise Health Medical Center (VHMC), three inpatient and three outpatient behavioral health clinics, 12 Federally Qualified Health Centers (FQHCs), the largest Ryan White HIV/AIDS program in the state, the second largest burn hospital in the U.S., three First Episode Clinics, and an Assertive Community Treatment Team. VH FQHC clinics are located in underserved communities throughout Phoenix, Arizona in Maricopa County. VH is home to the Refugee Women's Health Clinic (RWHC), which cares for over 9,000 women from 64 countries representing 62 languages. As the largest public teaching hospital in the state, VH provides training to over 350 residents each year across over a dozen disciplines.

With a focus on health disparities and patient centered care, VH is dedicated to addressing the social determinants of health (SDoH) for patients and families. As a safety-net hospital, 75% of all VH ambulatory patients are racially or ethnically diverse, over 40% of all patients are best served in a language other than English, and nearly 80% are low-income, making them eligible to receive services paid through Arizona Medicaid (AHCCCS) or another form of government insurance. The vast majority of VH patients are adversely impacted by SDoH, including those that affect economic stability, education, food, housing, transportation, and safety. VH comprehensively addresses these needs through Family Resource Centers (FRCs) at eight FQHC clinic site locations.

Through this Service Area Competition competing continuation grant application, VH seeks to retain full FQHC status for its 12 FQHC sites, which encompass a total of 14 clinics. The VH system meets the goals of the program by providing primary and specialty care services to underserved populations in Maricopa County who have unmet health care needs. This funding opportunity will allow VH to access additional resources and increased payment rates for services to help the clinics sustain operations and continue to provide critically needed health care services to the most vulnerable populations in Maricopa County.

### **1. DESCRIPTION OF THE PROPOSED SERVICE AREA**

#### **Service Area: Arizona's Health Care and Economic Environment**

Given VH's extensive service area and diverse service offerings, it is appropriate to consider the state's overall health care and economic environment prior to focusing on the specific service area.

*Population.* Arizona’s population growth has been among the fastest in the nation, with a significant portion approaching retirement age. The Arizona Office of Economic Opportunity notes: 1) Arizona’s 2023 population growth rate was three times higher than the U.S. population growth rate, ranking seventh from 2022 to 2023; 2) By 2026, Arizona is projected to grow by more than 480,000 people; 3) Maricopa County is projected to grow by 333,957 people by 2026; and 4) Maricopa County’s projected total net migration for 2026 is 61,000.<sup>1</sup>

*Job Growth.* In June 2024, Arizona’s seasonally adjusted unemployment rate hit an all-time low of 3.3%, down from 3.8% in June 2023. The rate is significantly below the national rate of 4.3%.<sup>2</sup> By Q2 2025, Arizona is projected to grow by 102,656 jobs from Q2 2023. Maricopa County is expected to see the largest influx in that period: 81,541 jobs.<sup>3</sup>

*Education.* The National Center for Education Statistics shows that Arizona had a high school graduation rate of 77%, ranking 48<sup>th</sup> in the nation, for 2021-2022.<sup>4</sup> Specific races/ethnicity groups in Maricopa County fell short of the 77% graduation rate in 2023: AI/AN: 55.9%; Black/African American: 72.5%; and Hispanic or Latino: 73.1%. Students experiencing homelessness had a rate of 55.7%. By comparison, the graduation rate among White students was 84.9%.<sup>5</sup>

*Health Rankings.* The United Health Foundation 2023 Health Rankings compares states across five health measures: social and economic factors, physical environment, clinical care, behaviors and health outcomes. Arizona ranked in the bottom half of all states for five measures (social/economic factors-#30; physical environment-#40; clinical care-#39; behaviors-#33; health outcomes-#37)<sup>6</sup>. Adults with multiple chronic conditions (i.e., diabetes, depression, cardiovascular disease) represent high-need segments of the population. Specific to women and children’s health, Arizona ranked 30<sup>th</sup> and 35<sup>th</sup> respectively, when considering clinical care measures.<sup>7</sup> Seniors with multiple chronic conditions increased from 36.5% to 52% of all Medicare beneficiaries between 2018 and 2024.<sup>8</sup> Regarding health disparities, Arizona showed high disparities for child poverty in Hispanics and Whites, for premature death of American Indian / Alaska Native (AI/AN) and Asian/Pacific Islander, and for food insecurity in households headed by a college graduate.<sup>9</sup>

Figure 1, below, outlines many of the state’s largest health challenges including behaviors such as excessive drinking, physical inactivity, depression, smoking and obesity, and social and economic factors.

**Figure 1: Arizona Health Ranking Behaviors, and Social & Economic Factors\***

	2023 Value	2023 Rank
<b>Behaviors</b>		
Excessive Drinking (% of Adults)	18.7%	29
Physical Inactivity (% of Adults)	23.4%	25
Depression (% of Adults)	20.2%	18
Smoking (% of Adults)	12.7%	20
Obesity (% of Adults)	33.2%	19



TOTAL BEHAVIORS	-0.166	33
<b>Social &amp; Economic Factors</b>		
Economic Hardship Index	70	38
Public Health Funding (per person)	\$143	41
High-speed Internet	92.6%	29
Income Inequality	4.42	16
Food Insecurity	10.2%	22
TOTAL SOCIAL & ECONOMIC FACTORS	.049	30

Regarding health care statistics and performance, Arizona has realized both positive and negative trends. Some of the state’s notable positive health care trends include a reduction in preventable hospitalizations, a lower racial disparity in low birth weight, and a decline in smoking rates.<sup>10</sup> However, negative health care trends include an increase of high-risk HIV behaviors, a higher racial disparity in premature deaths, and fewer adults with a dedicated health care provider.<sup>11</sup>

*Health Coverage.* As of September 2024, nearly 2.2 million people were enrolled in any form of Arizona Medicaid (AHCCCS) and KidsCare.<sup>12</sup> Through the Affordable Care Act (ACA), Arizona participates in the Federally Facilitated Marketplace (FFM) that offers health insurance plans for qualifying consumers. These plans are designed and operated by the Department of Health and Human Services. From 2016 to 2019, there was an increase of 128,000 uninsured individuals, after sharp drops when the state expanded eligibility for coverage under AHCCCS, the state’s Medicaid system, in 2014. In a July-August 2024 survey, 11.5% of Arizonans were uninsured, ranking the state tenth worst in the nation. Of those surveyed, 26.3% had public health insurance coverage, ranking 15<sup>th</sup> worst in the nation.<sup>13</sup>

### **Service Area: Boundaries and Maricopa County’s Economic Environment**

The VH proposed service area is in Maricopa County, with the hospital and ambulatory clinics located in the following zip codes: 85323, 85225, 85283, 85004, 85203, 85008, 85021, 85345, 85041, 85033, 85031, and 85201. Maricopa County is the fourth-most populous county in the U.S., with a 2024 population of over 4.5 million and growing. It is the most populated county in Arizona, home to about 61% of the state’s population.<sup>14</sup> The county has a total area of 9,202 square miles, encompassing 27 cities and towns, as well as the whole or part of five sovereign Native American reservations. The largest city, Phoenix, is both the county seat and the state capital. Maricopa County is ethnically and culturally diverse, home to more than 1.4 million Hispanics (31% of all residents), 6.9% Black/African Americans, 5.1% Asian Americans, and 2.9% Native Americans.<sup>15</sup> The VH target population within Maricopa County is ethnically and racially diverse; 75% of our population are racial or ethnic minorities. Over 46% of patients are best served in a language other than English, as noted in the VH 2023 UDS report.



**Service Area: Reflective of Where Patients Reside**

The 2023 VH Uniform Data System (UDS) report indicates that over 75% of patients seeking services at the VH FQHC clinics reside within the zip codes listed on Form 5B: Service Sites. The top ten zip codes where patients come from are: 85323, 85225, 85033, 85004, 85021, 85041, 85008, 85345, 85203, and 85283. VH's penetration rates for these zip codes may also be viewed in Attachment 1: Service Area Map and Table. These utilization trends will continue as many individuals within the service area rely on VH as their primary health care provider to meet all their health care needs. Accordingly, patients will continue seeking services from the sites outlined in Form 5B.

It is important to note that the zip codes are non-contiguous and have specific neighborhoods that the FQHC clinics service. This extended service area is based on the historical area of operation for the Maricopa County, which dates to the 1950s and 1960s. While several of these clinic locations are still operating today, the VH Care Reimagined project has served to rebuild our community's public teaching hospital and position the FQHC clinics to better serve vulnerable populations in the surrounding neighborhoods. The clinics assist patients with much more than just health care; they also assist individuals in addressing the social determinant of health.

**Service Area: Health Workforce and Shortages Impacting Access to Care**

As identified in the VH 2023 Community Health Needs Assessment (CHNA), one of the largest problems facing individuals within the identified service area is a persistent lack of access to care. A significant contributor to this is the shortage of qualified health professionals; Arizona, overall, has one of the most severe health care workforce shortages out of all states in the country.<sup>16</sup> The Maricopa County Health Rankings and Roadmap reports that the current Primary Care Physician (PCP) Ratio is 1,430 patients for every one PCP in Maricopa County.<sup>17</sup> In 2018, the ratio was 1,410 patients per PCP, so this measure has worsened. While there are numerous reasons why ratios can vary, a general standard is that PCPs should have no more than about 1,000 patients under care if the majority are geriatric with complex chronic illnesses and perhaps up to 1,500 if most are healthy.<sup>18</sup>

**Figure 2: PCP Ratio for Maricopa County**

Maricopa County	# of Primary Care Physicians	PCP Ratio: 1,430:1 Z Score: -0.92
-----------------	------------------------------	--------------------------------------

Source: 2021 County Health Rankings - Arizona

Additionally, Maricopa County has numerous areas that are designated as Health Professional Shortage Areas (HPSAs), including 49 primary medical care HPSAs, 47 dental HPSAs, and 43 mental health HPSAs.<sup>19</sup> These HPSAs indicate that the population within the service area lacks enough health care providers to meet their needs.

Given the provider ratios throughout the county, paired with the high penetration rates of health centers within the identified service area, access issues confirm there are still unmet health care needs within the target population. Through completed patient surveys representing both English and Spanish speaking populations and secondary data review, the VH CHNA documented that many individuals within the proposed service area feel that care resources are fragmented, directly impacting their care. With many residents lacking both PCP and medical home, navigating the health care system can be challenging.

**Factors Associated with Access to Care and Health Care Utilization in the Service Area**

Maricopa County has 13 Medically Underserved Areas (MUAs) and 4 Medically Underserved Populations (MUPs). The target population faces multiple barriers to accessing health care services, including but not limited to: 1) lack of providers, 2) financial barriers, and 3) transportation barriers. As previously described, the presence of HPSAs and high physician to patient ratios impact access to care and utilization. The sections below outline additional barriers to care.

*Financial Barriers:* There are significant financial barriers for much of the VH target population. Table 1 outlines select characteristics of individuals living in poverty in Maricopa County, ranging from 50% or less of FPL (15.9%) to 125% of FPL (42.5%).

**Table 1: Selected Characteristics of People at Specified Levels of Poverty in Maricopa County**

SEX	Population Size	Less than 50% FPL	Less than 100% FPL	Less than 125% FPL
Male	2,023,814	6.9%	14.8%	19.2%
Female	2,077,494	8.0%	16.6%	21.5%
AGE				
Under 18 years	1,014,646	11.4%	22.5%	28.8%
Related children of Householder under 18 years	1,010,104	10.0%	22.2%	28.5%
18-64 years	2,506,287	7.2%	14.7%	18.8%
65 years and over	580,345	3.4%	8.4%	12.5%
RACE				
One Race	3,960,005	7.4%	15.7%	20.3%
White	3,203,614	6.7%	14.1%	18.4%
Black or African American	217,162	11.3%	21.9%	27.7%
American Indian and Alaska Native	76,697	13.2%	26.3%	33.5%
Asian	162,060	6.4%	12.0%	15.4%
Native Hawaiian and Other Pacific Islander	8,635	8.7%	17.3%	22.8%
Some Other Race	291,837	11.5%	27.9%	35.4%
Two or more Races	141,303	8.2%	16.3%	21.3%
Hispanic or Latino Origin	1,256,273	11.3%	26.0%	33.7%
White Alone, Not Hispanic or Latino Origin	2,312,393	5.0%	9.6%	12.5%

Table 2 shows the 2024 Federal Poverty Guidelines for those at 100% of the Guidelines and Table 3 delineates specific income statistics for Maricopa County. Based on these statistics, there are a considerable number of households and families living below the poverty line in the identified service area. Income is strongly associated with morbidity and mortality across the income distribution, and income-related health disparities appear to be growing over time throughout Arizona and the County. Income influences health and longevity through various clinical, behavioral, social, and environmental mechanisms. Isolating the unique contribution of income to health can be difficult because this relationship intersects with many other social risk factors, but there is a clear relationship between lower income and poor health outcomes.

**Table 2: Annual Income Poverty Guideline for Those at 100% of FPG\***

Persons in Family	Annual Income Poverty Guideline
1	\$15,060
2	\$20,440
3	\$25,820
4	\$31,200
5	\$36,580
6	\$41,960
7	\$47,340
8	\$52,720
For families / households with more than 8 persons	Add \$5,380 for each additional person.
* <a href="https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines">https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines</a>	

**Table 3: Income Statistics for Maricopa County\***

Subject	Households	Families	Married Couple Families	Non-family Households
<b>Total</b>				
<b>Less than \$10,000</b>	4.8%	2.7%	1.2%	9.7%
<b>\$10,000 to \$14,999</b>	2.3%	1.3%	0.9%	4.4%
<b>\$15,000 to \$24,999</b>	4.6%	3.0%	1.9%	8.0%
<b>\$25,000 to \$34,999</b>	5.5%	4.2%	2.9%	8.4%
<b>\$35,000 to \$49,999</b>	10.2%	8.7%	6.4%	14.0%
<b>\$50,000 to \$74,999</b>	15.8%	13.9%	11.6%	19.9%
<b>\$75,000 to \$99,999</b>	13.6%	14.2%	13.8%	12.5%
<b>\$100,000 to \$149,999</b>	19.2%	22.0%	24.0%	12.5%
<b>\$150,000 to \$199,999</b>	10.5%	12.8%	15.2%	5.2%
<b>\$200,000 or more</b>	13.6%	17.3%	22.1%	5.3%
<b>Median Income</b>	\$87,048	\$103,369	\$120,840	\$55,119
<b>Mean Income</b>	\$116,757	\$135,342	\$155,172	\$76,037
* 2023: American Community Survey 1-Year Estimates, U.S. Census Bureau				

VH Uniform Data System (UDS) data indicates that 60% of patients are 100% or less of FPL and 78.2% of patients are less than 150% FPL.

*Transportation:* Access to transportation is another significant barrier for low-income patients. Maricopa County offers public transportation including bus service and light rail. Although the VH FQHC clinics are within proximity to public transportation, patients--especially those in more rural areas--are frequently traveling great distances to seek health care services, making a car essential for these individuals to attend health care appointments. VH 2023 UDS data identified 1,003 patients screened positive for lack of transportation or access to public transportation.

*Language:* Language is also a barrier to care for many residents in the service area. Over 46% of VH patients are listed in the 2023 UDS as being “best served in a language other than English.” The language barriers of the general population are analogous; approximately 26.1% of Maricopa County residents speak a language other than English at home.<sup>20</sup> VH has dozens of interpreters on staff who provide services in over 70 languages (including American Sign Language) in-person and via telehealth.

### **Opportunity Zones**

VH currently operates three FQHC clinics that are in Qualified Opportunity Zones (QOZs): Avondale, Mesa, and Chandler. QOZs were created in 2017 and are designed to spur economic development and job creation in distressed communities. Each state can nominate blocks of low-income areas by census tract, which are certified by the Secretary of the U.S. Treasury. Generally, a QOZ is in a highly distressed area that has not realized investment in many years.

Studies have demonstrated that health centers can create additional economic stimulus both within the center and beyond. By design, these centers are in medically underserved areas in lower income rural and inner-city communities. Neighborhood clinics can often identify the health needs earlier and design effective community-based solutions. Health centers also generate economic activity in their communities: data from the National Association of Community Health Centers (NACHC) showed that in 2023, health centers created more than \$85 billion in economic output and generated more than 500,000 jobs across the nation.<sup>21</sup> The same data revealed that in Arizona, 330e funding for Community Health Centers generated \$2.32 billion in economic impact, \$1.06B in labor income, and created a total of 14,155 full-time equivalent jobs. VH looks forward to collaborating with other businesses and civic entities to help generate additional economic activity in communities where VH operates facilities.

### **Process for Reviewing the Proposed Service Area and Target Population Need**

VH conducts an annual review of the service area, including the zip codes listed on Form 5B: Service Sites to ensure that the services provided are available and accessible to the residents of the area and to eliminate barriers to access. The target population needs are also reviewed on a regular basis to ensure that services provided, as listed on Form 5A: Services Provided, are reflective of the unmet need in the service area.

*Updating Form 5B: Service Sites.* The Valleywise Community Health Centers Governing Council has the designated authority to review health center services, as well as locations and hours of operation of health center sites.

*VH Community Health Needs Assessment (CHNA).* In compliance with Health Center Program requirements, VH contracts with the Maricopa County Department of Public Health (MCDPH) to conduct a CHNA once every three years and adopts an implementation strategy to meet the identified community health needs. The CHNA process includes gathering and analyzing data and community input; using the data to identify health issues; identifying SDoH influences on health issues; identifying resources, gaps, and health disparities; setting health priorities and developing action plans to address health priorities; and providing opportunities for feedback from community members.

The results of the VH CHNA are used to determine unmet health needs; evaluate access to care; identify the most significant causes of morbidity and mortality, as well as any associated health disparities; and address any issues and aspects that impact health for our target population. This document is used to engage the Valleywise Health Community Health Centers Governing Council, Board of Directors, senior leadership, and shared with multiple departments. It is also used to engage partners and create opportunities for involvement, and often is used to obtain philanthropic dollars.

*Ongoing Evaluation of Population Needs Through UDS Data.* VH utilizes an Electronic Health Record (EHR) system, Epic, at all sites. The EHR system is certified by the Office of the National Coordinator for Health IT (ONC) Health IT Certification Program. The EHR allows all providers to share patient information between the hospital, emergency room, specialty clinics, labs, imaging pharmacy and Health Information Exchange (HIE). MyChart, powered by Epic, is the real-time EHR patient portal, allowing patients to access all health information (i.e., medications, test results, appointments) in one place. VH has developed digital education tools which can be accessed by patients through links embedded in text messages as well as through MyChart.

The EHR is used to extract data for UDS clinical reporting. This data is used to inform quality improvement, population health management, program evaluation and research. Data is collected on individual patients' social risk factors, outside of the data reportable in the UDS. The standardized screening tools used to identify social risk factors include those from Accountable Health Communities, Recommend Social and Behavioral Domains for EHRs, the Well Child Care, Evaluation, Community Resources, Advocacy, Referral, Education (WE CARE), and Patient Health Questionnaires (PHQ-2 and 9). These screening tools have helped VH to identify thousands of patients who are impacted by food and housing insecurity, financial strains, transportation challenges, and depressive symptoms.

## **2. NUMBER OF UNDUPLICATED PATIENTS TO SERVE IN CY2026**

VH projects to deliver comprehensive, culturally competent primary health services and integrate access to pharmacy, mental health, substance use disorder, and oral health services to **88,449 unique patients in 324,276 visits** across the 12 FQHC clinics located in Service Area #160, Phoenix Metropolitan Area, Arizona.

Service Area Competition funding will directly support access to non-medical, social, educational, and other enabling services through VH Family Resource Centers embedded within eight VH clinics. Additionally, supplemental funding for Ending the HIV Epidemic - Primary Care HIV Prevention PCHP (Activity code: H8H) will allow VH to continue addressing the critical need for HIV prevention and primary care services in our target population.

## **3. HEALTH CARE NEEDS WITHIN THE SERVICE AREA / TARGET POPULATIONS**

### **Significant Causes of Morbidity and Mortality in the Target Population**

Statewide and within Maricopa County, different demographic groups have varying health disparities. Table 4, below, outlines the 2019 mortality disparities within Maricopa County overall and by race/ethnicity. Heart disease and cancer are the top two causes of death across all races/ethnicities except for American Indians, for whom unintentional injury is the second leading cause of death. Diabetes is seventh for Whites/Overall, but rises to fourth for Hispanics, African Americans, American Indians and fifth for Asians. Unintentional Injury is sixth for Whites but rises to third for Hispanics and Black/African Americans. Homicide does not make the list for the 10 leading causes of death overall but is eighth for African Americans.

**Table 4: Leading Causes of Death in Maricopa County<sup>22</sup>**

Rank	Overall Cause of Death	White	Hispanic	African American	American Indian	Asian
1	Cardiovascular Disease (CV)	CV	Cancer	CV	Cancer	Cancer
2	Cancer	Cancer	CV	Cancer	UI	CV
3	Chronic Lower Respiratory (CLR)	CLR	UI	UI	CV	Stroke
4	Alzheimer's (Alz)	Alz	Diabetes	Diabetes	Diabetes	UI
5	Unintentional Injury (UI)	Stroke	Stroke	Stroke	Liver Disease	Diabetes
6	Stroke	UI	Alz	CLR	N/A	Alz
7	Diabetes	Diabetes	Liver Disease	Alz		
8	Suicide	Fall	CLR	Homicide		
9	Fall	Suicide	Suicide	Suicide		
10	Influenza/Pneumonia (I/P)	I/P	Pregnancy/Early Life	Pregnancy/Early Life		

*Additional Information on Morbidity and Mortality:* The 2020 Behavioral Risk Factor Surveillance System's (BRFSS) Maricopa County Report (most recent available) details medical provider diagnosed conditions by age and group and race/ethnicity for several health indicators and reveals the prevalence of each.<sup>23</sup> The statistics are culled from data in the Arizona Department of Health Services' annual files. The survey methodology is telephone-based (both land lines and cell phones included) and is randomized. Tables 5 and 6 report on health indicators in Maricopa County.

**Table 5: Self-Reported Health Indicators by Age Group, and Race/Ethnicity**

Self-Reported Health Indicators	18-24 %	25-34 %	35-44 %	45-54 %	55-64 %	65+ %	White, non-Hisp. %	Hisp. %	Total %
Health Status: Excellent, Very Good, Good	91.53	90.83	87.92	84.70	81.98	81.21	87.59	82.99	86.10
BMI – Overweight	21.21	35.69	37.96	35.83	34.52	40.19	35.94	34.86	35.14
BMI – Obese	19.65	32.19	36.59	35.89	34.15	24.66	26.85	38.76	30.68

*Note: Overweight and obesity are based on the respondent's self-reported height and weight.*

**Table 6: Medical Provider Diagnosed Conditions by Age Group and Race/Ethnicity**

Has a Medical Provider Ever Told You that You Have/Had	18-24 %	25-34 %	35-44 %	45-54 %	55-64 %	65+ %	White, non-Hisp. %	Hisp. %	Total %
Coronary Heart Disease	.77	-	.62	1.75	5.40	9.60	4.34	1.32	3.28
Heart Attack	1.23	.97	1.32	3.04	5.56	10.11	4.57	2.96	3.98
Stroke	.39	-	1.63	2.21	4.53	5.00	2.72	4.59	2.41
Diabetes	.84	3.62	5.85	11.51	16.75	20.59	10.04	10.27	10.44
Asthma	12	8.98	10.67	7.11	9.91	9.68	10.18	8.71	9.62
Chronic Obstructive Pulmonary Disorder	2.07	1.50	4.06	4.27	7.68	11.17	11.17	11.17	5.39
Depressive Disorder	20.33	19.19	18.18	14.00	17.83	11.66	19.72	12.60	16.55
Skin Cancer	0.94	0.72	1.43	2.8	8.35	23.61	11.79	1.49	7.59



Arthritis	1.02	3.88	12.27	20.27	30.03	47.45	26.73	10.20	20.62
Kidney Disease	-	0.75	2.64	4.54	4.03	8.18	4.33	2.66	3.63

*Arizona's Opioid Crisis:* More than two people die every day from opioid overdoses in Arizona. Due to an alarming increase in opioid deaths in 2016, Governor Ducey declared a state of emergency on June 5, 2017, which set in motion substantial action to prevent opioid addiction and reduce opioid overdoses in Arizona. With completion of the emergency response deliverables, and the implementation of the Opioid Action Plan and the Arizona Opioid Epidemic Act, Governor Ducey officially called an end to the public health emergency on May 29, 2018. The Arizona Department of Health Services (ADHS) continues to track real-time opioid data. From 2017 to 2024, there were 11,924 suspected opioid deaths, 27,479 verified non-fatal opioid overdose events, and 43,367 naloxone doses administered.<sup>24</sup>

After more than seven years of litigation, Maricopa County signed off on a national opioid settlement agreement with opioid manufacturer Johnson & Johnson and drug distributors AmerisourceBergen, Cardinal Health, and McKesson. This landmark settlement is expected to infuse about \$80 million in relief money to county residents. The funds are expected to go to relief and resources related to opioids, including diversion programs to prevent people from going to prison for an addiction or substance-use disorder.

*Uninsured.* Within Maricopa County, access to care varies substantially when ethnicity, nation of birth and educational attainment are considered. According to 2020 Census data, the overall rate of uninsured residents in Maricopa County was 12.5% (compared to the State rate of 12.1% and U.S. rate of 9.5%).<sup>25</sup> However, when factoring in race and ethnicity, these rates increase substantially with the Hispanic or Latino population in Maricopa County having an uninsured rate of 31.4%.

*Birth Outcomes, High Blood Pressure, and Diabetes.* VH 2023 UDS data, Tables 8 – 10 below, show clear disparities for specific populations, including Black/African American and Hispanic patients, regarding birth outcomes, high blood pressure and diabetes control. Most newborns typically weigh 2,300 – 4,000 grams. Table 7 shows that 7.7% of Hispanic, Latino/a or Spanish Origin live births were less than 2,500 grams, while over 13.2% of non-Hispanic Black/African Americans had live births under 2,500 grams.

**Table 7: 2023 UDS – Deliveries and Birth Weight**

Section A: Deliveries and Birth Weight					
S. No	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births: 1500 – 2499 grams (1c)	Live Births: >= 2500 grams (1d)
Mexican, Mexican American, Chicano/a					
1cm	Black/African American	2	0	0	2
1dm	American Indian/Alaska Native	17	0	4	14
1em	White	877	11	58	816
1fm	More Than One Race	3	0	0	3
1gm	Unreported/Refused to Report Race	12	0	1	11



Subtotal Hispanic/Latino (Sum Lines 1cm-1gm) START		911	11	63	846
Puerto Rican					
1ep	White	3	0	0	3
Subtotal Puerto Rican		3	0	0	3
Cuban					
1ec	White	3	0	1	2
Subtotal Cuban		3	0	1	2
Another Hispanic, Latino/a, or Spanish Origin					
1a2a	Chinese	1	0	0	1
1ca	Black/African American	5	0	0	5
1da	American Indian/Alaska Native	4	0	0	4
1ea	White	359	2	24	333
1fa	More than One Race	1	0	0	1
1ga	Unreported/Chose Not to Disclose Race	3	0	0	3
Subtotal Another Hispanic, Latino/a, or Spanish Origin		373	2	24	347
Hispanic, Latino/a, or Spanish Origin Combined					
1do	American Indian/Alaska Native	1	0	0	1
1eo	White	9	0	0	9
Subtotal Hispanic, Latino/a, or Spanish Origin Combined		10	0	0	10
Total Hispanic, Latino/a, or Spanish Origin		1,300	13	88	1,208
Non-Hispanic/Latino					
2a1	Asian Indian	16	0	0	15
2a3	Filipino	1	0	0	1
2b2	Other Pacific Islander	8	0	0	8
2c	Black/African American	241	6	28	208
2d	American Indian/Alaska Native	133	3	17	119
2e	White	111	3	14	94
2f	More Than One Race	12	0	0	12
2g	Unreported/Refused to Report Race	6	0	0	6
Subtotal Non-Hispanic/Latino (Sum Lines 2a-2g)		580	12	62	513
Unreported/Refused to Report Ethnicity					
h	Unreported/Refused to Report Race and Ethnicity	4	0	1	3
i	Total (Sum Lines 1a-h)	1,884	25	151	1,724

As shown in Table 8, a significant portion of Hispanic and non-Hispanic Black/African American patients have uncontrolled hypertension.

**Table 8: 2023 UDS – Controlling High Blood Pressure (Hypertension - HTN)**

Section B: Controlling High Blood Pressure				
S. No	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension	Charts Sampled or EHR Total (2b)	Patients with HTN Controlled (2c)

		2(a)		
Mexican, Mexican American, Chicano/a				
1b2m	Other Pacific Islander	26	26	19
1cm	Black/African American	20	20	9
1dm	American Indian Alaska Native	16	16	7
1em	White	7,654	7,654	4,583
1fm	More than One Race	11	11	5
1gm	Unreported/Chose Not to Disclose Race	337	337	202
Subtotal Mexican, Mexican American, Chicano/a		8,064	8,064	4,825
Puerto Rican				
1ep	White	23	23	12
1fp	More than One Race	3	3	3
Subtotal Puerto Rican		26	26	15
Cuban				
1b2c	Other Pacific Islander	1	1	0
1cc	Black/African American	1	1	1
1ec	White	33	33	18
1gc	Unreported/Chose Not to Disclose Race	1	1	1
Subtotal Cuban		36	36	20
Another Hispanic, Latino/a, or Spanish Origin				
1a3a	Filipino	8	8	2
1a6a	Vietnamese	1	1	0
1a7a	Other Asian	1	1	0
1b1a	Native Hawaiian	1	1	1
1b2a	Other Pacific Islander	18	18	7
1b3a	Guamanian or Chamorro	1	1	1
1ca	Black/African American	59	59	35
1da	American Indian/Alaska Native	22	22	13
1ea	White	2,224	2,224	1,304
1fa	More than One Race	9	9	8
1ga	Unreported/Chose Not to Disclose Race	45	45	23
Subtotal Hispanic, Latino/a, or Spanish Origin		2,389	2,389	1,394
Hispanic, Latino/a, or Spanish Origin Combined				
1co	Black/African American	1	1	0
1eo	White	30	30	16
Subtotal Hispanic, Latino/a, or Spanish Origin Combined		31	31	16
Total Hispanic, Latino/a, or Spanish Origin		<b>10,546</b>	10,546	6,270
Non-Hispanic/Latino				
2a1	Asian Indian	90	90	51
2a2	Chinese	106	106	64
2a3	Filipino	126	126	80
2a4	Japanese	5	5	2
2a5	Korean	12	12	6
2a6	Vietnamese	28	28	16
2a7	Other Asian	259	259	161

2b1	Native Hawaiian	6	6	3
2b2	Other Pacific Islander	69	69	45
2b3	Guamanian or Chamorro	1	1	1
2b4	Samoan	2	2	1
2c	Black/African American	2,389	2,389	1,204
2d	American Indian/Alaska Native	123	123	78
2e	White	3,684	3,684	2,155
2f	More Than One Race	67	67	37
2g	Unreported/Refused to Report Race	82	82	40
Total Non-Hispanic/Latino (Sum Lines 2a1-2g)		7,049	7,049	3,944
Unreported/Chose Not to Disclose Race and Ethnicity				
h.	Unreported/Refused to Report Race and Ethnicity	33	33	22
i.	Total	17,628	17,628	10,236

Table 9 shows that of the large portion of patients who have diabetes (13,333), those of Hispanic, Latino/a or Spanish origin account for nearly 71% of these patients.

**Table 9: 2023 UDS - Diabetes with Poor Control**

S. No	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3a)	Charts Sampled or EHR Total (3b)	Patients with Hba1c > 9% Or No Test During Year (3f)
Mexican, Mexican American, Chicano/a				
1a3m	Filipino	1	1	0
1b1m	Native Hawaiian	1	1	0
1b2m	Other Pacific Islander	20	20	6
1cm	Black/African American	11	11	6
1dm	American Indian/Alaska Native	21	21	7
1em	White	7,022	7,022	2,121
1fm	More Than One Race	11	11	3
1gm	Unreported/Chose Not to Disclose Race	334	334	92
Subtotal Mexican, Mexican American, Chicano/a		7,421	7,421	2,235
Puerto Rican				
1ep	White	15	15	6
Subtotal Puerto Rican		15	15	6
Cuban				
1ec	White	17	17	5
Subtotal Cuban		17	17	5
Another Hispanic, Latino/a, or Spanish Origin				
1a3a	Filipino	2	2	0
1a7a	Other Asian	1	1	0
1b2a	Other Pacific Islander	12	12	3
1ca	Black/African American	25	25	10
1da	American Indian/Alaska Native	23	23	10
1ea	White	1,863	1,863	584
1fa	More Than One Race	1	1	0

S. No	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3a)	Charts Sampled or EHR Total (3b)	Patients with HbA1c > 9% Or No Test During Year (3f)
1ga	Unreported/Chose Not to Disclose Race	1	1	0
Subtotal Another Hispanic, Latino/a, or Spanish Origin		1,979	1,979	629
Hispanic, Latino/a, or Spanish Origin Combined				
1do	American Indian/Alaska Native	1	1	0
1eo	White	50	50	30
1go	Unreported/Chose Not to Disclose Race	5	5	4
Subtotal Hispanic, Latino/a, or Spanish Origin Combined		56	56	34
Total Hispanic, Latino/a, or Spanish Origin Combined		<b>9,488</b>	9,488	2,909
Not Hispanic, Latino/a or Spanish Origin				
2a1	Asian Indian	73	73	19
2a2	Chinese	45	45	5
2a3	Filipino	62	62	8
2a4	Japanese	2	2	0
2a5	Korean	10	10	2
2a6	Vietnamese	18	18	1
2a7	Other Asian	153	153	21
2b1	Native Hawaiian	6	6	2
2b2	Other Pacific Islander	61	61	14
2b4	Samoan	2	2	0
2c	Black/African American	1,294	1,294	407
2d	American Indian/Alaska Native	176	176	70
2e	White	1,813	1,813	485
2f	More Than One Race	40	40	10
2g.	Unreported/Chose Not to Report Race	58	58	15
Total Not Hispanic, Latino/a, or Spanish Origin		3,814	3,814	1,060
Unreported/Chose Not to Disclose Race and Ethnicity				
h	Unreported/Chose Not to Report Race and Ethnicity	31	31	13
i	Total	13,333	13,333	3,982

*Behavioral Health.* The National Alliance on Mental illness (NAMI) notes that Hispanic/Latinx communities show similar vulnerability to mental illness as the general population, but they face disparities in both accessibility and quality of treatment. More than half of Hispanic young adults ages 18-25 with serious mental illness may not receive treatment, putting them at a higher risk for more severe and persistent forms of mental health conditions. Approximately 35% of Hispanic adults with mental illness receive treatment annually compared to the U.S. average of 46.2%. This is due to many unique barriers to care such as language, poverty, lack of health insurance, legal status, acculturation, and stigma.<sup>26</sup>

Data from the Department of Health and Human Services Office of Minority Health shows that, in 2022, Hispanic adults were 60% less likely to have received mental health treatment as compared to non-Hispanic white adults. In 2020, the suicide rate for Hispanic males was 4.4 times higher than Hispanic females, and the suicide rate for Hispanic adults was less than 50% of the rate for non-Hispanic white adults. Table 10 outlines the high rates of behavioral health issues amongst Hispanic adults and the vital need for health services.

**Table 10: Comparative Mental Health Status of Hispanic Adults.<sup>27</sup>**

Measure	Hispanic	Non-Hispanic White	Hispanic / Non-Hispanic White Ratio
Serious psychological distress in the past year among adults 18 years of age and over, percentage, 2022	14.2	15.0	0.9
Major depressive episode in the past year among persons age 18 and over, percentage, 2022	8.8	9.2	1.0
Any mental illness in the past year among persons age 18 and over, percentage, 2022	21.4	24.6	0.9
Adults age 18 and over who received mental health treatment in the past year, percentage, 2022	14.6	25.9	0.6
Adults age 18 and over who received mental health treatment through prescription medication, percentage, 2022	8.4	19.5	0.4
Adults age 18 and over with a major depressive episode in the past year who received treatment for depression, percentage, 2022	52.2	68.4	0.8

### **Health Related Social Needs that Impact Healthcare Utilization and Access**

**Transportation:** Due to the sheer size of Maricopa County, many individuals and VH patients find it extremely difficult to access services due to distance and transportation barriers. When responding to the VH CHNA FQHC Patient Health Needs Survey Access to Care Questions, for patients who were unable to obtain an appointment at their preferred clinic, one of the most frequent responses received was due to a lack of transportation (an average of 22% across responses, with a high of 33% citing lack of transportation as a barrier).

**Occupation:** VH does not track the occupation of our patients. However, we are aware that many patients work in low-paying service industries such as cooks, dishwashers, and servers; recreation attendants; cashiers; laundry and dry-cleaning workers; hotel/motel staff; maids and housekeepers; and agricultural workers. While many individuals may be working a substantial amount, their earnings are typically low, and employment can be volatile. There is no guarantee that their accumulated work experience and skills will lead to increased wages.

**Transience:** As reported on the VH 2023 UDS report, a total of 231 patients reported being homeless. Those who are homeless tend to have higher rates of illness (frequently chronic illness), often live with depression or other mental health issues, lack access to effective health care services or have an aversion to seeing a doctor. Creating a positive health experience and building trust is essential to helping homeless patients access and sustain care.

**Unemployment:** VH patients and parents/caregivers of our pediatric patients experience high levels of unemployment. While the average rate of unemployment among patients receiving care at the VH FQHCs is nearly 23%, adult patients receiving care at two FQHCs indicated unemployment between 34% - 37%. Ninety-six percent of children obtaining services at any VH facility receive benefits through AHCCCS (State of Arizona Medicaid), the VH Financial Assistance Program (sliding fee scale) or are self-pay.

**Income Level:** Poverty has long been recognized as a contributor to death and disease. Low-income people face greater barriers to accessing care, are less likely to have health insurance or be employed by a company that offers health benefits, have higher rates of behavioral risk factors and significantly impacted by the SDoH. As reported on the VH 2023 UDS report, Table 11 identifies the number and percent of VH patients with Income as a Percent of Poverty Guidelines (n=87,572).

**Table 11: VH Patients and Percent of FPL**

FPL Percentage	Number of Patients	Percent of Patients
100% and Below	52,825	60%
101 – 150%	15,667	18%
151 – 200%	7,758	9%
Over 200%	9,583	11%
Unknown	1,739	2%

**Educational Attainment:** As reported in the 2023 American Community Survey 1-Year Estimates from the U.S. Census Bureau, Table 12, below, identifies education attainment age and race for Maricopa County.

**Table 12: Education Attainment for Maricopa County**

AGE	Total	Male	Female
18 to 24 years	427,373	219,370	208,003
High school graduate	156,275	89,390	66,885
Bachelor's degree or higher	54,985	23,717	31,268
25 years and over	3,145,001	1,543,174	1,601,827
High school graduate or higher	2,827,134	1,381,599	1,445,535
Bachelor's degree or higher	1,162,220	562,590	599,630
RACE and HISPANIC or LATINO/A ORIGIN	Total	Male	Female
White alone	1,982,682	972,830	1,009,852
High school graduate or higher	1,894,858	928,763	966,095
Bachelor's degree or higher	837,999	411,794	426,205
White alone, Not Hispanic or Latino	1,842,331	902,544	939,787
High school graduate or higher	1,776,987	870,611	906,376
Bachelor's degree or higher	804,338	396,463	407,875
Black alone	171,068	86,011	85,057
High school graduate or higher	155,869	78,378	77,491
Bachelor's degree or higher	55,138	23,871	31,267
American Indian or Alaska Native alone	62,699	28,834	33,865
High school graduate or higher	51,540	22,360	29,180
Bachelor's degree or higher	11,736	5,280	6,456
Asian alone	155,412	71,746	83,666

High school graduate or higher	144,189	67,689	76,500
Bachelor's degree or higher	96,638	47,331	49,307
Native Hawaiian and Other Pacific Islander alone	6,807	4,288	2,519
High school graduate or higher	6,244	3,725	2,519
Bachelor's degree or higher	1,632	764	868
Some other race alone	276,459	139,348	137,111
High school graduate or higher	196,452	95,425	101,027
Bachelor's degree or higher	38,766	16,245	22,521
Two or more races	489,874	240,117	249,757
High school graduate or higher	377,982	185,259	192,723
Bachelor's degree or higher	120,311	57,305	63,006
Hispanic or Latino Origin	822,537	407,928	414,609
High school graduate or higher	610,461	297,749	312,712
Bachelor's degree or higher	150,941	70,181	80,760

### **Meeting the Unique Health Care Needs of the Service Area/Target Population**

VH is committed to meeting the unique health and social needs of the target population and regularly evaluates services provided against local and national benchmarks. To understand the need for integrated primary care and behavioral health services in the target population, VH focuses on specific patterns of health status indicators, stratified by demographic subgroups common to the organization's patient population.

The demographics of the VH main campus (zip code 85008) shows a high racial and ethnic majority (76%), with over 60% being Hispanic and nearly 9% being Black/African American.<sup>28</sup> The Agency for Healthcare Research and Quality (AHRQ) *National Healthcare Quality and Disparities Report* assesses the performance of our healthcare system and identifies areas of strengths and weaknesses, as well as disparities, for access to healthcare and quality of healthcare. Priority populations include, but not limited to, Hispanics, Black/African Americans, people with low income, and women. The quality measures specific to Hispanics are compared to achievable benchmarks, which are derived from top-performing states. Measures that are far from the benchmarks (<50% of benchmark) include:<sup>29</sup>

- Hospital admissions for uncontrolled diabetes among Hispanics, Black/African Americans, women, and people with low income,
- Colorectal cancer deaths for Black/African Americans,
- Cervical cancer diagnosed at an advanced stage for women, and
- HIV infection deaths among Hispanics and Black/African Americans.

The following shows additional ways in which VH meets the unique needs of the service area.

### **Arizona Health Care Cost Containment System (AHCCCS) Targeted Investment Program (TIP):**

Through the Targeted Investments (TI) justice program, VH is addressing the medical and behavioral health needs of individuals being released from incarceration in collaboration with the Arizona Department of Corrections and three Peer Run Organizations (PROs). VH and the PROs work collaboratively to provide ongoing assistance and support to individuals and their families prior to release and during transitioning to the community. Partners conduct in-reach activities within the correctional facilities and engagement upon reentry at the two parole offices in

Maricopa County to rapidly connect individuals and their families to whole health services at VH. A process has been developed to expediate appointments for primary care and behavioral health services at VH FQHCs upon release. Psychiatrists, independently licensed clinicians, and behavioral health specialists work on the primary care teams to screen, assess, and provide ongoing behavioral health treatment and support services at the TI locations, in the community, and other FQHC locations. TI is funded by the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid agency with the goals to:

- Reduce the fragmentation that currently exists between acute and behavioral health care
- Increase efficiencies in service delivery for members with behavioral health need by integrating services at the provider level
- Improve health outcomes for members with physical health and behavioral health needs

*People Living with HIV/AIDS:* VH has been actively involved in the Federal Ryan White HIV/AIDS Program (RWHAP) since receiving HRSA Demonstration Project funding in 1990 and the first RWHAP award in Arizona in 1991. To show our strong commitment to PLWHA, in 1990, VH dedicated one of its outpatient clinics to address the medical, behavioral health, oral health, and supportive needs of PLWHA: that clinic is the Valleywise Community Health Center – McDowell (MCD). Because of the excellent reputation of MCD in the state, and the lack of providers in rural areas, ***one in every five PLWHA in Arizona*** chooses MCD for all or part of their HIV care. As the largest provider of primary HIV care services in Arizona, ***one in every three PLWHA in Maricopa County*** chooses MCD for all or part of their health care. The majority of PLWHA receiving care at MCD are underserved and medically needy.

VH is the Ryan White Part D (RWPD) recipient, the main HIV care provider for RWPA administered by Maricopa County, and a close partner with Ryan White Part B. In CY2023, MCD served 4,237 unique patients and documented a viral suppression rate of 91.5% for patients, far exceeding the national average of 65%. More than ten years ago, VH became the first healthcare system in Arizona to offer opt-out HIV testing in a hospital emergency department, and in 2020, expanded opt-out HIV testing to a second emergency department and to all ambulatory locations within the VH system. Currently, more than 116,000 VH patients have a documented HIV test on file, and more than 250 patients have received a prescription for Pre-Exposure Prophylactic (PrEP) to prevent HIV transmission. The community also has the option of ordering a mailed home HIV test kit through a VH website with follow-up by a patient navigator. VH provided 97 HIV home test kits in 2023 and 78 in 2024. VH is an active member of the 90-90-90-0 initiative through the Phoenix Fast Track Cities program and receives funding for an anti-stigma patient-led Speaker's Bureau utilizing Ending the HIV Epidemic funding through the Maricopa County Ryan White Part A office.

*Patient Navigation and Social Needs.* VH operates eight Family Resource Centers (FRCs), clinic-based health and wellness resource centers that serve to address the SDoH for families and children. FRCs offer support by means of a library; information and resources; referrals to services; parent education programs; and early language & literacy. The FRCs collaborate with other non-profits to help families access the full cadre of SDoH support services, help families build social connections, learn parenting and child development skills, and increase their children's social and emotional competence. While VH patients are encouraged to utilize the



resources of the FRCs, any member of the community is welcome to visit an FRC, participate in in-person or remote activities and receive assistance from the staff to connect with resources.

*Language Barriers:* Language is a barrier to care for many VH patients: nearly 46% of VH patients are listed in the 2023 UDS as being “served best in a language other than English.” The language barriers of the general population are even analogous: 26.1% of Maricopa County residents speak a language other than English at home. VH has an internal staff of 30 interpreters providing services in more than 70 languages. Interpretation services include in-person, access to real-time translation utilizing the phone-based World-Wide Interpreters, and services for the hearing impaired.

*Food Insecurity (FI):* The VH 2023 UDS report showed that 3,961 patients were screened and responded positively to experiencing FI challenges. Screening for FI is conducted during the overall patient screening for SDoH; this number is likely much higher than reported. VH collaborates closely with community-based organizations to improve health outcomes by providing consistent resources for health food to all FI patients. For example, the FRCs at the South-Central Phoenix and South Phoenix/ Laveen clinics have a Food Pantry that is stocked with items from St. Mary’s Food Bank every other week. Patients in need are referred to the Food Pantry. The FRC also worked with the Activate Food Arizona mobile market to bring fresh produce, at cost, to the community surrounding our FQHC sites. Lastly, the FRCs are also part of St. Mary’s Summer Feeding program. When the schools are closed, the FRCs receive lunches to provide to kids through age 18. Over 7,031 lunches were provided last summer.

*Refugees:* The Refugee Women's Health Clinic (RWHC) at VH was founded in 2008. It remains the first and only clinic of its kind in the state of Arizona to provide culturally informed and linguistically appropriate reproductive and preventive health services to the growing refugee communities in the Phoenix Metropolitan region. The RWHC has grown tremendously in the 14 years since its inception, caring for over 9,000 women from 64 countries representing 62 languages across Sub-Saharan Africa, South-East Asia, and the Middle East. The clinic has been nationally recognized by the Agency for Healthcare Research and Quality as an innovative practice model advancing health equity for refugee populations. The outgrowth of the RWHC is the development of the VH global health primary care service lines comprising the RWHC, Refugee Pediatric Clinic, and Refugee Family Medicine Clinics. Well over 16,000 refugees have been served.

*Housing Insecurity and Homelessness:* Several challenges contribute to complex drivers of housing insecurity and homelessness throughout Maricopa County, including economic and racial/ethnic disparities, lack of transportation, unemployment, and a large transient population. These challenges have been exacerbated by the COVID-19 crisis. For example, the Household Pulse Survey conducted weekly by the US Census Bureau found that between July 16 and July 24, 2020, 27% of households in the Phoenix/Mesa/Glendale metro area were housing insecure, meaning that they had either missed their rent or mortgage payments last month or believed they would not be able to pay that month, and 52% of households reported that at least one person in their household had lost employment income. Between 2018 and 2019, Arizona’s annual Point in Time (PIT) count indicated that the homeless population increased by from 9,865 in 2018 to 10,007 in 2019. The increase in the state’s overall PIT count is attributed to a slight rise in

Maricopa County's unsheltered homeless numbers which increased by 570 (5.8 percent). Housing insecurity and homelessness causes physical and psychological impacts to residents and places a strain on hospitals and health providers.

#### 4. RECENT OR POTENTIAL CHANGES IN THE LOCAL HEALTH CARE LANDSCAPE

*Impact of COVID-19.* The VH patient-base is highly diverse with the vast majority being impacted by the SDoH, whether it is economic stability, education, neighborhood, food, housing, or other circumstance. While a variety of initiatives at VH serve to ameliorate the SDoH, the COVID-19 pandemic exacerbated existing health disparities, especially for people of color and the low-income. The digital divide has deepened the social and economic factors that create barriers to health and well-being. The lack of technology access and computer literacy diminished access to telehealth visits during the COVID pandemic. For in-person visits, lack of reliable transportation and childcare, erratic work schedules, food insecurity and the cost of healthcare all negatively impact both access to and health outcomes.

At the start of the pandemic, VH rapidly implemented telehealth for ambulatory patients to ensure that our patients continued to have access to, stayed in, and were not lost to care. Since then, VH has invested in system-wide technology resources that support the use of telemedicine such as: 1) Doxy.me, a web platform that facilitates a video-enabled visit between the patient and provider using standard computer equipment, a smart phone or other personal handheld device such as an iPad; 2) Nuance DAX, an advanced voice-driven Natural Language Processing technology; 3) Epic, the platform used by VH for our electronic health record (EHR); and 4) MyChart, the real-time data EHR patient portal which allows patients to access all of their health information (i.e., medications, test results, appointments) in one place. VH has demonstrated a commitment to ensure access to care for everyone in our community. Our goal has been to affirm that we have the necessary equipment available to provide telehealth services to our vulnerable and highly diverse patients.

*Impact of Increased Telehealth on Access to Care.* Virtual visits have impacted patients in practically all departments of the hospital system: family practice, OB/Gyn, pediatrics, cardiology, internal medicine, diabetes education, PLWHA, behavioral health and the emergency department. The patient services that VH has provided virtually include, but are not limited to:

- Screenings;
- Providing low-risk urgent care and assessments;
- Accessing primary care providers and specialists, including behavioral health, for chronic conditions and medication management;
- Monitoring clinical signs of chronic conditions (i.e., blood pressure, blood glucose); and
- Following up with patients after discharge.

The adoption of telehealth for healthcare was slow prior to the pandemic. Since that time, telehealth has gone from being a novelty to now becoming the “new normal”. Since VH began providing virtual visits, patients who have completed virtual visits are accepting of this approach. A recent patient satisfaction survey (n=418) conducted by VH found that:

- ✓ 94% were *very satisfied* with their overall telehealth experience;

- ✓ 96% were *very satisfied* with the ease of scheduling appointments, the opportunity to ask questions of their provider, and the length of their appointment time; and
- ✓ 97% were *very satisfied* with their ability to communicate with their doctor.

Patients still experience barriers due to lack of computer access or mobile device to support telemedicine visits, access to home monitoring equipment, or lack of broadband internet. However, given that many other barriers to care (including transportation, costs, etc.) can be mitigated by telehealth services, it is critical that VH continues to invest in this technology as a means of increasing access to services. VH is actively implementing solutions to patient barriers including the enhanced use of virtual education pertaining to their medical condition, use of home monitoring equipment such as blood pressure cuffs, continuous diagnostic feedback to support improved healthcare and related decision making, expanded access to telehealth consultation that can be linked to diagnostic thresholds for improved awareness and prevention, and multilingual language guidance.

#### 5. UPDATING NEEDS ASSESSMENT AND SCOPE OF PROJECT TO REFLECT NEEDS OF TARGET POPULATION

As previously discussed, VH conducts an annual review of the service area, needs assessment, and scope of project to ensure that services provided reflect the needs of the target population. This includes activities such as reviewing and updating Form 5A: Services Provided and Form 5B: Service Sites, collecting data through the VH Community Health Needs Assessment, and continuously monitoring and evaluating patient needs through UDS data.

### RESPONSE

#### ENSURING ACCESS TO SERVICES

##### Model of Care

*Whole Person Care:* VH incorporates the Whole Person Model of Care for all FQHC clinics. This integrated care model allows patients to receive their needed health care services (health, behavioral health, and social services) in a patient-centered approach with the goals of improved outcomes and efficient and effective use of resources. Whole Person Care addresses the needs of the patient and family including chronic disease challenges and the SDoH. Studies have shown that when care is integrated, patient outcomes improve, especially for those with behavioral health needs. Whole Person Care works to attain the Triple Aim of healthcare: improved health outcomes, improved patient experience, and reduced costs.

Whole Person Care allows for a multi-disciplinary care team approach with all VH providers communicating via a patient's EHR, in-person, or virtually about appropriate care planning. Whole Person Care was specifically designed for underserved individuals who may be uninsured, and therefore, rarely experience primary or specialty care. Whole Person Care seeks to ensure providers are implementing appropriate population health management initiatives, such as preventative care measures (e.g., screenings), providing consistent primary care, and ongoing management of chronic care and behavioral health challenges. Whole Person Care seeks to eliminate barriers by placing the patient and his/her caregiver(s) at the center of all services,

assuring care is accessible, culturally competent, compassionate, coordinated, and therefore equitable. Whole Person Care includes establishing and implementing individual and organizational interventions targeted at defined populations that will improve overall health outcomes.

Approximately 50% of VH patients receive health benefits through AHCCCS (State of Arizona Medicaid) and both organizations work closely to ensure the best possible outcomes for patients. AHCCCS has historically embraced the role that social risk factors (such as housing, food and housing insecurity, transportation, and educational opportunities) play in member health outcomes. To enhance the service delivery of Medicaid covered services through a broad range of funding sources, AHCCCS launched the Whole Person Care Initiative (WPCI) in 2019 to increase efforts to identify and address social risk factors. Current AHCCCS WPCI priorities include:

- Providing support for transitional housing, particularly for members being discharged from an inpatient behavioral health facility; individuals experiencing chronic homelessness; and, to reduce recidivism, individuals transitioning from correctional facilities with limited resources;
- Exploring ways to leverage existing non-medical transportation services to support a member's access to community-based services such as access to healthy food and employment services;
- Utilizing the existing service array to model service delivery aimed at reducing social isolation for members utilizing the Arizona Long Term Care System (ALTCSS) including consideration of a peer workforce to provide the services; and
- Partnering with the Arizona Health Information Exchange, Health Current, to establish a single statewide closed-loop referral system, enabling health care providers to screen and refer members to community based social services organizations to address social risk factors of health more easily.<sup>30</sup>

*Integrated Behavioral Health:* VH has become a truly integrated care provider with a longstanding history of providing behavioral health services to the people of Maricopa County. As one of the largest providers of inpatient behavioral health services in Arizona, VH serves adults and adolescents. Examples of successfully launched and integrated care services in our FQHC and specialty clinics include an Assertive Community Treatment (ACT) team for persons with Serious Mental Illness (SMI) and who are at the highest risk and need intensive support to be successful in the community. Our First Episode Center (FEC) serves young adults ages 15 – 25 experiencing psychosis.

Since 2016, VH has participated in the AHCCCS Targeted Investment Program (TIP) initiative to promote integrated care, increase system efficiencies, and promote better health outcomes for Medicaid members. VH has successfully met AHCCCS-defined core components and performance measures in three TIP tracks: hospital, primary care, and justice. Through our justice activities, VH fosters a close working relationship with the Arizona Department of Corrections, both within the prisons and with community corrections (parole offices) to provide integrated medical and behavioral health care to justice-involved individuals.

As a leader in the provision of behavioral health services, it was determined that the New Access Point funding awarded to VH in 2019 would be utilized to develop and implement Integrated Behavioral Health Program (IBH) services. The goal was to support the delivery of primary care services to our patients while helping them develop practical knowledge and skills that promote and improve emotional and physical health. IBH focuses on improving outcomes by collaborating with the primary care teams to provide a whole-health approach including screening and assessments, evidence-based brief interventions, individual and family therapy, psychiatry services, and assistance to address social determinants of health to reduce barriers that may keep patients and their families from achieving their goals. The IBH team also assists and provides support to patients experiencing a behavioral health emergency or crisis. Depending on the situation and staff availability, IBH staff can assist in the de-escalation of the patient and provide referrals to appropriate behavioral health crisis interventions services. IBH staff also can meet with the patient individually and create a plan to assist the patient in preventing future crises.

In 2021, VH added Adult and Child/Adolescent Psychiatry to the Specialty Services scope of project. Psychiatrists work closely with IBH clinicians and the primary care team to ensure that all services are provided using a whole-health and patient/family- centered approach. Services include psychiatric assessment, medication management, coordination of care, and supportive therapy services for FQHC patients and their families. Once stabilized, most psychiatric patients are transitioned to their primary care provider for ongoing management of basic psychiatric medications. Staff involved in providing this specialty services are contracted Child and Adolescent Psychiatry Fellows and Adult Psychiatry Residents. The IBH team works closely with the primary care team to ensure that all services are provided using a family approach to improve access to needed behavioral health services and supports.

VH is a large teaching hospital with an adult psychiatry residency program and child psychiatry fellow program and there is a great opportunity for learners to experience community-based behavioral health services in an integrated primary care system of care. Training family medicine residents in this specialty increases their skill-level with prescribing psychiatric medications and seeking referrals or consultation.

*Substance Use Disorder Services.* In 2023, Arizona had 1,926 confirmed opioid deaths and 8,272 emergency and inpatient visits involving suspected opioid use.<sup>31</sup> The ADHS Opioid Action Plan July 2019- June 2021 identified numerous gaps in the treatment of individuals with Opioid Use Disorder (OUD) including a shortage of providers, an evidence-practice gap in how clinicians understand and approach pain and addiction, and a shortage of designated centers of excellence to treat OUD. In September 2021, VH received a five-year funding award from SAMHSA to provide MAT services. This project has enabled VH to help meet the gaps in care as identified by the ADHS Opioid Action Plan. Our multipronged approach includes a) building capacity and sustainability, b) developing the workforce and expanding training, practice consultation, and mentoring options; c) providing expanded prevention, treatment, and recovery for individuals with OUD; and d) establishing an Advisory Council with key stakeholders. Ensuring future medical and behavioral providers obtain their DATA waiver while completing their residency will increase access to MAT services beyond the VH system of care.

**Method of Provision of Services**

VH provides required, additional and specialty services as approved by HRSA and outlined in Table 13, Form 5A: Services Provided.

**Table 13: VH Form 5A: Services Provided**

Required Services			
Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
General Primary Medical Care		X	
Diagnostic Laboratory	X	X	
Diagnostic Radiology	X	X	
Screenings	X	X	
Coverage for Emergencies During and After Hours	X	X	
Voluntary Family Planning		X	
Immunizations	X		
Well Child Services		X	
Gynecological Care		X	
Obstetrical Care			
Prenatal Care		X	
Intrapartum Care (Labor & Delivery)		X	
Postpartum Care		X	
Preventive Dental	X		
Pharmaceutical Services	X		
Case Management	X		
Eligibility Assistance	X		
Health Education	X		
Outreach	X		
Transportation	X	X	
Translation	X	X	
Additional Services			
Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
Additional Dental Services	X		
Behavioral Health Services			
Mental Health Services	X	X	
Nutrition	X		

Speciality Services			
Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
Psychiatry - Psychiatry		X	
Other - Obstetric - Cardio		X	
Other - Other - GYN TUMOR		X	
Other - OB/GYN INFERTILITY		X	
Other - OB/GYN-Urology		X	
Other - Antepartum Testing/Maternal Fetal Monitoring		X	

### **Services Provided Through Contractual Agreements**

VH Form 5A: Services Provided shows all services in Column II that are associated with contractual arrangements. These services are provided through by the VH contracted physician group – District Medical Group (DMG). VH has in place contracts for transportation, translation and nutrition services, and contracts for behavioral health services through DMG. For more information on these services, see Attachment 7: Summary of Contracts and Agreements.

*Ensuring Health Information is Documented in a Patient's Record:* The largest contract for services that VH has in place is with DMG to provide primary and specialty care services to patients. DMG providers, as well as other clinical and enabling service providers, have access to the VH EHR system, Epic, and are expected (through the contractual agreement) to enter all patient data into the system. The contract agreement facilitates payments to DMG for services. VH carries out the billing processes for all visits with revenues then paid to DMG for the services that are provided to patients.

For outside resources, patient information is sent to VH via Epic through interfaces: via Health Current, the Arizona Health Information Exchange, fax, or email correspondence with all information being entered into a patient's EHR record. Each contractual agreement governs the payment for services rendered. For information, see Attachment 7: Summary of Contracts and Agreements.

### **Services Provided Through Referral Arrangements**

VH does not offer any services that require a formal referral arrangement noted on Form 5A.

### **Arrangements and Resources that Enable Staff to Deliver Services in Response to Barriers**

VH has substantial experience in leveraging enabling services, such as patient care coordination, financial counseling, and interpreter services to maximize patients' access to care to overcome barriers. The following enabling services are integrated into all aspects of care at VH:

*Family Resource Center Coordination for SDoH:* VH utilizes enabling staff at our clinic-based FRCs to assist patients in maximizing access to and utilization of prescribed resources for SDoH factors. FRC Coordinators assist patients, as well as community members, in addressing challenges with the SDoH. This assistance includes helping individuals in obtaining housing; accessing services, such as WIC, so families may address food insecurity challenges; obtaining

help with utility payments; participating in parenting classes; health and financial literacy activities; and providing access to English as a Second Language courses.

*Interpreters:* VH has translators on staff and contracts with a telephone translation service vendor for languages spoken by a smaller number of patients. The FQHC clinics employ bilingual front-desk staff, physicians, nurse practitioners, medical assistants, and nurses. Although these staff members may use their language skills in conversation, they also may participate in a certification process that will allow them to serve as a designated interpreter during patient visits, thereby performing dual roles.

*Financial Counseling:* Many of our uninsured patients are low income, disabled, medically complex, homeless and/or non-English speaking individuals who have ongoing complex healthcare needs. In response to this, VH offers financial counseling services to assist uninsured patients. VH financial counselors offer multilingual services. Patients can complete paper or electronic applications on-site and submit the application to the financial counselors. When the application is approved, this information is updated in the patient's EHR.

*Case Management and Coordination:* VH provides care management and coordination to those patients at the highest medical and behavioral health risk. These staff provide additional health education and health coaching, self-management support, navigational services, and advocacy with other healthcare facilities on behalf of the patient, as well as referrals to case management services as needed. VH provides patients with 340B pharmacy services as well as various types of specialty care. These services assist patients in overcoming barriers to care, ensuring they receive necessary health care services.

#### **SERVICE DELIVERY SITES: AVAILABILITY, ACCESSIBILITY AND CONTINUITY OF SERVICES**

##### **Minimizing Access Barriers, including Travel Distance and Duration**

VH utilizes numerous strategies to assure continuity of care throughout the care continuum at its sites, supporting key tenets of coordinated care via a patient-centered medical home (PCMH). This decreases duplicative and inefficient care activities that support the "reduction of cost" principal component of CMS' Triple Aim. As noted, VH is comprised of various health care entities including Valleywise Health Medical Center for emergent and inpatient care. VH provides specialty care services through its agreement with DMG. VH FQHC clinics provide ambulatory and integrated behavioral health services. VH provides specialty and urgent behavioral health services at a dedicated behavioral health hospital and emergency clinic in the Maryvale community. These various care settings allow patients to receive a continuum of care from VH, reducing barriers and ensuring timely care. This continuum is assisted by VH's integrated EHR system which provides immediate access to a patient's health information.

##### **Transportation**

When patients are identified as having a transportation barrier, they are connected with resources such as a care coordinator or case manager to ensure that a plan for transportation is in place prior to the patient's next visit. Enabling staff work with patients to apply for transportation that is covered or reimbursed by Medicaid. If patients are not eligible for transportation assistance,



vouchers or other resources are used so that patients may attend their health care appointments. These activities ensure patients have access to needed transportation.

### **Language**

As identified, lack of English proficiency is a barrier to care for many of the area residents. Consequently, VH ensures that every patient has access to translation services. Patients that speak a language other than English frequently have challenges navigating the health care system. VH provides resources to patients so they can better understand how to navigate the various resources that VH provides.

### **Distance and Duration of Patient Travel Time**

Patients have access to a full range of services typically within 10 miles of an FQHC clinic sites. The FQHC clinics, the VHMC, and other specialty care services are located within proximity. As VH has expanded service sites, leadership looks at various criteria for new sites, including distance to the site from public transportation, other providers, and the neighborhoods where most patients reside.

### **Facilitating Access**

VH leadership annually reviews service locations, site capacity, and hours of operation to ensure that patients have consistent access to services. Of note, many clinics include weekend hours. Site capacity reviews include the total number of exam room and provider panels to assure patients have access to same day appointments. All VH FQHC clinics are within proximity to public transportation, including bus routes and light rail.

### **Sites Addresses and Locations**

VH is committed to providing Whole Person Care to meet the needs of our target population. Services are available and accessible to all patients without regard for ability to pay (see Form 5A: Services Provided) at our FQHC sites (see Form 5B). VH continues to offer a full spectrum of primary health care services including family practices; adult and pediatric medicine; women's health services; and oral health care for adults and children. The VH FQHC clinic sites provided are listed below in Table 14. The range of services spans the continuum from preventative care to diagnosis and treatment of medical conditions, long-term care to dignified death.

**Table 14: VH FQHC Sites**

<b>Site #1: Valleywise Community Health Center - South Phoenix / Laveen</b>
Address: 5650 South 35 <sup>th</sup> Avenue, Phoenix, AZ 85041
Hours of Operation: 7:00am – 6:00pm Monday – Friday
Services: <ul style="list-style-type: none"> <li>• General Medical Services</li> <li>• Behavioral Health Services</li> </ul>
<b>Site #2: Valleywise Community Health Center - McDowell</b>
Address: 1101 N. Central Ave, Suite 204, Phoenix, AZ 85004
Hours of Operation: 7:00am-5:00pm Monday – Friday
Services: <ul style="list-style-type: none"> <li>• General Medical Services</li> <li>• Oral Health Services</li> <li>• Behavioral Health Services</li> </ul>

<b>Site #3: Valleywise Community Health Center - Guadalupe</b>
Address: 5825 E. Calle Guadalupe, Guadalupe, AZ 85283
Hours of Operation: 7:30am-4:30pm Monday – Friday
Services: <ul style="list-style-type: none"> <li>• General Medical Services</li> <li>• Behavioral Health Services</li> </ul>
<b>Site #4: Valleywise Community Health Center - South Central</b>
Address: 33 West Tamarisk Street, Phoenix, AZ 85041
Hours of Operation: 7:00am-5:30pm Monday – Saturday
Services: <ul style="list-style-type: none"> <li>• General Medical Services</li> <li>• Behavioral Health Services</li> </ul>
<b>Site #5: Valleywise Community Health Center – North Phoenix</b>
Address: 2025 West Northern Avenue, Phoenix, AZ 85021
Hours of Operation: 7:00am-6:00pm Monday – Friday; 7:00am – 11:00am Saturday
Services: <ul style="list-style-type: none"> <li>• General Medical Services</li> <li>• Behavioral Health Services</li> </ul>
<b>Site #6: Valleywise Community Health Center - Chandler</b>
Address: 811 South Hamilton, Chandler, AZ 85225
Hours of Operation: 7:00am-5:30pm Monday – Friday; 7:30am-11:30am Saturday
Services: <ul style="list-style-type: none"> <li>• General Medical Services</li> <li>• Oral Health Services</li> <li>• Behavioral Health Services</li> </ul>
<b>Site #7: Valleywise Community Health Center - Peoria</b>
Address: 8088 West Whitney Drive, Peoria, AZ, 85345
Hours of Operation: 7:00am-6:00pm Monday – Friday; 7:00am-11:00am Saturday
Services: <ul style="list-style-type: none"> <li>• General Medical Services</li> <li>• Oral Health Services</li> <li>• Behavioral Health Services</li> </ul>
<b>Site #8: Valleywise Community Health Center - Mesa</b>
Address: 950 E. Main St, Mesa AZ 85203
Hours of Operation: 7:00am-5:30pm Monday – Friday
Services: <ul style="list-style-type: none"> <li>• General Medical Services</li> <li>• Behavioral Health Services</li> </ul>
<b>Site #9: Valleywise Community Health Center - West Maryvale</b>
Address: 7808 West Thomas Road, Phoenix AZ 85033
Hours of Operation: 7:00am-5:00pm Monday – Friday
Services: <ul style="list-style-type: none"> <li>• General Medical Services</li> <li>• Behavioral Health Services</li> </ul>
<b>Site #10: Valleywise Comprehensive Healthcare Center - Phoenix</b>
Address: 2525 East Roosevelt, Phoenix, AZ 85008
Hours of Operation: 8:00am-5:00pm Monday – Friday
Services: <ul style="list-style-type: none"> <li>• General Medical Services</li> <li>• Oral Health Services</li> </ul>
<b>Site #11: Valleywise Community Health Center - Avondale</b>
Address: 950 E. Van Buren, Avondale, AZ 85323
Hours of Operation: 7:00am-5:00pm Monday – Friday; 7:00am-4:30pm Saturday

Services:
<ul style="list-style-type: none"> <li>• General Medical Services</li> <li>• Oral Health Services</li> <li>• Behavioral Health Services</li> </ul>
<b>Site #12: Valleywise Mobile Health Clinic</b>
Address: 2601 E Roosevelt Street, Phoenix, AZ 85008
Services:
<ul style="list-style-type: none"> <li>• General Medical Services</li> </ul>

### INSURANCE

VH vigorously pursues enrollment into health coverage for patients who qualify. Most of our patient population qualifies for Medicaid or other form of government sponsored insurance. Patients with scheduled medical appointments are screened before and at every visit for health coverage. VH informs patients about the availability of the Sliding Fee Discount Program (SFDP) through signage, personal reminders, and other methods of communication.

VH uses two types of screenings to determine eligibility for the SFDP: presumptive and traditional. Presumptive screening is the initial process used to determine a patient's eligibility for the SFDP. Traditional screening is completed for patients who disagree with the Sliding Fee level assigned by the presumptive eligibility screening system. Patients applying via the traditional screening for the SFDP must provide written verification of monthly income.

Patients unable or unwilling to provide verification may be eligible for self-declaration of income which will be used in special circumstances. Patients unable to provide written verification of income must provide a signed statement of income, and why he/she is unable to provide independent verification. This written statement is subject to management review and final determination as to the sliding fee category eligibility. Self-declaration applies to one visit only within a 12-month period and the patient must provide the required written verification of income within 30 days following the visit to remain eligible to participate in the SFDP.

Services covered by SFDP must be medically necessary, as determined by the health care provider. If additional services or tests are desired by the patient, they must be paid for in advance. Similarly, certain high cost / elective procedures and lab tests with less expensive options are exempted from sliding fee discounts. The patient is advised that the applicable fee, including the nominal fee, is expected at the time of service. In the event the patient is unable to pay at the time of service, the patient is informed that they will be billed.

Patients are expected to make payment in full within 90 days or establish a payment plan, including making payment(s) on their outstanding bill, with a VH financial counselor. An inability to pay will not impede access to care. Payment arrangements may be made through VH Patient Financial Services in accordance with policy #09003: Payment Plans. This is determined on an individual basis. Factors that may be considered in making this determination include large outstanding medical bills which place a client under extreme financial duress. Despite current income, staff are asked to apprise the clinic manager of the circumstances so that further discounts may be offered to the patient to facilitate his / her receipt of medically necessary services. Refusal to pay does not impede access to care. Patients refusing to pay the nominal fee

will not be denied care. Payment and/or payment arrangements may be made through Patient Financial Services in accordance with applicable policies.

*Third-Party Coverage Options.* VH recognizes that a portion of the uninsured or underinsured patient population may not engage in the traditional financial assistance application process. If the required information is not provided by the patient, VH utilizes the Propensity to Pay tool within our third-party vendor, NThrive. This is an automated, predictive scoring tool to assess patients for financial need. This screening process utilizes public record data and includes estimates for income and household size.

#### ADDRESSING CONTINUITY OF CARE

It is the policy of VH to ensure a collaborative approach to care through the coordination and continuity of care for all patients receiving emergency room or inpatient hospital care. As part of our efforts to increase the quality of patient care, VH tracks hospital and emergency department discharges for continuity of care needs for patients, ensuring that our patients receive appropriate follow-up care after a visit to the hospital or emergency department.

#### **Hospital Admitting Privileges**

The value of VH being a system comprised of entities that provide services across the health care continuum is that care services are fully integrated. VH utilizes DMG physicians at our hospital to admit and follow patients who require hospitalization. Information is exchanged through our EHR system at the time of admission, during the hospitalization, and at the time of discharge to ensure continuity of care when transitioning care back to the FQHC. All providers have access to real-time data via the EHR. When patients are taken to other hospitals in the case of an emergency or if patients choose to go to another facility, information is provided to the FQHC clinic provider electronically or by fax with staff following-up with a patient after a hospital visit.

#### **Receiving Medical Record Information**

All services provided through contractual agreements are documented in the patient's EHR through various mechanisms, with VH staff working to ensure all clinical information is up to date. First, VH formal contractual arrangements with Maricopa Medical Center and other local hospital providers delineate the expectations around communications that underpin excellent care during transitions in care sites. All information (results, reports) from activities that occur at Maricopa Medical Center are found within Epic.

For other hospitals, frequently these facilities use Epic Link, which allows the sharing of patient health information between hospital providers on different EHR systems. Other hospital providers rely on Arizona's Health Information Exchange (HIE), Health Current, to provide information. The HIE technology interfaces with multiple EHR platforms to share patient health information with other providers, with most information populating directly into a patient's chart. For information that is submitted manually (via hardcopy or fax), VH referral tracking staff ensure that results are entered into Epic manually.

#### **Follow-Up on Patients Who are Hospitalized**

When a patient is discharged from the ED or a facility and is to follow-up with a VH primary care provider, the Patient Access Center (PAC) schedules a follow-up visit and notes the visit is

an ED or hospital discharge in the appointment notes per their departmental protocol, PAC Scheduling Hospital Discharge Worklist. Transition of Care RN's or other staff conducting ED or post-hospital care coordination to patients schedules the visit if it has not yet been made when the patient is contacted.

When a consult, referral, or hospital home discharge order is obtained, the follow-up visit is ideally to be scheduled within the time frame indicated by the discharging provider as follows:

1. High Risk – 3-5 calendar days
2. Routine Medicaid patients – 7 calendar days
3. Routine non-Medicaid patients – 7-10 calendar days

If an appointment is not available within the time frame indicated by the discharging physician, the person trying to schedule the appointment is to request a PAC lead to assist with scheduling the appointment as they may have access to additional appointment slots. If the PAC lead is not able to secure an appointment within the time frame needed, the PAC lead will contact the Clinic Resource Leader or manager to secure an appointment within the recommended time frame. Follow-up visits are scheduled for most patients except in instances when a patient visited the emergency room for a broken bone or another acute complaint that was resolved during that visit to the hospital.

Care Management and/or clinic staff utilize the EHR or other electronic means such as the HIE and/or daily discharge reports to track patients who require a follow-up visit to VH and to review / obtain health information / discharge summary to ensure continuity of care. If outside records are not available in the HIE, records will be requested via fax.

### **SLIDING FEE DISCOUNT PROGRAM**

VH is committed to ensuring that no patient is denied service based on an inability to pay. To this end, VH utilizes an established schedule of charges that includes a Sliding Fee Discount Program (SFDP) for those individuals and families with an annual income less than or equal to 200% of the federal poverty guidelines. The VH SFDP contains the following information based on the 2021 Federal Poverty Guidelines (see Attachment 10: Sliding Fee Discount Schedule):

#### **How the SFDP Uniformly Applies to Patients**

The SFDP ensures that all VH FQHC patients have access to all services that are available at the health center. The program seeks to provide its services uniformly to eligible patients and minimize financial barriers, according to the following elements:

- A schedule of fees for services;
- A corresponding schedule of discounts for eligible patients that is adjusted based on the patient's family size and income; and
- Board of Director and VCHCGC approved policies and VH supporting operating policies and procedures, including billing and collections.

#### **Defining Income and Family Size**

The VH SFDS Policy includes descriptions that outline the definitions for Income and Family size.

- Income/Annual Household Income is defined as: Gross annual income before deductions that include the following: earnings, unemployment compensation, worker's compensation, social security, public assistance, veteran's payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, estates and trusts, educational assistance, alimony and/or child support, financial assistance from outside of the household, and/or other sources of income.
- Family Size/Household is defined as: Immediate family members including head of household, legal guardians, spouse, domestic partners, same gender marriage, and children under the age of 19 will be classified as part of the household. Individuals and family members temporarily living/sharing quarters or foreign visitors, where permanent residence will not be maintained, will not be considered as part of the household. Adults that are living in the household that are self-sufficient and are not included in the household are considered individually for eligibility.

### **Assessing the Eligibility of Patients for SFDS Only on Income and Family Size**

The VH SFDP Policy contains a provision that the determination of eligibility of all patients for sliding fee discounts will occur, at a minimum, on an annual basis and only income and family size will be verified to determine discounts.

### **Applying Sliding Fee Discounts to All Required and Additional Services, Establishing a Nominal Fee and Determining Income Ranges of Sliding Fee Discount Classes**

A uniform process for reviewing SFDP applications is maintained. The FQHC SFD Policy applies sliding fee discounts to all required and additional services, as well as determines the number and income ranges of SFDP pay classes. Moreover, the SFD Policy establishes a nominal charge, for patients at or below 100 percent of the FPG.

**Figure 3: VH Sliding Fee Discount Schedule**

Coverage Categories Federal Poverty Level Scale	Category 1 0-100%	Category 2 101-138%	Category 3 139-150%	Category 4 151-200%	Category 5 >201
Inpatient & Outpatient Surgery or Procedures (Excludes Cosmetic, Orthopedic and Implant procedures)	\$0	\$200 deposit - Balance billed at 25% of Medicare rate	\$300 deposit - Balance billed at 50% of Medicare rate	\$400 deposit - Balance billed at 75% of Medicare rate	\$500 deposit - Balance billed at 100% of Medicare rate
In Office Surgery or Procedures (Excludes Cosmetic, Orthopedic and Implant procedures)	\$0	\$200 deposit - Balance billed at 25% of Medicare reduced rate	\$300 deposit - Balance billed at 50% of Medicare reduced rate	\$400 deposit - Balance billed at 75% of Medicare reduced rate	\$500 deposit - Balance billed at 100% of Medicare reduced rate
Inpatient & Outpatient Orthopedic and/or Implant Surgery or Procedures	50% of Medicare rate - \$100 due prior to service	50% of Medicare rate - \$200 due prior to service	75% of Medicare rate - \$300 due prior to service	75% of Medicare rate - \$400 due prior to service	100% of Medicare rate - \$500 due prior to service
Inpatient & Outpatient Cosmetic procedures	100% of Medicare rate - 100% due prior to service	100% of Medicare rate - 100% due prior to service	100% of Medicare rate - 100% due prior to service	100% of Medicare rate - 100% due prior to service	100% of Medicare rate - 100% due prior to service
Chemotherapy and Infusion Services	50% of Medicare rate - 100% due prior to service	100% of Medicare rate - 100% due prior to service	100% of Medicare rate - 100% due prior to service	100% of Medicare rate - 100% due prior to service	100% of Medicare rate - 100% due prior to service
Comprehensive Health Center or Family Health Center Speciality Visits *	\$50 per visit	\$70 per visit	\$80 per visit	\$90 per visit	100% of Medicare rate - 100% due prior to service
Outpatient Ancillary Services (Imaging, Mammography and Lab)	25% of Medicare rate - \$30 due prior to service	25% of Medicare rate - \$30 due prior to service	50% of Medicare rate - \$50 due prior to service	50% of Medicare rate - \$50 due prior to service	100% of Medicare rate - \$100 due prior to service
Outpatient Behavioral Health (except residency clinics)	\$0	\$30 per visit	\$40 per visit	\$50 per visit	100% of the Medicaid rate
Emergency Department Services	\$75 per visit	\$100 per visit	\$150 per visit	\$175 per visit	100% of Medicare rate per visit - \$200 due at discharge
Pharmacy	100% cost	100% cost + \$12	115% cost + \$13	125% cost + \$14	150% cost + \$15
Diagnostic Dental Services* , **	\$35 Nominal Charge	\$45 Flat Fee	\$55 Flat Fee	\$65 Flat Fee	\$75 Flat Fee
Restorative Dental Services***	\$50 Nominal Charge + Cost of Supplies	75% of Delta Dental allowable rates	80% of Delta Dental allowable rates	85% of Delta Dental allowable rates	100% of Delta Dental allowable rates
Dental Lab Services	\$50 Nominal Charge + Cost of Supplies	85% of Delta Dental allowable rates	90% of Delta Dental allowable rates	95% of Delta Dental allowable rates	100% of Delta Dental allowable rates

#### Medical

Plan Levels	Category 1	Category 2	Category 3	Category 4	Category 5	
Federal Poverty Level Scale	0-100%	101-138%	139-150%	151-200%	>201% FPL	>251% FPL
Primary Care	\$20 Nominal Charge	\$30 Flat Fee	\$40 Flat Fee	\$50 Flat Fee	No Discount	
Immunization for Flu*	\$20	\$20	\$20	\$20	\$20	
Immunization for Covid*	100% cost	100% cost + \$12	115% cost + \$13	125% cost + \$14	150% cost + \$15	
Family Planning Services - Maryvale Clinic Only	\$0	\$20	\$30	\$40	201-250% FPL \$50	>251% FPL No Discount
FQHC Specialty Visits (Example - Cardiology)	\$50 Nominal Charge	\$70 Flat Fee	\$80 Flat Fee	\$90 Flat Fee	No Discount	
Outpatient Ancillary Services (Lab)	\$10 Nominal Charge	25% of Medicare rate - 50% due prior to service (\$20 minimum)	50% of Medicare rate - 50% due prior to service (\$30 Minimum)	75% of Medicare rate - 50% due prior to service (\$40 minimum)	No Discount	
Outpatient Ancillary Services (Imaging)	\$30 Nominal Charge	25% of Medicare rate - 50% due prior to service (\$40 minimum)	50% of Medicare rate - 50% due prior to service (\$50 Minimum)	75% of Medicare rate - 50% due prior to service (\$60 minimum)	No Discount	

\*Unless covered by another source, such as a grant

#### Dental

Plan Levels	Category 1	Category 2	Category 3	Category 4	Category 5
Federal Poverty Level Scale	0-100%	101-138%	139-150%	151-200%	>201% FPL
Diagnostic Dental Services	\$10 Nominal Charge	\$15 Flat Fee	\$20 Flat Fee	\$25 Flat Fee	\$30 Flat Fee
Restorative Dental Services *See Grid Below	\$50 Nominal Charge + Cost of Supplies	75% of Delta Dental allowable rates	80% of Delta Dental allowable rates	85% of Delta Dental allowable rates	100% of Delta Dental allowable rates
Dental Lab Services	\$50 Nominal Charge + Cost of Supplies	85% of Delta Dental allowable rates	90% of Delta Dental allowable rates	95% of Delta Dental allowable rates	100% of Delta Dental allowable rates

Restorative Grid	Category 1	Category 2	Category 3	Category 4	Category 5
Filling	\$25.00	\$35.00	\$50.00	\$75.00	\$80.00
Crowns Simple	\$75.00	\$100.00	\$125.00	\$150.00	\$175.00
Crowns	\$250.00	\$400.00	\$450.00	\$475.00	\$500.00
Dentures - Temporary	\$100.00	\$200.00	\$250.00	\$300.00	\$350.00
Dentures - partial	\$300.00	\$350.00	\$400.00	\$450.00	\$500.00
Dentures - complete	\$350.00	\$795.00	\$842.00	\$865.00	\$900.00
Bridges - Temporary	\$50.00	\$100.00	\$150.00	\$200.00	\$225.00
Bridges	\$200.00	\$250.00	\$300.00	\$350.00	\$375.00
Extractions - simple	\$50.00	\$62.00	\$66.00	\$70.00	\$83.00
Extractions - complex	\$100.00	\$110.00	\$125.00	\$135.00	\$145.00

As outlined in Figure 3 above, VH adheres to a SFDP that provides:

- A nominal fee for individuals and families with annual incomes at or below 100% of the current Federal Poverty Guideline (FPG). This nominal charge is a flat fee and is less than the fee paid by a patient in the 101-138% of FPG, the next class.
- Partial discounts are provided for individuals and families with incomes above 100% of the FPG and at or below 200% of the FPG. These discounts are adjusted based on income and VH has a minimum of five discount pay classes for medical and dental services.
- No discounts are given to individuals and families with annual incomes above 200% of the FPG.

#### Evaluating the SFDS Program to Ensure its Effectiveness in Reducing Financial Barriers

The SFD Schedule and corresponding rates and policies for its administration are reviewed and updated annually. Updates to the SFDP and proposed policy changes are presented every three years to the VCHCGC Finance Committee, VCHCGC's Compliance and Quality Committee, and followed by approval of the VCHCGC and the District's Board of Directors. The Sliding Fee Discount Schedule is presented annually to the VCHCGC Finance Committee, VCHCGC's Compliance and Quality Committee, and followed by approval of the VCHCGC and the District's Board of Directors. Sliding Fee Level Utilization information is reviewed and discussed annually to ensure no barriers to care exist.

#### Nominal Charges

Nominal Fees are charged for services to patients at or below 100% of the FPL It is designed to help patients invest in their care and minimize the potential for inappropriate utilization of



services. The nominal charge is a fixed fee that does not reflect the value of the service(s) provided and is considered nominal from the perspective of the patient. Nominal charges are not “minimum fees,” “minimum charges,” or “co-pays.” The nominal fee must not impede the patient in accessing services due to their ability to pay.

## **COLLABORATION**

Historically, VH has collaborated with primary care and other providers serving the target population to provide synergies in shared learning and clinical/community impact. Today, the health center continues to cultivate and maintain partnerships with health centers, health departments, local hospitals, community programs and community-based organizations. Key collaborations are outlined below. Formal collaborations are also documented in Attachment 7: Summary of Contracts and Agreements and Attachment 9: Collaboration Documents.

### **COLLABORATIONS WITH OTHER HEALTH CARE PROVIDERS**

#### ***Efforts to Coordinate and Integrate Activities with Other Health Care Providers***

*Care Integration:* As discussed throughout the narrative, VH is a health care system comprised of various health care entities across the care continuum, including VHMC, offering emergent and inpatient care services; the FQHC clinics providing urgent and ambulatory care services; three behavioral health in-patient hospitals offering both emergency care services, as well as a full continuum of behavioral health services; and DMG offering primary and specialty care services. This system structure allows VH to provide all levels of care to patients and allows for care continuity through the sharing of patient health information across all entities via the EHR system.

*Collaborations with Other Primary Care Providers:* Many other FQHCs, FQHC LALs and other primary care providers refer People Living with HIV/AIDS (PLWHA) to the VH Community Health Center - McDowell (MCD). For nearly 30 years, MCD has provided exceptional state-of-the-art core HIV medical and support services for PLWHA. This includes primary HIV medical care, oral health care, outpatient behavioral health, laboratory testing and integrated supportive services, including medical case management. Due to the excellent reputation of MCD in the State, and the lack of providers in rural areas, one in every five PLWHA in Arizona chooses VH for all or part of their HIV care. As the largest provider of primary HIV medical care services in Arizona, one in every three PLWHA in Maricopa County chooses MCD for all or part of their health care. The majority of PLWHA seeking care at MCD are underserved with complex medical challenges. VH receives Ryan White funding to address these issues.

Other FQHCs and providers refer patients to the VH Refugee Women’s Health Clinic, embedded in the FQHC – Women’s Care Clinic. The RWHC provides access to comprehensive, culturally grounded care for refugee women in greater Phoenix including access to Cultural Health Navigators who are fluent in the languages that are spoken by these patients, including many African dialects.

VH and DMG partner on numerous population health initiatives in conjunction with health plans, many of which include value-based payment agreements. The efforts seek to ensure care is integrated and preventative.



*Collaborations with Payers:* VH has value-based payment agreements with several health plans, including United Healthcare. These types of value-based payment initiatives allow for more extensive collaborations with partners, so population health management initiatives may be put in place.

*Collaborations with School Readiness Providers:* VH collaborates with First Things First Arizona (FTFAZ) which partners with families and community organizations to support the healthy development and learning of Arizona's young children, ages 0 - 5, providing them with school readiness and health programming to prepare for them for kindergarten. FTFAZ supports many of the programs being offered at the FRCs.

**Continuity of Care across Community Providers and Access to Services Not Available through VH**

If patients need care outside of VH, a referral team provides a patient with assistance, ensuring the patient receives the care he/she needs and then tracks information from the visit. VH is investigating Health Current, Arizona's health information exchange, or HIE, that connects local EHR systems to allow sharing of secure patient information and better coordination of care. Care navigators also ensure that patients are receiving the care they need at any of the VH entities.

**Reducing Non-Urgent Hospital Emergency Department Use**

VH implements initiatives to reduce readmissions and non-urgent use of Emergency Departments (ED). The Care Management Department at VH provides a broad spectrum of services to assist with utilization review, discharge planning, social work, and transition management for the organization. The department's personnel function as a resource to collaborate with providers and the interdisciplinary team to ensure patients are at the right level of care, assist them through the continuum of care to safe discharge, and transition to post-acute care. Care Management personnel include RN Triage, Transitional Care Coordinators, and RN Care Coordination who identify and monitor high risk patients throughout the continuum of care. Under the direction of physician leadership, RN Triage facilitates appropriate access to medical care by assisting patients in determining the urgency of their current symptoms and directing them to the appropriate location for optimal patient care. Transitional Care Coordinators implement coordination of patient transition from hospital to community. RN Care Coordinators provide follow-up to patients referred by the ED provider or those that meet certain parameters, including at least two ED visits in the past 90 days. ED discharge patients are connected to their primary care provider for a hospital follow-up visit. The VH Patient Access Center (PAC) provides a warm hand-off to RN Triage for patients who are experiencing symptoms. Phone options are also available to patients to directly call RN Triage. Finally, VH is developing a more robust service initiative on palliative care. This program will provide patients with care options and education around palliative programming, so measures may be implemented to avoid unnecessary emergency department visits.

**OTHER COLLABORATIONS**

### **St. Mary's Food Bank**

Since 2017, VH has had an agreement with St. Mary's Food Bank, the largest food bank in Arizona, which currently encompasses three components:

- Food pantry at two FQHC clinics;
- Shopping at St. Mary's Food Bank location for the Food is Medicine research study aimed at using food and nutrition to reduce A1C levels;
- Summer lunch program for children when schools are closed.

VH facilitates food distribution events, including on-site mobile food pantry at South Phoenix Laveen Community Health Center and a drive-through food distribution events. The partnership with St. Mary's Food Bank enables VH to receive food resources and training for continued distribution efforts. VH continues to explore enhancements to our food programming to help our community with access to healthy food.

### **VH Health Care Integrate within the Criminal Justice System**

VH receives funding from AHCCCS for the Target Investment Program (TIP) to serve adults transitioning out of the criminal justice system. The objective of the program is to integrate primary care and behavioral health services for those individuals transitioning out of a correctional facility. Previously, VH received funding from the Office of Minority Health to implement RE-LINK (Re-Entry Community Linkages), a collaboration with the Maricopa County Adult Probation Community Reintegration Unit, the Maricopa County Sheriff's Office, Correctional Health Services, Keogh Health Connections, and other CBOs. The purpose of the five-year RE-LINK project was to improve coordination among healthcare systems, criminal justice, social service, and non-profit sectors, to address access to healthcare, and to reduce health disparities and recidivism for the re-entry population. Of the nearly 200 justice-involved participants who were enrolled in RE-LINK, all participants were enrolled or re-instated to AHCCCS upon release from jail to ensure access to healthcare upon release,

### **Creighton University School of Medicine and other Education Institutions**

For more than a decade, Creighton University has been an academic mainstay in Phoenix, sending medical students to various local and state hospitals. In 2009, Creighton expanded its partnership with St. Joseph's Hospital and Medical Center in Phoenix by opening a Creighton campus for third- and fourth-year medical students. In 2017, Creighton University, Dignity Health St. Joseph's Hospital and Medical Center, VH and DMG entered a strategic partnership to strengthen and expand the Graduate Medical Education programs offered by each institution. The move by the four core partners and affiliate member Dignity Health Medical Group brought together the administration of the residency and fellowship programs previously managed by each member under the Creighton University Arizona Health Education Alliance, with Creighton University serving as the sponsoring entity. Creighton's infusion of health professionals comes at a crucial time for Arizona, which faces a boom in population and a shortfall in physicians, nurses, and other medical professionals. By 2030, the state is expected to have just one primary care doctor for every 1,500 people. Since Creighton began its presence in Phoenix, a growing number of Creighton-educated physicians have stayed in Arizona for their residency programs. Creighton also has a large network of health sciences alumni throughout the state.

### **Valleywise Health and Creighton Partner on General Dental Residency Program**

VH received a funding from HRSA in 2021 to establish the Valleywise Health Advanced Education in General Dentistry (AEGD) program in collaboration with the Creighton University-

Arizona Health Education Alliance. The program received initial accreditation from CODA in August 2024. VH is the sponsoring institution of the AEGD program which will be operated under the guidelines of the Graduate Medical Education Department of VH and the VH Dental Department. VH operates six dental clinics in Maricopa County, providing a combined total of nearly 26,000 patient visits each year. The AEGD program will provide services to at-risk and vulnerable people living in Maricopa County.

### **Health Departments**

VH offers additional programming to ensure all local residents have access to services. The System contracts with a number of local public health departments to provide testing for sexually transmitted disease and tuberculosis. VH is a member of Synapse Hospital & Healthcare Partnership led by the Maricopa County Department of Public Health. Synapse is a local coalition of non-profit and FQHC providers who collaborate to collect data that informs investment into the needs of our community by completing a community health needs assessment. Through participation with Synapse, VH collaborates in identifying community needs, assets, resources, and strategies toward assuring better health and health equity for Maricopa County residents.

Additionally, VH has an agreement with the Maricopa County Department of Public Health for use of space for both the Women Infant and Children (WIC) program and a satellite Office of Vital Records location at the Comprehensive Health Center – Peoria clinic site location. These co-located services promote the “one-stop shop” model, combining multiple health and human service providers in a single location to help increase access to care.

### **Home Visitation Programs**

VH partners with Home Assist Health on a home visit program. This program allows patients to remain in their homes, rather than traveling back and forth to outside doctor appointments. This program is especially good for our elderly or frail patients.

### **State and Local Tuberculosis Programs.**

Maricopa Medical Center is one of the only local hospital providers that has isolation facilities should a patient be diagnosed with a communicable disease, such as tuberculosis. Consequently, VH receives tuberculosis cases (or suspected cases) from other providers in the area.

### **Clinics Supported by Indian Health Services.**

VH has established regular collaborative meetings with Tribal Council Members from the Pascua Yaqui Tribe located in Guadalupe, AZ, the location of one of VH FQHC clinic sites, in effort to enhance the provision of services to the Native American population. VH health center program Project Director and Chief Executive Officer, Dr. Michelle Barker, serves on the Board of Directors of the Arizona Alliance for Community Health Centers (AACHC), Arizona’s Primary Care Association comprised of representatives from Member Organizations, including Native Health and Community Health Center of Yavapai, to jointly oversee the activities of the AACHC.

### **Rural Health Clinics.**

VH does not collaborate rural health clinics as there are none in the area.

## **EVIDENCE OF COLLABORATIONS**

Evidence of the partnerships and collaborations discussed throughout this Section may be seen in the letters of support provided to VH for this application. These letters may be found in Attachment 9: Collaboration Documentation.

Letters of Support have been received from:

- ✓ Health Centers: (1) Adelante Healthcare, Inc.; (2) Circle the City Health Center; (3) Mountain Park Health Center; (4) Native Health; (5) NOAH; (6) Terros Health Center; (7) Valle del Sol Health Center; and (8) Wesley Community Health Centers
- ✓ State Medicaid Office: State Medicaid Office (AHCCCS)
- ✓ Local Department of Health: Maricopa County Department of Public Health
- ✓ Primary Care Association: Arizona Alliance for Community Health Centers
- ✓ Community Organizations: Westmarc
- ✓ Congressional Delegation: Senators Kirsten Sinema and Mark Kelly

## **EVALUATIVE MEASURES**

### **QUALITY IMPROVEMENT AND QUALITY ASSURANCE PROGRAM (QI/QA)**

The VH Quality Improvement (QI) and Quality Assurance (QA) Program is designed to identify opportunities to improve organizational and individual staff performance and to increase the probability of desired or optimal patient, client and family outcomes in all programs and services. The VH Regulatory Compliance Department and the VHCHCGC Compliance and Quality Committee work to establish a clear focus of responsibility to support the QI/QA program and the provision of high-quality patient, client, and family services. The program adheres to a “just culture” model where staff may report quality issues anonymously. This model allows for a learning culture that is constantly improving and oriented toward patient safety. The QI/QA program includes a model for continuous improvement; a process for measuring and monitoring clinical performance; an approach to monitoring patient satisfaction and addressing patient complaints; and a robust incident tracking program that allows for evaluation of adverse and sentinel events, which provide another mechanism for identifying opportunities for improving care delivery.

### **Adherence to Current Clinical Guidelines and Standards of Care in the Provision of Services**

VH has a robust QI/QA (Quality Improvement / Quality Assessment) Plan that ensures consistent delivery of high-quality care. It also provides an infrastructure for vetting concerns and has an organizational approach to continuous improvement. As a part of its dedication to providing quality care, VH has implemented a QI/QA Program under the supervision of the VHCHCGC Compliance and Quality Committee. The purpose of the QI/QA program is to track clinical/medical, operational, and other measures to promote quality, ensure participant safety and improve participant care, with an emphasis on clinical/medical and operational performance measures. This plan serves as the basis of all QI activities. The QI/QA program is designed to move the FQHCs towards achieving better health care for individuals and improved population health at reduced per capita costs. VH works to integrate quality into all operations, promoting accountability throughout the organization. The QI/QA Plan further ensures the FQHC clinics follow applicable rules and regulations as determined by accreditation, State and Federal

guidelines, regulations, and laws, and as stipulated by various funding entities. The Quality Committee ensures adherence to current clinical guidelines and Standards of Care in the provision of services.

### **Identification of Adverse Events, including Follow-Up Actions**

VH staff play an active role in the detection and reporting of errors, occurrences and events, hazardous events, and medication errors to assist in the identification of underlying system-based issues in the work environment and the implementation of system enhancements to reduce the likelihood of reoccurrence. Consequently, all errors, occurrences and events, hazardous events and medication errors are reportable to the VH Regulatory Compliance Department, even if the event is considered or deemed a "near miss." VH supports a non-punitive occurrence reporting program that focuses on the identification of underlying system issues and in minimizing the risks and errors within systems and processes. The focus of the non-punitive occurrence reporting program is performance improvement, not punishment.

*Reporting an Occurrence:* A confidential VH Occurrence Report must be completed and submitted by an employee and/or physician who discovered or was involved in a reportable occurrence. If in doubt, VH policy is to have the employee or physician complete a report on the occurrence. The VH Occurrence Report can be accessed from the Vine Home Page (an internal web site that serves as a communication system and includes policies, system information, etc.). Occurrence reports are completed within the same shift that the occurrence transpired or immediately once staff becomes aware of the occurrence. Anonymous reporting of occurrences is permissible. However, the reporter is strongly encouraged to contact Patient Safety via phone to provide information to assist with the investigation. The President and CEO of VH has made it clear that the organization has zero tolerance for retaliation towards anyone completing an Occurrence Report to improve the care and safety of our patients and employees. All data around occurrences is entered into the Midas system.

"Events" (e.g., unanticipated death, loss of limb, abduction, major injury, etc.) are reported immediately to the Director, Manager or House Supervisor after hours. He/she makes the decision to call Risk Management, as well as: (1) The Director or Manager – during business hours; or (2) The House Supervisor—after hours; or (3) The Director, Manager or House Supervisor will notify the Administrator on call and Risk Management when appropriate. All Occurrence Report data is available to VH Department Directors and Managers on their Midas Care Management work list to be utilized for process improvement.

### **Assessing Patient Satisfaction and Grievances**

Patient satisfaction surveys are conducted on an ongoing basis. Results are aggregated and reports are generated quarterly for reporting and review purposes. VH utilizes NRC Real Time, an innovative software tool to access patient satisfaction. NRC Real Time reports are submitted electronically to the medical directors and nurse leaders at each of the FQHC clinics regularly. This information is presented quarterly to the Compliance and Quality Committee for review and feedback. Patient grievances that are reported to VH staff are addressed through a Patient Advocate. Each complaint is entered into the VH electronic tracking system for follow-up.

A patient and/or patient representatives may voice a complaint at any time. The complaint is addressed and resolved using the clinic chain of command. Staff members having direct contact

with the patient and/or a patient representative are empowered to attempt to resolve all patient complaints at the point of service. A staff member is to inform his/her manager of all complaints. The Department Manager will become involved when a staff member is unable to resolve the complaint to the satisfaction of the patient or patient's representative. Complaints that cannot be easily resolved by the Department Manager or Director are phoned or faxed to a Patient Advocate. If the Patient Advocate can assist the patient care staff in resolving the issue, then the complaint will not be considered a grievance. However, if no immediate resolution is possible, the complaint may be deemed a grievance.

When a patient and/or patient representative's grievance is received, it is immediately referred to the Patient Advocate. The Patient Advocate refers the grievance to the appropriate Department Director/Manager for investigation and resolution. The Patient Advocate will support the Department Director/Manager in reaching a timely resolution. Upon receipt of the grievance, the Patient Advocate will contact the patient and/or patient representative on an initial and ongoing basis during the investigation and resolution process.

VH attempts to resolve all grievances as soon as possible. The Patient Advocate responds in writing to each patient grievance within seven days of the grievance submission. If the grievance cannot be resolved within seven days, the patient/patient's representative will receive an acknowledgement letter outlining the resolution process; VH informs the patient/patient's representative that VH is working to resolve the grievance and that VH will follow-up with a final written response within 30 business days. Typically, a grievance will be resolved within 30 business days; however, highly complex cases may extend beyond 30 business days. In that event, VH will notify the patient of the need to extend the investigation period.

Upon conclusion of the investigation, the Patient Advocate will communicate the results of the investigation and decision regarding any requests to the patient and/or patient representative in written form. The letter will include the name of the VH contact person, the steps taken on behalf of the complainant to investigate the grievance, the results of the grievance process, and the date of completion. There may be situations where VH has taken appropriate and reasonable actions on the patient's behalf to resolve the patient's grievance and the patient or the patient's representative remains unsatisfied with VH actions. In these situations, VH may consider the grievance closed for the purposes of CMS requirements.

#### **Using Patient Records to Inform Service Modifications**

Each month, a QI/QA assessment is completed and shared with leadership. Quarterly reports are shared with the Physician Leadership, Managers and Directors of clinics, Compliance and Quality Committee, Governing Council and District Board of Directors. Upon review of the Quality metrics specific action plans are implemented based upon evidence-based practices in the community. Monthly, an ambulatory quality workgroup reviews all quality metrics at a DYAD meeting, which includes physicians and nonphysician administrators for strategic and operational oversight. This information is reviewed and discussed with a FQHC Clinic Manager and Medical Director. Discussions at these meetings include challenges that the clinic is experiencing, updates, volume trends and quality issues and resolutions.

#### **RESPONSIBILITIES AND OVERSIGHT OF THE QI/QA PROGRAM**

The VHCHCGC regularly assesses processes, systems and outcomes produced by the QI/QA Plan integral to quality performance. The review of quality indicators, including benchmarks and baseline, is completed regularly. Continuous Quality Improvement (CQI) involves acting as needed based on the results of data analysis and the opportunities for performance improvement.

Responsibility for quality begins with VHCHCGC which authorizes resources to support quality initiatives. The VHCHCGC assigns responsibility for quality programming to the CEO, and to the Compliance and Quality Committee. The Compliance and Quality Committee is responsible for: (1) prioritizing current quality initiatives and activities; (2) ensuring a process is in place to complete a written needs assessment; (3) reviewing patient satisfaction survey results; (4) reviewing risk management activities to ensure providers are providing quality care; (5) consistent monitoring of the UDS clinical measures; and (6) quality assessment, planning, and annual program evaluation.

The Compliance and Quality Committee has leadership responsibility for the work plan. Certain tasks and activities are carried out by three service area teams: (1) Medical QI Team; (2) Dental QI Team; and (3) Mental Health QI Team. These teams report findings of reviews and analyses to the CEO of the VHCHCGC, who in turn reports them to the Ambulatory Operations Committee providing outcomes and recommendation to the Compliance and Quality Committee. Summary reports are delivered by the Compliance and Quality Committee to the VHCHCGC for their review, feedback and input.

*Structure – Responsibility, Accountability and Communication:* The Compliance and Quality Committee is led by the CEO of the FQHC clinics and includes personnel from throughout the organization. The Compliance and Quality Committee includes representatives from administration, medical and quality departments. Having representatives from across the organizational structure ensures system-wide accountability and communication. Each service area has its own QI Team, e.g., Medical QI (Pediatric, OB/GYN, and Adult Services) Dental QI, and Behavioral Health QI, with appropriate expertise that manages the QI activities and initiatives. These teams are responsible for the QI work plan. The CEO and CCO (Chief Clinical Officer) oversee the QI Teams, ensuring that they work towards providing quality health care throughout the organization through QI activities.

The Compliance and Quality Committee meets at least quarterly. Formal minutes are maintained and contain the date, time and place of meetings, attendees with their title, matters discussed with specifics on data for the clinical measures, action plans to address problems/deficiencies, and responsible individuals for follow-up. The Patient Safety Officer is responsible for maintaining the VH strategic direction of the patient safety program and developing a workplace culture where safety is the utmost priority.

#### CONDUCTING QI/QA ASSESSMENTS

Providers and FQHC Clinic Medical Directors conduct a quarterly audit of their peer's medical records. The providers use a specifically developed audit tool to ensure a standardized process is being met. This information is then provided to leadership and is a part of the credentialing process.

## VH ELECTRONIC HEALTH RECORD (EHR) SYSTEM

VH utilizes Epic Systems as its EHR vendor. This platform has rich reporting, dashboard, and data analytic capabilities. Information access can be secured by role to meet HIPAA requirements. Delivered with many standard reports, the system also enables VH to establish custom portals and reports to meet the System's practice management needs. Epic is a complete EHR system that has the flexibility to develop forms and workflows specific to VH needs.

Epic is a robust platform the interfaces with other technology, such as Health Current, Arizona's HIE to optimize health information. Epic offers innovative solutions for patient engagement and population health, creating cycles of care that assist providers to better understand patient needs, accurately gauge risk, and promote more effective treatment and better outcomes. Epic incorporates tools to protect the confidentiality of patient information and safeguard it against loss, destruction, or unauthorized use, consistent with federal and state requirements. Finally, Epic's workflows facilitate the collection and organization of data for the purpose of monitoring program performance and work in tandem with dashboards and other systems on population health management.

*Performance Monitoring and Patient Improvement Outcomes.* The VH Ambulatory Quality Initiative Workgroup meets monthly to review and discuss quality and performance measures within Ambulatory Services and review quality metrics. Consisting of physician leaders, operational sponsors and team members, this activity enables VH to leverage data collection and analysis, identify process improvement and examine performance indicators for multiple UDS Clinical Quality Measures. From an initial baseline established in 2018, the data is tracked month over month and compared internally, the Healthy People 2030 target goal and the most current UDS national benchmarks. Performance targets are measured in four ways: 1) whether the target was met or exceeded; 2) approaching the target (within 10%); 3) not in the target (> than 10% outside of goal); and 4) improving (indicator is not meeting the target goal but has shown consistent month-over-month improvement). The 13 indicators on which the Workgroup is focused are:

- Body Mass Index (BMI) & Weight Assessment, Nutrition & Activity for Children
- Cervical, Colorectal & Breast Cancer Screening
- Childhood Immunization Status
- Controlling High Blood Pressure
- Diabetes
- Ischemic Vascular Disease (IVD) & Statin Therapy
- Screening for Clinical Depression
- Tobacco Use
- HIV Screening

Follow-up plans for BMI and Screening for Clinical Depression and counseling for Weight Assessment, Nutrition & Activity for Children have been implemented and will continue in 2022 as key elements for addressing meeting these measures.

*Tracking Risk Factors.* Of the 13 social risk factors which are being monitored by the Workgroup, eight indicators have met or exceeded the target: childhood immunization, colorectal and breast cancer screening, diabetes, IVD, tobacco use, weight assessment & nutrition for children, and HIV screening. We are approaching our target for cervical cancer screening and statin therapy. BMI, controlling high blood pressure, and screening for clinical



depression are currently outside of the targets for the measures, though screenings for clinical depression has steadily increased over the past reporting year. For those indicators which are outside of the target goal, the Workgroup continuously identifies ways to enhance processes and procedures with the goal of improving patient outcomes and keeping people healthier.

### **Efforts Around Specific Clinical Priorities**

*Hypertension:* VH follows an established, written protocol to standardize the diagnosis of hypertension, including processes for obtaining and documenting blood pressure measurements and patient-centered treatment of hypertension patients. A Hypertension Focus Workgroup collaborates to ensure benchmark measures around hypertension are exceeded annually. Efforts also focus on proper documentation and ensuring accuracy of readings. Care coordinators provide outreach for patients with diagnosis of hypertension seen in the past year who need a follow-up appointment and bulk order annual Blood Pressure Monitoring to send bulk communication to patients overdue for their lab work.

*Diabetes:* VH follows an established, written protocol developed to create a practical, standardized process of team-based patient-centered primary care for diabetes management for adult patients with the purpose of improving outcomes and quality measures.

*Behavioral and Mental Health:* A Depression Screening Workgroup meets regularly to review and discuss documentation adjustments for better capturing PHQ9 data to meet quality measures. Successful actions have included releasing a PHQ9 tip sheet for providers.

*Substance Use Disorder (SUD):* As previously mentioned, in September 2021, VH received funding from SAMHSA to provide Medication Assisted Treatment (MAT) services. With the increase in individuals with Opioid Use Disorder (OUD), VH recognized a potential shortfall in the availability of in-house MAT services for our patients. In consultation with AACHC, a needs assessment was completed in September 2020 to determine education, training, and implementation of services to treat OUD/SUD and co-occurring conditions within the VH system. The needs assessment identified several issues including: limited resources available at VH to those with specific OUD/SUD treatment needs especially for individuals presenting in precontemplation, not having dedicated resources at VH specifically assigned to OUD/SUD regarding case management, peer support, counseling or medical / psychiatry services, and a need to enhance VH policies/procedures. MAT grant funds have enabled VH to address these challenges and increase integrated health care services to patients with OUD/SUD. VH has developed policies, procedures and protocols for MAT services including screening and assessment of SUDs including co-occurring, substance use and mental disorders, trauma, social determinants of health (SDOH). Behavioral health staff utilize the evidence-based approaches of Cognitive Behavioral Therapy and Peer Recovery Support Services to assist patients who struggle with SUD.

*Maternal and Child Health:* VH clinical priorities pertaining to maternal and child health include breast and cervical cancer screening, and childhood immunization status. VH population health management and care management staff have reinstituted chronic disease management interventions for cancer screening to ensure patients continue their regular screening schedule. A Women's Breast and Cervical Cancer Screening protocol was established effective in April 2021

to create a practical standardized process of team-based patient-centered primary care for breast and cervical cancer screenings with the purpose of improving outcomes and quality measures for these metrics. VH has exceeded the benchmark goal of 40.4% for the percentage of children who received recommended immunizations before their second birthday. Our current rate of childhood immunization is 47.63%. We will continue our efforts and education to parents about the importance and benefits of childhood vaccination.

*HIV/AIDS:* As indicated previously, the Valleywise Community Health Center - McDowell (MCD) has provided exceptional state-of-the-art primary HIV care and wrap-around services for Persons Living with HIV/AIDS (PLWHA). VH has achieved remarkable results by attaining a 91.5% viral suppression rate in our Ryan White Part C patients as of the CY2023. This is compared to viral suppression rates of 65% nationally and 61.8% in Arizona in 2023. The 2023 UDS national average for HIV screening is 32.9% for patients aged 15 – 65. The VH HIV screening rate as of June 2024 was 69.96% and is on target to exceed the UDS national benchmark for the 2024 calendar year reporting period.

## **RESOURCES/CAPABILITIES**

### APPROPRIATE ORGANIZATIONAL STRUCTURE

VH organizational structure is in accordance with Health Center Program Requirements and is appropriate for the operational and oversight needs of 330 SAC grant funding. As stated, the Maricopa County Special Health Care District does business as Valleywise Health. The Maricopa Special Health Care District and the Valleywise Health Community Health Centers Governing Council (VHCHCGC) have a Co-Applicant Agreement. Under the Co-Applicant Agreement, VHCHCGC has authority and oversight over the FQHC clinics and Council's governance authorities, and responsibilities must comply with the requirements of Section 330 and HRSA policies.

VH directly employs its Project Director/CEO, Michelle Barker, PhD, who serves as the Senior Vice President of Ambulatory Care & Chief Executive Officer FQHC clinics. Dr. Barker reports to VH Community Health Centers Governing Council (VHCHCGC) and coordinates with key management staff and personnel to guide and direct the day-to-day activities necessary to fulfill the VH HRSA-approved scope of project (see Attachment 3: Organizational Chart).

### STAFFING PLAN

#### **Staffing, Contract Arrangements to Carry Out Necessary Services**

As discussed, VH 12 FHQC clinics are currently operational and have in place the staffing and contract arrangement necessary to carry out the services identified in Form 5B.

#### **Staff in Place to Provide All Required and Additional Services**

VH clinical staffing plan (see Form 2) is appropriate for the projected number of patients (see Form 1A) and mix of services provided at the FQHC clinics (see Form 5B). These clinicians provide linguistically and culturally appropriate care for all patients as noted above, with many of our staff being bicultural/bilingual. Please note, there are staff enumerated in this plan that go beyond those covered by the federal grant; these staff are covered by other funding sources (non-federal resources).

**Table 15: Clinical Staffing**

Service Area	Number of Staff FTEs
Primary Care Teams Adult, Pediatrics, OB-GYN	28 FTE Physicians 8 FTE OB/GYNs 15 FTE Pediatricians 23 FTE Nurse Practitioners 13 FTE Physician Assistants 3 FTE Certified Nurse Midwives 36 FTE Nurses 97 FTE Medical Assistants
Dental Care	10 FTE Dentists 3 FTE Dental Hygienist 13 FTE Other Dental Personnel
Behavioral Health	1 FTE Psychiatrist 7 FTE Licensed Clinical Social Workers 3 Other Licensed Mental Health Providers 2 Other Mental Health Staff
Enabling Services	13 FTE Case Managers 8 FTE Eligibility Assistance 7 Community Health Workers
Quality Improvement Staff	1 FTE Quality Improvement Staff
Other Programs and Services	30 FTE Laboratory Personnel 4 FTE X-Ray Personnel 7 FTE Pharmacy Personnel 3 FTE Diabetes Educators
Administrative Staff	13 FTE Fiscal and Billing Staff 28 FTE Information Technology Staff 28 FTE Facility Staff 95 FTE Patient Support Staff 37 FTE Administrative Support Staff
Senior Staff	1 FTE Project Director/CEO 0.3 FTE CFO 0.2 FTE COO 0.5 FTE CAO (CIO) 1 FTE CCO (CMO)

**Considering Size, Demographics, and Health Care Needs of Patient Population**

VH projects to deliver comprehensive, culturally competent primary health services and integrate access to pharmacy, mental health, substance use disorder, and oral health services to **88,449 unique patients in 324,276 visits** across the 12 FQHC clinics located in Service Area #160, Phoenix Metropolitan Area, Arizona. The staffing plan contains 617.28 FTEs to carry out these visits. These FTEs are comprised of administrative, clinical, enabling, and other staff.

VH has a longstanding history of working with the target population, and as such, has mature infrastructure to address the health care needs of this population in a culturally and linguistically appropriate manner. The system has well-developed case management resources in primary care that can help connect patients to the services that those in poverty often struggle with such as housing, food, utilities, job training and education. VH has bilingual staff, interpreter services, and language lines that serve to break down the barrier that linguistic isolation can bring in accessing health care. VH also has multiple trained outreach and enrollment financial counselors who can help facilitate uninsured patients gaining access to insurance coverage.

### **Operating Procedures for Review of Credentials and Privileges**

Credentialing and privileging of licensed or certified health center practitioners, along with other clinical staff, is an important component ensuring quality care. Initial appointment and re-appointment ensure that licensed or certified practitioners and other clinical staff possess the requisite training, experience, and competence to provide quality care. Current licensure and other credentialing information are maintained for all licensed or certified health center practitioners and other clinical staff. VH complies with the FQHC policy to perform a query of the National Practitioner Databank for all licensed/certified practitioners as required. Other clinical staff will have a query through the National Practitioner Databank as appropriate. Appointment and re-appointment documentation are reviewed by VH Medical Staff Credentialing Committee for providers/physicians and VH Human Resources for other clinical staff. Final approval for Medical Staff Credentialing actions is per the VHCHCGC.

Clinical staff members of the FQHC clinics must possess qualifications and competencies to carry out the activities of providing quality care services. All clinic staff qualifications and competencies are validated prior to providing patient care services and on a recurring basis. The validation of a licensed independent practitioner's (LIP) qualifications and competencies are verified through the credentialing procedures as delineated in the Medical Staff Professional Policy, Allied Health Professional Policy, Operational Credentialing Policy, and the Focused Professional Practice Evaluation (FPPE) Policy to Confirm Practitioner Competence.

The validation of the other licensed practitioners (OLCPs) and other clinic staff qualifications and competencies are verified through the established procedures of the VH Human Resources (HR) Department. The validation of licensure and/or certification is achieved through primary source verification (licensing and/or certification boards) upon hiring. Thereafter, HR conducts ongoing monitoring to ensure valid/current licensure and/or certification status. The OLCP must meet the qualifications of the job description upon hiring. Verification upon hire and on a recurring basis are conducted for LIPS, OLCPs and other clinical staff to address fitness for duty, current immunization / communicable disease status and current clinical competence through the efforts of the medical staff services department, HR, Employee Health and Wellness, and the Center for Clinical Excellence department. These departments conduct an annual performance evaluation to validate continued competencies and licensing requirements. It should be noted that VH does not utilize volunteers to provide any type of direct clinical patient care.

### **MANAGEMENT TEAM**

VH key management team is appropriate and adequate for the size, operation, and oversight needs and scope of the SAC grant (please see Attachments 4 and 5 for further details). The staff has the requisite experience, management skills and educational background to perform the necessary duties discussed in the job descriptions, as well as dedicated time to facilitate health center program activities. Specifically, Dr. Barker oversees the management team and is an active leader in the day-to-day operations of the FQHC clinics, meeting with senior staff on a weekly basis to stay abreast of clinical and operational issues. The VH FQHC organizational chart (see Attachment 3) illustrates the required management structure to ensure fulfillment of all functions necessary to support the FQHC and maintain compliance with FQHC requirements.

### **Training, Experience and Skills Necessary for Key Leaders**

Job descriptions for key management staff are outlined in Attachment 4: Position Descriptions for Key Management Staff. These position descriptions discuss the necessary qualifications for each senior position.

### **Individuals Who Will Serve in Defined Roles**

*Project Director and Chief Executive Officer.* Dr. Michelle Barker, CEO FQHC Clinics, Sr. VP Ambulatory Care & CEO FQHC Clinics (1.0 FTE) serves in this role. Dr. Barker's responsibilities are outlined in Attachment 4: Position Descriptions. This information provides that the VH CEO works with senior staff to develop processes and systems, which integrate clinical operations, business operations and strategic planning. The PD/CEO manages all departments within the organization and reports directly to the VHCHCGC on clinical and financial performance measures. With all senior staff reporting directly to the CEO, she oversees the daily clinical and financial operations of the FQHC clinics.

*Responsibilities of the Chief Clinical Officer (CCO).* Michael White MD, MBA, Executive Vice President and Chief Clinical Officer. The CCO is a key member of the VH Executive Team, providing strategic and operational leadership for a diverse group of departments, with the goal of delivering high quality, cost effective patient care. The EVP CCO works closely with VH Residency Program Directors, Clinical Department Chairs, and Medical Directors to ensure alignment with the mission, vision, and values of VH. This position plays a critical role in integrating care across the inpatient, outpatient, and ambulatory continuum.

*Responsibilities of the Chief Financial Officer (CFO).* Claire Agnew serves as the Executive Vice President (EVP) and CFO for VH. Ms. Agnew is responsible for the financial operations of VH, overseeing the operations of finance, revenue cycle, reimbursement, managed care, contracts, and materials management. This position directs the preparation of hospital and FQHC statistical reports, and financial reports; and administers the general accounting, patient business services, including third party reimbursement, financial, and statistical reporting functions of the hospital in accordance with established policies and accounting procedures. She directs the preparation of the hospital budget, monitors performance to ensure fiscal responsibilities are fulfilled, assists the President/CEO in the development of long-and-short range hospital financial operations plans and monitors, interprets and analyzes hospital and FQHC financial performance in realizing established plans and objectives of the hospital.

*Responsibilities of the Chief Information Officer (CIO).* Stephanie Hines serves as the Sr. Vice President and CIO for VH. She provides strategic and tactical direction to VH including the hospital, FQHC and other components of the health system in the areas of Information Technology and Health Technology Management (Bio-Medical/Clinical Engineering). This includes IT infrastructure and systems architecture, clinical informatics, development and deployment of clinical and business systems and applications, management and support of all IT service management components, and the conceptualization, planning, evaluation, and deployment of technology platforms. This position provides enterprise-wide technology vision and leadership for developing and implementing technology initiatives that foremost provides technology which supports patient safety, as well as ensuring all relative quality, compliance and regulatory requirements are met.

*Responsibilities of the FQHC Medical Director.* Christine Smarik-Snyder, M.D., provides direction, leadership, and day-to-day management of the VH FQHCs in coordination with administrative leadership. This position works with all medical staff personnel including the residency training program. Key responsibilities and functions include assist and mentor FQHC medical directors and coordinate QI; participate as part of the dyad with the FQHC CEO in clinic operations and care practices; participate and implement strategy and growth initiatives; continually work to implement evidence-based care practices; lead clinical training efforts; and regularly review performance metrics and participate in planning to address adverse trends.

*Responsibilities of Chief Administrative Officer (CAO).* Lia Christensen serves as the CAO for VH. Ms. Christensen is responsible for leading the VH strategic direction, including day-to-day operations, and administrative functions for the hospital, FQHC and other major components of the health system, such as Human Resources, Ancillary and Support Services, Information Technology, Integrated Program Management, Process Improvement, Marketing and Communication and Business Development. The position works as an integral part of the VH Executive Team, providing input to key business direction, planning, policy formulation, and decision making.

For additional information, see Attachments 4 and 5 regarding job descriptions and biographies.

#### FINANCIAL ACCOUNTING AND INTERNAL CONTROL SYSTEMS

##### **Accounting Principles/Standards**

VH prepares its financial statements in conformity with applicable pronouncements of the Governmental Accounting Standards Board (GASB). The financial statements are prepared on the accrual basis of accounting. VH utilizes financial management and control systems in accordance with sound financial management procedures to ensure the fiscal integrity of financial transactions and reports.

Under the oversight of the VH Finance, Audit & Compliance Committee, VH engages an external, independent public accounting firm to conduct an annual audit to express an opinion on, and report to the Committee, the results of the audit on the annual financial statements. The audit is conducted in accordance with auditing standards generally accepted in the United States and the standards applicable to the financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. These standards require the auditors to plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

The external independent public accounting firm also conducts an annual audit in accordance with the Uniform Guidance of the Office of Management and Budget related to the expenditure of federal awards. This audit is conducted in accordance with the provisions of 45 CFR 75 Subpart F, as VH expends more than \$750,000 in Federal awards in recent fiscal years.

##### **Control Over, and Accountability for, Assets**

VH has written policies and procedures, and financial accounting and internal controls, to maintain effective control over, and accountability for, all funds, property and other assets in

order to adequately safeguard all such assets and ensure that they are used solely for authorized purposes. The annual audit performed by the independent public accounting firm includes activities to support the issuance of a management letter including recommendations for improvements in internal controls and procedures, if applicable.

VH has written policies and procedures in place to ensure the appropriate use of Federal funds in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These policies and procedures include, but are not limited to, ensuring the grant expenses are reasonable and necessary, allowable under the terms and conditions of the award, properly accounted for within the financial system and in compliance with applicable regulations.

VH is committed to the operation of an effective compliance program in accordance with the “Compliance Program Guidance for Hospitals (and amendments)” published by the Office of Inspector General, U.S. Department of Health and Human Services. The VH Finance Audit and Compliance Committee provides executive-level oversight, advice, and general guidance of the operation of the VH Compliance Program and on all matters relating to corporate compliance. The VH Compliance Department, under the oversight of the Chief Compliance Officer and the VH Finance Department, as well as the Audit and Compliance Committee, conduct an annual risk assessment based on the Office of Inspector General Annual Work Plan, and other regulatory guidance. The VH Compliance Department conducts ongoing internal evaluation and monitoring using audit plans, designed to minimize risks identified through the annual risk assessment, which includes the review of internal controls.

In compliance with the VH Capital Asset Tagging Policy, movable fixed assets are tagged upon receipt, except for those where the tag may interfere with the operation of the asset. All fixed assets are recorded in the Fixed Assets Ledger of the General Ledger. As part of the internal controls for supplies, VH conducts an annual physical inventory of medical, pharmaceutical, and personal care supplies, under its Physical Inventory Policy.

#### **Capacity to Track Financial Performance**

VH utilizes the McKesson Fiscal Management financial system, which includes modules for General Ledger, Payroll, Accounts Payable, Cost Accounting, Materials Management, Self Service Tools, and a Data Warehouse Solution. The McKesson financial system is used to prepare and produce the financial statements for the operations of the organization, including grants. McKesson is interfaced with the Epic System, EHR and the payer and patient billing and collections system. VH utilizes the Kaufman Hall Axiom Budgeting and Forecasting system for its annual budget, which is also interfaced with the McKesson financial system.

The VH Finance Department provides reporting and analysis support for VH and the FQHCs utilizing the McKesson financial system. VH Finance Department prepares monthly and annual financial reports to assist the VH District Board, FQHC Governing Council, FQHC Finance Committee, and VH leadership to support effective and financially responsible operating decisions. The VH CFO directs and oversees the VH Finance Department.

Monthly, VH leadership reports on the financial and volume activity of the FQHC clinics to the VHCHCGC’s Finance Committee (a Board designated committee.) This includes reporting on

patient volumes, provider productivity, staff productivity, referrals, payer mix trends, and month-to-date and year-to-date financial results as compared to budget. Variances are discussed with action plans towards improvement, as applicable. A summary of the reports and presentation are then provided by the Finance Committee to the VHCHCGC. The VH organization financials, metrics, volumes, and trends are reported by the CFO to the Maricopa County Special Healthcare District Board.

#### **Accounting for Health Center Program Award and Assurances**

All federal awards, including the SAC grant monies are and will be tracked individually and against the award budget. VH will assure that all Federal grant award expenditures are allowable in accordance with the terms and conditions of the Federal Award and Federal Cost Principles. Consequently, a separate bank account assigned to VH Has been specifically created for this federal award, to assure the segregation of funds from those derived from operations. The drawdown of the Federal award funds from HRSA will occur in a timely manner, after assuring the expenditures of the Federal award funds are allowable based on the terms and conditions in the Federal Cost Principles in 45 CFR Part 75 Subpart E. The CFO will approve all drawdowns in advance, with all drawdowns tracked via a monthly drawdown report.

#### **BILLING AND COLLECTIONS SYSTEM**

The following billing and collections systems and processes are in place at the FQHC clinics:

#### **Requesting Payments and Ensuring Service**

Eligibility/Determination: The eligibility and determination process is and will continue to be as follows: patients call and/or make appointments in person. The reception desk at the appropriate clinic schedules the appointment in the scheduling software. At this point, staff members ask patients to bring in all insurance information on the day of the scheduled appointment. Prior to the appointment, the front desk will verify the patient's insurance information by utilizing an online insurance verification service or calling the insurance company and speaking to a representative. Upon patient arrival, the front desk will verify the patient's demographic and insurance information. If a patient does not have active health insurance, the patient is referred to a Financial Counselor. The Financial Counselor determines the type of entitlement or insurance the patient is eligible for and discusses the plan with the patient. This ensures that no patient is denied service based on an inability to pay.

#### **Educating Patients on Insurance**

Many of VH uninsured patients are low income, disabled, medically complex, homeless and/or non-English speaking individuals who might have ongoing complex healthcare needs. In response to this need, VH offers financial counseling services to assist uninsured patients. Patients can complete paper or electronic applications on site and submit it to the financial counselors, who, when the application is approved, directly update this information in the patient's health record.

#### **Billing Insurance**

VH uses the Epic system to register patients, document the services in Epic to bill public and private assistance programs, insurance plans or patients in a timely manner. Epic has sophisticated dashboards, tools and reports that ensure claims are submitted timely and



accurately. Claims are submitted daily, and payers are billed electronically through HIPAA 837 transactions and payments are received daily through electronic HIPPA 835 transactions.

#### TELEHEALTH

a) *Providing In-scope Services.* The goal of the VH telehealth is to improve both access and quality health services using information and telecommunications technologies. An established, written policy defines our procedures to provide telehealth services for patient consultation, diagnoses and/or treatment. Telehealth / telemedicine services can be provided at a physician office, clinic setting, hospital, skilled nursing facility, residential care setting, patient home or other setting and follow all laws regarding the confidentiality of health care information and a patient's rights to his or her medical information. Services provided via telehealth meet state and federal guidelines for medical necessity and is supported by documentation.

Before a VH provider delivers care via telemedicine, the provider must first determine whether a patient visit can be adapted from in-person to a telehealth visit. Verbal or written informed consent is required to be obtained from the patient or the patient's health care decision maker. The patient agrees to virtual visit service terms, the privacy policy, and the charge for receiving a virtual visit from a physician or other qualified health professional. Electronic communication occurs over a HIPAA-compliant online connection. A virtual visit includes the total interchange of online inquiries and other communications associated with this single patient encounter. The physician or provider appropriately documents the virtual visit, including all pertinent communication related to the encounter, in the patient's EHR. The physician or other qualified health professional has a defined period within which responses to a virtual visit request are completed. The treating physician or provider within a virtual visit forwards a summary of the visit to the patient's primary care physician or medical home and communicates with the primary care physician as necessary.

Services available through telehealth include Family Medicine, Internal Medicine, Pediatrics, Behavioral Health and OB/GYN services.

b) *Communicating with Providers and Staff at Other Clinical Locations.*

Providers and staff throughout VH and clinic locations have the capacity to communicate through telehealth, live video and telephonically. Linkage is provided across the system as the required, additional and approved specialty service types are provided by staff directly hired by VH and staff contracted through formal written contract.

c) *Receive or perform clinical consultations using telehealth.*

E-consults are synchronous (store-and-forward) provider-to-provider telehealth visits. E-consults with an Integrative Care Psychiatrist are available for primary care patients with mental health needs whose psychiatric medications the primary care provider chooses to manage but may want psychiatric input. E-consults are indirect consultations related to psychiatric needs and include diagnosis and psychiatric treatments, psychotropic medications, formal chart reviews and recommendations. Additional services will be coming on-line in 2022, including Dermatology, which has just completed a successful pilot.

d) *Send and receive health care information from mobile devices to remotely monitor patients.*

VH defines Remote Patient Monitoring (RPM) as the use of digital technologies to collect data from an individual, with secure transmission of that data to the physician's office and review of the data by the physician. "Remote physiologic monitoring" means more specifically RPM in which data is automatically transmitted to the physician, in contrast with forms of RPM where the patient must "push" the data to the physician. RPM is used for providing improved chronic disease management, care, and related support. RPM may be either synchronous (real-time) or asynchronous (store and forward). RPM does not replace provider choice for healthcare delivery modality; nor does it replace member choice for healthcare delivery modality. RPM is used for AHCCCS-covered services that are medically necessary and cost effective.

Valleywise Health launched a rudimentary outpatient telehealth program in mid-March 2020, at the beginning of the COVID -19 pandemic and just prior to stay-at-home orders being issued in Arizona. The visits have impacted patients in practically all departments of the hospital system: family practice, OB/Gyn, pediatrics, cardiology, internal medicine, diabetes education, individuals living with HIV and behavioral health. We expect the need for virtual visits to continue, especially as we work to reach a substantial number of behavioral health patients. Arizona has experienced tremendous impact due to the COVID-19 pandemic, first in the summer of 2020 and throughout 2021. VH has continued to ensure that we have the necessary equipment available to provide more telehealth services to our vulnerable and highly diverse patients, many of whom are at high risk of contracting the virus and experiencing worse health outcomes as the vaccine continues to be distributed.

VH has secured funding to expand telehealth services throughout the organization to provide care to patients in ways that they would like to receive services. Initially, this includes monitoring of our obstetric patients and post-operative visits with our surgical services. Additionally, our care management and pharmacy teams engage patients remotely to assist with medication management as well as coordination of other ancillary services. Items to be purchased with this funding will enable full integration into our patient-centered medical home (PCMH) model. With the enhanced focus on telehealth, essential communication tools (i.e., Doxy.me, Nuance DAX) that are fully functional with our EHR will allow our system to communicate in real time, among all team members of a patient's care, and provide seamless care. Incorporating telehealth with the PCMH model will allow our patients, many of whom are at high-risk, to gain access to care and treatment while reducing their exposure to COVID-19.

#### RESPONDING TO AND MAINTAINING CONTINUITY OF SERVICES DURING DISASTERS AND EMERGENCIES.

The VH Emergency Operations Plan (EOP), reviewed and updated in November 2021, is an "all hazards" plan to guide preparations, response, and recovery to emergencies and disasters, both internal and external. It is supplemented by other specific policies / procedures and reference materials kept in the Hospital Command Center. The EOP applies throughout VH facilities including the Medical Center, FQHCs, Comprehensive Health Center and Behavioral Health Centers, and the staff and physicians working at these locations. The plan applies to adult and pediatric patients, as well as behavioral health and other patients that are considered vulnerable population members. VH approaches emergency management planning in accordance with the National Incident Management System (NIMS) guiding principles: flexibility, standardization,

and unity of effort. The EOP incorporates the three primary components of the NIMS as defined by the National Incident Management System, Third Edition (U.S. Department of Homeland Security, 2017). These components include: 1) Resource Management, 2) Command and Coordination, and 3) Communications and Information Management.

The VH Emergency Management Committee (EMC) develops, maintains, and promotes a comprehensive emergency preparedness program. The Director of the emergency management program serves as the EMC chairperson. The EMC includes senior management, nursing, and representatives from key areas within the organization such as physicians, infection control, facilities, engineering, safety, and security. The EMC meets no less frequently than five times a year to establish priorities for emergency management activities and to ensure readiness within the health system. The EMC conducts an annual written Hazard Vulnerability Analysis to identify the highest risk, probability, and impact hazards that could affect demands for services or the health system's ability to provide those services. The HVA identifies the greatest vulnerabilities for use in decision-making and allocating resources for planning and mitigation projects.

Mitigation activities are taken to reduce the risk of and potential damage due to the emergency. Preparedness activities are taken to organize and mobilize essential resources to an emergency before one occurs. Response strategies and actions are activated to respond to the emergency when it occurs. Recovery strategies and actions are taken during and after the emergency to restore systems critical to resuming normal patient care, treatment, and services.

a) Response and recovery plans.

Initial Response. Leadership (Executive leadership, Administrator on call, or House Supervisor) in conjunction with Security determine the information that needs to be immediately communicated to facility leadership. Immediate action include: 1) notifying VH leadership, the Public Information Officer (PIO) and security of the incident; 2) activating the Crisis Communications Team (CCT); and 3) reporting to the Hospital Command Center as needed. VH has developed a Hospital Incident Command Team Activation Algorithm which corresponds to the level of the emergency:

- ✓ No activation/Alert: Status 1-3. No additional resources or outside assistance is required; Notification of outside agencies not required.
- ✓ Hospital Incident Management Team (HIMT): Code Triage 4-6: Outside agencies are notified as needed. Outside assistance is not required. Evaluate internal resources and use as needed.
- ✓ HIMT activated 7-9: Notify outside agencies/authorities. Request/obtain additional resources as needed.
- ✓ Full Hospital Incident Command System (HICS): activation 10-12: Notify outside agencies/authorities. Obtain outside assistance/resources.

Recovery. During preparedness, response, and recovery operations, VH communicates plans with the Arizona Alliance for Community Health Centers, Arizona's HRSA-funded Primary Care Association, and coordinates with external response partners including the Maricopa County Emergency Operations Center, Maricopa County Department of Public Health, Emergency Medical Services, fire, and law enforcement. Considerations of the most efficient

and timely recovery to normal operations begin early in the emergency response, guided by the nature of the incident and existing business recovery plans. As the incident evolves, the HICS positions regarding recovery are activated to provide appropriate attention to this activity. VH maintains a plan for sustaining operations over an initial 96-hour time frame during a disaster incident, including a means for providing necessary supplies and utilities. Should VH and the community be unable to support the medical center for at least 96 hours, the HIMT would assess critical supply inventories, medical care needs, staff resources and, in concert with county health authorities, consider whether to close or evacuate portions or all of a facility or continue under altered standards of care.

Activation of the recovery plan starts with demobilization and finishes when all services are back to normal. The demobilization plan phases in the clearing of resources that are no longer needed for response. Priority of recovery efforts are directed to the most critical service lines within the health system. Operational branches (i.e., Infrastructure, Security, etc.) provide insight regarding mitigation activities or processes that would make response in a similar incident easier in the future. The PIO notifies appropriate external partners that the recovery phase is underway and develops closing press releases or statements to outstanding media requests. Final documentation including pictures and video are taken of any damage for insurance reporting.

b) Backup systems to facilitate communications.

The VH Emergency Communication Plan outlines the roles, responsibilities, and guidelines that the organization utilizes to share information with employees, physicians, volunteers, patients, family members, visitors, and media members during a disaster. VH recognizes that during an incident, people expect more information than the organization may have, making it imperative to relay information with accuracy. VH also recognizes the importance of providing this information in Spanish to Spanish-speaking patients, family members, visitors, and members of the Spanish language media. It is equally important to communicate this information in other languages, particularly to members of the refugee community served by the Refugee Women's Health Center.

In an emergency, the goal is to issue our first communication to key audiences within 30-minutes of notification of the event, with regular updates as needed; some situations may require even faster initial communications. Once the appropriate message(s) have been developed by the CCT, it is approved by the Incident Commander before distribution. For internal emergency communications, the VH Vine may be used for documentation and communications resource sharing. For internal communications to staff, Public Relations (PR) will update VH e-news and the Vine home page with posts reflecting the latest information. For external communications, PR will update the VH website and social media outlets, and telephone messaging, if available. A staffed call center may also be opened by IC to handle phone calls if needed.

If routine forms of electronic communication and paging systems are ineffective or unavailable, HICS staff may utilize hardcopy departmental disaster call-trees. Internal departments maintain and routinely update their disaster call-tree contact information. All staff contact information is stored and maintained by the Human Resources department and can be accessed via Kronos, Microsoft Outlook, and WebEx systems. Vendors must provide and update current contact information and can also utilize "Spark" at the discretion of command staff. If routinely utilized

clinical communication resources, such as ASCOM phones, are unavailable, the disaster preparedness two-way hand-held radios can be provided for staff as determined by HICS leadership. If all electronic forms of communication have failed or are insufficient to meet communication needs, department leaders will designate one or more “runners” who go to the HICS command center for further instruction.

c) Patient records access.

VH follows an established, written policy for both scheduled and unforeseen downtimes of the Electronic Health Record (EHR) to ensure continued completion and documentation of patient care. Scheduled downtimes of EHR systems are planned and announced in advance to minimize impact to the patient record. Unplanned downtimes are communicated to users as soon as possible with instructions to use approved downtime forms. Downtime forms, or paper forms, identified approved by the Forms Committee are used to maintain records until the EHR is recovered. Following downtimes, key identified data is entered in the EHR from the paper documentation and then paper forms are scanned into the EHR.

d) Integration into state and local preparedness plans.

Emergency Management maintains a liaison binder with contact information of emergency management partners which include local, regional, state, tribal and federal preparedness staff, as well as contact information for sources of assistance. During a “code green” event (i.e., external mass casualty or internal hospital event), the HICS Liaison Officer is responsible for contact with preparedness staff members outside of VH. If normal methods of communication are unavailable, HICS staff utilize Government Emergency Telecommunications Service (GETS) cards which prioritize access to phone services if lines are functional but inundated with traffic.

Local, county, state, or federal government entities may request the use of VH resources. Upon request, VH will evaluate their internal needs and respond according to resource availability or refer the request to the Maricopa County Department of Public Health. VH takes an active role in community involvement and participation in disaster/emergency preparedness through participation in multiple Memorandums of Understanding (MOUs). VH participates in the Arizona Coalition for Healthcare Emergency Responders (AZCHER) which includes hospitals, EMS, public health, emergency management, long term care, outpatient clinics, and hospice and home health groups, to ensure integration and collaboration during an incident. VH is a member of the NDMS Response MOU in the Phoenix area, and the Arizona Burn Disaster Telemedicine MOU.

During preparedness, response and recovery operations, the medical center coordinates with external response partners including the County EOC, County public health department, EMS, fire, and law enforcement. VH is equipped and supplied to be self-sufficient for approximately 96 hours. Should VH and the community be unable to support the medical center for at least 96 hours, the HIMT would assess critical supply inventories, medical care needs, staff resources and, in concert with county health authorities, consider whether to close or evacuate portions or all of the facility or continue under altered standards of care.

Emergency preparedness is advanced, in part, by local, state, and federal preparedness grants received and deliverables to be accomplished. Hospital Preparedness Program (HPP) grant

funding has been obtained from ADHS and utilized to provide for and support the Arizona Burn Disaster Telemedicine Network program, equipment, and training; ; two separate internet providers for redundancy, and; necessary equipment training for mass casualty decontamination; mass fatality equipment for movement and storage of remains; evacuation equipment to aid in vertical evacuation; Hospital Incident Command System (HICS) training; and surge supplies to accommodate 100 additional patients.

e) Provision of status updates to HRSA-supported Primary Care Associations (PCAs).

The Arizona Alliance for Community Health Centers (AACHC) is Arizona's Primary Care Association and provides guidance and technical assistance, including support to enhance emergency preparedness and response. VH is included in AACHC's workplan to communicate with health centers during natural disasters or other emergencies. VH maintains open lines of communication with AACHC and AACHC responds to HRSA with any requests related to health center status during a localized natural disaster and regularly during the COVID-19 pandemic. VH provides updates to AACHC as needed and upon request so that AACHC can aggregate or share by health center with HRSA in effort to streamline gathering information, reduce reporting burdens, and allow for the provision of the best possible support of VH and other health center programs.

#### MAINTAINING MALPRACTICE INSURANCE

VH outlines provisions for private malpractice insurance in its Risk Management and Self-Insurance Plan. This plan authorizes VH to pool, self-insure or procure property and casualty insurance, including Professional Liability (including medical malpractice) and Errors and Omissions Insurance and extends this coverage to its Directors, Officers, Departments and Employees. The intent of this plan is to afford the greatest possible protection while conforming with the laws of the state of Arizona and federal law, as applicable.

#### SUPPLEMENTAL FUNDING

Supplemental funding has been utilized to provide access to the following services and improvements:

FY2020 Quality Improvement Funding: funds have been utilized toward activities that increase rates of cervical and colorectal cancer screenings.

Ending the HIV Epidemic – Primary Care HIV Prevention: expand HIV prevention services that decrease the risk of HIV transmission, focusing on supporting access to and use of pre-exposure prophylaxis (PrEP).

COVID-19 Relief Funding Support (Expanding Capacity for Coronavirus Testing; Health Center Coronavirus Aid, Relief, and Economic Security; Coronavirus Supplemental Funding for Health Centers): utilization of funds to cover the costs of staff time and effort who were allocated to support COVID-19 efforts and personnel/fringe benefits for staff to maintain COVID-19 testing and supportive efforts; conversion of Community Health Center – South Central to an advanced testing center and overflow center in the event of a large surge of patients infected with COVID-19; Electrocardiogram machines for monitoring and managing cardiac complications of COVID-19; Cepheid Xpress Upgrades for analyzer Point of Care testing capable of performing COVID-

19 testing; Community Health Center – Dental room remodel to allow for closure of the room due to aerosolization of the virus; extraoral suction system; and air purifier.

FY2021 American Rescue Plan Funding for Health Centers: funding is being utilized for activities in the approved categories of maintaining and increasing capacity, recovery and stabilization, and infrastructure, including minor A/R and mobile units. Activities will allow for enhanced accessibility of comprehensive primary care services and the expansion of staffing to address the behavioral health, chronic conditions, and other needs of those who have been out of care. These initiatives include personnel, clinical equipment and supplies, information technology upgrades, and clinical documentation improvement. The activities chosen for infrastructure and minor A/R will allow for the purchase of a mobile mammography unit, a mobile COVID-19/public health unit, new flooring at four Community Health Center FQHC clinics and replacement of mechanical controls in HVAC systems at two Community FQHC clinics.

FY2021 American Rescue Plan Health Center Construction and Capital Improvements: funding will be utilized for interior and exterior alterations and renovations of four Community Health Center FQHC clinics through replacement of mechanical equipment, chiller components, backflow valves, hot water recirculation pump and thermostat, and exterior asphalt replacement.

Teaching Health Center Planning and Development Program: the proposed project is to establish The Valleywise Health Advanced Education in General Dentistry (AEGD) program in collaboration with the Creighton University-Arizona Health Education Alliance. The Valleywise Health Department of Dentistry, Creighton University School of Dentistry and affiliated partners will work to establish the program in academic year 2023, with recruitment of residents to begin in the fall of 2022. VH is the sponsoring institution of the AEGD program which will be operated under the guidelines of the Graduate Medical Education (GME) department of VH and the VH Dental Department. VH is seeking accreditation from the Commission on Dental Accreditation (CODA) of the American Dental Association (ADA) for a one-year program with an optional second year. Our intention is to establish CODA-approved sites at three of our dental clinics: the Comprehensive Health Center Phoenix, the Comprehensive Health Center Peoria and the McDowell HIV Specialty Healthcare Center. We anticipate adding future clinic sites as the program grows, including, but not limited to, the VH Community Health Center-Chandler. Once the AEGD residency is fully operational, our intention is to use this success, lessons learned, and the residency infrastructure built to establish a Pediatric dental residency.

## **GOVERNANCE**

The Maricopa County Special Health Care District (District) d.b.a. Valleywise Health is governed by the Board of Directors (Board). Each Board member represents one of five districts in Maricopa County. Members of the Board are elected officials and serve a four-year term. The Valleywise Community Health Centers Governing Council (Council) is organized to provide governance and oversight of the FQHC clinics that are owned and operated by VH. The Council also ensures that the needs of the communities are being met and that all services are patient focused.

## HEALTH CENTER BYLAWS

The Council's Bylaws (see Attachment 2: Bylaws) were last approved by the Board and the Council in November 2020. Article III, Section I. A and E of the Council's bylaws outline the following membership requirements:

- The Council shall have no less than nine and no more than 17 voting members.
- The majority (51%) of Council members must be patients served by the FQHC clinics.
- Patient Council members must represent the patient population in terms of demographic factors (e.g., race, ethnicity, gender).
- Non-patient Council members must be representative of the community served by the FQHC clinics and must be selected for their expertise in relevant subject matters such as community affairs, local government, finance, legal, trade unions, education, business, labor relations, and social service agencies within the community.
- No more than one-half of non-patient board members may earn more than 10% of their annual income from the health care industry (compliance demonstrated on Form 6A: Board Member Characteristics).
- Employees and immediate family members of the District or any other hospital or health care institution may not be Council members.

Article VI, Section A of the Council's Bylaws outline the following authorities and responsibilities of the Council:

- Annually review the service area by zip codes reported on HRSA Form 5B: Service Sites.
- Complete or update a community needs assessment of the current patient population at least once every three years to improve the delivery of health care services.
- Review and approve additional health services, if any, to offer in order to meet the health needs of the patient population served by the FQHC clinics, subject to Board approval.
- Annually review a list of FQHC clinics, including addresses, hours of operation by clinic, and information on general services offered at each clinic reported on HRSA Form 5B: Service Sites.
- Approve location of any new FQHC clinic or closure of existing FQHC clinic as long as it is consistent with the District's facility, strategic, business, financial, and capital plans.
- Ensure written operating procedures exist for responding to patient medical emergencies during each FQHC clinics regularly scheduled hours of operation.
- Ensure written operating procedures exist for responding to patient medical emergencies after regularly scheduled hours of operation.
- Ensure written operating procedures are in place to obtain medical information related to a FQHC clinic patient's hospital or emergency department visit.
- Review, evaluate, and approve a SFDP for the FQHC clinics at least every three years. Evaluation should include the effectiveness of the SFDP in reducing financial barriers to care, and the rate which patients within each discount category are accessing services.
- Annually review and approve a SFD schedule for the FQHC clinics based on the most recent Federal Poverty Guidelines.
- Review and approve at least every two years a Quality Improvement/Quality Assurance (QI/QA) program for the FQHC clinics that addresses the quality and utilization of services, patient satisfaction, patient grievance process and patient safety including adverse events.



- Ensure that QI/QA data, including patient satisfaction, patient grievance and patient safety, is shared with the Council at least quarterly.
- Ensure written quality of care audit procedures are in place and audit is shared with the Council annually.
- Select/hire the Project Director/CEO of the FQHC clinics after receiving prior approval from HRSA and as set forth in Paragraph 6 of the Co-Applicant Operational Arrangement (Arrangement) between the District and Council.
- Annually evaluate the Project Director/CEO's performance as set forth in Paragraph 6 of the Arrangement between the District and Council.
- Dismiss/terminate the Project Director/CEO from the Health Center Program if necessary, as set forth in Paragraph 6 of the Arrangement between the District and Council and notify HRSA.
- Approve changes to Project Director/CEO's job description.
- Approve changes to organization chart including titles and names of key management staff.
- Comply with the District's written Code of Conduct and Ethics; and Conflicts of Interest and Gift policy.
- Submit written disclosure to the District's Assistant Clerk if a real or apparent conflict of interest was identified by a Council member.
- Make reasonable efforts to establish and maintain collaborative relationships, including with other specialty providers that provide care within Maricopa County, to provide access to services not available at the FQHC clinics and to reduce the non-urgent use of hospital emergency departments; and with social service organizations to support community services that impact patients of the FQHC clinics.
- Track the financial performance of the FQHC clinics, including identification of trends or conditions that may warrant action to maintain financial stability.
- Review and accept the annual fiscal year audit of the District, which includes certain financial information about the FQHC clinics.
- Maintain control over, and accountability for, all funds, in order to adequately safeguard and ensure that they are used solely for authorized purposes.
- Ensure written policies and procedures are in place to ensure the appropriate use of federal funds in compliance with applicable federal statutes, regulations, and the terms and conditions of the federal award.
- Ensure written billing and collections policies and procedures are in place and include provisions to waive or reduce fees owed by patients; a policy for refusal to pay; and procedures for notifying patients of additional costs for supplies and equipment related to the services.
- Develop and approve an annual operating and capital budget for the FQHC clinics to be incorporated into the District's annual budget for Board approval. The budget should be reflective of the costs and revenues necessary to support the FQHC clinics scope of project.
- Submit timely, accurate, and complete Uniform Data System reports.
- Annually review data-based reports on: patient service utilization; trends and patterns in the patient population; and overall health center performance including achievement of FQHC clinics objectives; and efficiency and effectiveness of the FQHC clinics, for oversight by the Council.
- Approve application for HRSA grant funding, subject to Board approval.

- Approve changes in scope of project for the FQHC clinics subject to Board approval.
- Annually evaluate the operations of the FQHC clinics including compliance with applicable federal requirements, performance expectations such as financial and patient volumes, patterns of health service utilization.
- Ensure the existence of a co-applicant arrangement that delegates the required authorities and responsibilities to the Council and delineates the authorities and responsibilities of the Board.
- Hold monthly meetings where a quorum is present.
- Conduct and approve a long-range, strategic plan at least once every three years that identifies FQHC clinic priorities and addresses financial management and capital expenditure needs, that is consistent with the District's facility, strategic, business, financial and capital plans.

#### **GOVERNING COUNCIL MAINTAINS AUTHORITY AND OVERSIGHT**

The Council maintains appropriate authority over the proposed project by adhering to its bylaws and carrying out its enumerated duties. Regularly held monthly meetings afford Council members the opportunity to meet with staff regarding FQHC clinical, operational, and financial matters, and to review dashboards about current clinical and financial performance. The Council also provides oversight through its various sub-committees (set forth in the bylaws (see Attachment 2) and through the leadership infrastructure of the FQHC management team. Please see Attachment 3: Project Organizational Chart, which outlines the lines of authority for the proposed project.

#### **Required Authorities and Functions – No Veto Power**

While the Council is permitted to establish committees, and appoint members to such committees, like most other health centers, the Council's bylaws do not grant to any individual or committee any specific veto power over the Council. In accordance with the Council's bylaws, the members may delegate any or all the powers of the Directors, except those which are prohibited from delegation by law, by the Articles of Organization, or by the bylaws. Unless specified within the bylaws, the Council will specifically confer powers onto the committees which are further limited to carrying out only activities necessary to accomplish the scope of the duties of the committee. The District Board's bylaws do not reserve any veto power to the Co-Applicant.

#### **Collaborations and Agreements with Other Entities Do Not Restrict or Infringe on the Council**

The Council ensures that collaborations or agreements with other entities do not restrict or infringe upon their required authorities and functions. The Council is granted specific power and authority to perform all the functions and responsibilities of a governing body under Section 330 of the Public Health Services Act, including establishing and maintaining collaborative relationships with other health care providers in the service area. The Council is charged with ensuring that these relationships and agreements do not restrict their authority in any way.

#### **Co-Applicant Operational Agreement**

The District serves as the public agency and the arrangement (see Attachment 6) delegates the required authorities and functions to the Council to carry out the proposed project.

## **SUPPORT REQUESTED**

A complete, consistent, and detailed budget presentation for this SAC application is presented through the following documents: (1) SF-424A; (2) Budget Narrative; (3) Form 2: Staffing Profile; and (4) Form 3: Income Analysis. These documents reflect the costs and revenues necessary to support the proposed project.

## **OVERALL BUDGET ALIGNMENT**

VH has provided a complete, consistent and detailed budget presentation through the following aligned documents, the SF-424A, the Budget Narrative, Form 2: Staffing Profile, and Form 3: Income Analysis. The budget forms with the electronic handbook outline all Federal and Non-Federal dollars attributed to the SAC program. These documents reflect the projected costs and revenues necessary to support the proposed project. The budget request is aligned and consistent with the Health Center's proposed service delivery plan by including the appropriate number of administrative and clinical staff. The Federal budget request is for \$1,022,301 and projects to serve 88,449 unduplicated patients annually during the three- year project period.

## **MITIGATING ADVERSE IMPACTS**

The Finance Department at VH meets monthly to review current financial metrics and address any challenges for the upcoming week or discuss any ongoing issues. At these meetings, staff discuss changes in reimbursement, changes in Medicaid and Medicare policies that may impact the FQHC clinics and develop solutions to address any adverse impacts from these changes. These meetings provide staff with an opportunity to discuss other outstanding issues. VH leadership meets weekly to discuss the current state of operations, recruitment, and retention challenges, as well as clinical and financial challenges. These meetings provide the CEO with an opportunity to assign certain issues to staff, so solutions may be developed and implemented.

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<sup>1</sup> <https://oeo.az.gov/sites/default/files/data/idj/economic-profile-maricopacounty.pdf>

<sup>2</sup> <https://eller.arizona.edu/news/arizonas-economy-solid-foundation>

<sup>3</sup> [https://oeo.az.gov/sites/default/files/data/emp/st\\_projections\\_2022-2024.pdf](https://oeo.az.gov/sites/default/files/data/emp/st_projections_2022-2024.pdf)

<sup>4</sup> <https://nces.ed.gov/fastfacts/display.asp?id=805>

<sup>5</sup> <https://www.azed.gov/accountability-research/data/>

<sup>6</sup> <https://www.americashealthrankings.org/explore/states/AZ>

<sup>7</sup> <https://assets.americashealthrankings.org/app/uploads/unitedstates-all-hwc2023.pdf>

<sup>8</sup> [https://assets.americashealthrankings.org/app/uploads/ahr\\_2024seniorreport-statesummaries\\_all.pdf](https://assets.americashealthrankings.org/app/uploads/ahr_2024seniorreport-statesummaries_all.pdf)

<sup>9</sup> <https://assets.americashealthrankings.org/app/uploads/2021-health-disparities-report-state-summaries.pdf>

<sup>10</sup> <https://www.americashealthrankings.org/explore/states/AZ>

<sup>11</sup> Ibid.

<sup>12</sup> [https://www.azahcccs.gov/Resources/Downloads/PopulationStatistics/2024/PopulationHighlights\\_09012024.pdf](https://www.azahcccs.gov/Resources/Downloads/PopulationStatistics/2024/PopulationHighlights_09012024.pdf)

<sup>13</sup> <https://www.cdc.gov/nchs/covid19/pulse/health-insurance-coverage.htm>

<sup>14</sup> <https://www.census.gov/quickfacts/fact/table/arizona/PST045221>

<sup>15</sup> <https://www.census.gov/quickfacts/maricopacountyarizona>

<sup>16</sup> <https://www.valuepenguin.com/states-highest-healthcare-workforce-shortages#arizona>

<sup>17</sup> <https://www.countyhealthrankings.org/app/arizona/2021/measure/factors/4/data>

<sup>18</sup> <https://medcitynews.com/2014/02/many-patients-primary-care-physician-care/#:~:text=PCPs%2C%20they%20said%2C%20should%20have,if%20most%20were%20basically%20healthy.>

<sup>19</sup> HRSA Health Professional Shortage Areas Search. <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

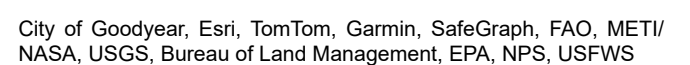
<sup>20</sup> [https://data.census.gov/profile/Maricopa\\_County,\\_Arizona?g=050XX00US04013](https://data.census.gov/profile/Maricopa_County,_Arizona?g=050XX00US04013)

<sup>21</sup> [https://www.nachc.org/wp-content/uploads/2023/06/Economic-Impact-of-Community-Health-Centers-US\\_2023\\_final.pdf](https://www.nachc.org/wp-content/uploads/2023/06/Economic-Impact-of-Community-Health-Centers-US_2023_final.pdf)

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- <sup>22</sup> <https://www.maricopa.gov/DocumentCenter/View/68104/Final-CHA-30-Report>
- <sup>23</sup> Maricopa County Department of Public Health, Office of Epidemiology. Maricopa County Health Status Special Report 2020, Behavioral Risk Factor Surveillance System. Phoenix (AZ)
- <sup>24</sup> New Data Dashboard Helps to Identify Opioid Trends in Arizona – AZ Dept. of Health Services News (azdhs.gov)
- <sup>25</sup> <https://www.census.gov/quickfacts/fact/table/AZ,maricopacountyarizona,US/HEA775220>
- <sup>26</sup> <https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Hispanic-Latinx>
- <sup>27</sup> <https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=69>
- <sup>28</sup> <https://www.city-data.com/zip/85008.html>
- <sup>29</sup> <https://nhqrnet.ahrq.gov/inhqrdr/National/benchmark/>
- <sup>30</sup> <https://www.azahcccs.gov/AHCCCS/Initiatives/AHCCCSWPCI/>
- <sup>31</sup> Arizona Department of Health Services (AZDHS). Opioid Prevention. <https://www.azdhs.gov/opioid/index.php>



- 1:763,796



## Data Table

ZCTA	Pop: Total (#) 2017-2021	Pop: Low-Income (#) 2017-2021	HCP: Penetration of Total Population (%)	HCP: Penetration of Low-Income (%)	HCP: Total Patients (#) 2022	HCP: Health Center Count 2022	HCP: Uninsured Not Served by Health Centers (#) 2022	HCP: Dominant Health Center 2022
85225	73,301	21,815	6.9	23.2	5,061	11	6,948	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
85204	67,614	27,044	7.18	17.94	4,852	11	10,488	ADELANTE HEALTHCARE, INC.
85323	44,512	16,471	16.52	44.64	7,352	9	5,289	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
85041	62,369	26,635	26.74	62.62	16,679	11	7,221	MOUNTAIN PARK HEALTH CENTER
85042	45,315	15,459	21.08	61.79	9,552	10	5,364	MOUNTAIN PARK HEALTH CENTER
85295	51,813	4,648	1.21	13.49	627	9	3,343	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
85043	38,938	17,594	16.32	36.12	6,355	8	6,811	MOUNTAIN PARK HEALTH CENTER
85008	59,734	26,938	24.71	54.79	14,759	10	11,307	MOUNTAIN PARK HEALTH CENTER
85224	49,065	10,916	2.73	12.28	1,341	10	4,160	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
85138	46,647	10,626	8.62	37.86	4,023	10	3,281	SUN LIFE FAMILY HEALTH CENTER
85392	38,772	10,009	7.23	27.99	2,802	8	3,475	ADELANTE HEALTHCARE, INC.
85249	43,863	4,254	1.09	11.21	477	8	1,500	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
85233	37,651	6,024	2.08	13.03	785	9	2,146	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

## Data Table

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85301	67,736	43,111	15.22	23.91	10,307	9	11,248	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
85007	14,169	7,387	41.08	78.8	5,821	9	1,439	CIRCLE THE CITY
85035	54,524	28,059	20.65	40.13	11,261	9	10,006	MOUNTAIN PARK HEALTH CENTER
85340	35,643	6,085	5.08	29.78	1,812	8	1,621	ADELANTE HEALTHCARE, INC.
85353	42,058	14,185	12.27	36.38	5,160	8	5,333	MOUNTAIN PARK HEALTH CENTER
85338	57,464	14,604	8.43	33.18	4,845	8	5,932	ADELANTE HEALTHCARE, INC.
85326	71,621	19,716	12.76	46.35	9,139	8	6,193	ADELANTE HEALTHCARE, INC.
85210	40,292	17,481	10.85	25	4,371	11	6,656	ADELANTE HEALTHCARE, INC.
85248	36,274	5,362	1.1	7.42	398	7	1,052	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
85037	52,061	21,855	11.9	28.34	6,193	9	8,619	MOUNTAIN PARK HEALTH CENTER
85283	46,375	13,470	8.11	27.94	3,763	10	4,558	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
85339	50,260	13,636	11.93	43.96	5,994	9	4,357	MOUNTAIN PARK HEALTH CENTER
85040	33,802	17,403	28.95	56.23	9,786	9	6,250	MOUNTAIN PARK HEALTH CENTER
85009	51,713	29,753	24.19	42.05	12,510	13	9,247	MOUNTAIN PARK HEALTH CENTER
85031	33,410	17,028	20.62	40.46	6,889	9	7,628	MOUNTAIN PARK HEALTH CENTER

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85033	60,114	30,555	20.43	40.19	12,279	9	11,012	MOUNTAIN PARK HEALTH CENTER
85021	39,611	15,533	14.31	36.48	5,667	9	4,678	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
85286	46,755	5,652	2.64	21.87	1,236	9	3,141	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
85226	41,988	7,005	2.11	12.68	888	9	2,136	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
85032	69,352	22,125	7.3	22.88	5,063	8	7,289	NEIGHBORHOOD OUTREACH ACCESS TO HEALTH
85044	40,815	8,219	2.55	12.67	1,041	8	2,851	MOUNTAIN PARK HEALTH CENTER
85051	43,623	19,343	16.42	37.03	7,163	9	5,467	ADELANTE HEALTHCARE, INC.
85029	47,886	18,715	11.71	29.95	5,606	9	5,199	NEIGHBORHOOD OUTREACH ACCESS TO HEALTH
85201	53,402	23,689	13.82	31.16	7,381	11	6,781	ADELANTE HEALTHCARE, INC.
85208	36,837	11,739	4.15	13.01	1,527	9	3,711	ADELANTE HEALTHCARE, INC.
85202	38,663	13,427	8.77	25.26	3,392	11	4,877	ADELANTE HEALTHCARE, INC.
85206	35,163	10,161	2.95	10.21	1,037	10	3,190	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
85020	33,582	8,798	11.33	43.26	3,806	9	2,511	NEIGHBORHOOD OUTREACH ACCESS TO HEALTH
85213	37,247	8,432	2.83	12.49	1,053	8	2,708	ADELANTE HEALTHCARE, INC.
85014	26,120	8,479	8.01	24.67	2,092	9	2,508	NEIGHBORHOOD OUTREACH ACCESS TO HEALTH



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85303	34,617	14,243	11.38	27.66	3,939	8	4,561	MOUNTAIN PARK HEALTH CENTER
85003	8,105	3,362	21.16	51.01	1,715	9	737	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
85335	35,410	12,988	16.13	43.99	5,713	8	3,658	ADELANTE HEALTHCARE, INC.
85302	40,946	15,989	9.86	25.24	4,036	9	4,751	ADELANTE HEALTHCARE, INC.
85205	44,195	11,672	2.91	11.02	1,286	10	3,478	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
85004	9,071	2,676	11.61	39.35	1,053	9	961	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
85006	24,777	13,189	15.3	28.74	3,791	9	5,057	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
85203	38,719	12,925	6.83	20.47	2,646	10	5,353	ADELANTE HEALTHCARE, INC.
85015	41,848	22,863	13.29	24.32	5,561	9	5,453	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
85016	36,320	9,360	9.43	36.6	3,426	9	3,524	NEIGHBORHOOD OUTREACH ACCESS TO HEALTH
85282	52,066	16,710	8.7	27.12	4,532	11	4,527	MOUNTAIN PARK HEALTH CENTER
85345	59,631	21,708	9.03	24.79	5,382	8	5,948	ADELANTE HEALTHCARE, INC.
85281	66,878	27,734	8.21	19.81	5,494	11	7,861	MOUNTAIN PARK HEALTH CENTER
85207	49,699	11,679	2.91	12.36	1,444	9	4,446	ADELANTE HEALTHCARE, INC.

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85017	41,195	24,342	15.75	26.65	6,487	9	9,101	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
85019	29,084	15,637	16.3	30.31	4,740	9	4,890	MOUNTAIN PARK HEALTH CENTER
Summary	2,610,715	916,517	11.24	32.01	293,390	544	303,837	

**AMENDED AND RESTATED**  
**Maricopa County Special Health Care District's**  
**Valleywise Community Health Centers Governing Council**  
**Bylaws**

**ARTICLE I: NAME**

The name of the governing authority shall be the Valleywise Community Health Centers Governing Council (Governing Council). The Governing Council is organized to provide governance and oversight of Federally Qualified Health Centers (FQHCs) owned and operated by the Maricopa County Special Health Care District (District) dba Valleywise Health, which provide primary and preventive health care and related services (including, but not limited to, ancillary services). The District was awarded designation by Health Resources and Services Administration (HRSA) to operate the FQHCs.

**ARTICLE II: PURPOSE AND OBJECTIVES**

The purpose of the Governing Council is to serve as the Co-Applicant, consistent with the requirements of applicable HRSA policies and pronouncements in order to meet the Section 330 of the Public Health Service Act governance requirements.

**ARTICLE III: GOVERNING COUNCIL MEMBERSHIP**

**Section I: Members**

- A. There shall be no less than nine and no more than 17 voting members on the Governing Council.
1. The majority (at least 51%) of the Governing Council members must be patients served by Valleywise Health's FQHCs. A patient is someone who has received at least one HRSA approved in-scope service within the last 24 months. Patient Governing Council members represent the patients served by the FQHCs in terms of demographic factors, such as race, ethnicity, and gender.
  2. Non-patient Governing Council members must be representative of the community served by the FQHCs and must be selected for their expertise in relevant subject areas, such as community affairs, local government, finance, legal, trade unions, and social service agencies within the community.
  3. No more than one-half of the non-patient Governing Council members may derive more than 10% of their annual income from the health care industry. Health care industry is defined as hospitals, other health care institutions, nurses, doctors, dentist, and other licensed healthcare professionals whose primary responsibility is providing primary preventative and therapeutic healthcare services.

4. All Governing Council members must reside in the service area (Maricopa County).
- B. Governing Council member applicants will be subject to a background check; a formal vetting process including but not limited to a screening for real or apparent conflicts of interest; and a review for exclusion from participating in any Federal or State health care program; interview and formal recommendation from at least two Governing Council members and the FQHCs CEO.
- C. The Governing Council may appoint a member of the District Board of Directors (Board) to serve on the Governing Council as a non-voting member to serve a one-year term effective July 1. The Board member's status on the Governing Council will terminate should the Board member's status on the Board cease.
- D. The Governing Council will act as the governing authority for all member appointments.
- E. Employees and immediate family members (spouse, child, parent, or sibling, by blood, adoption, or marriage) of the Maricopa County Special Health Care District dba Valleywise Health, or any other hospital or health care institution, as defined in A.R.S. § 36-401, that provides similar services to Valleywise Health, may not be members of the Governing Council. Any potential conflict of interest will be reviewed by the District's Chief Compliance Officer who will determine whether an actual conflict exists.

## Section II: Voting Members Responsibilities

- A. Be informed about the FQHCs strategic plan, programs, and services.
- B. Attend a minimum of three-fourths of the Governing Council meetings with in a 12-month period, calculated on a rolling basis.
- C. Actively participate in at least one standing committee.
- D. Prepare for Governing Council meetings by reading materials in advance.
- E. Review data and information provided to the Governing Council to make informed decisions.
- F. Adhere to Governing Council Bylaws and policies, and District policies.
- G. Maintain confidentiality of matters of the FQHCs and District.
- H. Participate in the HRSA Operational Site Visit.
- I. Participate in the selection of the FQHCs Chief Executive Officer (CEO) when applicable.
- J. Participate in the evaluation of the FQHCs CEO.

- K. Assist in Governing Council member recruitment.
- L. Participate in Governing Council new member orientation and ongoing education.
- M. Support decisions of the Governing Council once they are made.
- N. Disclose any real or apparent conflict of interest in writing to the Clerk.

Section III: Terms

- A. Governing Council members shall take an oath or affirmation set forth in A.R.S. § 38-231 after appointment to the Governing Council and prior to serving. All oaths shall be filed with the Clerk.
- B. Terms are up to three years in length, which commences after taking an oath and ends June 30 of the third year. Due to timing, it is possible that the first term may not be a full three years.
- C. Voting members are eligible to serve for a maximum of three terms.
- D. Resignations from the Governing Council shall be in writing and filed with the Clerk.

Section IV: Vacancies

- A. A vacancy, however created, shall be filled according to the process set forth in Article III, Section I.

Section V: Removal

- A. When a Governing Council member fails to meet responsibilities as specified in Article III, Section II, the member may be removed.
- B. Any Governing Council member may be removed at any time by a two-thirds vote of the voting members of the Governing Council for cause, including but not limited to:
  - 1. Violations of the District's Code of Conduct and Ethics.
  - 2. Violations of the District's Conflicts of Interest and Gift Policy.
  - 3. Actions that are unbecoming of the Governing Council.
  - 4. For any basis that is provided for or permitted under Arizona law, including A.R.S. § 38-291.

Section VI. Compensation

- A. Governing Council members shall serve without compensation, however, are allowed reimbursement of expenses from approved travel, and reimbursement of mileage to and from Valleywise Community Health Centers Governing Council meetings.

ARTICLE IV: MEETINGS

Section I: Regular Meetings

The Governing Council shall hold monthly meetings where a quorum is present.

Section II: Additional Meetings

Additional Governing Council meetings may be held in a manner that is consistent with the Arizona Open Meetings Law, A.R.S. § 38-431 et. seq.

Section III: Emergency Meetings

Emergency meetings of the Governing Council may be held in a manner that is consistent with the Arizona Open Meeting Law, A.R.S. § 38-431 et. seq.

Section IV: Place of Meetings

All in-person Governing Council meetings shall be at the Valleywise Health Medical Center campus, unless otherwise specified with proper notice to Governing Council members, staff, and the public.

Section V. Remote Meetings

The Governing Council may hold a remote meeting through technological means after providing proper notice and an agenda in accordance with the Arizona Open Meeting Law A.R.S. § 38-431 et. seq.

Section VI. Conduct of Meeting

Governing Council meetings shall be conducted using Parliamentary Procedures, also known as rules of order. Rules are intended to maintain decorum and for the timely and orderly progression of the meeting.

Section VII: Open and Public

All meetings will be held in a manner that is consistent with the Arizona Open Meeting Law, A.R.S. § 38-431 et. seq.

### Section VIII: Quorum and Voting Requirements

- A. A quorum shall consist of a majority of the voting Governing Council members.
- B. A quorum is necessary to conduct Governing Council business. Governing Council members shall attend meetings in-person, or when circumstances dictate, by technological means. If a Governing Council member needs to participate remotely, as much notice as possible, but no less than 24 hours, shall be given to the Clerk so that arrangements can be made.
- C. A majority vote of the Governing Council is required to take any action.
- D. Each voting Governing Council member present at a meeting shall be entitled to one vote. Voting must comply with the Arizona Open Meetings Law, A.R.S. § 38-431 et. seq.
- E. There shall be no vote by proxy.
- F. If after 10 minutes from the scheduled start of any meeting, a quorum is not present, the meeting cannot be called to order and will be rescheduled until such date and time as a quorum may be reached.
- G. The FQHCs CEO shall attend all meetings of the Governing Council but shall not be entitled to vote.

### Section IX: Notice, Agenda and Supportive Materials

- A. A written notice of each regular meeting of the Governing Council, specifying the date, time and location, and a written agenda, shall be emailed to the Governing Council members no less than five calendar days before the meeting.
- B. Supportive materials, if any, shall be emailed to the Governing Council members with the meeting notice and agenda.
- C. The following shall have the right to place an item on the agenda of any regular Governing Council meeting: Governing Council Chair, FQHCs CEO, or any voting Governing Council member. The Governing Council Chair shall have the right to reject an item placed on the agenda.
- D. If the Governing Council Chair rejects an item placed on the agenda, four voting Governing Council members acting together, shall have the right to override the Governing Council Chair's rejection and place the item on the agenda as requested despite the Governing Council Chair's rejection. The request by the four Governing Council members shall be made in writing to the Governing Council Chair, FQHCs CEO, and Clerk and relate solely to identifying the subject matter of the item to be placed on the agenda. The written request shall not include discussion, consideration, or deliberation of the matter.

Section X: Minutes and Documents

The Clerk shall keep the Governing Council meeting minutes. Official minutes and supporting documents, shall be maintained by the Clerk.

ARTICLE V: LIMITATIONS OF GOVERNING COUNCIL AUTHORITY

The Governing Council's governance authorities and responsibilities shall comply with the requirements of Section 330, its implementing regulations, and HRSA's policies and Compliance Manual. The Governing Council shall specifically exercise the authorities and responsibilities contained within the Co-Applicant Operational Arrangement (Arrangement) between the District and the Governing Council.

ARTICLE VI: GOVERNING COUNCIL AUTHORITIES AND RESPONSIBILITIES

- A. Subject to the limitations imposed in Article V, the duties of the Governing Council shall be as follows:
1. Annually review the service area by zip codes reported on Form 5B: Service Sites.
  2. Complete or update a community needs assessment of the current patient population at least once every three years to identify and improve access and the delivery of health care services.
  3. Review and approve additional health services to offer, if any, in order to meet the health needs of the patient population served by the FQHCs, as long as it is consistent with the District's facility, strategic, business, financial, and capital plans.
  4. Annually review a list of FQHCs, including addresses, hours of operation by clinic, and information on general services offered at each clinic reported on Form 5B: Service Sites; Approve changes to hours of operation, or changes in services offered.
  5. Approve location of any new FQHCs or closure of existing FQHCs as long as it is consistent with the District's facility, strategic, business, financial, and capital plans.
  6. Ensure written operating procedures exist for responding to patient medical emergencies during each FQHCs' regularly scheduled hours of operation.
  7. Ensure written operating procedures exist for responding to patient medical emergencies after each FQHCs' regularly scheduled hours of operation.
  8. Ensure written operating procedures are in place to obtain medical information related to an FQHC patient's hospital or emergency department visit.



9. Review and approve a sliding fee discount program (SFDP) policy for the FQHCs at least every three years. Evaluate the effectiveness of the SFDP in reducing financial barriers to care, and the rate which patients within each discount category are accessing services.
10. Annually review and approve a sliding fee discount schedule for the FQHCs based on the most recent Federal Poverty Guidelines.
11. Review and approve at least every two years, a Quality Improvement/Quality Assurance (QI/QA) program for the FQHCs that addresses the quality and utilization of services, patient satisfaction, patient grievance process and patient safety including adverse events.
12. Ensure that QI/QA data, including quality metrics, patient satisfaction, and patient safety, is shared with the Governing Council at least quarterly, and a patient grievance summary is shared with the Governing Council at least annually.
13. Ensure written quality of care audit procedures are in place and the audit is shared with the Governing Council annually.
14. Select/hire the FQHCs CEO after receiving prior approval from HRSA.
15. Annually evaluate the FQHCs CEO's performance.
16. Dismiss/terminate the FQHCs CEO from the Health Center Program if necessary and notify HRSA.
17. Approve changes to FQHCs CEO job description.
18. Approve changes to organizational chart including titles and names of key management staff.
19. On an annual basis, each Governing Council member shall complete compliance training and sign the District's written Code of Conduct and Ethics certification form.
20. Comply with the District's written Code of Conduct and Ethics; and Valleywise Health's Conflicts of Interest and Gift policy.
21. A Governing Council member must submit a written disclosure to the Clerk if a real or apparent conflict of interest was identified.
22. Make reasonable efforts to establish and maintain collaborative relationships, including with other specialty providers that provide care within Maricopa County, to provide access to services not available at the FQHCs and to reduce the non-urgent use of hospital emergency departments; and with social service organizations to support community services that impact patients of the FQHCs.

23. Track the financial performance of the FQHCs, including identification of trends or conditions that may warrant action to maintain financial stability.
24. Review and accept the annual fiscal year audit of the District, which includes certain financial information about the FQHCs.
25. Maintain control over, and accountability for, all funds, in order to adequately safeguard and ensure that they are used solely for authorized purposes.
26. Ensure written policies and procedures are in place to ensure the appropriate use of federal funds in compliance with applicable federal statutes, regulations, and the terms and conditions of the federal award.
27. Ensure written billing and collections policies and procedures are in place and include provisions to waive or reduce fees owed by patients; a policy for refusal to pay; and procedures for notifying patients of additional costs for supplies and equipment related to the services.
28. Annually develop and approve an operating and capital budget for the FQHCs to be incorporated into the District's annual budget for Board approval. The budget should be reflective of the costs and revenues necessary to support the FQHCs scope of project.
29. Submit timely, accurate, and complete Uniform Data System (UDS) reports.
30. Annually review data-based reports on patient service utilization; trends and patterns in the patient population; and overall health center performance and efficiency and effectiveness of the FQHCs, for oversight by the Governing Council.
31. Approve application for HRSA grant funding, subject to Board approval.
32. Approve changes in scope of project for the FQHCs as reported on Form 5A: Services Provided, subject to Board approval.
33. Annually evaluate the operations of the FQHCs including compliance with applicable federal requirements, performance expectations such as financial and patient volumes, patterns of health service utilization.
34. Ensure the existence of a co-applicant arrangement that delegates the required authorities and responsibilities to the Governing Council and delineates the authorities and responsibilities of the Board.
35. Hold monthly meetings where a quorum is present.
36. Conduct and approve a long-range, strategic plan at least once every three years that identifies FQHCs priorities and addresses financial management and capital expenditure needs, which is consistent with the District's facility, strategic, business, financial and capital plans.

## ARTICLE VII: OFFICERS

### Section I: Officer Designation

There shall be a Chair, a Vice Chair, and a Treasurer, known as officers of the Governing Council. The Governing Council officers shall be elected by voting Governing Council members.

### Section II: Powers and Duties of Officers

#### A. Chair

1. The Chair shall lead the Governing Council members and ensure that the Governing Council fulfills its responsibilities.
2. The Chair shall convene, preside, and maintain order over Governing Council meetings.
3. The Chair shall plan and carry out the agenda for Governing Council meetings.

#### B. Vice Chair

1. The Vice Chair shall assist the Chair in his or her duties as needed.
2. In the absence of the Chair, or in the event of the Chair's resignation or the inability to perform duties, the Vice Chair shall perform the duties of Chair until an election can be held in accordance with Article VII, Section VII.

#### C. Treasurer

1. The Treasurer shall collaborate with Valleywise Health's Vice President of Financial Services or his/her designee on the FQHCs financial report and related information to be presented to the Governing Council.

### Section III: Elections

A. Voting Governing Council members interested in serving as a Governing Council officer shall contact the Clerk in writing of his or her interest in serving. Governing Council members may also contact the Clerk in writing, to nominate fellow voting Governing Council members for an officer position. All nominations shall be submitted no later than the first Monday in April of every year.

1. The FQHCs CEO will contact nominated candidates to determine their willingness to serve as an officer.
2. The current Chair and the FQHCs CEO may nominate additional voting Governing Council members, if necessary, to complete the ballot of nominees for each officer position.

- B. By the first Monday in May of every year, the Clerk will transmit to the Governing Council members in writing, the names of the persons running for each officer position.
- C. Election of officers will be held at the regularly scheduled June Governing Council meeting. Voting Governing Council members must attend the meeting in-person or remotely in order to vote.

#### Section IV: Term

The term of each office for the Chair, Vice Chair and Treasurer shall be one year, commencing on July 1 of each year. Voting Governing Council members can serve in any officer role for a maximum of three terms during his/her service on the Council.

#### Section V: Resignation

Resignations shall be in writing and filed with the Clerk.

#### Section VI: Removal

Any officer may be removed from his or her elected position by a majority vote of the Governing Council.

#### Section VII: Vacancies

- A. Upon the vacancy of an officer, however created, voting Governing Council members interested in filling the position shall contact the Clerk in writing of his or her interest in serving within five business days of the vacancy announcement.
- B. The Clerk will transmit to the Governing Council in writing, the names of the persons running for the vacant position.
- C. The election will be held at the next regularly scheduled Governing Council meeting. Voting Governing Council members must attend the meeting in-person or remotely in order to vote.
- D. The term will be effective immediately.

### ARTICLE VIII: SPECIAL OR ADVISORY COMMITTEES

#### Section I: Special or Advisory Committees

- A. The Governing Council has the authority to create a special or advisory committees, to assist with Governing Council functions.
- B. Any voting Governing Council member may suggest the creation of a special or advisory committee when it appears necessary.

- C. A special or advisory committee shall be established upon the majority vote of voting members of the Governing Council.
- D. Special or advisory committees shall limit their activities to the purposes for which they are commissioned and be limited in time to the task for which they are created.
- E. Special or advisory committees shall only have those powers as specifically outlined in a charter approved by the Governing Council.
- F. Special or advisory committees shall report to the Governing Council.
- G. The continuation of any special or advisory committee shall be reviewed annually.
- H. Special or advisory committees shall disband upon completion of its work.

## Section II: Membership

- A. Members of a special or advisory committee shall be appointed by the Governing Council. The chair of a special or advisory committee must be a voting member of the Governing Council.
- B. The Governing Council may appoint citizens of Maricopa County to serve as members on a special or advisory committee, who need not be members of the Governing Council, but whose expertise can benefit and add value to the committee. Such citizens shall serve without compensation.
- C. Citizen members of a special or advisory committee shall take an oath or affirmation set forth in A.R.S. § 38-231 after appointment to the committee and prior to serving. All oaths shall be filed with the Clerk.

## Section III: Term

Members of a special or advisory committee shall serve for his or her term of the committee or at the will of the Governing Council.

## Section IV: Vacancies

Vacancies on any special or advisory committee will be filled in the same manner as provided in the case of the original appointment.

## Section V. Attendance and Removal

Unless expressly provided otherwise by committee charter, failure to attend a minimum of 3/4 of special or advisory committee meetings within a 12-month period, calculated on a rolling basis, or two consecutive committee meetings, may result in removal of a committee member by a majority vote of the Governing Council.

## Section VI: Open and Public

All special or advisory committee meetings will be held in a manner that is consistent with the Arizona Open Meeting Law, A.R.S. § 38-431 et. seq.

## Section VII: Quorum and Voting Requirements

- A. A quorum shall consist of a majority of the voting special or advisory committee members.
- B. A quorum is necessary to conduct the business of a special or advisory committee. special or advisory committee members shall attend meetings in-person, or when circumstances dictate, by technological means. If a special or advisory committee member needs to participate remotely, as much notice as possible, but no less than 24 hours, shall be given to the Clerk so that arrangements can be made.
- C. A majority vote of the special or advisory committee members is required to take any action.
- D. Each voting special or advisory committee member present at a meeting shall be entitled to one vote. Voting must comply with the Arizona Open Meetings Law, A.R.S. § 38-431 et. seq.
- E. There shall be no vote by proxy.
- F. If after 10 minutes from the scheduled start of any special or advisory committee meeting a quorum is not present, the meeting cannot be called to order and will be rescheduled until such date and hour as a quorum may be reached.

## Section VIII: Minutes and Documents

- A. The Clerk shall keep the minutes of any special or advisory committee meetings. Official minutes and supporting documents, shall be maintained by the Clerk.
- B. Each special or advisory committee shall report its activities to the Governing Council at the next regularly scheduled Governing Council meeting including, at minimum, the agenda items discussed.

## ARTICLE IX: MISCELLANEOUS

### Section I: Adoption and Amendments

- A. Prior to adopting amendments to the bylaws, the Governing Council will provide the Board a copy of the proposed amendments with sufficient time to permit the Board to review. The Board shall approve the proposed amendments at the next regularly scheduled Board meeting and thereafter, notify the Governing Council of approval. The Board may only disapprove an amendment to the bylaws if the amendment is inconsistent with the requirements of Section 330, its implementing regulations, HRSA's policies and Compliance Manual, or the terms of the Arrangement between the District and Governing Council. The Board will provide the Governing Council with reason(s) for such disapproval within seven calendar days after non-approval.
- B. Proposed bylaw amendments shall be submitted to the Governing Council at least seven calendar days prior to the meeting at which the proposed amendments are scheduled to be voted upon.

### Section II: Preservation of Confidential Information

The Governing Council shall comply with all federal and state laws and regulations regarding the protection of confidential, privileged, or proprietary information and all such provisions shall apply to all special and advisory committees and their members, both during committee service and thereafter.

### Section III: Discrimination

No discrimination shall be exercised by the Governing Council or by any person against or in favor of any person because of race, ancestry, color, ethnicity, religion, physical or mental disability, sex, gender, gender identity expression, sexual orientation, national origin, marital status, political beliefs, age, military or veteran status, or ability to pay, in the admission, treatment, or participation in any of its health care programs, services and activities, any employment matters, or any person doing business with Governing Council, pursuant to federal, state or local laws.

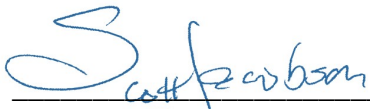
### Section IV: Patient's Rights

The Governing Council shall respect patient confidentiality, patient rights, and will comply with Valleywise Health policies.

### Section V: Office

The official office of the Governing Council and its members is at Valleywise Health Medical Center, 2601 East Roosevelt Street, Phoenix, Arizona, 85008.

Approved by the Governing Council on November 1, 2023



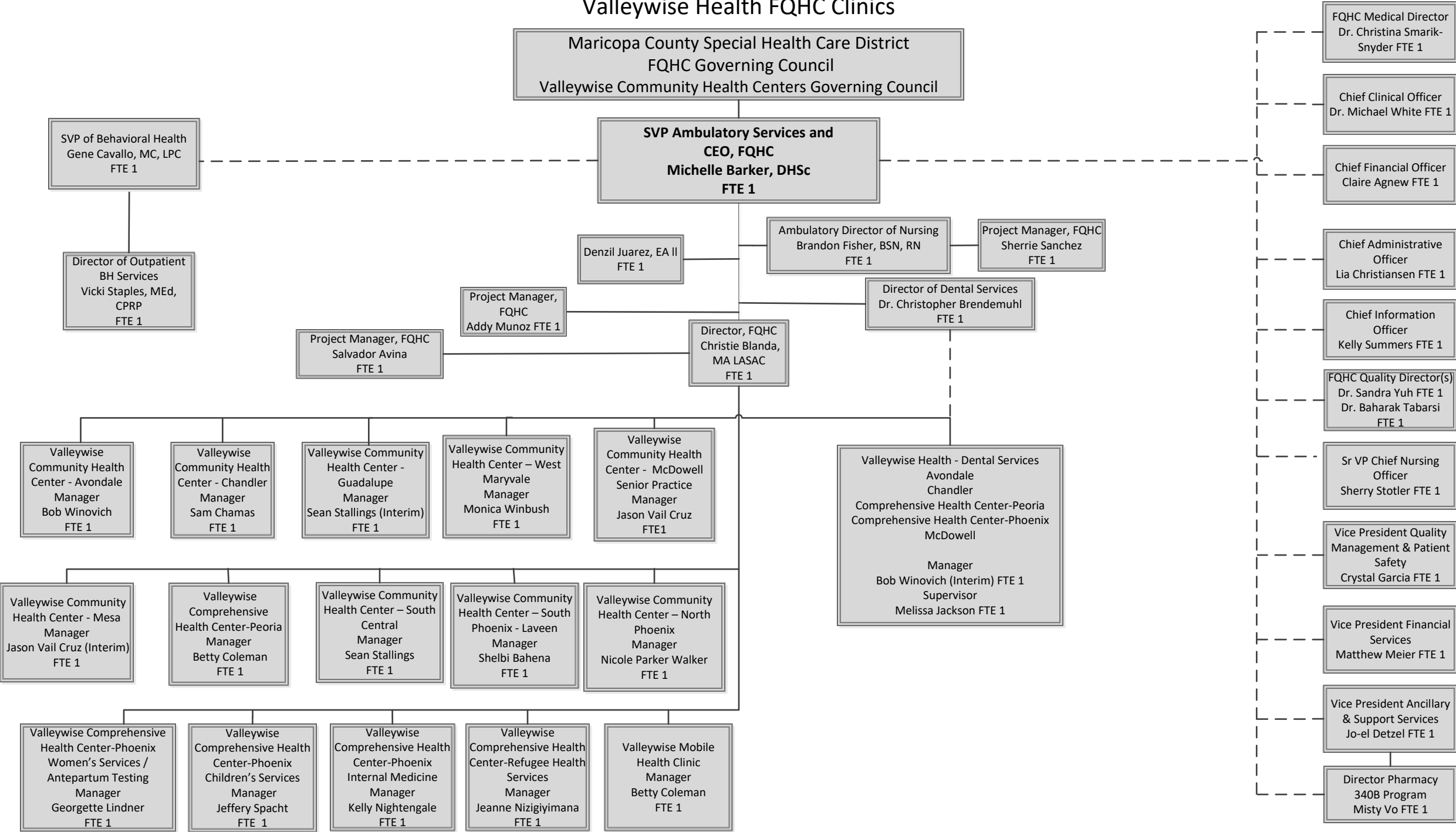
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Scott Jacobson  
Chair, Valleywise Community Health Centers Governing Council

11-1-2023



Maricopa County Special Health Care District  
Valleywise Health FQHC Clinics



## **Attachment 4: Position Description for Key Management Staff**

### **PD/CEO**

The Senior Vice President of Ambulatory Services and CEO of the Federally Qualified Health Center (FQHC) Clinics will serve as the PD. The PD/CEO is directly employed by the health center and reports directly to the health center's governing board.

**Role:** The Senior Vice President Ambulatory Services and CEO of FQHC Clinics is responsible for leadership including oversight, management and performance of specific primary care clinics operating in the Comprehensive Healthcare Centers - Phoenix and Peoria, Community Healthcare Centers and overall management of the Valleywise (VH) Community Health Centers Governing Council designated FQHC sites for sustainable operation and growth and ensuring compliance with Council directives and applicable District, grantor, federal and state requirements. This position serves as an institutional leader on system-level committees; and participates in, and leads as appropriate, organizational initiatives and special projects. This position is accountable for strategic planning, guidance, organizing, and directing Ambulatory Services departments and long-term programs while ensuring that quality patient care is provided.

**Responsibility:** This position works as an integral part of the VH System's Management team and FQHC Governing Council, providing input to key business direction, planning, policy formulation, FQHC budget and grant preparation, and decision making. This position analyzes budgetary data, verifies figures, and develops budget proposals; and recommends allocation of budgetary funds. The position is responsible for evaluating cost and effectiveness of programs and services, and assessing the viability of new opportunities to expand services; represents the Governing Council (GC) in the community and ensures compliance with GC directives; reviews, evaluates and enforces existing policies and procedures, or establishes new ones as necessary to provide for the proper admission, care, safety and discharge of patients.

**Qualifications:** Master's Degree in health services administration, business administration or related field. Requires a minimum of 10 years of progressively responsible leadership that includes at least five years of Ambulatory Care operations.

### **EVP CCO (CD)**

The Executive Vice President Chief Clinical Officer (Clinical Director) is a key member of the Executive team at VH.

**Role:** The EVP CCO provides strategic and operational leadership for a diverse group of departments, with the goal of delivering high quality, cost effective patient care. The EVP CCO works closely with Residency Program Directors, Clinical Department Chairs, and Medical Directors to ensure alignment with the Mission, Vision and Values of VH. This position plays a critical role in integrating care across the inpatient, outpatient and ambulatory continuum.

**Responsibility:** The position works as an integral part of VH Executive Team, providing input to key business direction, planning, policy formulation, and decision making. This position analyzes budgetary data, verifies figures, and develops budget proposals; recommends allocation

of budgetary funds. The position requires the development of trust and credibility with medical staff leadership and an excellent productive working relationship with physicians at all levels within VH. Works with the President of the medical staff to assure compliance of bylaws, rules and regulations with State, federal and regulatory mandates and standards. Identifies growth opportunities for new and existing clinical programs. Oversees the development, implementation and evaluation of new programs. Prepares VH for anticipated changes related to healthcare reform, including the transition to value-driven care delivery models and population health programs. Provides leadership for academic affairs and graduate medical education programs; facilitates ongoing, effective education of physicians, students, and other healthcare learners. Supervises the research and academic programs, while promoting research activities and publications in high impact journals, in alignment with the VH mission.

**Qualifications:** Requires a Doctorate degree (MD or DO). A Master's degree in healthcare administration, medical informatics, public health, or business administration is preferred. Must be knowledgeable of DNV, HIPAA, AAAHC and other healthcare governing bodies. Requires a minimum of 10 years of progressively responsible clinical practice experience including leadership roles in medical staff operations. Requires an active Arizona medical license.

## **CFO**

**Role:** The Executive Vice President (EVP), Chief Financial Officer (CFO) is part of the Executive Team, providing input to key business direction, planning, policy formulation and decision making. This position analyzes budgetary data, verifies figures, develops budget proposals and recommends allocation of budgetary funds.

**Responsibility:** The CFO is responsible for the financial operations of VH, overseeing the operations of finance, revenue cycle, reimbursement, managed care, contracts, and materials management. This position directs the preparation of hospital and FQHC statistical reports, and financial reports; and administers the general accounting, patient business services, including third party reimbursement, financial, and statistical reporting functions of the hospital in accordance with established policies and accounting procedures. Directs the preparation of the hospital budget; assists the CEO in the preparation of the hospital budget. Monitors performance to ensure fiscal responsibilities are fulfilled. Assists the President and CEO in the development of long-and-short range hospital financial operations plans. Monitors, interprets and analyzes hospital and FQHC financial performance in realizing established plans and objectives of the hospital. Identifies and reports undesirable trends and potential business opportunities and makes recommendations for action; and directs the preparation of internal financial reports and assures that the reports reliably reflect the financial position of the hospital and FQHC. Responsible for direction and submission on a timely basis all financial data associated reports required by government and other regulated agencies including payroll tax reports, public disclosure reports and third-party payor cost reports.

**Qualifications:** Requires a Master's Degree in Accounting, Finance or related field. Requires a minimum of ten years of progressively responsible financial related experience which must include demonstrated healthcare financial management leadership. Experience must include

demonstrated healthcare financial management leadership ability including management of staff, budgets and multiple functional areas.

### **CIO**

**Role:** The Senior Vice President and Chief Information Officer provides executive enterprise level strategic and tactical direction to Valleywise Health, including the hospital, FQHC and other major components of the health system in the areas of Information Technology and Health Technology Management (Bio-Medical/Clinical Engineering).

**Responsibility:** Includes IT infrastructure and systems architecture, clinical informatics, development and deployment of clinical and business systems and applications, management and support of all IT service management components (Switchboard, Telecommunications, end user device, IT Project Management), and the conceptualization, planning, evaluation and deployment of technology platforms. This position provides enterprise-wide technology vision and leadership for developing and implementing technology initiatives that foremost provides technology that supports patient safety, as well as ensuring all relative quality, compliance and regulatory requirements are met. The aim is to improve cost effectiveness, health care service quality, and business development in a constantly changing, competitive marketplace.

**Qualifications:** Requires a Bachelor's Degree in Computer Science, Computer Information Systems, Management Information Systems, Engineering, Business, or related field. Must have at least fifteen years of progressively responsible management experience in an enterprise wide, large scale (>3,000 users), 7x24x365 Information Technology environment with at least five of those years functioning at a senior leadership position (Vice President or above) in a high technology health care related industry.

### **COO**

**Role:** The Executive Vice President Chief Administrative Officer (CAO/COO) is responsible for leading the VH strategic direction, including day-to-day operations, and administrative functions for the hospital, FQHC and other major components of the health system, such as Human Resources, Ancillary and Support Services, Information Technology, Integrated Program Management, Process Improvement, Marketing and Communication and Business Development.

**Responsibility:** This position identifies and leads opportunities, strategies, and actions that advance the VH mission and vision, resulting in best-in-class support services, business growth and creating long-term sustainability. This position is responsible for leading day-to-day operations and administrative support functions to ensure optimal efficiencies; provides leadership to the business strategy development by assessing risks, noting opportunities for market expansion, setting overall goals and metrics, and proposing projects or systems to move the company forward; and works closely with the governing body, CFO, CCO and other senior staff to set budgetary priorities for the delivery system and assure that those priorities are adhered to.

**Qualifications:** Requires a Master's Degree in Healthcare Administration, Business Management, Marketing or related field. Requires a minimum of ten years of progressively

responsible experience in a large complex healthcare organization that demonstrates a deep understanding of the required knowledge, skills and abilities.

**OTHER KEY POSITION(S):**

**FQHC Medical Director**

Role: The FQHC Medical Director provides direction, leadership and day-to-day management of the VH FQHC clinics in coordination with administrative dyad leadership. This role works with all medical staff personnel, including the residency training program. This position supervises and coordinates the clinical operations in conjunction with the FQHC dyad leadership.

Responsibility: Key responsibilities and functions of the FQHC Medical Director include: leadership; participating as part of the dyad with the FQHC CEO in clinic operations and care practices; participating in strategy and growth initiatives; continually work to implement evidence-based care practices; leading clinical training practices; serving as a communications liaison with physician peers, VH leadership and between departments; and contribute to the establishment of performance metrics, championing efforts to improve clinical and satisfaction metrics.

Qualifications: This position must be duly qualified and licensed to practice medicine in Arizona, who is board certified or board eligible, and who is a member of the VH Medical Staff, is employed to provide covered services to the Contractor (VH), and has completed and returned all credentialing documentation to VH.

## Attachment 5: Biographical Sketches for Key Management Staff

**PD/PI:** Dr. Michelle Barker

**Position:** Senior Vice President Ambulatory Care & CEO FQHC Clinics

**Education/Training:**

A.T Still University, Global and Public Health	Doctor of Health Science
University of Phoenix, AZ	Master of Counseling
University of New York, Albany, NY	Bachelor of Science, Liberal Arts

**Experience:**

2022-present Sr VP Ambulatory Services & CEO FQHC Clinics, Valleywise Health  
2018-2022 Chair, Governing Council, Valleywise Health, Maricopa Health Centers  
2021-2022 Director of Client Success, RX Strategies  
2020 Senior Director, Equiscript  
2007-2019 Enterprise Partnership Director, Walgreens Health Systems  
1999-2007 Executive Director, Southwest Center for HIV/AIDS, Phoenix, AZ

**Professional Engagement:** United States Air Force Health Services, served as the Director of the Emergency Department, OB/GYN, and Internal Medicine Clinics at various Air Force Base Hospitals; Leadership Institute Graduate, Class 24 – Valley Leadership; Nationally Board Certified Counselor; Instruction Certification – United Way’s Outcome Measurement Training; Graduate, Institute of Cultural Affairs, Technology of Participation – Strategic Planning; over 400 hours of Leadership and Management Seminars and Courses; Subject Matter Expert in Quality Improvement Process/ Teams and Tools

**Publications:** Barriers to and Facilitators of Telehealth in a Large FQHC

**Language Fluency:** English

**Experience with Target Population:** Proven expertise in health equity, social determinants of health, public and global health, healthcare research, strategy, and quality improvement; experience managing 340B drug programs; outstanding career working with health systems to deliver high-quality care to underserved populations, including almost a decade of serving PLHA in Phoenix, AZ.

**CCO:** Michael White, M.D., MBA

**Position:** Executive Vice President and Chief Clinical Officer

**Education/Training:**

Creighton University	Master of Business Administration
Duke University	Interventional Cardiology Fellowship
Creighton University School of Medicine	Cardiovascular Medicine Fellowship; Internal Medicine Internship / Residency; Medical Doctorate; Bachelor of Science in Biology

**Experience:**

2019-present Executive Vice President/Chief Medical Officer, Valleywise Health, Phoenix, AZ  
2015-present Associate Dean for Technology and Educational Innovation, Creighton University, Omaha, NE and Phoenix, AZ  
2014-present Associate Professor of Medicine, Creighton University, Omaha, NE/Phoenix, AZ

2018-2019 Interim Executive Medical Director, CHI Health Heart Institute, Omaha, NE  
 2015-2019 Chief Academic Officer, CHI Health, Omaha, NE  
 2013-2015 Associate Dean for Medical Education, Creighton University, Omaha, NE  
 2012-2013 Associate Program Director; Department of Internal Medicine Residency Program, Creighton University, Omaha, NE  
 2010-2015 Core Faculty; Department of Internal Medicine Residency Program, Creighton University, Omaha, NE  
 2010-2015 Education Director, Department of Medicine, Creighton Cardiac Center  
 2010-2013 Associate Program Director, Cardiovascular Fellowship Program, Creighton University, Omaha, NE  
 2008-2014 Assistant Professor of Medicine, Creighton University, Omaha, NE

**Professional Engagement:** 2022 Phoenix Business Journal “Most Admired Leader”; 2022 Leader of the Year, Arizona Capitol Times; Board Member, Metro Omaha Medical Society, 2017-2019; Member, Accreditation Council for Graduate Medical Education, 2013-Present; Fellow, Society for Cardiovascular Interventions, 2013-Present; Member, Alliance for Academic Internal Medicine Association, 2012-Present; Member, American Heart Association, 2004-Present; Fellow, Governor, American College of Cardiology, 2014, 2011, 2015-2018, Present.

**Publications:** Several including: Genomic Sequencing Surveillance and Antigenic Site Mutations of Respiratory Syncytial Virus in Arizona, USA, Emerging Infectious Diseases, 06/2023; Baseline Sequencing Surveillance of Public Clinical Testing, Hospitals, and Community Wastewater Reveals Rapid Emergence of SARS-CoV-2 Omicron Variant of Concern in Arizona, mBio, 02/2023; and Collaboration on the Arizona Surge Line: How Covid-19 Became the Impetus for Public, Private, and Federal Hospitals to Function as One System, NEJM Catalyst, 01/2021

**Language Fluency:** English and Spanish

**Experience with Target Population:** Proven executive leadership experience in health systems that serve diverse, medically underserved populations; demonstrated success in enhancing patient experience and improving clinical outcomes for key populations.

**CFO:** Claire Agnew, MBA

**Position:** Executive Vice President and Chief Financial Officer

**Education/Training:**

University of California, Berkley	Master of Business Administration, Certificate in Health Management
Humboldt State University	Bachelor of Science, Business Administration, Accounting emphasis
Arizona State Board of Accountancy	Certified Public Accountant, Arizona

**Experience:**

2020-present Executive Vice President of Financial Services and Chief Financial Officer, Valleywise Health  
 2019-2020 Senior Vice President of Financial Services, Valleywise Health, Phoenix, AZ  
 2015-2019 Vice President of Financial & Practice Operations, Phoenix Children’s Medical Group

1998-2015 Chief Financial Officer / Director of Finance and Business Support, Banner Health

1995-1998 Auditor, Arthur Andersen, LLC

**Professional Engagement:** 2022 CFO of the Year, Financial Executives International; Board Member, WESTMARC, 2021-Present; Board Member, Health Assist Home, 2020-Present; Advisory Board Member, Women in Healthcare, 2019-2021; Member, Arizona Chapter, Healthcare Financial Management Association, 2000-Present.

**Presentations:** Five including: NP or PA as Billing Provider, Clinical Practice Compliance Conference, Health Care Compliance Association, 2017; Healthcare Finance & Evolving Delivery Systems, Family Medicine Joint Didactic Presentation, AT Still University, 2017.

**CIO:** Stephanie A. Hines, RN-BC, CHCIO

**Position:** Senior Vice President and Chief Information Officer

**Education/Training:**

East Carolina University	Master of Business Administration, Management of Information Systems
Carolinas College of Health Sciences	Associate Degree, Nursing
Queens College	Bachelor of Arts, Business Administration

**Experience:**

2024-present Executive Vice President and Chief Information Officer, Valleywise Health, Phoenix, AZ

2019-2024 Vice President, Peaks Region Lead, Digital and Technology Services, Intermountain Health/SCL Health, Denver, CO

2016-2019 Assistant Vice President, Population Health, and Quality – Information & Analytics Services, Atrium Health, Charlotte, NC

2013-2016 Director, Clinical Applications Management Teams, Atrium Health, Charlotte, NC

2010-2012 Manager, Clinical Transformation & Evidence-Based Care, Atrium Health, Charlotte, NC

2009-2010 Application Architect, Atrium Health, Charlotte, NC

**Professional Engagement:** Certified Healthcare Chief Information Officer (CIO), RN-BC Registered Nurse, ANCC Board Certified in Informatics

**CAO:** Lia Christensen

**Position:** Executive Vice President and Chief Administrative Officer

**Education/Training:**

University of St. Thomas	Master of Business Communication
Concordia College	Bachelor of Arts, Liberal Arts
Health Management Academy	COO Fellowship
FEMA Incident Command	IS 100, 200, 700

**Experience:**

2021-present Executive Vice President and Chief Administrative Officer, Valleywise Health, Phoenix, AZ



2018-2020 Chief Operating Officer, M Health Fairview  
1996-2018 Vice President Hospital Operations, Operations Executive and Administrative Director, HealthEast Care System

**Professional Engagement:** 2024 Most Influential Women by AZ Business Magazine; Board Member, Central Arizona Shelter Services; Board Member, Arizona Hospital Association's APP Board; Board Member, St. Paul Area Chamber of Commerce, 2012-2020; Mentor, Concordia College, 2014-Present; Board Member, Minnesota for Healthcare Ethics, Maplewood Surgery Center, Central Minnesota Diagnostic, Inc., 2019-2020.

**FQHC Medical Director:** Christina Smarik-Snyder, MD

**Education/Training:**

Banner Good Samaritan Medical Center	Family Medicine Residency
University of Arizona College of Medicine	Medical Doctorate
Arizona State University	Bachelor of Science in Psychology

**Experience:**

2021-present FQHC Medical Director, Valleywise Health  
2020-2021 Interim Chair and FQHC Medical Director, Department of Family and Community Medicine, Valleywise Health  
2019-present Medical Director/Provider, Jewish Family and Children Services, Michael R. Zent Healthcare Center  
2011-2020 Medical Provider, Maricopa Integrated Health System

**Professional Engagement:** Clinical Assistant Professor, Department of Family, Community, and Preventative Medicine, University of Arizona Medical Center-Phoenix, 2015-Present; Health Science Associated Faculty Assistant Professor, Creighton University School of Medicine, 2018-Present; Provider Wellness Committee, Medical Executive Committee and Governing Council Non-Voting Member for Compliance & Quality and Finance Committees, VH, 2020-Present; Credentialing Committee, District Medical Group, 2020-Present; Member, American Academy of Family Physicians, 2008-Present.

**Publications/Presentations:** STEP: Dabigatran (2011); Treatment of Periodontal Disease in Pregnancy: A Randomized Controlled Trial (2010); and Radiology, Chest X-rays (2009), Banner Good Samaritan Medical Center.

**Language Fluency:** English

**Experience with Target Population:** Expertise in treating patients of all ages and from underserved backgrounds; trained in prenatal care with clinical interests in women's health and chronic care management.

**AMENDED AND RESTATED CO-APPLICANT OPERATIONAL ARRANGEMENT**

**Between the**

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT**

**(Public Agency)**

**and the**

**VALLEYWISE COMMUNITY HEALTH CENTERS GOVERNING COUNCIL**

**(Co-Applicant)**

This Amended and Restated Co-Applicant Operational Arrangement (Arrangement) is entered into by and between the Maricopa County Special Health Care District Board of Directors (Board), and the Valleywise Community Health Centers Governing Council (Governing Council or Co-Applicant) (collectively the Parties).

**WHEREAS**, the Maricopa County Special Health Care District (District), a political subdivision of the state of Arizona, is statutorily empowered to operate pursuant to Title 48, Chapter 31, of the Arizona Revised Statutes and A.R.S. § 48-5501 et. seq. and acting through its Board, is authorized to accept and utilize federal and state funds and enter into agreements with other entities for the delivery and supervision of health care services at District operated health care facilities; and,

**WHEREAS**, the Co-Applicant, through its Governing Council, is organized to provide governance and oversight of Federally Qualified Health Centers (FQHCs) owned and operated by the District that provide primary and preventive health care and related services (including, but not limited to, ancillary services), regardless of an individual's or family's ability to pay; and,

**WHEREAS**, since 2019, the Parties have co-applied for, and have been awarded by the Health Resources and Services Administration (HRSA) within the United States Department of Health and Human Services (DHHS), designation to operate a public center pursuant to Section 330 of the Public Health Service Act, which includes the FQHCs (the Health Center Program); and,

**WHEREAS**, the Parties agree that the District, having received FQHC designation from HRSA, will serve as the Public Agency and, as applicable, the recipient of federal funding, which may include Section 330 grant funding; and that the Governing Council will serve as the Co-Applicant, consistent with the requirements of Section 330 and applicable HRSA policies and pronouncements; and that the District acting as the Public Agency and the Governing Council acting as the Co-Applicant, together constitute the Health Center Project under HRSA policy; and,

**WHEREAS**, the Parties understand that Section 330, which was enacted by Congress, permits a public entity to operate a public center and to retain general policy-making authority; and,

**WHEREAS**, HRSA policy has stated (i) that a public center may consist of a public entity and a co-applicant which, when combined, meet the Section 330 governance requirements; and (ii) that many public entities are required by law to retain final authority for certain types of activities; and,

**WHEREAS**, in order to accomplish their shared interests, the Board and Governing Council, acting collectively as the public center, wish to clarify and define their respective roles and responsibilities and their shared duties with regard to the governance and operation of the FQHCs in a manner consistent with the requirements of Section 330, its implementing regulations and HRSA's policies and Compliance Manual.

**NOW THEREFORE**, in consideration of the mutual covenants set forth in this Arrangement, the Parties agree as follows;

**1. Governing Council's Governance Authorities and Responsibilities**

The Governing Council's governance authorities and responsibilities shall comply with the requirements of Section 330, its implementing regulations, and HRSA's policies and Compliance Manual. The Governing Council shall specifically exercise the following authorities and responsibilities regarding the management and operation of the FQHCs:

- 1.1 Annually review the service area by zip codes reported on Form 5B: Service Sites;
- 1.2 Complete or update a community needs assessment of the current patient population at least once every three (3) years to identify and improve access and the delivery of health care services;
- 1.3 Review and approve additional health services to offer, if any, in order to meet the health needs of the patient population served by the FQHCs, as long as it is consistent with the District's facility, strategic, business, financial, and capital plans;
- 1.4 Annually review a list of FQHCs, including addresses, hours of operation by clinic, and information on general services offered at each clinic reported on Form 5B: Service Sites; Approve changes to hours of operation, or changes in services offered.
- 1.5 Approve location of any new FQHCs or closure of existing FQHCs as long as it is consistent with the District's facility, strategic, business, financial, and capital plans;
- 1.6 Ensure written operating procedures exist for responding to patient medical emergencies during each FQHCs' regularly scheduled hours of operation;

- 1.7 Ensure written operating procedures exist for responding to patient medical emergencies after each FQHCs' regularly scheduled hours of operation;
- 1.8 Ensure written operating procedures are in place to obtain medical information related to an FQHC patient's hospital or emergency department visit;
- 1.9 Review and approve a sliding fee discount program (SFDP) policy for the FQHCs at least every three (3) years. Evaluate the effectiveness of the SFDP in reducing financial barriers to care, and the rate which patients within each discount category are accessing services;
- 1.10 Annually review and approve a sliding fee discount schedule for the FQHCs based on the most recent Federal Poverty Guidelines;
- 1.11 Review and approve at least every two (2) years, a Quality Improvement/Quality Assurance (QI/QA) program for the FQHCs that addresses the quality and utilization of services, patient satisfaction, patient grievance process and patient safety including adverse events;
- 1.12 Ensure that QI/QA data, including quality metrics, patient satisfaction, and patient safety, is shared with the Governing Council at least quarterly, and a patient grievance summary is shared with the Governing Council at least annually;
- 1.13 Ensure written quality of care audit procedures are in place and the audit is shared with the Governing Council annually;
- 1.14 Select/hire the Chief Executive Officer (FQHCs CEO) after receiving prior approval from HRSA and as set forth in Paragraph 6 below;
- 1.15 Annually evaluate the FQHCs CEO's performance as set forth in Paragraph 6 below;
- 1.16 Dismiss/terminate the FQHCs CEO from the Health Center Program if necessary, as set forth in Paragraph 6 below and notify HRSA;
- 1.17 Approve changes to FQHCs CEO job description;
- 1.18 Approve changes to organizational chart including titles and names of key management staff;
- 1.19 On an annual basis, each Governing Council member shall complete compliance training and sign the District's written Code of Conduct and Ethics certification form.
- 1.20 Comply with the District's written Code of Conduct and Ethics; and Valleywise Health's Conflicts of Interest and Gift policy;

- 1.21 A Governing Council member must submit a written disclosure to the Clerk if a real or apparent conflict of interest was identified;
- 1.22 Make reasonable efforts to establish and maintain collaborative relationships, including with other specialty providers that provide care within Maricopa County, to provide access to services not available at the FQHCs and to reduce the non-urgent use of hospital emergency departments; and with social service organizations to support community services that impact patients of the FQHCs;
- 1.23 Track the financial performance of the FQHCs, including identification of trends or conditions that may warrant action to maintain financial stability;
- 1.24 Review and accept the annual fiscal year audit of the District, which includes certain financial information about the FQHCs;
- 1.25 Maintain control over, and accountability for, all funds, in order to adequately safeguard and ensure that they are used solely for authorized purposes;
- 1.26 Ensure written policies and procedures are in place to ensure the appropriate use of federal funds in compliance with applicable federal statutes, regulations, and the terms and conditions of the federal award;
- 1.27 Ensure written billing and collections policies and procedures are in place and include provisions to waive or reduce fees owed by patients; a policy for refusal to pay; and procedures for notifying patients of additional costs for supplies and equipment related to the services;
- 1.28 Annually develop and approve an operating and capital budget for the FQHCs to be incorporated into the District's annual budget for Board approval. The budget should be reflective of the costs and revenues necessary to support the FQHCs scope of project;
- 1.29 Submit timely, accurate, and complete Uniform Data System (UDS) reports;
- 1.30 Annually review data-based reports on: patient service utilization; trends and patterns in the patient population; and overall health center performance and efficiency and effectiveness of the FQHCs, for oversight by the Governing Council;
- 1.31 Approve application for HRSA grant funding, subject to Board approval;
- 1.32 Approve changes in scope of project for the FQHCs as reported on Form 5A: Services Provided, subject to Board approval;

- 1.33 Annually evaluate the operations of the FQHCs including compliance with applicable federal requirements, performance expectations such as financial and patient volumes, patterns of health service utilization;
- 1.34 Ensure the existence of a co-applicant arrangement that delegates the required authorities and responsibilities to the Governing Council and delineates the authorities and responsibilities of the Board;
- 1.35 Hold monthly meetings where a quorum is present; and
- 1.36 Conduct and approve a long-range, strategic plan at least once every three (3) years that identifies FQHCs priorities and addresses financial management and capital expenditure needs, that is consistent with the District's facility, strategic, business, financial and capital plans;

## **2. Composition of the Governing Council**

- 2.1 The composition of the Governing Council, as set forth in the Governing Council's bylaws, shall comply with the requirements of Section 330, its implementing regulations, HRSA's policies and Compliance Manual.
- 2.2 The Governing Council must consist of at least nine (9) and no more than 17 members.
- 2.3 The majority (at least 51%) of the Governing Council members must be patients served by the FQHCs. A patient is someone who has received in-scope services within the last 24 months. The patient Governing Council members must represent the patients served by the FQHCs in terms of demographics such as race, ethnicity, and gender.
- 2.4 Non-patient Governing Council members must be representative of the community served by the FQHCs and must be selected for their expertise in relevant subject areas such as community affairs, local government, finance, legal, trade unions, and social service agencies within the community.
- 2.5 Ensure that no more than one-half of the non-patient Governing Council members derive more than 10% of their annual income from the health care industry. Health care industry is defined as hospitals, other health care institutions, nurses, doctors, dentist, and other licensed healthcare professionals whose primary responsibility is providing primary preventative and therapeutic healthcare services.

- 2.6 Employees and immediate family members (spouse, child, parent, or sibling, by blood, adoption, or marriage) of the Maricopa County Special Health Care District dba Valleywise Health, or any other hospital or health care institution, as defined in A.R.S. § 36-401, that provides similar services to Valleywise Health, may not be members of the Governing Council. Any potential conflict of interest will be reviewed by the District's Chief Compliance Officer who will determine whether an actual conflict exists.
- 2.7 The Governing Council will make its best efforts to ensure that each of the five (5) Directorship District's is represented when recruiting and appointing new Governing Council members.
- 2.8 The Governing Council will submit an annual report to the Board reflecting the Governing Council's membership structure.

### **3. Governing Council's Bylaws**

- 3.1 The Governing Council agrees that any proposed amendments to the bylaws must be consistent with the requirements of Section 330, its implementing regulations, HRSA's policies and Compliance Manual, and the terms of this Arrangement.
- 3.2 The bylaws must outline the following required authorities and responsibilities of the Governing Council: hold monthly meetings; approval of the selection of the FQHCs CEO; approval of the dismissal/termination of the FQHCs CEO; approval of annual budget for the FQHCs; approval of location of any new FQHCs or closure of existing FQHCs as long as it is consistent with the District's facility, strategic, business and capital plans; approval of FQHCs hours of operation; annual evaluation of the performance of the FQHCs; and assurance that the FQHCs operate in compliance with applicable Federal, State and local laws and regulations.
- 3.3 Prior to adopting amendments to the bylaws, the Governing Council will provide the Board a copy of the proposed amendments with sufficient time to permit the Board to review and ensure that any revision is consistent with the requirements of Section 330, its implementing regulations, HRSA's policies and Compliance Manual, and the terms of this Arrangement. The Board shall approve the proposed amendments at the next regularly scheduled Board meeting and thereafter, notify the Governing Council of approval. The Board may only disapprove an amendment to the bylaws if the amendment is inconsistent with the requirements of Section 330, its implementing regulations, HRSA's policies and Compliance Manual, and the terms of this Arrangement. The Board will provide the Governing Council with reason(s) for such disapproval within seven (7) calendar days after non-approval.

- 3.4 The bylaws will include similar language as in the Board's bylaws that allow for four (4) or more Governing Council members to place an item on the Governing Council's meeting agenda.
- 3.5 The bylaws will include provisions for the filling of vacancies on the Governing Council that arise as a result of retirement, resignation, or the removal of a member of the Governing Council, where the removal is based upon good cause, including but not limited to, violations of the District's written Code of Conduct and Ethics, Conflicts of Interest and Gift policy or actions that are unbecoming of the member.

#### **4. Governing Council's Duty Regarding Potential Members of Governing Council**

- 4.1 The Governing Council will provide District staff with a completed Governing Council membership application with sufficient advance time to perform a background check and to permit the District's Chief Compliance Officer to review the application to ensure there is no conflict of interest in fact or in appearance. District staff will notify the FQHCs CEO if a Governing Council applicant may be prohibited from serving as a Governing Council member due to the presence of a negative background report. The District's Chief Compliance Officer will notify the FQHCs CEO about any identified real or apparent conflict of interest with regard to the potential member. Applicants that have completed this process will be placed on the next regularly scheduled Board meeting agenda. The obligations noted in Paragraph 5.32 are incorporated by reference in this Paragraph 4.1.

#### **5. Board's Authorities and Responsibilities**

The Board, acting through staff, shall exercise the following governance and operational authorities and responsibilities with respect to the FQHCs, which include but are not limited to:

- 5.1 Consider for approval, additional health services to offer, if any, as recommended by the Governing Council, in order to meet the health needs of the patient population served by the FQHCs;
- 5.2 Ensure that the FQHCs have clinical staff and/or has contracts in place to carry out all required and additional services included in the HRSA-approved scope of project;
- 5.3 Ensure operating procedures are in place for credentialing and privileging for all clinical staff members providing services on behalf of the FQHCs;
- 5.4 Ensure records for clinical staff that contain documentation of licensure, credentialing verification, and applicable privileges consistent with operating procedures, are maintained;



- 5.5 Ensure operating procedures are in place for FQHC patients that are hospitalized as inpatients or who visited one of Valleywise Health's Emergency Departments;
- 5.6 Ensure position descriptions of key management staff are maintained by the District's Human Resources department;
- 5.7 Ensure there are personnel policies and procedures relevant to recruiting and hiring of key management staff of the FQHCs;
- 5.8 Adopt policies for financial management practices, and a system to ensure accountability for FQHCs resources;
- 5.9 Establish and maintain general personnel policies including those addressing selection and dismissal procedures, salary and benefit scales, employee grievance procedures, and equal opportunity practices;
- 5.10 Contract with other providers for the provision of health services within the HRSA-approved scope of project and ensure their performance is in accordance with the terms, conditions, and specifications of their contracts and to assure compliance with applicable Federal requirements;
- 5.11 Ensure that contracts with providers for the provision of health services with the HRSA-approved scope of project include a schedule of rates and method of payment to providers for health services that are provided at the within the HRSA-approved scope of project at the FQHCs;
- 5.12 Retain financial records, supporting documents, statistical records, and all other records pertinent to contracts for a period of three (3) years;
- 5.13 Ensure that written procurement procedures comply with Federal procurement standards;
- 5.14 Perform periodic evaluations of contractors' performance including that contractors have met the terms, conditions, and specifications of contracts;
- 5.15 Adopt a written code of conduct and ethics; ensure the existence of an effective compliance program;
- 5.16 On an annual basis, each Board member shall complete compliance training and sign the District's written Code of Conduct and Ethics certification form.
- 5.17 Comply with the District's written Code of Conduct and Ethics; and Board of Directors Conflicts of Interest and Gift policy;

- 5.18 Maintain records for procurement actions paid for in whole or in part under the Federal award that include the rationale for method of procurement, selection of contract type, contractor selection or rejection, and the basis for the contract price. This would include documentation related to noncompetitive procurements;
- 5.19 Contract with external auditor to perform an annual fiscal year audit of the District's financial statements, which includes the FQHCs, to determine the fiscal integrity of financial transactions and operations of the District to be in compliance with HRSA requirements; and in accordance with auditing standards generally accepted in the United States and the standards applicable to financial audits contained in Government Auditing Standards, used by the Comptroller General of the United States;
- 5.20 Utilize a financial management and internal control system that reflects Generally Accepted Accounting Principles (GAAP) or Government Accounting Standards Board (GASB) principles;
- 5.21 Maintain a list of provider and program/site billing numbers for Medicaid, CHIP and Medicare;
- 5.22 Maintain written operating procedures for implementing billing options or payments methods and ensure they are accessible to patients regardless of income level;
- 5.23 Ensure claims are submitted in a timely and accurate manner to third party payor sources;
- 5.24 Annually, adopt a District budget that shall consist of at the very least, a one (1) year operating budget, a one (1) year capital budget, and one (1) year cash flow budget, and an annual operating and capital budget for the FQHCs;
- 5.25 Consider approval of application for HRSA grant funding, as recommended by the Governing Council;
- 5.26 Consider approval of changes in scope of project for the FQHCs, as recommended by the Governing Council;
- 5.27 Ensure a system is in place to oversee the operations of the Federal award-supported activities to ensure compliance with applicable Federal requirements and for monitoring program performance;
- 5.28 Produce data-based reports on: patient service utilization; trends and patterns in the patient population; and overall health center performance, for oversight by the Governing Council;

- 5.29 Ensure a system is in place for the Governing Council to compile accurate data to complete annual Uniform Data System (UDS) reports;
- 5.30 Review the long-range, strategic plan for the FQHCs as approved by the Governing Council, that identifies FQHCs priorities and addresses financial management and capital expenditure needs;
- 5.31 Obtain and maintain all licenses, permits, certifications and approvals necessary for the operation of the FQHCs;
- 5.32 In support of the Governing Council's responsibility referenced in Paragraph 4.1 above, the Board's review of the Governing Council applicant will also include a background check (as per the District's Human Resource Policies), a review of the Department of Health and Human Services' Exclusion List, and consideration of any other federal or state regulatory requirements applicable to citizens sitting as Governing Council members. District staff will notify the FQHCs CEO (see Paragraph 4.1), in situations where a Governing Council applicant may be prohibited from serving as a Governing Council member due to the presence of a negative background report. The District's Chief Compliance Officer will notify the FQHCs CEO about any identified real or apparent conflict of interest, and/or if there is otherwise a statutory or regulatory requirement. The Board's approval of the applicant does not constitute a formal endorsement of the applicant as an official member of the Governing Council. The Governing Council will formally vet the applicant and the applicant must gain approval by formal vote of the Governing Council;

## **6. Project Director/Chief Executive Officer (FQHCs CEO)**

- 6.1 The FQHCs CEO shall be a full-time District employee. The FQHCs CEO has the responsibility for the general management, supervision, and direction of the FQHCs, and must work within the District organizational reporting structure on matters of finance, quality, human resources, strategy, service, and operations, consistent with policies and programs established by the District.
- 6.2 The FQHCs CEO shall report to the Governing Council. As a District employee, the FQHCs CEO shall also report to the District's Chief Clinical Officer.
- 6.3 The FQHCs CEO shall be selected via a nomination and search process under which the District's Human Resources Department recruits candidates with input from the Governing Council and thereafter provides a recommendation to the Governing Council. The Governing Council then selects an individual from the list of proposed candidates. If the Governing Council rejects all individuals from the District's list of proposed candidates, then the District's Human Resources Department will provide the Governing Council with a list of additional proposed candidates. This process shall continue until the Governing Council approves an individual proposed by the District's Human Resources Department.

- 6.4 The Governing Council will annually review and evaluate the FQHCs CEO performance applicable to the Health Center Program in a quantifiable and transparent manner that is consistent with the District's Human Resources policies and will report its findings to the District's Chief Clinical Officer. In addition, the FQHCs CEO, as a District employee, will be evaluated by the District's Chief Clinical Officer in accordance with the District's Human Resources policies.
- 6.5 Removal or Reassignment of the FQHCs CEO:
- 6.5.1 Removal by the Governing Council.
- 6.5.1.1 The Governing Council shall have independent authority to remove the FQHCs CEO from his or her position as FQHCs CEO. Removal of the FQHCs CEO by the Governing Council pursuant to this Paragraph shall not constitute a termination of employment of the FQHCs CEO by the District or otherwise impede the continuation of the FQHCs CEO's employment relationship with the District in another capacity.
- 6.5.1.2 Any personnel action proposed by the Governing Council with regard to the FQHCs CEO must be taken consistent with the District's Human Resources policies.
- 6.5.1.3 The Governing Council acknowledges that the District possesses the authority to terminate the employment of the FQHCs CEO.
- 6.5.2 Removal or Reassignment by District.
- 6.5.2.1 In the event that the District intends to terminate the FQHCs CEO from the position as the CEO of the Health Center Project or to reassign him/her to a position other than the FQHCs CEO, the District will inform the Governing Council and request approval from the Governing Council, for the termination or reassignment. However, if the termination or reassignment is related to the FQHCs CEO's malfeasance, as referenced in the District's Human Resources policies, then the District may terminate or reassign the FQHCs CEO immediately and thereafter notify the Governing Council and HRSA of such action.
- 6.6 The Governing Council and the District will ensure that their conduct under this Paragraph 6 is performed consistent with the terms of this Arrangement, HRSA policies and Compliance Manual.

## **7. Coordination of Shared Duties by Parties**

- 7.1 The FQHCs CEO shall coordinate with the District's President and CEO, the Parties' efforts to meet their respective obligations under this Arrangement and shall cooperate with each other to communicate and resolve any issues between the Parties.
- 7.2 The Parties shall collaborate to assure Governing Council members and Board members are informed as to their respective duties, authority, and obligations under this Arrangement.

## **8. Record Keeping and Reporting**

- 8.1 The Parties shall maintain all financial records, reports, documents, statistical records, books, papers or other records related to this Arrangement that will enable them to meet all state and federal reporting requirements. Such records are to be maintained for a period established by the Arizona State Library, Archives, and Public Records.
- 8.2 The Parties agree that the District is the legal custodian of all medical records established and maintained relating to diagnosis and treatment of any patients served at any of the FQHCs.

## **9. Insurance**

For purposes of liability and insurance coverage, both Parties will be deemed to be an agent of the District for any acts arising under the terms of this Arrangement. The scope of such insurance coverage will be governed by the terms of the Amended and Restated Maricopa County Special Health Care District's Risk Management Insurance and Self Insurance Plan.

## **10. Ownership of Property Acquired with any Grant Funds and Procurement**

Should the District receive Federal grant support from HRSA pursuant to Section 330, the District shall be the titleholder to any and all property purchased with Section 330 grant funds, as applicable. The District shall further assure that all contracts procured and executed by the District are done consistent with the District's Procurement Code and applicable state and federal law and regulations.

## **11. Applicable Laws, Regulations, and Policies**

This Arrangement shall be governed by and construed in accordance with the laws of the state of Arizona and applicable federal laws, regulations, HRSA's policies and Compliance Manual, as may be amended.

## **12. Non-Discrimination**

Each Party agrees that it will not discriminate on any basis, directly or indirectly, with regard to the provision of health care services under this Arrangement. In addition, each Party and its agents, employees, contractors and subcontractors, will not discriminate against any individual with regard to their application for employment or employment status under the terms of this Arrangement.

## **13. Term**

13.1 The term of this Arrangement shall be for three (3) years effective July 1, 2023, unless terminated in accordance with the terms of Paragraph 14 below. This Arrangement may be renewed by the Parties for additional three (3) year terms upon their mutual written agreement. Any additional terms are also subject to the termination terms in Paragraph 14 below. In the event that the Parties have not been able to finalize the terms of subsequent Arrangements, the current term may continue on a month-to-month basis, but not to exceed a period of three (3) months after the last day of the current term.

13.2 Subject to any Federal or state regulatory approval which might require the termination or operation of the FQHCs, nothing in this Arrangement is intended to require, nor should be construed to require, that the FQHCs remain in operation or that the District apply for any grant funding, including Section 330 funding.

## **14. Termination**

14.1 Either Party may terminate this Arrangement without cause upon ninety (90) days prior written notice.

14.2 The Parties may terminate this Arrangement upon mutual agreement giving thirty (30) days prior written notice.

14.3 This Arrangement shall terminate immediately upon the effective date of non-renewal or termination of the Section 330 grant or FQHC award status, as applicable, or upon the loss of any license, permit or other authorization required by law or regulation for operation of the FQHCs.

- 14.4 Either Party may terminate this Arrangement for cause in the event that the other Party fails to meet material obligations under this Arrangement. Such for cause termination shall require a thirty (30) days' prior written notice of intent to terminate during which period the Party that has allegedly failed to meet the material obligation may attempt to cure such failure or demonstrate that no such failure has occurred. Any dispute between the Parties regarding whether a breach of a material obligation has occurred, or that such a breach has been satisfactorily cured, will be resolved in accordance with Paragraph 15 of this Arrangement. If the Parties are unable to resolve the dispute through informal negotiations within a reasonable period of time of the commencement of such discussions (not to exceed thirty [30] days), then either Party may terminate this Arrangement.
- 14.5 For cause termination or termination for mutual convenience shall not become effective unless and until HRSA issues its written approval of such termination, if such notice is required by law or HRSA policy.

## **15. Alternative Dispute Resolution**

The Board and the Governing Council shall use their best efforts to carry out the terms of this Arrangement in a spirit of cooperation and agree to resolve by negotiation any disputes arising hereunder. In the event the Parties are unable to resolve the dispute through informal negotiations within a reasonable period of time of the commencement of such discussions (not to exceed thirty [30] days), the Parties shall attempt formal mediation or arbitration, consistent with the Rules of Procedure for the Maricopa County Superior Court, if they mutually agree to do so. Any decision by a mediator or arbitrator shall be final and not subject to appeal or legal challenge.

## **16. Proprietary Information and Confidentiality**

- 16.1 The Parties shall maintain the confidentiality of all information regarding the health and health care of any patients receiving services in the FQHCs in accordance with all applicable state and federal laws, including HIPAA (Health Insurance Portability and Accountability Act) and the HITECH (Health Information Technology for Economic and Clinical Health) Act.
- 16.2 Neither Party shall disclose to any entity or person, any confidential or proprietary information, which it possesses, that is directly or indirectly related to the other Party and which arises under the terms of this Arrangement, without the prior written approval of the other Party or as required by law.

## **17. Notices**

All notices permitted or required by this Arrangement shall be in writing and delivered personally or via USPS first class postage prepaid, Certified and Return Receipt Requested, addressed to the other Party at the address set forth below:

For the Governing Council:

Chair, Valleywise Community Health Centers Governing Council  
Valleywise Health Medical Center  
Piper Pavilion  
2609 East Roosevelt Street  
Phoenix, AZ 85008

For the Maricopa County Special Health Care District Board of Directors:

Chair, Board of Directors  
Valleywise Health Medical Center  
Piper Pavilion  
2609 East Roosevelt Street  
Phoenix, AZ 85008

**18. Assignment**

Neither Party shall have the right to assign, delegate or transfer this Arrangement, or any of its rights and obligations hereunder, without the express prior written consent of the other Party.

**19. Severability**

If any provision of this Arrangement or the application of such provision is held to be invalid, the remaining provisions of this Arrangement shall not be affected thereby.

**20. Amendments**

Any amendment to this Arrangement shall be in writing, approved, and signed by both Parties.

**21. Waiver**

Waiver by either Party to this Arrangement of any breach or of any provision hereof by either Party shall not operate as a waiver by such Party of any subsequent breach.

**22. No Agency**

Neither Party is, nor shall be deemed to be an employee, agent, or legal representative of the other Party for any purpose. The Governing Council may not enter into any contracts in the name of or on behalf of the District or Board.

**23. Third-Party Beneficiaries**

No third party shall obtain any right, debt, liability or obligation under any provision of this Arrangement.



**24. Survival**

Paragraphs 8, 9, 10, 15, 16, 17, 21, 22, 23, and 24, shall survive the termination of this Arrangement without regard to the cause of termination.

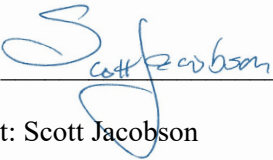
**25. Entire Agreement**

This Arrangement constitutes the entire agreement of the Parties with respect to the Parties' operation of the FQHCs as a public center and supersedes all prior oral and unsigned agreements.

**Signatures Appear on the following Page**

**IN WITNESS WHEREOF**, the Parties have caused this Co-Applicant Operational Arrangement to be executed by their duly authorized representatives.

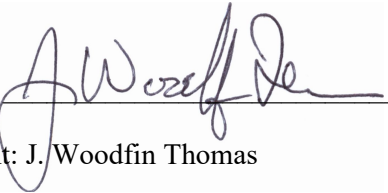
**Chair,  
Valleywise Community Health Centers  
Governing Council**

By:  \_\_\_\_\_  
Print: Scott Jacobson

Title: Chair, VCHCGC

Date: 9-6-2023

**Chair, Board of Directors  
Maricopa County Special Health Care  
District**

By:  \_\_\_\_\_  
Print: J. Woodfin Thomas

Title: Chair, Board of Directors

Date: 8-23-2023

Attachment 7: Summary of Contracts and Agreements

Vendor Partner Name	Type	Description	Effective Start Date	Effective End Date
A.T Still University dba Arizona School of Dentistry and Oral Health (ASDOH)	Agreement	ASDOH School of Dentistry Inter-Institution Affiliation Agreement	5/1/2022	4/30/2027
A.T. Still University of Health Sciences dba School of Osteopathic Medicine in Arizona (SOMA)	Agreement	A.T. Still Univ SOMA - Inter-Institutional Agreement	6/1/2012	5/1/2025
AACHC (Arizona Alliance for Community Health Centers)	Grants	AACHC Sub-Recipient Agreement - Facility Renovation - Chandler CHC	6/1/2022	9/30/2026
AACHC (Arizona Alliance for Community Health Centers)	Grants	AACHC Sub-Recipient Agreement - Facility Renovation - Guadalupe CHC	6/1/2022	9/30/2026
AACHC (Arizona Alliance for Community Health Centers)	Grants	AACHC Sub-Recipient Agreement - Avondale-HVAC	4/1/2022	8/31/2026
AACHC (Arizona Alliance for Community Health Centers)	Grants	Connecting Kids to Coverage (CK2C) Sub-Recipient Agreement	10/13/2023	6/30/2024
Adelante Healthcare	MOU	Adelante Healthcare Facility Referral Relationship required by Section 330 and HRSA	10/8/2020	10/7/2025
ADP, Inc.	Contract	Professional Services SOW for Client-Side Implementation Specialist	10/16/2023	01/14/2025
ADP, Inc.	Contract	Comprehensive Payroll Services Master Services Agreement	11/25/2022	11/24/2027
Advance Community / Esperanca Inc.	MOU	Diabetes Empowerment Education Program (DEEP) LOA	3/1/2024	12/31/2026
Advanced Sterilization Products Services, Inc.	Contract	ASP - Sterrad Service Agreement S/N 1047191473(Peoria)	10/16/2023	1/14/2025
Airpark Signs & Graphics	Contract	Internal and Site Wayfinding Signage Services	2/6/2020	2/5/2025
Altura Communications Solutions	Contract	IT Professional Services and Maintenance/Repair Services (GS-35F-0666W)	7/15/2022	9/30/2024
Altura Communications Solutions	Contract	Advanced Technology Solutions Aggregator Coop - (NCPA #01-97 Synnex)	7/27/2022	7/31/2024
Altura Communications Solutions	Contract	Advanced Cloud and On-Premise Communications Solutions COOP (NCPA 01-125)	8/9/2022	7/31/2024
American Burn Association	Agreement	American Burn - ABRUPT2 CTA	10/1/2020	9/29/2025

Attachment 7. Summary of Contracts and Agreements – Service Area Competition, FY 2022

Maricopa County Special Health Care System dba Valleywise Health

<b>Vendor Partner Name</b>	<b>Type</b>	<b>Description</b>	<b>Effective Start Date</b>	<b>Effective End Date</b>
American Dental Association (on behalf of the Commission on Dental Accreditation ("Commission"))	Contract	Business Associate Agreement	11/19/2023	11/08/2024
Area Agency on Aging, Region One dba Care Directions	Grants	Medical Case Management Services	8/1/2016	7/31/2026
Arizona Board of Regents for and on behalf of Arizona State University	Agreement	MTA-DUA with ASU for CDC Flu Ve Component D study – Year 2	8/1/2023	7/31/2028
Arizona Board of Regents obo Arizona State University	Agreement	ASU - Master Affiliation Agreement	2/2/2022	2/1/2027
Arizona Board of Regents obo Arizona State University	Agreement	ASU Flinn Data Grant_DUA – Project 1	8/10/2023	8/9/2028
Arizona Board of Regents obo Arizona State University	Agreement	ASU DUA Liu Studies	10/19/2021	10/18/2026
Arizona Board of Regents obo Arizona State University	Agreement	ASU DUA Merck Refugee Vaccine Hesitancy – AI Chart Review Study	12/1/2022	11/30/2024
Arizona Board of Regents obo Arizona State University	Agreement	ASU Treatment Compliance in HIV DUA	10/1/2020	10/31/2024
Arizona Board of Regents obo Arizona State University	Agreement	ASU Telehealth DUA	8/25/2022	8/24/2024
Arizona Board of Regents on behalf of ASU - CHIR Business Associate Agreement	MOU	Arizona Board of Regents on behalf of ASU - CHIR Business Associate Agreement	6/24/2010	06/23/2025
Arizona Board of Regents on behalf of the University of Arizona	Agreement	Univ of AZ Cord Blood MTA	9/12/2022	09/11/2024
Arizona College of Nursing	Agreement	Arizona College of Nursing - Clinical Training Affiliation Agreement	8/4/2022	6/8/2025
Arizona Community Action Association dba Wildfire	Grants	Utility Assistance Programs re: APS, SWGas, URRD (Contract # 07012023-24)	7/1/2023	6/30/2024
Arizona Correctional Industries	Contract	Furniture, Furniture Upholstery-Manufacturing and Services w/inmate labor	10/24/2019	10/31/2024
Arizona Department of Corrections - Rehabilitation and Reentry	MOU	Memorandum of Understanding - Rehabilitation and Reentry Services	8/25/2020	8/31/2024
Arizona Department of Economic Security	Grants	ADES Refugee Program - Health Promotion (CTR057399)	10/1/2021	9/30/2024

Attachment 7. Summary of Contracts and Agreements – Service Area Competition, FY 2022

Maricopa County Special Health Care System dba Valleywise Health

Vendor Partner Name	Type	Description	Effective Start Date	Effective End Date
Arizona Department of Health Services (ADHS)	Grants	ADHS High Risk Perinatal Program (HRPP) (CTR054270)	7/1/2021	6/30/2024
Arizona Department of Health Services (ADHS)	Grants	ADHS HIV Testing Services (CTR056404)	7/14/2022	7/13/2024
Arizona Department of Health Services (ADHS)	Grants	(IGA) Ryan White Part B HIV Care and Services (CTR068177)	05/15/2024	3/31/2028
Arizona Department of Health Services (ADHS)	Grants	ADHS IGA - Hepatitis C Patient Navigation (CTR059355)	1/1/2022	12/31/2026
Arizona Department of Health Services (ADHS)	Grants	ADHS IGA for Reproductive Health/Family Planning Program (CTR063883)	10/02/2023	12/31/2027
Arizona Department of Health Services (ADHS)	Grants	(IGA) HIV Prevention Program (TESTAZ)	10/1/2020	9/30/2025
Arizona Department of Health Services (ADHS)	Grants	ADHS Pre-Exposure Prophylaxis Patient Navigation IGA (CTR059352)	8/1/2022	7/31/2025
Arizona Science Center	MOU	Preschool Science on Wheels Program (LOA)	10/27/2023	6/30/2024
Arizona Science Center	MOU	Preschool Science on Wheels Program (Maryvale) -LOA	4/4/2024	6/30/2024
Arizona Sound and Communications, LLC	Contract	Azcom Preventative Maintenance and Support (Peoria)	11/1/2023	10/31/2024
Arizona State University (ASU)	Agreement	ASU Subrecipient Agreement - Leidos BioMed COVID Serology Study (SeroNet)	10/1/2020	9/30/2025
Arkansas Colleges of Health Education	Agreement	Arkansas Colleges of Health Education - AAMC Clinical Training Agreement	5/18/2021	05/17/2025
ARUP Laboratories, Inc.	Contract	ARUP - Reference Laboratory Testing Services	4/1/2023	3/31/2028
AS Software, Inc.	Contract	Switch to New Cloud Based License Agreement for OB/GYN Ultrasound Info System.	7/23/2023	7/14/2027
Asian Pacific Community in Action	MOU	APCA - Business Associate Agreement	4/4/2023	4/4/2025
AzCHER	MOU	AzCHER Participation Agreement for Member Engagement	2/11/2020	2/11/2025
AzCHER	MOU	Mutual Aid and Cooperative Assistance Memorandum of Understanding (MOU)	11/1/2020	10/31/2024
Baker Tilly US, LLP (fka Orchestrate Healthcare)	Contract	Epic Certified Consultant Services	8/24/2016	8/23/2025
Be Well Family Care	MOU	Partnership Memorandum of Understanding	12/14/2023	12/31/2030

Attachment 7. Summary of Contracts and Agreements – Service Area Competition, FY 2022

Maricopa County Special Health Care System dba Valleywise Health

<b>Vendor Partner Name</b>	<b>Type</b>	<b>Description</b>	<b>Effective Start Date</b>	<b>Effective End Date</b>
Biddle & Brown Fence Co. LLC	Contract	Fencing for FQHC Grant Project-Peoria	2/16/2024	5/30/2025
Bill Holt Clinic at Phoenix Children's Hospital	Grants	Pediatric HIV Medical Care Services	8/1/2016	7/31/2026
California Health Sciences University	Agreement	Uniform Clinical Training Affiliation Implementation Letter - California Health Sciences University	10/12/2023	10/11/2024
California School of Podiatric Medicine at Samuel Merritt University	Agreement	Samuel Merritt Univ School of Podiatry - Agreement for Training for Academic Purposes	6/22/2020	06/21/2025
California University of Science and Medicine	Agreement	California Univ - AAMC Clinical Training Agreement	8/4/2021	08/03/2025
CBIZ Benefits & Insurance Services, Inc.	Contract	Employee Benefit Consulting Services	7/1/2020	6/30/2026
Center for Health and Recovery FKA CHEERS	MOU	Targeted Investment Program	05/07/2024	6/30/2025
Center for Health and Recovery FKA CHEERS	MOU	MOU-Provide support services to various locations throughout Arizona	5/28/2019	5/27/2025
Center for Health and Recovery FKA CHEERS	MOU	Provide support services to various locations throughout Arizona- Targeted Investment Program ("TIP") HL-VLE.	4/25/2018	3/31/2025
Chamberlain College of Nursing	Agreement	Clinical Training Agreement (CTA) with Chamberlain College of Nursing	12/15/2009	12/14/2024
Change Healthcare Technologies, LLC	Contract	Interqual Add-On Order (Renewal 4-23-22--4-22-27)	4/23/2022	4/22/2027
ChemDAQ, Inc.	Contract	Steri-Trac 2 Sensor Usage (Peoria)	3/1/2024	2/28/2025
Chicanos Por La Causa, Inc (CPLC)	MOU	Play and Learn Parenting Education Services – Maryvale LOA	3/28/2024	6/30/2024
Chicanos Por La Causa, Inc (CPLC)	MOU	Play and Learn Parenting Education Services LOA	10/13/2023	6/30/2024
Chicanos Por La Causa, Inc (CPLC)	Contract	Community Partnership Agreement	1/12/2017	05/31/2025
Child Crisis Arizona	MOU	Early Education Services - Community Partnership Agreement	3/28/2023	3/27/2026
City of Phoenix Public Library	Contract	Community Partnership Agreement with the City of Phoenix Public Library	5/31/2021	5/31/2025
Community Bridges, Inc.	Contract	MOU-To provide a Medication Assisted Treatment (MAT) plan	8/20/2018	8/30/2024
Compass Group USA	Contract	Outsource of Food Service, EVS & Gift Shop	7/1/2016	6/30/2024
Compsych	Contract	Employee Assistance Program Benefit Contract	7/1/2021	6/30/2027
Continental Dental Laboratory	Contract	Dental Lab Services	1/9/2024	01/08/2025

Attachment 7. Summary of Contracts and Agreements – Service Area Competition, FY 2022

Maricopa County Special Health Care System dba Valleywise Health

<b>Vendor Partner Name</b>	<b>Type</b>	<b>Description</b>	<b>Effective Start Date</b>	<b>Effective End Date</b>
Cox Arizona Telcom LLC	Contract	Cox Internet Cable Service - Maryvale Clinic (Thomas Rd)	3/16/2021	3/15/2026
Cox Arizona Telcom LLC	Contract	Cox Internet Cable Services for South Phoenix Location (35th Ave)	8/3/2020	8/2/2025
Cox Arizona Telcom LLC	Contract	Cox Internet Cable Services for North Phoenix Location (Northern)	8/3/2020	8/2/2025
Cox Arizona Telcom LLC	Contract	Cox Services Agreement for West Valley (Peoria)	9/10/2019	09/10/2025
Cox Arizona Telcom LLC	Contract	Cox Internet Cable Service - Mesa	5/7/2021	5/6/2025
Creighton University	Agreement	Creighton University - AAMC Clinical Training Agreement	9/7/2016	09/06/2024
Creighton University	Agreement	Clinical Training Agreement (CTA) with Creighton University	11/17/2014	11/14/2024
Daikin Applied Americas, Inc.	Contract	AWV Air Cooled Chiller Maintenance-Valleywise Comprehensive Health Center-Peoria	7/12/2023	6/30/2025
DC Dental	Contract	Dental Supplies and Equipment-Requirements Contract	1/3/2022	1/2/2025
Deerwood Acquisitions Arizona LLC (Formerly south mountain retail llc c/o Lamar Companies)	Contract	Common Area Maintenance and Insurance for Valleywise Community Health Center - South Central 2021 South Mountain Retail LLC C/O Lamar Companies	1/1/2021	12/31/2024
Dental Imaging Technologies (Dexis)	Contract	DEXIS Sensor Service Agreement	12/22/2023	12/21/2024
Department of Health & Human Services Health Resources & Services Administration (HRSA)	Grants	Ryan White Part C Outpatient EIS (HIV) Program HRSA NoA (H7600151)	1/1/2022	12/31/2024
Department of Health & Human Services Health Resources & Services Administration (HRSA)	Grants	Primary Care HIV Prevention (PCHP) Supplemental Funding	9/1/2019	3/31/2025
Department of Health & Human Services Health Resources & Services Administration (HRSA)	Grants	Bridge Access Program-American Rescue Plan (ARPA) (H8L51180)	09/12/2023	12/31/2024
Department of Health & Human Services Health Resources & Services Administration (HRSA)	Grants	Teaching Health Center Planning and Development Program NoA (T9B45361)	12/1/2021	11/30/2024
Department of Health & Human Services Health Resources & Services Administration (HRSA)	Grants	American Rescue Plan Act Funding for Health Centers	4/1/2021	9/30/2024

Attachment 7. Summary of Contracts and Agreements – Service Area Competition, FY 2022

Maricopa County Special Health Care System dba Valleywise Health

Vendor Partner Name	Type	Description	Effective Start Date	Effective End Date
Department of Health & Human Services Health Resources & Services Administration (HRSA)	Grants	Ryan White Part D HIV Healthcare	8/1/2012	7/31/2024
Department of Health and Human Services	Grants	Substance Abuse and Mental Health Services Admin SAMHSA(H79TI084187)	9/30/2021	9/29/2024
Des Moines University	Agreement	Des Moines University - AAMC Clinical Training Agreement	6/14/2021	06/13/2025
Dignity Health dba St. Joseph's Hospital and Medical Center	Agreement	Dignity - Master Data Sharing Agreement (BUN Study)	7/29/2020	7/28/2025
Discovery Benefits, Inc.	Contract	Flexible Spending Accounts (FSA)	7/1/2011	6/30/2025
District Medical Group (DMG)	Grants	LOA for Advanced Diagnostic Services	8/18/2014	8/17/2024
District Medical Group (DMG)	MOU	DMG - Reproductive Health/Family Planning Services	01/31/2023	12/31/2027
District Medical Group (DMG)	Contract	Independent Contractor Agreement with District Medical Group	8/29/2021	8/31/2024
DNV Healthcare USA Inc.	Contract	Survey Services for Healthcare Certification/Accreditation	6/1/2021	8/31/2026
Dr. Jesus Felizzola	MOU	Non-Clinical Services for Medicated Assisted Treatment (MAT) LOA	10/20/2023	9/30/2024
Duke University	Agreement	Duke-CDC Flu Ve study Component D	7/31/2023	07/30/2024
Duke University	Agreement	Duke University - Collaboration Agreement CDC Flu Ve Study	1/26/2023	01/25/2025
EAPC Architects Engineers	Contract	Ambulatory Strategic Plan and Campus Master Planning Consulting Services	6/22/2022	6/21/2024
Edward Via COOM	Agreement	Edward Via - AAMC Clinical Training Affiliation Agreement	4/18/2022	04/18//2025
Epic Systems Corporation	Contract	Electronic Medical Records	9/26/2008	9/25/2024
F&N Enterprises Inc., DBA Smithcraft	Contract	Internal and Site Wayfinding Signage Services	2/6/2020	2/5/2025
First Things First - Family Resource Center East Maricopa (EM)	Grants	FTF - FRC East Maricopa (EM) FTF-RC035-24-0816-01	7/1/2023	6/30/2024
First Things First - Family Resource Center Phoenix South (PhxS)	Grants	FTF - FRC Phoenix South (PhxS) FTF-RC033-24-0785-01	7/1/2023	6/30/2024
First Things First AZ Early Childhood Development & Health Board	Grants	Phoenix South Region - Maryvale (GRA-RC033-24-1280-01)	01/31/2024	6/30/2024
Fisher Healthcare	Contract	Fisher - PhadiaTM 250 - Reagent Agreement (Peoria)	4/19/2023	3/31/2028

Attachment 7. Summary of Contracts and Agreements – Service Area Competition, FY 2022

Maricopa County Special Health Care System dba Valleywise Health



Vendor Partner Name	Type	Description	Effective Start Date	Effective End Date
Freedom Pay, Inc.	Contract	Secure Switching Product Agreement	2/21/2024	2/20/2027
GE Medical Systems Information Technologies, Inc. (GE Healthcare business)	Contract	Telemetry Service Agreement for WV, Maryvale, and Peoria	1/1/2021	12/31/2027
Geiger Bros. ("Geiger")	Contract	E-commerce Store (Swag Store)	11/3/2021	11/2/2024
Gellert Health	Contract	Gellert Health BAA	2/11/2021	02/10/2025
GILBANE BUILDING COMPANY	Grants	Valleywise Health-Mesa Outpatient Behavioral Health - Construction Manager at Risk (CMAR)	04/08/2022	12/31/2024
Governor's Office of Highway Safety	Grants	GOHS - Car Seat Distribution to Communities for Education and Awareness (2024-OP-020)	10/1/2023	9/30/2024
Governor's Office of Highway Safety	Grants	GOHS - Bicycle Helmets Distribution to Communities (2024-PS-012)	10/1/2023	9/30/2024
Grand Canyon University	Agreement	Grand Canyon University - Clinical Training Agreement (CTA)	2/7/2023	2/6/2028
Grand Canyon University	Agreement	Clinical Training Agreement (CTA) for Grand Canyon University	8/24/2009	08/23/2024
Growing Minds Consulting, LLC	MOU	Introduction to Wired for Success Activities LOA – Maryvale FRC	3/25/2024	6/30/2024
Growing Minds Consulting, LLC	MOU	Introduction to Wired for Success Activities LOA	12/11/2023	6/30/2024
Handyman Maintenance Inc. dba H.M.I. Commercial Landscaping	Contract	Landscape Services for all Valleywise Health Facilities	01/31/2024	3/31/2025
HCA Management Services, L.P.	Agreement	HCA DUA – Geriatric Trauma	1/29/2024	1/28/2027
Heather Colleen Liebenow	MOU	Zumbini Fitness Services (Maryvale FRC) LOA	02/15/2024	6/30/2024
Heather Colleen Liebenow	MOU	Zumbini Fitness Services LOA (FTF)	10/19/2023	6/30/2024
Helping Ourselves Pursue Enrichment (HOPE Inc.)	MOU	Targeted Investment Program	12/27/2023	6/30/2025
Hershberger Dental	Contract	Dental Lab Services	1/9/2024	1/8/2025
Higher Octave Healing	MOU	Start with Music Program – Maryvale (LOA)	3/28/2024	6/30/2024
Higher Octave Healing	MOU	Start with Music Program (LOA)	9/6/2023	6/30/2024
HIV Care Directions (Area Agency on Aging)	MOU	MOU - Medical Case Management Referrals (HIVCD)	8/23/2023	2/28/2030
Hologic, Inc.	Contract	Hologic - SecureView DX400 Preventative Maintenance (CHC)	5/22/2023	6/28/2027

Attachment 7. Summary of Contracts and Agreements – Service Area Competition, FY 2022

Maricopa County Special Health Care System dba Valleywise Health

Vendor Partner Name	Type	Description	Effective Start Date	Effective End Date
Hologic, Inc.	Contract	Hologic - Affirm, Brevera Breast Biopsy Service Agreement (Peoria) Q-332900	6/29/2023	6/28/2027
Hologic, Inc.	Contract	Hologic Dimensions 3D Surecare Service (Mesa)	11/5/2022	11/4/2026
Home Assist Health ("HAH")	Contract	Home Assist Health (HAH) Integrated Home and Social Supports	1/1/2018	12/31/2024
Home Assist Health ("HAH")	Contract	Promissory Note	7/1/2019	6/30/2024
Hope Lives-Vive la Esperanza	MOU	Targeted Investment Program	05/07/2024	6/30/2025
Idaho College of Osteopathic Medicine	Agreement	Idaho COOM - AAMC Clinical Training Agreement	6/17/2021	6/16/2025
Inmar Rx Solutions, Inc (Inmar Intelligence)	Contract	Pharmaceutical Tracking Software - Compliance Solution Services	12/14/2023	12/14/2025
Integrated Work	Contract	FQHC Strategic Planning	5/21/2024	05/21/2025
International Rescue Committee	MOU	IRC - Business Associate Agreement	4/3/2023	4/2/2025
Iron Mountain Information Management, LLC	Contract	Offsite Records Storage and Management	11/4/2021	1/21/2026
Kansas City University, Kansas City, MO	Agreement	Kansas City Univ, Kansas City, MO - AAMC Agreement	7/9/2021	6/08/2025
Kent State University College of Podiatric Medicine	Agreement	Medical School Student Rotation Agreement with Kent State University College of Podiatric Medicine	11/1/2012	06/30/2024
Key Surgical	Contract	Cleaning Brushes and Sterilization Products	9/3/2020	7/30/2024
L&R Digital Printing	Contract	Purchase Agreement to Purchase Promotional Items	2/9/2023	2/9/2025
Laboratory Corporation of America	Contract	Lab Data Management System Interface	11/1/2013	10/31/2024
LaneTerralaver, LLC	Contract	Creative, Digital Marketing, Web and/or Media Service for Agency of Record	4/1/2023	3/31/2025
Language Line Services, Inc. ("LanguageLine")	Contract	Statement of Work for Phone, Direct Response, and InSight Video Interpreting	8/26/2022	8/8/2024
Leasing Associates of Barrington, Inc.	Contract	Lease Equipment for GeneXpert IV (Cepheid) - Peoria (14174000)	3/11/2021	11/11/2024
Liberty University, Inc.	Agreement	Liberty University - AAMC Clinical Training Agreement	3/14/2022	3/14/2025
LiteraSeed	Agreement	LiteraSeed - Data Sharing Agreement & BAA	7/21/2020	7/21/2024
Loomis Armored US, LLC ("Loomis")	Contract	Armored Car Pickup and Delivery Services (Acct #10191146)	8/18/2021	8/26/2024
Marian University College of Osteopathic Medicine	Agreement	Marian Univ COOM - AAMC Clinical Training Agreement	7/15/2021	7/14/2025

Attachment 7. Summary of Contracts and Agreements – Service Area Competition, FY 2022

Maricopa County Special Health Care System dba Valleywise Health

Maricopa County (IGA)	Contract	Master IGA between Maricopa County and MIHS	11/1/2004	9/2/2024
Maricopa County by and through the Ryan White Program	Grants	IGA Grant: Emergency Relief Project Grant - Ryan White Part A (C-86-22-145-X-00)	3/1/2022	2/28/2025
Maricopa County Community College District	Agreement	Clinical Training Agreement (CTA) with Maricopa County Community College District (MCCCD)	4/7/2009	4/06/2025
Maricopa County Correctional Health Services	MOU	MOU Correctional Health Svc - EMR Reciprocal Access	5/8/2019	12/31/2025
Maricopa County Department of Public Health	Grants	Mass Immunization Services & Admin (PH RFP 200234)	8/19/2020	8/18/2025
Maricopa County Department of Public Health	Contract	Community Health Needs Assessment (CHNA) 2023-2026	8/11/2023	8/1/2026
Marquette University	Agreement	Affiliation Agreement - Lauren Wilson	5/28/2024	5/27/2025
Mayo Clinic Arizona	Agreement	Mayo Maternal Cardiac AI DUA	1/1/2024	12/31/2027
Medical University of the Americas	Agreement	Med Univ of the Americas - AAMC Clinical Training Agreement	8/4/2021	8/3/2025
MediWound, LTD.	Agreement	MediWound - CTA - Expanded Access Treatment Protocol: NexoBrid	9/12/2019	9/11/2024
Metropolitan Life Insurance Company ("MetLife")	Contract	Employee Life Insurance and Dental Benefits Policy (Effective 7/1/18)	7/1/2018	6/30/2025
Microsoft Corporation (Value Added Reseller - CDW Government, LLC)	Contract	Microsoft Select Agreement (Visio Software)	6/6/2024	6/5/2025
Midwestern University	Agreement	Clinical Training Agreement (CTA) with Midwestern University	1/13/2010	1/12/2025
Midwestern University - Arizona Podiatric Medicine (AZPOD)	Agreement	Midwestern Univ - Inter-Institution Affiliation Agreement	6/1/2009	5/31/2025
Midwestern University - College of Osteopathic Medicine (AZCOM)	Agreement	Inter-Institution Affiliation Agreement with AZCOM	6/1/2009	5/31/2026
MiraVista Diagnostics	Agreement	MiraVista NDA - Cocci Chart Review Study	6/6/2023	6/5/2025
Mission Linen Supply and Uniform Service	Contract	Laundry Processing Services	8/25/2023	10/31/2026
Mountain Park Health Center	MOU	MOU (Advanced Breast Cancer Diagnostic Services)	6/30/2015	6/29/2024
Moussa Enterprise LLC	MOU	Potty Time and Baby Signs Program LOA	1/18/2024	6/30/2024
Moussa Enterprise LLC	MOU	Potty Time and Baby Signs Program LOA – Maryvale FRC	2/16/2024	6/30/2024
MTI Connect LLC	Contract	Creative, Digital Marketing, Web and/or Media Service for Agency of Record	4/1/2023	3/31/2025

Attachment 7. Summary of Contracts and Agreements – Service Area Competition, FY 2022

Maricopa County Special Health Care System dba Valleywise Health

<b>Vendor Partner Name</b>	<b>Type</b>	<b>Description</b>	<b>Effective Start Date</b>	<b>Effective End Date</b>
Nanosonics, Inc.	Contract	NanoCare Pro Trophon2 Service (Peoria)	12/1/2023	11/30/2025
Nanosonics, Inc.	Contract	Nanosonics - Trophon 2 Service Agreement (S. Phoenix/Laveen and Surgery Clinic)	9/21/2022	11/5/2026
Nanosonics, Inc.	Contract	Trophon Generation 1 - Device License's	5/31/2024	5/31/2025
National Disaster Medical Systems (NDMS)	MOU	NDMS Memorandum of Agreement for Definitive Medical Care	5/27/2022	5/26/2027
National Institute for Diabetes and Digestive and Kidney Diseases (NIDDK)	Agreement	NIDDK - Memorandum of Understanding	7/14/2020	7/8/2025
Neighborhood Outreach Access to Health (NOAH)	MOU	Facility Referral & Specialty Care Relationship (Section 330, HRSA)	5/3/2018	12/31/2024
Net Health Systems, Inc.	Contract	Purchase Schedule - Adobe Subscription	11/1/2021	11/4/2024
Nevenka Christiansen	MOU	Parental Nutrition Classes (LOA)	8/11/2023	6/30/2024
New York Institute of Technology, College of Osteopathic Medicine	Agreement	NY Institute of Tech COOM - Arkansas State - AAMC Clinical Training Agreement	9/7/2021	9/7/2024
Northern Arizona University College of Health Professions	Agreement	Clinical Training Agreement (CTA) with NAU	11/8/2013	11/7/2024
Nova Southeastern University	Agreement	Uniform Clinical Training Affiliation Implementation Letter - Nova Southeastern University, Inc.	3/28/2024	10/11/2024
Nutri Mini Kids, LLC (N. Christiansen)	MOU	Parental Nutrition Classes – Maryvale FRC (LOA)	3/28/2024	6/30/2024
Ogletree, Deakins, Nash, Smoak & Stewart, P.C.	Contract	O-D Comply Background Check Database Access	7/10/2017	7/9/2024
Ohio University Heritage College of Osteopathic Medicine aka OSU Center for Health Sciences	Agreement	Uniform Clinical Training Affiliation Agreement Implementation Letter - Ohio University Heritage College of Osteopathic Medicine	6/20/2023	6/19/2024
Orcutt/Winslow Architects	Contract	Design Professional Services-Valleywise Community Health Center-Chandler Refresh Project	5/28/2024	05/27/2025
Oxford Global Resources, LLC	Contract	Epic Certified Consultant Services	8/24/2016	8/23/2025
Pacific Northwest University of Health Sciences COM	Agreement	Pacific NW Univ COM - AAMC Clinical Training Agreement	7/9/2021	6/8/2025
Patterson Dental	Contract	Dental Supplies, Equipment and Related Services	1/10/2024	4/30/2026
Peoria Unified School District	MOU	Peoria School District - Community Partnership Agreement	3/28/2023	3/15/2025

Attachment 7. Summary of Contracts and Agreements – Service Area Competition, FY 2022

Maricopa County Special Health Care System dba Valleywise Health

Vendor Partner Name	Type	Description	Effective Start Date	Effective End Date
Perceptyx, Inc.	Contract	Master Services Agreement (Employee Engagement)	11/15/2023	12/31/2024
PhenoPath Laboratories PLLC	Contract	PhenoPath - Reference Lab & Pathology Services	11/25/2020	11/30/2024
Philadelphia COOM	Agreement	Philadelphia COOM - AAMC Clinical Training Agreement	9/7/2021	9/6/2024
Phoenix Zoo	MOU	Zoo to You Program (Maryvale FRC) LOA	4/4/2024	6/30/2024
Phoenix Zoo	MOU	Zoo to You Program (LOA)	8/23/2023	6/30/2024
Pima Medical Institute	Agreement	Clinical Training Agreement (CTA) with Pima Medical Institute	1/1/2011	12/31/2024
Polymedco, Inc. dba Polymedco Cancer Diagnostic Products, LLC	Contract	Polymedco - Fecal Occult Blood Testing	4/19/2023	3/31/2028
PricewaterhouseCooper LLP	Contract	PwC SMART Solutions Software	5/1/2013	12/30/2024
Propio LS, LLC	Contract	Language Services Agreement	5/30/2023	5/29/2026
Pueblo Family Physicians Ltd.	MOU	Partnership Memorandum of Understanding	12/13/2023	12/31/2030
Rentokil North America Inc. (formerly The Steritech Group Inc. Rentokill)	Contract	Pest Control Services	6/22/2023	9/30/2024
Ricoh USA, Inc.	Contract	Ricoh MFD (Printer) Refresh (Product Schedule #9)	2/8/2021	2/7/2026
RipplePHX, Inc.	Contract	RipplePHX - LOA for HIV Testing	1/24/2022	3/31/2025
Rocky Mountain University of Health Professions	Agreement	Clinical Training Agreement (CTA) with Rocky Mountain University of Health Professions	3/26/2018	3/25/2025
Rocky Vista University College of Osteopathic Medicine	Agreement	Rocky Vista COOM - AAMC Clinical Training Agreement	6/18/2021	6/17/2025
Rosalind Franklin University of Medicine and Science, Chicago Medical School	Agreement	Rosalind Franklin Univ - AAMC Agreement	10/25/2016	10/25/24
Royal College of Surgeons	Agreement	Royal College of Surgeons (RCOS) - AAMC Clinical Training Agreement	6/21/2021	6/20/2025
Saba University School of Medicine	Agreement	SABA Univ SOM - AAMC Clinical Training Agreement	6/1/2021	5/30/2025
Sackler, School of Medicine, NY	Agreement	Sackler SoM, NY - AAMC Clinical Training Agreement	6/14/2021	6/13/2025
SAI Global Compliance, Inc. ("SAI360")	Contract	Compliance 360 Solution Agreement	3/31/2008	3/30/2026
Scholastic Literacy Partnerships	Contract	Scholastic Literacy Partnership for the Family Learning Centers	4/15/2021	4/15/2025
Security Data Destruction	Contract	On-site Secure Document Destruction and Recycling Services	2/28/2024	2/27/2025
Sera Prognostics	Agreement	Sera Prognostics CTA – AMBIENT Study	2/22/2024	2/21/2025

Attachment 7. Summary of Contracts and Agreements – Service Area Competition, FY 2022

Maricopa County Special Health Care System dba Valleywise Health

<b>Vendor Partner Name</b>	<b>Type</b>	<b>Description</b>	<b>Effective Start Date</b>	<b>Effective End Date</b>
ServiceNow, Inc.	Contract	Order Form - Subscription for IT Service Management System	6/30/2023	9/29/2028
ServiceNow, Inc.	Contract	ServiceNow Subscription	6/1/2013	8/30/2024
Skyline Builders & Restoration Inc.	Contract	Small Construction Projects Under \$25K	11/23/2020	11/22/2025
Smith Chason College Inc.	Agreement	Smith Chason College Inc.-Clinical Training Agreement	05/13/24	05/13/2025
Social Solutions Global, Inc (SSG)	Contract	Apricot Software	4/20/2021	4/19/2025
South Dakota State University, College of Nursing	Agreement	Clinical Training Agreement (CTA) with South Dakota State University, College of Nursing	10/7/2016	10/6/2024
Southwest Center for HIV/AIDS	Contract	Sub-Operating Agreement to Add Space for Dental Clinic and Storage	7/1/2017	6/30/2027
Southwest Center for HIV/AIDS (f.k.a. Body Positive)	Contract	Sub-Operating Agreement (Lease) for the McDowell Clinic at 1101 North Central Avenue	8/1/2023	7/31/2028
Southwest Center for HIV/AIDS (f.k.a. Body Positive)	Contract	Sub-Operating Agreement RE: Parsons Building, 1st Floor	7/1/2019	6/30/2024
Southwest Center for HIV/AIDS (f.k.a. Body Positive)	Contract	Sub-Operating Agreement RE: Parsons Building, 1st Floor	7/1/2019	6/30/2024
Southwest Comfort Care	MOU	Group Home LOA - O'Dell	04/18/2023	4/30/2025
Southwest Comfort Care	MOU	Group Home LOA - Lopez	04/18/2023	4/30/2025
Southwest Human Development	MOU	Raising a Reader (Maryvale) LOA	4/11/2024	6/30/2024
Southwest Human Development	MOU	Raising a Reader LOA	9/7/2023	6/30/2024
Southwest Human Development	Contract	Reach Out and Read Program	1/10/2024	1/9/2025
Spectral MD, Inc.	Agreement	Spectral MD CTA	7/11/2022	7/11/2024
Spectrum Medical	MOU	Partnership Memorandum of Understanding	12/11/2023	12/31/2030
St. Mary's Food Bank	MOU	Partner Organization Letter of Agreement	10/1/2023	9/30/2024
St. Mary's Food Bank	MOU	Summer Food Service Program	4/16/2024	8/6/2024
Stand Together and Recover Centers, Inc.	MOU	Provide Peer Support Services-Valleywise Inpatient Behavioral Health Centers	5/19/2021	5/18/2025
Stericycle, Inc.	Contract	Reusable Sharps Container Disposal Management Services	2/1/2022	1/31/2025
Stericycle, Inc.	Contract	Waste Stream Management	2/1/2022	1/31/2025
STERIS Corporation	Contract	AMSCO Chamber Cleaning - Peoria	12/1/2023	11/30/2024
STERIS Corporation	Contract	Service Agreement for Peoria Campus (1-6020732608/3)	8/31/2023	9/30/2024

Attachment 7. Summary of Contracts and Agreements – Service Area Competition, FY 2022

Maricopa County Special Health Care System dba Valleywise Health

Vendor Partner Name	Type	Description	Effective Start Date	Effective End Date
Stryker Sales Corporation d.b.a. Stryker Instruments	Contract	Procure for Power Tools (Peoria)	5/28/2024	7/31/2027
Stryker Sales Corporation d.b.a. Stryker Instruments	Contract	Procure for Power Tools (Peoria)	8/1/2021	7/31/2024
Stryker Sales, LLC	Contract	Stryker Neptune ProCare Prevent Service Agreement	5/1/2023	4/30/2026
Sundance Dental Lab	Contract	Dental Lab Services	1/9/2024	1/8/2025
Surescripts	Contract	Connectivity Agreement	1/15/2015	1/14/2025
Sysmex America, Inc.	Contract	XN2000 Lease & Service Agreement (Peoria Campus)	12/10/2020	12/9/2025
Tegria Services Group - US, Inc.	Contract	Epic Certified Consultant Services	8/24/2016	8/23/2025
Tegria Services Group - US, Inc.	Contract	Epic Certified Consultant Services	8/24/2016	8/23/2025
Temple University	Agreement	Temple Univ - Podiatric Medicine Student Rotation Agreement	10/1/2013	9/30/2024
The Vitality Group	Contract	Health & Wellness Activities for MIHS Employees	10/1/2017	10/31/2024
Thermo Fisher Scientific	Contract	PhadiaTM 250 Lease and Service and Addendum 1 (Peoria) (500-50471870)	5/23/2023	5/22/2028
Thomas Cuisine	Contract	Outsource of Food Nutrition and Gift Shop Services	7/1/2024	4/24/2030
Touro University College of Osteopathic Medicine, California	Agreement	Touro Univ COOM, California - AAMC Clinical Training Agreement	5/19/2021	5/19/2025
Translational Genomics Research Institute	Agreement	NAU-TGen Virome MTA, DUA	3/1/2020	2/28/2026
Translational Genomics Research Institute	Agreement	Research Collaboration Agreement	6/21/2007	6/19/2024
Trilogy Medwaste West, Inc. (FKA WM Healthcare Solutions Inc.)	Contract	Bio-Hazardous, Hazardous, Medical, Chemical Waste Disposal Pick Up and Disposal - Replaces Contract 90-18-393-1	6/30/2023	4/30/2025
Trinity School of Medicine	Agreement	Trinity SoM - AAMC Clinical Training Agreement	6/1/2021	5/31/2025
TrustCommerce	Contract	Kiosks for Electronic Payment Processing System	8/23/2013	8/23/2024
UMR, Inc.	Contract	Financial Renewal and Term Amendment - Fee Period 7-1-2022 to 6-30-2024	7/1/2022	6/30/2024
University of Arizona	Agreement	Banner-UA MTA-DUA Genomic Psychiatry	8/5/2023	8/4/2028
University of Arizona Global Campus	Agreement	University of Arizona Global Campus - Clinical Training Agreement (CTA)	3/15/2022	3/14/2028
University of Arizona, College of Medicine	Agreement	Teaching Resources Agreement with University of Arizona, College of Medicine	7/1/2013	6/30/2025

Attachment 7. Summary of Contracts and Agreements – Service Area Competition, FY 2022

Maricopa County Special Health Care System dba Valleywise Health

<b>Vendor Partner Name</b>	<b>Type</b>	<b>Description</b>	<b>Effective Start Date</b>	<b>Effective End Date</b>
University of Colorado Hospital Authority	Agreement	University of Colorado Prehospital Airway DUA	6/1/2023	5/31/2024
University of Georgia	Agreement	University of Georgia Pharmacy Integration DUA	8/7/2023	8/7/2024
University of Louisville School of Medicine	Agreement	Univ of Louisville - AAMC Clinical Training Agreement	9/22/2014	9/22/2024
University of Massachusetts	Agreement	U Mass Data Use Agreement - REASON Study	10/28/2021	10/28/2024
University of Medicine and Health Sciences, NY	Agreement	Univ of Med and Health Sciences, NY - AAMC Clinical Training Agreement	8/4/2021	8/3/2025
University of Miami	Agreement	University of Miami Antibiotic DUA	10/11/2022	10/11/2027
University of New England, College of Osteopathic Medicine	Agreement	Univ of New England COOM - AAMC Clinical Training Agreement	9/2/2021	9/1/2024
University of Pikeville - Kentucky College of Osteopathic Medicine	Agreement	Univ of Pikeville - KY COOM - AAMC Clinical Training Affiliation Agreement	5/6/2022	4/27/2025
University of Texas, San Antonio	Agreement	Univ of Texas SoM, San Antonio - AAMC Clinical Training Agreement	9/7/2016	9/6/2024
Valle del Sol, Inc	MOU	Memorandum of Understanding (MOU) - Assertive Community Treatment Services for the Certified Community Behavioral Health Clinic Expansion Grant	3/15/2021	3/14/2026
Vaya Workforce Solutions, LLC	Contract	Contract Labor Management Services (Assignment/Assumption)	10/8/2021	12/31/2026
Vitalant	Contract	Blood Product Services	1/1/2023	12/31/2025
Vizient (fka MedAssets Supply Chain Systems LLC)	Contract	Group Purchasing Organization Services (vizient inc)	12/1/2014	12/31/2024
Waste Management of Arizona, Inc.	Contract	Refuse Removal	6/1/2024	7/31/2024
Wesley Community & Health Center	MOU	MOU - Coordination and Continuity of Care	9/27/2016	3/31/2025
West Virginia School of Osteopathic Medicine	Agreement	West Virginia SOOM - AAMC Clinical Training Affiliation Agreement	5/19/2022	5/19/2025
Western Maricopa Education Center (WEST-MEC)	Agreement	Western Maricopa Education Center (West-MEC) - Clinical Training Agreement (CTA)	3/22/2023	3/22/2025
Western University of Health Sciences, COOM of the Pacific	Agreement	Western Univ of the Pacific, Lebanon, OR - AAMC Clinical Training Agreement	5/6/2022	4/15/2025
Western Water Technologies, Inc.	Contract	Cooling Tower Water Treatment Services	2/11/2020	2/10/2025
William Carey University College of Osteopathic Medicine	Agreement	William Carey Univ COOM - AAMC Clinical Training Agreement	6/18/2021	6/17/2025

Attachment 7. Summary of Contracts and Agreements – Service Area Competition, FY 2022

Maricopa County Special Health Care System dba Valleywise Health



Wizard Education	Contract	Training Site Agreement for ALS & BLS	3/9/2016	6/17/2025
Xanitos Inc.	Contract	Outsource of Environmental Services	4/24/2024	4/23/2030
Yesco LLC.	Contract	Internal and Site Wayfinding Signage Services	2/1/2020	1/31/2025
Your Health and Wellness	MOU	Partnership Memorandum of Understanding	12/29/2023	12/31/2030
Zync Tech Group, Inc.	Contract	Zkeeper Software	8/1/2018	7/31/2024
Valleywise Community Health Center Guadalupe-Refresh Project -Construction Manager @ Risk (CMAR))	Contract	Valleywise Community Health Center Guadalupe-Refresh Project -Construction Manager @ Risk (CMAR)	3/21/2024	12/31/2025

Attachment 7. Summary of Contracts and Agreements – Service Area Competition, FY 2022

Maricopa County Special Health Care System dba Valleywise Health

**United States Senate**  
WASHINGTON, DC 20510-0309

September 9, 2024

Honorable Xavier Becerra  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Secretary Becerra,

We write regarding Service Area Competition grant proposal submitted by Valleywise Health (VH) for \$1 million in funding. Funding from this program would be used to support fourteen Federally Qualified Health Center (FQHC) clinics across eight cities and towns in Maricopa County.

VH is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income and ethnically diverse populations. The VH clinics address high rates of poor health indicators including excessive rates of obesity, diabetes, and cardiovascular disease. Many individuals living within medically underserved areas experience difficulties accessing care and social services. Given these challenges, VH is dedicated to addressing the clinical and social determinants of health needs of all patients. Moreover, VH is certified as an NCQA Patient Centered Medical Home, providing patient-centered and comprehensive care. A robust care coordination program embedded into all VH medical clinics, helps to ensure children and families can access medical care and social services.

Programs like the Service Area Competition allow VH to maintain FQHC status for their outpatient clinics along with funding to support clinic operations. These bolstered clinic operations ensure patients receive the quality medical care they need.

In accordance with all existing rules, regulations, and ethical guidelines, we respectfully request you give this proposal full and fair consideration as you make this important funding decision.

Sincerely,



Mark Kelly  
United States Senator



Kyrsten Sinema  
United States Senator

September 16, 2024

Dr. Michelle Barker  
Senior Vice President, Ambulatory Services and Chief Executive Officer, FQHC Clinics  
Valleywise Health  
2609 E. Roosevelt St., Phoenix, AZ 85008  
Regarding: Service Area Competition  
Announcement Number: HRSA-25-015

Dear Dr. Barker:

The Arizona Health Care Cost Containment System (AHCCCS) is pleased to write this letter of support for Valleywise Health (VH) as they apply for the Service Area Competition grant from the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, to support 14 Federally Qualified Health Center (FQHC) clinics across eight cities and towns in Maricopa County.

AHCCCS, Arizona's Medicaid agency, was established in 1982. Built on a system of competition and choice, AHCCCS operates under an integrated managed care model, delivering services to more than 2.2 million Arizonans.

VH is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income and ethnically diverse populations. The VH clinics address high rates of poor health indicators including excessive rates of obesity, diabetes, and cardiovascular disease. Many individuals living within medically underserved areas experience difficulties accessing care and social services. Given these challenges, VH is dedicated to addressing the clinical and social determinants of health needs of all patients. Moreover, VH is certified as an NCQA Patient Centered Medical Home, providing patient-centered and comprehensive care. A robust care coordination program embedded into all VH medical clinics, helps to ensure children and families can access medical care and social services.

The longstanding collaborative efforts between AHCCCS and VH help to improve health outcomes for families, children, and adults within Maricopa County. We will continue to partner with VH in their efforts to provide services to the most vulnerable residents of our community.

Respectfully,



Carmen Heredia  
Director



**Board Chair**  
Marc Leib, MD, JD

**Board Vice Chair**  
Linda Hunt

**Board Treasurer**  
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Thomas Betlach

**Chief Executive Officer**  
Kimberly K. Despres, DHA, RN

**Founder**  
Sister Adele O'Sullivan, CSJ, MD

August 21, 2024

Dr. Michelle Barker  
Senior Vice President, Ambulatory Services and Chief Executive Officer,  
FQHC Clinics  
Valleywise Health  
2609 E. Roosevelt St., Phoenix, AZ 85008

Regarding: Service Area Competition  
Announcement Number: HRSA-25-015

Dear Dr. Barker:

Circle the City is pleased to write this letter of support for Valleywise Health (VH) as they apply for the Service Area Competition grant from the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, to support 14 Federally Qualified Health Center (FQHC) clinics across eight cities and towns in Maricopa County.

Circle the City is a Federally Qualified Health Center focused primarily on the provision of health services for the local homeless population. As an FQHC Circle the City has and will continue to work collaboratively with Valleywise to improve the health of our shared communities in Arizona.

VH is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income and ethnically diverse populations. The VH clinics address high rates of poor health indicators including excessive rates of obesity, diabetes, and cardiovascular disease. Many individuals living within medically underserved areas experience difficulties accessing care and social services. Given these challenges, VH is dedicated to addressing the clinical and social determinants of health needs of all patients. Moreover, VH is certified as an NCQA Patient Centered Medical Home, providing patient-centered and comprehensive care. A robust care coordination program embedded into all VH medical clinics, helps to ensure children and families can access medical care and social services.

Administrative Office  
300 W. Clarendon Avenue  
Suite 200  
Phoenix, AZ 85013  
602.776.0776

To donate: [www.circlethecity.org](http://www.circlethecity.org)

**Board Chair**

Marc Leib, MD, JD

**Board Vice Chair**

Linda Hunt

**Board Treasurer**

Kelli Smith

**Board Secretary**

Lori McClelland

**Board of Directors**

Dana Faulkinbury

Danielle Millard

Jaxinta Shaffer

Marion Kelly

Nate Nathan

Patrick Irvine

Roy Pringle

Sister Kathy Stein, CSJ

Thomas Betlach

**Chief Executive Officer**

Kimberly K. Despres, DHA, RN

**Founder**

Sister Adele O'Sullivan, CSJ, MD

The longstanding collaborative efforts between Circle the City and VH help to improve health outcomes for families, children, and adults within Maricopa County. We will continue to partner with VH in their efforts to provide services to the most vulnerable residents of our community.

Respectfully,

Kim Despres, RN DHA  
Chief Executive Officer

Administrative Office  
300 W. Clarendon Avenue  
Suite 200  
Phoenix, AZ 85013  
602.776.0776

To donate: [www.circlethecity.org](http://www.circlethecity.org)




# Suppot Letter - Valley Wise 2024

Final Audit Report

2024-08-20

Created:	2024-08-20
By:	Kellie Smith (ksmith@circlethecity.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAARAOXFbi8UY5ko_JLPnQQGEsXPqLCUJig

## "Suppot Letter - Valley Wise 2024" History

-  Document created by Kellie Smith (ksmith@circlethecity.org)  
2024-08-20 - 10:25:30 PM GMT
-  Document emailed to Kim Despres (kdespres@circlethecity.org) for signature  
2024-08-20 - 10:25:34 PM GMT
-  Email viewed by Kim Despres (kdespres@circlethecity.org)  
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-  Document e-signed by Kim Despres (kdespres@circlethecity.org)  
Signature Date: 2024-08-20 - 10:26:56 PM GMT - Time Source: server
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2024-08-20 - 10:26:56 PM GMT



August 20, 2024

**Public Health**

4041 N. Central Ave., 14<sup>th</sup> Floor  
Phoenix, Arizona 85012

**P:** 602.506.4926

**E:** [jeanene.fowler@maricopa.gov](mailto:jeanene.fowler@maricopa.gov)

**[Maricopa.gov/PublicHealth](https://maricopa.gov/PublicHealth)**

Dr. Michelle Barker  
Senior Vice President, Ambulatory Services and Chief Executive Officer, FQHC Clinics  
Valleywise Health  
2609 E. Roosevelt St., Phoenix, AZ 85008

Regarding: Service Area Competition, Announcement Number:HRSA-25-015

Dear Dr. Barker:

Maricopa County Department of Public Health (MCDPH) is pleased to write this letter of support for Valleywise Health (VH) as it applies for the Service Area Competition grant from the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, to support 14 Federally Qualified Health Center (FQHC) clinics across eight cities and towns in Maricopa County.

MCDPH, in alignment with the objectives outlined in Healthy People 2030, continuously works to implement robust strategies to combat infectious diseases and promote public health. Recognizing the critical importance of prevention, detection, and response, MCDPH prioritizes initiatives aimed at reducing the burden of infectious diseases. This includes enhancing vaccination coverage, implementing effective surveillance systems, and fostering partnerships across sectors to safeguard community well-being.

MCDPH's mission closely aligns with that of VH. As the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income and ethnically diverse populations, VH clinics address high rates of poor health indicators including excessive rates of obesity, diabetes, and cardiovascular disease. Many individuals living within medically underserved areas experience difficulties accessing care and social services. Given these challenges, VH is dedicated to addressing the clinical and social determinants of health needs of all patients. Moreover, VH is certified as an NCQA Patient Centered Medical Home, providing patient-centered and comprehensive care. A robust care coordination program embedded into all VH medical clinics, helps to ensure families can access services.

The longstanding collaborative efforts between MCDPH and VH help to improve health outcomes for families, children, and adults within Maricopa County. We will continue to partner with VH in their efforts to provide services to the most vulnerable residents of our community.

Respectfully,

A handwritten signature in black ink, appearing to read "Jeanene A. Fowler". The signature is fluid and cursive, written over a light gray background.

Jeanene Fowler  
Executive Director  
Maricopa County Department of Public Health



In 2016, the Maricopa County Department of Public Health received accreditation through the Public Health Accreditation Board. For more information on this achievement, please visit [phaboard.org](https://phaboard.org).



August 27<sup>th</sup>, 2024

Dr. Michelle Barker  
Senior Vice President, Ambulatory Services and  
Chief Executive Officer, FQHC Clinics  
Valleywise Health  
2609 E. Roosevelt St., Phoenix, AZ 85008

RE: Service Area Competition  
Announcement Number: HRSA-25-015

Dear Dr. Barker:

On behalf of Terros Health, I am pleased to write this letter of support for Valleywise Health (VH) as they apply for their Service Area Competition grant from the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care. This SAC grant will support 14 Federally Qualified Health Center (FQHC) clinics across 8 cities and towns in Maricopa County.

Terros Health is a whole health, whole person care provider delivering high quality, comprehensive healthcare to Arizona's medical underserved communities through its four FQHC centers. Specializing in behavioral health services, our health care organization helps people recover from substance use disorders, mental illness, and other behavioral health problems. We provide a wide range of services throughout Maricopa County, including mobile crisis intervention, prevention of substance abuse and HIV/AIDS, outpatient treatment, primary medical services, child and family support services, and specialized care to assist persons who have a serious mental illness.

VH is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income, and ethnically diverse populations. The VH clinics address high rates of poor health indicators including excessive rates of obesity, diabetes, and cardiovascular disease. Many individuals living within medically underserved areas experience difficulties accessing care and social services. Given these challenges, VH is dedicated to addressing the clinical and social determinants of health needs of all patients. Moreover, VH is certified as an NCQA Patient Centered Medical Home, providing patient-centered and comprehensive care. A robust care coordination program embedded into all VH medical clinics helps to ensure children and families can access medical care and social services.

The longstanding collaborative efforts between Terros Health and VH help to improve health outcomes for families, children, and adults within Maricopa County. We will continue to partner with VH in their efforts to provide services to the most vulnerable residents of our community.

Sincerely,

A handwritten signature in black ink that reads "Karen Hoffman Tepper".

Karen Hoffman Tepper, Ph.D.  
President and CEO



September 11, 2024

Dr. Michelle Barker  
Senior Vice President, Ambulatory Services and Chief Executive Officer, FQHC Clinics  
Valleywise Health  
2609 E. Roosevelt St., Phoenix, AZ 85008  
Regarding: Service Area Competition  
Announcement Number: HRSA-25-015

Dear Dr. Barker:

Valley of the Sun United Way (VSUW) is pleased to write this letter of support for Valleywise Health (VH) as it applies for the Service Area Competition grant from the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, to support 14 Federally Qualified Health Center (FQHC) clinics across eight cities and towns in Maricopa County.

VSUW has served the Phoenix-metro area since 1925 and takes pride in mobilizing the community to address our community's greatest needs. Our five-year MC2026 impact plan for Maricopa County focuses on Education, Housing and Homelessness, Workforce Development, and Health. All of these focus areas are critical to the success of children, families, and adults in Maricopa County. Furthermore, working with excellent partners, such as VH, helps us create and implement long-term solutions in Health and beyond.

VH is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income, and ethnically diverse populations. The VH clinics address high rates of poor health indicators, including excessive rates of obesity, diabetes, and cardiovascular disease. Many individuals living within medically underserved areas experience difficulties accessing care and social services. Given these challenges, VH is dedicated to addressing the clinical and social determinants of health needs of all patients. Moreover, VH is certified as an NCQA Patient Centered Medical Home, providing patient-centered and comprehensive care. A robust care coordination program embedded into all VH medical clinics helps to ensure individuals and families can access medical care and social services.

The longstanding collaboration between VSUW and VH helps to improve health outcomes for families, children, and adults within Maricopa County. VSUW will continue to partner with VH in its efforts to provide services to the most vulnerable residents of our community.

Respectfully,



Carla Vargas Jasa  
President and CEO



August 14, 2024

Dr. Michelle Barker  
Senior Vice President, Ambulatory Services and Chief Executive Officer, FQHC Clinics  
Valleywise Health  
2609 E. Roosevelt St., Phoenix, AZ 85008  
Regarding: Service Area Competition  
Announcement Number: HRSA-25-015

Dear Dr. Barker:

WESTMARC is pleased to write this letter of support for Valleywise Health (VH) as they apply for the Service Area Competition grant from the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, to support 14 Federally Qualified Health Center (FQHC) clinics across eight cities and towns in Maricopa County.

WESTMARC is a coalition of 15 communities, servicing 1.8 million residents in the West Valley of the Greater Phoenix Metro area. WESTMARC includes leadership across the education, business & municipal sectors, collaborating on regional issues and solutions to improve quality of life and position the region for business attraction and economic development.

VH is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income and ethnically diverse populations. The VH clinics address high rates of poor health indicators including excessive rates of obesity, diabetes, and cardiovascular disease. Many individuals living within medically underserved areas experience difficulties accessing care and social services. Given these challenges, VH is dedicated to addressing the clinical and social determinants of health needs of all patients. Moreover, VH is certified as an NCQA Patient Centered Medical Home, providing patient-centered and comprehensive care. A robust care coordination program embedded into all VH medical clinics, helps to ensure children and families can access medical care and social services.

The longstanding collaborative efforts between WESTMARC and VH help to improve health outcomes for families, children, and adults within Maricopa County. We will continue to partner with VH in their efforts to provide services to the most vulnerable residents of our community.

Respectfully,

Sintra Hoffman  
President & CEO

August 19, 2024

Dr. Michelle Barker  
Senior Vice President, Ambulatory Services and Chief Executive Officer, FQHC Clinics  
Valleywise Health  
2609 E. Roosevelt St., Phoenix, AZ 85008  
Regarding: Service Area Competition  
Announcement Number: HRSA-25-015

Dear Dr. Barker:

The Arizona Alliance for Community Health Centers (AACHC) is pleased to write this letter of support for Valleywise Health (VH) as they apply for the Service Area Competition grant from the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, to support 14 Federally Qualified Health Center (FQHC) clinics across 8 cities and towns in Maricopa County.

AACHC has served as Arizona's Primary Care Association (PCA) since 1985 and comprises the state's largest network of primary care providers serving approximately one in 9 Arizonans and nearly one in five of Arizona's Medicaid enrollees. With a vision of equitable access to high-quality healthcare for everyone, AACHC advances the vital work of Community Health Centers to serve the unique needs of our communities. AACHC supports and partners with organizations that provide primary healthcare services to the underserved, including Community Health Centers, Look-Alikes, and Federally Qualified Health Centers (FQHCs) and provides training, technical assistance, programmatic support, and advocacy that help address the needs of Community Health Centers and Arizona's most vulnerable patients.

VH is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income and ethnically diverse populations. The VH clinics address high rates of poor health indicators including excessive rates of obesity, diabetes, and cardiovascular disease. Many individuals living within medically underserved areas experience difficulties accessing care and social services. Given these challenges, VH is dedicated to addressing clinical and social determinants of health needs of all patients. Moreover, VH is certified as an NCQA Patient Centered Medical Home, providing patient-centered and comprehensive care. A robust care coordination program embedded into all VH medical clinics helps to ensure children and families can access medical care and social services.

The longstanding collaborative efforts between AACHC and VH help to improve health outcomes for families, children, and adults within Maricopa County. We will continue to partner with VH in their efforts to provide services to the most vulnerable residents of our community.

Respectfully,



Jessica Yanow, MPH  
President & Chief Executive Officer





August 26, 2024

Dr. Michelle Barker

Senior Vice President, Ambulatory Services and Chief Executive Officer, FQHC Clinics

Valleywise Health

2609 E. Roosevelt St., Phoenix, AZ 85008

Regarding: Service Area Competition

Announcement Number: HRSA-25-015

Dear Dr. Barker:

Adelante Healthcare is pleased to write this letter of support for Valleywise Health (VH) as they apply for the Service Area Competition grant from the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, to support 14 Federally Qualified Health Center (FQHC) clinics across eight cities and towns in Maricopa County.

Adelante Healthcare has been serving the underserved since 1979, initially with the migrant communities of El Mirage and Surprise, to address medical gaps in care. Today, Adelante Healthcare serves approximately 85,000 unique patients in Maricopa County, as fellow FQHC Adelante has and will continue to work collaboratively with VH to improve the health of our shared communities in Arizona.

VH is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income and ethnically diverse populations. The VH clinics address high rates of poor health indicators including excessive rates of obesity, diabetes, and cardiovascular disease. Many individuals living within medically underserved areas experience difficulties accessing care and social services. Given these challenges, VH is dedicated to addressing the clinical and social determinants of health needs of all patients. Moreover, VH is certified as an NCQA Patient Centered Medical Home, providing patient-centered and comprehensive care. A robust care coordination program embedded into all VH medical clinics, helps to ensure children and families can access medical care and social services.

The longstanding collaborative efforts between organization and VH help to improve health outcomes for families, children, and adults within Maricopa County. We will continue to partner with VH in their efforts to provide services to the most vulnerable residents of our community.

Respectfully,

Pedro Cons

CEO



August 14, 2024

Dr. Michelle Barker  
Senior Vice President, Ambulatory Services and Chief Executive Officer, FQHC Clinics  
Valleywise Health  
2609 E. Roosevelt St., Phoenix, AZ 85008  
Regarding: Service Area Competition  
Announcement Number: HRSA-25-015

Dear Dr. Barker:

Horizon Health and Wellness is pleased to write this letter of support for Valleywise Health (VH) as they apply for the Service Area Competition grant from the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, to support 14 Federally Qualified Health Center (FQHC) clinics across eight cities and towns in Maricopa County.

Horizon Health and Wellness provides FQHC services in Maricopa, Pinal Gila and Yuma counties in Arizona, and we recognize the importance of these services in the communities being served. We appreciate the opportunities we have to share information, referrals to and from and collaborate with Valleywise Health as we work together to improve health care for Arizona.

VH is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income and ethnically diverse populations. The VH clinics address high rates of poor health indicators including excessive rates of obesity, diabetes, and cardiovascular disease. Many individuals living within medically underserved areas experience difficulties accessing care and social services. Given these challenges, VH is dedicated to addressing the clinical and social determinants of health needs of all patients. Moreover, VH is certified as an NCQA Patient Centered Medical Home, providing patient-centered and comprehensive care. A robust care coordination program embedded into all VH medical clinics, helps to ensure children and families can access medical care and social services.

The longstanding collaborative efforts between Horizon Health and Wellness and VH help to improve health outcomes for families, children, and adults within Maricopa County. We will continue to partner with VH in their efforts to provide services to the most vulnerable residents of our community.

Respectfully,

A handwritten signature in black ink that reads "Laura Larson-Huffaker".

Laura Larson-Huffaker  
Chief Executive Officer



Horizon Health and Wellness | 625 N Plaza Drive Apache Junction, AZ 85120  
Phone (480) 983-0065 | Fax (480) 671-4541

[\\*\\*\\*.hhwaz.org](http://www.hhwaz.org)





August 15, 2024

Dr. Michelle Barker  
Senior Vice President, Ambulatory Services and Chief Executive Officer, FQHC Clinics  
Valleywise Health  
2609 E. Roosevelt St., Phoenix, AZ 85008

Dear Dr. Barker:

Mountain Park Health Center ("Mountain Park") is pleased to write this letter of support for Valleywise Health (VH) as they apply for the Service Area Competition grant from the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, to support 14 Federally Qualified Health Center (FQHC) clinics across eight cities and towns in Maricopa County.

VH is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income and ethnically diverse populations. The VH clinics address high rates of poor health indicators including excessive rates of obesity, diabetes, and cardiovascular disease. Many individuals living within medically underserved areas experience difficulties accessing care and social services. Given these challenges, VH is dedicated to addressing the clinical and social determinants of health needs of all patients. Moreover, VH is certified as an NCQA Patient Centered Medical Home, providing patient-centered and comprehensive care. A robust care coordination program embedded into all VH medical clinics, helps to ensure children and families can access medical care and social services.

Mountain Park Health Center is a nonprofit community health center. For nearly 40 years, we have provided whole-patient care for the entire family. Each year, we keep nearly 90,000 of our neighbors in Goodyear, Tempe, Glendale, and Phoenix healthy. We focus on giving the community access to affordable primary care. The longstanding collaborative efforts between Mountain Park and VH help to improve health outcomes for families, children, and adults within Maricopa County. We will continue to partner with VH in their efforts to provide services to the most vulnerable residents of our community.

Respectfully,

Rachel Lambert  
Chief Operating Officer



August 15, 2024

Dr. Michelle Barker  
Senior Vice President, Ambulatory Services and Chief Executive Officer, FQHC Clinics  
Valleywise Health  
2609 E. Roosevelt St., Phoenix, AZ 85008  
Regarding: Service Area Competition  
Announcement Number: HRSA-25-015

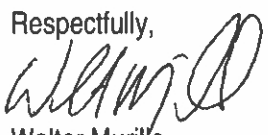
Dear Dr. Barker:

NATIVE HEALTH is pleased to write this letter of support for Valleywise Health (VH) as they apply for the Service Area Competition grant from the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, to support 14 Federally Qualified Health Center (FQHC) clinics across eight cities and towns in Maricopa County.

At NATIVE HEALTH, we are equally committed to offering the highest quality health care services available. As an Urban Indian and Federally Qualified Community Health Center, NATIVE HEALTH provides integrated evidence-based services to over 8,000 ethnically diverse and underserved adults and children. NATIVE HEALTH is an Urban Indian Health Center and a Federally Qualified Health Center (FQHC) and is accredited as a Patient Centered Medical and Dental Home (PCMH) by the Accreditation Association for Ambulatory Health Care (AAAHC).

VH is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income and ethnically diverse populations. The VH clinics address high rates of poor health indicators including excessive rates of obesity, diabetes, and cardiovascular disease. Many individuals living within medically underserved areas experience difficulties accessing care and social services. Given these challenges, VH is dedicated to addressing the clinical and social determinants of health needs of all patients. Moreover, VH is certified as an NCQA Patient Centered Medical Home, providing patient-centered and comprehensive care. A robust care coordination program embedded into all VH medical clinics, helps to ensure children and families can access medical care and social services.

The longstanding collaborative efforts between NATIVE HEALTH and VH help to improve health outcomes for families, children, and adults within Maricopa County. We will continue to partner with VH in their efforts to provide services to the most vulnerable residents of our community.

Respectfully,  
  
Walter Muriño,  
Chief Executive Officer



August 29th, 2024

Dr. Michelle Barker

Senior Vice President, Ambulatory Services and Chief Executive Officer, FQHC Clinics  
Valleywise Health

2609 E. Roosevelt St., Phoenix, AZ 85008

Regarding: Service Area Competition

Announcement Number: HRSA-25-015

Dear Dr. Barker:

The Society of St. Vincent de Paul for Central and Northern Arizona (SVdP) is pleased to write this letter of support for Valleywise Health (VH) as they apply for the Service Area Competition grant from the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, to support 14 Federally Qualified Health Center (FQHC) clinics across eight cities and towns in Maricopa County.

Since 1947 our mission at SVdP is to Feed, Clothe, House and Heal the most needy in Central and Northern Arizona. Our Central Phoenix Medical Clinic serves 2000 uninsured patients per year offering 37 medical specialties from a large pool of generous volunteers from this community. The central ethic of SVdP model of care has always been to care for the whole person through our internal Feed, Clothe, House, Heal services or through trusted partners like VH.

VH is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income and ethnically diverse populations. The VH clinics address high rates of poor health indicators including excessive rates of obesity, diabetes, and cardiovascular disease. Many individuals living within medically underserved areas experience difficulties accessing care and social services. Given these challenges, VH is dedicated to addressing the clinical and social determinants of health needs of all patients. Moreover, VH is certified as an NCQA Patient Centered Medical Home, providing patient-centered and comprehensive care. A robust care coordination program embedded into all VH medical clinics, helps to ensure children and families can access medical care and social services.

The longstanding collaborative efforts between SVdP and VH help to improve health outcomes for families, children, and adults within Maricopa County. We will continue to partner with VH in their efforts to provide services to the most vulnerable residents of our community.

Respectfully,

Patrick Donaldson

Chief of Staff, The Society of St. Vincent de Paul





**Valle del Sol**  
COMMUNITY HEALTH

**CHAIR**  
Linda Padilla McPhaul  
American Express

**VICE CHAIR**  
Manuel Calero  
Community Member

**SECRETARY**  
Margarite Silva  
Community Member

**TREASURER**  
Terri Loon  
Community Member

**MEMBERS AT LARGE**

Berthe Carbajal  
ASU

Isabel del Castillo  
Community Member

Andrew Cooper  
APS

Diego Espinoza  
SRP

Florentino Gabriel Licon, Jr.  
Community Member

Laura Mendoza  
Community Member

Junio Reid  
Community Member

**EXECUTIVE TEAM**

Mike Renaud  
Chief Executive Officer

Angelina Bravo  
Chief Development &  
Marketing Officer

Sumit Chohan  
Chief Financial Officer

Dr. Mario Islas  
Chief Medical Officer

Shelli Ross  
Chief Operations Officer

Kevin Sanila  
Chief Information Officer

August 14, 2024

Dr. Michelle Barker  
Senior Vice President, Ambulatory Services and Chief Executive Officer, FQHC Clinics  
Valleywise Health  
2609 E. Roosevelt St., Phoenix, AZ 85008  
Regarding: Service Area Competition  
Announcement Number: HRSA-25-015

Dear Dr. Barker:

Valle del Sol is pleased to write this letter of support for Valleywise Health (VH) as they apply for the Service Area Competition grant from the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, to support 14 Federally Qualified Health Center (FQHC) clinics across eight cities and towns in Maricopa County.

Valle del Sol has been a leader in providing accessible, high-quality behavioral health and primary care services to underserved communities in Maricopa County for over 45 years. Our deep roots in the community enable us to address complex health challenges with culturally competent care that is both patient-centered and outcome-driven. Our expertise in serving diverse populations aligns closely with the mission of Valleywise Health, and we are committed to supporting their efforts to expand essential healthcare services through this grant.

VH is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income and ethnically diverse populations. The VH clinics address high rates of poor health indicators including excessive rates of obesity, diabetes, and cardiovascular disease. Many individuals living within medically underserved areas experience difficulties accessing care and social services. Given these challenges, VH is dedicated to addressing the clinical and social determinants of health needs of all patients. Moreover, VH is certified as an NCQA Patient Centered Medical Home, providing patient-centered and comprehensive care. A robust care coordination program embedded into all VH medical clinics helps to ensure children and families can access medical care and social services.

The longstanding collaborative efforts between Valle del Sol and VH help to improve health outcomes for families, children, and adults within Maricopa County. We will continue to partner with VH in their efforts to provide services to the most vulnerable residents of our community.

Respectfully,  
Sincerely,

Mike Renaud, MPH  
Chief Executive Officer  
Valle del Sol

Proud member of:



3877 N. 7<sup>th</sup> St., Suite 400  
Phoenix, AZ 85014

8410 W. Thomas Rd., Ste. 116  
Phoenix, AZ 85037

3807 N. 7<sup>th</sup> St.  
Phoenix, AZ 85014

334 W. 10<sup>th</sup> Place Ste. 100  
Mesa, AZ 85201

1209 S. 1<sup>st</sup> Ave.  
Phoenix, AZ 85003

4135 S. Power Rd. #108  
Mesa, AZ 85212

502 N. 27<sup>th</sup> Ave.  
Phoenix, AZ 85009



Clinic/Appointments: 602-257-4323  
FAX: 602-257-4338  
Community Center: 602-233-0017  
[www.wesleychc.org](http://www.wesleychc.org)

August 16, 2024

Dr. Michelle Barker  
Senior Vice President, Ambulatory Services and Chief Executive Officer, FQHC Clinics  
Valleywise Health  
2609 E. Roosevelt St., Phoenix, AZ 85008  
Regarding: Service Area Competition  
Announcement Number: HRSA-25-015

Dear Dr. Barker:

Wesley Community & Health Centers (Wesley) is pleased to write this letter of support for Valleywise Health (VH) as they apply for the Service Area Competition grant from the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, to support 14 Federally Qualified Health Center (FQHC) clinics across eight cities and towns in Maricopa County.

Wesley has provided services to low-income, underserved residents of Phoenix since the 1950's. Wesley has also operated as a Federally Qualified Health Center (FQHC) since 2009 and continues to provide essential services to a primarily Hispanic population, including afterschool and summer youth programs, ESL education, fitness, nutrition, and gardening programs. As a FQHC, Wesley has and will continue to work collaboratively with Valleywise to improve the health of our shared communities in Arizona.

VH is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income and ethnically diverse populations. The VH clinics address high rates of poor health indicators including excessive rates of obesity, diabetes, and cardiovascular disease. Many individuals living within medically underserved areas experience difficulties accessing care and social services. Given these challenges, VH is dedicated to addressing the clinical and social determinants of health needs of all patients. Moreover, VH is certified as an NCQA Patient Centered Medical Home, providing patient-centered and comprehensive care. A robust care coordination program embedded into all VH medical clinics, helps to ensure children and families can access medical care and social services.

The longstanding collaborative efforts between Wesley and VH help to improve health outcomes for families, children, and adults within Maricopa County. We will continue to partner with VH in their efforts to provide services to the most vulnerable residents of our community.

Respectfully,

Blaine Bandi  
Chief Executive Officer

**Central City Community &  
Health Center**  
1300 South 10<sup>th</sup> Street  
Phoenix, AZ 85034

**Golden Gate Community &  
Health Center**  
1625 North 39<sup>th</sup> Avenue  
Phoenix, AZ 85009

**Coffelt Health Center**  
1510 South 19<sup>th</sup> Drive  
Phoenix, AZ 85034

**Recker Road Health Center**  
5845 East Still Circle  
Suite 104  
Mesa, AZ 85206



**Together We Empower Positive Change · Juntos Facilitamos Cambios Positivos**  
National Mission Institution of the United Methodist Church



Valleywise Health  
Financial Assistance Discount Grid for Uninsured and Underinsured Patients  
Effective 09/01/23

Coverage Categories Federal Poverty Level Scale	Category 1 0-100%	Category 2 101-138%	Category 3 139-150%	Category 4 151-200%	Category 5 >201
Inpatient & Outpatient Surgery or Procedures (Excludes Cosmetic, Orthopedic and Implant procedures)	\$0	\$200 deposit - Balance billed at 25% of Medicare rate	\$300 deposit - Balance billed at 50% of Medicare rate	\$400 deposit - Balance billed at 75% of Medicare rate	\$500 deposit - Balance billed at 100% of Medicare rate
In Office Surgery or Procedures (Excludes Cosmetic, Orthopedic and Implant procedures)	\$0	\$200 deposit - Balance billed at 25% of Medicare reduced rate	\$300 deposit - Balance billed at 50% of Medicare reduced rate	\$400 deposit - Balance billed at 75% of Medicare reduced rate	\$500 deposit - Balance billed at 100% of Medicare reduced rate
Inpatient & Outpatient Orthopedic and/or Implant Surgery or Procedures	50% of Medicare rate - \$100 due prior to service	50% of Medicare rate - \$200 due prior to service	75% of Medicare rate - \$300 due prior to service	75% of Medicare rate - \$400 due prior to service	100% of Medicare rate - \$500 due prior to service
Inpatient & Outpatient Cosmetic procedures	100% of Medicare rate - 100% due prior to service	100% of Medicare rate - 100% due prior to service	100% of Medicare rate - 100% due prior to service	100% of Medicare rate - 100% due prior to service	100% of Medicare rate - 100% due prior to service
Chemotherapy and Infusion Services	50% of Medicare rate - 100% due prior to service	100% of Medicare rate - 100% due prior to service	100% of Medicare rate - 100% due prior to service	100% of Medicare rate - 100% due prior to service	100% of Medicare rate - 100% due prior to service
Comprehensive Health Center or Family Health Center Speciality Visits *	\$50 per visit	\$70 per visit	\$80 per visit	\$90 per visit	100% of Medicare rate - 100% due prior to service
Outpatient Ancillary Services (Imaging, Mammography and Lab)	25% of Medicare rate - \$30 due prior to service	25% of Medicare rate - \$30 due prior to service	50% of Medicare rate - \$50 due prior to service	50% of Medicare rate - \$50 due prior to service	100% of Medicare rate - \$100 due prior to service
Outpatient Behavioral Health (except residency clinics)	\$0	\$30 per visit	\$40 per visit	\$50 per visit	100% of the Medicaid rate
Emergency Department Services	\$75 per visit	\$100 per visit	\$150 per visit	\$175 per visit	100% of Medicare rate per visit - \$200 due at discharge
Pharmacy	100% cost	100% cost + \$12	115% cost + \$13	125% cost + \$14	150% cost + \$15
Diagnostic Dental Services* , **	\$35 Nominal Charge	\$45 Flat Fee	\$55 Flat Fee	\$65 Flat Fee	\$75 Flat Fee
Restorative Dental Services***	\$50 Nominal Charge + Cost of Supplies	75% of Delta Dental allowable rates	80% of Delta Dental allowable rates	85% of Delta Dental allowable rates	100% of Delta Dental allowable rates
Dental Lab Services	\$50 Nominal Charge + Cost of Supplies	85% of Delta Dental allowable rates	90% of Delta Dental allowable rates	95% of Delta Dental allowable rates	100% of Delta Dental allowable rates

Notes

\*Comprehensive Health Center and Community Health Center visits not covered under the FQHC Sliding Fee Discount Schedule

\*\*Diagnostic Dental Services are inclusive of the following procedures:

D0120 - Periodic Exam, D0140 - Limited Exam, D0150 - Comp Exam

D0210 - Full Mouth X-ray Series, D0220 - 1st PA Film, D0230 - Each additional Film,

D0330 - Panoramic Film

D0270 Bitewings-1 Film, D0272 Bitewings-2 films, D0273 Bitewings-3Films, D0274 Bitewings-4 Films, D0277 Vertical Bitewings

***Restorative Grid/Dental (Including Nominal Charge)	Category 1	Category 2	Category 3	Category 4	Category 5
Filling	\$25.00	\$35.00	\$50.00	\$75.00	\$80.00
Crowns Simple	\$75.00	\$100.00	\$125.00	\$150.00	\$175.00
Crowns	\$250.00	\$400.00	\$450.00	\$475.00	\$500.00
Dentures - Temporary	\$100.00	\$200.00	\$250.00	\$300.00	\$350.00
Dentures - partial	\$300.00	\$350.00	\$400.00	\$450.00	\$500.00
Dentures - complete	\$350.00	\$795.00	\$842.00	\$865.00	\$900.00
Bridges - Temporary	\$50.00	\$100.00	\$150.00	\$200.00	\$225.00
Bridges	\$200.00	\$250.00	\$300.00	\$350.00	\$375.00

<b>Extractions - simple</b>	\$50.00	\$62.00	\$66.00	\$70.00	\$83.00
<b>Extractions - complex</b>	\$100.00	\$110.00	\$125.00	\$135.00	\$145.00

<b>Maternity Package Rates</b>	<b>AZ Resident - Non Maricopa County Resident</b>		<b>AZ &amp; Maricopa County Resident</b>	
<b>Description of Services</b>	<b>Paid in Full 90 Days Prior or Before Discharge</b>	<b>Paid in Full Today</b>	<b>Paid in Full 90 Days Prior or Before Discharge</b>	<b>Paid in Full Today</b>
Normal Vaginal Delivery	\$6,500	\$5,400	\$5,456	\$4,350
Normal Vaginal Delivery w/Tubal	\$6,900	\$5,800	\$5,800	\$4,700
Unplanned - Emergency Cesarean Section Delivery - Additional Charge	\$1,850	Not Applicable	\$1,750 additional	Not Applicable
Planned - Cesarean Section Delivery	\$7,700	\$6,500	\$6,614	\$6,050
Bilateral Tubal Ligation with Cesarean Section Delivery - Additional Charge	\$75 additional	\$75 additional	\$50 additional	\$50 additional
Twins - Additional Charge	\$350 additional	\$350 additional	\$200 additional	\$200 additional

<b>Behavioral Health Outpatient Residency Clinics</b>	
<b>Services</b>	<b>Co-Pay</b>
Couples Therapy	\$5.00
Child Appointment	\$7.00
Adult Psychotherapy	\$12.00
Medication Mgmt.	\$30.00
Intake Assessment	\$50.00

**Valleywise Health**  
**Federally Qualified Health Center Sliding Fee Discount Schedule**  
**Effective 05/15      Reviewed/Revised 11/23**

**Medical**

Plan Levels	Category 1	Category 2	Category 3	Category 4	Category 5	
Federal Poverty Level Scale	0-100%	101-138%	139-150%	151-200%	>201% FPL	>251% FPL
Primary Care	\$20 Nominal Charge	\$30 Flat Fee	\$40 Flat Fee	\$50 Flat Fee	No Discount	
Immunization for Flu*	\$20	\$20	\$20	\$20	\$20	
Immunization for Covid*	100% cost	100% cost + \$12	115% cost + \$13	125% cost + \$14	150% cost + \$15	
Family Planning Services - Maryvale Clinic Only	\$0	\$20	\$30	\$40	201-250% FPL \$50	>251% FPL No Discount
FQHC Specialty Visits (Example - Cardiology)	\$50 Nominal Charge	\$70 Flat Fee	\$80 Flat Fee	\$90 Flat Fee	No Discount	
Outpatient Ancillary Services (Lab)	\$10 Nominal Charge	25% of Medicare rate - 50% due prior to service (\$20 minimum)	50% of Medicare rate - 50% due prior to service (\$30 Minimum)	75% of Medicare rate - 50% due prior to service (\$40 minimum)	No Discount	
Outpatient Ancillary Services (Imaging)	\$30 Nominal Charge	25% of Medicare rate - 50% due prior to service (\$40 minimum)	50% of Medicare rate - 50% due prior to service (\$50 Minimum)	75% of Medicare rate - 50% due prior to service (\$60 minimum)	No Discount	

\*Unless covered by another source, such as a grant

**Dental**

Plan Levels	Category 1	Category 2	Category 3	Category 4	Category 5
Federal Poverty Level Scale	0-100%	101-138%	139-150%	151-200%	>201% FPL
Diagnostic Dental Services	\$10 Nominal Charge	\$15 Flat Fee	\$20 Flat Fee	\$25 Flat Fee	\$30 Flat Fee
Restorative Dental Services <b>*See Grid Below</b>	\$50 Nominal Charge + Cost of Supplies	75% of Delta Dental allowable rates	80% of Delta Dental allowable rates	85% of Delta Dental allowable rates	100% of Delta Dental allowable rates
Dental Lab Services	\$50 Nominal Charge + Cost of Supplies	85% of Delta Dental allowable rates	90% of Delta Dental allowable rates	95% of Delta Dental allowable rates	100% of Delta Dental allowable rates

Restorative Grid	Category 1	Category 2	Category 3	Category 4	Category 5
Filling	\$25.00	\$35.00	\$50.00	\$75.00	\$80.00
Crowns Simple	\$75.00	\$100.00	\$125.00	\$150.00	\$175.00
Crowns	\$250.00	\$400.00	\$450.00	\$475.00	\$500.00
Dentures - Temporary	\$100.00	\$200.00	\$250.00	\$300.00	\$350.00
Dentures - partial	\$300.00	\$350.00	\$400.00	\$450.00	\$500.00
Dentures - complete	\$350.00	\$795.00	\$842.00	\$865.00	\$900.00
Bridges - Temporary	\$50.00	\$100.00	\$150.00	\$200.00	\$225.00
Bridges	\$200.00	\$250.00	\$300.00	\$350.00	\$375.00
Extractions - simple	\$50.00	\$62.00	\$66.00	\$70.00	\$83.00
Extractions - complex	\$100.00	\$110.00	\$125.00	\$135.00	\$145.00



# Valleywise Health

Tabla de descuentos del programa de ayuda financiera para pacientes sin seguro médico o con seguro médico insuficiente  
Tarifas en vigor a partir del 1.º de septiembre de 2023

Categorías de cobertura	Categoría 1	Categoría 2	Categoría 3	Categoría 4	Categoría 5
Porcentaje del índice federal de pobreza	0-100%	101-138%	139-150%	151-200%	>201
Cirugías o procedimientos para pacientes ingresados y ambulatorios (no se incluyen los procedimientos estéticos, ortopédicos ni implantes)	\$0	\$200 de depósito - El saldo será facturado conforme al 25% de la tarifa de Medicare	\$300 de depósito - El saldo será facturado conforme al 50% de la tarifa de Medicare	\$400 de depósito - El saldo será facturado conforme al 75% de la tarifa de Medicare	\$500 de depósito - El saldo será facturado conforme al 100% de la tarifa de Medicare
Cirugías o procedimientos en el consultorio (no se incluyen los procedimientos estéticos, ortopédicos ni implantes)	\$0	\$200 de depósito - El saldo será facturado conforme al 25% de la tarifa reducida de Medicare	\$300 de depósito - El saldo será facturado conforme al 50% de la tarifa reducida de Medicare	\$400 de depósito - El saldo será facturado conforme al 75% de la tarifa reducida de Medicare	\$500 de depósito - El saldo será facturado conforme al 100% de la tarifa reducida de Medicare
Procedimientos quirúrgicos ortopédicos y/o de implantes para pacientes ingresados y ambulatorios	50% de la tarifa de Medicare - se deben pagar \$100 antes de recibir el servicio	50% de la tarifa de Medicare - se deben pagar \$200 antes de recibir el servicio	75% de la tarifa de Medicare - se deben pagar \$300 antes de recibir el servicio	75% de la tarifa de Medicare - se deben pagar \$400 antes de recibir el servicio	100% de la tarifa de Medicare - se deben pagar \$500 antes de recibir el servicio
Procedimientos estéticos para pacientes ingresados y ambulatorios	100% de la tarifa de Medicare - se debe pagar el 100% antes de recibir el servicio	100% de la tarifa de Medicare - se debe pagar el 100% antes de recibir el servicio	100% de la tarifa de Medicare - se debe pagar el 100% antes de recibir el servicio	100% de la tarifa de Medicare - se debe pagar el 100% antes de recibir el servicio	100% de la tarifa de Medicare - se debe pagar el 100% antes de recibir el servicio
Servicios de quimioterapia e infusión	50% de la tarifa de Medicare - se debe pagar el 100% antes de recibir el servicio	100% de la tarifa de Medicare - se debe pagar el 100% antes de recibir el servicio	100% de la tarifa de Medicare - se debe pagar el 100% antes de recibir el servicio	100% de la tarifa de Medicare - se debe pagar el 100% antes de recibir el servicio	100% de la tarifa de Medicare - se debe pagar el 100% antes de recibir el servicio
Consultas con especialistas en un centro de salud Comprehensive Health Center o Community Health Center*	\$50 por consulta	\$70 por consulta	\$80 por consulta	\$90 por consulta	100% de la tarifa de Medicare - se debe pagar el 100% antes de recibir el servicio
Servicios complementarios para pacientes ambulatorios (pruebas de diagnóstico por imágenes, mamogramas y análisis de laboratorio)	25% de la tarifa de Medicare - se deben pagar \$30 antes de recibir el servicio	25% de la tarifa de Medicare - se deben pagar \$30 antes de recibir el servicio	50% de la tarifa de Medicare - se deben pagar \$50 antes de recibir el servicio	50% de la tarifa de Medicare - se deben pagar \$50 antes de recibir el servicio	100% de la tarifa de Medicare - se deben pagar \$100 antes de recibir el servicio
Servicios de salud de comportamiento para pacientes ambulatorios (excepto en clínicas con programas de residencia)	\$0	\$30 por consulta	\$40 por consulta	\$50 por consulta	100% de la tarifa de Medicaid
Servicios del Departamento de Urgencias	\$75 por consulta	\$100 por consulta	\$150 por consulta	\$175 por consulta	100% de la tarifa de Medicare por consulta - se deben pagar \$200 cuando le den de alta
Farmacia	100% del costo	100% del costo + \$12	115% del costo + \$13	125% del costo + \$14	150% del costo + \$15
Servicios de diagnóstico dentales* , **	cargo nominal de \$35	tarifa fija de \$45	tarifa fija de \$55	tarifa fija de \$65	tarifa fija de \$75
Servicios dentales reconstructivos***	cargo nominal de \$50 + el costo del material	75% de las tarifas permitidas de Delta Dental	80% de las tarifas permitidas de Delta Dental	85% de las tarifas permitidas de Delta Dental	100% de las tarifas permitidas de Delta Dental
Servicios de laboratorio dentales	cargo nominal de \$50 + el costo del material	85% de las tarifas permitidas de Delta Dental	90% de las tarifas permitidas de Delta Dental	95% de las tarifas permitidas de Delta Dental	100% de las tarifas permitidas de Delta Dental

## Notas

\*Consultas en los Comprehensive Health Centers y Community Health Centers que no están cubiertas por el plan de descuento de tarifas variables de los FQHC.

\*\*Los servicios de diagnóstico dentales incluyen los siguientes procedimientos:

D0120 - Examen periódico, D0140 - Examen limitado, D0150 - Examen completo  
D0210 - Serie de radiografías de toda la boca, D0220 - 1ra radiografía periapical, D0230 - Cada radiografía adicional,  
D0330 - Radiografía panorámica  
D0270 1 radiografía de aleta de mordida, D0272 2 radiografías de aleta de mordida, D0273 3 radiografías de aleta de mordida, D0274 4 radiografías de aleta de mordida, D0277 radiografías de aleta de mordida

***Tabla de tarifas de servicios reconstructivos/dentales (Incluido el cargo nominal)	Categoría 1	Categoría 2	Categoría 3	Categoría 4	Categoría 5
Empastes	\$25.00	\$35.00	\$50.00	\$75.00	\$80.00
Coronas simples	\$75.00	\$100.00	\$125.00	\$150.00	\$175.00
Coronas	\$250.00	\$400.00	\$450.00	\$475.00	\$500.00
Dentadura postiza - temporal	\$100.00	\$200.00	\$250.00	\$300.00	\$350.00
Dentadura postiza - parcial	\$300.00	\$350.00	\$400.00	\$450.00	\$500.00

Dentadura postiza - completa	\$350.00	\$795.00	\$842.00	\$865.00	\$900.00
Puentes - temporales	\$50.00	\$100.00	\$150.00	\$200.00	\$225.00
Puentes	\$200.00	\$250.00	\$300.00	\$350.00	\$375.00
Extracción - simple	\$50.00	\$62.00	\$66.00	\$70.00	\$83.00
Extracción - compleja	\$100.00	\$110.00	\$125.00	\$135.00	\$145.00

Tarifas del paquete de maternidad	Residente de Arizona - No es residente del condado Maricopa		Residente de Arizona y del condado Maricopa	
Descripción de los servicios	Pagar en su totalidad 90 días antes del servicio o antes del alta	Pagar en su totalidad hoy	Pagar en su totalidad 90 días antes del servicio o antes del alta	Pagar en su totalidad hoy
Parto vaginal normal	\$6,500	\$5,400	\$5,456	\$4,350
Parto vaginal normal con ligadura de trompas	\$6,900	\$5,800	\$5,800	\$4,700
Cesárea de emergencia - no planeada - cargo adicional	\$1,850	No corresponde	\$1,750 adicionales	No corresponde
Cesárea - planeada	\$7,700	\$6,500	\$6,614	\$6,050
Cesárea con ligadura de trompas bilateral - cargo adicional	\$75 adicionales	\$75 adicionales	\$50 adicionales	\$50 adicionales
Gemelos - cargo adicional	\$350 adicionales	\$350 adicionales	\$200 adicionales	\$200 adicionales

Servicios para pacientes ambulatorios en clínicas de salud de comportamiento con programas de residencia	
Servicios	Copago
Terapia de pareja	\$5.00
Cita para un menor	\$7.00
Psicoterapia para adultos	\$12.00
Control de medicamentos	\$30.00
Evaluación de ingreso	\$50.00

## Valleywise Health

### Plan de descuento de tarifas variables de los Centros de Salud Federalmente Calificados (FQHC)

Tarifas en vigor a partir de 05/15

Revisado/Actualizado en 11/23

#### Servicios médicos

Niveles del plan	Categoría 1	Categoría 2	Categoría 3	Categoría 4	Categoría 5	
Porcentaje del índice federal de pobreza (FPL)	0-100%	101-138%	139-150%	151-200%	>201% del FPL	>251% del FPL
Atención médica primaria	cargo nominal de \$20	tarifa fija de \$30	tarifa fija de \$40	tarifa fija de \$50	No hay descuento	
Vacuna de la gripe*	\$20	\$20	\$20	\$20	\$20	
Vacuna del Covid*	100% del costo	100% del costo + \$12	115% del costo + \$13	125% del costo + \$14	150% del costo + \$15	
Servicios de planificación familiar - solo en la Clínica de Maryvale	\$0	\$20	\$30	\$40	201-250% del FPL \$50	>251% del FPL No hay descuento
Consultas con especialistas en los Centros de Salud Federalmente Calificados (Por ejemplo - Cardiología)	cargo nominal de \$50	tarifa fija de \$70	tarifa fija de \$80	tarifa fija de \$90	No hay descuento	
Servicios complementarios para pacientes ambulatorios (análisis de laboratorio)	cargo nominal de \$10	25% de la tarifa de Medicare - se debe pagar el 50% antes de recibir el servicio (pago mínimo de \$20)	50% de la tarifa de Medicare - se debe pagar el 50% antes de recibir el servicio (pago mínimo de \$30)	75% de la tarifa de Medicare - se debe pagar el 50% antes de recibir el servicio (pago mínimo de \$40)	No hay descuento	
Servicios complementarios para pacientes ambulatorios (pruebas de diagnóstico por imágenes)	cargo nominal de \$30	25% de la tarifa de Medicare - se debe pagar el 50% antes de recibir el servicio (pago mínimo de \$40)	50% de la tarifa de Medicare - se debe pagar el 50% antes de recibir el servicio (pago mínimo de \$50)	75% de la tarifa de Medicare - se debe pagar el 50% antes de recibir el servicio (pago mínimo de \$60)	No hay descuento	

\*A menos que el costo se pueda cubrir con otra fuente de ingresos como un subsidio

#### Servicios dentales

Niveles del plan	Categoría 1	Categoría 2	Categoría 3	Categoría 4	Categoría 5
Porcentaje del índice federal de pobreza	0-100%	101-138%	139-150%	151-200%	>201% del FPL
Servicios de diagnóstico dental	cargo nominal de \$10	tarifa fija de \$15	tarifa fija de \$20	tarifa fija de \$25	tarifa fija de \$30
Servicios dentales reconstructivos *Vea la siguiente tabla	cargo nominal de \$50 + el costo del material	75% de las tarifas permitidas de Delta Dental	80% de las tarifas permitidas de Delta Dental	85% de las tarifas permitidas de Delta Dental	100% de las tarifas permitidas de Delta Dental
Servicios de laboratorio dental	cargo nominal de \$50 + el costo del material	85% de las tarifas permitidas de Delta Dental	90% de las tarifas permitidas de Delta Dental	95% de las tarifas permitidas de Delta Dental	100% de las tarifas permitidas de Delta Dental
Tabla de servicios reconstructivos	Categoría 1	Categoría 2	Categoría 3	Categoría 4	Categoría 5
Empastes	\$25.00	\$35.00	\$50.00	\$75.00	\$80.00
Coronas - simples	\$75.00	\$100.00	\$125.00	\$150.00	\$175.00
Coronas	\$250.00	\$400.00	\$450.00	\$475.00	\$500.00
Dentadura postiza - temporal	\$100.00	\$200.00	\$250.00	\$300.00	\$350.00
Dentadura postiza - parcial	\$300.00	\$350.00	\$400.00	\$450.00	\$500.00
Dentadura postiza - completa	\$350.00	\$795.00	\$842.00	\$865.00	\$900.00
Puentes - temporales	\$50.00	\$100.00	\$150.00	\$200.00	\$225.00
Puentes	\$200.00	\$250.00	\$300.00	\$350.00	\$375.00
Extracción - simple	\$50.00	\$62.00	\$66.00	\$70.00	\$83.00
Extracción - compleja	\$100.00	\$110.00	\$125.00	\$135.00	\$145.00



**Form W-9**  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Maricopa County Special Health Care District</b>	
2 Business name/disregarded entity name, if different from above <b>Valleywise Health fka Maricopa Integrated Health System</b>	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) ► <b>Political Subdivision for the State of Arizona</b>	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)	
5 Address (number, street, and apt. or suite no.) See instructions. <b>2601 E. Roosevelt Street</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Phoenix, AZ 85008</b>	
7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

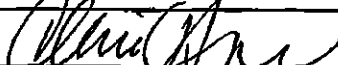
Social security number									
			-				-		
OR									
Employer identification number									
8	6		-	0	8	3	0	7	0

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► 	Date ► <b>1/2/2024</b>
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

## **Attachment 13: Health Center Program Compliance Narrative**

### **Sliding Fee Discount Program**

The Valleywise Health (VH) Sliding Fee Discount Program (SFDP) ensures that all patients, regardless of their financial circumstances, have access to high-quality healthcare services. In accordance with the Health Resources and Services Administration (HRSA) Health Center Program Compliance Manual, Chapter 9: Sliding Fee Discount Program, VH Federally Qualified Health Centers (FQHCs) established a SFDP that includes a schedule of fees for services, a schedule of discounts for services, or a sliding fee discount schedule, that minimizes financial barriers to care for patients who meet certain eligibility criteria. VH Policy #23624 D establishes the procedure for those patients who meet eligibility criteria to have access to necessary health care services at VH FQHC designated clinics at costs based on their ability to pay as determined by their gross annual household income and family size. The program adheres to the following guidelines:

- *Consistent Application:* The SFDP applies consistently to all patients seeking care at VH, ensuring fairness and equity in healthcare provision.
- *Income and Family Definition:* The program aligns with the current Federal Poverty Level (FPL) Guidelines in defining income and family size, ensuring that the assessment of patients' financial needs is based on the most up-to-date standards.
- *Eligibility Assessment:* VH uses two types of screening to determine eligibility for the SFDP: Presumptive and Traditional. Presumptive screening is the initial process used to determine a patient's eligibility for the program. Traditional screening is completed for patients who disagree with the Sliding Fee level. Patients applying via the Traditional screening for the SFDP must provide written verification of monthly income. VH employs a standardized method for assessing all patients for sliding fee discount eligibility. This method relies solely on income and family size, ensuring that all patients are evaluated fairly and that discounts are awarded based on objective criteria.
- *Charge Adjustment:* Patient charges are adjusted based on their ability to pay, consistent with the Sliding Fee Discount Schedule (SFDS). This ensures that patients are not burdened with healthcare costs beyond their financial means.
- *Nominal Charges:* VH has a policy of nominal charges for patients with incomes at or below 100% of the current FPL. This nominal charge is a fixed fee that does not reflect the value of the service(s) provided and is considered nominal from the perspective of the patient.

See Attachment 10: Sliding Fee Discount Schedule and Form 5A: Services Provided for additional information. The SFDS is used to determine the nominal fee and/or dollar amount of any given fee which the eligible patient is expected to pay. The SFDS is based on current FPL Guidelines and is adjusted annually based on gross annual household income and family size in the household. Under the policy, the patient is responsible for one hundred percent (100%) of the fees charged for the services rendered. However, the SFDS offers to the patient a method of satisfying the debt when the patient's resources are limited.

The attached SFDS provides a full discount for individuals and families with annual incomes at or below 100% of the current FPL, partial discounts for those with incomes above 100% and at or below 200% of the FPL, and no discounts for those with incomes above 200% of the FPL.

### **Contracts and Sub-Awards**

VH maintains rigorous oversight of all contracts and sub-awards to ensure compliance with all Health Center Program requirements, as well as any distinct statutory, regulatory, and policy requirements of other federal programs associated with their HRSA-approved scope of project. This oversight ensures that all subrecipients adhere to the same standards of compliance. VH maintains system-wide policies and procedures for Contract Administration (#05201 S), Quality Review of Contracts (#05203 T), Revenue Contracts – Medical Services (#99011 G), and HIPAA Security/ Compliance (#95758 S and #01306 S). All costs paid for by the federal subaward are allowable and consistent with Federal Cost Principles, ensuring that federal funds are used responsibly and effectively.

Attachment 7: Summary of Contracts and Agreements and Form 8: Health Center Agreements demonstrate that all contracts and sub-awards include:

- Specific activities or services to be performed or goods to be provided, ensuring clarity and accountability in all contractual agreements.
- Mechanisms for VH to monitor contractor performance, ensuring that all contractual obligations are met satisfactorily.
- Requirements for contractors to provide the necessary data to meet VH's federal financial and programmatic reporting requirements, ensuring transparency and compliance with all applicable regulations.

### **Billing and Collections**

VH billing and collections processes are designed to be patient-friendly and compliant with all applicable regulations. VH participates in Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and other public or private assistance programs or health insurance, as detailed in Form 3: Income Analysis.

VH has approved policies and procedures for billing and collections (Policy #23624 D FQHC Sliding Fee Discount Program). Patients are advised that the applicable fee, including any nominal fee, is expected at the time of service. In the event the patient is unable to pay at the time of service, the patient will be informed that they will be billed. Patients are expected to make payment in full within 90 days or establish a payment plan, including making payment(s) on their outstanding bill, with a VH financial counselor. An inability to pay or refusal to pay does not impede access to care, and payment arrangements are determined on an individual basis. Insured patients qualifying for Sliding Fee after insurance will be billed for the lesser of the copay/co-insurance assigned by their insurance company or the Sliding Fee Discount amount.

### **Governance: Board Authority**

The Maricopa County Special Health Care District's Valleywise Community Health Centers Governing Council maintains the authority for oversight of the Health Center Program. The

Governing Council is organized to provide governance and oversight of FQHCs owned and operated by the Maricopa County Special Health Care District, dba Valleywise Health, which provide primary and preventive health care and related services (including, but not limited to, ancillary services). The purpose of the Governing Council is to serve as the Co-Applicant, consistent with the requirements of applicable HRSA policies and pronouncements in order to meet the Section 330 of the Public Health Service Act governance requirements. Attachment 2: Bylaws and Attachment 6: Co-Applicant Agreement delegates the required authorities and functions to the co-applicant board and delineates the roles and responsibilities of the public agency and the co-applicant in carrying out the project. The co-applicant Governing Council's authority includes:

- Holding monthly meetings, ensuring regular oversight and decision-making (Bylaws, Article IV, Section 1).
- Approving the selection, dismissal, or termination of the PD/CEO, ensuring that the organization is led by a qualified and competent individual (Co-Applicant Agreement, 1.14-1.17)
- Approving the annual Health Center Program project budget and applications, ensuring that the organization's resources are used effectively and responsibly (Bylaws, Article VI, A28; Co-Applicant Agreement, 1.28, 5.24)
- Approving proposed health center services and the locations and hours of operation of health center sites, ensuring that the organization's services are accessible and meet the needs of the community (Bylaws, Article VI, A2-4; Co-Applicant Agreement, 1.3-1.7, 3.2)
- Evaluating the performance of the health center, ensuring that the organization is meeting its goals and objectives (Bylaws, Article VI, A23, A30, A33; Co-Applicant Agreement, 1.23, 1.30, 1.33, 5.27-5.28)
- Establishing or adopting policies related to the operations of the health center, ensuring that the organization operates in an efficient and compliant (Bylaws, Article VI, A33; Co-Applicant Agreement, 5.27)
- Ensuring the health center complies with applicable federal, state, and local laws and regulations, ensuring that the organization maintains its legal and ethical obligations (Bylaws, Article VI, A26 and Article IX; Co-Applicant Agreement, 1.26, 10)

The Governing Council's authority is not restricted or infringed upon by any other individual, entity, or committee, and any collaboration or agreements with other entities do not compromise the board's required authorities and functions. Attachment 3: Project Organizational Chart outlines the hierarchy and reporting relationship between the Governing Council and other Health Center leadership. The VH contract with District Medical Group to fulfill the scope of project (Form 8: Health Center Agreements) does not restrict or infringe upon the Governing Council's required authorities and functions.

### **Governance: Board Composition**

The composition of the Governing Council adheres to the requirements of Section 330, its implementing regulations, HRSA's policies and Compliance Manual. As documented in Attachment 2: Bylaws and Attachment 6: Co-Applicant Agreement, the composition of the Governing Council includes:

- *Size*: The board consists of at least 9 and no more than 17 members, ensuring a diverse range of perspectives while maintaining effective decision-making capabilities.
- *Patient Representation*: At least 51% of board members are patients served by the FQHCs, ensuring that the voices of those most directly impacted by VH services are heard and considered in the organization's governance. A patient is someone who has received in-scope services within the last 24 months.
- *Demographic Representation*: The patient Governing Council members must represent the patients served by the FQHCs in terms of demographics such as race, ethnicity, and gender.
- *Community Representation and Expertise/ Skills*: Non-patient Governing Council members must be representative of the community served by the FQHCs and must be selected for their expertise in relevant subject areas such as community affairs, local government, finance, legal, trade unions, and social service agencies within the community.
- *Healthcare Industry Representation*: No more than one-half of non-patient Governing Council members derive more than 10% of their annual income from the health care industry, ensuring that the board's decisions are not unduly influenced by the healthcare industry. Health care industry is defined as hospitals, other health care institutions, nurses, doctors, dentist, and other licensed healthcare professionals whose primary responsibility is providing primary preventative and therapeutic healthcare services.
- *Conflict of Interest*: Health center employees and immediate family members (spouses, children, parents, or siblings through blood, adoption, or marriage) of employees may not be health center board members, ensuring that the board's decisions are free from conflicts of interest. Any potential conflict of interest will be reviewed by the District's Chief Compliance Officer who will determine whether an actual conflict exists.

**HOSPITALS RATE AGREEMENT**

EIN: 86-0830701

DATE:05/25/2022

ORGANIZATION:

FILING REF.: The preceding  
agreement was dated  
02/01/2018Maricopa County Special Health Care  
District  
(dba Valleywise Health Medical Center)  
2601 E. Roosevelt St.  
Phoenix, AZ 85008

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)
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EFFECTIVE PERIOD

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
PRED.	07/01/2020	06/30/2022	36.00	On Site	Other Sponsored Activities
PRED.	07/01/2020	06/30/2022	73.00	On Site	Research
PROV.	07/01/2022	06/30/2025	36.00	On Site	Other Sponsored Activities
PROV.	07/01/2022	06/30/2025	73.00	On Site	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 County Special Health Care District (dba Valleywise Health Medical Center)

AGREEMENT DATE: 5/25/2022

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## **SECTION II: SPECIAL REMARKS**

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### 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.

The following fringe benefits are treated as direct costs:

FICA, HEALTH/LIFE INSURANCE, AND RETIREMENT.

### NEXT PROPOSAL DUE DATE

An indirect cost rate proposal, based on actual costs for fiscal year ending 06/30/2023, will be due no later than 12/31/2023.

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds \$5,000.

ORGANIZATION: Maricopa County Special Health Care District (dba Valleywise Health Medical Center)

AGREEMENT DATE: 5/25/2022

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### SECTION III: GENERAL

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**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 County Special Health Care District (dba Valleywise Health Medical Center)

(INSTITUTION)

(SIGNATURE)

(NAME)

(TITLE)

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Arif M. Karim -S Digitally signed by Arif M. Karim -S  
Date: 2022.06.14 14:10:55 -05'00'

(SIGNATURE)

Arif Karim

(NAME)

Director, Cost Allocation Services

(TITLE)

5/25/2022

(DATE) 4217

HHS REPRESENTATIVE: Theodore Foster

Telephone: (214) 767-3261



## Program Specific Form(s) - Review

00233084: MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

Due Date: 10/24/2024 (Due In: 14 Days)

Announcement Number: HRSA-25-015

Announcement Name: Service Area Competition

Application Type: Competing Continuation

Grant Number: H80CS33644

Target Population: Community Health Centers

Target Audience: Not Available


Resources 

### Form 1A - General Information Worksheet

As of 10/09/2024 05:36:37 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

<b>1. Applicant Information</b>	
<b>Applicant Name</b>	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
<b>Fiscal Year End Date</b>	June 30
<b>Application Type</b>	Competing Continuation
<b>Grant Number</b>	H80CS33644
<b>Business Entity</b> (Select one option that aligns with the type entered in SAM.gov)	<input type="checkbox"/> Tribal <input type="checkbox"/> Urban Indian <input type="checkbox"/> Private, non-profit (non-Tribal or Urban Indian) <input checked="" type="checkbox"/> Public (non-Tribal or Urban Indian)
<b>Organization Type (Select all that apply)</b>	<input type="checkbox"/> Faith based <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> State government <input type="checkbox"/> City/County/Local Government or Municipality <input type="checkbox"/> University <input type="checkbox"/> Community based organization <input type="checkbox"/> Other  If 'Other' please specify:

<b>▼ 2. Proposed Service Area</b>	
<b>2a. Service Area Designation</b>	
<b>Select MUA/MUP</b> (Each ID must be 5 to 12 digits. Use commas to separate multiple IDs, without spaces)	<input checked="" type="checkbox"/> Medically Underserved Area (MUA) ID # 07269, 00117, 00124 <input checked="" type="checkbox"/> Medically Underserved Population (MUP) ID # 1042091548, 07219, 07651 <input type="checkbox"/> Medically Underserved Area Application Pending ID # <input type="checkbox"/> Medically Underserved Population Application Pending ID #
<a href="#">Find an MUA/MUP</a> 	

<b>2b. Service Area Type</b>	
<b>Choose Service Area Type</b>	<input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Sparsely Populated - Specify population density by providing the number of people per square mile: 0.00
<b>2c. Patients and Visits</b>	
<b>Unduplicated Patients and Visits by Population Type</b>	

How many unduplicated patients do you project to serve in 2026? (January 1, 2026 through December 31, 2026) 88449

Population Type	UDS / Baseline Value		Projected by December 31, 2026 (January 1 - December 31, 2026)	
	Patients	Visits	Patients	Visits
Total	87572	285026	88449	324276
General Underserved Community  (Include all patients/visits not reported in the rows below)	0	0	88057	323482
Migratory and Seasonal Agricultural Workers and Families	157	314	159	328

Public Housing Residents	87572	284250	0	0
People Experiencing Homelessness	231	462	233	466
<b>Patients and Visits by Service Type</b>				
Service Type	UDS / Baseline Value		Projected by December 31, 2026 (January 1 - December 31, 2026)	
	Patients	Visits	Patients	Visits
Total Medical Services	83610	232971	84447	256052
Total Dental Services	9290	21445	9383	24398
Behavioral Health Services				
Total Mental Health Services	5229	29601	5281	33677
Total Substance Use Disorder Services	0	0	0	0
Total Vision Services	0	0	0	0
Total Enabling Services	0	0	0	0

## Form 1C - Documents On File

As of 10/09/2024 05:36:37 PM  
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

Management and Finance	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Personnel policies, including selection and dismissal procedures, salary and benefit scales, employee grievance procedures, and equal opportunity practices.	10/01/2023	
Procurement procedures.	06/01/2024	
Standards of Conduct/Conflict of Interest policies/procedures.	12/01/2023	
Financial Management/Accounting and Internal Control policies and/or procedures to ensure awarded Health Center Program federal funds are not expended for restricted activities.	12/01/2023	
Financial Management/Accounting and Internal Control policies/procedures related to restrictions on the use of federal funds for the purchase of sterile needles or syringes for the hypodermic injection of any illegal drug. <sup>1</sup> (Only applicable if your organization provides syringe exchange services or is otherwise engaged in syringe service programs; otherwise, indicate as N/A.)		[ X ]
Financial Management/Accounting and Internal Control policies/procedures related to restrictions on the use of federal funds to provide abortion services, except in cases of rape or incest or where there is a threat to the life of the mother. <sup>2</sup> (Only applicable if your organization provides abortion services; otherwise, indicate as N/A.)		[ X ]
Billing and Collections policies/procedures, including those regarding waivers or fee reductions and refusal to pay.	05/01/2024	
Services	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Credentialing/Privileging operating procedures	10/01/2023	
Coverage for Medical Emergencies During and After Hours operating procedures	10/01/2023	

Continuity of Care/Hospital Admitting operating procedures	05/01/2024	
Sliding Fee Discount Program policies, operating procedures, and sliding fee schedule	05/01/2024	
Quality Improvement/Assurance Program policies and operating procedures that address clinical services and management, patient safety, and confidentiality of patient records	12/01/2023	
Governance	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Governing Board Bylaws.	11/01/2023	
Co-Applicant Agreement (Only applicable to public entity health centers; otherwise, indicate as N/A.)	09/06/2023	[ _ ]
Evidence of Nonprofit or Public Center Status	01/11/2005	

## Form 4 - Community Characteristics

As of 10/09/2024 05:36:37 PM  
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

Race	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Asian	233,879	5.1%	2,777	3.14%
Native Hawaiian	9,630	0.21%	44	0.05%
Other Pacific Islander	4,127	0.09%	619	0.7%
Black/African American	316,425	6.9%	10,702	12.1%
American Indian/Alaska Native	132,990	2.9%	1,442	1.63%
White	3,714,557	81%	67,859	76.72%
More than One Race	155,920	3.4%	920	1.04%
Unreported/ Chose Not to Disclose Race	18,343	0.4%	4,086	4.62%
Total	4,585,871	100%	88,449	100%

Hispanic or Latino/a Ethnicity	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Hispanic or Latino/a	1,453,721	31.7%	55,723	63%
Non-Hispanic or Latino/a	3,063,362	66.8%	31,842	36%
Unreported/ Chose Not to Disclose Ethnicity	68,788	1.5%	884	1%
Total	4,585,871	100%	88,449	100%

Income as a Percent of Poverty Guideline	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
100% and below	499,860	10.9%	53,352	60.32%
101-200%	1,329,903	29%	23,660	26.75%
Over 200%	2,756,108	60.1%	11,437	12.93%
Total	4,585,871	100%	88,449	100%

Principal Third Party Medical Insurance	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Medicaid	710,810	15.5%	39,262	44.39%
Medicare	536,547	11.7%	6,514	7.36%
Other Public Insurance	592,953	12.93%	30	0.03%
Private Insurance	2,241,115	48.87%	15,933	18.01%
None/Uninsured	504,446	11%	26,710	30.2%
Total	4,585,871	100%	88,449	100%

Special Populations and Select Population Characteristics	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Migratory/Seasonal Agricultural Workers and Families	185,040	4.04%	159	0.18%
People Experiencing Homelessness	9,435	0.21%	233	0.26%
Residents of Public Housing	78,274	1.71%	2,525	2.85%
School Age Children	875,099	19.08%	20,894	23.62%
Veterans	288,910	6.3%	769	0.87%
Lesbian, Gay, Bisexual and Transgender	206,364	4.5%	4,721	5.34%
People Living with HIV	12,693	0.28%	4,616	5.22%
Individuals Best Served in a Language Other Than English	1,196,912	26.1%	40,860	46.2%
Other	0	0%	0	0%

## Form 2 - Staffing Profile

As of 10/09/2024 05:36:37 PM  
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

▼ Management and Support Personnel		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Project Director/Chief Executive Officer (CEO)	1.00	N/A
Finance Director/Chief Financial Officer (CFO)	0.30	NO
Chief Operations Officer (COO)	0.20	NO
Chief Information Officer (CIO)	0.50	NO
Clinical Director/Chief Medical Officer (CMO)	1.00	NO
Other Management and Support Personnel	47.83	NO

▼ Facility and Non-Clinical Support Personnel		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Fiscal and Billing Personnel	14.01	NO
IT Personnel	32.00	NO
Facility Personnel	25.13	NO
Patient Support Personnel	74.75	NO

▼ Physicians		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Family Physicians	16.71	YES
General Practitioners	0.00	YES

Internists	13.83	YES
Obstetrician/Gynecologists	9.99	YES
Pediatricians	14.16	YES
Other Specialty Physicians	0.00	YES

#### ▼ Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Nurse Practitioners	23.30	YES
Physician Assistants	9.60	YES
Certified Nurse Midwives	3.28	YES

#### ▼ Medical Care Services

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Nurses	41.59	NO
Other Medical Personnel (e.g. Medical Assistants, Nurse Aides) - Medical Assistants	106.55	NO
Laboratory Personnel	42.28	NO
X-Ray Personnel	14.20	NO

#### ▼ Dental

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Dentists	10.37	NO
Dental Hygienists	5.69	NO
Dental Therapists	0.00	NO
Other Dental Personnel - Dental Assistants	18.90	NO

#### ▼ Behavioral Health (Mental Health and Substance Use Disorder Services)

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Psychiatrists	3.23	YES
Licensed Clinical Psychologists	0.00	YES
Licensed Clinical Social Workers	14.07	YES
Other Licensed Mental Health Providers - Other Licensed Mental Health Providers	5.08	NO
Other Mental Health Personnel - Other Mental Health Personnel	10.70	NO
Substance Use Disorder Providers	0.00	NO

#### ▼ Professional Services

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Other Professional Health Services Personnel - Diabetic Educators	1.96	NO

#### ▼ Vision Services

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Ophthalmologists	0.00	NO
Optometrists	0.00	NO
Other Vision Care Personnel	0.00	NO

▼ Pharmacy Personnel		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Pharmacy Personnel	7.00	NO
▼ Enabling Services		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Case Managers	20.91	NO
Patient and Community Education Specialists	0.00	NO
Outreach Workers	0.00	NO
Transportation Workers	0.00	NO
Eligibility Assistance Workers	12.32	NO
Interpretation Personnel	0.00	NO
Community Health Workers	13.84	NO
Other Enabling Services Personnel	0.00	NO
▼ Other Programs and Services		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Quality Improvement Personnel	1.00	NO
Other Programs and Services Personnel	0.00	NO
▼ Total FTEs		
Totals	Direct Hire FTEs	Contract/Agreement FTEs
Totals	617.28	N/A

## Form 3 - Income Analysis

As of 10/09/2024 05:36:37 PM  
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

Payer Category	Patients By Primary Medical Insurance (a)	Billable Visits (b)	Income Per Visit (c)	Projected Income (d)	Prior FY Income (e)
<b>Part 1: Patient Service Revenue - Program Income</b>					
1. Medicaid	39,262	141,417	\$293.52	\$41,508,717.84	\$39,578,680.00
2. Medicare	6,514	29,858	\$281.91	\$8,417,268.78	\$7,895,211.00
3. Other Public	30	41	\$100.60	\$4,124.60	\$5,186.00
4. Private	15,933	53,537	\$206.04	\$11,030,763.48	\$11,078,591.00
5. Self Pay	26,710	99,423	\$63.75	\$6,338,216.25	\$6,329,360.00
6. Total (Lines 1 to 5)	88449	324276	N/A	\$67,299,090.95	\$64,887,028.00
<b>Part 2: Other Income - Other Federal, State, Local and Other Income</b>					
7. Other Federal	N/A	N/A	N/A	\$2,496,800.00	\$4,010,979.00
8. State Government	N/A	N/A	N/A	\$1,005,400.00	\$957,530.15
9. Local Government	N/A	N/A	N/A	\$38,914,845.74	\$31,702,906.91
10. Private Grants/Contracts	N/A	N/A	N/A	\$648,500.00	\$599,005.94
11. Contributions	N/A	N/A	N/A	\$0.00	\$0.00
12. Other	N/A	N/A	N/A	\$0.00	\$0.00
13. Applicant (Retained Earnings)	N/A	N/A	N/A	\$0.00	\$0.00
14. Total Other (Lines 7 to 13)	N/A	N/A	N/A	\$43,065,545.74	\$37,270,422.00
<b>Total Non-Federal (Non-Health Center Program) Income (Program Income Plus Other)</b>					

Payer Category	Patients By Primary Medical Insurance (a)	Billable Visits (b)	Income Per Visit (c)	Projected Income (d)	Prior FY Income (e)
15. Total Non-Federal (Lines 6+14)	N/A	N/A	N/A	\$110,364,636.69	\$102,157,450.00

Comments/Explanatory Notes (if applicable)

As of 10/09/2024 05:36:37 PM  
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

## Form 5A - Required Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
General Primary Medical Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diagnostic Laboratory	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diagnostic Radiology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Screenings	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coverage for Emergencies During and After Hours	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Voluntary Family Planning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Immunizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Well Child Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gynecological Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Obstetrical Care			
Prenatal Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intrapartum Care (Labor & Delivery)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Postpartum Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Dental	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmaceutical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HCH Required Substance Use Disorder Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eligibility Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outreach	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Translation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

As of 10/09/2024 05:36:37 PM  
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

## Form 5A - Additional Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Additional Dental Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
<b>Behavioral Health Services</b>			
Mental Health Services	[ X ]	[ X ]	[ _ ]
Substance Use Disorder Services	[ _ ]	[ _ ]	[ _ ]
Optometry	[ _ ]	[ _ ]	[ _ ]
Recuperative Care Program Services	[ _ ]	[ _ ]	[ _ ]
Environmental Health Services	[ _ ]	[ _ ]	[ _ ]
Occupational Therapy	[ _ ]	[ _ ]	[ _ ]
Physical Therapy	[ _ ]	[ _ ]	[ _ ]
Speech-Language Pathology/Therapy	[ _ ]	[ _ ]	[ _ ]
Nutrition	[ X ]	[ _ ]	[ _ ]
Complementary and Alternative Medicine	[ _ ]	[ _ ]	[ _ ]
Additional Enabling/Supportive Services	[ _ ]	[ _ ]	[ _ ]

As of 10/09/2024 05:36:37 PM  
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

## Form 5A - Specialty Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Podiatry	[ _ ]	[ _ ]	[ _ ]
Psychiatry	[ _ ]	[ X ]	[ _ ]
Endocrinology	[ _ ]	[ _ ]	[ _ ]
Ophthalmology	[ _ ]	[ _ ]	[ _ ]
Cardiology	[ _ ]	[ _ ]	[ _ ]
Pulmonology	[ _ ]	[ _ ]	[ _ ]
Dermatology	[ _ ]	[ _ ]	[ _ ]
Infectious Disease	[ _ ]	[ _ ]	[ _ ]
Gastroenterology	[ _ ]	[ _ ]	[ _ ]
Advanced Diagnostic Radiology	[ _ ]	[ _ ]	[ _ ]
Other - Antepartum Testing/Maternal Fetal Monitoring	[ _ ]	[ X ]	[ _ ]
Other - OB/GYN INFERTILITY	[ _ ]	[ X ]	[ _ ]
Other - OB/GYN-Urology	[ _ ]	[ X ]	[ _ ]
Other - Obstetric - Cardio	[ _ ]	[ X ]	[ _ ]
Other - Other - GYN TUMOR	[ _ ]	[ X ]	[ _ ]

## Form 5B - Service Sites

As of 10/09/2024 05:36:37 PM  
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

Valleywise Community Health Center - Avondale (BPS-H80-029526)	Action Status: Picked from Scope
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Site Name	Valleywise Community Health Center - Avondale	Physical Site Address	950 E Van Buren St, Avondale, AZ 85323-1506
Site Type	Service Delivery Site	Site Phone Number	(623) 344-6800
Web URL	https://valleywisehealth.org/services/primary-care/		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	9/1/2019	Site Operational By	9/12/2019
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number	Total Hours of Operation		54
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		
<div>Organization Information</div> <div>No Organization Added</div>			
Service Area Zip Codes	85323, 85037, 85353, 85035, 85392, 85340, 85033, 85043, 85326, 85338		
Valleywise Community Health Center - Chandler (BPS-H80-029517)			Action Status: Picked from Scope
Site Name	Valleywise Community Health Center - Chandler	Physical Site Address	811 S Hamilton St, Chandler, AZ 85225-6308
Site Type	Service Delivery Site	Site Phone Number	(480) 344-6100
Web URL	https://valleywisehealth.org/services/primary-care/		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	9/1/2019	Site Operational By	9/12/2019
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number	Total Hours of Operation		56.5
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		
<div>Organization Information</div> <div>No Organization Added</div>			
Service Area Zip Codes	85249, 85226, 85295, 85248, 85286, 85233, 85138, 85224, 85210, 85225		
Valleywise Mobile Health Clinic (BPS-H80-038093)			Action Status: Picked from Scope
Site Name	Valleywise Mobile Health Clinic	Physical Site Address	2601 E Roosevelt St, Phoenix, AZ 85008-4973
Site Type	Service Delivery Site	Site Phone Number	(602) 655-2200

Web URL	https://valleywisehealth.org		
Location Type	Mobile Van	Site Setting	All Other Clinic Types
Date Site was Added to Scope	1/11/2024	Site Operational By	4/1/2024
FQHC Site Medicare Billing Number Status	FQHC Site Medicare Billing Number		
FQHC Site National Provider Identification (NPI) Number	Total Hours of Operation		35
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		

#### Organization Information

No Organization Added

Service Area Zip Codes	85283, 85021, 85008, 85225, 85204, 85033, 85031, 85301, 85323, 85041		
Valleywise Health Administration Building (BPS-H80-031831)			Action Status: Picked from Scope
Site Name	Valleywise Health Administration Building	Physical Site Address	2601 E Roosevelt St, Phoenix, AZ 85008-4973
Site Type	Administrative	Site Phone Number	(602) 344-1129
Web URL	https://valleywisehealth.org/		
Location Type	Permanent	Site Setting	
Date Site was Added to Scope	12/30/2020	Site Operational By	
FQHC Site Medicare Billing Number Status	FQHC Site Medicare Billing Number		
FQHC Site National Provider Identification (NPI) Number	Total Hours of Operation		0
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		

#### Organization Information

No Organization Added

Service Area Zip Codes			
Valleywise Community Health Center – South Phoenix/Laveen (BPS-H80-030926)			Action Status: Picked from Scope
Site Name	Valleywise Community Health Center – South Phoenix/Laveen	Physical Site Address	5650 S. 35th Ave, Phoenix, AZ 85041
Site Type	Service Delivery Site	Site Phone Number	(602) 655-6400
Web URL	www.valleywisehealth.org		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	6/25/2020	Site Operational By	6/29/2020
FQHC Site Medicare Billing Number Status	FQHC Site Medicare Billing Number		

FQHC Site National Provider Identification (NPI) Number	Total Hours of Operation		55
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		
<div>Organization Information</div> <div>No Organization Added</div>			
Service Area Zip Codes	85041, 85009, 85040, 85042, 85043, 85035, 85033, 85031, 85339, 85007		
Valleywise Community Health Center - Mesa (BPS-H80-034022)			Action Status: Picked from Scope
Site Name	Valleywise Community Health Center - Mesa	Physical Site Address	950 E Main Street, Location A, Mesa, AZ 85203
Site Type	Service Delivery Site	Site Phone Number	(602) 655-6200
Web URL	www.valleywisehealth.org		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	12/16/2021	Site Operational By	1/24/2022
FQHC Site Medicare Billing Number Status	FQHC Site Medicare Billing Number		
FQHC Site National Provider Identification (NPI) Number	Total Hours of Operation		55
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		
<div>Organization Information</div> <div>No Organization Added</div>			
Service Area Zip Codes	85208, 85205, 85204, 85202, 85213, 85206, 85207, 85210, 85203, 85201		
Valleywise Community Health Center - McDowell (BPS-H80-029521)			Action Status: Picked from Scope
Site Name	Valleywise Community Health Center - McDowell	Physical Site Address	1101 N Central Ave Ste 204, Phoenix, AZ 85004-1844
Site Type	Service Delivery Site	Site Phone Number	(602) 344-6550
Web URL	https://valleywisehealth.org/services/primary-care/		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	9/1/2019	Site Operational By	9/12/2019
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number	Total Hours of Operation		51
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0

Site Operated by	Health Center/Applicant		
<div>Organization Information</div> <div>No Organization Added</div>			
Service Area Zip Codes	85017, 85008, 85014, 85016, 85301, 85015, 85021, 85041, 85004, 85009		
Valleywise Community Health Center - South Central (BPS-H80-029520)			Action Status: Picked from Scope
Site Name	Valleywise Community Health Center - South Central	Physical Site Address	33 W Tamarisk St, Phoenix, AZ 85041-2422
Site Type	Service Delivery Site	Site Phone Number	(602) 344-6400
Web URL	https://valleywisehealth.org/services/primary-care/		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	9/1/2019	Site Operational By	9/12/2019
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	57.5
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		
<div>Organization Information</div> <div>No Organization Added</div>			
Service Area Zip Codes	85009, 85008, 85015, 85339, 85041, 85035, 85007, 85040, 85003, 85042		
Valleywise Community Health Center- North Phoenix (BPS-H80-031333)			Action Status: Picked from Scope
Site Name	Valleywise Community Health Center- North Phoenix	Physical Site Address	2025 W Northern Ave, Phoenix, AZ 85021-5157
Site Type	Service Delivery Site	Site Phone Number	(602) 344-6300
Web URL	www.valleywisehealth.org		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	9/16/2020	Site Operational By	10/6/2020
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	59
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		
<div>Organization Information</div> <div>No Organization Added</div>			

<b>Service Area Zip Codes</b>	85019, 85020, 85017, 85301, 85032, 85031, 85051, 85029, 85015, 85021		
<b>Valleywise Comprehensive Health Center-Peoria (BPS-H80-030160)</b>		<b>Action Status: Picked from Scope</b>	
<b>Site Name</b>	Valleywise Comprehensive Health Center-Peoria	<b>Physical Site Address</b>	8088 W Whitney Dr, Peoria, AZ 85345-6564
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(833) 855-9973
<b>Web URL</b>	https://valleywisehealth.org/services/primary-care/		
<b>Location Type</b>	Permanent	<b>Site Setting</b>	All Other Clinic Types
<b>Date Site was Added to Scope</b>	12/31/2019	<b>Site Operational By</b>	12/31/2019
<b>FQHC Site Medicare Billing Number Status</b>	Health center does not/will not bill under the FQHC Medicare system at this site	<b>FQHC Site Medicare Billing Number</b>	
<b>FQHC Site National Provider Identification (NPI) Number</b>		<b>Total Hours of Operation</b>	55
<b>Months of Operation</b>	May, June, July, August, January, February, March, April, September, October, December, November		
<b>Number of Contract Service Delivery Locations</b>	0	<b>Number of Intermittent Sites</b>	0
<b>Site Operated by</b>	Health Center/Applicant		
<div>Organization Information</div> <div>No Organization Added</div>			
<b>Service Area Zip Codes</b>	85303, 85345, 85301, 85035, 85033, 85051, 85009, 85031, 85302, 85335		
<b>Valleywise Comprehensive Health Center - Phoenix (BPS-H80-029525)</b>		<b>Action Status: Picked from Scope</b>	
<b>Site Name</b>	Valleywise Comprehensive Health Center - Phoenix	<b>Physical Site Address</b>	2525 E Roosevelt St, Phoenix, AZ 85008-4948
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(602) 344-1015
<b>Web URL</b>	https://valleywisehealth.org/services/primary-care/		
<b>Location Type</b>	Permanent	<b>Site Setting</b>	All Other Clinic Types
<b>Date Site was Added to Scope</b>	9/1/2019	<b>Site Operational By</b>	9/12/2019
<b>FQHC Site Medicare Billing Number Status</b>	Health center does not/will not bill under the FQHC Medicare system at this site	<b>FQHC Site Medicare Billing Number</b>	
<b>FQHC Site National Provider Identification (NPI) Number</b>		<b>Total Hours of Operation</b>	45
<b>Months of Operation</b>	May, June, July, August, January, February, March, April, September, October, December, November		
<b>Number of Contract Service Delivery Locations</b>	0	<b>Number of Intermittent Sites</b>	0
<b>Site Operated by</b>	Health Center/Applicant		
<div>Organization Information</div> <div>No Organization Added</div>			
<b>Service Area Zip Codes</b>	85301, 85017, 85006, 85040, 85035, 85042, 85033, 85009, 85041, 85008		
<b>Valleywise Community Health Center - West Maryvale (BPS-H80-033501)</b>		<b>Action Status: Picked from Scope</b>	

Site Name	Valleywise Community Health Center - West Maryvale	Physical Site Address	7808 W Thomas Rd Bldg, Phoenix, AZ 85033-5481
Site Type	Service Delivery Site	Site Phone Number	(833) 855-9973
Web URL	www.valleywisehealth.org		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	10/11/2021	Site Operational By	11/1/2021
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	55
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		
<div>Organization Information</div> <div>No Organization Added</div>			
Service Area Zip Codes	85301, 85035, 85303, 85031, 85033, 85008, 85019, 85009, 85043, 85017		
Valleywise Community Health Center - Guadalupe (BPS-H80-029523)			Action Status: Picked from Scope
Site Name	Valleywise Community Health Center - Guadalupe	Physical Site Address	5825 E Calle Guadalupe, Guadalupe, AZ 85283-2664
Site Type	Service Delivery Site	Site Phone Number	(480) 344-6000
Web URL	https://valleywisehealth.org/services/primary-care/		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	9/1/2019	Site Operational By	9/12/2019
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	45
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		
<div>Organization Information</div> <div>No Organization Added</div>			
Service Area Zip Codes	85040, 85041, 85042, 85282, 85281, 85201, 85210, 85044, 85283, 85204		

## Form 5C - Other Activities/Locations

As of 10/09/2024 05:36:37 PM  
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

Activity/Location Information
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No other activities/locations added.

## Form 6A - Current Board Member Characteristics

As of 10/09/2024 05:36:37 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

### List of All Board Member(s)

Name	Current Board Office Position Held	Area of Expertise	10% of income from health industry	Health Center Patient	Live or Work in Service Area	Special Population Representative (If yes, specify Special Population)
Scott Jacobson	Chair	Community Affairs	No	Yes	Live, Work	No
Nelly Clotter Woods	Board Member	Social Services	No	No	Live, Work	No
Wayne Tormala	Board Member	Social Services	No	No	Live, Work	No
Jane Wilson	Board Member	Community Affairs	No	No	Live, Work	No
Essen Otu	Board Member	Healthcare and Government	No	No	Live, Work	No
Earl Arbuckle	Treasurer	Healthcare and Finance	No	Yes	Live, Work	No
William ONeill	Board Member	Social Services	No	Yes	Live, Work	No
Norma Munoz	Board Member	Community Affairs	No	No	Live, Work	No
Eileen Sullivan	Vice Chair	Law	No	Yes	Live, Work	No
Chris Hooper	Board Member	Community Affairs	No	Yes	Live, Work	No
Salina Imam	Board Member	Community Affairs	No	Yes	Live, Work	No

### PATIENT BOARD MEMBER CHARACTERISTICS

Gender	Number of Patient Board Members
Male	4
Female	2
Unreported/Refused to Report	0
Ethnicity	Number of Patient Board Members
Hispanic or Latino/a	1
Non-Hispanic or Latino/a	4
Unreported/Declined to Report	1
Race	Number of Patient Board Members
Native Hawaiian	0
Other Pacific Islander	0
Asian	2
Black/African American	0
American Indian/Alaska Native	0
White	2
More Than One Race	2

Unreported/Declined to Report	0
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If the applicant is a public organization/center, do the board members listed above represent a co-applicant board?

[ X ] YES [ \_ ] NO [ \_ ] N/A

## Form 6B - Request for Waiver of Board Member Requirements

As of 10/09/2024 05:36:37 PM  
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026



### Alert:

This form is not applicable to you, since you are currently receiving or applying to receive **Community Health Centers (CHC)** funding and/or you have selected 'Tribal' or 'Urban Indian' as the Business Entity in [Form 1A](#).

## Form 8 - Health Center Agreements

As of 10/09/2024 05:36:37 PM  
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

PART I: Health Center Agreements	
1. Does your organization have a parent, affiliate, or subsidiary organization? If Yes, indicate the number of each agreement by type in 1a, 1b, or 1c below and complete Part II. If No, Part II is Not Applicable.	[ ] Yes [X] No
1a. Number of Parent Organizations	
1b. Number of Affiliate Organizations	
1c. Number of Subsidiary Organizations	
Total Number of Parent, Affiliate, or Subsidiary Organizations	0
2. Do you currently have, or plan to utilize:  a) Contract(s) with another organization to perform substantive programmatic work within the proposed scope of project? <i>For the purposes of the Health Center Program, contracting for substantive programmatic work applies to contracting with a single entity for the majority of health care providers.</i>  Or  b) Subawards to carry out a portion of the proposed scope of project. <i>The purpose of a subaward is to carry out a portion of the <a href="#">Federal award</a> and creates a Federal assistance relationship with the subrecipient.</i>	[X] Yes [ ] No
<p>Note(s):</p> <ul style="list-style-type: none"> <li>Subawards or contracts made to related organizations such as a parent, affiliate, or subsidiary must be identified and addressed in this form. The acquisition of supplies, material, equipment, or general support services (e.g., janitorial services, contracts with individual providers) is not considered programmatic work.</li> </ul>	
If Yes, indicate the number of each agreement by type in 2a and/or 2b below and complete Part II. If No, Part II is Not Applicable.	
2a. Number of contracts with another organization to perform substantive programmatic work within the proposed scope of project.	1
2b. Number of subawards made to subrecipients to carry out a portion of the proposed scope of project.	0
2c. Total number of contracts for substantive programmatic work and/or subawards.	1



**Part II: Attachments**

All parent, affiliate or subsidiary agreements, as well as contracts for substantive programmatic work and subawards, including contracts or subawards which involve a parent, affiliate, or subsidiary organization referenced in Part I must be uploaded in full. Uploaded documents will NOT count against the page limit.

Organization Name	District Medical Group		
Type of Agreement	Contract		
▼ Attachments			
Document Name	Size	Date Attached	Description
<a href="#">Form 8 - DMG Approval for Contracting Substantive Services.pdf</a>	77 kB	10/08/2024	The contract between Valleywise Health and District Medical Group (DMG) is about 1,200 pages. The... ( <a href="#">+ View More</a> )

**Form 12 - Organization Contacts**

As of 10/09/2024 05:36:37 PM  
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

Contact Information				
Chief Executive Officer	Name	Highest Degree	Email	Phone Number
Chief Executive Officer	Dr. Michelle Barker	Ph.D.	michelle.barker@valleywisehealth.org	(602) 705-5107
Contact Person	Name	Highest Degree	Email	Phone Number
Sr. VP Ambulatory & CEO FQHC	Dr. Michelle Barker	Ph.D.	michelle.barker@valleywisehealth.org	(602) 705-5107
Chief Medical Officer	Name	Highest Degree	Email	Phone Number
Chief Medical Officer	Dr. Christina Smarik Snyder	M.D.	christina_smarik@dmgaz.org	(602) 344-6600
Dental Director	Name	Highest Degree	Email	Phone Number
Dental Director	Dr. Christopher Brendemuhl	DMD	christopher.brendemuhl@valleywisehealth.org	(602) 344-1010
Behavioral Health Director	Name	Highest Degree	Email	Phone Number
Behavioral Health Director	Gene Cavallo	Masters of Counseling	Eugene.Cavallo@mihs.org	(480) 344-2086

**Summary Page**

As of 10/09/2024 05:36:37 PM  
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

Service Area	
1. What is the Service Area Announcement Table (SAAT) identifying information for the service area that you are proposing to serve?	Service Area ID #: 160
	Service Area City: Phoenix
	State: Arizona (AZ)
Patient Projection	

2. What is the total unduplicated patient projection for calendar year 2026? <b>Note: If changes are required, revisit <a href="#">Form 1A</a> .</b>	88449
3. What is the Patient Target from the Service Area Announcement Table (SAAT) for the proposed service area?	87572
4. Percent of the service area Patient Target proposed to be served in calendar year 2026. <b>Note: This value must be at least 75 percent for the application to be considered eligible for funding.</b>	101.00%
5. <input checked="" type="checkbox"/> By checking this box, I acknowledge that in addition to the total unduplicated patient projection made on <a href="#">Form 1A</a> (see item 2 above), HRSA will track progress made toward the additional patient projections for any other funding awarded within my period of performance that can be monitored by December 31, 2026 (i.e., patient commitments from awarded applications, if any).	

<b>Federal Request for Health Center Program Funding</b>
6. I am requesting the following types of Health Center funding:

Funding Type	Funding Requested
Community Health Centers – CHC-330(e)	\$1,022,301.00
Health Care for the Homeless – HCH-330(h)	\$0.00
Migrant Health Centers – MHC-330(g)	\$0.00
Public Housing Primary Care – PHPC-330(i)	\$0.00
<b>Total</b>	<b>\$1,022,301.00</b>

Note: Ensure this value does not exceed the Total Funding listed in the Service Area Announcement Table (SAAT) for the service area. If a funding reduction is required based on the patient projection (value between 75 and 94.9 percent in item 4 above), this figure should be lower than the value in the SAAT. See the Summary of Funding section of the NOFO for details.

<b>Scope of Project: Sites and Services</b>
7. I am proposing the following site(s): (New applicants and competing supplement applicants only)

This section is not applicable to you, since you are submitting a Competing Continuation application.

<b>8. Sites Certification (New and competing supplement applicants only)</b>
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This section is not applicable to you, since you are submitting a Competing Continuation application.

<b>9. Scope of Project Certification - Services (Competing continuation applicants only) - select only one option below</b>
---

☒ By checking this option, I certify that I have reviewed my [Form 5A: Services Provided](#) and it accurately reflects all services and service delivery methods included in my current approved scope of project.

☐ By checking this option, I certify that I have reviewed my [Form 5A: Services Provided](#) and it requires changes that I have submitted through the change in scope process.

<b>10. Scope of Project Certification - Sites (Competing continuation applicants only) - select only one option below</b>
---

☒ By checking this option, I certify that I have reviewed my [Form 5B: Service Sites](#) and it accurately reflects all sites included in my current approved scope of project.

☐ By checking this option, I certify that I have reviewed my [Form 5B: Service Sites](#) and it requires changes that I have submitted through the change in scope process.

<b>11. 120 Day Compliance Achievement Plan Certification</b>
--

☒ By checking this box, I certify that if my organization is noncompliant with any Health Center Program requirements, in accordance with Section 330(e)(1)(B), I will submit for HRSA's approval within 120 days of release of the Notice of Award (NoA) a Compliance Achievement Plan to come into compliance. I acknowledge that areas of noncompliance will be documented through the carryover of any unresolved, existing condition(s) from the current period of performance and/or the placement of new condition(s) on the award based on the review of this application. I also acknowledge that all conditions on my award must be addressed within the timeframes and by the due dates specified on my Health Center Program NoA(s) and that the Compliance Achievement Plan I submit must align with such timelines.

<b>12. Uniform Data System (UDS) Report Certification</b>
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☒ By checking this box, I certify that I have reviewed the [UDS Resources](#), including the most recent UDS Manual and understand that my organization will be required to report data on patients, services, staffing, and financing annually. I also acknowledge that failure to submit a complete report by the specified deadline may result in conditions or restrictions being placed on the Health Center Program award.

<b>13. Applicants for HCH and PHPC Funding: Supplement and Not Supplant Certification (New and competing supplement applicants only)</b>
--

☒ Not Applicable. My organization is submitting a competing continuation application, or submitting a new or competing supplement application, but the organization is NOT requesting HCH and/or PHPC funding on the SF-424A.

☐ By checking this box, I certify that my organization will utilize HCH and/or PHPC grant funding to supplement and not supplant, the expenditures of the health center and the value of in-kind contributions for the delivery of services to these populations.

Describe, with specific examples, how you will utilize the requested federal funds to add new or expand existing services to individuals experiencing homelessness and/or residents of public housing within your service area, as well as how this is an increase or expansion of the services your organization was providing previously for these

populations. (maximum 1,000 characters)

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