



Contract Number: 18-15-N-142082-0709-03
 Effective Date: 12.15.09
 Term Date: 6.30.2010
 Cost: 1,500,000.-
 Revenue: -
 Total: 500,000.- NTE: _____
 ACTION
 Renewal By: 4.1.2010
 Term: 6-30-2010
 Reviewed by: [Signature]

BOARD OF SUPERVISORS AGENDA ITEM SUMMARY

Requested Board Meeting Date: _____

[Signature]

PHS Director/Designee

ITEM SUMMARY, JUSTIFICATION &/or SPECIAL CONSIDERATIONS:

The agreement with **NSI – Nursing Services, Inc.** is for the provision of **Homecare (Non-Skilled) Services** to Pima Health System (PHS) members. This amendment increases the reimbursement ceiling by \$500,000 from \$250,000 for a total not to exceed **\$750,000**. The contract term date of **June 30, 2010** remains unchanged. This agreement was originally procured in accordance with Board of Supervisor's Policy D29.7. Services are paid through the PHCS Enterprise Fund.

CONTRACT NUMBER (if applicable): _____ 18-15-N-142082-0709

STAFF RECOMMENDATION(S):

It is recommended that the Board of Supervisors approve this amendment to PHS' Agreement with **NSI – Nursing Services, Inc.** for the provision of **Homecare (Non-Skilled) Services** to Pima Health System (PHS) members. This amendment increases the reimbursement ceiling by \$500,000 from \$250,000 for a total not to exceed **\$750,000**. The contract term date of **June 30, 2010** remains unchanged. This agreement was procured in accordance with Board of Supervisor's Policy D29.7.

CORPORATE HEADQUARTERS: _____ Tucson, AZ

This is an Official Copy of the PHS Contract. The contract executed and on file with Pima County.

To: COB - 12.2.09
 Agenda 12.15.09
 (3)

Procurement (12/23/09) PM0340

CLERK OF BOARD USE ONLY: BOS MTG. _____

ITEM NO. _____

PIMA COUNTY COST: \$ 500,000 _____ and/or REVENUE TO PIMA COUNTY: \$ _____

FUNDING SOURCE(S): PHCS ENTERPRISE FUND
(i.e. General Fund, State Grant Fund, Federal Fund, Stadium D. Fund, etc.)

Advertised Public Hearing:

		YES	X	NO
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Board of Supervisors District:

1		2		3		4		5		All	X
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IMPACT:

IF APPROVED:

NSI – Nursing Services, Inc. will be able to continue to provide Homecare (Non-Skilled) Services for Pima Health System (PHS) members.

IF DENIED:

NSI – Nursing Services, Inc. will not be able to continue to provide Homecare (Non-Skilled) Services for Pima Health System (PHS) members.

DEPARTMENT NAME: _____ Pima Health System _____

CONTACT PERSON: _____ Rebecca Whitelow-Brown _____ TELEPHONE NO.: _____ 243-8346 _____

This is an official copy of the Pima County contract executed and on file with Pima County

**PIMA COUNTY
PIMA HEALTH SYSTEM
CONTRACT AMENDMENT**

1. CONTRACT AMENDMENT	2. CONTRACT NUMBER	3. EFFECTIVE DATE OF AMENDMENT	4. SERVICE
03	18-15-N-142082-0709	Date approved by County	Homecare (Non-Skilled)

5. CONTRACTOR/PROVIDER NAME & ADDRESS

NSI – Nursing Services, Inc.
Carol Little, RN, BSN
3075 N. Swan Rd.
Tucson, AZ 85712

CONTRACT
NO. <u>18-15-N-142082-0709</u>
AMENDMENT NO. <u>03</u>
This number must appear on all invoices, correspondence and documents pertaining to this contract.

6. PURPOSE:

A. To increase reimbursement ceiling.

7. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS:

A. ARTICLE II - GENERAL PROVISIONS, II.4 - TOTAL PAYMENT Total payments for the entire term of the Agreement is increased by \$500,000 from \$250,000 for a total not to exceed \$750,000.

8. ALL OTHER ELEMENTS OF THIS AGREEMENT NOT AMENDED HEREIN REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT. IN WITNESS THEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.

By signing this amendment, I

Carole Little President

(Print Name and Title)

on behalf of NSI – Nursing Service, Inc. attest that this organization's applicable or necessary professional licensure and accreditation remains current and in good standing with all State and Federal Licensing and Regulatory Bodies.

PIMA COUNTY:

[Signature]

Chairman, Board of Supervisors

DEC 15 2009

Date

ATTEST:

[Signature]

Clerk of the Board

DEC 15 2009

Date

APPROVED AS TO FORM:

[Signature]

Deputy County Attorney

11/12/09

Date

PROVIDER:

[Signature]

NSI – Nursing Service, Inc.

11/19/09

Date

REVIEWED AND APPROVED BY:

[Signature]

Chief Deputy Director, Pima Health System

11-24-09

Date

This is an official copy of the Pima County contract executed in Pima County.