



DEPARTMENT OF PUBLIC HEALTH

REQUEST FOR PROPOSALS (RFP)

FOR

CORE HIV MEDICAL SERVICES

FOR PERSONS LIVING WITH HIV

RFP #2018-003

June 2018

**Prepared By
County of Los Angeles
Department of Public Health**

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- A-1 Statement of Work (SOW) for Ambulatory Outpatient Medical (AOM) Services:** Explains in detail the required services to be performed by the selected Contractor(s) under AOM Services.
- A-2 Statement of Work (SOW) for Medical Care Coordination (MCC) Services:** Explains in detail the required services to be performed by the selected Contractor(s) under MCC Services.
- B Budget Tool for AOM Services:** Budget worksheet template with instructions
- B-1 Budget Instructions for MCC Services:** Budget instructions
- B-2 Budget Tool for MCC Services:** Budget worksheet template
- B-3 Budget Tool for MCC Services:** Budget justification template
- C Sample Contract:** Identifies the terms and conditions in the Contract.
- D Required Forms:** Forms that must be completed and included in the proposal.
- E Request for Proposal (RFP) Transmittal to Request a Solicitation Requirements Review:** Transmittal sent to Department requesting a Solicitation Requirements Review.
- F County of Los Angeles Policy on Doing Business with Small Business:** County Policy.
- G Contractor Employee Jury Service:** County Code.
- H Listing of Contractors Debarred in Los Angeles County:** Contractors who are not allowed to contract with the County for a specific length of time.
- I IRS Notice 1015:** Provides information on Federal Earned Income Credit.
- J Safely Surrendered Baby Law:** County Program.
- K Background and Resources California Charities Regulation:** An information sheet intended to assist non-profit agencies with compliance with SB 1262 - the Nonprofit Integrity Act of 2004 and identify available resources. (if applicable).
- L Defaulted Property Tax Reduction Program:** County Code.

M Determination of Contractor Non-Responsibility and Contractor Debarment: County Code.

1.0 INTRODUCTION

The County of Los Angeles (County), Department of Public Health (DPH), Division of HIV and STD Programs (DHSP) funds primary medical care and medical care coordination services to Ryan White Program (RWP) eligible persons living with HIV (PLWH). These services work together to assist PLWH to receive and remain in medical care to achieve good health outcomes and to prevent further spread of HIV infection.

1.1 Purpose and Background

1.1.1 Purpose

DHSP is soliciting proposals from interested and qualified Proposers throughout Los Angeles County (LAC) to provide core HIV medical services for PLWH comprised of ambulatory outpatient medical (AOM) services and medical care coordination (MCC) services. Services must be provided in accordance with accepted, evidence-based medical practices to reduce complications, progression, and mortality due to HIV disease.

1.1.2 Division of HIV and STD Programs

In 2011, in keeping with national efforts to better integrate HIV and STD public health efforts, DPH combined the HIV Epidemiology Program, the Office of AIDS Programs and Policy, and the STD Program to form DHSP. DHSP continues to work closely and collaboratively with community-based organizations, other governmental offices, advocates, and PLWH as it seeks to control the spread of HIV and STDs, monitor HIV and STD morbidity and mortality, increase access to care for those in need, and eliminate HIV-related health inequalities.

Mission

To prevent and control the spread of HIV and STDs through epidemiological surveillance; implementation of evidence-based programs; coordination of prevention, care and treatment services; and creation of policies that promote health.

Vision

New HIV and STD infections have been eliminated and persons with STD and HIV infections have improved health outcomes through access to high quality prevention, care and treatment services.

1.1.3 Background

LAC spans over 4,000 square miles and includes 88 cities. DHSP utilizes mapping to inform distribution of resources for HIV and STD prevention and treatment in LAC. The latest mapping endeavor, *2010-2014 HIV & STD Burden by Health District*, ranks geographical areas in order of highest to lowest HIV and STD burden throughout LAC to more efficiently distribute resources to communities in most need. Geographic areas (i.e. health districts) are ranked by several important driving factors for the geographic burden of HIV and STDs: number of infections, number of people infected, the population size, geographic size, and results from the hot spot analyses. Please visit <http://publichealth.lacounty.gov/dhsp/Mapping.htm> for more detailed information on the LAC health districts and the data collected for each district.

The Los Angeles County HIV/AIDS Strategy (LACHAS) for 2020 and beyond uses the health district model to provide a picture of how the HIV and STD burden is distributed across LAC. The LACHAS description and goals, the epidemiological profile for PLWH, and data on current utilization patterns are provided solely as background information and context designed to increase the Proposer's understanding of the magnitude of the HIV epidemic in LAC and current efforts to address it.

LACHAS outlines a holistic system of care to end the HIV epidemic once and for all. The aim is to: 1) confront and address uneven access, 2) insist on high standards of care for all, 3) aggressively monitor performance, 4) institute principles of continuous quality improvement, and 5) fully capitalize on scientific progress as a recipe for public health progress in order to attain the goals noted below. For further information on LACHAS, please visit www.lacounty.hiv.

LACHAS goals are:

1. Reduce annual new HIV infections to 500 by 2022;
2. Increase the proportion of PLWH who are diagnosed to at least 90% by 2022; and
3. Increase the proportion of diagnosed PLWH who are virally suppressed to 90% by 2022.

As the disease burden for HIV continues to increase among certain populations and PLWH are living longer, AOM and MCC providers are

sought as key partners to facilitate achievement of the LACHAS goals by providing access to high quality HIV medical care and treatment services to enhance and extend life and prevent further HIV infection.

Epidemiological Profile for PLWH*

DHSP is charged with managing public health surveillance and developing a programmatic response to the HIV epidemic in LAC. DHSP estimates that 61,000 people were living with HIV in LAC at the end of 2016; of those, 8,654 were unaware of their infection. In 2016, 1,881 HIV cases were newly diagnosed; 84% were men who have sex with men (MSM). The epidemic continues to be driven by sexual activity between males. HIV incidence is highest among MSM of color, young MSM (YMSM) ages 18 to 29, and transgender persons.

New positivity rates among African-American and Latino MSM, YMSM ages 18 to 29 and transgender women of color are much higher than the overall rate of 1.1% observed across all DHSP-supported testing efforts, indicating that our targeted testing efforts are effective. Among YMSM the new positivity rate was 1.9%; among Latino MSM the positivity rate was 2.1%; the positivity rate was 2.4% for transgender individuals and the new positivity rate was nearly three times higher for African-American MSM (3.8%), compared to the positivity observed among all testers across LAC.

In 2015, the documented 90-day linkage to care rate among individuals newly diagnosed at County-funded testing sites was 68.5%. Approximately 68.6% of Latino and African-American MSM, 76.2% of YMSM ages 18 to 29 and 61.4% of transgender individuals were successfully linked to care within 90 days of diagnosis.

**Source: DHSP HIV Surveillance Data as of September 2017*

Current Ryan White Program Services – Utilization

In the 2016 Ryan White Program (RWP) year ending in February 28, 2017 (RWP Year 26), over 17,000 unduplicated clients received core medical and other support services. This client population was overwhelmingly (85%) male, while females and transgender persons made up 13% and 2%, respectively. Fifty-two percent (52%) of unduplicated clients accessing AOM services were Latino, twenty-two percent (22%) were white, twenty-two percent (22%) identified as African American and three percent (3%) described themselves as Asian Pacific Islander. Over 6,300 unduplicated RWP clients received AOM services

and an additional 526 received medical subspecialty services (a total of 867 visits). The subspecialties that RWP eligible clients were most referred for in 2016 were: Proctology, Ophthalmology, Gastroenterology, Diagnostic Radiology, and Dermatology.

For more detailed information on current and prior care and treatment service utilization data and other reports, please visit, <http://publichealth.lacounty.gov/dhsp/Reports.htm> and click on the most recent Care and Treatment Service Utilization Report under “HIV Care and Treatment Reports”. Additionally, prior HIV care and treatment utilization reports can be accessed by using this link: <http://publichealth.lacounty.gov/dhsp/ReportsArchived.htm>. Proposers are advised that prior AOM data may not be reflective of future need due to changes associated with Medicaid (Medi-Cal) expansion in California under the Affordable Care Act (ACA).

The information provided in Table 1 is intended to assist Proposers by providing Service Planning Area (SPA) specific data regarding the number of HIV cases and RWP clients in LAC. The data in this table is provided as a guide only, and Proposers are advised not to rely solely on this information in response to the RFP.

TABLE 1. LAC SERVICE PLANNING AREAS (SPA) BY POPULATION, HIV CASES, AND RWP CLIENTS IN MEDICAL CARE				
SPA	SPA NAME	TOTAL POPULATION (1)	NUMBER OF HIV CASES (2)	NUMBER OF RWP CLIENTS IN RWP-SUPPORTED MEDICAL CARE (3)
SPA 1	Antelope Valley	396,357	1,012	26
SPA 2	San Fernando Valley	2,228,821	6,972	957
SPA 3	San Gabriel Valley	1,799,204	3,546	358
SPA 4	Metro LA	1,167,286	18,071	3,028
SPA 5	West LA	660,081	2,487	367
SPA 6	South LA	1,048,734	5,930	645
SPA 7	East LA	1,322,943	3,266	244

TABLE 1. LAC SERVICE PLANNING AREAS (SPA) BY POPULATION, HIV CASES, AND RWP CLIENTS IN MEDICAL CARE				
SPA	SPA NAME	TOTAL POPULATION (1)	NUMBER OF HIV CASES (2)	NUMBER OF RWP CLIENTS IN RWP-SUPPORTED MEDICAL CARE (3)
SPA 8	South Bay	1,568,950	7,825	696
Los Angeles County Total		10,192,376	49,109	6,321

(1) LAC Service Planning Areas by Population, U.S Census Bureau, Population Division, Annual Estimates of the Resident Population on July 1, 2015; <http://www.census.gov/programs-surveys/popest.html>

(2) HIV Cases in LAC by SPA as of 12/31/2015

(3) RWP clients in RWP-supported ambulatory outpatient medical (AOM) care in LAC from 3/1/2016 through 2/28/2017 by SPA

1.1.4 Core HIV Medical Services for PLWH

Core HIV medical services for PLWH are comprised of AOM and MCC Services.

AOM Services

AOM Services are evidence-based preventive, diagnostic and therapeutic medical services provided through outpatient medical visits by California-licensed health care professionals. The medical provider of record billing for visits under this contract shall meet the qualifications of an HIV Specialist (See Appendix D, Required Forms, Exhibit 15, Verification of Qualifications: HIV/AIDS Specialist Form). Clinics shall offer a full-range of health services to HIV-positive RWP eligible clients with the objective of helping them cope with their HIV diagnosis, adhere to treatment, prevent HIV transmission, and identify and address co-morbidities.

MCC Services

MCC Services provides a multi-disciplinary team to facilitate behavioral interventions, conduct outreach, and coordinate support services to promote improved health outcomes for PLWH. MCC Services team members deliver patient-centered activities that focus on addressing health status, engagement and retention in care, adherence to antiretroviral medications, and HIV risk reduction. MCC services are co-located at the client's HIV medical home to facilitate care coordination with

the primary HIV medical care provider. The MCC Services team assesses a range of client needs, creates an individualized care plan, and works with clients to improve their self-efficacy in the management of their health.

The number of Proposer's MCC team members will vary depending on the size of the clinic's client population as described below:

Tier 1 MCC Services - If 150 clients or more were served by the Proposer in 2017, a four (4) member MCC team, comprised of a Medical Care Manager (MCM), Patient Care Manager (PCM), Case Worker (CW), and Retention Outreach Specialist (ROS) may be utilized to provide MCC services.

Tier 2 MCC Services – If 149 clients or less were served by the Proposer in 2017, a two (2) member MCC team, comprised of a MCM and a PCM, shall be utilized to provide MCC services.

AOM and MCC services shall include, but not be limited to, medical evaluation and HIV clinical care; access to HIV antiretroviral medication; referrals to medical subspecialty care; screening for medical care coordination; and provision of medical care coordination services. A more detailed description of services is provided in the RFP Appendix A-1, Statement of Work, AOM Services and Appendix A-2, Statement of Work, MCC Services.

1.2 Program and Technical Requirements

1.2.1 Location of Services

To ensure that services are available and accessible to HIV-positive RWP eligible clients, Proposers should strive to provide services in the health districts with high HIV/STD morbidity. Please indicate in the Proposal which health district and service planning area (SPA) within the County the Proposer's services will be provided.

Visit <http://publichealth.lacounty.gov/dhsp/HealthDistricts.htm> to determine Proposer's health district and to determine in which SPA your agency is located, visit, <http://gis.lacounty.gov/districtlocator/>

1.3 Availability of Funding

The total estimated funding available for AOM Services under this RFP is \$8.3 million annually which will be distributed across LAC based on the existing size of the HIV client panel and number of average client visits per clinic. Approximately \$9.6 million annually is available for MCC Services under this RFP and will be distributed according to client load to all DHSP-funded AOM service providers as informed by the MCC Goals Projection Worksheet (See Exhibit 22). The funding for Core HIV Medical Services for RWP eligible clients comes from the federal Ryan White Program grant.

The County reserves the right to adjust the number of awards and the funding allocations based on service category, needs of target populations, and geographical areas of need. The amount of funding available to support these services is also subject to the availability of funds from local, State, federal, and/or other resources as applicable.

1.4 Ryan White Program Eligibility in Los Angeles County

RWP services provided in Los Angeles County are intended solely for clients who lack a third-party payer source and have no ability to pay for HIV medical care services and/or medical care coordination services. RWP *is the payer of last resort* and available only for eligible clients who meet *all* of the following criteria:

1. Diagnosed with HIV;
2. Reside in Los Angeles County;
3. Income is less than five hundred percent (500%) of the Federal Poverty Level (FPL) (please refer to Table 2 – Ryan White Program FPL Eligibility Guidelines); and
4. Uninsured; or those whose insurance does not cover the service described (e.g. Medical Care Coordination).

Note: For MCC services, a client only needs to meet eligibility requirements one (1) through three (3).

Proposer shall verify client eligibility as described in detail in RFP Appendix A-1, Statement of Work, AOM Services and Appendix A-2, Statement of Work, MCC Services.

TABLE 2. RYAN WHITE PROGRAM FEDERAL POVERTY LEVEL ELIGIBILITY GUIDELINES		
FAMILY MEMBERS	INCOME	500% FPL INCOME*
1	\$12,140	\$60,700
2	\$16,460	\$82,300
3	\$20,780	\$103,900
4	\$25,100	\$125,500
5	\$29,420	\$147,100
6	\$33,740	\$168,700
7	\$38,060	\$190,300
8	\$42,380	\$211,900
For families/households with more than 8 persons, add \$4,320 for each additional person.		
*All clients with income up to five hundred percent (500%) of the FPL meet RWP income eligibility requirements based on family size. Updated January 2018: https://www.federalregister.gov/documents/2018/01/18/2018-00814/annual-update-of-the-hhs-poverty-guidelines		

2.0 CONTRACT FOR CORE HIV MEDICAL SERVICES FOR PLWH

2.1 Statement of Work (SOW)

Contractor shall be expected to accomplish all work objectives and deliverables in a timely fashion as outlined in Appendix A-1, Statement of Work, AOM Services, and Appendix A-2, Statement of Work, MCC Services.

2.2 Sample Contract: County Terms and Conditions

Contractor shall be expected to implement the Sample Contract as contained in Appendix C of this RFP.

2.2.1 Anticipated Contract Term

The Contract term shall be effective upon date of execution and shall continue for a period of three (3) years, unless sooner terminated or extended in whole or in part, as specified in Appendix C, Sample Contract.

The County shall have the sole option to extend the Contract term for up to two (2) additional one (1) year terms and six (6) month-to-month extensions, for a maximum total Contract term of five (5) years and six (6) months. Each such option shall be exercised at the sole discretion of the Department Head or his/her designee as authorized by the Board of Supervisors, subject to Contractor performance and availability of funds.

2.2.2 **Contract Rates (Intentionally Omitted)**

2.2.3 **Days of Operation**

The Contractor shall be required to provide AOM and MCC Services during days and hours pursuant to Section 8.0 of Appendix A-1, Statement of Work, AOM Services and A-2, Statement of Work, MCC Services.

2.2.4 **Indemnification and Insurance**

Contractor shall be required to comply with the indemnification provisions contained in the Appendix C, Sample Contract, Paragraph 11. The Contractor shall procure, maintain, and provide to the County proof of insurance coverage for all the programs of insurance along with associated amounts specified in the Appendix C, Sample Contract, Paragraphs 12 and 13.

2.2.5 **Health Insurance Portability and Accountability Act of 1996 (if applicable)**

Contractor shall be required to comply with the Administrative Simplification requirements of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) as in effect and as may be amended, as contained in Appendix C, Sample Contract, Exhibit H.

2.2.6 **Terms and Definitions**

Throughout this RFP, references are made to certain persons, groups, or departments/agencies. For convenience, a description of specific definitions can be found in Appendix C, Sample Contract, Paragraph 2 – Definitions, Appendix A-1, Statement of Work, AOM Services and A-2, Statement of Work, MCC Services, Paragraph 2.0 - Definitions.

3.0 PROPOSER'S MINIMUM MANDATORY QUALIFICATIONS (MMQ)

Interested and qualified Proposers must meet each of the Minimum Mandatory Qualifications (MMQ) upon proposal submission. **Subcontractor(s) and/or consultant(s) may not be used to meet any of the Proposer's Minimum Mandatory Qualifications.**

Proposer must complete and sign Exhibit 2, Proposer's Affidavit of Adherence to Minimum Mandatory Qualifications Form, of the Appendix D, Required Forms, to develop and submit a response to the qualifications below:

3.1 Experience

Proposer must have a minimum of three (3) years of experience in the last five (5) years providing medical services to HIV-positive clients.

3.2 MCC Services Provided

Proposer must currently be providing MCC Services.

3.3 HIV/AIDS Specialist

Proposer must have on staff a minimum of one (1) medical provider certified as a HIV/AIDS Specialist. Proposer must complete Exhibit 15 – Verification of Qualifications: HIV/AIDS Specialist Form to certify the Proposer meets this requirement.

3.4 Licensed Medical Clinic

Proposer must be a licensed medical clinic(s) located in Los Angeles County approved by the County of Los Angeles, DPH, Health Facilities Inspection Division for Licensing and Certification, in cooperation with the California Department of Public Health (CDPH). Proposer must submit a copy of current and valid license per medical clinic site(s) proposed.

3.5 Medi-Cal Certification

Proposer must be Medi-Cal certified and submit evidence of current and valid certification.

3.6 Mandatory Proposer's Conference

Proposer must attend the Mandatory Proposer's Conference on the date, time, and at the location specified.

3.7 Unresolved Disallowed Costs

If Proposer's compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last 10 years, Proposer must not have unresolved questioned costs identified by the Auditor-Controller, in an amount over \$100,000, that are confirmed to be disallowed costs by the contracting County department, and remain unpaid for six months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County .

County will verify that Proposer does not have unresolved disallowed costs.

4.0 COUNTY'S RIGHTS AND RESPONSIBILITIES

The County is not responsible for representations made by any of its officers or employees prior to the execution of the Contract unless such understanding or representation is included in the Contract.

4.1 Final Contract Award by the Board of Supervisors

Notwithstanding a recommendation of a Department, agency, individual, or other, the Board of Supervisors retains the right to exercise its judgment concerning the selection of a proposal and the terms of any resultant agreement, and to determine which proposal best serves the interests of the County. The Board is the ultimate decision-making body and makes the final determinations necessary to arrive at a decision to award, or not award, a contract.

4.2 County's Option to Reject Proposals or Cancel Solicitation

Proposers are hereby advised that this RFP is a solicitation for proposals only, and is not intended, and is not to be construed as, an offer to enter into a contract or as a promise to engage in any formal competitive bidding or negotiations pursuant to any statute, ordinance, rule, or regulation. The County may, at its sole discretion, reject any or all proposals submitted in response to this RFP or may, in its sole discretion, reject all proposals and/or cancel the RFP in its entirety. The County shall not be liable for any costs incurred by the Proposer in connection with the preparation and submission of any proposal. The County, in its sole discretion, may elect to waive any error or informalities in the form of a proposal or any other disparity, if, as a whole, the proposal substantially complies with the RFP's requirements.

4.3 County's Right to Amend Request for Proposals

The County has the right to amend the RFP by written addendum. The County is responsible only for that which is expressly stated in the solicitation document and any authorized written addenda thereto. Such addendum shall be made available to Proposer's on the following websites:

Los Angeles County Department of Public Health
Contracts and Grants Division
<http://publichealth.lacounty.gov/cg/index.htm>

Los Angeles County – Doing Business With Us

<http://camisvr.co.la.ca.us/lacobids/BidLookUp/BidOpenStart.asp>

It is the Proposer's responsibility to check the above referenced websites regularly. Should such addendum require additional information not previously requested, failure to address the requirements of such addendum may result in the Proposal not being considered, as determined in the sole discretion of the County. The County is not responsible for and shall not be bound by any representations otherwise made by any individual acting or purporting to act on its behalf.

4.4 Background and Security Investigations

Background and security investigations of Contractor's staff may be required at the discretion of the County as a condition of beginning and continuing work under any resulting Contract. The cost of background checks is the responsibility of the Contractor.

4.5 County's Quality Assurance Plan

After contract award, the County or its agent will monitor the Contractor's performance under the contract on a periodic basis. Such monitoring will include assessing Contractor's compliance with all terms in the Contract and performance standards identified in the Statement of Work. Contractor's deficiencies which the County determines are significant or continuing and that may jeopardize performance of the Contract will be reported to the County's Board of Supervisors. The report will include improvement/corrective action measures taken by the County and Contractor. If improvement does not occur consistent with the corrective action measures, the County may terminate the Contract in whole or in part, or impose other penalties as specified in the Contract.

5.0 PROPOSER'S REQUIREMENTS AND CERTIFICATIONS

5.1 Notice to Proposers Concerning the Public Records Act

5.1.1 Responses to this solicitation shall become the exclusive property of the County. Absent extraordinary circumstances, the recommended proposer's proposal will become a matter of public record when (1) contract negotiations are complete; (2) DPH receives a letter from the recommended Proposer's authorized officer that the negotiated contract is the firm offer of the recommended Proposer; and (3) DPH releases a copy of the

recommended Proposer's proposal in response to a Notice of Intent to Request a Proposed Contractor Selection Review under Board Policy No. 5.055.

Notwithstanding the above, absent extraordinary circumstances, all proposals will become a matter of public record when the Department's proposer recommendation appears on the Board agenda.

Exceptions to disclosure are those parts or portions of all proposals that are justifiably defined as business or trade secrets, and plainly marked by the Proposer as "Trade Secret," "Confidential," or "Proprietary."

5.1.2 The County shall not, in any way, be liable or responsible for the disclosure of any such record or any parts thereof, if disclosure is required or permitted under the California Public Records Act or otherwise by law. **A blanket statement of confidentiality or the marking of each page of the proposal as confidential shall not be deemed sufficient notice of exception. The Proposers must specifically label only those provisions of their respective proposal which are "Trade Secrets," "Confidential," or "Proprietary" in nature.**

5.1.3 In the event the County is required to defend an action on a Public Records Act request for any of the aforementioned documents, information, books, records, and/or contents of a proposal marked "Confidential", "Trade Secrets", or "Proprietary", proposer agrees to defend and indemnify County from all costs and expenses, including reasonable attorneys' fees, incurred in connection with any action, proceedings, or liability arising in connection with the Public Records Act request.

5.2 Contact with County Personnel

All contact regarding this RFP or any matter relating thereto must be in writing and may be mailed or e-mailed as follows:

**José Cueva, Contract Analyst
County of Los Angeles, Department of Public Health
Contracts and Grants Division
1000 South Fremont Avenue, Unit #101**

Building A-9 East, 5th Floor North
Alhambra, California 91803
E-mail: jcueva@ph.lacounty.gov

If it is discovered that Proposer contacted and received information from any County personnel, other than the person specified above, regarding this solicitation, County, in its sole determination, may disqualify their proposal from further consideration.

5.3 Mandatory Requirement to Register on County's WebVen

Prior to a contract award, all potential Contractors **must register** in the County's WebVen. The WebVen contains the Vendor's business profile and identifies the goods/services the business provides. Registration can be accomplished online via the Internet by accessing the County's home page at <http://camisvr.co.la.ca.us/webven/>

5.4 Protest Policy Review Process

5.4.1 Under Board Policy No. 5.055 (Services Contract Solicitation Protest), any prospective Proposer may request a review of the requirements under a solicitation for a Board-approved services contract, as described in sub-paragraph 5.4.3 below. Additionally, any actual Proposer may request a review of a disqualification or of a proposed contract award under such a solicitation, as described respectively in the Section below. It is the responsibility of the Proposer challenging the decision of a County Department to demonstrate that the Department committed a sufficiently material error in the solicitation process to justify invalidation of a proposed contract award.

5.4.2 Throughout the review process, the County has no obligation to delay or otherwise postpone an award of contract based on a Proposer protest. In all cases, the County reserves the right to make an award when it is determined to be in the best interest of the County of Los Angeles to do so.

5.4.3 Grounds for Review

Unless state or federal statutes or regulations otherwise provide, the grounds for review of any Departmental determination or action should be limited to the following:

- 5.4.3.1 Review of Solicitation Requirements (Reference Paragraph 7.3 in the Proposal Submission Requirements Section)
- 5.4.3.2 Review of a Disqualified Proposal (Reference Paragraph 8.3 in the Selection Process and Evaluation Criteria Section)
- 5.4.3.3 Review of Proposed Contractor Selection (Reference Paragraph 8.8 in the Selection Process and Evaluation Criteria Section)

5.5 Injury and Illness Prevention Program

Contractor shall be required to comply with the State of California's Cal OSHA's regulations. Section 3203 of Title 8 in the California Code of Regulations requires all California employers to have a written, effective Injury and Illness Prevention Program (IIPP) that addresses hazards pertaining to the particular workplace covered by the program.

5.6 Confidentiality and Independent Contractor Status

As appropriate, Contractor shall be required to comply with the Confidentiality provision contained in Appendix C, Sample Contract, Paragraph 9 and the Independent Contractor Status provision contained in Appendix C, Sample Contract, Paragraph 50.

5.7 Conflict of Interest

No County employee whose position in the County enables him/her to influence the selection of a Contractor for this RFP, or any competing RFP, nor any spouse or economic dependent of such employees, shall be employed in any capacity by a Proposer or have any other direct or indirect financial interest in the selection of a Contractor. Proposer shall certify that he/she is aware of and has read Section 2.180.010 of the Los Angeles County Code as stated in Appendix D - Required Forms Exhibit 6, Certification of No Conflict of Interest.

5.8 Determination of Proposer Responsibility

- 5.8.1 A responsible Proposer is a Proposer who has demonstrated the attribute of trustworthiness, as well as quality, fitness, capacity and

experience to satisfactorily perform the contract. It is the County's policy to conduct business only with responsible Proposers.

- 5.8.2 Proposers are hereby notified that, in accordance with Chapter 2.202 of the County Code, the County may determine whether the Proposer is responsible based on a review of the Proposer's performance on any contracts, including but not limited to County contracts. Particular attention will be given to violations of labor laws related to employee compensation and benefits, and evidence of false claims made by the Proposer against public entities. Labor law violations which are the fault of the subcontractors and of which the Proposer had no knowledge shall not be the basis of a determination that the Proposer is not responsible.
- 5.8.3 The County may declare a Proposer to be non-responsible for purposes of this contract if the Board of Supervisors, in its discretion, finds that the Proposer has done any of the following: (1) violated a term of a contract with the County or a nonprofit corporation created by the County; (2) committed an act or omission which negatively reflects on the Proposer's quality, fitness or capacity to perform a contract with the County, any other public entity, or a nonprofit corporation created by the County, or engaged in a pattern or practice which negatively reflects on same; (3) committed an act or omission which indicates a lack of business integrity or business honesty; or (4) made or submitted a false claim against the County or any other public entity.
- 5.8.4 If there is evidence that the apparent highest ranked Proposer may not be responsible, the Department shall notify the Proposer in writing of the evidence relating to the Proposer's responsibility, and its intention to recommend to the Board of Supervisors that the Proposer be found not responsible. The Department shall provide the Proposer and/or the Proposer's representative with an opportunity to present evidence as to why the Proposer should be found to be responsible and to rebut evidence which is the basis for the Department's recommendation.
- 5.8.5 If the Proposer presents evidence in rebuttal to the Department, the Department shall evaluate the merits of such evidence, and based on that evaluation, make a recommendation to the Board of Supervisors. The final decision concerning the responsibility of the Proposer shall reside with the Board of Supervisors.

5.8.6 These terms shall also apply to proposed subcontractors of Proposers on County contracts.

5.9 Proposer Debarment

5.9.1 The Proposer is hereby notified that, in accordance with Chapter 2.202 of the County Code, the County may debar the Proposer from bidding or proposing on, or being awarded, and/or performing work on other County contracts for a specified period of time, which generally will not exceed five (5) years but may exceed five (5) years or be permanent if warranted by the circumstances, and the County may terminate any or all of the Proposer's existing contracts with County, if the Board of Supervisors finds, in its discretion, that the Proposer has done any of the following: (1) violated a term of a contract with the County or a nonprofit corporation created by the County; (2) committed an act or omission which negatively reflects on the Proposer's quality, fitness or capacity to perform a contract with the County, any other public entity, or a nonprofit corporation created by the County, or engaged in a pattern or practice which negatively reflects on same; (3) committed an act or offense which indicates a lack of business integrity or business honesty; or (4) made or submitted a false claim against the County or any other public entity.

5.9.2 If there is evidence that the apparent highest ranked Proposer may be subject to debarment, the Department shall notify the Proposer in writing of the evidence which is the basis for the proposed debarment, and shall advise the Proposer of the scheduled date for a debarment hearing before the Contractor Hearing Board.

5.9.3 The Contractor Hearing Board shall conduct a hearing where evidence on the proposed debarment is presented. The Proposer and/or Proposer's representative shall be given an opportunity to submit evidence at that hearing. After the hearing, the Contractor Hearing Board shall prepare a tentative proposed decision, which shall contain a recommendation regarding whether the Proposer should be debarred, and, if so, the appropriate length of time of the debarment. The Proposer and the Department shall be provided an opportunity to object to the tentative proposed decision prior to its presentation to the Board of Supervisors.

- 5.9.4 After consideration of any objections, or if no objections are received, a record of the hearing, the proposed decision and any other recommendation of the Contractor Hearing Board shall be presented to the Board of Supervisors. The Board of Supervisors shall have the right to modify, deny or adopt the proposed decision and recommendation of the Contractor Hearing Board.
- 5.9.5 If a Proposer has been debarred for a period longer than five (5) years, that Proposer may, after the debarment has been in effect for at least five (5) years, submit a written request for review of the debarment determination to reduce the period of debarment or terminate the debarment. The County may, in its discretion, reduce the period of debarment or terminate the debarment if it finds that the Proposer has adequately demonstrated one or more of the following: (1) elimination of the grounds for which the debarment was imposed; (2) a bona fide change in ownership or management; (3) material evidence discovered after debarment was imposed; or (4) any other reason that is in the best interests of the County.
- 5.9.6 The Contractor Hearing Board will consider requests for review of a debarment determination only where (1) the Proposer has been debarred for a period longer than five (5) years; (2) the debarment has been in effect for at least five (5) years; and (3) the request is in writing, states one or more of the grounds for reduction of the debarment period or termination of the debarment, and includes supporting documentation. Upon receiving an appropriate request, the Contractor Hearing Board will provide notice of the hearing on the request. At the hearing, the Contractor Hearing Board shall conduct a hearing where evidence on the proposed reduction of debarment period or termination of debarment is presented. This hearing shall be conducted and the request for review decided by the Contractor Hearing Board pursuant to the same procedures as for a debarment hearing.
- 5.9.7 The Contractor Hearing Board's proposed decision shall contain a recommendation on the request to reduce the period of debarment or terminate the debarment. The Contractor Hearing Board shall present its proposed decision and recommendation to the Board of Supervisors. The Board of Supervisors shall have the right to modify, deny, or adopt the proposed decision and recommendation of the Contractor Hearing Board.

5.9.8 These terms shall also apply to proposed subcontractors of Proposers on County contracts.

5.9.9 Appendix H, provides a link to the County's website where there is a listing of Contractors that are currently on the Debarment List for Los Angeles County.

5.10 Adherence to County's Child Support Compliance Program

Proposers shall: 1) fully comply with all applicable State and Federal reporting requirements relating to employment reporting for its employees; and 2) comply with all lawfully served Wage and Earnings Assignment Orders and Notice of Assignment and continue to maintain compliance during the term of any contract that may be awarded pursuant to this solicitation. Failure to comply may be cause for termination of a contract or initiation of debarment proceedings against the non-compliant Contractor (County Code Chapter 2.202).

5.11 Gratuities

5.11.1 Attempt to Secure Favorable Treatment

It is improper for any County officer, employee or agent to solicit consideration, in any form, from a Proposer with the implication, suggestion or statement that the Proposer's provision of the consideration may secure more favorable treatment for the Proposer in the award of the Contract or that the Proposer's failure to provide such consideration may negatively affect the County's consideration of the Proposer's submission. A Proposer shall not offer or give either directly or through an intermediary, consideration, in any form, to a County officer, employee or agent for the purpose of securing favorable treatment with respect to the award of the Contract.

5.11.2 Proposer Notification to County

A Proposer shall immediately report any attempt by a County officer, employee or agent to solicit such improper consideration. The report shall be made either to the County manager charged with the supervision of the employee or to the County Auditor-Controller's Employee Fraud Hotline at (800) 544-6861.

Failure to report such a solicitation may result in the Proposer's submission being eliminated from consideration.

5.11.3 Form of Improper Consideration

Among other items, such improper consideration may take the form of cash, discounts, services, the provision of travel or entertainment, or tangible gifts.

5.12 Notice to Proposers Regarding the County Lobbyist Ordinance

The Board of Supervisors of the County of Los Angeles has enacted an ordinance regulating the activities of persons who lobby County officials. This ordinance, referred to as the "Lobbyist Ordinance", defines a County Lobbyist and imposes certain registration requirements upon individuals meeting the definition. The complete text of the ordinance can be found in County Code Chapter 2.160. In effect, each person, corporation or other entity that seeks a County permit, license, franchise or contract must certify compliance with the ordinance. As part of this solicitation process, it will be the responsibility of each Proposer to review the ordinance independently as the text of said ordinance is not contained within this RFP. Thereafter, each person, corporation or other entity submitting a response to this solicitation, must certify that each County Lobbyist, as defined by Los Angeles County Code Section 2.160.010, retained by the Proposer is in full compliance with Chapter 2.160 of the Los Angeles County Code and each such County Lobbyist is not on the Executive Office's List of Terminated Registered Lobbyists by completing and submitting the Familiarity with the County Lobbyist Ordinance Certification, as set forth in Appendix D - Required Forms, Exhibit 7, as part of their proposal.

5.13 Federal Earned Income Credit

The Contractor shall notify its employees, and shall require each subcontractor to notify its employees, that they may be eligible for the Federal Earned Income Credit under the federal income tax laws. Such notice shall be provided in accordance with the requirements set forth in Internal Revenue Service (IRS) Notice No. 1015. (Reference Appendix I)

5.14 Consideration of GAIN/GROW Participants for Employment

As a threshold requirement for consideration for contract award, Proposers shall demonstrate a proven record of hiring participants in the County's Department of Public Social Services Greater Avenues for Independence (GAIN) or General Relief Opportunity for Work (GROW) Programs or shall attest to a willingness to consider GAIN/GROW participants for any future employment openings if they meet the minimum qualifications for that opening. Proposers shall attest to a willingness to provide employed GAIN/GROW participants access to the Proposer's employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

Proposers who are unable to meet this requirement shall not be considered for contract award. Proposers shall submit a completed, "Attestation of Willingness to Consider GAIN/GROW Participants", form, as set forth in Appendix D - Required Forms, Exhibit 10, along with their proposal.

5.15 Recycled Bond Paper

Proposer shall be required to comply with the County's policy on recycled bond paper as specified in Appendix C, Sample Contract, Paragraph 65.

5.16 Safely Surrendered Baby Law

The Contractor shall notify and provide to its employees, and shall require each subcontractor to notify and provide to its employees, information regarding the Safely Surrendered Baby Law, its implementation in Los Angeles County, and where and how to safely surrender a baby. The information is set forth in Appendix J (Safely Surrendered Baby Law) of this solicitation document. Additional information is available at www.babysafela.org.

5.17 Jury Service Program

The prospective contract is subject to the requirements of the County's Contractor Employee Jury Service Ordinance ("Jury Service Program") (Los Angeles County Code, Chapter 2.203). Prospective Contractors should carefully read the Jury Service Ordinance, Appendix G, and the pertinent jury service provisions of the Sample Contract, Appendix C, Paragraph 31, both of which are incorporated by reference into and made a part of this RFP. The Jury Service Program applies to both Contractors and their Subcontractors. Proposals that fail to comply with the

requirements of the Jury Service Program will be considered non-responsive and excluded from further consideration.

5.17.1 The Jury Service Program requires Contractors and their Subcontractors to have and adhere to a written policy that provides that its employees shall receive from the Contractor, on an annual basis, no less than five days of regular pay for actual jury service. The policy may provide that employees deposit any fees received for such jury service with the Contractor or that the Contractor deduct from the employee's regular pay the fees received for jury service. For purposes of the Jury Service Program, "employee" means any California resident who is a full-time employee of a Contractor and "full-time" means 40 hours or more worked per week, or a lesser number of hours if: 1) the lesser number is a recognized industry standard as determined by the County, or 2) the Contractor has a long-standing practice that defines the lesser number of hours as full-time. Therefore, the Jury Service Program applies to all of a Contractor's full-time California employees, even those not working specifically on the County project. Full-time employees providing short-term, temporary services of 90 days or less within a 12-month period are not considered full-time for purposes of the Jury Service Program.

5.17.2 There are two ways in which a Contractor might not be subject to the Jury Service Program. The first is if the Contractor does not fall within the Jury Service Program's definition of "Contractor". The Jury Service Program defines "Contractor" to mean a person, partnership, corporation or other entity which has a contract with the County or a Subcontract with a County Contractor and has received or will receive an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts. The second is if the Contractor meets one of the two exceptions to the Jury Service Program. The first exception concerns small businesses and applies to Contractors that have 1) ten or fewer employees; and, 2) annual gross revenues in the preceding twelve months which, if added to the annual amount of this Contract is less than \$500,000, and, 3) is not an "affiliate or subsidiary of a business dominant in its field of operation". The second exception applies to Contractors that possess a collective bargaining agreement that expressly supersedes the provisions of the Jury Service Program. The Contractor is subject to any

provision of the Jury Service Program not expressly superseded by the collective bargaining agreement.

5.17.3 If a Contractor does not fall within the Jury Service Program's definition of "Contractor" or if it meets any of the exceptions to the Jury Service Program, then the Contractor must so indicate in the Certification Form and Application for Exception, Exhibit 11 in Appendix D - Required Forms, and include with its submission all necessary documentation to support the claim such as tax returns or a collective bargaining agreement, if applicable. Upon reviewing the Contractor's application, the County will determine, in its sole discretion, whether the Contractor falls within the definition of Contractor or meets any of the exceptions to the Jury Service Program. The County's decision will be final.

5.18 Living Wage Program (Intentionally Omitted)

5.19 Notification to County of Pending Acquisitions/Mergers by Proposing Company

The Proposer shall notify the County of any pending acquisitions/mergers of its company unless otherwise legally prohibited from doing so. If the proposer is restricted from legally notifying the County of pending acquisitions/mergers, then it should notify the County of the actual acquisitions/mergers as soon as the law allows and provide to the County the legal/framework that restricted it from notifying the County prior to the actual acquisitions/mergers. This information shall be provided by the Proposer on Required Form - Exhibit 1 - Proposer's Organization Questionnaire/Affidavit and CBE Information. Failure of the Proposer to provide this information may eliminate its proposal from any further consideration. Proposer shall have a continuing obligation to notify County of changes to the information contained in Exhibit 1 – Proposer's Organization Questionnaire/Affidavit and CBE Information during the pendency of this RFP by providing a revised Exhibit 1 - Proposer's Organization Questionnaire/Affidavit and CBE Information to the County upon the occurrence of any event giving rise to a change in its previously reported information.

5.20 Proposer's Charitable Contributions Compliance

5.20.1 California's "Supervision of Trustees and Fundraisers for Charitable Purposes Act" regulates receiving and raising

charitable contributions. Among other requirements, those subject to the Charitable Purposes Act must register. The 2004 Nonprofit Integrity Act (SB 1262, Chapter 919) increased Charitable Purposes Act requirements. Prospective Contractors should carefully read the Background and Resources: California Charities Regulations, Appendix K. New rules cover California public benefit corporations, unincorporated associations, and trustee entities and may include similar foreign corporations doing business or holding property in California. Key Nonprofit Integrity Act requirements affect executive compensation, fund-raising practices and documentation. Charities with over \$2 million of revenues (excluding funds that must be accounted for to a governmental entity) have new audit requirements.

5.20.2 All prospective contractors must determine if they receive or raise charitable contributions which subject them to the Charitable Purposes Act and complete the Charitable Contributions Certification, Exhibit 12 (Charitable Contributions Certification) as set forth in Appendix D - Required Forms. A completed Exhibit 12 (Charitable Contributions Certification) is a required part of any agreement with the County.

5.20.3 In Exhibit 12 (Charitable Contributions Certification), prospective contractors certify either that:

5.20.3.1 They have determined that they do not now receive or raise charitable contributions regulated under the California Charitable Purposes Act, (including the Nonprofit Integrity Act) but will comply if they become subject to coverage of those laws during the term of a County agreement,

- OR -

5.20.3.2 They are currently complying with their obligations under the Charitable Purposes Act, attaching a copy of their most recent filing with the Registry of Charitable Trusts.

5.20.4 Prospective County contractors that do not complete Exhibit 12 (Charitable Contributions Certification) as part of the solicitation process may, in the County's sole discretion, be disqualified from contract award. A County contractor that fails to comply with its

obligations under the Charitable Purposes Act is subject to either contract termination or debarment proceedings or both. (County Code Chapter 2.202)

5.21 Defaulted Property Tax Reduction Program

The prospective contract is subject to the requirements of the County's Defaulted Property Tax Reduction Program ("Defaulted Tax Program") (Los Angeles County Code, Chapter 2.206). Prospective Contractors should carefully read the Defaulted Property Tax Reduction Program, Appendix L, and the pertinent provisions of the Sample Contract, Appendix C, Paragraphs 81 and 82, both of which are incorporated by reference into and made a part of this solicitation. The Defaulted Property Tax Reduction Program applies to both Contractors and their Subcontractors.

Proposers shall be required to certify that they are in full compliance with the provisions of the Defaulted Property Tax Reduction Program and shall maintain compliance during the term of any contract that may be awarded pursuant to this solicitation or shall certify that they are exempt from the Defaulted Property Tax Reduction Program by completing Certification of Compliance with County's Defaulted Property Tax Reduction Program, Exhibit 13 in Appendix D – Required Forms. Failure to maintain compliance, or to timely cure defects, may be cause for termination of a contract or initiation of debarment proceedings against the non-compliance contractor (Los Angeles County Code, Chapter 2.202).

Proposals that fail to comply with the certification requirements of the Defaulted Tax Program will be considered non-responsive and excluded from further consideration.

5.22 Time Off for Voting

The Contractor shall notify its employees, and shall require each subcontractor to notify and provide to its employees, information regarding the time off for voting law (Elections Code Section 14000). Not less than 10 days before every statewide election, every Contractor and subcontractors shall keep posted conspicuously at the place of work, if practicable, or elsewhere where it can be seen as employees come or go to their place of work, a notice setting forth the provisions of Section 14000.

5.23 Proposer’s Acknowledgement of County’s Commitment to Zero Tolerance Policy on Human Trafficking

On October 4, 2016, the Los Angeles County Board of Supervisors approved a motion taking significant steps to protect victims of human trafficking by establishing a zero-tolerance policy on human trafficking. The policy prohibits contractors engaged in human trafficking from receiving contract awards or performing services under a County contract.

Contractors are required to complete Exhibit 17 (Zero Tolerance Human Trafficking Policy Certification) in Appendix D (Required Forms), certifying that they are in full compliance with the County’s Zero Tolerance Human Trafficking Policy provision as defined in Paragraph 32 (Compliance with County’s Zero Tolerance Human Trafficking Policy) of Appendix C (Sample Contract). Further, contractors are required to comply with the requirements under said provision for the term of any contract awarded pursuant to this solicitation.

5.24 Integrated Pest Management (IPM) Program Compliance (Intentionally Omitted)

5.25 Proposer Protection of Electronic County Information

5.25.1 Protection of Electronic County Personal Information (PI), Protected Health Information (PHI) and Medical Information (MI) — Data Encryption Standard

5.25.1.1 The prospective contract is subject to the encryption requirements set forth below (collectively, the “Encryption Standards”). Vendors shall become familiar with the Encryption Standards and the pertinent provisions of the Sample Contract, Appendix A, Paragraph 43 both of which are incorporated by reference into and made a part of this solicitation.

5.25.1.2 Proposers shall be required to complete Exhibit 16 in Appendix E, Required Forms (“Exhibit”) providing information about their encryption practices and certifying that they will be in compliance with the Encryption Standards at the commencement of the contract and during the term of any contract that may be awarded pursuant to this solicitation. Vendors that fail to comply with the certification requirements of this

provision will be considered non-responsive and excluded from further consideration.

5.25.1.3 Vendors use of remote servers (e.g. cloud storage, Software-as-a-Service or SaaS) for storage of County PI, PHI and/or MI shall be disclosed by Vendors in the Exhibit and shall be subject to written pre-approval by the County's Chief Executive Office. Any use of remote servers may subject the Vendor to additional encryption requirements for such remote servers.

5.25.2 **Encryption Standards:**

5.25.2.1 **Stored Data:**

Contractors' and subcontractors' workstations and portable devices (e.g., mobile, wearables, tablets, thumb drives, external hard drives) require encryption (i.e. software and/or hardware) in accordance with:

- a) Federal Information Processing Standard Publication (F/PS) 140-2;
- b) National Institute of Standards and Technology (NIST) Special Publication 800-57 Recommendation for Key Management — Part 1: General (Revision 3);
- c) N/ST Special Publication 800-57 Recommendation for Key Management – Part 2. Best Practices for Key Management Organization; a
- d) N/ST Special Publication 800-111 Guide to Storage Encryption Technologies for End User Devices.

Advanced Encryption Standard (AES) with cipher strength of 256-bit is minimally required.

5.25.2.2 **Transmitted Data:**

All transmitted (e.g. network) County PI, PHI and/or MI require encryption in accordance with:

- a) NIST Special Publication 800-52 Guidelines for the Selection and Use of Transport Layer Security Implementations; and

- b) N/ST Special Publication 800-5 7 Recommendation for Key Management – Part 3: Application-Specific Key Management Guidance.

Secure Sockets Layer (SSL) is minimally required with minimum cipher strength of 128-bit.

5.26 Proposer’s Acknowledgement of County’s Commitment to Fair Chance Employment Hiring Practices

On May 29, 2018, the Los Angeles County Board of Supervisors approved a Fair Chance Employment Policy in an effort to remove job barriers for individuals with criminal records. The policy requires businesses that contract with the County to comply with fair chance employment hiring practices set forth in California Government Code Section 12952, Employment Discrimination: Conviction History (Section 12952).

Contractors are required to complete Exhibit 19 (Compliance with Fair Chance Employment Hiring Practices Certification) in Appendix D (Required Forms), certifying that they are in full compliance with Section 12952, as indicated in Section 83 (Compliance with Fair Chance Employment Practices) of Appendix C (Sample Contract). Further, Contractors are required to comply with the requirements under Section 12952 for the term of any contract awarded pursuant to this solicitation.

5.27 Default Method of Payment: Direct Deposit or Electronic Funds Transfer (EFT)

5.27.1 The County, at its sole discretion, has determined that the most efficient and secure default form of payment for goods and/or services provided under an agreement/contract with the County shall be Electronic Funds Transfer (EFT) or direct deposit, unless an alternative method of payment is deemed appropriate by the Auditor-Controller (A-C).

5.27.2 Upon contract award or at the request of the A-C and/or the contracting department, the Contractor shall submit a direct deposit authorization request with banking and vendor information, and any other information that the A-C determines is reasonably necessary to process the payment and comply with all accounting, record keeping, and tax reporting requirements.

5.27.3 Any provision of law, grant, or funding agreement requiring a specific form or method of payment other than EFT or direct deposit shall supersede this requirement with respect to those payments.

5.27.4 Upon contract award or at any time during the duration of the agreement/ contract, a Contractor may submit a written request for an exemption to this requirement. The A-C, in consultation with the contracting department(s), shall decide whether to approve exemption requests.

5.28 Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)

5.28.1 Pursuant to federal law, the County is prohibited from contracting with parties that are suspended, debarred, ineligible, or excluded or whose principals are suspended, debarred or excluded from securing federally funded contracts. At the time of Proposer's response to RFP, Proposer must submit a certification, as set forth in Exhibit 18, Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76) in Appendix D - Required Forms, attesting that neither it, as an organization, nor any of its owners, officers, partners, directors, or other principals is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. Should a proposal response to RFP identify prospective subcontractors, or should Proposer intend to use subcontractors in the provision of services under any subsequent contract, Proposer must submit a certification, completed by each subcontractor, attesting that neither the subcontractor, as an organization, nor any of its owners, officers, partners, directors, or other principals is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts.

5.28.2 Failure to provide the required certification may eliminate Proposer's response to RFP from consideration.

5.28.3 In the event that Proposer and/or its subcontractor(s) is or are unable to provide the required certification, Proposer instead shall provide a written explanation concerning its and/or its subcontractor's inability to provide the certification. Proposer's written explanation shall describe the specific circumstances concerning the inability to certify. It further shall identify any owner, officer, partner, director, or other principal of the Proposer and/or subcontractor who is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. Finally, the written explanation shall provide that person's or those persons' job description(s) and function(s) as they relate to the contract which is being solicited by this RFP.

5.28.4 The written explanation shall be examined by the County to determine, in its full discretion, whether further consideration of

the proposal response to RFP is appropriate under the federal law.

6.0 COUNTY'S PREFERENCE PROGRAMS

6.1 Overview of County's Preference Programs

6.1.1 The County of Los Angeles has three preference programs. The Local Small Business Enterprise (LSBE), Disabled Veterans Business Enterprise (DVBE), and Social Enterprise (SE). The Board of Supervisors encourages business participation in the County's contracting process by continually streamlining and simplifying our selection process and expanding opportunities for these businesses to compete for County opportunities.

6.1.2 The Preference Programs (LSBE, DVBE, and SE) requires that a business must complete certification prior to requesting a preference in a solicitation.

6.1.3 In no case shall the Preference Programs (LSBE, DVBE, and SE) price or scoring preference be combined with any other county preference program to exceed fifteen percent (15%) in response to any County solicitation.

6.1.4 Sanctions and financial penalties may apply to a business that knowingly, and with intent to defraud, seeks to obtain or maintain certification as a certified LSBE, DVBE, or SE when not qualified.

6.1.5 The County also has a Policy on Doing Business with Small Business that is stated in Appendix F.

Note: Cost is not a determining factor in this solicitation process; as such no preference will be applied. However, LSBE Proposer is encouraged to apply for certification to take advantage of the LSBE Prompt Payment Program further identified in RFP Paragraph 6.3 Local Small Business Enterprise Prompt Payment Program.

6.2 Local Small Business Enterprise (LSBE) Preference Program (Intentionally Omitted)

6.3 Local Small Business Enterprise (LSBE) Prompt Payment Program

It is the intent of the County that Certified LSBEs receive prompt payment for services they provide to County Departments. Prompt payment is defined as fifteen (15) calendar days after receipt of an undisputed invoice.

6.4 Social Enterprise (SE) Preference Program (Intentionally Omitted)

6.5 Disabled Veteran Business Enterprise (DVBE) Preference Program (Intentionally Omitted)

7.0 PROPOSAL SUBMISSION REQUIREMENTS

This section contains key project dates and activities as well as instructions to Proposer regarding preparation and submission of their proposal.

7.1 Truth and Accuracy of Representations

False, misleading, incomplete, or deceptively unresponsive statements in connection with a proposal shall be sufficient cause for rejection of the proposal. The evaluation and determination in this area shall be at the Director’s sole judgment and his/her judgment shall be final. All proposals shall be firm and final offers and may not be withdrawn for a period of one hundred eighty (180) days following the final proposal submission date.

7.2 RFP Timetable

RFP TIMETABLE	
Release of RFP	June 26, 2018
Request for a Solicitation Requirements Review due by 3:00 PM	July 10, 2018
Mandatory Proposer’s Conference	July 18, 2018
Written Questions due by 3:00 PM	July 23, 2018
Questions and Answers Released	August 6, 2018
PROPOSALS DUE BY 3:00 PM	August 20, 2018

All times as listed above and throughout this RFP are Pacific Time (PT).

7.3 Solicitation Requirements Review

Any person or entity may seek a Solicitation Requirements Review by submitting Appendix E (Transmittal Form to Request a Solicitation Requirements Review) to the Department conducting the solicitation as described in this Section. A request for a Solicitation Requirements

Review may be denied, in the Department's sole discretion, if the request does not satisfy all of the following criteria:

1. The request for a Solicitation Requirements Review is made within ten (10) business days of the issuance of the solicitation document;
2. The request for a Solicitation Requirements Review includes documentation, which demonstrates the underlying ability of the person or entity to submit a proposal;
3. The request for a Solicitation Requirements Review itemizes in appropriate detail, each matter contested and factual reasons for the requested review; and
4. The request for a Solicitation Requirements Review asserts either that:
 - a. application of the minimum requirements, evaluation criteria and/or business requirements unfairly disadvantages the person or entity; or
 - b. due to unclear instructions, the process may result in the County not receiving the best possible responses from prospective Proposers.

The Solicitation Requirements Review shall be completed and the Department's determination shall be provided to the requesting person or entity, in writing, within a reasonable time prior to the proposal due date. Upon response, the County's decision to the Solicitation Requirements Review shall be final. All requests for a Solicitation Requirements Review should be submitted by email transmission only, by the date and time indicated pursuant to RFP Paragraph 7.2, RFP Timetable, to:

José Cueva, Contract Analyst
County of Los Angeles, Department of Public Health
Contracts and Grants Division
E-mail: jcueva@ph.lacounty.gov

7.4 Proposer's Questions

Proposer may submit written questions regarding this RFP via e-mail only to the individual identified below. All questions must be received by the due date and time pursuant to RFP Paragraph 7.2, RFP Timetable. All questions, without identifying the submitting company, will be compiled with the appropriate answers and issued as an addendum to the RFP.

When submitting questions, the Proposer must specify the RFP section number, paragraph number, page number, and quote the language that prompted the question. This will ensure that the questions can be quickly and accurately found in the RFP. County reserves the right to group similar questions when providing answers.

Questions may address concerns that the application of minimum mandatory qualifications, evaluation criteria and/or business requirements would unfairly disadvantage Proposer or, due to unclear instructions, may result in the County not receiving the best possible responses from Proposer. Answers to Proposer's questions will be released on the date specified in Paragraph 7.2, RFP Timetable.

Questions should be addressed to:

José Cueva, Contract Analyst
County of Los Angeles, Department of Public Health
Contracts and Grants Division
E-mail: jcueva@ph.lacounty.gov

7.5 Submission of Application for Exemption to Living Wage Program (for Living Wage Solicitations) (Intentionally Omitted)

7.6 Mandatory Proposer's Conference

A Mandatory Proposer Conference (MPC) will be held to present specific sections and discuss the RFP as it pertains to Core HIV Medical Services for PLWH. County staff will respond to questions from potential Proposers. Upon conclusion of the Proposer's Conference, County will only provide further clarifications and/or answers concerning this solicitation through an addendum. **All potential Proposers must attend this conference or their proposals will be rejected as non-responsive (disqualified) without review and eliminated from further consideration.**

Proposer is advised to register for the MPC. Space is limited; therefore, Proposer may only register up to two (2) representatives per agency who must attend the MPC. Substitutions can be made up to the day prior to the MPC. No more than two (2) agency representatives will be admitted to the MPC.

Proposer registering for the MPC should do so via email to the County representative identified in Paragraph 5.2, Contact with County Personnel. Email registrations must include the following:

- Subject Line: MPC Registration
- Proposer (Agency) Name
- Name and title of each agency representative
- Email address of each agency representative
- Contact Number for each agency representative

The MPC is scheduled as follows:

Date: July 18, 2018
 Time: 9:00 AM
 Location: County of Los Angeles, Department of Public Health
 Division of HIV and STD Programs
 600 South Commonwealth Avenue
 9th Floor – Room 907 A/B
 Los Angeles, California 90005

Proposer is advised to bring a copy of the complete RFP package to the MPC; the County will not distribute copies at the MPC.

Paid parking is available on-site at the Commonwealth location as well as other local parking lots and street parking. The County **will not** validate and or reimburse fees for parking. Parking fees are the responsibility of the Proposer. **Proposer should plan to arrive early to secure parking and allow adequate time to pass through building security and metal detectors.**

Proposer is not permitted to record and or video tape the MPC.

7.7 Preparation of the Proposal

Proposers are required to submit a complete proposal by the deadline identified in RFP, Section 7.2, RFP Timetable, to the person and address identified in RFP, Section 7.11, Proposal Submission. Proposals submitted to DPH must be written in English. They are to be organized and assembled into one volume in the format and order described below.

1. Package must include one (1) original proposal package, **unbound**, SINGLE-SIDED, including all required attachments and forms with original signatures. Do not staple or professionally bind the original proposal. Use a rubber band or binder clip to keep the pages of the original proposal together. The original proposal must be marked as such, e.g., “Original” on the proposal’s Title Page.
2. Package must include an additional three (3) DOUBLE-SIDED, **unbound**, copies of the original proposal package (including copies

of all required forms and attachments). Each proposal copy must be marked as such, e.g., "Copy" on the proposal's Title Page.

3. Proposal must be typewritten, single spaced with no less than a 11-point font on 8 ½" by 11" paper, with the 8 ½" ends of the paper as the top and bottom of the page, and 1" margins. Header and footer margins shall be no less than 0.3". **Footer on each page must include Proposer's name.**
4. Proposal pages must be numbered sequentially, including attachments, from beginning to end, and provide a complete Table of Contents for the proposal and its attachments, to ensure there are no duplicate or missing pages.
5. Proposal must be organized and tabbed by applicable parts and/or sections, with proper titles, and alphabetized sub-paragraphs as described herein. The entire narrative of the Proposal (i.e. Title Page, Cover Letter, Table of Contents, Section A, Section B, Section C and Section D) must not exceed the page limits identified in RFP Section 7.8, Proposal Format, below. Page limits exclude title page, table of contents, budget, budget justification, sample monitoring forms associated with Quality Control Plan and required forms. **Any responses beyond the allotted page limits will not be read or scored.**
6. Proposal and all copies shall be clearly labeled with the RFP title: "County of Los Angeles, Department of Public Health Request for Proposals for **CORE HIV MEDICAL SERVICES FOR PERSONS LIVING WITH HIV, RFP #2018-003**", with the name of the proposer's organization on the front exterior cover. If space is available, binder ends shall also clearly identify the RFP title and name of the proposer's organization.
7. Other than the attachments specified in this RFP, no other exhibits or attachments should be submitted with the proposal.

7.8 Proposal Format

The content and sequence of the proposal must be as follows:

- Proposal Title Page and Cover Letter
- Table of Contents

PART 1: ADMINISTRATIVE SECTION

- Proposer's Qualifications (Section A):
 - Proposer's Organization Questionnaire/Affidavit and CBE Information (Section A.1)
 - Proposer's Affidavit of Adherence to Minimum Mandatory Qualifications Form (Section A.2)
 - Proposer's References (Section A.3)
 - Proposer's Pending Litigation and Judgements (Section A.4)
 - Financial Capability (Section A.5)
- Terms and Conditions in the Sample Contract and Requirements of the Statement of Work (SOW): Acceptance of / or Exceptions (Section B)
- Required Forms (Section C)

PART 2: PROPOSER'S PROGRAM INFORMATION AND BUDGET (Section D)

- Proposer's Experience and Performance (Section D.1)
- Proposer's Approach to Required Services (Section D.2)
- Proposer's Staffing Plan (Section D.3)
- Proposer's Program Budget (Appendix B, Budget for AOM, and Appendix B-1, B-2 and B-3, Budget for MCC) (Section D.4)

7.8.1 Proposal Title Page and Cover Letter

Proposer must create a title page to preface the submitted proposal. Additionally, a Cover Letter must follow the title page which includes all the information provided in this Paragraph.

A. Proposal Title Page

Proposer must include a Title Page which bears the words: **"CORE HIV MEDICAL SERVICES FOR PERSONS LIVING WITH HIV, RFP #2018-003."** The Title Page must also include the Proposer's legal name.

B. Cover Letter

Proposal must include one (1) original Cover Letter signed in blue ink. The Cover Letter must be on agency letterhead and addressed to:

Patricia Gibson, Chief
County of Los Angeles, Department of Public Health

Contracts and Grants Division
1000 South Fremont Avenue, Unit #101
Building A-9 East, 5th Floor North
Alhambra, California 91803

The Cover Letter must include the following:

- a. A statement that the proposal submitted is in response to **“CORE HIV MEDICAL SERVICES FOR PERSONS LIVING WITH HIV, RFP #2018-003”**
- b. The proposal’s annual budget amount requested;
- c. A statement that the Proposer will bear sole and complete responsibility for all work required under this RFP;
- d. The name, telephone number, email address, and facsimile number of the Proposer’s representative/contact person for the submission; and
- e. The signature of the agency’s Executive Director, Chief Executive Officer, or other authorized designee.

Do not include any additional information in the Cover Letter. The County may reject any proposal submitted without a Cover Letter or with a Cover Letter that fails to adhere to the requirements specified above.

7.8.2 Table of Contents

List all material included in the Proposal. Include a clear definition of the material, identified by sequential page numbers and by section reference numbers.

7.8.3 PART 1: ADMINISTRATIVE SECTION

Proposer is required to submit the information and supporting documentation outlined below in response to Part 1, Administrative Section of its proposal.

The content and sequence of Part 1 are as follows:

7.8.3.1 Proposer’s Qualifications (Section A)

A. Proposer’s Organization Questionnaire/Affidavit and CBE Information

(Section A.1)

Format: Appendix D, Required Forms: Exhibit 1
Page Limit: Not Applicable

The Proposer shall complete, sign and date the Proposer's Organization Questionnaire/Affidavit and CBE Information (Exhibit 1) as set forth in Appendix D. The person signing the form must be authorized to sign on behalf of the Proposer and be able to legally bind the Proposer in a Contract.

Considering the structure of the Proposer's organization, Proposer shall determine which of the below referenced supporting documents the County requires. If the Proposer's organization does not fit into one of these categories, upon receipt of the Proposal or at some later time, the County may, in its discretion, request additional documentation regarding the Proposer's business organization and authority of individuals to sign Contracts.

If the below referenced documents are not available at the time of proposal submission, Proposer must request the appropriate documents from the California Secretary of State and provide a statement on the status of the request.

Required Support Documents

Format: Certificate/Conformed Copy
Page Limit: Not applicable

1. Corporations or Limited Liability Company (LLC):

The Proposer must submit the following documentation with the Proposal:

- a. A copy of a "Certificate of Good Standing" with the state of incorporation/organization.
- b. A conformed copy of the most recent "Statement of Information" as filed with the California

Secretary of State listing corporate officers or members and managers.

- c. If applicable, Proposer must provide a copy of its “IRS 501(c)(3) Determination Letter” which must state that Proposer’s organization qualifies for tax-exempt status under section 501(c)(3) status of the Internal Revenue Code.

2. Limited Partnership:

The Proposer must submit a conformed copy of the Certificate of Limited Partnership or Application for Registration of Foreign Limited Partnership as filed with the California Secretary of State, and any amendments.

B. Proposer’s Affidavit of Adherence to Minimum Mandatory Qualifications Form (Section A.2)

Format: Complete Exhibit 2, Proposer’s Affidavit of Adherence to Minimum Mandatory Qualifications Form

Page Limit: Not applicable

Proposer must submit a complete Exhibit 2. The form and its applicable attachments must clearly demonstrate that the Proposer meets the minimum mandatory qualifications pursuant to RFP Paragraph 3.0, Proposer’s Minimum Mandatory Qualifications.

C. Proposer’s References (Section A.3)

Format: Appendix D, Required Forms, Exhibit 3, Exhibit 4, and Exhibit 5

Page Limit: Not applicable

It is the Proposer’s sole responsibility to ensure that the firm’s name, and point of contact’s name, title and phone number for each reference are accurate. **NOTE: DHSP or DHSP staff shall only be listed once, if used as a reference on Exhibit 2.** The

same agencies may be listed on both forms - Exhibits 3 and 4 (located in Appendix D, Required Forms).

County may disqualify a Proposer if:

- 1) References fail to substantiate Proposer's description of the services provided; or
- 2) References fail to support that Proposer has a continuing pattern of providing capable, productive and skilled personnel, or
- 3) The Department is unable to reach the point of contact with reasonable effort. It is the Proposer's responsibility to inform the point of contact of normal working hours;

The Proposer must complete and include the following Required Forms:

- a. Prospective Contractor References, Appendix D, Required Forms, Exhibit 3: Proposer must provide five (5) references where the same or similar scope of services was provided.
- b. Prospective Contractor List of Contracts, Appendix D, Required Forms, Exhibit 4: The listing must include all non-profit and public entities contracts for the last five (5) years. Use additional sheets if necessary.
- c. Prospective Contractor List of Terminated Contracts, Appendix D, Required Forms, Exhibit 5: Listing must include contracts terminated (i.e., due to lack of funding, performance, expiration of term, etc.) within the last five (5) years with a reason for termination. Use additional sheets if necessary.

D. Proposer's Pending Litigation and Judgments (Section A.4)

Format: Appendix D, Required Forms: Exhibit 20

Page Limit: Not applicable

Proposer is to complete and submit Appendix D, Required Forms, Exhibit 20, Proposer's Pending Litigation and/or Judgments, and identify by name, case and court jurisdiction any pending litigation in which Proposer is involved, or judgments against Proposer in the past five (5) years. Provide a statement describing the size and scope of any pending or threatening litigation against the Proposer or principals of the Proposer. If there are no pending litigations and/or judgments, Proposer should indicate "Not Applicable".

E. Financial Capability (Section A.5)

Format: Financial statements

Page Limit: Not applicable

Provide copies of the company's annual financial statements issued for the last three years. Financial statements should reflect the financial strength and capability of the company in the provision of required services throughout the term of any resultant contract, as well as evidence of the company's capability to absorb all costs related to the provision of services for a minimum of sixty (60) days, during any resultant Contract. The following accounts must be included in the organization's financial statements:

BALANCE SHEET ACCOUNTS

1. Current Assets
 - Cash
 - Short Term Investments*
 - Accounts Receivable*
2. Current Liabilities
3. Total Assets
4. Total Liabilities
5. Owner's/Shareholder's Equity

INCOME STATEMENT ACCOUNTS

1. Total Operating Expenses (before taxes)
 - Bad Debts

- Depreciation*
 - Amortization*
2. Total Expenses
 3. Gross Income
 4. Net Income

**May be excluded if they do not apply to your company's operations*

It should be noted that depending on the nature of the entity, (i.e., for-profit, non-profit, governmental) the title of financial statements may differ. For example, for a non-profit entity the Balance Sheet is referred to as the Statement of Financial Position.

If audited statements or Single Audit Reports are otherwise required, these should be submitted to meet this requirement.

Do not submit Income Tax Returns to meet this requirement.

Financial statements will be kept confidential if so stamped on each page.

7.8.3.2 Terms and Conditions in Sample Contract, and Requirements of the Statement of Work (SOW): Acceptance of / or Exceptions (Section B)

Format: Acceptance of Terms and Conditions Affirmation, Appendix D, Required Forms: Exhibit 14 or a Statement of Exceptions

Page Limit: Not applicable

A) It is the duty of every Proposer to thoroughly review the Sample Contract and Statement of Work to ensure compliance with all terms, conditions and requirements. It is the County's expectation that in submitting a proposal the Proposer will accept, as stated, the County's terms and conditions in the Sample Contract and the County's requirements in the Statement of Work. However, the Proposer is

provided the opportunity to take exceptions to the County's terms, conditions, and requirements.

B) Section B of Proposer's response must include:

1. A completed and signed Appendix D, Required Forms, Exhibit 14, acknowledging the Proposer's acceptance of all terms and conditions listed in Appendix C, Sample Contract and applicable Statement of Work;

-OR-

2. A statement offering the Proposer's exceptions to terms, conditions, and requirements listed in Appendix C, Sample Contract, Appendix A-1, Statement of Work for AOM Services and Appendix A-2, Statement of Work for MCC Services.

For each exception, the Proposer shall provide:

- An explanation of the reason(s) for the exception;
- The proposed alternative language; and
- A description of the impact, if any, to the Proposer's price.

C) Indicate all exceptions to the Sample Contract and/or the Statement of Work by providing a 'red-lined' version of the language in question. The County relies on this procedure and any Proposer who fails to make timely exceptions as required herein, may be barred, at the County's sole discretion, from later making such exceptions.

The County reserves the right to determine if Proposer's exceptions are material enough to deem the proposal non-responsive and not subject to further evaluation.

The County reserves the right to make changes to the Sample Contract and its appendices and exhibits at its sole discretion.

7.8.3.3 Required Forms (Section C)

Format: Appendix D, Required Forms
Page Limit: Not applicable

Proposal shall include all completed, signed, and dated exhibits identified in Appendix D - Required Forms in Section C of proposal unless otherwise instructed.

- | | |
|------------|---|
| Exhibit 1 | Proposer's Organization Questionnaire / Affidavit and CBE Information (Include in Section A.1 of proposal) |
| Exhibit 2 | Proposer's Affidavit of Adherence to Minimum Mandatory Qualifications Form (Include in Section A.2 of proposal) |
| Exhibit 3 | Prospective Contractor References (Include in Section A.3 of proposal) |
| Exhibit 4 | Prospective Contractor List of Contracts (Include in Section A.3 of proposal) |
| Exhibit 5 | Prospective Contractor List of Terminated Contracts (Include in Section A.3 of proposal) |
| Exhibit 6 | Certification of No Conflict of Interest |
| Exhibit 7 | Familiarity with the County Lobbyist Ordinance Certification |
| Exhibit 8 | Request for Preference Consideration (Intentionally Omitted) |
| Exhibit 9 | Proposer's EEO Certification |
| Exhibit 10 | Attestation of Willingness to Consider GAIN/GROW Participants |
| Exhibit 11 | County of Los Angeles Contractor Employee Jury Service Program – Certification Form and Application for Exception |
| Exhibit 12 | Charitable Contributions Certification |
| Exhibit 13 | Certification of Compliance with County's Default Property Tax Reduction Program |
| Exhibit 14 | Acceptance of Terms and Conditions Affirmation (Include in Section B of proposal) |
| Exhibit 15 | Verification of Qualifications: HIV/AIDS Specialist Form |

Exhibit 16	Vendor's Compliance with Encryption Requirements
Exhibit 17	Zero Tolerance Human Trafficking Policy Certification
Exhibit 18	Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R Part 76)
Exhibit 19	Compliance with Fair Chance Employment Hiring Practices
Exhibit 20	Prospective Contractor Pending Litigation and/or Judgments (Include in Section A.4 of proposal)
Exhibit 21	Funding Disclosure Form
Exhibit 22	MCC Goals Projection Worksheet (Include in Section D.3 of Proposal)

7.8.4 PART 2: PROPOSER'S PROGRAM INFORMATION AND BUDGET (Section D)

Proposer's response must conform to the format and page limit specifications as indicated. In addition, Proposer must copy each of the RFP questions listed in each section below and provide a subsequent response. The format and sequence of Part 2 is as follows:

7.8.4.1 Proposer's Experience and Performance (Section D.1)

Format: As Applicable
Page Limit: 2 pages

Provide a summary of your experience and performance providing core HIV medical services to HIV-positive clients. Proposer must provide answers to questions 1 through 7 below in the summary based on total HIV-positive clients served in your HIV medical clinic(s) (all payer sources). Proposers may choose to use a table format to provide numbers and percentages. Refer to Attachment 1, Performance Measures (Core and Supplemental Measure Thresholds) of Appendix A-1, Statement of Work, AOM Services.

- 1) Describe your experience providing HIV medical care services to HIV-positive clients including number of years.

- 2) Provide total number of HIV-positive clients Proposer's agency saw in its HIV medical clinic in year 2017. If Proposer has more than one clinic site, please also provide number of clients per site.
- 3) Of Proposer's total HIV medical clinic client population, what percentage of clients had a HIV viral load less than 200 copies/mL at the last viral load test taken in 2017?
- 4) Of Proposer's total HIV medical clinic client population, what percentage of HIV-positive clients had two (2) or more visits with a medical provider in 2017?
- 5) Of Proposer's total HIV medical clinic client population, what percentage were tested at least once for syphilis in 2017?
- 6) Of Proposer's total HIV medical clinic client population, what percentage of your HIV-positive clients were screened for substance use, at least once, in 2017?
- 7) Of Proposer's total HIV medical clinic client population, what percentage of your HIV-positive clients were screened for depression, at least once, in 2017?

7.8.4.2 Proposer's Approach to Required Services for Eligible Clients (Section D.2)

Format: Narrative
Page Limit: 3 pages

Proposer must provide a narrative explaining its approach to required services, including whether the provider will qualify for Tier 1 or Tier 2 MCC services, a description of how medical providers and the MCC team will work together to address clients' complex needs and how MCC services will be integrated into Proposer's existing HIV clinic flow and delivered at its HIV clinic site(s). In Proposer's response, please include answers to the following:

- 1) Describe how Proposer's agency will ensure that every client is screened annually for MCC service needs.
- 2) Describe how Proposer's medical clinic will streamline the process to fast track newly diagnosed PLWH into its clinic and ultimately its MCC team.
- 3) Describe in detail the information that will be provided to a client to educate them on Proposer's MCC services.
- 4) Describe how clients demonstrating a need for MCC services are linked to an MCC team.
- 5) Describe in detail how the MCC program will be operationalized into Proposer's HIV clinic flow and how the MCC team members will operate as an extension of the client's HIV clinical care team.
- 6) Describe in detail Proposer's plans and methodology for MCC team access and utilization of a client's integrated medical records in the Proposer's data system, and Proposer's plan for timely submission of accurate and complete AOM and MCC data into DHSP's data system.
- 7) Describe in detail Proposer's plans for expediting medical visits for newly diagnosed HIV-positive clients or clients re-establishing care.

7.8.4.3 Proposer's Staffing Plan (Section D.3)

Format: As Applicable
Page Limit: Not Applicable

The proposed program is required to have a sufficient number of staff to provide services to the number of clients identified in this proposal (a minimum of one (1) Licensed Medical Provider, one (1) Project Manager is required, and an MCC Services team). The required MCC Services team for Tier 1 services consists of a Medical Care Manager (MCM), Patient Care Manager (PCM),

Retention Outreach Specialist (ROS), and a Case Worker (CW); for Tier 2 MCC services, an MCM and PCM are required (see Appendix A-2, Statement of Work, MCC Services for more detailed descriptions of each position). Please provide the following as part of the Staffing Plan:

- 1) **Organization Chart** - Proposer must provide an organizational chart, per service delivery site, detailing the positions to be funded for AOM and MCC services. Please clearly identify and define staff and staff roles and number of full-time equivalent (FTE) staff dedicated to each role, particularly if staff are serving in multiple capacities and/or in multiple service delivery sites (e.g. serving in the AOM clinic and also as part of the MCC Services team). See listing of required positions outlined in the Statement of Work, Appendix A-2. *NOTE: Proposer's Staffing Plan MUST match the team size indicated in the MCC Goals Projection Worksheet (Exhibit 22).*
- 2) **Resumes** - Resumes must be provided, at a minimum, for the Licensed Medical Provider, Project Manager and the MCC Services team members at the time of proposal submission. Resumes must include names, titles, experience, education, roles and responsibilities and other evidence demonstrating experience, certification, licensure, and ability to successfully perform the required services. For additional staff not yet hired, a list of staff and their duties will be sufficient with resumes required by the date of contract execution.
- 3) **MCC Goals Projection Worksheet (Exhibit 22)** - Based on Countywide data, DHSP estimates that 47% of HIV-positive clinic clients have a need for MCC. Proposer must fill out *Exhibit 22 – MCC Goals Projection Worksheet* indicating how many HIV-positive clients (regardless of health insurance) are served by the Proposer's HIV clinic annually; a list of all the clinic sites that the clients are spread across; and what percentage of the total number of potential MCC clients are allocated to each clinic site.

7.8.4.4 Proposed Program Budget (Section D.4)

Proposers must submit separate and complete Proposed Program Budgets for AOM (Appendix B) and MCC services (*Appendices B-1, B-2, and B-3*).

Budget for AOM Services

Format: Appendix B, Budget Tool

Page Limit: Not Applicable

Payment for all AOM services shall be on a fee-for-service basis. Proposers must use Appendix B, Budget Tool, to guide their development of a proposed budget. Each budget tool includes instructions for its completion. Budgets and proposed service units should be based on prior years' service data; however, these are merely tools to assist Proposers in developing a Requested Maximum Award. Proposers recommended for funding awards are not bound by the individual units proposed; only by the aggregate number of service units and the final, negotiated Total Maximum Award derived through contract negotiations with DHSP prior to final award.

For AOM Service, Proposer must follow the instructions provided pursuant to Appendix B, Budget Tool, when preparing the applicable budget forms. Each Budget Tool includes instructions for its completion.

Budget for MCC Services

Format: Appendices B-1, Budget Instructions, B-2, Budget Tool, and B-3, Budget Justification

Page Limit: Not Applicable

Proposer must follow the instructions provided pursuant to Appendix B-1, Budget Instructions when preparing the applicable budget forms. **NOTE: Proposer's Program Budget MUST match the team size indicated in the MCC Goals Projection Worksheet (Exhibit 22)** Proposer must submit the following budget forms in its Section D.4 as follows:

- 1) Appendix B-2, Budget Tool - Proposer's budget form

should only reflect costs associated with its proposed program(s) and must be submitted utilizing the budget format provided and with the correct calculations.

2) Appendix B-3, Budget Justification - Proposer must submit a Budget Justification that is detailed, specific, and explains how each of the costs fiscally supports the activities of the proposed program, staffing requirements, organizational requirements, necessary supplies, and any one-time costs.

Proposer is advised that budget forms referenced above are the only budget formats acceptable. Any other formats will not be accepted and shall result in Proposer receiving zero/no points for this section of the evaluation.

7.9 Cost Proposal Format (Intentionally Omitted)

7.10 Firm Offer/Withdrawal of Proposal

Until the proposal submission deadline, errors in proposals may be corrected by a request in writing to withdraw the proposal and by submission of another set of proposals with the mistakes corrected. Corrections will not be accepted once the deadline for submission of proposals has passed.

7.11 Proposal Submission

Proposer shall submit one (1) original; three (3) photocopies of the proposal. The original must be unbound and three (3) photocopies of the proposal must also be unbound. All proposal material must be included within the binder and enclosed in a SEALED envelope or box.

The front exterior of all the binders shall be clearly marked in the upper left-hand corner with the name and address of the Proposer, and bear the words:

**"PROPOSAL FOR CORE HIV MEDICAL SERVICES FOR PERSONS
LIVING WITH HIV, RFP #2018-003"**

The proposal and the required number of copies must be hand-delivered or sent by a delivery service only (excluding U.S. Postal Service) and received by the deadline specified in Section 7.2, RFP Timetable, to:

**José Cueva, Contract Analyst
County of Los Angeles,
Department of Public Health
Contracts and Grants Division
1000 South Fremont Avenue.
Building A-9 East, 5th Floor North
Alhambra, California 91803**

Timely hand-delivered Proposals are acceptable. No facsimile (fax) or electronic mail (e-mail) copies will be accepted. It is the sole responsibility of the submitting Proposer to ensure that its Proposal is received before the submission deadline. Submitting Proposer shall bear all risks associated with delays in delivery by any person or entity. Late proposals received on the due date, but after the scheduled closing time for receipt of Proposals, as listed in Paragraph 7.2, RFP Timetable, will not be evaluated but will be time-stamped and set aside unopened. At the Director's sole discretion, these late proposals may be considered, in the order received, if a determination is made that there is a specific unmet need. Late proposals received after the due date will be time-stamped and returned unopened.

8.0 SELECTION PROCESS AND EVALUATION CRITERIA

8.1 Selection Process

The County reserves the sole right to judge the contents of the proposals submitted pursuant to this RFP and to review, evaluate and select the successful proposal(s). The selection process will begin with receipt of the proposal pursuant to RFP Paragraph 7.2, RFP Timeline.

Evaluation of the proposals will be made by an Evaluation Committee selected by the Department. The Committee will evaluate the proposals and will use the evaluation approach described herein to select a prospective Contractor(s). All proposals will be evaluated based on the criteria listed below. Proposals will be evaluated, scored and ranked in numerical sequence from high to low. Upon completion of ranking, funds will be allocated taking into account target populations and/or geographic area needs. Proposer's may be funded for some sites but not others. The

Evaluation Committee may utilize the services of appropriate experts to assist in this evaluation.

The evaluation process will be conducted in three (3) Stages:

Stage 1: Adherence to Minimum Mandatory Qualifications (Pass/Fail)

Stage 2: Proposal Evaluation

Stage 3: Final Review and Selection

After prospective Contractors have been selected, the County and the prospective Contractors will negotiate a Contract for submission to the Board of Supervisors for its consideration and possible approval. If a satisfactory Contract cannot be negotiated, the County may, at its sole discretion, begin contract negotiations with the next qualified Proposer who submitted a proposal, as determined by the County.

The recommendation to award a Contract will not bind the Board of Supervisors to award a Contract to the prospective Contractor.

The County retains the right to select a proposal other than the proposal(s) receiving the highest number of points if County determines, in its sole discretion, another proposal is qualified, cost-effective, responsive, responsible, and/or meets a service category need based on population and/or area to be served, and/or is in the best interests of the County.

8.2 Stage 1: Adherence to Minimum Mandatory Qualifications (Pass/Fail)

Adherence to minimum mandatory qualifications will consist of a review of the information provided in Proposer's Exhibit 1 – Proposer's Organization Questionnaire/Affidavit and CBE Information Form, submitted in Section A.1 of the proposal, and Proposer's information provided in Exhibit 2, Proposer's Affidavit of Adherence to Minimum Mandatory Qualifications Form for Core HIV Medical Services for PLWH, submitted in Section A.2 of the proposal, to determine if the Proposer meets all of the Minimum Mandatory Qualifications as outlined in RFP Paragraph 3.0., Minimum Mandatory Qualifications. Proposer must "Pass" each of the Minimum Mandatory Qualifications to "Pass" Stage 1.

This section of the evaluation is scored on a "Pass" or "Fail" basis. Proposals that are assigned a score of "Fail" in the Adherence to Minimum Mandatory Qualifications shall be deemed unresponsive and disqualified and shall not proceed to the next phase of the evaluation process.

Proposals that pass Stage 1 of the evaluation will proceed to Stage 2 as outlined in RFP Section 8.4.

8.3 Disqualification Review

A proposal may be disqualified from consideration because a Department determined it was non-responsive at any time during the review/evaluation process. If a Department determines that a proposal is disqualified due to non-responsiveness, the Department shall notify the Proposer in writing.

Upon receipt of the written determination of non-responsiveness, the Proposer may submit a written request for a Disqualification Review within the timeframe specified in the written determination.

A request for a Disqualification Review may, in the Department's sole discretion, be denied if the request does not satisfy all of the following criteria:

1. The person or entity requesting a Disqualification Review is a Proposer;
2. The request for a Disqualification Review is submitted timely (i.e., by the date and time specified in the written determination); and
3. The request for a Disqualification Review asserts that the Department's determination of disqualification due to non-responsiveness was erroneous (e.g. factual errors, etc.) and provides factual support on each ground asserted as well as copies of all documents and other material that support the assertions.

The Disqualification Review shall be completed and the determination shall be provided to the requesting Proposer, in writing, prior to the conclusion of the evaluation process.

Proposer can also be disqualified for non-responsibility – See Section 5.8.

8.4 Stage 2: Proposal Evaluation (1,000 Points)

Proposals that pass Stage 1 will be evaluated as follows:

8.4.1 Proposal Part 1 – Administrative Section (30 Points)

Proposer's Qualifications

1. Proposer's References (30 Points)

Proposer will be evaluated on the verification of references provided on Appendix D, Required Forms, Exhibit 3, Prospective Contractor References. In addition to the references provided, a review will include the County's Contract Database and Contractor Alert Reporting Database, reflecting past performance history on County or other contracts. This review may result in point deductions up to 100% of the total points awarded in this evaluation category.

2. Terminated Contracts

A review of terminated contracts will be conducted which may result in point deductions, based on the information provided on Appendix D, Required Forms, Exhibit 5, Prospective Contractor List of Terminated Contracts. This review may result in point deduction(s).

3. Proposer's Pending Litigation and Judgements

A review will be conducted to determine the significance of any litigations, judgments, criminal judgments/convictions, criminal investigation or indictments, etc. pending against the Proposer or principals of the Proposer as provided on Appendix D, Required Forms, Exhibit 20, Pending Litigation and Judgments. This review may result in a possible point deduction(s).

4. Financial Capability

Subject matter experts will evaluate and make a recommendation based on the financial strength and capability of the company in the provision of required services throughout the term of any resultant Contract, as well as evidence of the company's capability to absorb all costs related to the provision of services for a minimum of sixty (60) days, during any resultant Contract.

Financial statements that do not demonstrate financial strength or meet the sixty-day requirement may result in a deduction of 30 points from the total points awarded in the Proposer's Qualifications evaluation category.

5. Proposal Section B - Terms and Conditions in the Sample Contract and Requirements of the Statement of Work (SOW): Acceptance of / or Exceptions

Based on the information provided in Section B of the proposal, Proposer will be evaluated on its willingness to accept the Terms and Conditions outlined in the Sample Contract, Appendix C, and the requirements of the Statements of Work outlined in Appendices A-1, AOM Services and A-2, MCC Services. The County may deduct rating points or disqualify the proposal in its entirety if the exceptions are material enough to deem the proposal non-responsive.

Proposer is further notified that the County may, in its sole determination, disqualify any Proposer with whom the County cannot satisfactorily negotiate a Contract.

6. Proposal Section C - Required Forms

The forms submitted in this section will be reviewed for accuracy and completeness.

8.4.2 Proposal Part 2 – Proposer’s Program Information and Budget Review (970 Points)

1. Proposer’s Experience and Performance Section D.1 (400 Points)

Proposer suitability for providing Core HIV Medical Services for PLWH will be evaluated based on the information provided in response to questions 1 through 7 pursuant to Paragraph 7.8.4.1 of this RFP.

2. Proposer’s Approach to Required Services for Eligible Clients Section D.2 (300 Points)

Proposer’s approach to required services for the proposed program will be evaluated based on information provided in response to questions 1 through 7 pursuant to Paragraph 7.8.4.2 of this RFP.

3. Proposer’s Staffing Plan Section D.3 (200 Points)

Proposer's staffing plan for the proposed program will be evaluated based on the information provided in response to Paragraph 7.8.4.3 of this RFP.

4. Proposer's Proposed Program Budget Section D.4 (70 Points)

Proposer will be evaluated based on the information provided in its Appendix B, Budget Tool for AOM Services, and Appendices B-1 Budget Instructions, B-2 Budget Tool, and B-3 Budget Justification for MCC Services pursuant to Paragraph 7.8.4.4 of this RFP. Each of Proposer's program budget(s) will be evaluated based on the following criteria:

- a) Proposer submitted each required budget form; each budget form was complete and submitted using the required format/template.
- b) Proposer followed the instructions provided in Appendix B, Budget Tool for AOM Services when preparing the applicable budget forms.
- c) Proposer followed the instructions provided in Appendix B-1, Budget Instructions for MCC Services when preparing the applicable budget forms.

8.5 Stage 3: Final Review and Selection

The final review and selection for services will consist of the following:

- Proposal's final score will be calculated, based on Proposal's Stage 2 composite score.
- Proposals will be ranked from highest to lowest score. The funding allocations will be based on service category, target populations and geographic area needs, and the availability of funding.

Note: At the County's sole discretion, any proposal other than the highest-ranking proposals may be considered for selection, if it is determined that the proposal is qualified, cost-effective, responsive, responsible, and/or meets a service category need based on target populations and/or geographical area needs, and/or is in the best interests of the County.

- Optional pre-decisional site visit review may be conducted.

The County, at its sole discretion, may conduct a Pre-Decisional Site Visit Review prior to recommending funding allocations for all proposals being considered for funding. This review shall be conducted by an Internal Site Visit Review Committee comprised of County program staff with appropriate Core HIV Medical Services for PLWH programming expertise. This review will assess and evaluate the Proposer in each of the following standards of appropriateness:

1. Confirmation that each proposed facility is in good repair and that location is sufficient to facilitate high-quality, appropriate services.
2. Confirmation that each proposed facility and location satisfy each of the following:
 - a) Meets American's with Disabilities Act requirements for accessibility;
 - b) Near public transportation;
 - c) Open during client-friendly hours (e.g., evenings, weekends);
 - d) Free parking is available;
 - e) All equipment needed is in working order;
 - f) Privacy at the front (sign-in area) or reception desk;
 - g) Free of graffiti and trash on grounds and in facility;
 - h) Designated room for all medical services;
 - i) Security provided outside and inside the facility;
 - j) Confidential exam, treatment and interview rooms present and available for use;
 - k) Clear, distinct outside signage; and
 - l) Facilities are clean, well-lit, clearly marked indicating location of services.
3. Confirmation that the service delivery site location is consistent with the site location provided in the proposal; and that the site is located as designated within the Proposal.

County may disqualify a Proposer from consideration for an award if they fail to meet any of the standards set above, or if the Proposer fails to clearly demonstrate its ability to meet the criteria as delineated above.

- Recommended Funding Allocations Review will be conducted.

The selected Proposers will be reviewed for recommended funding allocations. The Recommended Funding Allocations Review will be conducted by an Internal Funding Review Committee comprised of selected personnel from DHSP's executive management team.

Inevitably, there will be more funding requested than the amount of funding available. The County's goal is to make funding recommendations most likely to provide services in the most efficient and successful manner, based on the RFP requirements.

Once a funding recommendation has been determined, the County will notify the Proposer's Executive Director, CEO, or designated Board Member of its funding recommendation and any other pertinent information. Those Proposers that did not receive a funding recommendation will also receive notification which shall be addressed to the Proposer's Executive Director, CEO, or designated Board Member.

Those Proposers recommended for funding will advance to negotiate a Contract for submission to the Board of Supervisors.

The final award of funding, pursuant to this RFP, will be made by and at the sole discretion of the County's Board of Supervisors.

8.6 Cost Proposal Evaluation Criteria (Intentionally Omitted)

8.7 Labor Law/Payroll Violations (Intentionally Omitted)

8.8 Department's Proposed Contractor Selection Review

8.8.1 Departmental Debriefing Process

Upon completion of the evaluation, the Department shall notify the remaining Proposers in writing that the Department is entering negotiations with another Proposer. Upon receipt of the letter, any non-selected Proposer may submit a written request for a Debriefing within the timeframe specified in the letter. A request for a Debriefing may, in the Department's sole discretion, be denied if the request is not received within the specified timeframe.

The purpose of the Debriefing is to compare the requesting Proposer's response to the solicitation document with the evaluation document. The requesting Proposer shall be debriefed only on its response. Because contract negotiations are not yet complete, responses from other Proposers shall not be discussed, although the Department may inform the requesting Proposer of its relative ranking.

During or following the Debriefing, the Department will instruct the requesting Proposer of the manner and timeframe in which the requesting Proposer must notify the Department of its intent to request a Proposed Contractor Selection Review (see Section 8.8.2 below), if the requesting Proposer is not satisfied with the results of the Debriefing.

8.8.2 Proposed Contractor Selection Review

Any Proposer that has timely submitted a notice of its intent to request a Proposed Contractor Selection Review as described in this Section may submit a written request for a Proposed Contractor Selection Review, in the manner and timeframe as shall be specified by the Department.

A request for a Proposed Contractor Selection Review may, in the Department's sole discretion, be denied if the request does not satisfy all the following criteria:

1. The person or entity requesting a Proposed Contractor Selection Review is a Proposer;
2. The request for a Proposed Contractor Selection Review is submitted timely (i.e., by the date and time specified by the Department);
3. The person or entity requesting a Proposed Contractor Selection Review asserts in appropriate detail with factual reasons one or more of the following grounds for review:
 - a. The Department materially failed to follow procedures specified in its solicitation document. This includes:
 - i. Failure to correctly apply the standards for reviewing the proposal format requirements.
 - ii. Failure to correctly apply the standards, and/or follow the prescribed methods, for evaluating

- the proposals as specified in the solicitation document.
- iii. Use of evaluation criteria that were different from the evaluation criteria disclosed in the solicitation document.
 - b. The Department made identifiable mathematical or other errors in evaluating proposals, resulting in the Proposer receiving an incorrect score and not being selected as the recommended contractor.
 - c. A member of the Evaluation Committee demonstrated bias in the conduct of the evaluation.
 - d. Another basis for review as provided by state or federal law; and
4. The request for a Proposed Contractor Selection Review sets forth sufficient detail to demonstrate that, but for the Department's alleged failure, the Proposer would have been the lowest cost, responsive and responsible bid or the highest-scored proposal, as the case may be.

Upon completing the Proposed Contractor Selection Review, the Department representative shall issue a written decision to the Proposer within a reasonable time following receipt of the request for a Proposed Contractor Selection Review, and always before the date the contract award recommendation is to be heard by the Board. The written decision shall additionally instruct the Proposer of the manner and timeframe for requesting a County Independent Review. (see Section 8.9 below).

8.9 County Independent Review Process

Any Proposer that is not satisfied with the results of the Proposed Contractor Selection Review may submit a written request for a County Independent Review in the manner and timeframe specified by the Department in the Department's written decision regarding the Proposed Contractor Selection Review.

A request for County Independent Review may, in the County's sole discretion, be denied if the request does not satisfy all of the following criteria:

1. The person or entity requesting a County Independent Review is a Proposer;

2. The request for a County Independent Review is submitted timely (i.e., by the date and time specified by the Department); and
3. The person or entity requesting review by a County Independent Review has limited the request to items raised in the Proposed Contractor Selection Review and new items that (a) arise from the Department's written decision and (b) are one of the appropriate grounds for requesting a Proposed Contractor Selection Review as listed in Section 8.8.2 above.

Upon completion of the County Independent Review, the County Internal Services Department will forward the report to the Department, which will provide a copy to the Proposer.

STATEMENT OF WORK

AMBULATORY OUTPATIENT MEDICAL (AOM) SERVICES

APPENDIX A-1, STATEMENT OF WORK, AOM SERVICES

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1.0 DESCRIPTION

The County of Los Angeles (County), Department of Public Health (DPH), Division of HIV and STD Programs (DHSP) Ambulatory Outpatient Medical (AOM) Services provide evidence-based preventive, diagnostic, and therapeutic HIV medical services through outpatient medical visits by licensed health care professionals to Ryan White Program (RWP) eligible HIV-positive clients. AOM Services are expected to interrupt or delay the progression of HIV disease; prevent and treat opportunistic infections; promote optimal health and quality of life; and reduce further HIV transmission by providing clients the education and support for appropriate risk reduction strategies.

DHSP supports AOM Services using federal Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA), RWP Part A funds. AOM service providers (Contractors) shall provide AOM Services as a *last resort* for clients who are ineligible to receive HIV medical care services reimbursed by another third-party payer source.

To determine whether clients are eligible for third-party payer sources or other available payment assistance programs, Contractor shall conduct benefits screening as a part of delivering AOM Services, including assisting clients in benefits enrollment and billing third-party payer sources for client services, where possible. Third-party payer sources should include available public payer sources including, but not limited to Medicare, Medi-Cal, and the Veteran's Administration. Additionally, private insurance plans, including those provided by employers or purchased by an individual, must be utilized prior to the Contractor accessing RWP funds to support any or all of the client's AOM Services.

AOM Services will be reimbursed at a set rate of \$312.40 per visit, with the opportunity to earn up to an additional \$63.00 per visit based on performance on the AOM pay-for-performance measures in the prior contract year (see Reimbursement Guidelines and Performance Measures in Attachment 1 to this Appendix A-1, Statement of Work, AOM Services).

As part of the provision of AOM Services, Contractor must also concurrently provide, as needed, Medical Care Coordination (MCC) Services to its population of HIV-positive clients. MCC Services must be Co-located with AOM Services. MCC service requirements can be found in Appendix A-2, Statement of Work, MCC Services.

1.1 DHSP Program Goal and Objectives

The DHSP goals and objectives for AOM Services are described in Table 1.

TABLE 1 - AMBULATORY OUTPATIENT MEDICAL GOALS AND OBJECTIVES	
PRIMARY GOAL	<i>Improve individual-level health outcomes and well-being of persons living with HIV and prevent transmission of HIV.</i>
AOM GOALS	<ol style="list-style-type: none"> 1. Interrupt or delay the progression of HIV disease. 2. Promote optimal health and quality of life. 3. Reduce HIV transmission by supporting risk reduction strategies.
OBJECTIVES	<ol style="list-style-type: none"> A. Provide medical services to a minimum of 75 HIV-positive clients annually. B. Prevent and treat opportunistic infections. C. Maintain viral load suppression (viral load less than 200 copies/mL) among all HIV-positive clients. D. Increase knowledge and practice of risk reduction strategies.

Note: Contractor is also required to perform all goals and objectives associated with MCC Services, found in Table 1 of Appendix A-2, Statement of Work, MCC Services.

2.0 DEFINITIONS

- 2.1 **Ambulatory Outpatient Medical (AOM) Services:** Evidence-based preventative, diagnostic, and therapeutic medical services provided through outpatient medical clinics by California-licensed health care professionals to persons living with HIV (PLWH) in an outpatient clinic setting.
- 2.2 **Co-located:** Services located in the same building where there is a high degree of collaboration and communication between health care professionals, including information sharing related to client care and establishment of comprehensive treatment plans to address clients' biological, psychological, and social needs.
- 2.3 **Contractor's Project Director:** Contractor's designee serving as a point of contact for the County who has full authority to act for Contractor on all matters relating to the daily operation of the Contract.
- 2.4 **Contractor's Project Manager:** Contractor's designee responsible to administer the Contract operations and to liaise with the County after the Contract award.
- 2.5 **County's Project Director:** Person designated by County with authority to resolve contractual or administrative matters relating to this Contract that cannot be resolved by the County's Project Manager.

- 2.6 **County's Project Manager:** Person designated by County's Project Director to manage the operations under this Contract. Responsible for managing inspection of all tasks, deliverables, goods, services and other work provided by the Contractor.
- 2.7 **Day(s):** Calendar day(s) unless otherwise specified.
- 2.8 **Fiscal Year:** The twelve (12) month period beginning July 1st and ending the following June 30th.
- 2.9 **Medical Care Coordination (MCC) Services:** A multi-disciplinary team consisting of two (2) or more of the following: A Medical Care Manager (MCM), Patient Care Manager (PCM), Case Worker (CW) and Retention Outreach Specialist (ROS) who work together to facilitate behavioral interventions, conduct outreach, and coordinate support services to promote improved health outcomes for PLWH. MCC Services team members deliver client-centered activities that focus on addressing health status, engagement and retention in care, adherence to HIV medications, and HIV risk reduction.
- 2.10 **Partner Services (PS):** A voluntary prevention activity by which identified sex or needle-sharing partners of HIV infected persons, some of whom may be unsuspecting of their risk, are informed of their possible exposure to HIV. Notified partners (NP) are offered HIV testing, and if necessary, linkages to medical treatment and care, referrals to appropriate health and social services and the provision of appropriate HIV risk reduction intervention based on the NP need.

3.0 SPECIFIC WORK REQUIREMENTS

Primary responsibilities and/or services to be provided by the Contractor shall include, but not be limited to, the following:

3.1 Provide and Coordinate HIV-Positive Client Medical Care

- 3.1.1 Provide AOM Services to RWP eligible clients. Provide evidence-based preventive, diagnostic and therapeutic medical services through outpatient medical visits by California licensed health care professionals to RWP eligible clients at clinic location(s) in Los Angeles County. General services to be provided include, but are not limited to:

- a) Medical evaluation and clinical care;

- b) AIDS Drug Assistance Program (ADAP) enrollment services;
- c) Laboratory testing including disease monitoring, STD testing, and other clinically indicated tests;
- d) Linkage and referrals to medical subspecialty care, oral health, medical care coordination, mental health care, and other service providers;
- e) Secondary HIV prevention in the ambulatory outpatient setting; and
- f) Retention of clients in medical care.

3.1.2 Provide eligible RWP clients a minimum of two (2) medical visits annually. Contractor must provide, at a minimum, two (2) medical visits, at least three (3) months apart, between the client and a licensed, primary health care professional, annually and document in the medical record, at a minimum, the following components:

- a) Client history
- b) Discussion with client regarding nature of presenting problem
- c) Medical evaluation
- d) Oral examination
- e) Client counseling
- f) With client consent, counseling or discussion with the client/family concerning one (1) or more of the following areas:
 - I. Diagnostic results
 - II. Prognosis
 - III. Risks and benefits of treatment options
 - IV. Instructions for treatment management
 - V. Risk factor reduction
 - VI. Client/family education
- g) Health maintenance at appropriate intervals depending on health status or disease progression
- h) Screening for tuberculosis (TB)
- i) Screening and treatment for sexually transmitted infections
- j) Gynecologic evaluation or referral
- k) Age appropriate immunizations
- l) Rapid initiation of antiretroviral drugs for newly diagnosed patients at first visit (even before genotype returns)
- m) Prescription and management of antiretroviral drugs
- n) Screening by the provider for nutrition related issues
- o) Referral to medical subspecialty care, as indicated
- p) Substance abuse assessment and, as indicated, referral for treatment

q) Mental health assessment and, as indicated, referral for treatment

3.1.3 Provide nursing care. Contractor must provide primary HIV nursing care performed by a registered nurse which shall include, but not be limited to:

- a) Nursing assessment, evaluation, and follow-up
- b) Triage
- c) Consultation and ongoing communication with the primary health care professional
- d) Client counseling
- e) Client and family education
- f) Administration and supervision of intravenous therapy
- g) Provision of those services which require substantial specialized nursing skill
- h) Initiation of appropriate preventive nursing procedures
- i) Case conferencing

3.1.4 Prescribe medications. Contractor must provide medications, as indicated, including, but not limited to, all currently approved drugs for HIV disease, HIV disease-related conditions, and co-morbidities in accordance with the Food and Drug Administration drug approval guidelines, unless the drug treatment is part of an Institutional Review Board-approved research program with written informed consent.

3.1.5 Provide STD screening and treatment. Contractor must conduct screening and treatment for STD in accordance with the procedures set forth in Attachment 3 (Screening for Sexually Transmitted Diseases) of this Appendix A-1, Statement of Work, AOM Services.

3.1.6 Provide TB screening. Contractor shall conduct TB and latent TB infection (LTBI) screening in accordance with the procedures set forth in Attachment 2 (Tuberculosis Screening, Evaluation & Treatment Guidelines for HIV-Positive Persons) of this Appendix A-1, Statement of Work, AOM Services.

3.1.7 Deliver reproductive counseling and information to HIV-positive persons. Contractor shall ensure that women of reproductive age and men, as appropriate, shall receive contraceptive counseling, discussion of risk associated with perinatal HIV transmission and availability of antiretroviral therapy for treatment of HIV to prevent perinatal transmission, pre-exposure prophylaxis for HIV-negative partner, and other services.

Contractor shall also ensure that HIV-positive women who are pregnant are referred to a center that specializes in HIV care in pregnancy that includes a perinatologist that is experienced in the care of HIV-positive pregnant women.

3.2 Conduct Client Intake and Benefits Screening

- 3.2.1 Conduct client registration and intake. Contractor must conduct client registration and intake within one business day for all individuals who request medical services or are referred to HIV medical outpatient services by HIV/STD testing sites, early intervention programs and other service providers. Contractor must identify appropriate clients for AOM Services through eligibility screening as set forth in Attachment 4 (Ryan White Program Eligibility Documentation and Verification) of this Appendix A-1, Statement of Work, AOM Services.
- 3.2.2 Conduct benefits screening program. Contractor must implement a benefits screening program that assesses client's eligibility for public and social services every six (6) months (including, but not limited to, health insurance navigation and enrollment, mental health and substance use services, housing, transportation, employment services, and other applicable services), promotes enrollment in those services for which a client qualifies, and maximizes payment from third-party payer sources.
- 3.2.3 Conduct ADAP eligibility screening. Contractor must perform ADAP eligibility screening for new enrollments and annual re-certifications.
 - 3.2.3.1 Contractor must have staff certified by the California Department of Public Health (CDPH) conduct ADAP eligibility screening in accordance with ADAP Eligibility Guidelines found at: <https://www.cdph.ca.gov/programs/aids/Pages/tOAADAPindiv.aspx>.
 - 3.2.3.2 If a client is eligible for participation in ADAP and medication(s) listed on the ADAP formulary is (are) indicated for client treatment, Contractor must prescribe such medications and refer client to a participating ADAP pharmacy.
 - 3.2.3.3 For medications that are not listed on the ADAP formulary and are indicated for client treatment, Contractor may provide such drugs for clients consistent with available resources.

3.3 Provide Strong Linkages to Care

- 3.3.1 Ensure timely linkage to medical provider for new clients. Contractor shall ensure that new clients, including those newly diagnosed with HIV and those who have been out of care and are attempting to re-establish care, are seen by a medical provider within (2) business days of the request for an appointment. Contract shall ensure that all measures are taken to streamline clinic intake and other administrative processes for patients who have fallen out of care and are trying to re-establish care to improve their engagement in care.
- 3.3.2 Ensure immediate linkage to MCC Services. Contractor shall ensure that new clients demonstrating a need for MCC Services, including those newly diagnosed with HIV and those who have been out of care and are attempting to re-establish care, are linked with the MCC Services team to maximize the likelihood of retention in care.
- 3.3.3 Ensure referral to Oral Health Care Services. Contractor shall ensure that every AOM client is referred for Oral Health Care services annually, with referrals noted in the client's medical record. DHSP can provide a list of current HIV oral health care providers.
- 3.3.3 Ensure linkage to needed services. Contractor shall provide consistent, effective linkage to other health-related services, including oral health care, substance use services, and mental health services, as needed.
- 3.3.4 Provide linkage to medical subspecialty services. Contractor shall refer clients to medical subspecialists, as indicated, for specialty diagnostic and therapeutic medical services.

3.4 Re-engage and Retain Clients in Care

- 3.4.1 Re-engage in care. Contractor must actively identify HIV-positive clients who are out of care and re-engage them back into care, including linking the client with MCC services.
- 3.4.2 Retain in care. Contractor must work to identify and reduce clinic specific factors and policies as well as client-level barriers that impede retention in HIV medical care.

3.4.2.1 Contractor's broken appointment policy and procedure should emphasize the facilitation and promotion of client access, continuity of service, and retention.

3.5 Promote Services and Assess Client Satisfaction

3.5.1 Contractor shall promote the availability of AOM Services to PLWH, professional communities and other HIV services providers.

3.5.2 Contractor must perform assessments of client's needs and satisfaction by conducting anonymous client surveys, annually, at a minimum.

3.6 Comply with Applicable Laws and Regulations

3.6.1 Comply with all local and State disease reporting requirements. All local and State HIV, STD, hepatitis, and other communicable diseases reporting requirements must be followed. Visit this link for more information: www.publichealth.lacounty.gov/cdcp/proreporting.htm

3.6.2 Develop and implement a client fee system. Contractor shall develop and implement a client fee system and must comply with provisions of Section 2605 (e) of Title 26 (CARE Act), which is entitled "Requirements Regarding Imposition of Charges for Services" (See Appendix C, Sample Contract, Exhibit J – Requirements Regarding Imposition of Charges for Services). **Note: no fees shall be charged to RWP clients.**

3.6.3 Comply with Cal-OSHA procedures. Contractor must comply with infection control guidelines and procedures established by the California Occupation Safety and Health Administration (Cal-OSHA).

3.6.4 Participate in the Medical Monitoring Project (MMP). Contractor must participate in the MMP, which provides critical information to the Centers for Disease Control and Prevention and DHSP on the health status of and provision of medical services to HIV-positive clients in Los Angeles County.

3.7 Comply with and Maintain Administrative Procedures and Operational Protocols

3.7.1 Comply with HIV standards of care. All health services provided under this Contract must be in accordance with Department of Health and Human

Services HIV Treatment Guidelines and standards of care as determined by the Los Angeles County Commission on HIV.

3.7.2 Review reimbursement and performance measures guidelines. Contractor must review the HIV Ambulatory Outpatient Medical Services Pay-for-Performance/Additional Reimbursement Incentives Guidelines (Attachment 1) for a breakdown of all the performance measures and corresponding reimbursement rates.

3.7.3 Maintain client health records. Contractor must maintain adequate health "unit records" on each individual client which must be current and in detail, consistent with good medical and professional practice, in accordance with the California Code of Regulations and Health Insurance Portability Accountability Act (HIPAA) Privacy Rules.

3.7.3.1 Such records must include, but not be limited to: admission record, client interviews, progress notes, and a record of services provided by the various professional and paraprofessional personnel in sufficient detail to permit an evaluation of services.

3.7.3.2 All clinical and health services records must be in a medical record (medical chart) and/or an electronic health record (medical record in digital format).

3.7.3.3 Contractor (and any subcontractors) must maintain client health records co-located with client's MCC program records.

3.7.4 Maintain administrative procedures and operational protocols. Contractor must develop, implement, and revise as necessary standardized administrative procedures and operational protocols for its medical outpatient clinic(s). The manual must include, but not be limited to, mandatory policies, procedures, protocols, and standards of care related to the following:

3.7.4.1 Referral to and coordination of care with other providers for the provision of:

- a) Subspecialty medical and surgical care
- b) In-patient care
- c) Home health care
- d) Mental health care
- e) Substance abuse disorder treatment

- f) Emergency medical services
- g) ADAP
- h) Research opportunities
- i) Pharmaceutical patient assistance programs

3.7.5 Comply with all reporting requirements. As directed by DHSP, Contractor must submit monthly, quarterly, semi-annual, and/or annual reports in hard copy, electronic, and/or online format within the specified time period for each requested report. Reports shall include all the required information relating to the promotion and provision of AOM Services and is to be completed in the designated format.

3.7.5.1 Contractor must report all new HIV diagnoses utilizing the adult or pediatric report case form online within seven (7) days of a client's diagnosis: <http://publichealth.lacounty.gov/dhsp/ReportCase.htm>

3.7.5.2 Contractor must report all required Ryan White Service Report data to DHSP.

4.0 ADDITION/DELETION OF FACILITIES, SPECIFIC TASKS AND/OR WORK HOURS

4.1 Contractors must obtain permission from Director, DHSP or his designee at least sixty (60) days prior to the addition/deletion of service facilities, specific tasks and/or work hour adjustments.

4.2 All changes must be made in accordance with Paragraph 8, Alteration of Terms/Amendments of the Contract.

5.0 QUALITY MANAGEMENT PROGRAM

The Contractor shall implement a Quality Management (QM) Program, as defined in the Contract, Paragraph 18O, Quality Management, Paragraph 18P, Quality Management Plan, and Paragraph 18Q, Quality Management Program Monitoring, that assesses the extent to which the HIV and STD-related testing and treatment provided are consistent with federal, State, and local standards of HIV and STD testing and treatment.

6.0 COUNTY'S QUALITY ASSURANCE PLAN

The County will evaluate the Contractor's performance under this Contract using the quality assurance procedures as defined in the Contract, Paragraph 38, County's Quality Assurance Plan. Such evaluation will include assessing Contractor's compliance with all Contract terms and performance standards.

6.1 Meetings

Contractor shall meet with the County as requested.

6.2 County Observations

In addition to departmental contracting staff, other County personnel may observe performance, activities, and review documents relevant to this Contract at any time during normal business hours. However, these personnel may not unreasonably interfere with the Contractor's performance.

7.0 RESPONSIBILITIES

The County's and the Contractor's responsibilities are as follows:

COUNTY

7.1 Personnel

The County will administer the Contract according to the Contract, Paragraph 23, Administration of Contract – County. Specific duties will include:

- 7.1.1 Monitoring the Contractor's performance in the daily operation of this Contract.
- 7.1.2 Providing direction to the Contractor in areas relating to policy, information and procedural requirements.
- 7.1.3 Preparing Amendments in accordance with the Contract, Paragraph 8, Alterations of Terms/Amendments.

CONTRACTOR

7.2 Contractor Requirements

Contractor shall:

- 7.2.1 Have a minimum of three (3) years' experience in the last five (5) years providing medical care to HIV-positive clients.
- 7.2.2 Provide Co-located MCC with AOM Services. Please see SOW, Section 2.0 for definition of Co-located.
- 7.2.3 Have on staff a minimum of one (1) medical provider certified as a HIV/AIDS Specialist.

- 7.2.4 Be a licensed medical clinic located in Los Angeles County approved by the County of Los Angeles, DPH, Health Facilities Inspection Division for Licensing and Certification, in cooperation with the California Department of Public Health (CDPH).
- 7.2.5 Maintain a current and valid Medi-Cal certification.
- 7.2.6 Within sixty (60) days of contract award, become an AIDS Drug Assistance Program (ADAP) enrollment site as certified by the California Department of Public Health Services Office of AIDS.
- 7.2.7 Provide Medical Care Coordination services co-located with AOM Services in accordance with the specific requirements of Appendix A-2, Statement of Work, Medical Care Coordination Services.
- 7.2.8 Provide all healthcare services by practitioners properly licensed by the State of California, and any prescription or dispensation of drugs or devices by a nurse practitioner must occur under physician supervision.
- 7.2.9 Utilize medical licensed health care professionals which includes physicians, physician assistants, and/or nurse practitioners who meet the qualifications of an HIV Specialist (as defined in Attachment 5 – Verification of Qualifications: HIV/AIDS Specialist Form).
- 7.2.10 Provide appropriate clinical supervision for mid-level/allied health practitioners such as physician assistants, nurse practitioners, advance practice nurses, and any other staff, as required.
- 7.2.11 Have medical providers with extensive clinical care experience and knowledge of direct management of antiretroviral therapy along with significant diagnostic and therapeutic experience in the ambulatory care of HIV-positive clients.

7.3 Personnel

- 7.3.1 Contractor shall assign a sufficient number of employees to perform the required work. At least one (1) employee on site shall be authorized to act for Contractor in assuring compliance with contractual obligations at all times.

- 7.3.2 Contractor must provide County with a roster of all administrative and program staff, including titles, degree(s) and contact information within thirty (30) days of the effective date of the contract.
- 7.3.3 Contractor must require employees to perform the required work in a ratio to be determined in contract negotiations and set forth in Contract. At least one (1) employee on site shall be authorized to act for Contractor in every detail and must speak and understand English.
- 7.3.4 Contractor shall be required to perform background checks of their employees, subcontractor/consultants as set forth in Paragraph 23, Administration of Contract, sub-paragraph D, Background & Security Investigations- of the Contract. All costs associated with the background and security investigation must be borne by the Contractor.
- 7.3.5 Prior to employment or provision of services, and annually (12 months) thereafter, Contractor shall obtain and maintain documentation of tuberculosis screening for each individual, volunteer, subcontractor and consultant providing AOM Services, according to the Contract, Paragraph 18N, Guidelines for Staff Tuberculosis Screening.
- 7.3.6 Contractor must ensure annual performance evaluations are conducted on all staff budgeted and performing services under the proposed contract to ensure program staff are meeting job duties as required.
- 7.3.7 Contractor must demonstrate recruitment and retention of AOM staff and must provide County a staff retention policies and procedures plan within thirty (30) days of the effective date of the contract.
- 7.3.8 Contractor must provide a Project Manager and designated alternate within thirty (30) days of the effective date of the contract.
 - 7.3.8.1 Project Manager must act as a central point of contact with the County. County must have access to the Project Manager during the normal working hours as designated in Section 7.0, Days/Hour of Work. Contractor must provide a telephone number where the Project Manager may be reached on an eight (8) hour per day basis during those hours.
 - 7.3.8.2 Project Manager/alternate must have full authority to act for Contractor on all matters relating to the daily operation of the

Contract. Project Manager/alternate must be able to effectively communicate, in English, both orally and in writing.

7.3.9 Contractor must identify a Project Director, and designated alternate within thirty (30) days from the effective date of the contract.

7.3.9.1 The Project Director must be a licensed medical provider who at a minimum meets the qualifications of an HIV Physician Specialist as defined in Attachment 5, Verification of Qualifications: HIV/AIDS Specialist Form.

7.3.9.2 The Project Director shall be available as a point of contact for the County and have full authority to act for Contractor on all matters relating to the daily operation of the Contract. County must have access to the Project Director via telephone, during normal clinic business hours Monday through Friday, between 8:00 a.m. and 5:00 p.m. and/or as required by contractual needs.

7.4 Training of Contractor's Staff

7.4.1 Contractor shall ensure that all new employees and staff receive appropriate DHSP and/or State of California approved training as well as continuing in-service training for all employees mandated by the terms and conditions of the Contract.

7.4.2 Contractor's testing and health care providers shall maintain up-to-date knowledge and skill levels in accordance with their respective job duties and with the rapidly expanding literature and information regarding approaches in the required work.

7.4.3 All employees shall be trained in their assigned tasks and in the safe handling of equipment as applicable when performing services under this contract. All equipment shall be checked daily for safety. All employees must wear safety and protective gear according to OSHA standards.

7.5 Approval of Contractor's Staff and Subcontractors

7.5.1 County has the absolute right to approve or disapprove all of Contractor's staff performing work hereunder, and any proposed changes in Contractor's staff, including, but not limited to, Contractor's Program Director.

- 7.5.2 Contractor and Subcontractor shall remove and replace personnel performing services under the Contract within thirty (30) days of the written request of the County. Contractor and/or Subcontractor shall send County written confirmation of the removal of the personnel in question.
- 7.5.3 County has the absolute right to approve or disapprove all of Contractor's subcontractors or consultants performing work hereunder and any proposed changes in subcontractor.
- 7.5.4 Contractor shall obtain approval of DHSP Director or his designee prior to signing any subcontractor or consultant agreement and shall give DHSP Director thirty (30) days prior notice to review proposed subcontract or consultant agreement.

7.6 Staff Retention Policies and Procedures

Contractor shall demonstrate recruitment and retention of staff and shall provide County a staff retention policies and procedures plan within thirty (30) days of the Contract start date.

7.7 Uniforms/Identification Badges

- 7.7.1 Dress code is business professional as defined by the Contractor.
- 7.7.2 Contractor shall ensure their employees are appropriately identified as set forth in Paragraph 23, Administration of Contract, sub-paragraph C – Contractor's Staff Identification, of the Contract.

7.8 Materials, Supplies and/or Equipment

- 7.8.1 The purchase of all materials, supplies, and or equipment to provide the needed services is the responsibility of the Contractor. Contractor shall use materials, equipment, and or supplies that are safe for the environment and safe for use by the employee. Such materials, supplies, equipment, etc., must have been clearly identified in the program budget and must have been approved in advance by the DHSP Director in order to be eligible for cost reimbursement.
- 7.8.2 In no event shall the County be liable or responsible for payment for materials or equipment purchased absent the required prior written approval.

7.8.3 Any and all materials and equipment purchased under the Contract are the property of the County and must be returned to County in good working order at the end of the Term of the Contract.

7.8.4 The County will not provide the Contractor with any materials, supplies, and/or equipment.

7.9 Contractor's Office

Contractor shall maintain an office in Los Angeles County with a telephone in the company's name where Contractor conducts business. The office shall be staffed during the hours of 8 a.m. to 5 p.m., Monday through Friday, by at least one employee who can respond to inquiries and complaints which may be received about the Contractor's performance of the Contract. When the office is closed, an answering service shall be provided to receive calls. The Contractor shall answer calls received by the answering service within twenty-four (24) hours of receipt of the call.

7.9.1 **Contractor's Facility:** Contractor must be a licensed medical clinic, approved by the County of Los Angeles, Department of Public Health, Health Facilities Inspection Division for Licensing and Certification, in cooperation with the California Department of Public Health (CDPH). Contractor shall maintain each facility in good repair and sufficient to facilitate high-quality, appropriate services. Contractor's facility and location shall satisfy each of the following requirements:

- a) Meets American's with Disabilities Act requirements for accessibility;
- b) Is near public transportation;
- c) Open during client-friendly hours (e.g., evenings, weekends);
- d) Free parking is available;
- e) All equipment needed is in working order;
- f) Privacy at the front (sign-in area) or reception desk;
- g) Free of graffiti and trash on grounds and in facility;
- h) Designated room for all medical services;
- i) Security provided outside and inside the facility;
- j) Confidential exam, treatment and interview rooms present and available for use;
- k) Clear, distinct outside signage; and
- l) Facilities are clean, well-lit, and clearly marked indicating location of services.

7.9.2 **Contractor's Service Delivery Site(s):** Contractor's facilities where services are to be provided hereunder are located at: To be determined.

Contractor shall request approval from DHSP in writing a minimum of thirty (30) days before terminating services at such locations and/or before commencing services at any other locations. Contractor must obtain prior written approval from DHSP before commencing services.

A memorandum of understanding shall be required for service delivery sites on locations or properties not owned or leased by Contractor with the entity that owns or leases such location or property. Contractor shall submit all memoranda of understanding to DHSP for approval at least thirty (30) days prior to implementation.

7.9.3 Emergency and Disaster Plan:

Contractor shall submit to DHSP within thirty (30) days of the execution of the Contract an emergency and disaster plan, describing procedures and actions to be taken in the event of an emergency, disaster, or disturbance in order to safeguard Contractor's staff and clients.

7.10 Guidelines on Materials Review

7.10.1 Contractor shall obtain written approval from DHSP's Director or designee for all administrative and educational materials utilized in association with the delivery of services for the program prior to use in order to ensure that such materials adhere to community norms and values, and are in compliance with all Contract requirements.

7.10.2 Contractor shall comply with federal, state, and local regulations regarding HIV or STD educational materials. Instructions on which educational materials need to be submitted for materials review can be found at the Interim Revision of the Requirements for Content of AIDS-related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments and Educational Sessions located on the web at <http://www.cdc.gov/od/pgo/forms/hiv.htm>.

7.10.3 Additional information about materials review and related guidelines can be found at: <http://publichealth.lacounty.gov/dhsp/docs/MaterialReviewProtocol2016l.pdf> or by calling DHSP Materials Review at (213) 351-8094.

7.11 County's Data Management System

7.11.1 The County's data management system is used to standardize reporting and billing/invoicing, support program evaluation processes, and to provide DHSP and Contractor with information relative to the HIV and STD epidemic in Los Angeles County. Contractor shall ensure data quality, and compliance with all data submission requirements provided in writing by DHSP.

- 7.11.2 Contractor shall utilize County's data management system to register client's demographic/resource data; enter service utilization data; medical and support service outcomes; and record linkages/referrals to other service providers and/or systems of care.
- 7.11.3 Contractor may enter data directly into the County's data management system or send data electronically to the County's data management system via an electronic data interface (EDI) monthly.

7.12 People with HIV/AIDS Bill of Rights and Responsibilities

The County will administer the Contract according to the Contract, Paragraph 18M, People with HIV/AIDS Bill of Rights and Responsibilities.

If Contractor chooses to adapt this Bill of Rights document in accordance with Contractor's own document, Contractor shall demonstrate to DHSP, upon request, that Contractor fully incorporated the minimum conditions asserted in the Bill of Rights document.

7.13 Emergency Medical Treatment

- 7.13.1 Contractor shall arrange immediate transport for any client receiving services who requires emergency medical treatment for physical illness or injury.
- 7.13.2 Contractor shall have written policies for staff regarding how to access emergency medical treatment for clients. Such written policies must be provided to DHSP.

7.14 County's Commission on HIV

All services provided under the Contract should be in accordance with the standards of care as determined by the County of Los Angeles Commission on HIV (Commission). Contractor shall actively view the Commission website (<http://hivcommission-la.info/>) and where possible participate in the deliberations and respectful dialogue of the Commission to assist in the planning and operations of HIV prevention and care services in Los Angeles County.

7.15 Ryan White Service Standards

- 7.15.1 Contractor shall develop and maintain ongoing efforts to obtain input from clients in the design and/or delivery of services as referenced in Paragraph 18L, Quality Management Plan. Such input can be collected using:
 - a) Satisfaction survey tool;

- b) Focus groups with analysis and use of documented results; and/or
- c) Public meeting with analysis and use of documented results;
- d) Maintain visible suggestion box; or
- e) Other client input mechanism

7.15.2 Contractor shall develop policies and procedures to ensure that services to clients are not denied based upon client's:

- a) Inability to produce income documentation;
- b) Non-payment of services (No fees shall be charged to individuals eligible to receive services under this Contract); or
- c) Requirement of full payment prior to services being delivered.

Additionally, sliding fee scales, billing/collection and financial screening must be done (if applicable) in a culturally appropriate manner to assure that administrative steps do not present a barrier to care and the process does not result in denial of services to eligible clients.

7.15.3 Contractor shall develop a plan for provision of services to ensure that clients are not denied services based upon pre-existing and/or past health conditions. This plan shall include, but is not limited to:

- a) Maintaining files of eligibility and clinical policies;
- b) Maintaining files on individuals who are refused services; and the reason for the refusal.
- c) Documentation of eligibility and clinical policies to ensure they do not:
 - 1. Permit denial of services due to pre-existing conditions;
 - 2. Permit denial of services due to non-HIV related conditions (primary care); and
 - 3. Provide any other barriers to care due to a person's past or present health condition.

7.15.4 Contractor shall develop and maintain written policies for the following:

- a) Employee code of ethics;
- b) Corporate compliance plan (for Medicare and Medicaid professionals);
- c) Ethics standards or business conduct practices;
- d) Discouraging soliciting cash or in-kind payment for awarding contracts, referring clients, purchasing goods or services, or submitting fraudulent billing;
- e) Discouraging hiring of persons with a criminal record, and persons being investigated by Medicare or Medicaid;
- f) Anti-kickback policies with implications; appropriate uses, and application of safe harbor laws. Additionally, contractor shall

- comply with Federal and State anti-kickback statutes, as well as the “Physician Self-Referral Law” or similar regulations; and
- g) Plan that outlines reporting of possible non-compliance and information regarding possible corrective action and/or sanctions which might result from non-compliance.

7.16 Screen for RWP Eligibility Prior to Provision of Services

By law, Ryan White HIV/AIDS Treatment Modernization Act of 2009 is the payer of last resort. As such providers are required to determine and verify an individual’s eligibility for services from all sources (See Attachment 4, Ryan White Program Eligibility Documentation and Verification) to ensure the individual is provided the widest range of needed medical and support services. This means a provider must coordinate benefits and ensure that the individual’s eligibility for other private or public programs is determined at the time of intake. Eligibility needs to be reconfirmed every six (6) months to determine if the client’s eligibility status for any other funding sources has changed. Providers will be required to verify what steps were taken to ensure Ryan White is the payer of last resort.

- 7.16.1 Each time a client presents for services, Contractor must verify the availability of client health insurance coverage (e.g., Medi-Cal, private, Medicare, etc.).
- 7.16.2 Additional eligibility documentation shall include, but not be limited to:
 - a) HIV-positive diagnosis;
 - b) Proof of Los Angeles County residency every six (6) months;
 - c) Verification of client’s income every six (6) months;
 - d) A signed and dated Release of Information, which is compliant with the HIPAA, shall be conducted annually; and
 - e) A signed and dated Limits of Confidentiality in compliance with State and federal Law.

7.17 Partner Services Referrals

Contractor must refer HIV-positive clients to DHSP’s Partner Services (PS) for newly diagnosed HIV cases and new cases of reportable sexually transmitted infections.

- 7.17.1 Contractor shall ensure that PS is offered in accordance with procedures formulated and adopted by Contractor’s staff; the Centers

for Disease Control and Prevention (CDC); California law; California Department of Public Health (CDPH) – Sexually Transmitted Disease (STD) Control Branch guidelines; California Department of Public Health (CDPH) – Office of AIDS (OA) guidelines; and the terms of this Contract.

7.17.2 Minimum services to be provided shall include, but not be limited to the following:

- a) Offer PS to newly diagnosed HIV-positive clients as part of a new patient evaluation.
- b) Offer PS to all clients as a routine part of service delivery.
- c) Upon acceptance by client, contractor shall provide and/or refer HIV-positive persons to PS.
- d) Based on client's selection, PS shall include but not be limited to the following types of disclosure:
 1. *Self-Disclosure*: this approach (sometimes called client disclosure) is the notification strategy whereby the client with an HIV diagnosis accepts full responsibility for informing partners of their exposure to HIV and for referring them to appropriate services.
 2. *Dual Disclosure*: this method of partner notification involves the client disclosing his/her HIV-positive status to a partner in the presence of the provider in a confidential and private setting.
 3. *Anonymous Third-Party Disclosure*: this is a notification strategy where, with the consent of the original client, the Public Health Department takes responsibility for confidentially notifying partners of the possibility of their exposure to HIV.
 4. *Client Defers Action*: if the client does not feel comfortable using anonymous third-party disclosure, the provider shall work with the client to develop a plan to revisit the issue.

7.17.3 Confidentiality of information: minimum professional standards for any agency handling confidential information shall include providing employees with appropriate information regarding confidential guidelines and legal regulations. All public health staff involved in partner notification activities with access to such information shall sign a confidentiality statement acknowledging the legal requirements not to disclose HIV/STD information. In addition, all activities shall adhere to HIPAA regulations. Efforts to contact and communicate with

infected clients, partners, and spouses shall be carried out in a manner that preserves the confidentiality and privacy of all involved.

7.18 Provide Culturally Appropriate and Linguistically Competent Services

7.18.1 Contractor shall provide AOM Services with non-judgmental, culture affirming attitudes that convey a culturally and linguistically competent approach that is appropriate and attractive to the client.

7.18.2 Contractor shall maintain a proven, successful track record serving RWP clients by effectively addressing HIV infection within the appropriate social context for each client.

8.0 HOURS/DAY OF WORK

The Contractor shall provide AOM Services concurrently with MCC Services during the hours that are the most effective and convenient for the clients. Hours may be the standard Monday through Friday, between 8:00 a.m. to 5:00 p.m., but may also include alternate hours such as evenings, late nights, and weekends. Contractor is not required to work on the following County recognized holidays: New Year's Day; Martin Luther King's Birthday; Presidents' Day; Cesar Chavez Day; Memorial Day; Independence Day; Labor Day; Columbus Day; Veterans' Day; Thanksgiving Day; Friday after Thanksgiving Day; and/or Christmas Day.

9.0 WORK SCHEDULES

8.1 Contractor shall maintain a work schedule for each location/facility and submit to the County Project Manager upon request. Said work schedules shall be set on an annual calendar identifying all the required on-going maintenance tasks and task frequencies. The schedules shall list the time frames of the tasks to be performed by day of the week and morning, afternoon, and/or evening hours.

8.2 Contractor shall notify County Project Manager when actual performance differs substantially from planned performance. Said revisions shall be submitted to the County Project Manager within thirty (30) working days prior to scheduled time for work.

**COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HIV AND STD PROGRAMS**

**HIV AMBULATORY OUTPATIENT MEDICAL (AOM) SERVICES
REIMBURSEMENT GUIDELINES AND PERFORMANCE MEASURES**

INTRODUCTION

The County of Los Angeles, Department of Public Health (DPH), Division of HIV and STD Programs (DHSP) supports evidence-based preventive, diagnostic and therapeutic HIV ambulatory outpatient medical (AOM) services provided by medical care professionals to Ryan White Program (RWP) eligible HIV-positive patients through outpatient medical visits. Services must be culturally and linguistically appropriate and provided to persons living with HIV (PLWH) throughout the entire continuum of their disease. AOM services must be consistent with the most recent Department of Health and Human Services (DHHS) HIV Treatment Guidelines (www.aidsinfo.nih.gov), the Los Angeles County Commission on HIV (COH) Standards of Care (<http://hiv.lacounty.gov/Standard-Of-Care>), the California Business and Professions code, local laws and regulations, and best practices and ethical standards. AOM services are subject to change based on new evidence and treatment guidelines.

AOM services include medical evaluation and clinical care, AIDS Drug Assistance Program (ADAP) enrollment services, disease monitoring, clinically indicated laboratory testing and secondary HIV prevention strategies intended to interrupt or delay the progression of HIV disease, prevention and treatment of opportunistic infections, promotion of optimal health and quality of life, and reduction of HIV transmission by supporting risk reduction strategies. In addition, AOM providers are required to provide referral and access to medical care coordination and medical subspecialty care to fully comply with current standards and best practices.

Clinical staff providing AOM services (including, but not limited to physicians, physicians' assistants, and nurse practitioners) must be California-licensed health care professionals that have appropriate training, expertise, and certifications to provide quality clinical HIV medical care to HIV-positive patients. Additional RWP and Health Resources and Services Administration (HRSA) grant reimbursement requirements include HIV Specialist certification, as outlined in HIV/AIDS Specialist Form for all AOM providers. Clinical and support staff should have access to ongoing training and clinical education in HIV care management.

PURPOSE AND SCOPE OF GUIDELINES

The Division of HIV and STD Programs developed the Ambulatory Outpatient Medical (AOM) Services Reimbursement Guidelines and Performance Measures to support and enhance the quality of medical services for persons living with and/or affected by HIV in Los Angeles County to achieve the following three goals:

1. Optimize the care, treatment, and HIV medical services provided to HIV-positive persons in Los Angeles County;
2. Support the development of robust and sustainable clinical quality management (CQM) programs and infrastructure throughout the network of contracted AOM providers; and
3. Create a culture of enhanced service quality and efficiency through the use of a graduated and incentivized reimbursement structure.

Additionally, these reimbursement guidelines and performance measures move Los Angeles County toward reaching the goals set forth in Los Angeles County's HIV/AIDS Strategy (LACHAS) for 2020 and Beyond, which can be viewed online at <https://www.lacounty.hiv/>.

REIMBURSEMENT RATE DETERMINATION AND TIMELINE

Definition of a Billable Client Visit

A billable client visit (lasting a minimum of 15 minutes) is a medical visit in which the HIV Specialist (PA, NP, or MD) or designee* sees the patient in a private room and obtains the patient's history, including any new health problems or concerns; performs a physical examination of the patient, as necessary; completes an assessment and plan for the patient; and, communicates the plan with the patient.

**Designee must have patient's note from the visit reviewed and signed by an HIV Specialist.*

Contract Initial Term

Contract Years (CY) One (1) and Two (2):

An initial reimbursement rate of **\$312.40** per client visit has been established for CY one (1) and CY two (2). This initial rate is the maximum per-visit reimbursement amount possible for services provided during this period and will be applied universally regardless of measure performance. AOM providers are encouraged to proactively initiate improvements for any performance gaps identified during this initial period to ensure eligibility for additional reimbursement incentives made available starting in CY three (3).

Beginning Contract Year (CY) Three (3):

Beginning with CY three (3), contracted providers who meet or exceed the minimum performance threshold for the two (2) Core Performance Measures will be eligible to receive an additional reimbursement incentive of up to **\$63.00** in per-visit reimbursements based on their performance on the ten (10) Supplemental Performance Measures. Contracted providers who successfully meet or exceed the minimum performance threshold for each of the two (2) Core Performance Measures and all ten (10) Supplemental Performance Measures will receive a *maximum* reimbursement of **\$375.40** per visit.

The Performance Monitoring and Reimbursement Timeline below outlines in detail, the monitoring period(s) used to determine the annual per-visit reimbursement rate(s) for CY one (1) through five (5).

	Initial term			Optional Term 1	Optional Term 2
Contract Year (CY)	CY1	CY2	CY3	CY4	CY5
Reimbursement Rate	\$312.40/ per visit		Initial rate + additional incentives based on CY1 data	Initial rate + additional incentives based on CY 2 data	Initial rate + additional incentives based on CY 3 data

Sampling and Measure Inclusion Criteria:

Client records eligible for inclusion in the annual performance review (APR) are generated from the pool of clients entered by providers into DHSP’s Automated Case Management System (ACMS). A randomized sample of all clients with a minimum of one (1) RWP funded medical visit with the AOM provider within the first six (6) months of the measurement period are eligible for inclusion in the APR. The number of records used in the APR is based on the total number of eligible records and is standardized using a non-gender sorted sampling table taken from the National HIVQUAL Project. To more accurately reflect clinical performance, DHSP has eliminated client level exclusions for all but one measure and reduced the minimum performance threshold to 80% for both the Core and Supplemental Performance Measure sets to reflect the existence of factors outside a provider’s immediate control. **PERFORMANCE MEASURES**

Core Performance Measures:

The following two (2) Core Performance Measures and performance thresholds represent the *minimum* expectation for all contracted AOM providers. Only AOM providers who meet and/or exceed the minimum performance threshold for both core measures are eligible for additional reimbursement incentives as outlined in the Supplemental Performance Measures.

In alignment with LACHAS, the minimum performance threshold for Core measure 1.1 HIV Viral Load Suppression is set at 80% for contract years one (1) and two (2) but will be increased to 85% in contract year three and increases again to 90% for the remainder of the contract term.

The minimum performance threshold for Core measure 1.2 HIV Medical Visit is 80% throughout the life of the contract term.

Core Performance Measures		Performance Threshold		
1.1	HIV Viral Load Suppression – all clients	CY 1-2 80%	CY 3 85%	CY 4-5 90%
1.2	HIV Medical Visits – all clients	80%		

AOM providers that do not meet the 80% threshold after CY 1 for the core goals of HIV viral load suppression and HIV medical visits in a twelve (12) month period will be provided technical assistance by DHSP in CY 2 to assist those providers to meet this minimum threshold. If the

thresholds are not met after receiving technical assistance by the midpoint of CY 3, contracts will not be renewed. Note, viral load suppression data will be posted annually on the LACHAS website (<https://www.lacounty.hiv/>) for public viewing.

Supplemental Performance Measures:

There is a total of ten (10) Supplemental Performance Measures. Similar to the Core Performance Measures, each Supplemental Performance Measure has a pre-established performance threshold to identify the minimum performance score that must be achieved in order to meet the specific measure and qualify for the additional reimbursement incentive. To adjust for measure complexity, each of the supplemental measures was scored from 1 to 3 with higher scores representing increased complexity and subsequently higher reimbursement amounts.

Supplemental Performance Measures		Performance Threshold	Complexity Score	Additional Incentive
2.1	PCV13 Pneumococcal Vaccination – All Clients	80%	1	\$3.00
2.2	MCV4 Meningococcal Vaccination – All Clients	80%	1	\$3.00
2.3	Annual Hepatitis C Screening – Males Only	80%	1	\$3.00
2.4	Annual Urogenital GC/CT Screening – All Clients	80%	2	\$6.00
2.5	Annual Pharyngeal GC Screening – Males Only	80%	2	\$6.00
2.6	Annual Rectal GC/CT Screening – Males Only	80%	2	\$6.00
2.7	Annual HIV Risk Assessment – All Clients	80%	3	\$9.00
2.8	Bi-annual Syphilis Screening – All Clients	80%	3	\$9.00
2.9	Annual Substance Use Screening – All Clients	80%	3	\$9.00
2.10	Annual Depression Screening – All Clients	80%	3	\$9.00

MEDICAL VISIT UTILIZATION AND REIMBURSEMENT OF ADDITIONAL VISITS

Contracted AOM service providers will furnish medical visits as stipulated in the Statement of Work of this contract. To ensure appropriate utilization of medical visits, a *maximum* of ten (10) visits per client, per contract year has been established. The limit on visits applies only to clients who receive AOM services that are RWP funded. Accordingly, all AOM service providers are required to monitor the number of RWP funded medical visits provided to ensure compliance with the following per-contract year limits:

- Total number of annual medical visits = maximum ten (10) per client; and

- Total number of annual medical visits = maximum budget allocation per clinic.

DHSP recognizes that there may be clinical indications or other special circumstances that may necessitate the need for additional medical services and reserves the right to request additional clinical justification for medical visits provided beyond the stated limits. If requests for additional clinical justification are insufficient or not provided within the specified timeframe, DHSP reserves the right to deny reimbursements requested for additional medical visits.

Core 1.1	HIV Viral Load Suppression – All Clients	*DHSP (April 2017)												
Description:	Percentage of clients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test in the measurement period													
Numerator:	Number of clients in the denominator with a HIV viral load less than 200 copies/mL at the last HIV viral load test in the measurement period													
Denominator:	Number of clients, regardless of age, with a diagnosis of HIV who had at least one medical visit within the first six months of the measurement period													
Client Exclusion(s):	None													
Data Element(s):	1. Did the client have a HIV viral load result less than 200 copies/mL at the last HIV viral load test in the measurement period? (Y/N)													
Minimum Performance Threshold:	<ul style="list-style-type: none"> • Greater than or equal to 80% - Contract Years 1 - 2 • Greater than or equal to 85% - Contract Year 3 • Greater than or equal to 90% - Contract Years 4 onward 													
Comparison Data:	<p>in+care Campaign: Percentage of clients, over the age of 24 months, with a diagnosis of HIV/AIDS with a viral load less than 200 copies/mL at last viral load test during the measurement year http://incarecampaign.org</p> <table border="1"> <tr> <td></td> <td>2011</td> <td>2012</td> <td>2013</td> </tr> <tr> <td>Mean</td> <td>70%</td> <td>72%</td> <td>72%</td> </tr> <tr> <td>Top 25%</td> <td>82%</td> <td>84%</td> <td>85%</td> </tr> </table>			2011	2012	2013	Mean	70%	72%	72%	Top 25%	82%	84%	85%
	2011	2012	2013											
Mean	70%	72%	72%											
Top 25%	82%	84%	85%											
U.S. Department of Health & Human Services Guidelines:	<p><u>“Adult guidelines:</u> For the purposes of clinical trials, the AIDS Clinical Trials Group (ACTG) currently defines virologic failure as a confirmed viral load less than 200 copies/mL, which eliminates most cases of apparent viremia caused by blips or assay variability. This definition also may be useful in clinical practice (see Virologic and Immunologic Failure). For most individuals who are adherent to their antiretroviral (ARV) regimens and who do not harbor resistance mutations to the prescribed drugs, viral suppression is generally achieved in 12 to 24 weeks, although it may take longer in some patients.”¹</p>													

<p>Use in other Federal Programs</p>	<p>Included in the following Centers for Medicare and Medicaid Services quality, reporting and payment programs: Medicare and Medicaid EHR Incentive Program for Eligible Professionals, Medicare Physician Quality Payment Program, Medicare Shared Savings, Physician Compare, Physician Feedback/Quality and resource Use Reports, Physician Value-Based Payment Modifier (search for each program at https://www.cms.gov). As of April 2017.</p> <p>in+care campaign (http://www.incarecampaign.org)</p>
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<p>References/ Notes:</p>	<p>¹ Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. 2016. Available at http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf. Accessed April 6, 2017, [C-2, Table 3]</p> <p>*Adapted from the HRSA-HIV/AIDS Bureau's Core Measures HIV Viral Load Suppression (updated January 2015). https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio.</p>
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Core 1.2	HIV Medical Visits – All Clients	*DHSP (April 2017)												
Description:	Percentage of clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in the <i>first 6 months</i> of the measurement period <i>and</i> at least one medical visit in the <i>last 6 months</i> of the measurement period with a <i>minimum of 60 days</i> between medical visits													
Numerator:	Number of clients in the denominator who had at least one medical visit in the last 6 months of the measurement period, no less than 60 days since previous medical visit													
Denominator:	Number of clients, regardless of age, with a diagnosis of HIV who had at least one medical visit within the first six months of the measurement period													
Client Exclusion(s):	Clients who died at any time during the measurement year.													
Data Element(s):	1. Did the client have at least one medical visit in the last six months of the measurement period? (Y/N)													
Minimum Performance Threshold:	Greater than or equal to 80%													
Comparison Data:	<p>in+care Campaign: Percentage of HIV clients, regardless of age, who did not have a medical visit with a provider with prescribing privileges in the last 180 days of the measurement year.</p> <table border="1" data-bbox="513 1192 1317 1346"> <thead> <tr> <th></th> <th>Dec. 2011</th> <th>Dec. 2012</th> <th>June 2013</th> </tr> </thead> <tbody> <tr> <td>Mean</td> <td>16%</td> <td>15%</td> <td>14%</td> </tr> <tr> <td>Top 25%</td> <td>6%</td> <td>6%</td> <td>5%</td> </tr> </tbody> </table>			Dec. 2011	Dec. 2012	June 2013	Mean	16%	15%	14%	Top 25%	6%	6%	5%
	Dec. 2011	Dec. 2012	June 2013											
Mean	16%	15%	14%											
Top 25%	6%	6%	5%											
U.S. Department of Health & Human Services Guidelines:	<p>“Numerous studies describe the adverse impacts of poor retention in care on patient outcomes. In particular, poor retention in care is associated with the following outcomes: decreased likelihood of receiving antiretroviral therapy, higher rates of antiretroviral therapy failure, increased HIV transmission risk behavior, increased hospitalization rates, and worse survival. Patients with greater initial retention in care had the greatest survival over 5 years of follow-up, and patients with the worst initial retention had the poorest survival.”¹</p>													

<p>U.S. Department of Health & Human Services Guidelines (cont.):</p>	<p>Treatment guidelines recommend testing CD4 at entry into care then follow-up every 3-6 months before Antiretroviral Treatment (ART), every 3-6 months when on ART, then, in clinically stable patients with suppressed viral load, CD4 count can be monitored every 6–12 months.²</p> <p>For adherent patients with suppressed viral load and stable clinical and immunologic status for greater than 2–3 years, some experts may extend the interval for HIV RNA monitoring to every 6 months. All patients who are clinically stable should be monitored at least every 4 months; this includes both patients who are receiving ART and those who are not. Visits may require more frequent scheduling at entry to care, for management of acute problems, or when starting or changing ART regimens.³</p> <p>Patients infected with HIV face a complex array of medical, psychological, and social challenges. A strong provider-patient relationship, the assistance of a multidisciplinary care team, and frequent office visits are key aspects of care. Through both the specific services they provide and their overall approach to patients, clinics can have a substantial impact on the quality of care for HIV-infected persons.⁴</p>
<p>Use in Other Federal Programs:</p>	<p>Included in the following Centers for Medicare and Medicaid Services quality, reporting and payment programs: Medicare and Medicaid Electronic Health Records (EHR) Incentive Program for Eligible Professionals, Medicare Physician Quality Payment Program, Medicare Shared Savings, Physician Compare, Physician Feedback/Quality and resource Use Reports, Physician Value-Based Payment Modifier (search for each program at https://www.cms.gov/). As of April 2017.</p> <p>in+care campaign (http://www.incarecampaign.org)</p>

References / Notes:	<p>¹ Giordano, Thomas P. Retention in HIV Care: What the Clinician Needs to Know. Topics in Antiviral Medicine. 2011;19(1):12-16 ©2011, IAS–USA https://www.iasusa.org/sites/default/files/tam/19-1-12.pdf Accessed April 6, 2017</p> <p>² Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. 2016. Available at http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf. Accessed April 6, 2017.</p> <p>³ Medical Care Criteria Committee. Primary Care Approach Guideline. New York State Department of Health, AIDS Institute. April 11, 2011. http://www.hivguidelines.org/adult-hiv/primary-care-approach/ Accessed April 26, 2017.</p> <p>⁴ U.S. Department of Health and Human Services, Health Resources and Services Administration, Guide for HIV/AIDS Clinical Care – 2014 Edition. Rockville, MD: U.S. Department of Health and Human Services, 2014 https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/2014guide.pdf Accessed April 6, 2017</p> <p>*Adapted from the HRSA-HIV/AIDS Bureau’s Core Performance Measures HIV Medical Visit Frequency (updated January 2015). https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio.</p>
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Supp. 2.1	PCV13 Pneumococcal Vaccination – All Clients	*DHSP (April 2017)
Description:	Percentage of clients, regardless of age, with a diagnosis of HIV who have ever received the PCV13 pneumococcal vaccine	
Numerator:	Number of clients in the denominator who have ever received the PCV13 pneumococcal vaccine	
Denominator:	Number of clients, regardless of age, with a diagnosis of HIV who had at least one medical visit within the first six months of the measurement period	
Client Exclusion(s):	None	
Data Element(s):	1. Is there documentation in the chart that the client has received the PCV13 pneumococcal vaccine? (Y/N)	
Minimum Performance Threshold:	Greater than or equal to 80%	
Comparison Data:	In 2011, the National HIVQUAL reported the percentage of clients who had at least one clinical visit in each 6-month period of the review period who received a pneumococcal vaccination either in the review period or the 4 years preceding the start of the review period is 70% (mean). https://www.ehivqual.org/scripts/eHIVQUAL%202011%20Report%20-%20National.pdf	

<p>U.S. Department of Health & Human Services Guidelines:</p>	<p>The Advisory Committee on Immunization Practices (ACIP) recommends routine use of 13-valent pneumococcal conjugate vaccine (PCV13; Prevnar 13,) for adults aged ≥19 years with immunocompromising conditions, citing that the Invasive Pneumococcal Disease (IPD) rates for adults aged 18–64 years with human immunodeficiency virus (HIV) was 173 per 100,000 (CDC, unpublished data, 2012) more than 20 times those for adults without high-risk medical conditions. PCV13 should be administered to eligible adults in addition to the 23-valent pneumococcal polysaccharide vaccine (PPSV23; Pneumovax 23). The following is a summary of the ACIP pneumococcal vaccination schedule for HIV-infected persons regardless of CD4 count.</p> <p><u>No prior history of PPV23 vaccination:</u></p> <p>One dose of PCV13, followed by either:</p> <ul style="list-style-type: none"> • for CD4 ≥200 cells/μL: administer one dose of PPV23 ≥ 8 weeks after receiving PCV13 • for CD4 <200 cells/μL: PPV23 can be offered at least 8 weeks after receiving PCV13 or can await increase of CD4 to >200 cells/μL on ART <p><u>Prior history of PPV23 vaccination:</u></p> <ul style="list-style-type: none"> • One dose of PCV13 vaccine ≥1 year after PPV23 vaccination¹
<p>Use in Other Federal Programs:</p>	<p>None</p>
<p>References/ Notes</p>	<p>¹ Panel on Opportunistic Infections in HIV-Infected Adults and Adolescents. Guidelines for the prevention and treatment of opportunistic infections in HIV-infected adults and adolescents: recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. Downloaded from http://aidsinfo.nih.gov/guidelines on 4/7/2017 H-8.</p> <p>*Adapted from the HRSA-HIV/AIDS Bureau's Adolescent/Adult Measures Pneumococcal Vaccination (updated March 2016). https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio</p>

Supp. 2.2	MCV4 Meningococcal Vaccination – All Clients	DHSP (April 2017)
Description:	Percentage of clients, regardless of age, with a diagnosis of HIV who received at least two (2) doses of the MCV4 meningococcal vaccine since HIV diagnosis	
Numerator:	Number of clients in the denominator who received at least two doses of the MCV4 meningococcal vaccine since HIV diagnosis	
Denominator:	Number of clients, regardless of age, with a diagnosis of HIV who had at least one medical visit within the first six months of the measurement period	
Client Exclusion(s):	None	
Data Element(s):	1. Is there documentation in the chart that the client received at least two doses of MCV4 (Menveo® or Menactra®) meningococcal vaccine since HIV diagnosis? (Y/N)	
Minimum Performance Threshold:	Greater than or equal to 80%	
Comparison Data:	None	
U.S. Department of Health & Human Services	<p>“Persons aged ≥ 2 years with HIV who have not been previously vaccinated should receive a 2-dose primary series of meningococcal conjugate vaccine. Persons with HIV who have been previously vaccinated with meningococcal conjugate vaccine should receive a booster dose at the earliest opportunity (at least 8 weeks after the previous dose) and then continue to receive boosters at the appropriate intervals. If the most recent dose was received before age 7 years, a booster dose should be administered 3 years later. If the most recent dose was received at age ≥ 7 years, a booster should be administered 5 years later and every 5 years thereafter throughout life.”¹</p> <p>Note: MCV4 is included on the AIDS Drug Assistance Program (ADAP) formulary.</p>	
Use in Other Federal Programs:	None	
References/ Notes:	<p>¹ MacNeil JR, Rubin LG, Patton M, Ortega-Sanchez IR, Martin SW. Recommendations for Use of Meningococcal Conjugate Vaccines in HIV-Infected Persons — Advisory Committee on Immunization Practices, 2016. MMWR Morb Mortal Wkly Rep 2016;65:1189–1194. DOI: http://dx.doi.org/10.15585/mmwr.mm6543a3</p>	

Supp. 2.3	Annual Hepatitis C Screening – Males Only	*DHSP (April 2017)
Description:	Percentage of male clients, regardless of age, with a diagnosis of HIV who were tested for Hepatitis C (HCV) at least once in the measurement period	
Numerator:	Number of clients in the denominator who were tested for Hepatitis C (HCV) at least once in the measurement period	
Denominator:	Number of male clients, regardless of age, with a diagnosis of HIV who had at least one medical visit within the first six months of the measurement period	
Client Exclusion(s):	None	
Data Element(s):	1. Is the client male? (Y/N) a. If yes, was the client tested for Hepatitis C (HCV) at least once in the measurement period? (Y/N)	
Minimum Performance Threshold:	Greater than or equal to 80%	
Comparison Data:	None	
U.S. Department of Health & Human Services Guidelines:	<p>“Approximately, 20% to 30% of HIV-infected patients in the United States are coinfecting with HCV. Heterosexual transmission of HCV is uncommon but more likely in those whose partners are co-infected with HIV and HCV. Existing data also suggest that sexual contact is a relatively inefficient mode of transmission between HIV seronegative men who have sex with men (MSM). However, in HIV-infected MSM, multiple outbreaks of acute HCV infection demonstrate that sexual transmission is an important mode of acquisition in this population. Risk factors include unprotected receptive anal intercourse, use of sex toys, non-injection recreational drug use, and concurrent sexually transmitted diseases (STDs). Temporally, the increase in the incidence of sexual transmission of HCV among HIV-infected MSMs coincides with an increase in high-risk sexual behaviors following the introduction of antiretroviral therapy (ART). On entry into HIV care, all HIV-infected patients should undergo routine HCV screening. Initial testing for HCV should be performed using the most sensitive immunoassays licensed for detection of antibody to HCV (anti-HCV) in blood. For at risk HCV-seronegative persons, HCV antibody testing is recommended annually or as indicated by risk exposure.”¹</p>	
Use in Other Federal Programs:	None	

References/ Notes:	<p>¹Panel on Opportunistic Infections in HIV-Infected Adults and Adolescents. Guidelines for the prevention and treatment of opportunistic infections in HIV-infected adults and adolescents: recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. Accessed May 22, 2017. [R-1, pg. 249]. Available at http://aidsinfo.nih.gov/contentfiles/lvguidelines/adult_oi.pdf.</p> <p>*Adapted from the HRSA-HIV/AIDS Bureau's Adolescent/Adult Measures Hepatitis C Screening (updated March 2016). https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio.</p>
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Supp.2.4	Annual Urogenital GC/CT Screening – All Clients	*DHSP (April 2017)
Description:	Percentage of clients, regardless of age, with a diagnosis of HIV who were tested for urogenital gonorrhea and chlamydia at least once within the measurement period	
Numerator:	Number of clients in the denominator who were tested for urogenital gonorrhea and chlamydia at least once within the measurement period	
Denominator:	Number of clients, regardless of age, with a diagnosis of HIV who had at least one medical visit within the first six months of the measurement period	
Client Exclusion(s):	None	
Data Element(s):	<p>1. Was the client tested for urogenital gonorrhea and chlamydia during the measurement period? (Y/N)</p> <p>Note: Urogenital testing includes a specimen from one or more of the following source(s): urine, vaginal, cervical or endo-cervical.</p>	
Minimum Performance Threshold:	Greater than or equal to 80%	
Comparison Data:	<p>In 2011, the National HIVQUAL reported the percentage of clients with at least one clinical visit in each six-month period of the review period who had one or more tests for gonorrhea or chlamydia during the review period as:</p> <ul style="list-style-type: none"> • Females: Gonorrhea: genital 60%, rectal 0%, and pharyngeal 0%; Chlamydia: genital 65%, rectal 2%, and pharyngeal 2%. • Males: Gonorrhea: genital 60%, rectal 0%, and pharyngeal 0%; Chlamydia: genital 55%, rectal 3%, pharyngeal 8%. 	
U.S. Department of Health & Human Services Guidelines:	<p>“Bacterial and viral sexually transmitted diseases (STDs) in HIV-infected men and women receiving outpatient care have been increasingly noted, indicating ongoing risky behaviors and opportunities for HIV transmission. Rising STD rates among MSM indicate increased potential for HIV transmission, both because these rates suggest ongoing risky behavior and because STDs have a synergistic effect on HIV infectivity and susceptibility.”¹</p>	

Use in Other Federal Programs:	<p>Similar Measure(s) found in the “Clinical Quality Measures for 2014 CMS EHR Incentive Programs for Eligible Professionals’ table at http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2014_EP_MeasuresTable_June2013.pdf.</p> <ul style="list-style-type: none"> • CMS153v2, NQC# 0003 – Chlamydia Screening for Women
References/Notes:	<p>¹ CDC. Recommendations and Reports: “Incorporating HIV Prevention into the Medical Care of Persons Living with HIV.” July 18, 2003/52(RR12); 1-24. Accessed April 7, 2017. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5212a1.htm</p> <p>*Adapted from the HRSA-HIV/AIDS Bureau’s Adolescent/Adult Measures Chlamydia Screening (updated March 2016) and Gonorrhea Screening (updated March 2016). https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio</p>

Supp. 2.5	Annual Pharyngeal GC Screening – Males Only	DHSP (April 2017)
Description:	Percentage of male clients, regardless of age, with a diagnosis of HIV who were tested for pharyngeal gonorrhea at least once within the measurement period	
Numerator:	Number of clients in the denominator who were tested for pharyngeal gonorrhea at least once within the measurement period	
Denominator:	Number of male clients, regardless of age, with a diagnosis of HIV who had at least one medical visit within the first six months of the measurement period	
Client Exclusion(s):	None	
Data Element(s):	1. Is the client male? (Y/N) a. If yes, was the client tested for pharyngeal gonorrhea at least once in the measurement period? (Y/N)	
Minimum Performance Threshold:	Greater than or equal to 80%	
Comparison Data:	In 2011, the National HIVQUAL reported the percentage of clients with at least one clinical visit in each six-month period of the review period who had one or more tests for gonorrhea or chlamydia during the review period as: <ul style="list-style-type: none"> • Females: Gonorrhea: genital 60%, rectal 0%, and pharyngeal 0%; Chlamydia: genital 65%, rectal 2%, and pharyngeal 2%. • Males: Gonorrhea: genital 60%, rectal 0%, and pharyngeal 0%; Chlamydia: genital 55%, rectal 3%, pharyngeal 8%. 	
U.S. Department of Health & Human Services Guidelines:	“Bacterial and viral sexually transmitted diseases (STDs) in HIV-infected men and women receiving outpatient care have been increasingly noted, indicating ongoing risky behaviors and opportunities for HIV transmission. Rising STD rates among MSM indicate increased potential for HIV transmission, both because these rates suggest ongoing risky behavior and because STDs have a synergistic effect on HIV infectivity and susceptibility.” ¹	

<p>U.S. Department of Health & Human Services Guidelines (cont.):</p>	<p>“Routine laboratory screening for common STDs is indicated for all sexually active MSM. The following screening tests should be performed at least annually for sexually active MSM:</p> <ul style="list-style-type: none"> • A test for rectal infection with <i>N. gonorrhoeae</i> and <i>C. trachomatis</i> in men who have had receptive anal intercourse during the preceding year (NAAT of a rectal swab is the preferred approach); and <p>A test for pharyngeal infection with <i>N. gonorrhoeae</i> in men who have had receptive oral intercourse during the preceding year (NAAT is the preferred approach). Testing for <i>C. trachomatis</i> pharyngeal infection is not recommended.”²</p>
<p>Use in Other Federal Programs:</p>	<p>None</p>
<p>References/ Notes:</p>	<p>¹ CDC. Recommendations and Reports: “Incorporating HIV Prevention into the Medical Care of Persons Living with HIV.” July 18, 2003/52(RR12); 1-24. Accessed April 7, 2017. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5212a1.htm</p> <p>² Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2015. Accessed April 2017. Available at: http://www.cdc.gov/std/tg2015/specialpops.htm</p> <p>Note: Although the CDC’s 2015 STD screening guidelines recommend gonorrhea and chlamydia screening tests annually for sexually active MSM based on the sites of contact (urethra, pharynx, and rectum), emerging data suggests that exposure-based screening made lead to missed asymptomatic infections in MSM. In addition, HIV-positive patients may experience additional barriers to disclosing sexual activity to their medical providers, such as stigma and potential criminalization. Based on this, in 2016 the Division of HIV and STD Programs extended the annual screening requirements to include all HIV-positive men regardless of the sexual exposure or activity reported by the patient.</p> <p>CDC recommendations for STD and HIV related risks for transgender patients should be based on current anatomy and sexual behaviors. Because of the diversity of transgender persons regarding surgical affirming procedures, hormone use, and patterns of sexual behavior, providers must remain aware of symptoms consistent with common STDs and screen for asymptomatic STDs on the basis of behavioral history and sexual practices (https://www.cdc.gov/std/tg2015/specialpops.htm).</p>

Supp. 2.6	Annual Rectal GC/CT Screening – Males Only	DHSP (April 2017)
Description:	Percentage of male clients, regardless of age, with a diagnosis of HIV who were tested for rectal gonorrhea and chlamydia at least once within the measurement period	
Numerator:	Number of clients in the denominator who were tested for rectal gonorrhea and chlamydia at least once within the measurement period	
Denominator:	Number of clients, regardless of age, with a diagnosis of HIV who had at least one medical visit within the first six months of the measurement period	
Client Exclusion(s):	None	
Data Element(s):	1. Is the client a male? (Y/N) a. If yes, was the client tested for rectal gonorrhea and chlamydia during the measurement period? (Y/N)	
Minimum Performance Threshold:	Greater than or equal to 80%	
Comparison Data:	In 2011, the National HIVQUAL reported the percentage of clients with at least one clinical visit in each six-month period of the review period who had one or more tests for gonorrhea or chlamydia during the review period as: <ul style="list-style-type: none"> • Females: Gonorrhea: genital 60%, rectal 0%, and pharyngeal 0%; Chlamydia: genital 65%, rectal 2%, and pharyngeal 2%. • Males: Gonorrhea: genital 60%, rectal 0%, and pharyngeal 0%; Chlamydia: genital 55%, rectal 3%, pharyngeal 8%. 	

<p>U.S. Department of Health & Human Services Guidelines:</p>	<p>“Bacterial and viral sexually transmitted diseases (STDs) in HIV-infected men and women receiving outpatient care have been increasingly noted, indicating ongoing risky behaviors and opportunities for HIV transmission. Rising STD rates among MSM indicate increased potential for HIV transmission, both because these rates suggest ongoing risky behavior and because STDs have a synergistic effect on HIV infectivity and susceptibility.”¹</p> <p>“Routine laboratory screening for common STDs is indicated for all sexually active MSM. The following screening tests should be performed at least annually for sexually active MSM:</p> <ul style="list-style-type: none"> • A test for rectal infection with <i>N. gonorrhoeae</i> and <i>C. trachomatis</i> in men who have had receptive anal intercourse during the preceding year (nucleic acid amplification test (NAAT) of a rectal swab is the preferred approach); and • A test for pharyngeal infection with <i>N. gonorrhoeae</i> in men who have had receptive oral intercourse during the preceding year (NAAT is the preferred approach). Testing for <i>C. trachomatis</i> pharyngeal infection is not recommended.”²
<p>Use in Other Federal Programs:</p>	<p>None</p>
<p>References/ Notes:</p>	<p>¹ CDC. Recommendations and Reports: “Incorporating HIV Prevention into the Medical Care of Persons Living with HIV.” July 18, 2003/52(RR12); 1-24. Accessed April 2017. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5212a1.htm</p> <p>² Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2015. Accessed April 2017. Available at: http://www.cdc.gov/std/tg2015/specialpops.htm</p> <p>Note: Although the CDC’s 2015 STD screening guidelines recommend gonorrhea and chlamydia screening tests annually for sexually active MSM based on the sites of contact (urethra, pharynx, and rectum), emerging data suggests that exposure-based screening made lead to missed asymptomatic infections in MSM. In addition, HIV-positive patients may experience additional barriers to disclosing sexual activity to their medical providers, such as stigma and potential criminalization. Based on this, in 2016 the Division of HIV and STD Programs extended the annual screening requirements to include all HIV-positive men regardless of the sexual exposure or activity reported by the patient.</p> <p>CDC recommendations for STD and HIV related risks for transgender patients should be based on current anatomy and sexual behaviors. Because of the diversity of transgender persons regarding surgical affirming procedures, hormone use, and patterns of sexual behavior, providers must remain aware of symptoms consistent with common STDs and screen for asymptomatic STDs on the basis of behavioral history and sexual practices (https://www.cdc.gov/std/tg2015/specialpops.htm).</p>

Supp. 2.7	Annual HIV Risk Assessment – All Clients	*DHSP (April 2017)
Description:	Percentage of clients, regardless of age, with a diagnosis of HIV who received a comprehensive HIV risk assessment at least once within the measurement period	
Numerator:	Number of clients in the denominator who received comprehensive HIV risk assessment at least once within the measurement period	
Denominator:	Number of clients, regardless of age, with a diagnosis of HIV who had at least one medical visit within the first six months of the measurement period	
Client Exclusion(s):	None	
Data Element(s):	<p>1. Did the client receive a comprehensive HIV risk assessment at least once within the measurement period? (Y/N)</p> <p>Note: The minimum expectation is documentation in the client’s medical record to demonstrate that EACH of the following four (4) HIV risk reduction strategies was addressed:</p> <ol style="list-style-type: none"> 1. Benefit of HIV disclosure to partner(s); 2. Treatment as prevention; 3. Use of condoms; 4. Availability of post and pre-exposure prophylaxis for partner(s). <p>HIV risk counseling occurs in the context of comprehensive medical care and can be provided by any member of the multidisciplinary primary care team.</p>	
Minimum Performance Threshold:	Greater than or equal to 80%	
Comparison Data:	None	

<p>U.S. Department of Health & Human Services Guidelines:</p>	<p>“HIV-infected patients should be screened for behaviors associated with HIV transmission by using a straightforward, nonjudgmental approach. This should be done at the initial visit and subsequent routine visits or periodically, as the clinician feels necessary, but at a minimum yearly. Any indication of risky behavior should prompt a more thorough assessment of HIV transmission risks. Clinicians providing medical care to HIV-infected persons can play a key role in helping their patients reduce risk behaviors and maintain safer practices and can do so with a feasible level of effort, even in constrained practice settings. Clinicians can greatly affect patients' risks for transmission of HIV to others by performing a brief screening for HIV transmission risk behaviors; communicating prevention messages; discussing sexual and drug-use behavior; positively reinforcing changes to safer behavior; referring patients for such services as substance abuse treatment; facilitating partner notification, counseling, and testing; and identifying and treating other STDs.”¹</p>
<p>Use in Other Federal Programs:</p>	<p>None</p>
<p>References/ Notes:</p>	<p>¹ CDC. Recommendations and Reports: “Incorporating HIV Prevention into the Medical Care of Persons Living with HIV.” July 18, 2003/52(RR12); 1-24. Accessed April 2017. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5212a1.htm</p> <p>*Adapted from the HRSA-HIV/AIDS Bureau’s Adolescent/Adult Measures HIV Risk Counseling (updated March 2016). https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio.</p>

Supp. 2.8	Bi-annual Syphilis Screening – All Clients	*DHSP (April 2017)
Description:	Percentage of clients, regardless of age, with a diagnosis of HIV who were tested for syphilis a minimum of two times, at least three months apart, within the measurement period	
Numerator:	Number of clients in the denominator who were tested for syphilis a minimum of two times, at least three (3) months apart, within the measurement period	
Denominator:	Number of clients, regardless of age, with a diagnosis of HIV who had at least one medical visit within the first six months of the measurement period	
Client Exclusion(s):	None	
Data Element(s):	1. Was the client tested for syphilis via an appropriate serologic test a minimum of two times, at least three (3) months apart within the measurement period? (Y/N)	
Minimum Performance Threshold:	Greater than or equal to 80%	
Comparison Data:	<p>During 2015, there were 74,702 reported new diagnoses of syphilis in the United States and 5,022 in Los Angeles County, representing a 20% increase locally from 2014. In 2015, the majority of Primary and Secondary (P&S) syphilis cases occurred among gay, bisexual, and other men who have sex with men (MSM). In 2015, MSM accounted for 81.7% of all P&S syphilis cases among males in which sex of sex partner was known and 60% of all P&S syphilis cases overall. However, in recent years, the rate of P&S syphilis has been increasing among MSM as well as heterosexual men and women. (https://www.cdc.gov/std/syphilis/stdfact-syphilis-detailed.htm).</p>	
U.S. Department of Health & Human Services Guidelines:	<p>“Routine serologic screening for syphilis is recommended at least annually for all HIV infected patients who are sexually active, with more frequent screening (every 3–6 months) for those who have multiple partners, unprotected intercourse, sex in conjunction with illicit drug use, or use methamphetamines (or whose partners participate in such activities).”¹</p> <p>“Bacterial and viral sexually transmitted diseases (STDs) in HIV-infected men and women receiving outpatient care have been increasingly noted, indicating ongoing risky behaviors and opportunities for HIV transmission. Rising STD rates among MSM indicate increased potential for HIV transmission, both because these rates suggest ongoing risky behavior and because STDs have a synergistic effect on HIV infectivity and susceptibility.”²</p>	

<p>Use in Other Federal Programs:</p>	<p>None</p>
<p>References/ Notes:</p>	<p>¹ Panel on Opportunistic Infections in HIV-Infected Adults and Adolescents. Guidelines for the prevention and treatment of opportunistic infections in HIV-infected adults and adolescents: recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. Accessed May 22, 2017. K-3. Available at http://aidsinfo.nih.gov/contentfiles/lvguidelines/adult_oi.pdf</p> <p>² CDC. Recommendations and Reports: "Incorporating HIV Prevention into the Medical Care of Persons Living with HIV." July 18, 2003/52(RR12); 1-24. Accessed April 2017. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5212a1.htm</p> <p>*Adapted from the HRSA-HIV/AIDS Bureau's Adolescent/Adult Measures Syphilis Screening (updated March 2016). https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio.</p>

Supp. 2.9	Annual Substance Use Screening – All Clients	*DHSP (April 2017)
Description:	Percentage of clients, regardless of age, with a diagnosis of HIV who were screened for substance use at least once within the measurement period	
Numerator:	Number of clients in the denominator who were screened for substance use at least once within the measurement period	
Denominator:	Number of clients, regardless of age, with a diagnosis of HIV who had at least one medical visit within the first six months of the measurement period	
Client Exclusion(s):	None	
Data Element(s):	<p>1. Is there documentation in the medical record that the client was assessed for the use of activities at least once within the measurement period? (Y/N)</p> <p>Note: The minimum expectation is documentation in the client's medical record to demonstrate that the client was assessed for use/misuse of EACH of the following substances:</p> <ul style="list-style-type: none"> • Alcohol • Illicit drug(s) • Tobacco/Tobacco product(s) <p>DHSP recommends the use of standardized and validated assessment tools to ensure adequacy of screening and documentation such as NIDA Quick Screen V1.0 https://www.drugabuse.gov/sites/default/files/pdf/nmassist.pdf</p> <p>Additionally, DHSP recognizes that substance use screening occurs in the context of comprehensive medical care and can be initiated by any member of the multidisciplinary primary care team.</p>	
Minimum Performance Threshold:	Greater than or equal to 80%	
Comparison Data:	The National HIVQUAL reported the percentage of patients with whom substance use was discussed and documented in the chart as: 90.1% in 2007, 93.5% in 2009, and 92% in 2011.	

<p>U.S. Department of Health & Human Services Guidelines:</p>	<p>“Patients living with HIV infection often must cope with many social, psychiatric, and medical issues that are best addressed through a patient-centered, multi-disciplinary approach to the disease. The baseline evaluation should include an evaluation of the patient’s readiness for ART, including an assessment of high-risk behaviors, substance abuse, social support, mental illness, comorbidities, economic factors (e.g., unstable housing), medical insurance status and adequacy of coverage, and other factors that are known to impair adherence to ART and increase the risk of HIV transmission. Once evaluated, these factors should be managed accordingly.”¹</p>
<p>Use in Other Federal Programs:</p>	<p>Similar Measure(s) found in the “Clinical Quality Measures for 2014 CMS EHR Incentive Programs for Eligible Professionals’ table at http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2014_EP_MeasuresTable_June2013.pdf.</p> <ul style="list-style-type: none"> • CMS137v2, NQC# 0004 - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment • CMS 138v2, NQC# 0028 – Tobacco Use: Screening and Cessation Intervention
<p>References / Notes:</p>	<p>¹Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. Available at https://aidsinfo.nih.gov/contentfiles/lvguidelines/adultandadolescentgl.pdf Accessed April 7, 2017. B-1.</p> <p>*Adapted from the HRSA-HIV/AIDS Bureau’s Adolescent/Adult Measures Substance Abuse Screening (updated March 2016). https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio.</p>

Supp. 2.10	Annual Depression Screening – All Clients	*DHSP (April 2017)
Description:	Percentage of clients, regardless of age, with a diagnosis of HIV who were screened for depression, using a standardized, validated depression screening tool at least once within the measurement period	
Numerator:	Number of clients in the denominator who were screened for depression, using a standardized, validated depression screening tool, at least once within the measurement period	
Denominator:	Number of clients, regardless of age, with a diagnosis of HIV who had at least one medical visit within the first six months of the measurement period	
Client Exclusion(s):	None	
Data Element(s):	<p>1. Was the client screened for depression using a standardized, validated depression screening tool at least once within the measurement period? (Y/N)</p> <p>The minimum expectations for DHSP's Depression Screening measure includes documentation in the medical record to demonstrate the client was assessed for depression using one or more of the following standardized, validated screening tool(s):</p> <ul style="list-style-type: none"> • Patient Health Questionnaire (PHQ9) • Beck Depression Inventory (BDI or BDI-II) • Center for Epidemiologic Studies Depression Scale (CES-D) • Depression Scale (DEPS) • Duke Anxiety-Depression Scale (DADS) • Geriatric Depression Scale (SDS) • Cornell Scale Screening and PRIME MD-PHQ2 	
Minimum Performance Threshold:	Greater than or equal to 80%	
Comparison Data:	The National HIVQUAL reported the median percentage of patients who received all required components of a mental health screen during the review period as: 20.9% in 2007, 26.1% in 2009, and 36% in 2011. In addition, the components of the mental screening include cognitive function, depression, anxiety, sleep disturbance, appetite, domestic violence, and post-traumatic stress disorder screenings.	

<p>U.S. Department of Health & Human Services Guidelines:</p>	<p>“Patients living with HIV infection often must cope with many social, psychiatric, and medical issues that are best addressed through a patient-centered, multi-disciplinary approach to the disease. The baseline evaluation should include an evaluation of the patient’s readiness for ART, including an assessment of high-risk behaviors, substance abuse, social support, mental illness, comorbidities, economic factors (e.g., unstable housing), medical insurance status and adequacy of coverage, and other factors that are known to impair adherence to ART and increase the risk of HIV transmission. Once evaluated, these factors should be managed accordingly.”¹</p>
<p>Use in Other Federal Programs:</p>	<p>Similar Measure(s) found in the “Clinical Quality Measures for 2014 CMS EHR Incentive Programs for Eligible Professionals’ table at http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2014_EP_MeasuresTable_June2013.pdf.</p> <ul style="list-style-type: none"> • CMS161v2, NQC# 0104 – Adult Major Depressive Disorder (MDD): Suicide Risk Assessment • CMS2v3, NQF #0418 – Screening for Clinical Depression and Follow-up Plan • CMS160v2, NQC #0712 - Depression Utilization of the PHQ-9 Tool
<p>References/ Notes:</p>	<p>¹Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. Available at https://aidsinfo.nih.gov/contentfiles/lvguidelines/adultandadolescentgl.pdf Accessed April 7, 2017. B-1.</p> <p>*Adapted from the HRSA-HIV/AIDS Bureau’s Adolescent/Adult Measures Substance Abuse Screening (updated March 2016). https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio.</p>

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
TUBERCULOSIS SCREENING, EVALUATION & TREATMENT GUIDELINES FOR HIV-
POSITIVE PERSONS**

These guidelines are based on recommendations from County of Los Angeles Department of Public Health Tuberculosis (TB) Control Program and represent the **routine screening recommendations for HIV-positive persons**.

Recommended screening tests include the use of an Interferon-Gamma Release Assay (IGRA) such as QuantiFERON®-TB Gold (QFT-GIT) or the T-SPOT®.TB test (T-SPOT) when testing HIV-positive persons for TB; however, the Tuberculin Skin Test (TST) remains an effective alternative to detect the presence of *Mycobacterium tuberculosis* in HIV-positive persons.

Due to the complexity and duration of effective treatment of TB in HIV-positive persons, it is recommended that treatment of active TB patients be provided by or in consultation with the County of Los Angeles Department of Public Health. Further information can be obtained by calling (213) 745-8000.

ROUTINE SCREENING & TESTING GUIDELINES

- **Baseline (one-time) TB Test at entry into care**
- **Annual Risk Assessment**
 - 1) **Symptoms:**
 - TB symptoms (persistent cough >3 weeks, hemoptysis, fever, night sweats, weight loss, hoarse voice) **If one or more of the above are present, refer for Chest X-Ray (CXR) and sputum collection**
 - 2) **TB Contact history:**
 - Contact with person(s) with active TB disease since last assessment
Repeat TB test and refer for CXR regardless of TB test result
 - 3) **Other Risk Factors:**
 - Homelessness
 - Incarceration
 - Travel to endemic country for ≥ 1 month
 - CD4 ≤ 200 cells/mm³

If one more of the above are present, repeat TB test

RADIOLOGIC SCREENING RECOMMENDATIONS

- **Chest x-ray (single PA View) is recommended for all HIV-positive persons with one or more of the following:**
 - Symptoms consistent with active TB infection
 - All identified contacts of persons with TB disease, **regardless of IGRA or TST result**
 - New positive IGRA or TST ≥ 5mm
 - Client(s) with a history of positive IGRA or TST with no prior treatment for TB infection
 - Prior to the initiation of treatment for TB infection if most recent CXR is > 6 months

TREATMENT OF TB INFECTION AFTER EXCLUDING TB DISEASE

- Isoniazid 300 mg daily x 9 months
- Consider shorter rifamycin-based regimens for patients on select antiretroviral treatment regimens. Consult Department of Public Health for specific guidance

REPORTING & DOCUMENTATION REQUIREMENTS

The TB Screening Form (H304-AOM) must be used to document risk assessment, administration and results of TB screening tests on all patients and if indicated treatment initiation and completion or disposition.

- Complete sections 1 – 8 of the TB Screening Form for all patients; **mail gold copy within 30 days of risk assessment and testing.**
- For patients receiving treatment for TB infection, complete section 9 of the TB Screening Form; **mail pink copy within 7 days of the completion of treatment.**
- For questions about completing or to obtain additional TB Screening Forms contact the TB Control Program office at **(213) 745-3922.**
- Place completed gold or pink forms in a confidential envelope and mail to: **TB Control Program – Targeting Testing Unit 2615 S. Grand Ave., Room 507, Los Angeles, CA 90007**
- Attachment A: County of Los Angeles Department of Public Health TB Screening Form H304-AOM (3/14)

To report active and/or suspected TB disease:

- All cases of active and/or suspected TB disease must be reported **immediately** to TB Control Program at **(213) 745-8000.**
 - A Confidential Morbidity Report (CMR) must be submitted **within 1 working day** of identification and should be **faxed to the TB Control Program at (213) 749-0926.**
 - A fillable PDF CMR is available on the TB Control Program website at **www.lapublichealth.gov/tb.**
- Attachment B: County of Los Angeles Department of Public Health Confidential Morbidity Report of TB Suspects & Cases (8/15)

Additional resources available from the Department of Public Health TB Control Program

- “Core Curriculum on TB”, Centers for Disease Control and Prevention (CDC) 2013
- Centers for Disease Control and Prevention. Updated Guidelines for Using Interferon Gamma Release Assays to Detect *Mycobacterium tuberculosis* Infection, United States. MMWR 2010; 59 (No. RR-5) <http://www.cdc.gov/mmwr/pdf/rr/rr5905.pdf>
- Latent TB Infection-LAC patient education brochure - available in 6 languages
- CDC INH patient education available in Spanish & English
- TB Control Program – TB infection Provider Toolkit
<http://publichealth.lacounty.gov/tb/providertoolkit.htm>

SCREENING FOR SEXUALLY TRANSMITTED DISEASES

- I. HIV-positive patients shall be screened for sexually transmitted infections in accordance with AOM pay for performance measures (Attachment 1) and with local Los Angeles County STD screening guidelines, available at <http://ph.lacounty.gov/dhsp/InfoForProviders.htm>
- II. All cases of Syphilis, Gonorrhea, and Chlamydia shall be reported to the Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP) using a Confidential Morbidity Report (CMR) form within one (1) day of identification for Syphilis and within seven (7) days of identification for Gonorrhea and Chlamydia. CMR forms may be obtained from: <http://ph.lacounty.gov/dhsp/ReportCase.htm>
- III. Medical and public health consultation is available from DHSP for any STD clinical questions regarding evaluation, diagnosis, treatment, and follow-up of STDs in HIV-infected clients. For questions, record searches (including previous RPR titers), and assistance with reporting a case, call DHSP's Clinical Nursing and Guidance Unit at 213-368-7441. Assistance is available Monday through Friday 8am-5pm.
- IV. The CDC Sexually Transmitted Diseases Treatment Guidelines may be consulted for additional information: www.cdc.gov/std/treatment

**CORE HIV MEDICAL SERVICES FOR PLWH
Ryan White Program Eligibility Documentation and Verification**

Client must meet all criteria listed evidenced by one of the acceptable types of verification listed for each criteria.

RWP Eligibility Criteria	Types of Acceptable Verification
<p>HIV Diagnosis (one of the following)</p>	<ol style="list-style-type: none"> 1) A letter signed by a physician; 2) Diagnosis Form containing a physician or licensed healthcare provider (Nurse Practitioner or Physician Assistant) signature; 3) Laboratory results containing the name of the laboratory and indicating HIV status, CD4 count, HIV viral load, and type of HIV viral load test performed (within last 12 months); or 4) Two Rapid Testing Algorithm (RTA) results in which both tests contain positive results. Both tests should indicate the agency name, HIV counselor name, and the client's name.
<p>Los Angeles County Residence (one of the following)</p>	<ol style="list-style-type: none"> 1) Rental or lease agreement; 2) Mortgage statement; 3) Utility bill; 4) Government issued letter; 5) Bank statement; 6) Support verification affidavit including verification of address for supporter; 7) Homeless verification affidavit; or 8) Valid California driver license/California identification card.
<p>Verification of Income (one of the following)</p>	<ol style="list-style-type: none"> 1) Bank statement containing direct deposits from SSDI, SSA, VA, or unemployment; 2) Pay stub(s) for 1 full month of wages; 3) Disability award letter; 4) Benefit receipt or check stub; 5) Self-employment affidavit; or 6) Most recent tax return.
<p>Verification of Insurance (one of the following)</p>	<ol style="list-style-type: none"> 1) Confirmation of coverage if insured or underinsured (e.g. insurance card and/or explanation of benefits); or 2) Denial letter from Medi-Cal or a print out of computer screen shot.

CORE HIV MEDICAL SERVICES FOR PLWH

VERIFICATION OF QUALIFICATIONS: HIV/AIDS SPECIALIST FORM

Pursuant to California Standing Referral law, the Division of HIV and STD Programs requires verification of criteria for credentialing specialists in HIV/AIDS. Please read carefully for the “and” and the “or” and check the criteria box(es) listed below that apply to you.

I am licensed by the Medical Board of California to practice medicine in the state of California, and choose one of the following:

1. I am credentialed as an “HIV Specialist” by the American Academy of HIV Medicine; **OR**

2. I am Board Certified in the field of infectious diseases by a member board of American Board of Medical Specialties **AND** I meet the following qualifications:

In the immediate preceding 12 months, I have clinically managed medical care to a minimum of 15 patients who are infected with HIV; and I have successfully completed a minimum of 15 hours of category 1 continuing medical education (CME) in the prevention of HIV infection, combined with diagnosis, treatment, or both, of HIV-infected patients, including a minimum of 5 hours related to antiretroviral therapy per year;

OR

3. In the immediate preceding 12 months, I have clinically managed medical care to a minimum of 25 patients who are infected with HIV; **AND, I** have successfully completed a minimum of 30 hours of category 1 continuing medical education (CME) in the prevention of HIV infection, combined with diagnosis, treatment, or both, of HIV-infected patients.

Name of Practitioner (please print) _____

Practitioner Signature: _____ License Number _____ Expiration Date _____

Office Address: _____

Office Telephone: _____ Office Fax _____

STATEMENT OF WORK

MEDICAL CARE COORDINATION (MCC) SERVICES

APPENDIX A-2, STATEMENT OF WORK, MCC SERVICES

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1.0 DESCRIPTION

The County of Los Angeles (County), Department of Public Health (DPH), Division of HIV and STD Programs (DHSP) Medical Care Coordination (MCC) model uses a multi-disciplinary team approach to facilitate behavioral interventions, conduct outreach, and coordinate support services to promote improved health outcomes for persons living with HIV (PLWH). MCC Services team members deliver client-centered activities, co-located at the client’s medical home, that focus on addressing health status, engagement and retention in care, adherence to antiretroviral medications, and HIV risk reduction, as well as coordination and integration of all services along the continuum of care for PLWH.

MCC Services ensure timely and coordinated access to medically appropriate levels of health and support services, and continuity of care, through ongoing assessment of the client’s needs and personal support systems. MCC includes brief interventions focusing on client education and treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments; risk reduction activities, including partner notification services to reduce transmission of HIV to partners and acquisition of other sexually transmitted disease (STD) infections among clients; disclosure assistance to help clients with informing family members of their HIV status in order to increase social support networks; and other interventions that contribute to an increase in a client’s ability to advocate for themselves while accessing the continuum of HIV services.

MCC Services are funded through the use of federal Department of Health and Human Services (DHHS) Health Resources and Services Administration (HRSA) Ryan White Program (RWP) Part A funds.

1.1 DHSP Program Goal and Objectives

The DHSP goals and objectives for MCC Services are described in Table 1.

TABLE 1 - MEDICAL CARE COORDINATION GOALS AND OBJECTIVES	
PRIMARY GOAL	<i>Improve individual-level health outcomes and well-being of persons living with HIV and prevent transmission of HIV.</i>
MCC GOALS	<ol style="list-style-type: none"> 1. Improve retention in HIV care. 2. Improve adherence to antiretroviral therapy (ART). 3. Improve client capacity for self-care.
OBJECTIVES	<ol style="list-style-type: none"> A. Increase the number of individuals retained in HIV care. B. Increase adherence to antiretroviral therapy (ART). C. Facilitate access and linkage to appropriate services in the continuum of care. D. Promote sexual risk reduction strategies to reduce STD infections and transmission of HIV among PLWH.

2.0 DEFINITIONS

- 2.1 **Ambulatory Outpatient Medical (AOM) Services:** Evidence-based preventive, diagnostic, and therapeutic medical services provided through outpatient medical clinics by California-licensed health care professionals to PLWH in an outpatient clinic setting.
- 2.2 **Co-located Services:** MCC and AOM services located in the same building where there is a high degree of collaboration and communication between health care professionals, including information sharing related to client care and establishment of comprehensive treatment plans to address clients' biological, psychological, and social needs.
- 2.3 **Contractor's Project Manager:** Contractor's designee responsible to administer the Contract operations and to liaise with the County after the Contract award.
- 2.4 **County's Project Director:** Person designated by County with authority to resolve contractual or administrative matters relating to this Contract that cannot be resolved by the County's Project Manager.
- 2.5 **County's Project Manager:** Person designated by County's Project Director to manage the operations under this Contract. Responsible for managing inspection of all tasks, deliverables, goods, services and other work provided by the Contractor.
- 2.6 **Day(s):** Calendar day(s) unless otherwise specified.
- 2.7 **Fiscal Year:** The twelve (12) month period beginning July 1st and ending the following June 30th.
- 2.8 **Integrated Comprehensive Assessment (ICA):** Cooperative and interactive face-to-face interview process during which the medical, physical, psychosocial, environmental, and financial strengths, needs, and available resources are identified and evaluated for all family household members living with HIV/AIDS.
- 2.9 **Medical Care Coordination (MCC) Services:** A multi-disciplinary team consisting of two (2) or more of the following: A Medical Care Manager (MCM), Patient Care Manager (PCM), Case Worker (CW) and Retention Outreach Specialist (ROS) who work together to facilitate behavioral interventions, conduct outreach, and coordinate support services to promote improved health outcomes for PLWH. MCC Services team members deliver client-centered activities that focus on

addressing health status, engagement and retention in care, adherence to HIV medications, and HIV risk reduction.

- 2.10 **Partner Services (PS):** A voluntary prevention activity by which identified sex or needle-sharing partners of HIV infected persons, some of whom may be unsuspecting of their risk, are informed of their possible exposure to HIV. Notified partners (NP) are offered HIV testing and if necessary linkages into medical treatment and care, referrals to appropriate health and social services as needed by the NP and the provision of appropriate HIV risk reduction intervention based on the NP need.

3.0 SPECIFIC WORK REQUIREMENTS

Primary responsibilities and/or services to be provided by the Contractor shall include, but not be limited to, the following:

3.1 Provide MCC Services to Persons Living with HIV.

Contractor shall provide MCC services to persons living with HIV in accordance with standards of care and MCC guidelines. Services shall be prioritized for newly diagnosed persons living with HIV and the MCC team shall work diligently to reengage individuals lost to care. Contractor must provide MCC services (either Tier 1 or Tier 2), via an MCC team, to clients living with HIV in Los Angeles County. See SOW, Sections 7.3 and 7.4 for a description of the MCC team composition.

MCC Services, delivered by an MCC team, include the following activities:

- 3.1.1 Conduct client screening to determine a client's need for follow-up by the MCC team. MCC teams shall prioritize services to engage newly diagnosed individuals into HIV medical care. At a minimum, screening shall be conducted every six months, unless the client is currently enrolled in the MCC program.
- 3.1.2 Contact clients identified through the MCC Services screening process as needing MCC Services and extend an invitation to participate in the program. It should be notated who accepts, declines, or cannot be reached.
- 3.1.3 Enroll clients who agree to participate into the MCC Services program. This process involves contacting the client to determine whether they wish to participate, introducing the service to the client, scheduling clients for

assessment, and documenting the outcome of the process in the DHSP data management system.

3.1.4 Conduct Integrated Comprehensive Assessment (ICA) by evaluating the client's need for MCC services.

3.1.4.1 Conduct assessment utilizing the standardized medical care coordination assessment form developed by DHSP.

3.1.4.2 The ICA shall be completed within thirty (30) days of the initiation of active MCC services and entered into the County's data management system.

3.1.4.3 The Medical Care Manager (MCM) and Patient Care Manager (PCM) shall conduct the ICA together in partnership with the client to assess each client's medical and bio-psychosocial needs, to identify barriers to HIV treatment access and adherence, and HIV risk reduction.

3.1.4.4 An ongoing integrated care reassessment of the client's needs shall be done according to the client's current acuity level. A client's acuity level is based on the assessment and determines service intensity. MCC services shall be provided in accordance with their acuity status (see SOW, Section 3.1.5).

3.1.4.5 ICA's shall, at a minimum, assess history, client's strengths, needs, and available resources in the following areas: Health status including, but not limited to, HIV viral suppression and immune health; co-morbidities (e.g., TB, hepatitis, sexually transmitted infections); physical mobility/activities of daily living ; nutrition needs; access to HIV medication and treatment services; treatment adherence; basic life necessities; health literacy and HIV education; culture, religion, and spirituality; support systems and relationships; sexual risk behavior; HIV disclosure; substance use history and addiction issues; mental health; and legal issues, including arrest history.

3.1.4.6 Following the completion of each client's initial ICA, the MCM and PCM shall case conference to discuss client service needs and care plan development.

3.1.5 Determine client's acuity level which is automatically calculated and generated when the ICA is entered into DHSP's data management system, determining the service intensity needed. Intensity and frequency of MCC services shall be determined by client acuity. Client acuity will fluctuate over time as reassessments are done and shall be determined based on information collected from the most recently conducted ICA. It is an expectation of the program that client acuity will reduce over time due to interventions delivered by the MCC team that resolve barriers to treatment access, adherence and risk reduction, and promote greater self-sufficiency among clients.

3.1.6 Develop an integrated care plan (ICP) with information gathered from the most recent ICA within two (2) weeks of the assessment/reassessment completion.

3.1.6.1 The MCM and PCM shall develop an integrated care plan together in partnership with every active MCC client. The MCC team will case conference following the Integrated Comprehensive Assessment/Reassessment's completion and consult with the client's healthcare team to ensure that the identified medical and support service needs are addressed and included in the client's integrated care plan. The MCC team shall ensure that all client needs are identified and prioritized so that the most important services for clients are made available as soon as possible. Plans should be client centered and informed by the ICA.

3.1.6.2 The ICP shall include the following: A description of the problem(s), challenge(s) or need; goals for resolving each problem, challenge or need; action steps to be taken to accomplish each goal; person responsible for accomplishing action steps; time frames in which services are to be provided; barriers to accomplishing the goals, if applicable; and dated signatures of the client and case manager.

3.1.6.3 The ICP must be updated to reflect the completion of existing goals, and the identification and prioritization of new goals, including the client's current acuity level. If the client's acuity level fluctuates, service intensity must be adjusted accordingly.

3.1.7 Deliver brief interventions designed to promote behavior change and wellness for active MCC clients. To assist client's with changing their sexual risk behavior, MCMs and PCMs should utilize well-defined

strategies to move the client toward the end goal of self-motivation to change behavior. Brief interventions are integral steps of the process toward behavior change, ranging from pre-contemplation to action/maintenance, that enhance client motivation and self-efficacy to become an active participant in their HIV medical care and well-being. The goals of the interventions are to support optimal retention in care, compliance with medical and service specifications, and risk behavior reduction to prevent the spread of infection. Brief interventions are not a substitute for specialized care for clients with a high level of need. Brief interventions focus on, but may not be limited to:

- a) Promoting Antiretroviral Therapy (ART) adherence;
- b) Risk reduction counseling;
- c) Engagement and re-engagement in HIV care;
- d) Behavioral health; and
- e) Disclosure assistance.

3.1.7.1 Contractor shall ensure that the MCC team provides the following interventions according to the client's need(s), as identified during the ICA and any subsequent reassessments:

- a) *Promoting ART adherence* – Such sessions shall assist clients to increase their ability to adhere to HIV/AIDS medication treatments through client-centered, tailored interventions that focus on the client's barriers, with the intent of reducing non-adherence.
- b) *Risk reduction counseling* – the MCC team shall provide risk reduction/harm reduction sessions for clients that are actively engaging in behaviors that put them at risk for transmitting HIV or acquiring other Sexually Transmitted Infections (STIs). Risk reduction counseling builds on HIV/STD knowledge to motivate and empower clients with strategies to reduce their risk of HIV/STD transmission and acquisition. Such sessions shall assist clients in initiating and sustaining behaviors that reduce risk of contracting or transmitting HIV/STDs through sex and substance-using behaviors.
- c) *Engagement in Care activities* – Engagement in Care activities include reaching out to locate clients who have not attended an HIV medical appointment. Staff shall engage clients in HIV care by assisting them in removing barriers that keep them out of care through the provision of tailored interventions.

- d) *Behavioral Health sessions* – Brief interventions for behavioral health are designed to motivate clients to change their behavior – reduce substance use (alcohol, drugs and/or tobacco), manage stress, and cultivate sources of support – in the immediate future. Brief interventions are intended for clients with less severe behavioral health issues (moderate acuity for the mental health and/or substance use domains) who do not need a referral to additional mental health or addiction treatment and services.
- e) *Disclosure Assistance and Partner Notification sessions* – the MCC team shall provide disclosure and partner notification assistance for clients that have not disclosed their HIV status to partner(s) or family member(s). This entails supporting the client through the process of disclosure, which includes motivating clients to disclose; explaining and exploring disclosure options; assisting with disclosure planning; assessing for intimate partner/domestic violence if involving sex or needle-sharing partner(s) (or family members that clients may be economically dependent on); and/or eliciting partner information if the client chooses anonymous 3rd party disclosure for sex or needle-sharing partner(s).

3.1.8 Follow-up and monitor clients' progress. These activities involve ongoing contact and interventions with clients to achieve goals, evaluate whether services are consistent with the needs of the client, and determine if any changes to goals are necessary. Additionally, these activities must ensure that referrals are linked and services are obtained in a timely, coordinated manner. Special attention shall be paid to clients with multiple and/or complex needs; especially to clients that have missed one (1) or more HIV medical appointments within the last seven (7) months.

3.1.8.1 The MCC team shall actively assist clients in resolving barriers to completing referrals and accessing, maintaining, and adhering to services.

3.1.8.2 The MCC team shall maintain ongoing contact with all clients to check on their progress towards meeting ICP goals, including attempts to change behavior and reduce risk, and providing assistance in accessing service referrals. For the purposes of this Contract, “contact” is defined as a communicative interaction with the client. Contact is not defined as leaving a message for the

client. Contact means that the provider communicated directly with the client. Such contacts shall be completed as follows:

- a) The MCC team shall actively follow-up with clients who have missed a MCC appointment within twenty-four (24) hours of the broken appointment. If follow-up activities are not appropriate or cannot be conducted within the twenty-four (24) hour time-period, the MCC provider shall document reason(s) follow-up was delayed;
- b) Documentation of contact shall consist of current dated and signed progress notes, including, but not limited to, description of all client contacts and actions taken on behalf of the client, including time spent, date, type of contact and Case Worker signature;
- c) Description of what occurred during contact;
- d) Changes in the client's condition or circumstances;
- e) Progress made towards achieving the goals identified in the ICP and status of client's HIV medical treatment and access to care;
- f) Barriers identified in completing ICP goals and actions taken to resolve the barriers;
- g) Current status and results of referrals, linkages, and interventions, including any barriers and actions taken to resolve those barriers; and
- h) Indication of the need or desire for continued MCC services.

3.1.9 Re-engage in care those clients who are lost to follow-up. This includes attempting to locate unreachable clients that have missed an HIV medical or MCC appointment. The ROS must employ a variety of intensive outreach methods that go beyond the clinic, including visiting the client's last known address, contacting client's other service providers, researching whether the client is incarcerated, and other methods to bring the client back into HIV care. Tier 2 clinics do not receive funding for an ROS, therefore, the PCM and MCM should attempt to reengage clients who are lost to care by contacting their emergency contacts and employing strategies that can be conducted from the clinic.

3.1.9.1 Contractor should refer lost to care clients to DHSP's Linkage and Reengagement Program.

3.1.9.2 Contractor shall provide client re-engagement interventions to reengage clinic clients who have not attended an HIV medical appointment for seven (7) months or longer.

3.1.10 Multidisciplinary Case Conference among care team to ensure coordinated client care and follow-up. The goal of multidisciplinary case conferencing shall be to provide coordinated and integrated client services across providers, and to reduce duplication. Case conferencing should identify or clarify issues regarding a client's status, needs, and goals; to review activities including progress and barriers towards goals; to map roles and responsibilities; to resolve conflicts or strategize solutions; and to adjust current service plans. These conferences are essential to provide seamless care for clients with complex multidisciplinary care needs. Conferences are attended by a variety of professionals (physicians, MCC team, clinical nursing staff, social workers, dentists, mental health specialists, nutritionists, substance abuse treatment counselors, prevention counselors, and others directly involved in the client's care) who present their cases for discussion to receive consultation from other professionals involved in the client's care.

3.1.10.1 Contractor shall ensure that the MCC team presents all new MCC clients to case conference no more than thirty (30) days after initial enrolment into MCC services.

3.1.10.2 Documentation of multidisciplinary activities shall include, but not be limited to, the following and shall be maintained within the client record:

- a) Date of case conference and client name or identification number;
- b) Name, title, and signature of case conference participants;
- c) Psychosocial issues and concerns identified; and
- d) Description of interventions to be implemented.

3.2 Promote the Availability of MCC Services and Assess Client Satisfaction

3.2.1 Contractor must promote the availability of MCC Services to PLWH, professional communities and other HIV services providers.

3.2.2 Contractor must perform assessments of client's needs and satisfaction by conducting random, anonymous client surveys, at a minimum,

annually. The surveys shall be documented and include demographic information.

3.3 Comply with DHSP Medical Care Coordination Guidelines

Contractors with MCC Service contracts are required to comply with current DHSP MCC guidelines as described at: <http://publichealth.lacounty.gov/dhsp/MCC.htm>.

3.4 Co-location of HIV Medical Services and Medical Care Coordination Services

3.4.1 MCC Services must be co-located and provided concurrently with HIV medical care. As a result, Contractors must adhere to and implement all provisions required by the Department of Health and Human Services HIV treatment guidelines, available at <https://aidsinfo.nih.gov/>.

3.4.2 All client clinical and health services records must be co-located in a medical record (medical chart) and/or an electronic health record (medical record in digital format).

3.5 Provide Strong Linkages to Care

3.5.1 Contractor shall ensure that eighty-five percent (85%) of clients are linked to needed psychosocial and risk reduction services as determined by the ICA (i.e. substance use addiction services, mental health services, and Partner Services).

3.5.2 Documentation of all referrals and linkages shall be updated on an ongoing basis utilizing the County's Referral Module data system.

3.5.3 Contractor shall ensure that for all clients' partners who are identified as HIV-positive, MCCs link identified HIV-positive partners to HIV medical services.

3.5.4 Contractor shall work closely with HIV testing programs to fast track newly diagnosed individuals living with HIV into HIV medical care. Newly diagnosed individuals shall be linked to HIV care within fourteen (14) days of referral to the MCC program.

3.6 Comply with State HIV, STD, and Hepatitis Reporting Requirements

Contractors must adhere to all State HIV, STD, and hepatitis reporting requirements which can be found at:

<http://publichealth.lacounty.gov/cdcp/proreporting.htm>.

3.7 Comply with and Maintain Administrative Procedures and Operational Protocols

3.7.1 Contractor must comply with HIV standards of care. All services provided under this Contract must be in accordance with the Division of HIV and STD Programs' Medical Care Coordination Services Guidelines and standards of care as determined by the Los Angeles County Commission on HIV.

3.7.2 Contractor (and any subcontractors) must maintain client program records co-located with client's medical records.

3.7.2.1 Contractor must ensure adequate MCC program records are kept on each individual client, which must be current and provide detail, consistent with good professional practice, in accordance with the California Code of Regulations and HIPAA Privacy Rules.

3.7.2.2 Such records must include, but not be limited to: admission record, client interviews, progress notes, and a record of services provided by the various professional and paraprofessional personnel in sufficient detail to permit an evaluation of services.

3.7.2.3 Client MCC intake records shall be kept and shall consist of, at a minimum, the following required documentation to be maintained within the client record:

- a) Completed ICA/reassessments;
- b) Current and appropriate care plan;
- c) Progress notes documenting client status, condition, and response to interventions, procedures, medications;
- d) Specialty consultation reports;
- e) Documentation of referrals and linkages;
- f) Documentation of case conference and clinical supervision; and

- g) Documentation of all contacts with client including date, time, services provided, referrals given, and signature and professional title of person providing services.

3.7.3 Contractor must comply with all reporting requirements. As directed by DHSP, Contractor must submit monthly, quarterly, semi-annual, and/or annual reports in hard copy, electronic, and/or online format within the specified time-period for each requested report. Reports must include all the required information relating to the promotion and provision of MCC services and is to be completed in the designated format.

3.7.3.1 Contractor must report all required Ryan White Service Report data to DHSP.

3.7.4 Contractor shall obtain written approval from DHSP's Director, or designee, for all forms and procedures utilized in association with this Contract prior to its implementation.

3.7.4.1 Contractor shall submit for approval such forms and procedures to DHSP at least thirty (30) days prior to the projected date of implementation.

3.7.4.2 For the purposes of this Contract, forms and procedures include, but are not limited to: intake/assessment, service plan, clinical supervision, case conference, case closure, release of information, consent for services, limits of confidentiality, patient rights and responsibilities, and grievance procedures.

3.7.5 Contractor shall review, at a minimum once every six (6) months, each client record/file to assess whether required documentation is completed properly, in a timely manner, and maintained within client records.

3.7.5.1 Administrative coordinator shall ensure that documents not in client record upon review, are included and maintained in client records and conduct a follow-up to ensure that necessary corrections have been made.

3.7.5.2 Client record review shall consist of the following required documentation:

- a) Checklist of required documentation signed and dated by the individual conducting the record review;

- b) Written documentation identifying steps to be taken to rectify missing or incomplete documentation; and
- c) Date of resolution of required documentation omission. Client record reviews shall be maintained within each client record.

4.0 ADDITION/DELETION OF FACILITIES, SPECIFIC TASKS AND/OR WORK HOURS

- 4.1 Contractors must obtain permission from the Director of DHSP or his designee at least sixty (60) days prior to the addition/deletion of service facilities, specific tasks and/or work hour adjustments.
- 4.2 All changes must be made in accordance with Paragraph 8, Alteration of Terms/Amendments of the Contract.

5.0 QUALITY MANAGEMENT PROGRAM

The Contractor shall implement a Quality Management (QM) Program, as defined in the Contract, Paragraph 18O, Quality Management, Paragraph 18P, Quality Management Plan, and Paragraph 18Q, Quality Management Program Monitoring, that assesses the extent to which the HIV and STD-related testing and treatment provided are consistent with federal, State, and local standards of HIV and STD testing and treatment.

6.0 COUNTY'S QUALITY ASSURANCE PLAN

The County will evaluate the Contractor's performance under this Contract using the quality assurance procedures as defined in the Contract, Paragraph 38, County's Quality Assurance Plan. Such evaluation will include assessing Contractor's compliance with all Contract terms and performance standards.

6.1 Meetings

Contractor shall meet with the County as requested.

6.2 County Observations

In addition to departmental contracting staff, other County personnel may observe performance, activities, and review documents relevant to this Contract at any time during normal business hours. However, these personnel may not unreasonably interfere with the Contractor's performance.

7.0 RESPONSIBILITIES

The County's and the Contractor's responsibilities are as follows:

COUNTY

7.1 Personnel

The County will administer the Contract according to the Contract, Paragraph 23, Administration of Contract – County. Specific duties will include:

- 7.1.1 Monitoring the Contractor's performance in the daily operation of this Contract.
- 7.1.2 Providing direction to the Contractor in areas relating to policy, information and procedural requirements.
- 7.1.3 Preparing Amendments in accordance with the Contract, Paragraph 8, Alterations of Terms/Amendments.

CONTRACTOR

7.2 Contractor Requirements

Contractor shall:

- 7.2.1 Provide MCC services at a clinic site(s) located in Los Angeles County.
- 7.2.2 Provide MCC Services co-located with Contractor's HIV AOM services.

7.3 Personnel

- 7.3.1 Contractor must provide County with a roster of all administrative and program staff, including titles, degree(s) and contact information within thirty (30) days of the effective date of the contract.
- 7.3.2 Contractor must assign a sufficient number of employees to perform the required work at each service delivery site where services are provided. At least one (1) employee on site must be authorized to act for Contractor in assuring compliance with contractual obligations at all times.
- 7.3.3 Contractor must assign a Project Manager and designated alternate, who serve separately from the MCC Services team.
 - 7.3.3.1 Project Manager must act as a central point of contact with the County. The County must have access to the Project Manager during standard business hours, Monday through Friday, between 8:00 a.m. and 5:00 p.m., and/or as required by contractual needs.

Contractor must provide a telephone number where the Project Manager may be reached on an eight (8) hour per day basis during those hours.

7.3.3.2 Project Manager/alternate must have full authority to act for Contractor on all matters relating to the daily operation of the Contract. Project Manager/alternate must be able to effectively communicate, in English, both orally and in writing.

7.3.4 Contractor must provide a multi-disciplinary team approach to service provision. Team member numbers vary depending on the size of the clinic's client population.

- **Tier 1 clinics** are those that have a current client census population of 150 clients or more living with HIV/AIDS. Tier 1 MCC teams shall be comprised of a Medical Care Manager, Patient Care Manager, Retention Outreach Specialist, and a Case Worker at a Full Time Equivalent (FTE) level relevant to funding received.
- **Tier 2 clinics** are those that have a current client census population of 149 clients or fewer. Tier 2 MCC teams shall be comprised of a Medical Case Manager and Patient Care Manager at an FTE level relevant to funding received.

Note: For a Contractor to receive a 100% full-time Tier 1 MCC team, a minimum of 209 clients must be enrolled in MCC.

All clinics, regardless of size, shall have MCC teams in place within 30 days of the contract start date (See SOW, Section 7.4).

7.3.5 Contractor is required to perform background checks of their employees and subcontractors/consultants as set forth in Administration of Contract, Paragraph 23, sub-paragraph D – Background and Security Investigations, of the Contract. All costs associated with the background and security investigation must be borne by the Contractor.

7.3.6 Prior to employment or provision of services, and annually (12 months) thereafter, Contractor shall obtain and maintain documentation of tuberculosis screening for each individual, volunteer, subcontractor and consultant providing MCC Services, according to the Contract, Paragraph 18P, Guidelines for Staff Tuberculosis Screening.

7.3.7 Contractor must ensure annual performance evaluations are conducted on all staff budgeted and performing services under the proposed contract to ensure program staff are meeting job duties as required.

7.3.8 Contractor must demonstrate recruitment and retention of MCC staff and must provide County a staff retention policies and procedures plan within thirty (30) days of the Contract start date.

7.4 MCC Team Staffing Requirements

The Contractor's MCC Services team must be in place within thirty (30) days from the contract start date. The MCC Services team must conduct the following scope of work and must possess the following education/skills noted below for each position:

7.4.1 **Medical Care Manager (MCM):** The MCM conducts assessments and integrated care planning in conjunction with the PCM. The MCM also provides follow-up and monitoring of clients' progress towards meeting care plan goals in conjunction with the rest of the MCC team members. Medical care managers conduct brief interventions designed to meet the needs of clients who are experiencing difficulty with medical and/or medication adherence; changes in HIV health status; acquisition of STDs; multiple health diagnoses that affect their HIV infection, and other related issues. The MCM ensures the client's biomedical needs are met and that their care is coordinated. MCMs assist clients through the provision of brief interventions focused on client education, treatment adherence, managing medication side effects, co-infections, preventative care, and HIV risk reduction. The MCM must possess a current valid registered nurse (RN) license in the State of California. The MCM shall NOT perform clinical nursing duties.

7.4.2 **Patient Care Manager (PCM):** The PCM ensures the comprehensive and thorough assessment of a client's psychosocial needs, particularly as they relate to behavioral health and addiction issues. PCM also conducts brief interventions focused on addressing clients' barriers to adherence, risk reduction, and other related issues. The PCM works on improving clients' status as it relates to addiction issues, mental health distress, risk reduction, and disclosure of HIV status. In conjunction with the MCM, the PCM conducts assessments, integrated care planning, and monitoring of client's progress. The PCM follows-up and monitors progress to determine whether goals are being met or need revision. The PCM must possess a Master's

degree in one of the following disciplines: 1) social work, 2) counseling, 3) psychology, 4) marriage and family counseling, or 5) human and social services. The PCM shall NOT perform psychotherapy or mental health counseling duties.

7.4.3 **Retention Outreach Specialist (ROS):** The ROS is integrated into the MCC team and works closely with team members in identifying, locating, and re-engaging clients back into HIV care. The ROS is responsible for providing outreach, linkage, and reengagement services. The Retention Outreach Specialist conducts field outreach services to locate clinic clients that are deemed to be “out of care.” The ROS provides mobile services at locations where those in need are located. The ROS is responsible for engaging out of care clients back into care. The ROS must possess a minimum of three years’ experience doing one of the following: 1) conducting field outreach to HIV vulnerable populations; 2) providing HIV linkage and/or reengagement services; 3) providing HIV case finding services; OR 4) working as a HIV patient navigator providing field services.

7.4.4 **Case Worker (CW):** The CW addresses clients’ socioeconomic needs and assists the MCM and PCM with client monitoring, linkage to services, updating care plan results, following up with clients, and tracking outcomes. Additionally, the CW acts as the liaison between HIV Counseling and Testing sites and the medical clinic to ensure that new clients are enrolled in medical care seamlessly and in a timely fashion. The CW must possess either a Bachelor’s degree in: 1) nursing, 2) social work, 3) counseling, 4) psychology, 5) sociology, or 6) human services; **OR** be a licensed vocational nurse (LVN) in good standing and licensed by the California Board of Nursing.

7.5 Training of Contractor’s Staff

7.5.1 Contractor shall ensure that at hire, the MCC staff possesses the appropriate skills to provide adequate MCC services. Contractor shall provide MCC staff with ongoing training related to the provision of MCC Services. Contractor must provide all program staff, contractors, and/or subcontractors appropriate training as well as continuing in-service training for all program staff, consultants and/or subcontractors mandated by the terms and conditions of the contract and/or Additional Provisions. Contractor's staff, consultants and subcontractors must possess the adequate knowledge and skills to perform the duties for their positions and they must maintain up-to-

date knowledge and skill levels in accordance with the rapidly expanding literature and information regarding coordination of care and prevention approaches in the HIV field.

7.5.2 Contractor shall ensure ongoing staff development of each MCM, PCM, PRS, and CW at a minimum of sixteen (16) hours per year. Staff development and enhancement activities shall include, but not be limited to:

a) Trainings related to medical care coordination issues, risk reduction, mental health, addiction, HIV disease progression, HIV/AIDS medications, and treatment adherence including:

1. HIV/AIDS medical and treatment updates;
2. Risk behavior and prevention interventions;
3. Substance use and addiction treatment;
4. Mental health and HIV/AIDS; and
5. Marginalized populations such as the homeless and formerly incarcerated.

b) Verification of participation in staff training, development and enhancement activities shall be maintained in each personnel record. Staff development and enhancement shall consist of the following required documentation:

1. Date, time, and location of function and function type;
2. Name of sponsor or provider of function; and
3. Certificate of completion.

7.5.3 All employees shall be trained in their assigned tasks and in the safe handling of equipment as applicable when performing services under this contract. All equipment shall be checked daily for safety. All employees must wear safety and protective gear according to OSHA standards.

7.6 Approval of Contractor's Staff and Subcontractors

7.6.1 County has the absolute right to approve or disapprove all of Contractor's staff performing work hereunder, and any proposed changes in Contractor's staff, including, but not limited to, Contractor's Program Director.

- 7.6.2 Contractor shall remove and replace personnel performing services under the Contract within thirty (30) days of the written request of the County. Contractor shall send County written confirmation of the removal of the personnel in question.
- 7.6.3 County has the absolute right to approve or disapprove all of Contractor's subcontractors or consultants performing work hereunder and any proposed changes in subcontractor.
- 7.6.4 Contractor shall obtain approval of DHSP Director or his designee prior to signing any subcontractor or consultant agreement and shall give DHSP Director thirty (30) days prior notice to review proposed subcontract or consultant agreement.

7.7 Staff Retention Policies and Procedures

Contractor shall demonstrate recruitment and retention of staff and shall provide County a staff retention policies and procedures plan within thirty (30) days of the Contract start date.

7.8 Uniforms/Identification Badges

- 7.8.1 Dress code is business professional as defined by the Contractor.
- 7.8.2 Contractor shall ensure their employees are appropriately identified as set forth in Paragraph 23, Administration of Contract, sub-paragraph C – Contractor's Staff Identification, of the Contract.

7.9 Materials, Supplies and/or Equipment

- 7.9.1 The purchase of all materials, supplies, and or equipment to provide the needed services is the responsibility of the Contractor. Contractor shall use materials, equipment, and or supplies that are safe for the environment and safe for use by the employee. Such materials, supplies, equipment, etc., must have been clearly identified in the program budget and must have been approved in advance by the DHSP Director to be eligible for cost reimbursement.
- 7.9.2 In no event shall the County be liable or responsible for payment for materials or equipment purchased absent the required prior written approval.
- 7.9.3 Any and all materials and equipment purchased under the Contract are the property of the County and must be returned to County in good working order at the end of the Term of the Contract.

- 7.9.4 The County will not provide the Contractor with any materials, supplies, and/or equipment.

7.10 Contractor's Office

Contractor shall maintain an office in Los Angeles County with a telephone in the company's name where Contractor conducts business. The office shall be staffed during the hours of 8 a.m. to 5 p.m., Monday through Friday, by at least one employee who can respond to inquiries and complaints which may be received about the Contractor's performance of the Contract. When the office is closed, an answering service shall be provided to receive calls. The Contractor shall answer calls received by the answering service within twenty-four (24) hours of receipt of the call.

7.10.1 **Contractor's Facility:** Contractor must be a licensed medical clinic, approved by the County of Los Angeles, Department of Public Health, Health Facilities Inspection Division for Licensing and Certification, in cooperation with the California Department of Public Health (CDPH). Contractor shall maintain each facility in good repair and sufficient to facilitate high-quality, appropriate services. Contractor's facility and location shall satisfy each of the following requirements:

- a) Meets American's with Disabilities Act requirements for accessibility;
- b) Is near public transportation;
- c) Open during client-friendly hours (e.g., evenings, weekends);
- d) Free parking is available;
- e) All equipment needed is in working order;
- f) Privacy at the front (sign-in area) or reception desk;
- g) Free of graffiti and trash on grounds and in facility;
- h) Designated room for all medical services;
- i) Security provided outside and inside the facility;
- j) Confidential exam, treatment and interview rooms present and available for use;
- k) Clear, distinct outside signage; and
- l) Facilities are clean, well-lit, and clearly marked indicating location of services.

7.10.2 **Contractor's Service Delivery Site(s):** Contractor's facilities where services are to be provided hereunder are located at: To be determined.

Contractor shall request approval from DHSP in writing a minimum of thirty (30) days before terminating services at such locations and/or before commencing services at any other locations. Contractor must obtain prior written approval from DHSP before commencing services.

A memorandum of understanding shall be required for service delivery sites on locations or properties not owned or leased by Contractor with the entity that owns or leases such location or property. Contractor shall submit all memoranda of understanding to DHSP for approval at least thirty (30) days prior to implementation.

7.10.3 Emergency and Disaster Plan:

Contractor shall submit to DHSP within thirty (30) days of the execution of the Contract an emergency and disaster plan, describing procedures and actions to be taken in the event of an emergency, disaster, or disturbance to safeguard Contractor's staff and clients.

7.11 Guidelines on Materials Review

7.11.1 Contractor shall obtain written approval from DHSP's Director or designee for all administrative and educational materials utilized in association with the delivery of services for the program prior to use to ensure that such materials adhere to community norms and values, and are in compliance with all Contract requirements.

7.11.2 Contractor shall comply with federal, state, and local regulations regarding HIV or STD educational materials. Instructions on which educational materials need to be submitted for materials review can be found at the Interim Revision of the Requirements for Content of AIDS-related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments and Educational Sessions located on the web at <http://www.cdc.gov/od/pgo/forms/hiv.htm>.

7.11.3 Additional information about materials review and related guidelines can be found at: <http://publichealth.lacounty.gov/dhsp/docs/MaterialReviewProtocol2016l.pdf> or by calling DHSP Materials Review at (213) 351-8094.

7.12 County's Data Management System

7.12.1 The County's data management system is used to standardize reporting and billing/invoicing, support program evaluation processes, and to provide DHSP and Contractor with information relative to the HIV and STD epidemic in Los Angeles County. Contractor shall ensure data quality, and compliance with all data submission requirements provided in writing by DHSP.

7.12.2 Contractor shall utilize County's data management system to register client's demographic/resource data; enter service utilization data, medical and support service outcomes; and record linkages/referrals to other service providers and/or systems of care.

- 7.12.3 Contractor may enter data directly into the County's data management system or send data electronically to the County's data management system via an electronic data interface (EDI) monthly.

7.13 People with HIV/AIDS Bill of Rights and Responsibilities

The County will administer the Contract according to the Contract, Paragraph 18M, People with HIV/AIDS Bill of Rights and Responsibilities.

If Contractor chooses to adapt this Bill of Rights document in accordance with Contractor's own document, Contractor shall demonstrate to DHSP, upon request, that Contractor fully incorporated the minimum conditions asserted in the Bill of Rights document.

7.14 Emergency Medical Treatment

- 7.14.1 Contractor shall arrange immediate transport for any client receiving services who requires emergency medical treatment for physical illness or injury.
- 7.14.2 Contractor shall have written policies for staff regarding how to access emergency medical treatment for clients. Such written policies must be provided to DHSP.

7.15 County's Commission on HIV

All services provided under the Contract should be in accordance with the standards of care as determined by the County of Los Angeles Commission on HIV (Commission). Contractor shall actively view the Commission website (<http://hivcommission-la.info/>) and where possible participate in the deliberations and respectful dialogue of the Commission to assist in the planning and operations of HIV prevention and care services in Los Angeles County.

7.16 Ryan White Service Standards

- 7.16.1 Contractor shall develop and maintain ongoing efforts to obtain input from clients in the design and/or delivery of services as referenced in Paragraph 18L, Quality Management Plan. Such input can be collected using:
- a) Satisfaction survey tool;
 - b) Focus groups with analysis and use of documented results; and/or
 - c) Public meeting with analysis and use of documented results;
 - d) Maintain visible suggestion box; or
 - e) Other client input mechanism

- 7.16.2 Contractor shall develop policies and procedures to ensure that services to clients are not denied based upon client's:
- a) Inability to produce income documentation;
 - b) Non-payment of services (No fees shall be charged to individuals eligible to receive services under this Contract); or
 - c) Requirement of full payment prior to services being delivered.

Additionally, sliding fee scales, billing/collection and financial screening must be done (if applicable) in a culturally appropriate manner to assure that administrative steps do not present a barrier to care and the process does not result in denial of services to eligible clients.

- 7.16.3 Contractor shall develop a plan for provision of services to ensure that clients are not denied services based upon pre-existing and/or past health conditions. This plan shall include, but is not limited to:

- a) Maintaining files of eligibility and clinical policies;
- b) Maintaining files on individuals who are refused services; and the reason for the refusal;
- c) Documentation of eligibility and clinical policies to ensure they do not:
 - 1. Permit denial of services due to pre-existing conditions;
 - 2. Permit denial of services due to non-HIV related conditions (primary care); and
 - 3. Provide any other barriers to care due to a person's past or present health condition.

- 7.16.4 Contractor shall develop and maintain written policies for the following:

- a) Employee code of ethics;
- b) Corporate compliance plan (for Medicare and Medicaid professionals);
- c) Ethics standards or business conduct practices;
- d) Discouraging soliciting cash or in-kind payment for awarding contracts, referring clients, purchasing goods or services, or submitting fraudulent billing;
- e) Discouraging hiring of persons with a criminal record, and persons being investigated by Medicare or Medicaid;
- f) Anti-kickback policies with implications; appropriate uses, and application of safe harbor laws. Additionally, contractor shall comply with Federal and State anti-kickback statutes, as well as the "Physician Self-Referral Law" or similar regulations; and
- g) Plan that outlines reporting of possible non-compliance and information regarding possible corrective action and/or sanctions which might result from non-compliance.

7.17 Screen for RWP Eligibility Prior to Provision of Services

By law, Ryan White HIV/AIDS Treatment Modernization Act of 2009 is the payer of last resort. As such providers are required to determine and verify an individual's eligibility for services from all sources (See Attachment 4, Ryan White Program Eligibility Documentation and Verification in Appendix A-1, Statement of Work, AOM Services) to ensure the individual is provided the widest range of needed medical and support services. This means a provider must coordinate benefits and ensure that the individual's eligibility for other private or public programs is determined at the time of intake. Eligibility needs to be reconfirmed every six (6) months to determine if the client's eligibility status for any other funding sources has changed. Providers will be required to verify what steps were taken to ensure Ryan White is the payer of last resort.

7.17.1 Each time a client presents for services, Contractor must verify the availability of client health insurance coverage (e.g., Medi-Cal, private, Medicare, etc.).

7.17.2 Additional eligibility documentation shall include, but not be limited to:

- a) HIV-positive diagnosis;
- b) Proof of Los Angeles County residency every six (6) months;
- c) Verification of client's income every six (6) months;
- d) A signed and dated Release of Information, which is compliant with the Health Insurance Portability and Accountability Act (HIPAA), shall be conducted annually; and
- e) A signed and dated Limits of Confidentiality in compliance with State and federal Law.

7.18 Partner Services Referrals

Contractor must refer HIV-positive clients to DHSP's Partner Services (PS) for newly diagnosed HIV cases and new cases of reportable sexually transmitted infections.

7.18.1 Contractor shall ensure that PS is offered in accordance with procedures formulated and adopted by Contractor's staff; the Centers for Disease Control and Prevention (CDC); California law; California Department of Public Health (CDPH) –Sexually Transmitted Disease (STD) Control Branch guidelines; California Department of Public

Health (CDPH) – Office of AIDS (OA) guidelines; and the terms of this Contract.

7.18.2 Minimum services to be provided shall include, but not be limited to, the following:

- a) Offer PS to newly diagnosed HIV-positive clients as part of a new patient evaluation.
- b) Offer PS to all clients as a routine part of service delivery.
- c) Upon acceptance by client, contractor shall provide and/or refer HIV-positive persons to PS.
- d) Based on client's selection, PS shall include but not be limited to the following types of disclosure:
 1. *Self-Disclosure*: this approach (sometimes called client disclosure) is the notification strategy whereby the client with an HIV diagnosis accepts full responsibility for informing partners of their exposure to HIV and for referring them to appropriate services.
 2. *Dual Disclosure*: this method of partner notification involves the client disclosing his/her HIV-positive status to a partner in the presence of the provider in a confidential and private setting.
 3. *Anonymous Third-Party Disclosure*: this is a notification strategy where, with the consent of the original client, the Public Health Department takes responsibility for confidentially notifying partners of the possibility of their exposure to HIV.
 4. *Client Defers Action*: if the client does not feel comfortable using anonymous third-party disclosure, the provider shall work with the client to develop a plan to revisit the issue.

7.18.3 Confidentiality of information: minimum professional standards for any agency handling confidential information shall include providing employees with appropriate information regarding confidential guidelines and legal regulations. All public health staff involved in partner notification activities with access to such information shall sign a confidentiality statement acknowledging the legal requirements not to disclose HIV/STD information. In addition, all activities shall adhere to HIPAA regulations. Efforts to contact and communicate with infected clients, partners, and spouses shall be carried out in a manner that preserves the confidentiality and privacy of all involved.

7.19 Provide Culturally Appropriate and Linguistically Competent Services

- 7.19.1 Contractor shall provide AOM Services with non-judgmental, culture affirming attitudes that convey a culturally and linguistically competent approach that is appropriate and attractive to the client.
- 7.19.2 Contractor shall maintain a proven, successful track record serving RWP clients by effectively addressing HIV infection within the appropriate social context for each client.

8.0 HOURS/DAY OF WORK

The Contractor shall provide MCC Services concurrently with AOM Services during the hours that are the most effective and convenient for the clients. Hours may be the standard Monday through Friday, between 8:00 a.m. to 5:00 p.m., but may also include alternate hours such as evenings, late nights, and weekends. Contractor is not required to work on the following County recognized holidays: New Year's Day; Martin Luther King's Birthday; Presidents' Day; Cesar Chavez Day; Memorial Day; Independence Day; Labor Day; Columbus Day; Veterans' Day; Thanksgiving Day; Friday after Thanksgiving Day; and/or Christmas Day.

9.0 WORK SCHEDULES

- 9.1 Contractor shall maintain a work schedule for each location/facility and submit to the County Project Manager upon request. Said work schedules shall be set on an annual calendar identifying all the required on-going maintenance tasks and task frequencies. The schedules shall list the time frames of the tasks to be performed by day of the week and morning, afternoon, and/or evening hours.
- 9.2 Contractor shall notify County Project Manager when actual performance differs substantially from planned performance. Said revisions shall be submitted to the County Project Manager within thirty (30) working days prior to scheduled time for work.

**APPENDIX B-1
CORE HIV MEDICAL SERVICES FOR PLWH
RFP 2018-003
BUDGET INSTRUCTIONS FOR MCC SERVICES**

OVERVIEW

These Budget Instructions for MCC services provide Proposers direction for completing the following:

- Section 1 - Budget Worksheet for MCC Services (Appendix B-2)
- Section 2 - Budget Justification for MCC Services (Appendix B-3)

Each of Proposer's budget forms should only reflect costs associated with its proposed program(s) and must:

- a) Be feasible and cost effective for the proposed quantity and quality of activities pursuant to Appendix A-2, Statement of Work for MCC Services
- b) Include staffing patterns that are appropriate for the proposed program services;
- c) Provide operating costs that are consistent with the quantity and type of services proposed;
- d) Include justification that is detailed and has adequate rationale for each line item expenditure; and
- e) Be submitted utilizing the budget format provided and with the correct calculations.

Proposer is advised that budget forms referenced above are the only budget formats acceptable. Any other formats submitted will not be reviewed and shall result in Proposer receiving zero points for this section of the evaluation. Proposer(s) selected for funding will be required to provide a more detailed line-item budget and budget justification using an expanded budget template at the time of contract negotiations. **Proposer's Program Budget MUST match the team size indicated in the MCC Goals Projection Worksheet (Exhibit 22) per RFP Section 7.8.4.4 Proposed Program Budget, Budget for MCC Services.**

SECTION 1. BUDGET WORKSHEET (APPENDIX B-2) INSTRUCTIONS

Proposer must submit a budget for a **12-month period** and should reflect all of the significant activities described in the submitted proposal and outlined in Appendix A-2 Statement of Work for MCC Services. Proposer may use additional sheets as necessary, however the budget must be formatted and provide all the information as required in the template and budget instructions.

Unallowable Costs - All Proposers are advised to review the *United States Public Health Service (US PHS) Grants Policy Statement* and *OMB Circular A-122, Cost Principles for Non-Profit Organizations*, for a discussion and examples of unallowable costs. Proposed budgets should not include unallowable costs, and only allowable cost will be the basis for negotiation. Should a Proposer be selected for funding, a final budget will be negotiated within the established federal, State and local accounting guidelines and principles.

DHSP Financial Services will work with those Proposers recommended for awards to ensure no ineligible items are allocated against the final, approved program budget. The US PHS grants policy statement and *OMB Circular A-122* can be accessed by using the links provided below:

- US PHS grants: <http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>

**APPENDIX B-1
CORE HIV MEDICAL SERVICES FOR PLWH
RFP 2018-003
BUDGET INSTRUCTIONS FOR MCC SERVICES**

- OMB Circular: <http://www.nonprofitaccountingbasics.org/federal-awards/omb-circular-122>

Administrative Costs - Proposers should not attempt to calculate administrative costs in their requested budget proposal. Proposers recommended for funding awards will be given further instructions on administrative cost caps and how to incorporate administrative costs into their budget request during contract negotiations.

A. Full-Time and Part-Time Salaries

Full-Time Salaries: List each employee by position. Staff members and other employees are determined by the fact that agency reports and pays payroll taxes (SUI, FICA, etc.) and pays employees' income taxes as basic legal requirements. Include the name of the staff person filling each position if known. Specify vacant if staff have not been identified. (Note: The annual salary limit for staff listed on budget is \$187,000 as of January 8, 2017; this is based on the Executive Level II salary of the Federal Executive Pay Scale)

- **Full-Time Salaries:** Enter the position title for each full-time equivalent that will provide services under the proposed program.
- **Monthly Salary:** Enter the monthly salary based on the full-time equivalent for each position.
- **Number (#) of Months:** Indicate the budgeted number of months for a 12-month period for each position
- **Percentage (%) of Time:** Enter the total percentage of time that each employee will work for the proposed services. If all of an employee's time will be spent on the proposed services, enter 100% (100% means 40 hours per week). If less than 40 hours per week will be spent on the proposed services, enter the appropriate percentage of time. If an employee is a part-time staff (working for the agency less than 40 hours a week and only for the proposed services) list them under part-time staff.
- **Total:** The salary amounts being requested will automatically calculate as it applies to the proposed program. (Example: For each full-time position, the monthly salary will be multiplied by the number of months and by the percent of time. This amount will automatically be entered in the Total column.
- **Sub-total Full-Time Salaries:** The subtotal amounts for Full-Time Salaries will automatically calculate in the Total column.

Part-Time Salaries: Part-time staff are individuals who work for the agency on a part-time basis only for the proposed services, and are paid on an hourly basis. Note: If an employee works 40 hours per week but only 40% of their time is charged to the project and 60% charged to another project within the agency, they should be listed under full-time staff.

- **Part-Time Salaries:** Enter the position title for each part-time position that will provide services under the proposed program.
- **Hourly Salary per hour:** Enter the hourly rate for each part-time position.
- **Percentage (%) of Time:** Enter the total percentage of time that each part-time employee will work for the proposed services.

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CORE HIV MEDICAL SERVICES FOR PLWH
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BUDGET INSTRUCTIONS FOR MCC SERVICES**

- Number of hours worked annually: Enter the annual number of hours for each part-time position
- Total: The salary amounts being requested will automatically calculate as it applies to the proposed program. (Example: For each part-time position, the hourly rate will be multiplied by the number of hours. This amount will automatically be entered in the Total column.
- Sub-total Part-Time Salaries: The sub-total amounts for Part-Time Salaries will automatically calculate in the Total column.
- Total Salaries: The Sub-total Full-Time and Sub-total Part-Time Salaries will automatically calculate in the Total Salaries row.

B. Employee Benefits

- Employee Benefits for Full-Time Salaries: Indicate the estimated total employee benefit percentage rate for which the agency is responsible (e.g., FICA, SUI, Worker's Compensation, retirement, etc.). The Subtotal Salaries will be automatically multiplied by the Employee Benefits Rate and entered in the Total column.
- Employee Benefits for Part-Time Salaries: Indicate the estimated total employee benefit percentage rate for which the agency is responsible (e.g., FICA, SUI, Worker's Compensation, retirement, etc.). The Subtotal Salaries will be automatically multiplied by the Employee Benefits Rate and entered in the Total column.
- Total Employee Benefits: The Total Full-Time and Total Part-Time Employee Benefits will automatically calculate and entered in the Total row.

C. Operating Expenses

Identify the type of expense (e.g., office or facility rent/lease, office supplies, printing/reproduction, telephone, etc.) and enter the costs that will be necessary for the performance of the contract in the Total column. The costs for operating expenses should conform to your proposed program objectives. *Please note*, there will be no reimbursement for mortgage expenses on agency or self-owned property.

D. Mileage and Travel

Identify the mileage from the office to the worksite for each employee, multiply by the **lower** of the agency's current mileage rate or the County's prevailing rate (Los Angeles County mileage reimbursement rate is \$0.51 per mile) and enter the amount in the Amount column.

Identify the travel costs associated with each sponsored training and/or meeting and enter the amount (e.g. registration, hotel, airfare, etc.) in the Amount column.

E. Other Costs (including Consultant/Contractor)

Identify the costs that will be necessary for the performance of the contract and enter the amounts (e.g., consultant costs, subcontractor costs, required testing materials, incentives, condoms, etc.) in Amount column.

F. Total Direct Costs

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CORE HIV MEDICAL SERVICES FOR PLWH
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BUDGET INSTRUCTIONS FOR MCC SERVICES**

The total of expense categories A through E will add automatically to the Total.

G. Indirect Costs

Enter the Indirect Cost rate to be charged to the contracted program. The rate will be automatically multiplied against the total Salary and Employee Benefits costs. **Total Indirect Costs may not exceed 15% of an agency's total Salary and Employee Benefits cost.**

To request funds for an Indirect Cost rate, agency must have one of the following on file: Federally Negotiated Indirect Cost Rate Agreement (NICRA) or an Auditor Certified Indirect Cost Rate (within the past two (2) years). *Please note*, Proposer(s) recommended for funding will need to provide a copy of the NICRA or an Auditor Certified Indirect Cost Rate (as referenced herein) during contract negotiations.

H. Total Program Budget

The total of expense categories F through G will automatically add to the Total Amount.

SECTION 2. BUDGET JUSTIFICATION (APPENDIX B-3) - INSTRUCTIONS

Proposer must submit a Budget Justification (Appendix B-3) that is detailed, specific, and explains how **each** of the costs fiscally supports the activities of the proposed program, staffing requirements, organizational requirements, necessary supplies, etc. Also, this is where the Proposer should clearly identify any one-time costs. Proposer may use additional sheets as necessary; however, the Proposer's Budget Justification must be formatted and provide all the information as required in the template and budget instructions.

A. Full-Time and Part-Time Salaries

List each position by job title and briefly justify each position and duties by relating it to specific program objectives.

B. Employee Benefits

Identify the method to calculate the employee benefits percentage rate. List each employee benefit, its appropriate percentage rate, and the total Employee Benefits rate for full-time and part-time employees. (Example: FICA 7.65%, SUI 3%, Workers' Compensation 1%, Medical/Dental 5%, Retirement 2%, Other 1%, etc. for a total Employee Benefits rate of 19.65%)

C. Operating Expenses

Identify and briefly describe the costs necessary for the performance of the program. The narrative should describe how the costs relate to the program objectives including: telephone, postage, utilities, office supplies, printing/reproduction, computer connection, rent, etc. The costs must be used specifically for the delivery of the proposed services and should assist your agency in meeting program objectives. Include cost calculations.

D. Mileage and Travel

Mileage pertains to vehicle trips within Los Angeles County. Mileage example: Reimbursement is requested at \$0.51 per mile for mileage incurred by project staff driving to outreach and enrollment sites. The mileage rate cannot exceed the

**APPENDIX B-1
CORE HIV MEDICAL SERVICES FOR PLWH
RFP 2018-003
BUDGET INSTRUCTIONS FOR MCC SERVICES**

County's mileage reimbursement rate and must be the **lower** of the agency's reimbursement rate or County's.

Travel pertains to pre-approved in-state, excluding travel within Los Angeles County or budgeted out-of-state trips. Briefly describe all travel-related costs. Give the purpose of the trip, destination, and the title(s) of persons who will be taking the trip.

E. Other Costs (including Consultant/Contractor)

Briefly describe and justify any non-routine, occasional or one-time expenses needed for the performance of the program. The narrative should describe how the costs relate to the program objectives, including any materials or incentives for clients, supplies, condoms, etc. The costs must be used specifically for the delivery of the proposed services and should assist your agency in meeting program objectives. Include cost calculations.

**APPENDIX B-3
CORE HIV MEDICAL SERVICES FOR PLWH
RFP 2018-003
BUDGET JUSTIFICATION FOR MCC SERVICES**

PROPOSER'S NAME:	
BUDGET TERM:	12 Months

A.	FULL-TIME AND PART-TIME SALARIES	
	Full-Time Position and Job Title	Job Duties Related to Specific Program Objectives
	Part-Time Position and Job Title	Job Duties Related to Specific Program Objectives

B.	EMPLOYEE BENEFITS	
	Full-Time Employee Benefit	Percentage Rate
	Total Full-Time Employee Benefits Rate	
	Part-Time Employee Benefit	Percentage Rate
	Total Part-Time Employee Benefits Rate	

C.	OPERATING EXPENSES	
	Item	Item Justification

**APPENDIX B-3
 CORE HIV MEDICAL SERVICES FOR PLWH
 RFP 2018-003
 BUDGET JUSTIFICATION FOR MCC SERVICES**

D.	MILEAGE AND TRAVEL	
	Item	Item Justification

E.	OTHER COSTS (Including Consultant/Contractor)	
	Item	Item Justification

APPENDIX C

Contract No. PH-_____



CONTRACT

BY AND BETWEEN

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

AND

(CONTRACTOR)

FOR

**CORE HIV MEDICAL SERVICES FOR PERSONS LIVING WITH
HIV**

PH-Pending

**DEPARTMENT OF PUBLIC HEALTH
APPENDIX C – SAMPLE CONTRACT**

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STANDARD EXHIBITS

- Exhibit A – Statement(s) of Work – Not attached to Sample
- Exhibit B – Scope(s) of Work – Intentionally Omitted
- Exhibit C – Budget(s) – Not attached to Sample
- Exhibit D – Contractor’s EEO Certification
- Exhibit E – County’s Administration

Exhibit F – Contractor’s Administration
Exhibit G – Contractor Acknowledgement and Confidentiality Agreement
Exhibit H – Health Insurance Portability and Accountability Act (HIPAA)

UNIQUE EXHIBITS

Exhibit I – Charitable Contributions Certification
Exhibit J - Requirements Regarding Imposition of Charges for Services
Exhibit K - People with HIV/AIDS Bill of Rights and Responsibilities
Exhibit L - Guidelines for Staff Tuberculosis Screening
Exhibit M – Ryan White Program Grievance Procedures

Contract No. _____

**DEPARTMENT OF PUBLIC HEALTH
CORE HIV MEDICAL SERVICES FOR PERSONS LIVING WITH HIV (PLWH)
CONTRACT**

THIS CONTRACT "Contract" is made and entered into this _____
day of _____, 2018,

by and between COUNTY OF LOS ANGELES (hereafter
"County")

and _____
(hereafter "Contractor").

WHEREAS, California Health and Safety Code Section 101025 places upon
County's Board of Supervisors ("Board"), the duty to preserve and protect the public's
health; and

WHEREAS, the term "Director" as used herein refers to the County's Director of
DPH, or his duly authorized designee; (hereafter jointly referred to as "Director"); and

WHEREAS, County is authorized by Government Code Section 31000 to
contract for these services, and

WHEREAS, County has established Division of HIV and STD Programs
(hereafter "DHSP") under the administrative direction of County's Department of Public
Health (hereafter "DPH"); and

WHEREAS, County's DHSP is responsible for Ryan White Program programs
and services; and

WHEREAS, County is authorized by Government Code Section 53703 to do all
acts necessary to participate in any federal program whereby federal funds are granted

to County for purposes of health, education, welfare, public safety, and law enforcement which have not been preempted by State law; and

WHEREAS, County has been awarded grant funds from the U.S. Department of Health and Human Services (hereafter "DHHS"), Catalog of Federal Domestic Assistance (CFDA) Number 93.914; which is authorized by the Ryan White Comprehensive AIDS Resources Emergency Act of 1990, its amendments of 1996, and Subsequent Reauthorizations of the Act (hereafter "Ryan White Program") Part A funds, and

WHEREAS, it is established by virtue of County's receipt of grant funds under the federal and State that County is one of the local areas hardest "hit" by the AIDS epidemic; and

WHEREAS, funds received under the Ryan White Program programs and services will be utilized to supplement, not supplant, State, federal, or local funds made available in the year for which funding is awarded to provide HIV-related services to individuals with HIV disease; and

WHEREAS, as a recipient of Ryan White Program funds, Contractor will participate in the Los Angeles County Eligible Metropolitan Area (EMA) HIV continuum of Care; and

WHEREAS, as a recipient of Ryan White Program funds, Contractor must actively collaborate and recruit referrals from service organizations and agencies beyond the DHSP's programs and services delivery system, including, but not limited to, substance abuse, mental health, primary health care and social services organizations; and

WHEREAS, as a recipient of Ryan White Program funds, Contractor's referrals to and from organizations must be noted and tracked in the DHSP service utilization data system, and followed up in cases where the client does not make or present for appointment, in accordance with Contractor's referral guidelines; and

WHEREAS, Contractor agrees to comply with, submit to, and abide by all federal, State, and County rules, regulations, policies, and procedures of the funding source, governing administration, and fiscal authorities, and all laws issued pursuant thereto; and

WHEREAS, Contractor possesses the competence, expertise, facilities, and personnel to provide the services contemplated hereunder; and

WHEREAS, Contractor is familiar with the Ryan White Program and services, incorporated herein by this reference, and its intent to improve the quality, availability, coordination, efficiency and organization of care, treatment, and support services for HIV infected individuals and families; and

WHEREAS, Contractor is willing and able to provide the services described herein, in consideration of the payments under this contract and under the terms and conditions hereafter set forth; and

WHEREAS, County has been allocated funds from the Federal Centers for Disease Control and Prevention, Catalog of Federal Domestic Assistance (CFDA) Number xx.xxxx of which a portion has been designated to this contract; and

NOW THEREFORE, in consideration of the mutual covenants contained herein, and for good and valuable consideration, the parties agree to the following:

1. APPLICABLE DOCUMENTS:

Exhibits A, B, C, D, E, F, G, H, I, J, K, L, and M are attached to and form a part of this Contract. In the event of any conflict or inconsistency in the definition or interpretation of any word, responsibility, budget, or the contents or description of any task, deliverable, goods, service, or other work, or otherwise between the base Contract and the Exhibits, or between Exhibits, such conflict or inconsistency shall be resolved by giving precedence first to the terms and conditions of the Contract and then to the Exhibits as listed below:

Standard Exhibits

- Exhibit A – Statement(s) of Work – Not attached to Sample
- Exhibit B – Scope(s) of Work – Intentionally Omitted
- Exhibit C – Budget(s) – Not attached to Sample
- Exhibit D – Contractor’s EEO Certification
- Exhibit E – County’s Administration
- Exhibit F – Contractor’s Administration
- Exhibit G – Contractor Acknowledgement and Confidentiality Agreement
- Exhibit H – Health Insurance Portability and Accountability Act (HIPAA)

Unique Exhibits

- Exhibit I – Charitable Contributions Certification
- Exhibit J - Requirements Regarding Imposition of Charges for Services
- Exhibit K - People with HIV/AIDS Bill of Rights and Responsibilities
- Exhibit L - Guidelines for Staff Tuberculosis Screening
- Exhibit M – Ryan White Program Grievance Procedures

2. DEFINITIONS:

A. Contract: This agreement executed between County and Contractor. It sets forth the terms and conditions for the issuance and performance of all tasks, deliverables, services and other work including the Statement of Work, Exhibit A and the Scope(s) of Work, Exhibit B.

B. Contractor: The sole proprietor, partnership, corporation or other person or entity that has entered into this Contract with the County.

3. DESCRIPTION OF SERVICES:

A. Contractor shall provide services in the manner described in Exhibit A (Statement(s) of Work), attached hereto and incorporated herein by reference.

B. Contractor acknowledges that the quality of service(s) provided under this Contract shall be at least equivalent to that which Contractor provides to all other clients it serves.

C. If the Contractor provides any tasks, deliverables, goods, services, or other work, other than as specified in this Contract, the same shall be deemed to be a gratuitous effort on the part of the Contractor, and the Contractor shall have no claim whatsoever against the County.

4. TERM OF CONTRACT:

The term of this Contract shall be effective date of Board approval and shall continue in full force and effect for a period of three (3) years, unless sooner terminated or extended, in whole or in part, as provided in this Contract.

The County shall have the sole option to extend this Contract term for up to two (2) additional one (1) year terms and six (6) month to month optional extensions, for a maximum total Contract term of five (5) years and six (6) months. Each such extension option shall be exercised at the sole discretion of the Director through written notification from the Director to the Contractor prior to the end of the Contract term.

The Contractor shall notify the Department of Public Health (DPH) when this Contract is within six (6) months from the expiration of the term as provided for hereinabove. Upon occurrence of this event, the Contractor shall send written notification to DPH at the address herein provided in Paragraph 22, NOTICES.

5. MAXIMUM OBLIGATION OF COUNTY:

A. Effective _____ through _____, the maximum obligation of County for all services provided hereunder shall not exceed _____ (\$_____), as set forth in Exhibit C, attached hereto and incorporated herein by reference.

B. Effective _____ through _____, the maximum obligation of County for all services provided hereunder shall not exceed _____ (\$_____), as set forth in Exhibit C, attached hereto and incorporated herein by reference.

C. If contract is extended, effective ___ through ___, the maximum obligation of County for all services provided hereunder shall not exceed _____ (\$_____), as set forth in Exhibit C, attached hereto and incorporated herein by reference.

D. The Contractor shall not be entitled to payment or reimbursement for any tasks or services performed, nor for any incidental or administrative expenses whatsoever incurred in or incidental to performance hereunder, except as specified herein. Assumption or takeover of any of the Contractor's duties, responsibilities, or obligations, or performance of same by person or entity other than the Contractor, whether through assignment, delegation, merger, buyout, or any other mechanism, with or without consideration for any reason whatsoever, shall not occur except with the County's express prior written approval.

E. The Contractor shall maintain a system of record keeping that will allow the contractor to determine when it has incurred seventy-five percent (75%) of the total contract sum under this Contract. Upon occurrence of this event, the

Contractor shall send written notification to the Department at the address herein provided under Paragraph 21, NOTICES.

F. No Payment for Services Provided Following Expiration/

Termination of Contract: The Contractor shall have no claim against County for payment of any money or reimbursement, of any kind whatsoever, for any service provided by the Contractor after the expiration or other termination of this Contract. Should the Contractor receive any such payment it shall immediately notify County and shall immediately repay all such funds to County. Payment by County for Services rendered after expiration/termination of this Contract shall not constitute a waiver of County's right to recover such payment from the Contractor. This provision shall survive the expiration or other termination of this Contract.

6. INVOICES AND PAYMENT:

A. The Contractor shall invoice the County only for providing the tasks, deliverables, goods, services, and other work specified in Exhibit A and/or B elsewhere hereunder and in accordance with Exhibit C attached hereto and incorporated herein by reference.

B. The Contractor shall bill County monthly in arrears. All billings shall include a financial invoice and all required reports and/or data. All billings shall clearly reflect all required information as specified on forms provided by County regarding the services for which claims are to be made and any and all payments made to Contractor.

C. Billings shall be submitted to County within thirty (30) calendar days after the close of each calendar month. Within a reasonable period of time

following receipt of a complete and correct monthly billing, County shall make payment in accordance to the Budget(s) attached hereto and incorporated herein by reference.

D. While payments shall be made in accordance with the fee-for-service rate(s) set out in the budget (s) attached hereto, Contractor, if requested by County, State, or federal representatives, must be able to produce proof of actual costs incurred in the provision of units of service hereunder. If the actual allowable and documented costs are less than the fee-for-service rate(s) set in the budget (s), Contractor shall be reimbursed for the actual costs. In no event shall County be required to pay Contractor for units of service that are not supported by actual allowable and documented costs. Regardless of the amount of costs incurred by Contractor, in no event will the County pay or is obligated to pay Contractor more than the fees for the units of service provided up to the contract maximum obligation.

E. Billings shall be submitted directly to the DPH Division of HIV and STD Programs (DHSP) Dave Young, Chief, Financial Services Division at 600 S. Commonwealth Avenue, 10th Floor, Los Angeles, CA 90005.

F. For each term, or portion thereof, that this Contract is in effect, Contractor shall provide an annual cost report within thirty (30) calendar days following the close of the contract period. Such cost report shall be prepared in accordance with generally accepted accounting principles and clearly reflect all required information as specified in instructions and forms provided by the County.

If this Contract is terminated prior to the close of the contract period, the cost report shall be for that Contract period which ends on the termination date. The report shall be submitted within thirty (30) calendar days after such termination date.

The primary objective of the annual cost report shall be to provide the County with actual expenditure data for the contract period that shall serve as the basis for determining final amounts due to/from the Contractor.

If the annual cost report is not delivered by Contractor to County within the specified time, Director may withhold all payments to Contractor under all service agreements between County and Contractor until such report is delivered to County and/or, at the Director's sole discretion, a final determination of amounts due to/from Contractor is determined on the basis of the last monthly billing received.

Failure to provide the annual cost report may constitute a material breach of the Contract, in the sole discretion of the County, upon which the County may suspend or terminate this Contract.

G. Upon expiration or prior termination of this Contract, Contractor shall submit, within thirty (30) calendar days, any outstanding and/or final invoice(s) for processing and payment. Contractor's failure to submit any outstanding and/or final invoice(s) within the specified period shall constitute Contractor's waiver to receive payment for any outstanding and/or final invoice(s).

H. Withholding Payment:

(1) Subject to the reporting and data requirements of this Contract and the exhibit(s) attached hereto, Director may withhold any payment to Contractor if any report or data is not delivered by Contractor to County within the time limits of submission as set forth in this Contract, or if such report or data is incomplete in accordance with requirements set forth in this Contract. This withholding may be invoked for the current month and any succeeding month or months for reports or data not delivered in a complete and correct form.

(2) Subject to the Record Retention and Audits provision of this Contract, Director may withhold any claim for payment by Contractor if Contractor has been given at least thirty (30) calendar days notice of deficiency(ies) in compliance with the terms of this Contract and has failed to correct such deficiency(ies). This withholding may be invoked for any month or months for deficiency(ies) not corrected.

(3) Upon acceptance by County of all report(s) and data previously not accepted under this provision and/or upon correction of the deficiency(ies) noted above, Director shall reimburse all withheld payments on the next regular monthly claim for payment by Contractor.

(4) Subject to the provisions of the exhibit(s) of this Contract, if the services are not completed by Contractor within the specified time, Director may withhold all payments to Contractor under this Contract until proof of such service(s) is/are delivered to County.

(5) In addition to Sub-paragraphs (1) through (4) immediately above, Director may withhold payments due to Contractor for amounts

due to County as determined by any cost report settlement, audit report, audit report settlement, or financial evaluation report, resulting from this or any current year's Contract(s) or any prior year's Contract(s) between the County and Contractor. The withheld payments will be used to pay all amounts due to the County. Any remaining withheld payment will be paid to the Contractor accordingly.

(6) Director may withhold any payment to Contractor if Contractor, in the judgment of the County is in material breach of this Contract or has failed to fulfill its obligations under this Contract until Contractor has cured said breaches and/or failures. Director will provide written notice of its intention to withhold payment specifying said breaches and/or failure to Contractor.

I. Fiscal Viability: Contractor must be able to carry the costs of its program without reimbursement under this Contract for at least sixty (60) days at any point during the term of this contract.

7. FUNDING/SERVICES ADJUSTMENTS AND REALLOCATIONS:

A. Upon Director's specific written approval, as authorized by the County's Board of Supervisors, County may: 1) increase or decrease funding up to ten percent (10%) above or below each term's annual base maximum obligation; 2) reallocate funds between budgets within this Contract where such funds can be more effectively used by Contractor up to ten percent (10%) of the term's annual base maximum obligation; and 3) make modifications to or within budget categories within each budget, as reflected in Exhibit C, up to an adjustment between all budget categories, and make corresponding service

adjustments, as necessary. Such adjustments may be made based on the following: (a) if additional monies are available from federal, State, or County funding sources; (b) if a reduction of monies occurs from federal, State, or County funding sources; and/or (c) if County determines from reviewing Contractor's records of service delivery and billings to County that an underutilization of funds provided under this Contract will occur over its term.

All funding adjustments and reallocation as allowed under this Paragraph may be effective upon amendment execution or at the beginning of the applicable contract term, to the extent allowed by the funding source and as authorized by the County's Board of Supervisors. Adjustments and reallocations of funds in excess of the aforementioned amount shall require separate approval by County's Board of Supervisors. Any change to the County maximum obligation or reallocation of funds between budgets in this Contract shall be effectuated by an administrative amendment to this Contract pursuant to the ALTERATION OF TERMS/AMENDMENTS Paragraph of this Contract. Any modification to or within budget categories within each budget, as reflected in Exhibit C, shall be effectuated by a change notice that shall be incorporated into and become part of this Contract pursuant to the ALTERATION OF TERMS/AMENDMENTS Paragraph of this Contract.

B. County and Contractor shall review Contractor's expenditures and commitments to utilize any funds, which are specified in this Contract for the services hereunder and which are subject to time limitations as determined by Director, midway through each County fiscal year during the term of this Contract, midway through the applicable time limitation period for such funds if

such period is less than a County fiscal year, and/or at any other time or times during each County fiscal year as determined by Director. At least fifteen (15) calendar days prior to each such review, Contractor shall provide Director with a current update of all of Contractor's expenditures and commitments of such funds during such fiscal year or other applicable time period.

8. ALTERATION OF TERMS/AMENDMENTS:

A. The body of this Contract and any Exhibit(s) attached hereto, fully expresses all understandings of the parties concerning all matters covered and shall constitute the total Contract. No addition to, or alteration of, the terms of this Contract, whether by written or verbal understanding of the parties, their officers, employees or agents, shall be valid and effective unless made in the form of a written amendment to this Contract which is formally approved and executed by the parties in the same manner as this Contract.

B. The County's Board of Supervisors; the Chief Executive Officer or designee; or applicable State and/or federal entities, laws, or regulations may require the addition and/or change of certain terms and conditions in the Contract during the term of this Contract to comply with changes in law or County policy. The County reserves the right to add and/or change such provisions as required by the County's Board of Supervisors, Chief Executive Officer, or State or federal entity. To implement such changes, an Amendment to the Contract shall be prepared by Director and executed by the Contractor and Director, as authorized by the County's Board of Supervisors.

C. Notwithstanding Paragraph 7.A., in instances where the County's Board of Supervisors has delegated authority to the Director to amend this

Contract to permit extensions or adjustments of the contract term; the rollover of unspent Contract funds; and/or an internal reallocation of funds between budgets up to ten percent (10%) of each term's annual base maximum obligation and/or an increase or decrease in funding up to ten percent (10%) above or below each term's annual base maximum obligation, effective upon amendment execution or at the beginning of the applicable Contract term, and make corresponding service adjustments, as necessary, an Administrative Amendment shall be prepared by Director and executed by the Contractor and Director, as authorized by the County's Board of Supervisors, and shall be incorporated into and become part of this Contract.

D. Notwithstanding Paragraph 7.A., in instances where the County's Board of Supervisors has delegated authority to the Director to amend this Contract to permit modifications to or within budget categories within each budget, as reflected in Exhibit C, and corresponding adjustment of the scope of work tasks and/or activities and/or allow for changes to hours of operation, changes to service locations, and/or correction of errors in the Contract's terms and conditions, a written Change Notice shall be signed by the Director and Contractor, as authorized by the County's Board of Supervisors. The executed Change Notice shall be incorporated into and become part of this Contract.

9. CONFIDENTIALITY:

A. Contractor shall maintain the confidentiality of all records and information in accordance with all applicable Federal, State and local laws, rules, regulations, ordinances, directives, guidelines, policies and procedures relating to confidentiality, including, without limitation, County policies concerning

information technology security and the protection of confidential records and information.

B. Contractor shall indemnify, defend, and hold harmless County, its officers, employees, and agents, from and against any and all claims, demands, damages, liabilities, losses, costs and expenses, including, without limitation, defense costs and legal, accounting and other expert, consulting, or professional fees, arising from, connected with, or related to any failure by Contractor, its officers, employees, agents, or subcontractors, to comply with this CONFIDENTIALITY Paragraph, as determined by County in its sole judgment. Any legal defense pursuant to Contractor's indemnification obligations under this CONFIDENTIALITY Paragraph shall be conducted by Contractor and performed by counsel selected by Contractor and approved by County. Notwithstanding the preceding sentence, County shall have the right to participate in any such defense at its sole costs and expense, except that in the event Contractor fails to provide County with a full and adequate defense, as determined by County in its sole judgment, County shall be entitled to retain its own counsel, including, without limitation, County Counsel, and to reimbursement from Contractor for all such costs and expenses incurred by County in doing so. Contractor shall not have the right to enter into any settlement, agree to any injunction, or make any admission, in each case, on behalf of County without County's prior written approval.

C. Contractor shall inform all of its officers, employees, agents and subcontractors providing services hereunder of the confidentiality provisions of this Contract.

D. Contractor shall sign and adhere to the provisions of the “Contractor Acknowledgement and Confidentiality Agreement”, Exhibit E.

10. CONSIDERATION OF HIRING COUNTY EMPLOYEES TARGETED FOR LAYOFF/OR RE-EMPLOYMENT LIST: Should Contractor require additional or replacement personnel after the effective date of this Contract to perform the services set forth herein, Contractor shall give first consideration for such employment openings to qualified, permanent County employees who are targeted for layoff or qualified, former County employees who are on a re-employment list during the life of this Contract.

OR

COUNTY EMPLOYEES’S RIGHT OF FIRST REFUSAL AND CONTRACTOR’S OFFERS OF EMPLOYMENT: To the degree permitted by Contractor’s Contracts with its collective bargaining units, Contractor shall give the right of first refusal for its employment openings at Contractor’s facility to qualified County employees who are laid-off or who leave County employment in lieu of reduction under County’s Civil Service Rule 19, and who are referred to Contractor by Director (including those on a County re-employment list). Such offers of employment shall be limited to vacancies in Contractor’s staff needed to commence services under this Contract, as well as, to vacancies that occur during the Contract term. Such offers of employment shall be consistent with Contractor’s current employment policies, and shall be made to any former or current County employee who has made application to Contractor, and is qualified for the available position. Employment offers shall be at least under the same conditions and rates of compensations which apply to other persons who are employed or may be employed by Contractor. Former County employees who have been impacted by County’s Civil Service Rule 19, and who are employed by Contractor shall

not be discharged during the term of the Contract except for cause, subject to Contractor's personnel policies and procedures, and Contract(s) with its collective bargaining units. Contractor shall also give first consideration to laid-off or reduced County employees if vacancies occur at Contractor's other service sites during the Contract term.

11. INDEMNIFICATION: The Contractor shall indemnify, defend, and hold harmless the County, its Special Districts, elected and appointed officers, employees, agents and volunteers ("County Indemnitees") from and against any and all liability, including but not limited to demands, claims, actions, fees, costs, and expenses (including attorney and expert witness fees), arising from and/or relating to this Contract, except for such loss or damage arising from the sole negligence or willful misconduct of the County Indemnitees.

12. GENERAL PROVISIONS FOR ALL INSURANCE COVERAGES: Without limiting Contractor's indemnification of County and in the performance of this Contract and until all of its obligations pursuant to this Contract have been met, Contractor shall provide and maintain at its own expense insurance coverage satisfying the requirements specified in this paragraph and in the INSURANCE COVERAGE REQUIREMENTS Paragraph of this Contract. These minimum insurance coverage terms, types and limits (the "Required Insurance") also are in addition to and separate from any other contractual obligation imposed upon Contractor pursuant to this Contract. The County in no way warrants that the Required Insurance is sufficient to protect the Contractor for liabilities which may arise from or relate to this Contract.

A. Evidence of Coverage and Notice to County: Certificate(s) of insurance coverage (Certificate) satisfactory to County, and a copy of an

Additional Insured endorsement confirming County and its Agents (defined below) has been given Insured status under the Contractor's General Liability policy, shall be delivered to the County at the address shown below and provided prior to commencing services under this Contract.

Renewal Certificates shall be provided to County not less than ten (10) calendar days prior to Contractor's policy expiration dates. The County reserves the right to obtain complete, certified copies of any required Contractor and/or Sub-Contractor insurance policies at any time.

Certificates shall identify all Required Insurance coverage types and limits specified herein, reference this Contract by name or number, and be signed by an authorized representative of the insurer(s). The Insured party named on the Certificate shall match the name of the Contractor identified as the contracting party in this Contract. Certificates shall provide the full name of each insurer providing coverage, its NAIC (National Association of Insurance Commissioners) identification number, its financial rating, the amounts of any policy deductibles or self-insured retentions exceeding Fifty Thousand Dollars (\$50,000), and list any County required endorsement forms.

Neither the County's failure to obtain, nor the County's receipt of, or failure to object to a non-complying insurance certificate or endorsement, or any other insurance documentation or information provided by the Contractor, its insurance broker(s) and/or insurer(s), shall be construed as a waiver of any of the Required Insurance provisions.

Certificates and copies of any required endorsements shall be sent to:

County of Los Angeles – Department of Public Health

Contract Monitoring Unit
1000 South Fremont Avenue. Mailbox 102
Building A9 East, 5th Floor North
Alhambra, California 91803
Attention: Chief Contract Monitoring Unit

Contractor also shall promptly report to County any injury or property damage accident or incident, including any injury to a Contractor employee occurring on County property, and any loss, disappearance, destruction, misuse, or theft of County property, monies or securities entrusted to Contractor.

Contractor also shall promptly notify County of any third-party claim or suit filed against Contractor or any of its Sub-Contractors which arises from or relates to this Contract, and could result in the filing of a claim or lawsuit against Contractor and/or County.

B. Additional Insured Status and Scope of Coverage: The County of Los Angeles, its special Districts, Elected Officials, Officers, Agents, Employees and Volunteers (collectively County and its Agents) shall be provided additional insured status under Contractor's General Liability policy with respect to liability arising out of Contractor's ongoing and completed operations performed on behalf of the County. County and its Agents additional insured status shall apply with respect to liability and defense of suits arising out of the Contractor's acts or omissions, whether such liability is attributable to the Contractor or to the County. The full policy limits and scope of protection also shall apply to the County and its Agents as an additional insured, even if they exceed the County's minimum Required Insurance specifications herein. Use of an automatic additional insured endorsement form is acceptable providing it satisfies the Required Provisions herein.

C. Cancellation of or Changes in Insurance: Contractor shall provide County with, or Contractor's insurance policies shall contain a provision that County shall receive, written notice of cancellation or any change in Required Insurance, including insurer, limits of coverage, term of coverage or policy period. The written notice shall be provided to County at least ten (10) days in advance of cancellation for non-payment of premium and thirty (30) days in advance for any other cancellation or policy change. Failure to provide written notice of cancellation or any change in Required Insurance may constitute a material breach of the Contract, in the sole discretion of the County, upon which the County may suspend or terminate this Contract.

D. Failure to Maintain Insurance: Contractor's failure to maintain or to provide acceptable evidence that it maintains the Required Insurance shall constitute a material breach of the Contract, upon which County immediately may withhold payments due to Contractor, and/or suspend or terminate this Contract. County, at its sole discretion, may obtain damages from Contractor resulting from said breach. Alternatively, the County may purchase the Required Insurance, and without further notice to Contractor, deduct the premium cost from sums due to Contractor or pursue Contractor reimbursement.

E. Insurer Financial Ratings: Coverage shall be placed with insurers acceptable to the County with an A.M. Best ratings of not less than A:VII unless otherwise approved by County.

F. Contractor's Insurance Shall Be Primary: Contractor's insurance policies, with respect to any claims related to this Contract, shall be primary with respect to all other sources of coverage available to Contractor. Any County

maintained insurance or self-insurance coverage shall be in excess of and not contribute to any Contractor coverage.

G. Waivers of Subrogation: To the fullest extent permitted by law, the Contractor hereby waives its rights and its insurer(s)' right of recovery against County under all the Required Insurance for any loss arising from or relating to this Contract. The Contractor shall require its insurers to execute any waiver of subrogation endorsements which may be necessary to effect such waiver.

H. Compensation for County Costs: In the event that Contractor fails to comply with any of the indemnification or insurance requirements of this Contract, and such failure to comply results in any costs to County, Contractor shall pay full compensation for all costs incurred by County.

I. Sub-Contractor Insurance Coverage Requirements: Contractor shall include all Sub-Contractors as insureds under Contractor's own policies, or shall provide County with each Sub-Contractor's separate evidence of insurance coverage. Contractor shall be responsible for verifying each Sub-Contractor complies with the Required Insurance provisions herein, and shall require that each Sub-Contractor name the County and Contractor as additional insureds on the Sub-Contractor's General Liability policy. Contractor shall obtain County's prior review and approval of any Sub-Contractor request for modification of the Required Insurance.

J. Deductibles and Self-Insured Retentions (SIRs): Contractor's policies shall not obligate the County to pay any portion of any Contractor deductible or SIR. The County retains the right to require Contractor to reduce or eliminate policy deductibles and SIRs as respects to the County, or to provide a

bond guaranteeing Contractor's payment of all deductibles and SIRs, including all related claims investigation, administration and defense expenses. Such bond shall be executed by a corporate surety licensed to transact business in the State of California.

K. Claims Made Coverage: If any part of the Required Insurance is written on a claims made basis, any policy retroactive date shall precede the effective date of this Contract. Contractor understands and agrees it shall maintain such coverage for a period of not less than three (3) years following Contract expiration, termination or cancellation.

L. Application of Excess Liability Coverage: Contractors may use a combination of primary, and excess insurance policies which provide coverage as broad as ("follow form" over) the underlying primary policies, to satisfy the Required Insurance provisions.

M. Separation of Insureds: All liability policies shall provide cross-liability coverage as would be afforded by the standard ISO (Insurance Services Office, Inc.) separation of insureds provision with no insured versus insured exclusions or limitations.

N. Alternative Risk Financing Programs: The County reserves the right to review, and then approve, Contractor use of self-insurance, risk retention groups, risk purchasing groups, pooling arrangements and captive insurance to satisfy the Required Insurance provisions. The County and its Agents shall be designated as an Additional Covered Party under any approved program.

O. County Review and Approval of Insurance Requirements: The County reserves the right to review and adjust the Required Insurance

provisions, conditioned upon County's determination of changes in risk exposures.

13. INSURANCE COVERAGE REQUIREMENTS:

A. Commercial General Liability insurance (providing scope of coverage equivalent to Insurance Services Office ["ISO"] policy form "CG 00 01"), naming County and its Agents as an additional insured, with limits of not less than:

General Aggregate:	\$2 Million
Products/Completed Operations Aggregate:	\$1 Million
Personal and Advertising Injury:	\$1 Million
Each Occurrence:	\$1 Million

B. Automobile Liability insurance (providing scope of coverage equivalent to ISO policy form "CA 00 01") with limits of not less than One Million Dollars (\$1,000,000) for bodily injury and property damage, in combined or equivalent split limits, for each single accident. Insurance shall cover liability arising out of Contractor's use of autos pursuant to this Contract, including "owned", "leased", "hired", and/or "non-owned" autos, as each may be applicable.

C. Workers' Compensation and Employers' Liability insurance or qualified self-insurance satisfying statutory requirements, which includes Employers' Liability coverage with limits of not less than One Million Dollars (\$1,000,000) per accident. If Contractor will provide leased employees, or, is an employee leasing or temporary staffing firm or a professional employer organization (PEO), coverage also shall include an Alternate Employer

Endorsement (providing scope of coverage equivalent to ISO policy form WC 00 03 01 A) naming the County as the Alternate Employer, and the endorsement form shall be modified to provide that County will receive not less than thirty (30) days advance written notice of cancellation of this coverage provision. If applicable to Contractor's operations, coverage shall be arranged to satisfy the requirements of any federal workers or workmen's compensation law or any federal occupational disease law.

D. Professional Liability/Errors and Omissions: Insurance covering Contractor's liability arising from or related to this Contract, with limits of not less than One Million Dollars (\$1,000,000) per claim and Three Million Dollars (\$3,000,000) aggregate. Further, Contractor understands and agrees it shall maintain such coverage for a period of not less than three (3) years following this Contract's expiration, termination or cancellation.

E. Sexual Misconduct Liability: Insurance covering actual or alleged claims for sexual misconduct and/or molestation with limits of not less than \$2 million per claim and \$2 million aggregate, and claims for negligent employment, investigation, supervision, training or retention of, or failure to report to proper authorities, a person(s) who committed any act of abuse, molestation, harassment, mistreatment or maltreatment of a sexual nature.

14. OWNERSHIP OF MATERIALS, SOFTWARE AND COPYRIGHT:

A. Contractor agrees that all public announcements, literature, audiovisuals, and printed material developed or acquired by Contractor or otherwise, in whole or in part, under this Contract, and all works based thereon, incorporated therein, or derived there from, shall be the sole property of County.

B. Contractor hereby assigns and transfers to County in perpetuity for all purposes all Contractors' rights, title, and interest in and to all such items including, but not limited to, all unrestricted and exclusive copyrights and all renewals and extensions thereof.

C. With respect to any such items which come into existence after the commencement date of the Contract, Contractor shall assign and transfer to County in perpetuity for all purposes, without any additional consideration, all Contractor's rights, title, and interest in and to all items, including, but not limited to, all unrestricted and exclusive copyrights and all renewals and extensions thereof.

D. During the term of this Contract and for seven (7) years thereafter, the Contractor shall maintain and provide security for all of the Contractor's working papers prepared under this Contract. County shall have the right to inspect, copy and use at any time during and subsequent to the term of this Contract, any and all such working papers and all information contained therein.

E. Any and all materials, software and tools which are developed or were originally acquired by the Contractor outside the scope of this Contract, which the Contractor desires to use hereunder, and which the Contractor considers to be proprietary or confidential, must be specifically identified by the Contractor to the County's Project Manager as proprietary or confidential, and shall be plainly and prominently marked by the Contractor as "Proprietary" or "Confidential" on each appropriate page of any document containing such material.

F. If directed to do so by County, Contractor will place the County name, its department names and/or its marks and logos on all items developed under this Contract. If also directed to do so by County, Contractor shall affix the following notice to all items developed under this Contract: “© Copyright 20XX (or such other appropriate date of first publication), County of Los Angeles. All Rights Reserved.” Contractor agrees that it shall not use the County name, its department names, its program names, and/or its marks and logos on any materials, documents, advertising, or promotional pieces, whether associated with work performed under this Contract or for unrelated purposes, without first obtaining the express written consent of County.

For the purposes of this Contract, all such items shall include, but not be limited to, written materials (e.g. curricula, text for vignettes, press releases, advertisements, text for public service announcements for any and all media types, pamphlets, brochures, fliers), software, audiovisual materials (e.g., films, videotapes, websites), and pictorials (e.g., posters and similar promotional and educational materials using photographs, slides, drawings, or paintings).

15. PUBLICITY: Contractor agrees that all materials, public announcements, literature, audiovisuals, and printed materials utilized in association with this Contract, shall have prior written approval from the Director or her designee prior to its publication, printing, duplication, and implementation with this Contract. All such materials, public announcements, literature, audiovisuals, and printed material shall include an acknowledgement that funding for such public announcements, literature, audiovisuals, and printed materials was made possible by the County of Los Angeles, Department of Public Health and other applicable funding sources. For the purposes of

this Contract, all such items shall include, but not be limited to, written materials (e.g., curricula, text for vignettes, text for public service announcements for any and all media types, pamphlets, brochures, fliers), audiovisual materials (e.g., films, videotapes), and pictorials (e.g., posters and similar promotional and educational materials using photographs, slides, drawings, or paintings).

16. RECORD RETENTION AND AUDITS:

A. Service Records: Contractor shall maintain all service records related to this contract for a minimum period of seven (7) years following the expiration or prior termination of this Contract. Contractor shall provide upon request by County, accurate and complete records of its activities and operations as they relate to the provision of services, hereunder. Records shall be accessible as detailed in the subsequent sub-paragraph.

B. Financial Records: Contractor shall prepare and maintain on a current basis, complete financial records in accordance with generally accepted accounting principles and also in accordance with written guidelines, standards, and procedures which may from time to time be promulgated by Director. For additional information, please refer to the Los Angeles County Auditor-Controller's Contract Accounting and Administration Handbook. The handbook is available on the internet at

<http://publichealth.lacounty.gov/cg/docs/AuditorControllerContractingandAdminHB.pdf>

Federally funded contractors shall adhere to strict fiscal and accounting standards and must comply with Title 2 of the code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit

Requirements for Federal Awards and related Office of Management and Budget Guidance.

Such records shall clearly reflect the actual cost of the type of service for which payment is claimed and shall include, but not be limited to:

(1) Books of original entry which identifies all designated donations, grants, and other revenues, including County, federal, and State revenues and all costs by type of service.

(2) A General Ledger

(3) A written cost allocation plan which shall include reports, studies, statistical surveys, and all other information Contractor used to identify and allocate indirect costs among Contractor's various services. Indirect Costs shall mean those costs incurred for a common or joint objective which cannot be identified specifically with a particular project or program.

(4) Personnel records which show the percentage of time worked providing service claimed under this Contract. Such records shall be corroborated by payroll timekeeping records, signed by the employee and approved by the employee's supervisor, which show time distribution by programs and the accounting for total work time on a daily basis. This requirement applies to all program personnel, including the person functioning as the executive director of the program, if such executive director provides services claimed under this Contract.

(5) Personnel records which account for the total work time of personnel identified as indirect costs in the approved contract budget.

Such records shall be corroborated by payroll timekeeping records signed by the employee and approved by the employee's supervisor. This requirement applies to all such personnel, including the executive director of the program, if such executive director provides services claimed under this Contract.

The entries in all of the aforementioned accounting and statistical records must be readily traceable to applicable source documentation (e.g., employee timecards, remittance advice, vendor invoices, appointment logs, client/patient ledgers). The client/patient eligibility determination and fees charged to, and collected from clients/patients must also be reflected therein. All financial records shall be retained by Contractor at a location within Los Angeles County during the term of this Contract and for a minimum period of seven (7) years following expiration or earlier termination of this Contract, or until federal, State and/or County audit findings are resolved, whichever is later. During such retention period, all such records shall be made available during normal business hours within ten (10) calendar days, to authorized representatives of federal, State, or County governments for purposes of inspection and audit. In the event records are located outside Los Angeles County and Contractor is unable to move such records to Los Angeles County, the Contractor shall permit such inspection or audit to take place at an agreed to outside location, and Contractor shall pay County for all travel, per diem, and other costs incurred by County for any inspection and audit at such other location. Contractor shall further agree to provide such

records, when possible, immediately to County by facsimile/FAX, or through the Internet (i.e. electronic mail ["e-mail"]), upon Director's request. Director's request shall include appropriate County facsimile/FAX number(s) and/or e-mail address(es) for Contractor to provide such records to County. In any event, Contractor shall agree to make available the original documents of such FAX and e-mail records when requested by Director for review as described hereinabove.

C. Preservation of Records: If following termination of this Contract Contractor's facility is closed or if ownership of Contractor changes, within forty-eight (48) hours thereafter, the Director is to be notified thereof by Contractor in writing and arrangements are to be made by Contractor for preservation of the client/patient and financial records referred to hereinabove.

D. Audit Reports: In the event that an audit of any or all aspects of this Contract is conducted by any federal or State auditor, or by any auditor or accountant employed by Contractor or otherwise, Contractor shall file a copy of each such audit report(s) with the Chief of DPH Contract Monitoring Division, and with County's Auditor-Controller (Auditor-Controller's Audit Branch) within thirty (30) calendar days of Contractor's receipt thereof, unless otherwise provided for under this Contract, or under applicable federal or State regulations. To the extent permitted by law, County shall maintain the confidentiality of such audit report(s).

E. Independent Audit: Contractor's financial records shall be audited by an independent auditor in compliance with Title 2 of the Code of Federal Regulations (CFR) 200.501. The audit shall be made by an independent auditor

in accordance with Governmental Financial Auditing Standards developed by the Comptroller General of the United States, and any other applicable federal, State, or County statutes, policies, or guidelines. Contractor shall complete and file such audit report(s) with the County's DPH Contract Monitoring Division no later than the earlier of thirty (30) days after receipt of the auditor's report(s) or nine (9) months after the end of the audit period.

If the audit report(s) is not delivered by Contractor to County within the specified time, Director may withhold all payments to Contractor under all service agreements between County and Contractor until such report(s) is delivered to County.

The independent auditor's work papers shall be retained for a minimum of three (3) years from the date of the report, unless the auditor is notified in writing by County to extend the retention period. Audit work paper shall be made available for review by federal, State, or County representative upon request.

F. Federal Access to Records: If, and to the extent that, Section 1861 (v) (1) (I) of the Social Security Act [42 United States Code ("U.S.C.") Section 1395x(v) (1) (I)] is applicable, Contractor agrees that for a period of seven (7) years following the furnishing of services under this Contract, Contractor shall maintain and make available, upon written request, to the Secretary of the United States Department of Health and Human Services or the Comptroller General of the United States, or to any of their duly authorized representatives, the contracts, books, documents, and records of Contractor which are necessary to verify the nature and extent of the cost of services provided hereunder.

Furthermore, if Contractor carries out any of the services provided hereunder

through any subcontract with a value or cost of Ten Thousand Dollars (\$10,000) or more over a twelve (12) month period with a related organization (as that term is defined under federal law), Contractor agrees that each such subcontract shall provide for such access to the subcontract, books, documents, and records of the subcontractor.

G. Program and Audit/Compliance Review: In the event County representatives conduct a program review and/or an audit/compliance review of Contractor, Contractor shall fully cooperate with County's representatives. Contractor shall allow County representatives access to all records of services rendered and all financial records and reports pertaining to this Contract and shall allow photocopies to be made of these documents utilizing Contractor's photocopier, for which County shall reimburse Contractor its customary charge for record copying services, if requested. Director shall provide Contractor with at least ten (10) working days prior written notice of any audit/compliance review, unless otherwise waived by Contractor.

County may conduct a statistical sample audit/compliance review of all claims paid by County during a specified period. The sample shall be determined in accordance with generally accepted auditing standards. An exit conference shall be held following the performance of such audit/compliance review at which time the result shall be discussed with Contractor. Contractor shall be provided with a copy of any written evaluation reports.

Contractor shall have the opportunity to review County's findings on Contractor, and Contractor shall have thirty (30) calendar days after receipt of County's audit/compliance review results to provide documentation to County

representatives to resolve the audit exceptions. If, at the end of the thirty (30) calendar day period, there remains audit exceptions which have not been resolved to the satisfaction of County's representatives, then the exception rate found in the audit, or sample, shall be applied to the total County payment made to Contractor for all claims paid during the audit/compliance review period to determine Contractor's liability to County. County may withhold any claim for payment by Contractor for any month or months for any deficiency(ies) not corrected.

H. Audit Settlements:

(1) If an audit conducted by federal, State, and/or County representatives finds that units of service, actual reimbursable net costs for any services and/or combinations thereof furnished hereunder are lower than units of service and/or reimbursement for stated actual net costs for any services for which payments were made to Contractor by County, then payment for the unsubstantiated units of service and/or unsubstantiated reimbursement of stated actual net costs for any services shall be repaid by Contractor to County. For the purpose of this paragraph an "unsubstantiated unit of service" shall mean a unit of service for which Contractor is unable to adduce proof of performance of that unit of service and "unsubstantiated reimbursement of stated actual net costs" shall mean a stated actual net cost for which Contractor is unable to adduce proof of performance and/or receipt of the actual net cost for any service.

(2) If an audit conducted by federal, State, and/or County representatives finds that actual allowable and documented costs for a unit of service provided hereunder are less than the County's payment for those units of service, the Contractor shall repay County the difference immediately upon request, or County has the right to withhold and/or offset that repayment obligation against future payments.

(3) If within thirty (30) calendar days of termination of the Contract period, such audit finds that the units of service, allowable costs of services and/or any combination thereof furnished hereunder are higher than the units of service, allowable costs of services and/or payments made by County, then the difference may be paid to Contractor, not to exceed the County Maximum Obligation.

(4) In no event shall County be required to pay Contractor for units of services that are not supported by actual allowable and documented costs.

(5) In the event that Contractor's actual allowable and documented cost for a unit of service are less than fee-for-service rate(s) set out in the budget(s), the Contractor shall be reimbursed for its actual allowable and documented costs only. Regardless of the amount of costs incurred by Contractor, in no event will the County pay or is obligated to pay Contractor more than the fees for the units of service provided up to the contract maximum obligation.

I. Failure to Comply: Failure of Contractor to comply with the terms of this Paragraph shall constitute a material breach of contract upon which Director may suspend or County may immediately terminate this Contract.

17. TERMINATION FOR NON-ADHERENCE OF COUNTY LOBBYIST

ORDINANCE OR RESTRICTIONS ON LOBBYING:

A. The Contractor, and each County Lobbyist or County Lobbying firm as defined in County Code Section 2.160.010 retained by the Contractor, shall fully comply with the County's Lobbyist Ordinance, County Code Chapter 2.160. Failure on the part of the Contractor or any County Lobbyist or County Lobbying firm retained by the Contractor to fully comply with the County's Lobbyist Ordinance shall constitute a material breach of this Contract, upon which the County may in its sole discretion, immediately terminate or suspend this Contract.

B. Federal Certification and Disclosure Requirement: Because federal monies are to be used to pay for Contractor's services under this Contract, Contractor shall comply with all certification and disclosure requirements prescribed by Section 319, Public Law 101-121 (Title 31, U.S.C., Section 1352) and any implementing regulations, and shall ensure that each of its subcontractors receiving funds provided under this Contract also fully comply with all such certification and disclosure requirements.

18A. CONTRACTOR'S CHARITABLE ACTIVITIES COMPLIANCE: The Supervision of Trustees and Fundraisers for Charitable Purposes Act regulates entities receiving or raising charitable contributions. The "Nonprofit Integrity Act of 2004" (SB 1262, Chapter 919) increased Charitable Purposes Act requirements. By requiring

Contractors to complete the Charitable Contributions Certification, Exhibit G, the County seeks to ensure that all County contractors which receive or raise charitable contributions comply with California law in order to protect the County and its taxpayers. A Contractor which receives or raises charitable contributions without complying with its obligations under California law commits a material breach subjecting it to either contract termination or debarment proceedings or both. (County Code Chapter 2.202)

18B. CONTRACTOR'S EXCLUSION FROM PARTICIPATION IN A FEDERALLY FUNDED PROGRAM:

Contractor hereby warrants that neither it nor any of its staff members is restricted or excluded from providing services under any health care program funded by the federal government, directly or indirectly, in whole or in part, and that Contractor will notify Director within thirty (30) calendar days in writing of: (1) any event that would require Contractor or a staff member's mandatory exclusion from participation in a federally funded health care program; and (2) any exclusionary action taken by any agency of the federal government against Contractor or one or more staff members barring it or the staff members from participation in a federally funded health care program, whether such bar is direct or indirect, or whether such bar is in whole or in part.

Contractor shall indemnify and hold County harmless against any and all loss or damage County may suffer arising from any federal exclusion of Contractor or its staff members from such participation in a federally funded health care program.

Failure by Contractor to meet the requirements of this Paragraph shall constitute a material breach of contract upon which County may immediately terminate or suspend this Contract.

18C. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION - LOWER TIER COVERED TRANSACTIONS (45 C.F.R. PART 76): Contractor hereby acknowledges that the County is prohibited from contracting with and making sub-awards to parties that are suspended, debarred, ineligible or excluded from securing federally funded contracts. By executing this Contract, Contractor certifies that neither it, nor any of its owners, officers, partners, directors or principals is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. Further, by executing this Contract, Contractor certifies that, to its knowledge, none of its subcontractors, at any tier, or any owner, officer, partner director, or other principal of any subcontractor is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. Contractor shall immediately notify County in writing, during the term of this Contract, should it or any of its subcontractors or any principals of either being suspended, debarred, ineligible, or excluded from securing federally funded contracts. Failure of Contractor to comply with this provision shall constitute a material breach of this Contract upon which the County may immediately terminate or suspend this Contract.

18D. WHISTLEBLOWER PROTECTIONS:

A. Per statute 41 United States Code (U.S.C.) 4712, all employees working for contractors, grantees, subcontractors, and subgrantees on federal grants and contracts are subject to whistleblower rights, remedies, and protections and may not be discharged, demoted, or otherwise discriminated against as a reprisal for whistleblowing. In addition, whistleblowing protections cannot be waived by any agreement, policy, form, or condition of employment.

B. Whistleblowing is defined as making a disclosure “that the employee reasonably believes” is evidence of any of the following: gross mismanagement of a federal contract or grant; a gross waste of federal funds; an abuse of authority relating to a federal contract or grant; a substantial and specific danger to public health or safety; or a violation of law, rule, or regulation related to a federal contract or grant (including the competition for, or negotiation of, a contract or grant). To qualify under the statute, the employee’s disclosure must be made to: a member of Congress, or a representative of a Congressional committee; an Inspector General; the Government Accountability Office; a federal employee responsible for contract or grant oversight or management at the relevant agency; an official from the Department of Justice, or other law enforcement agency; a court or grand jury; or a management official or other employee of the contractor, subcontractor, grantee, or subgrantee who has the responsibility to investigate, discover, or address misconduct.

C. The National Defense Authorization Act for fiscal year 2013, enacted January 2, 2013, mandates a Pilot Program for Enhancement of Contractor Employee Whistleblower Protections that requires that all grantees, their subgrantees, and subcontractors: to inform their employees working on any federal award that they are subject to the whistleblower rights and remedies of the pilot program; to inform their employees in writing of the employee whistleblower protections under statute 41 U.S.C. 4712 in the predominant native language of the workforce; and, contractors and grantees shall include such requirements in any agreement made with a subcontractor or subgrantee.”

18E. MOST FAVORED PUBLIC ENTITY: If the Contractor's prices decline, or should the Contractor at any time during the term of this Contract provide the same goods or services under similar quantity and delivery conditions to the State of California or any county, municipality, or district of the State at prices below those set forth in this Contract, then such lower prices shall be immediately extended to the County.

18F. LOCAL SMALL BUSINESS ENTERPRISE (LSBE) PREFERENCE PROGRAM:

A. This Contract is subject to the provisions of the County's ordinance entitled LSBE Preference Program, as codified in Chapter 2.204 of the Los Angeles County Code.

B. The Contractor shall not knowingly and with the intent to defraud, fraudulently obtain, retain, attempt to obtain or retain, or aid another in fraudulently obtaining or retaining or attempting to obtain or retain certification as a LSBE.

C. The Contractor shall not willfully and knowingly make a false statement with the intent to defraud, whether by affidavit, report, or other representation, to a County official or employee for the purpose of influencing the certification or denial of certification of any entity as a LSBE.

D. If the Contractor has obtained certification as a LSBE by reason of having furnished incorrect supporting information or by reason of having withheld information, and which knew, or should have known, the information furnished was incorrect or the information withheld was relevant to its request for certification, and which by reason of such certification has been awarded this contract to which it would not otherwise have been entitled, shall:

(1) Pay to the County any difference between the contract amount and what the County's costs would have been if the contract had been properly awarded;

(2) In addition to the amount described in subdivision (1), be assessed a penalty in an amount of not more than ten percent (10%) of the amount of the contract; and

(3) Be subject to the provisions of Chapter 2.202 of the Los Angeles County Code (Determinations of Contractor Non-responsibility and Contractor Debarment).

The above penalties shall also apply to any business that has previously obtained proper certification, however, as a result of a change in their status would no longer be eligible for certification, and fails to notify the State and Department of Consumer and Business Affairs of this information prior to responding to a solicitation or accepting a contract award.

18G. SOCIAL ENTERPRISE (SE) PREFERENCE PROGRAM:

A. This Contract is subject to the provisions of the County's ordinance entitled SE Preference Program, as codified in Chapter 2.205 of the Los Angeles County Code.

B. Contractor shall not knowingly and with the intent to defraud, fraudulently obtain, retain, attempt to obtain or retain, or aid another in fraudulently obtaining or retaining or attempting to obtain or retain certification as a SE.

C. Contractor shall not willfully and knowingly make a false statement with the intent to defraud, whether by affidavit, report, or other representation, to

a County official or employee for the purpose of influencing the certification or denial of certification of any entity as a SE.

D. If Contractor has obtained County certification as a SE by reason of having furnished incorrect supporting information or by reason of having withheld information, and which knew, or should have known, the information furnished was incorrect or the information withheld was relevant to its request for certification, and which by reason of such certification has been awarded this Contract to which it would not otherwise have been entitled, shall:

(1) Pay to the County any difference between the Contract amount and what the County's costs would have been if the Contract had been properly awarded;

(2) In addition to the amount described in subdivision (1), be assessed a penalty in an amount of not more than 10 percent (10%) of the amount of the Contract; and

(3) Be subject to the provisions of Chapter 2.202 of the Los Angeles County Code (Determinations of Contractor Non-responsibility and Contractor Debarment).

The above penalties shall also apply to any entity that has previously obtained proper certification, however, as a result of a change in their status would no longer be eligible for certification, and fails to notify the Department of Consumer and Business Affairs of this information prior to responding to a solicitation or accepting a contract award.

18H. DISABLED VETERAN BUSINESS ENTERPRISE (DVBE) PREFERENCE

PROGRAM:

A. This Contract is subject to the provisions of the County's ordinance entitled DVBE Preference Program, as codified in Chapter 2.211 of the Los Angeles County Code.

B. Contractor shall not knowingly and with the intent to defraud, fraudulently obtain, retain, attempt to obtain or retain, or aid another in fraudulently obtaining or retaining or attempting to obtain or retain certification as a DVBE.

C. Contractor shall not willfully and knowingly make a false statement with the intent to defraud, whether by affidavit, report, or other representation, to a County official or employee for the purpose of influencing the certification or denial of certification of any entity as a DVBE.

D. If Contractor has obtained certification as a DVBE by reason of having furnished incorrect supporting information or by reason of having withheld information, and which knew, or should have known, the information furnished was incorrect or the information withheld was relevant to its request for certification, and which by reason of such certification has been awarded this contract to which it would not otherwise have been entitled, shall:

- (1) Pay to the County any difference between the contract amount and what the County's costs would have been if the contract had been properly awarded;

(2) In addition to the amount described in subdivision (1), be assessed a penalty in an amount of not more than 10 percent (10%) of the amount of the contract; and

(3) Be subject to the provisions of Chapter 2.202 of the Los Angeles County Code (Determinations of Contractor Non-responsibility and Contractor Debarment).

Notwithstanding any other remedies in this contract, the above penalties shall also apply to any business that has previously obtained proper certification, however, as a result of a change in their status would no longer be eligible for certification, and fails to notify the state and the Department of Consumer and Business Affairs of this information prior to responding to a solicitation or accepting a contract award.

18I. LIQUIDATED DAMAGES:

A. If, in the judgment of the Director, or her designee, the Contractor is deemed to be non-compliant with the terms and obligations assumed hereby, the Director, or her designee, at her option, in addition to, or in lieu of, other remedies provided herein, may withhold the entire monthly payment or deduct pro rata from the Contractor's invoice for work not performed. A description of the work not performed and the amount to be withheld or deducted from payments to the Contractor from the County, will be forwarded to the Contractor by the Director, or his/her designee, in a written notice describing the reasons for said action.

B. If the Director determines that there are deficiencies in the performance of this Contract that the Director deems are correctable by the

Contractor over a certain time span, the Director will provide a written notice to the Contractor to correct the deficiency within specified time frames. Should the Contractor fail to correct deficiencies within said time frame, the Director may: (a) Deduct from the Contractor's payment, pro rata, those applicable portions of the Monthly Contract Sum; and/or (b) Deduct liquidated damages. The parties agree that it will be impracticable or extremely difficult to fix the extent of actual damages resulting from the failure of the Contractor to correct a deficiency within the specified time frame. The parties hereby agree that under the current circumstances a reasonable estimate of such damages is One Hundred Dollars (\$100) per day per infraction, and that the Contractor shall be liable to the County for liquidated damages in said amount. Said amount shall be deducted from the County's payment to the Contractor; and/or (c) Upon giving five (5) days' notice to the Contractor for failure to correct the deficiencies, the County may correct any and all deficiencies and the total costs incurred by the County for completion of the work by an alternate source, whether it be County forces or separate private contractor, will be deducted and forfeited from the payment to the Contractor from the County, as determined by the County.

C. The action noted in sub-paragraph B above shall not be construed as a penalty, but as adjustment of payment to the Contractor to recover the County cost due to the failure of the Contractor to complete or comply with the provisions of this Contract.

D. This sub-paragraph shall not, in any manner, restrict or limit the County's right to damages for any breach of this Contract provided by law or as

specified in sub-paragraph B above, and shall not, in any manner, restrict or limit the County's right to terminate this Contract as agreed to herein.

18J. DATA DESTRUCTION:

A. Contractor(s) and Vendor(s) that have maintained, processed, or stored the County of Los Angeles' ("County") data and/or information, implied or expressed, have the sole responsibility to certify that the data and information have been appropriately destroyed consistent with the National Institute of Standards and Technology (NIST) Special Publication SP 800-88 titled Guidelines for Media Sanitization.

Available at: <http://csrc.nist.gov/publications/PubsDrafts.html#SP-800-88-Rev.%201>)

B. The data and/or information may be stored on purchased, leased, or rented electronic storage equipment (e.g., printers, hard drives) and electronic devices (e.g., servers, workstations) that are geographically located within the County, or external to the County's boundaries. The County must receive within 10 business days, a signed document from Contractor(s) and Vendor(s) that certifies and validates the data and information were placed in one or more of the following stored states: unusable, unreadable, and indecipherable.

C. Vendor shall certify that any County data stored on purchased, leased, or rented electronic storage equipment and electronic devices, including, but not limited to printers, hard drives, servers, and/or workstations are destroyed consistent with the current National Institute of Standard and Technology (NIST) Special Publication SP-800-88, *Guidelines for Media Sanitization*. Vendor shall provide County with written certification, within 10 business days of removal of

any electronic storage equipment and devices that validates that any and all County data was destroyed and is unusable, unreadable, and/or undecipherable.

18K. COST OF LIVING ADJUSTMENTS (COLA's): If requested by the Contractor, the contract (hourly, daily, monthly, etc.) amount may at the sole discretion of the County, be increased annually based on the most recent published percentage change in the U.S. Department of Labor, Bureau of Labor Statistics' Consumer Price Index (CPI) for the Los Angeles-Riverside-Orange County Area for the 12-month period preceding the contract anniversary date, which shall be the effective date for any Cost of Living Adjustment (COLA). However, any increase shall not exceed the general salary movement granted to County employees as determined by the Chief Executive Officer as of each July 1 for the prior 12-month period. Furthermore, should fiscal circumstances ultimately prevent the Board from approving any increase in County employee salaries, no COLA will be granted. Where the County decides to grant a COLA pursuant to this paragraph for living wage contracts, it may, in its sole discretion exclude the cost of labor (including the cost of wages and benefits paid to employees providing services under this Contract) from the base upon which a COLA is calculated, unless the Contractor can show that his/her labor cost will actually increase. Further, before any COLA increase shall take effect and become part of this Contract, it shall require a written amendment to this Contract first, that has been formally approved and executed by the parties.

18L. REQUIREMENTS REGARDING IMPOSITION OF CHARGES FOR SERVICES: Contractor shall comply with provisions of Section 2605 (e) of Title 26 (CARE Act) to Exhibit J, "Requirements Regarding Imposition of Charges for Services".

Director shall notify Contractor of any revision of these Guidelines, which shall become part of this Contract.

18M. PEOPLE WITH HIV/AIDS BILL OF RIGHTS AND RESPONSIBILITIES:

Contractor shall adhere to all provisions within Exhibit K, People with HIV/AIDS Bill of Rights and Responsibilities (Bill of Rights) document. Director shall notify Contractor of any revision of these Guidelines, which shall become part of this Contract.

Contractor shall post this document and/or Contractor-specific higher standard at all Care services provider sites, and disseminate it to all patients/patients. A Contractor-specific higher standard shall include, at a minimum, all provisions within the Bill of Rights. In addition, Contractor shall notify and provide to its officers, employees, and agents, the Bill of Rights document and/or Contractor-specific higher standard.

If Contractor chooses to adapt this Bill of Rights document in accordance with Contractor's own document, Contractor shall demonstrate to DHSP, upon request, that Contractor fully incorporated the minimum conditions asserted in the Bill of Rights document.

18N. GUIDELINES FOR STAFF TUBERCULOSIS SCREENING: Contractor shall adhere to Exhibit L, "Guidelines for Staff Tuberculosis Screening". Director shall notify Contractor of any revision of these Guidelines, which shall become part of this Contract.

Annual tuberculin screening shall be done for each employee, volunteer, subcontractor and consultant providing services hereunder on or before the twelve-month period ends from the last screening date. Such tuberculosis screening shall consist of tuberculin skin test (Mantoux test screening test, Tuberculin Sensitivity Test, Pirquet test, or PPD test for Purified Protein Derivative) or blood test (Quaniferon, IGRA, or T-spot) and

if positive a written certification by a physician that the person is free from active tuberculosis based on a chest x-ray prior to resuming job duties.

18O. QUALITY MANAGEMENT: Contractor shall implement a Quality Management (QM) program that assesses the extent to which the care and services provided are consistent with federal (e.g., Public Health Services and CDC Guidelines), State, and local standards of HIV/AIDS care and services. The QM program shall at a minimum:

- A. Identify leadership and accountability of the medical director or executive director of the program;
- B. Use measurable outcomes and data collected to determine progress toward established benchmarks and goals;
- C. Focus on patient linkages to and retention in care and follow-up;
- D. Track client perception of their health and effectiveness of the service received through patient satisfaction surveys;
- E. Serve as a continuous quality improvement (CQI) process with direct reporting of data and performance improvement activities to senior leadership no less than on an annual basis.

18P. QUALITY MANAGEMENT PLAN:

Contractor shall implement its QM program based on a written QM plan. Contractor shall develop one (1) agency-wide QM plan that encompasses all HIV/AIDS care services. Contractor shall submit to DHSP within sixty (60) days of the receipt of this fully executed Contract, its written QM plan. The plan shall be reviewed and updated as needed by the agency's QM committee, and signed by the medical director

or executive director. The implementation of the QM plan may be reviewed by DHSP staff during its onsite program review. The written QM plan shall at a minimum include the following seven (7) components:

A. Objectives: QM plan should delineate specific goals and objectives that reflect the program's mission, vision and values.

B. QM Committee: The plan shall describe the purpose of the Quality Management Committee, its composition, meeting frequency (quarterly, at minimum) and required documentation (e.g., minutes, agenda, sign-in sheets, etc.). Programs that already have an established advisory committee need not create a separate QM Committee, provided that the existing advisory committee's composition and activities conform to QM program objectives and committee requirements.

C. Selection of a QM Approach: The QM plan shall describe an elected QM approach, such as Plan-Do-Study-Act (PDSA) and/or other models.

D. Implementation of QM Program:

(1) Selection of Performance Indicators – Contractor shall describe how performance indicators are selected. Contractor shall collect and analyze data for at least one (1) or more performance indicators. Contractor may select indicators from the DHSP approved clinical and performance measures set (core and supplemental measures) or select other aspects of care or service. Contractor may request technical assistance from DHSP Quality Management for assistance in selection, development and implementation of performance indicators.

(2) Data Collection Methodology – Contractor shall describe its sampling strategy (e.g., frequency, percentage of sample sized), collection method (e.g., random chart audit, interviews, surveys, etc.), and process for implementing data collection tools for measuring performance.

(3) Data Analysis – Contractor shall describe its process for review and analysis of performance indicator monitoring results at the QM committee level. This description shall include how and when these findings are communicated with all program staff involved and with senior leadership.

(4) Improvement Strategies - Contractor shall describe its QM Committee's process for selecting performance improvement projects and activities and how this is documented and tracked in order to effectively assess progress of improvement efforts from the current year to the next.

E. Participation in Los Angeles Regional Quality Group: Contractor shall identify a representative to participate in at least two (2) quarterly meetings of the Los Angeles Regional Quality Group (RQG). The RQG is supported and facilitated by DHSP in partnership with the National Quality Center and HIVQUAL and provides opportunities for sharing information, best practices and networking with local area HIV/AIDS providers.

F. QM Contact: Contractor shall identify a contact for all QM related activities and issues. This person shall serve as point of contact for QM related matters, requests, announcements and other activities.

G. Client Feedback Process: The QM plan shall describe the mechanism for obtaining ongoing feedback from clients regarding the

accessibility and appropriateness of service and care through patient satisfaction surveys or other mechanism. Feedback shall include the degree to which the service meets client needs and satisfaction. Patient satisfaction survey results and client feedback shall be discussed in the agency's QM Committee meetings on a regular basis for the enhancement of service delivery. Aggregate data shall be reported to the QM Committee at least annually for continuous program improvement.

H. Client Grievance Process: Contractor shall establish policies and procedures for addressing and resolving client's grievance at the level closest to the source within agency. Grievance data shall be routinely tracked, trended, and reported to the agency's QM committee for discussion and resolution of quality of care or service issues identified. This information shall be made available to DHSP staff during program reviews.

I. Incident Reporting: Contractor shall comply with incident and or sentinel event reporting as required by applicable federal and State laws, statutes, and regulations. Contractor shall furnish to DHSP Executive Office, upon the occurrence, during the operation of the facility, reports of incidents and/or sentinel events specified as follows:

(1) A written report shall be made to the appropriate licensing authority and to DHSP within the next business day from the date of the event, pursuant to federal and State laws, statutes, and regulations.

Reportable events shall include the following:

(a) Any unusual incident and/or sentinel event which threaten the physical or emotional health or safety of any person to

include but not limited to suicide, medication error, delay in treatment, and serious injury.

(b) Any suspected physical or psychological abuse of any person, such as child, adult, and elderly.

(2) The written report shall include the following:

(a) Patient's name, age, and sex;

(b) Date and nature of event;

(c) Disposition of the case;

(d) Staffing pattern at the time of the incident.

18Q. QUALITY MANAGEMENT PROGRAM MONITORING:

To determine compliance, DHSP shall review contractor's QM program annually. A numerical score will be issued to the contractor's QM program based on one hundred percent (100%) as the maximum score. Contractor's QM program shall be assessed for implementation of the following components:

- A. Details of the QM plan (QM Objectives, QM Committee, and QM Approach Selection);
- B. Implementation of QM Program;
- C. Client Feedback Process;
- D. Client Grievance Process;
- E. Incident Reporting.

18R. DHSP GRIEVANCE PROGRAM:

A. Definition: The word grievance is often used to refer to a complaint, a problem, or cause of dissatisfaction or unhappiness about an aspect of care or service. The DHSP Grievance Program is established to assist clients

in resolving complaints and/or concerns they have about any aspect of their care or service delivery experience at the agency. Clients may choose to inform the Contractor (agency) about their complaints or concerns however they also have the option to contact DHSP directly to obtain assistance in resolving their complaints and concerns. Clients have 5 ways to contact DHSP about their complaints or concerns:

- (1) Grievance (telephone) Line
- (2) Fax
- (3) Email
- (4) Mail (postal)
- (5) In person

B. Grievance-Line is a telephone line that is available to clients receiving services from DHSP funded agencies. The line gives individuals an opportunity to voice their complaints or concerns regarding their HIV/AIDS care and services. The Grievance Line can be utilized by calling 1(800) 260-8787, Monday through Friday from 8:00 a.m. to 5:00 p.m. (Pacific Standard Time). All after-hour calls and calls made during County holidays are forwarded to voice mail and followed-up on the next business day. This Grievance Line is not intended to respond to emergency or crisis-related concerns.

C. Grievance-Management:

- (1) Within ten (10) days of receipt of the complaint, DHSP shall send correspondence to the complainant to acknowledge that DHSP has received the complaint. Within the same timeline, DHSP shall also send correspondence to the Contractor advising that a complaint was received

and request to investigate and provide specific information.

(2) Contractor shall have 30 days to respond to DHSP with its findings and actions based on its investigation of the complaint.

Contractor shall work with DHSP Quality Management to address other quality of care issues and questions that may arise and where that information is required to close the case.

(3) GRIEVANCE POSTERS: Grievance posters are provided to Contractor. Poster contains information about how clients may file a complaint or concern with DHSP. Contractor shall ensure that the grievance posters are visible to clients and are located in areas of the facility used by patients. Contractor shall ensure that staff, as well as clients/patients know the purpose of the Grievance Program.

(4) Contractor shall develop, implement and maintain written policies/procedures or protocols describing the process by which clients and/or authorized representatives are made aware of how to file a complaint with the DHSP Grievance Program.

18S. RYAN WHITE PROGRAM GRIEVANCE PROCEDURES:

Contractor shall comply with provisions of Section 2602 (c) (2) of the “Ryan White Treatment Modernization Act of 2006, Ryan White Program Grievances”, incorporated into this Contract as Exhibit M, Contractor shall be responsible for developing and implementing grievance procedures related to funding decisions, including procedures for submitting grievances that cannot be resolved to binding arbitration. The legislation requires that these procedures be consistent with model grievance procedures developed by Health Resources and Services Administration

(HRSA), which address grievances with respect to Ryan White Program funds. All fees related to the research, interview, selection and hire of an arbitrator to conduct binding arbitration are incurred at the Contractor's expense. This grievance procedure shall be submitted to DHSP within thirty (30) days of the execution of this Contract for review and approval.

19. CONSTRUCTION: To the extent there are any rights, duties, obligations, or responsibilities enumerated in the recitals or otherwise in this Contract, they shall be deemed a part of the operative provisions of this Contract and are fully binding upon the parties.

20. CONFLICT OF TERMS: To the extent that there exists any conflict or inconsistency between the language of this Contract and that of any Exhibit(s), Attachment(s), and any documents incorporated herein by reference, the language found within this Contract shall govern and prevail.

21. CONTRACTOR'S OFFICES: Contractor's office is located at _____ Contractor's business telephone number is (____) _____, facsimile (FAX) number is (____) _____, and electronic Mail (e-mail) address is _____. Contractor shall notify County, in writing, of any changes made to their business address, business telephone number, FAX number and/or e-mail address as listed herein, or any other business address, business telephone number, FAX number and/or e-mail address used in the provision of services herein, at least ten (10) calendar days prior to the effective date(s) thereof.

22. NOTICES: Notices hereunder shall be in writing and may either be delivered personally or sent by registered or certified mail, return receipt requested, postage prepaid, attention to the parties at the addresses listed below. Director is

authorized to execute all notices or demands which are required or permitted by County under this Contract. Addresses and parties to be notified may be changed by providing at least ten (10) working days prior written notice to the other party.

A. Notices to County shall be addressed as follows:

- (1) Department of Public Health
Division of HIV and STD Programs
600 S. Commonwealth Ave, 10th Floor
Los Angeles, California 90005

Attention: Project Director

- (2) Department of Public Health
Contracts and Grants Division
1000 S. Fremont Avenue. Unit 101
Building A-9 East, 5th Floor North
Alhambra, California 91803

Attention: Division Chief

B. Notices to Contractor shall be addressed as follows:

- (1) _____

Attention: _____

23. ADMINISTRATION OF CONTRACT:

A. County's Director of Public Health or her authorized designee(s) (hereafter collectively "Director") shall have the authority to administer this Contract on behalf of County. Contractor agrees to extend to Director the right to review and monitor Contractor's programs, policies, procedures, and financial and/or other records, and to inspect its facilities for contractual compliance at any reasonable time.

B. Approval of Contractor's Staff: County has the absolute right to approve or disapprove all of the Contractor's staff performing work hereunder and any proposed changes in the Contractor's staff, including, but not limited to, the contractor's Project Manager.

C. Contractor's Staff Identification: All of Contractor's employees assigned to County facilities are required to have a County Identification (ID) badge on their person and visible at all times. Contractor bears all expense related to the badges.

D. Background and Security Investigations: Each of Contractor's staff performing services under this Contract, who is in a designated sensitive position, as determined by County in County's sole discretion, shall undergo and pass a background investigation to the satisfaction of County as a condition of beginning and continuing to perform services under this Contract. Such background investigation must be obtained through fingerprints submitted to the California Department of Justice to include State, local, and federal-level review, which may include, but shall not be limited to, criminal conviction information. The fees associated with the background investigation shall be at the expense of the Contractor, regardless of whether the member of Contractor's staff passes or fails the background investigation. Contractor shall perform the background check using County's mail code, routing results to the County.

If a member of Contractor's staff who is in a designated sensitive position does not obtain work clearance through the criminal history background review, they may not be placed and/or assigned within the Department of Public Health.

During the term of the Contract, the Department may receive subsequent

criminal information. If this subsequent information constitutes a job nexus, the Contractor shall immediately remove staff from performing services under this Contract and replace such staff within fifteen (15) days of removal or within an agreed upon time with the County. Pursuant to an agreement with the Federal Department of Justice, the County will not provide to Contractor nor to Contractor's staff any information obtained through the criminal history review.

Disqualification of any member of Contractor's staff pursuant to this section shall not relieve Contractor of its obligation to complete all work in accordance with the terms and conditions of this Contract.

24. ASSIGNMENT AND DELEGATION/MERGERS OR ACQUISITIONS:

A. The contractor shall notify the County of any pending acquisitions/mergers of its company unless otherwise legally prohibited from doing so. If the contractor is restricted from legally notifying the County of pending acquisitions/mergers, then it should notify the County of the actual acquisitions/mergers as soon as the law allows and provide to the County the legal framework that restricted it from notifying the county prior to the actual acquisitions/mergers.

B. Contractor shall not assign its rights or delegate its duties under this Contract, or both, whether in whole or in part, without the prior written consent of County, in its discretion, and any attempted assignment or delegation without such consent shall be null and void. For purposes of this sub-paragraph, County consent shall require a written Amendment to the Contract, which is formally approved and executed by the parties. Any payments by County to any approved delegatee or assignee on any claim under this Contract shall be

deductible, at County's sole discretion, against the claims, which Contractor may have against County.

C. Shareholders, partners, members, or other equity holders of Contractor may transfer, sell, exchange, assign, or divest themselves of any interest they may have therein. However, in the event any such transfer, exchange, assignment, or divestment is effected in such a way as to give majority control of Contractor to any person(s), corporation, partnership, or legal entity other than the majority controlling interest therein at the time of execution of the Contract, such disposition is an assignment requiring the prior written consent of County in accordance with applicable provisions of this Contract.

D. Any assumption, assignment, delegation, or takeover of any of the Contractor's duties, responsibilities, obligations, or performance of same by any person or entity other than Contractor, whether through assignment, subcontract, delegation, merger, buyout, or any other mechanism, with or without consideration for any reason whatsoever without County's express prior written approval, shall be a material breach of the Contract which may result in the termination of this Contract. In the event of such termination, County shall be entitled to pursue the same remedies against Contractor as it could pursue in the event of default by Contractor.

25. AUTHORIZATION WARRANTY: Contractor hereby represents and warrants that the person executing this Contract for Contractor is an authorized agent who has actual authority to bind Contractor to each and every term, condition, and obligation set forth in this Contract and that all requirements of Contractor have been fulfilled to provide such actual authority.

26. BUDGET REDUCTIONS: In the event that the Board adopts, in any fiscal year, a County Budget which provides for reductions in the salaries and benefits paid to the majority of County employees and imposes similar reductions with respect to County Contracts, the County reserves the right to reduce its payment obligation under this Contract correspondingly for that fiscal year and any subsequent fiscal year during the term of this Contract (including any extensions), and the services to be provided by the Contractor under this Contract shall also be reduced correspondingly. County's notice to Contractor regarding said reduction in payment obligation shall be provided within thirty (30) calendar days of the Board's approval of such actions. Except as set forth in the preceding sentence, Contractor shall continue to provide all of the services set forth in this Contract.

27. CONTRACTOR BUDGET AND EXPENDITURES REDUCTION FLEXIBILITY: In order for County to maintain flexibility with regard to budget and expenditure reductions, Contractor agrees that Director may cancel this Contract, without cause, upon the giving of ten (10) calendar days written notice to Contractor. In the alternative to cancellation, Director may, consistent with federal, State, and/or County budget reductions, renegotiate the scope/description of work, maximum obligation, and budget of this Contract via a written amendment to this Contract.

28. COMPLAINTS: The Contractor shall develop, maintain, and operate procedures for receiving, investigating, and responding to complaints.

A. Within thirty (30) business days after the Contract effective date, the Contractor shall provide the County with the Contractor's policy for receiving, investigating, and responding to user complaints.

B. The policy shall include, but not be limited to, when and how new clients as well as current and recurring clients are to be informed of the procedures to file a complaint.

C. The client and/or his/her authorized representative shall receive a copy of the procedure.

D. The County will review the Contractor's policy and provide the Contractor with approval of said policy or with requested changes.

E. If the County requests changes in the Contractor's policy, the Contractor shall make such changes and resubmit the plan within thirty (30) business days for County approval.

F. If, at any time, the Contractor wishes to change the Contractor's policy, the Contractor shall submit proposed changes to the County for approval before implementation.

G. The Contractor shall preliminarily investigate all complaints and notify the County's Project Manager of the status of the investigation within fifteen (15) business days of receiving the complaint.

H. When complaints cannot be resolved informally, a system of follow-through shall be instituted which adheres to formal plans for specific actions and strict time deadlines.

I. Copies of all written responses shall be sent to the County's Project Manager within three (3) business days of mailing to the complainant.

29. COMPLIANCE WITH APPLICABLE LAW:

A. In the performance of this Contract, Contractor shall comply with all applicable federal, State and local laws, rules, regulations, ordinances, directives,

guidelines, policies and procedures, and all provisions required thereby to be included in this Contract are hereby incorporated herein by reference. To the extent that there is any conflict between federal and State or local laws, the former shall prevail.

B. Contractor shall indemnify, defend and hold harmless County, its officers, employees, and agents, from and against any and all claims, demands, damages, liabilities, losses, costs, and expenses, including, without limitation, defense costs and legal, accounting and other expert, consulting or professional fees, arising from, connected with, or related to any failure by Contractor, its officers, employees, agents, or subcontractors, to comply with any such laws, rules, regulations, ordinances, directives, guidelines, policies, or procedures, as determined by County in its sole judgment. Any legal defense pursuant to Contractor's indemnification obligations under this Paragraph shall be conducted by Contractor and approved by County. Notwithstanding the preceding sentence, County shall have the right to participate in any such defense at its sole costs and expense, except that in the event Contractor fails to provide County with a full and adequate defense, as determined by county in its sole judgment, County shall be entitled to retain its own counsel, including limitation, County Counsel, and to reimbursement from Contractor for all such costs and expenses incurred by County in doing so. Contractor shall not have the right to enter into settlement, agree to any injunction or other equitable relief, or make any admission, in each case, on behalf of County without County's prior written approval.

30. COMPLIANCE WITH CIVIL RIGHTS LAW: The Contractor hereby assures that it will comply with Subchapter VI of the Civil Rights Act of 1964, 42 USC Sections 2000 (e) (1) through 2000 (e) (17), to the end that no person shall, on the grounds of race, creed, color, sex, religion, ancestry, age, condition of physical handicap, marital status, political affiliation, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this Contract or under any project, program, or activity supported by this Contract. The Contractor shall comply with Exhibit D – Contractor’s EEO Certification.

31. COMPLIANCE WITH THE COUNTY’S JURY SERVICE PROGRAM:

A. Jury Service Program: This Contract is subject to the provisions of the County’s ordinance entitled Contractor Employee Jury Service (“Jury Service Program”) as codified in Sections 2.203.010 through 2.203.090 of the Los Angeles County Code, a copy of which is available on the internet at <http://publichealth.lacounty.gov/cg/index.htm>

B. Written Employee Jury Service Policy:

(1) Unless the Contractor has demonstrated to the County’s satisfaction either that the Contractor is not a “Contractor” as defined under the Jury Service Program (Section 2.203.020 of the County Code) or that the Contractor qualifies for an exception to the Jury Service Program (Section 2.203.070 of the County Code), the Contractor shall have and adhere to a written policy that provides that its Employees shall receive from the Contractor, on an annual basis, no less than five days of regular pay for actual jury service. The policy may provide that Employees deposit any fees received for such jury service with the

Contractor or that the Contractor deduct from the Employee's regular pay the fees received for jury service.

(2) For purposes of this sub-paragraph, "Contractor" means a person, partnership, corporation or other entity which has a contract with the County or a subcontract with a County Contractor and has received or will receive an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts. "Employee" means any California resident who is a full-time employee of the Contractor. "Full-time" means 40 hours or more worked per week, or a lesser number of hours if: 1) the lesser number is a recognized industry standard as determined by the County, or 2) Contractor has a long-standing practice that defines the lesser number of hours as full-time. Full-time employees providing short-term, temporary services of 90 days or less within a 12-month period are not considered full-time for purposes of the Jury Service Program. If the Contractor uses any Subcontractor to perform services for the County under the Contract, the Subcontractor shall also be subject to the provisions of this sub-paragraph. The provisions of this sub-paragraph shall be inserted into any such subcontract agreement and a copy of the Jury Service Program shall be attached to the Contract.

(3) If the Contractor is not required to comply with the Jury Service Program when the Contract commences, the Contractor shall have a continuing obligation to review the applicability of its "exception status" from the Jury Service Program, and the Contractor shall immediately notify the County if the Contractor at any time either comes

within the Jury Service Program's definition of "Contractor" or if the Contractor no longer qualifies for an exception to the Jury Service Program. In either event, the Contractor shall immediately implement a written policy consistent with the Jury Service Program. The County may also require, at any time during the Contract and at its sole discretion, that the Contractor demonstrate, to the County's satisfaction that the Contractor either continues to remain outside of the Jury Service Program's definition of "Contractor" and/or that the Contractor continues to qualify for an exception to the Program.

(4) Contractor's violation of this sub-paragraph of the Contract may constitute a material breach of the Contract. In the event of such material breach, County may, at its sole discretion, terminate the Contract and/or bar the Contractor from the award of future County contracts for a period of time consistent with the seriousness of the breach.

32. COMPLIANCE WITH COUNTY'S ZERO TOLERANCE POLICY ON HUMAN TRAFFICKING:

A. Contractor acknowledges that the County has established a Zero Tolerance Human Trafficking Policy prohibiting contractors from engaging in human trafficking.

B. If a contractor or member of Contractor's staff is convicted of a human trafficking offense, the County shall require that the Contractor or member of Contractor's staff be removed immediately from performing services under the Contract. County will not be under any obligation to disclose

confidential information regarding the offenses other than those required by law.

C. Disqualification of any member of Contractor's staff pursuant to this paragraph shall not relieve Contractor of its obligation to complete all work in accordance with the terms and conditions of this Contract.

33. CONFLICT OF INTEREST:

A. No County employee whose position with the County enables such employee to influence the award of this Contract or any competing Contract, and no spouse or economic dependent of such employee, shall be employed in any capacity by the Contractor or have any other direct or indirect financial interest in this Contract. No officer or employee of the Contractor who may financially benefit from the performance of work hereunder shall in any way participate in the County's approval, or ongoing evaluation, of such work, or in any way attempt to unlawfully influence the County's approval or ongoing evaluation of such work.

B. The Contractor shall comply with all conflict of interest laws, ordinances, and regulations now in effect or hereafter to be enacted during the term of this Contract. The Contractor warrants that it is not now aware of any facts that create a conflict of interest. If the Contractor hereafter becomes aware of any facts that might reasonably be expected to create a conflict of interest, it shall immediately make full written disclosure of such facts to the County. Full written disclosure shall include, but is not limited to, identification of all persons implicated and a complete description of all relevant circumstances. Failure to comply with the provisions of this sub-paragraph shall be a material breach of this Contract.

34. CONSIDERATION OF HIRING GAIN/GROW PARTICIPANTS:

A. Should the Contractor require additional or replacement personnel after the effective date of this Contract, the Contractor shall give consideration for any such employment openings to participants in the County's Department of Public Social Services Greater Avenues for Independence (GAIN) Program or General Relief Opportunity for Work (GROW) Program who meet the Contractor's minimum qualifications for the open position. For this purpose, consideration shall mean that the Contractor will interview qualified candidates. The County will refer GAIN/GROW participants by job category to the Contractor. Contractors shall report all job openings with job requirements to GainGrow@dpss.lacounty.gov and the Department of Workforce Development, Aging and Community Services at bservices@wdacs.lacounty.gov to obtain a list of qualified GAIN/GROW job candidates.

B. In the event that both laid-off County employees and GAIN/GROW participants are available for hiring, County employees shall be given first priority as defined in Paragraph 10, CONSIDERATION OF HIRING COUNTY EMPLOYEES TARGETED FOR LAYOFF/OR RE-EMPLOYMENT LIST OR COUNTY EMPLOYEE'S RIGHT OF FIRST REFUSAL AND CONTRACTORS OFFERS OF EMPLOYMENT.

35. CONTRACTOR RESPONSIBILITY AND DEBARMENT:

A. Responsible Contractor: A responsible Contractor is a Contractor who has demonstrated the attribute of trustworthiness, as well as quality, fitness, capacity and experience to satisfactorily perform the contract. It is the County's policy to conduct business only with responsible Contractors.

B. Chapter 2.202 of the County Code: The Contractor is hereby notified that, in accordance with Chapter 2.202 of the County Code, if the County acquires information concerning the performance of the Contractor on this or other contracts which indicates that the Contractor is not responsible, the County may, in addition to other remedies provided in the Contract, debar the Contractor from bidding or proposing on, or being awarded, and/or performing work on County contracts for a specified period of time, which generally will not exceed five (5) years but may exceed five (5) years or be permanent if warranted by the circumstances, and terminate any or all existing Contracts the Contractor may have with the County.

C. Non-Responsible Contractor: The County may debar a Contractor if the Board of Supervisors finds, at its discretion, that the Contractor has done any of the following: (1) violated a term of a contract with the County or a nonprofit corporation created by the County, (2) committed an act or omission which negatively reflects on the Contractor's quality, fitness or capacity to perform a contract with the County, any other public entity, or a nonprofit corporation created by the County, or engaged in a pattern or practice which negatively reflects on same, (3) committed an act or offense which indicates a lack of business integrity or business honesty, or (4) made or submitted a false claim against the County or any other public entity.

D. Contractor Hearing Board: If there is evidence that the Contractor may be subject to debarment, the Department will notify the Contractor in writing of the evidence which is the basis for the proposed debarment and will advise the

Contractor of the scheduled date for a debarment hearing before the Contractor Hearing Board.

E. The Contractor Hearing Board will conduct a hearing where evidence on the proposed debarment is presented. The Contractor and/or the Contractor's representative shall be given an opportunity to submit evidence at that hearing. After the hearing, the Contractor Hearing Board shall prepare a tentative proposed decision, which shall contain a recommendation regarding whether the Contractor should be debarred, and, if so, the appropriate length of time of the debarment. The Contractor and the Department shall be provided an opportunity to object to the tentative proposed decision prior to its presentation to the Board of Supervisors.

F. After consideration of any objections, or if no objections are submitted, a record of the hearing, the proposed decision, and any other recommendation of the Contractor Hearing Board shall be presented to the Board of Supervisors. The Board of Supervisors shall have the right to modify, deny, or adopt the proposed decision and recommendation of the Contractor Hearing Board.

G. If a Contractor has been debarred for a period longer than five (5) years, that Contractor may after the debarment has been in effect for at least five (5) years, submit a written request for review of the debarment determination to reduce the period of debarment or terminate the debarment. The County may, in its discretion, reduce the period of debarment or terminate the debarment if it finds that the Contractor has adequately demonstrated one or more of the following: (1) elimination of the grounds for which the debarment was imposed;

(2) a bona fide change in ownership or management; (3) material evidence discovered after debarment was imposed; or (4) any other reason that is in the best interest of the County.

H. The Contractor Hearing Board will consider a request for review of a debarment determination only where (1) the Contractor has been debarred for a period longer than five (5) years; (2) the debarment has been in effect for at least five (5) years; and (3) the request is in writing, states one or more of the grounds for reduction of the debarment period or termination of the debarment, and includes supporting documentation. Upon receiving an appropriate request, the Contractor Hearing Board will provide notice of the hearing on the request. At the hearing, the Contractor Hearing Board shall conduct a hearing where evidence on the proposed reduction of debarment period or termination of debarment is presented. This hearing shall be conducted and the request for review decided by the Contractor Hearing Board pursuant to the same procedures as for a debarment hearing.

I. The Contractor Hearing Board's proposed decision shall contain a recommendation on the request to reduce the period of debarment or terminate the debarment. The Contractor Hearing Board shall present its proposed decision and recommendation to the Board of Supervisors. The Board of Supervisors shall have the right to modify, deny, or adopt the proposed decision and recommendation of the Contractor Hearing Board.

J. Subcontractors of Contractor: These terms shall also apply to Subcontractors of County Contractors.

36. CONTRACTOR'S ACKNOWLEDGEMENT OF COUNTY'S COMMITMENT TO THE SAFELY SURRENDERED BABY LAW: The Contractor acknowledges that the County places a high priority on the implementation of the Safely Surrendered Baby Law. The Contractor understands that it is the County's policy to encourage all County Contractors to voluntarily post the County's "Safely Surrendered Baby Law" poster in a prominent position at the Contractor's place of business. The Contractor will also encourage its Subcontractors, if any, to post this poster in a prominent position in the Subcontractor's place of business. Information on how to receive the poster can be found on the Internet at www.babysafela.org

37. CONTRACTOR'S WARRANTY OF ADHERENCE TO COUNTY'S CHILD SUPPORT COMPLIANCE PROGRAM:

A. The Contractor acknowledges that the County has established a goal of ensuring that all individuals who benefit financially from the County through Contracts are in compliance with their court-ordered child, family and spousal support obligations in order to mitigate the economic burden otherwise imposed upon the County and its taxpayers.

B. As required by the County's Child Support Compliance Program (County Code Chapter 2.200) and without limiting the Contractor's duty under this Contract to comply with all applicable provisions of law, the Contractor warrants that it is now in compliance and shall during the term of this Contract maintain in compliance with employment and wage reporting requirements as required by the Federal Social Security Act (42 USC Section 653a) and California Unemployment Insurance Code Section 1088.5, and shall implement all lawfully served Wage and Earnings Withholding Orders or Child Support Services Department Notices of

Wage and Earnings Assignment for Child, Family or Spousal Support, pursuant to Code of Civil Procedure Section 706.031 and Family Code Section 5246(b).

38. COUNTY'S QUALITY ASSURANCE PLAN: County or its agent will evaluate Contractor's performance under this Contract on not less than an annual basis. Such evaluation will include assessing Contractor's compliance with all Contract terms and performance standards. Contractor deficiencies which County determines are severe or continuing and that may place performance of this Contract in jeopardy if not corrected will be reported to the Board of Supervisors. The report will include improvement/corrective action measures taken by County and Contractor. If improvement does not occur consistent with the corrective action measures, County may terminate this Contract or impose other penalties as specified in this Contract.

The County maintains databases that track/monitor contractor performance history. Information entered into such databases may be used for a variety of purposes, including determining whether the County will exercise a contract term extension option.

39. SERVICE DELIVERY SITE - MAINTENANCE STANDARDS: Contractor shall assure that the locations where services are provided under provisions of this Contract are operated at all times in accordance with County community standards with regard to property maintenance and repair, graffiti abatement, refuse removal, fire safety, landscaping, and in full compliance with all applicable local laws, ordinances, and regulations relating to the property. County's periodic monitoring visits to Contractor's facilities shall include a review of compliance with the provisions of this Paragraph.

40. RULES AND REGULATIONS: During the time that Contractor's personnel are at County Facilities such persons shall be subject to the rules and

regulations of such County Facility. It is the responsibility of Contractor to acquaint persons who are to provide services hereunder with such rules and regulations. Contractor shall immediately and permanently withdraw any of its personnel from the provision of services hereunder upon receipt of oral or written notice from Director, that (1) such person has violated said rules or regulations, or (2) such person's actions, while on County premises, indicate that such person may do harm to County patients, staff, or other individuals.

41. DAMAGE TO COUNTY FACILITIES, BUILDINGS OR GROUNDS:

A. The Contractor shall repair, or cause to be repaired, at its own cost, any and all damage to County facilities, buildings, or grounds caused by the Contractor or employees or agents of the Contractor. Such repairs shall be made immediately after the Contractor has become aware of such damage, but in no event later than thirty (30) days after the occurrence.

B. If the Contractor fails to make timely repairs, County may make any necessary repairs. All costs incurred by County, as determined by County, for such repairs shall be repaid by the Contractor by cash payment upon demand.

42. EMPLOYMENT ELIGIBILITY VERIFICATION:

A. The Contractor warrants that it fully complies with all federal and State statutes and regulations regarding the employment of aliens and others and that all its employees performing work under this Contract meet the citizenship or alien status requirements set forth in federal and State statutes and regulations. The Contractor shall obtain, from all employees performing work hereunder, all verification and other documentation of employment eligibility status required by federal and State statutes and regulations including, but not

limited to, the Immigration Reform and Control Act of 1986, (P.L. 99-603), or as they currently exist and as they may be hereafter amended. The Contractor shall retain all such documentation for all covered employees for the period prescribed by law.

B. The Contractor shall indemnify, defend, and hold harmless, the County, its agents, officers, and employees from employer sanctions and any other liability which may be assessed against the Contractor or the County or both in connection with any alleged violation of any federal or State statutes or regulations pertaining to the eligibility for employment of any persons performing work under this Contract.

43. DATA ENCRYPTION:

Contractor and Subcontractors that electronically transmit or store personal information (PI), protected health information (PHI) and/or medical information (MI) shall comply with the encryption standards set forth below. PI is defined in California Civil Code Section 1798.29(g). PHI is defined in Health Insurance Portability Act of 1996 (HIPAA), and implementing regulations. MI is defined in California Civil Code Section 56.05(j).

A. Stored Data: Contractors' and Subcontractors' workstations and portable devices (e.g., mobile, wearables, tablets, thumb drives, external hard drives) require encryption (i.e. software and/or hardware) in accordance with: (1) Federal Information Processing Standard Publication (FIPS) 140-2; (2) National Institute of Standards and Technology (NIST) Special Publication 800-57 Recommendation for Key Management- Part 1: General (Revision 3); (3) NIST Special Publication 800-57. Recommendation for Key Management – Part 2:

Best Practices for Key Management Organization; and (4) NIST Special Publication 800-111 Guide to Storage Encryption Technologies for End User Devices. Advanced Encryption Standard (AES) with cipher strength of 256-bit is minimally required.

B. Transmitted Data: All transmitted (e.g. network) County PI, PHI and/or MI require encryption in accordance with: (1) NIST Special Publication 800-52 Guidelines for the Selection and Use of Transport Layer Security Implementations; and (2) NIST Special Publication 800-57 Recommendation for Key Management – Part 3: Application- Specific Key Management Guidance. Secure Sockets Layer (SSL) is minimally required with minimum cipher strength of 128-bit.

C. Certification: The County must receive within ten (10) business days of its request, a certification from Contractor (for itself and any Subcontractors) that certifies and validates compliance with the encryption standards set forth above. In addition, Contractor shall maintain a copy of any validation/attestation reports that its data encryption products(s) generate and such reports shall be subject to audit in accordance with the Contract. Failure on the part of the Contractor to comply with any of the provisions of this Paragraph 43 (Data Encryption) shall constitute a material breach of this Contract upon which the County may terminate or suspend this Contract.

44. FACSIMILE REPRESENTATIONS: The County and the Contractor hereby agree to accept facsimile representations of original signatures of authorized officers of each party, when appearing in appropriate places on time-sensitive Amendments prepared pursuant to the ALTERATION OF TERMS/AMENDMENTS

Paragraph of this Contract, and received via communications facilities, as legally sufficient evidence that such original signatures have been affixed to Amendments to this Contract. The facsimile transmission of such documents must be followed by subsequent (non-facsimile) transmission of “original” versions of such documents within five working days.

45. FAIR LABOR STANDARDS: The Contractor shall comply with all applicable provisions of the Federal Fair Labor Standards Act and shall indemnify, defend, and hold harmless the County and its agents, officers, and employees from any and all liability, including, but not limited to, wages, overtime pay, liquidated damages, penalties, court costs, and attorneys' fees arising under any wage and hour law, including, but not limited to, the Federal Fair Labor Standards Act, for work performed by the Contractor's employees for which the County may be found jointly or solely liable.

46. FISCAL DISCLOSURE: Contractor shall prepare and submit to Director, within ten (10) calendar days following execution of this Contract a statement, executed by Contractor's duly constituted officers, containing the following information: (1) A detailed statement listing all sources of funding to Contractor including private contributions. The statement shall include the nature of the funding, services to be provided, total dollar amount, and period of time of such funding; and (2) If during the term of this Contract, the source(s) of Contractor's funding changes, Contractor shall promptly notify Director in writing, detailing such changes.

47. CONTRACTOR PERFORMANCE DURING CIVIL UNREST OR DISASTER: Contractor recognizes that County provides essential services to the residents of the communities they serve, and that these services are of particular importance at the time of a riot, insurrection, civil unrest, natural disaster, or similar

event. Notwithstanding any other provision of this Contract, full performance by Contractor during any riot, strike, insurrection, civil unrest, natural disaster, or similar event is not excused if such performance remains physically possible. Failure to comply with this requirement shall be considered a material breach by Contractor for which Director may suspend or County may immediately terminate this Contract.

48. GOVERNING LAW, JURISDICTION, AND VENUE: This Contract shall be governed by, and construed in accordance with, the laws of the State of California. The Contractor agrees and consents to the exclusive jurisdiction of the courts of the State of California for all purposes regarding this Contract and further agrees and consents that venue of any action brought hereunder shall be exclusively in the County of Los Angeles.

49. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA): The parties acknowledge the existence of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations. The County and Contractor therefore agree to the terms of Exhibit H.

50. INDEPENDENT CONTRACTOR STATUS:

A. This Contract is by and between the County and the Contractor and is not intended, and shall not be construed, to create the relationship of agent, servant, employee, partnership, joint venture, or association, as between the County and the Contractor. The employees and agents of one party shall not be, or be construed to be, the employees or agents of the other party for any purpose whatsoever.

B. The Contractor shall be solely liable and responsible for providing to, or on behalf of, all persons performing work pursuant to this Contract all

compensation and benefits. The County shall have no liability or responsibility for the payment of any salaries, wages, unemployment benefits, disability benefits, Federal, State, or local taxes, or other compensation, benefits, or taxes for any personnel provided by or on behalf of the Contractor.

C. The Contractor understands and agrees that all persons performing work pursuant to this Contract are, for purposes of Workers' Compensation liability, solely employees of the Contractor and not employees of the County. The Contractor shall be solely liable and responsible for furnishing any and all Workers' Compensation benefits to any person as a result of any injuries arising from or connected with any work performed by or on behalf of the Contractor pursuant to this Contract.

D. The Contractor shall adhere to the provisions stated in the CONFIDENTIALITY Paragraph of this Contract.

51. LICENSES, PERMITS, REGISTRATIONS, ACCREDITATIONS, AND CERTIFICATES: Contractor shall obtain and maintain during the term of this Contract, all appropriate licenses, permits, registrations, accreditations, and certificates required by federal, State, and local law for the operation of its business and for the provision of services hereunder. Contractor shall ensure that all of its officers, employees, and agents who perform services hereunder obtain and maintain in effect during the term of this Contract, all licenses, permits, registrations, accreditations, and certificates required by federal, State, and local law which are applicable to their performance hereunder. Contractor shall provide a copy of each license, permit, registration, accreditation, and certificate upon request of County's Department of Public Health (DPH) - at any time during the term of this Contract.

52. NONDISCRIMINATION IN SERVICES:

A. Contractor shall not discriminate in the provision of services hereunder because of race, color, religion, national origin, ethnic group identification, ancestry, sex, age, marital status, political affiliation, or condition of physical or mental disability, in accordance with requirements of federal and State laws, or in any manner on the basis of the client's/patient's sexual orientation. For the purpose of this Paragraph, discrimination in the provision of services may include, but is not limited to, the following: denying any person any service or benefit or the availability of the facility; providing any service or benefit to any person which is not equivalent, or is provided in a non-equivalent manner, or at a non-equivalent time, from that provided to others; subjecting any person to segregation or separate treatment in any manner related to the receipt of any service; restricting any person in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit; and treating any person differently from others in determining admission, enrollment quota, eligibility, membership, or any other requirements or conditions which persons must meet in order to be provided any service or benefit. Contractor shall take affirmative action to ensure that intended beneficiaries of this Contract are provided services without regard to race, color, religion, national origin, ethnic group identification, ancestry, sex, age, marital status, political affiliation, condition of physical or mental disability, or sexual orientation.

B. Facility Access for handicapped must comply with the Rehabilitation Act of 1973, Section 504, where federal funds are involved, and the Americans with Disabilities Act. Contractor shall further establish and

maintain written procedures under which any person, applying for or receiving services hereunder, may seek resolution from Contractor of a complaint with respect to any alleged discrimination in the provision of services by Contractor's personnel. Such procedures shall also include a provision whereby any such person, who is dissatisfied with Contractor's resolution of the matter, shall be referred by Contractor to the Director, for the purpose of presenting his or her complaint of alleged discrimination. Such procedures shall also indicate that if such person is not satisfied with County's resolution or decision with respect to the complaint of alleged discrimination, he or she may appeal the matter to the State Department of Health Services' Affirmative Action Division. At the time any person applies for services under this Contract, he or she shall be advised by Contractor of these procedures, as identified hereinabove, shall be posted by Contractor in a conspicuous place, available and open to the public, in each of Contractor's facilities where services are provided hereunder.

53. NONDISCRIMINATION IN EMPLOYMENT:

A. Contractor certifies and agrees, pursuant to the Americans with Disabilities Act, the Rehabilitation Act of 1973, and all other federal and State laws, as they now exist or may hereafter be amended, that it shall not discriminate against any employee or applicant for employment because of, race, color, religion, national origin, ethnic group identification, ancestry, sex, age, marital status, political affiliation or condition of physical or mental disability, or sexual orientation. Contractor shall take affirmative action to ensure that qualified applicants are employed, and that employees are treated during employment, without regard to race, color, religion, national origin, ethnic group

identification, ancestry, sex, age, marital status, political affiliation, condition of physical or mental disability, or sexual orientation in accordance with requirements of federal and State laws. Such action shall include, but shall not be limited to the following: employment, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other form of compensation, and selection for training, including apprenticeship. Contractor shall post in conspicuous places in each of Contractor's facilities providing services hereunder, positions available and open to employees and applicants for employment, and notices setting forth the provision of this Paragraph.

B. Contractor shall, in all solicitations or advertisements for employees placed by or on behalf of Contractor, state that all qualified applicants shall receive consideration for employment without regard to race, color, religion, national origin, ethnic group identification, ancestry, sex, age, marital status, political affiliation, condition of physical or mental disability, or sexual orientation, in accordance with requirements of federal and State laws.

C. Contractor shall send to each labor union or representative of workers with which it has a collective bargaining agreement or other contract of understanding a notice advising the labor union or workers' representative of Contractor's commitments under this Paragraph.

D. Contractor certifies and agrees that it shall deal with its subcontractors, bidders, or vendors without regard to race, color, religion, national origin, ethnic group identification, ancestry, sex, age, marital status,

political affiliation, condition of physical or mental disability, or sexual orientation, in accordance with requirements of federal and State laws.

E. Contractor shall allow federal, State, and County representatives, duly authorized by Director, access to its employment records during regular business hours in order to verify compliance with the anti-discrimination provision of this Paragraph. Contractor shall provide such other information and records as such representatives may require in order to verify compliance with the anti-discrimination provisions of this Paragraph.

F. If County finds that any provisions of Paragraph 53 have been violated, the same shall constitute a material breach of Contract upon which Director may suspend or County may determine to terminate this Contract. While County reserves the right to determine independently that the anti-discrimination provisions of this Contract have been violated, in addition, a determination by the California Fair Employment and Housing Commission or the Federal Equal Employment Opportunity Commission that Contractor has violated Federal Equal Employment Opportunity Commission that Contractor has violated federal or State anti-discrimination laws shall constitute a finding by County that Contractor has violated the anti-discrimination provisions of this Contract.

G. The parties agree that in the event Contractor violates any of the anti-discrimination provisions of the Paragraph, County shall be entitled, at its option, to the sum of Five Hundred Dollars (\$500) pursuant to California Civil Code Section 1671 as liquidated damages in lieu of canceling, terminating, or suspending this Contract.

54. NON-EXCLUSIVITY: Nothing herein is intended nor shall be construed as creating any exclusive arrangement with the Contractor. This Contract shall not restrict the County from acquiring similar, equal, or like goods and/or services from other entities or sources.

55. NOTICE OF DELAYS: Except as otherwise provided under this Contract, when either party has knowledge that any actual or potential situation is delaying or threatens to delay the timely performance of this Contract, that party shall, within one (1) business day, give notice thereof, including all relevant information with respect thereto, to the other party.

56. NOTICE OF DISPUTES: The Contractor shall bring to the attention of the County's Project Manager and/or County's Project Director any dispute between the County and the Contractor regarding the performance of services as stated in this Contract. If the County's Project Manager or County's Project Director is not able to resolve the dispute, the Director shall resolve it.

57. NOTICE TO EMPLOYEES REGARDING THE FEDERAL EARNED INCOME CREDIT: The Contractor shall notify its employees, and shall require each Subcontractor to notify its employees, that they may be eligible for the Federal Earned Income Credit under the federal income tax laws. Such notice shall be provided in accordance with the requirements set forth in Internal Revenue Service Notice No. 1015.

58. NOTICE TO EMPLOYEES REGARDING THE SAFELY SURRENDERED BABY LAW: The Contractor shall notify and provide to its employees, and shall require each Subcontractor to notify and provide to its employees, a fact sheet regarding the Safely Surrendered Baby Law, its implementation in Los Angeles County, and where

and how to safely surrender a baby. The fact sheet is available on the Internet at www.babysafela.org for printing purposes.

59. PROHIBITION AGAINST INDUCEMENT OR PERSUASION:

Notwithstanding the above, the Contractor and the County agree that, during the term of this Contract and for a period of one year thereafter, neither party shall in any way intentionally induce or persuade any employee of one party to become an employee or agent of the other party. No bar exists against any hiring action initiated through a public announcement.

60. PROHIBITION AGAINST PERFORMANCE OF SERVICES WHILE UNDER THE INFLUENCE: Contractor shall ensure that no employee or physician performs services while under the influence of any alcoholic beverage, medication, narcotic, or other substance that might impair his/her physical or mental performance.

61. PUBLIC RECORDS ACT:

A. Any documents submitted by the Contractor; all information obtained in connection with the County's right to audit and inspect the Contractor's documents, books, and accounting records pursuant to the RECORD RETENTION AND AUDITS Paragraph of this Contract; as well as those documents which were required to be submitted in response to the Request for Proposals (RFP) used in the solicitation process for this Contract, become the exclusive property of the County. All such documents become a matter of public record and shall be regarded as public records. Exceptions will be those elements in the California Government Code Section 6250 et seq. (Public Records Act) and which are marked "trade secret", "confidential", or "proprietary". The County shall not in any way be liable or responsible for the disclosure of any such records

including, without limitation, those so marked, if disclosure is required by law, or by an order issued by a court of competent jurisdiction.

B. In the event the County is required to defend an action on a Public Records Act request for any of the aforementioned documents, information, books, records, and/or contents of a proposal marked “trade secret”, “confidential”, or “proprietary”, the Contractor agrees to defend and indemnify the County from all costs and expenses, including reasonable attorney’s fees, in action or liability arising under the Public Records Act.

62. PURCHASES:

A. Purchase Practices: Contractor shall fully comply with all federal, State, and County laws, ordinances, rules, regulations, manuals, guidelines, and directives, in acquiring all furniture, fixtures, equipment, materials, and supplies. Such items shall be acquired at the lowest possible price or cost if funding is provided for such purposes hereunder.

B. Proprietary Interest of County: In accordance with all applicable federal, State, and County laws, ordinances, rules, regulations, manuals, guidelines, and directives, County shall retain all proprietary interest, except for use during the term of this Contract, in all furniture, fixtures, equipment, materials, and supplies, purchased or obtained by Contractor using any contract funds designated for such purpose. Upon the expiration or earlier termination of this Contract, the discontinuance of the business of Contractor, the failure of Contractor to comply with any of the provisions of this Contract, the bankruptcy of Contractor or its giving an assignment for the benefit of creditors, or the failure of Contractor to satisfy any judgment against it within thirty (30) calendar days of

filing, County shall have the right to take immediate possession of all such furniture, removable fixtures, equipment, materials, and supplies, without any claim for reimbursement whatsoever on the part of Contractor. Contractor, in conjunction with County, shall attach identifying labels on all such property indicating the proprietary interest of County.

C. Inventory Records, Controls, and Reports: Contractor shall maintain accurate and complete inventory records and controls for all furniture, fixtures, equipment, materials, and supplies, purchased or obtained using any contract funds designated for such purpose. Annually, Contractor shall provide Director with an accurate and complete inventory report of all furniture, fixtures, equipment, materials, and supplies, purchased or obtained using any County funds designated for such purpose.

D. Protection of Property in Contractor's Custody: Contractor shall maintain vigilance and take all reasonable precautions, to protect all furniture, fixtures, equipment, materials, and supplies, purchased or obtained using any contract funds designated for such purpose, against any damage or loss by fire, burglary, theft, disappearance, vandalism, or misuse. Contractor shall contact Director, for instructions for disposition of any such property which is worn out or unusable.

E. Disposition of Property in Contractor's Custody: Upon the termination of the funding of any program covered by this Contract, or upon the expiration or earlier termination of this Contract, or at any other time that County may request, Contractor shall: (1) provide access to and render all necessary assistance for physical removal by Director or her authorized representatives of

any or all furniture, fixtures, equipment, materials, and supplies, purchased or obtained using any County funds designated for such purpose, in the same condition as such property was received by Contractor, reasonable wear and tear expected; or (2) at Director's option, deliver any or all items of such property to a location designated by Director. Any disposition, settlement, or adjustment connected with such property shall be in accordance with all applicable federal, State, and County laws, ordinances, rules, regulations, manuals, guidelines, and directives.

63. REAL PROPERTY AND BUSINESS OWNERSHIP DISCLOSURE:

A. Real Property Disclosure: If Contractor is renting, leasing, or subleasing, or is planning to rent, lease, or sublease, any real property where persons are to receive services hereunder, Contractor shall prepare and submit to Director within ten (10) calendar days following execution of this Contract, an affidavit sworn to and executed by Contractor's duly constituted officers, containing the following information:

(1) The location by street address and city of any such real property.

(2) The fair market value of any such real property as such value is reflected on the most recently issued County Tax Collector's tax bill.

(3) A detailed description of all existing and pending rental agreements, leases, and subleases with respect to any such real property, such description to include: the term (duration) of such rental agreement, lease or sublease; the amount of monetary consideration to be paid to the

lessor or sublessor over the term of the rental agreement, lease or sublease; the type and dollar value of any other consideration to be paid to the lessor or sublessor over the term of the rental agreement, lease, or sublease; the full names and addresses of all parties who stand in the position of lessor or sublessor; if the lessor or sublessor is a private corporation and its shares are not publicly traded (on a stock exchange or over-the-counter), a listing by full names of all officers, directors, and stockholders thereof; and if the lessor or sublessor is a partnership, a listing by full names of all general and limited partners thereof.

(4) A listing by full names of all Contractor's officers, directors, members of its advisory boards, members of its staff and consultants, who have any family relationships by marriage or blood with a lessor or sublessor referred to in sub-paragraph (3) immediately above, or who have any financial interest in such lessor's or sublessor's business, or both. If such lessor or sublessor is a corporation or partnership, such listing shall also include the full names of all Contractor's officers, members of its advisory boards, members of its staff and consultants, who have any family relationship, by marriage or blood, to an officer, director, or stockholder of the corporation, or to any partner of the partnership. In preparing the latter listing, Contractor shall also indicate the names (s) of the officer(s), director(s), stockholder(s), or partner(s), as appropriate, and the family relationship which exists between such person(s) and Contractor's representatives listed.

(5) If a facility of Contractor is rented or leased from a parent organization or individual who is a common owner (as defined by Federal Health Insurance Manual 15, Chapter 10, Paragraph 1002.2), Contractor shall only charge the program for costs of ownership. Costs of ownership shall include depreciation, interest, and applicable taxes.

True and correct copies of all written rental agreements, leases, and subleases with respect to any such real property shall be appended to such affidavit and made a part thereof.

B. Business Ownership Disclosure: Contractor shall prepare and submit to Director, upon request, a detailed statement, executed by Contractor's duly constituted officers, indicating whether Contractor totally or partially owns any other business organization that will be providing services, supplies, materials, or equipment to Contractor or in any manner does business with Contractor under this Contract. If during the term of this Contract the Contractor's ownership of other businesses dealing with Contractor under this Contract changes, Contractor shall notify Director in writing of such changes within thirty (30) calendar days prior to the effective date thereof.

64. REPORTS: Contractor shall make reports as required by County concerning Contractor's activities and operations as they relate to this Contract and the provision of services hereunder. In no event, however may County require such reports unless Director has provided Contractor with at least thirty (30) calendar days' prior written notification thereof. Director's notification shall provide Contractor with a written explanation of the procedures for reporting the information required.

65. RECYCLED CONTENT BOND PAPER: Consistent with the Board of Supervisors' policy to reduce the amount of solid waste deposited at County landfills, Contractor agrees to use recycled-content bond paper to the maximum extent possible in connection with services to be performed by Contractor under this Contract.

66. SOLICITATION OF BIDS OR PROPOSALS: Contractor acknowledges that County, prior to expiration or earlier termination of this Contract, may exercise its right to invite bids or request proposals for the continued provision of the services delivered or contemplated under this Contract. County and its DPH shall make the determination to re-solicit bids or request proposals in accordance with applicable County policies.

Contractor acknowledges that County may enter into a contract for the future provision of services, based upon the bids or proposals received, with a provider or providers other than Contractor. Further, Contractor acknowledges that it obtains no greater right to be selected through any future invitation for bids or request for proposals by virtue of its present status as Contractor.

67. STAFFING AND TRAINING/STAFF DEVELOPMENT: Contractor shall operate continuously throughout the term of this Contract with at least the minimum number of staff required by County. Such personnel shall be qualified in accordance with standards established by County. In addition, Contractor shall comply with any additional staffing requirements which may be included in the Exhibits attached hereto.

During the term of this Contract, Contractor shall have available and shall provide upon request to authorized representatives of County, a list of persons by name, title, professional degree, salary, and experience who are providing services hereunder. Contractor also shall indicate on such list which persons are appropriately qualified to

perform services hereunder. If an executive director, program director, or supervisory position becomes vacant during the term of this Contract, Contractor shall, prior to filling said vacancy, notify County's Director. Contractor shall provide the above set forth required information to County's Director regarding any candidate prior to any appointment. Contractor shall institute and maintain appropriate supervision of all persons providing services pursuant to this Contract.

Contractor shall institute and maintain a training/staff development program pertaining to those services described in the Exhibit(s) attached hereto. Appropriate training/staff development shall be provided for treatment, administrative, and support personnel. Participation of treatment and support personnel in training/staff development should include in-service activities. Such activities shall be planned and scheduled in advance; and shall be conducted on a continuing basis. Contractor shall develop and institute a plan for an annual evaluation of such training/staff development program.

68. SUBCONTRACTING:

A. For purposes of this Contract, subcontracts must be approved in advance in writing by Director or her authorized designee(s). Contractor's request to Director for approval of a subcontract shall include:

(1) Identification of the proposed subcontractor, (who shall be licensed as appropriate for provision of subcontract services), and an explanation of why and how the proposed subcontractor was selected, including the degree of competition involved.

(2) A detailed description of the services to be provided by the subcontract.

(3) The proposed subcontract amount and manner of compensation, if any, together with Contractor's cost or price analysis thereof.

(4) A copy of the proposed subcontract. (Any later modification of such subcontract shall take the form of a formally written subcontract amendment which also must be approved in writing by the Director in the same manner as described above, before such amendment is effective.)

(5) Any other information and/or certification(s) requested by Director.

B. Director shall review Contractor's request to subcontract and shall determine, in her sole discretion, whether or not to consent to such a request on a case-by-case basis.

C. Subcontracts shall be made in the name of Contractor and shall not bind nor purport to bind County. The making of subcontracts hereunder shall not relieve Contractor of any requirement under this Contract, including, but not limited to, the duty to properly supervise and coordinate the work of subcontractors. Further, Director's approval of any subcontract shall also not be construed to limit in any way, any of County's rights or remedies contained in this Contract.

D. In the event that Director consents to any subcontracting, Contractor shall be solely liable and responsible for any and all payments or other compensation to all subcontractors, and their officers, employees, and agents.

E. In the event that Director consents to any subcontracting, such consent shall be provisional, and shall not waive the County's right to later withdraw that consent when such action is deemed by County to be in its best interest. County shall not be liable or responsible in any way to Contractor, or any subcontractor, for any liability, damages, costs, or expenses, arising from or related to County's exercising of such a right.

F. The County's consent to subcontract shall not waive the County's right to prior and continuing approval of any and all personnel, including Subcontractor employees, providing services under this Contract. The Contractor is responsible to notify its Subcontractors of this County right.

G. Subcontracts shall contain the following provision: "This contract is a subcontract under the terms of a prime contract with the County of Los Angeles and shall be subject to all of the provisions of such prime contract." Further, Contractor shall also reflect as subcontractor requirements in the subcontract form all of the requirements of the INDEMNIFICATION, GENERAL PROVISIONS FOR ALL INSURANCE COVERAGES, INSURANCE COVERAGE REQUIREMENTS, COMPLIANCE WITH APPLICABLE LAW, CONFLICT OF TERMS and ALTERATION OF TERMS Paragraphs and all of the provisions of this Contract.

Contractor shall deliver to Director a fully executed copy of each subcontract entered into by Contractor, as it pertains to the provision of services under this Contract, on or immediately after the effective date of the subcontract, but in no event, later than the date and any services are to be performed under the subcontract.

H. The Contractor shall obtain certificates of insurance which establish that the Subcontractor maintains all the programs of insurance required by the County from each approved Subcontractor.

I. Director is hereby authorized to act for and on behalf of County pursuant to this Paragraph, including but not limited to, consenting to any subcontracting.

J. The Contractor shall indemnify, defend, and hold the County harmless with respect to the activities of each and every Subcontractor in the same manner and to the same degree as if such Subcontractor(s) were the Contractor employees.

K. The Contractor shall remain fully responsible for all performances required of it under this Contract, including those that the Contractor has determined to subcontract, notwithstanding the County's approval of the Contractor's proposed subcontract.

69. TERMINATION FOR BREACH OF WARRANTY TO MAINTAIN

COMPLIANCE WITH COUNTY'S CHILD SUPPORT COMPLIANCE PROGRAM: Failure of the Contractor to maintain compliance with the requirements set forth in Paragraph 35, CONTRACTOR'S WARRANTY OF ADHERENCE TO COUNTY'S CHILD SUPPORT COMPLIANCE PROGRAM, herein, shall constitute default under this Contract. Without limiting the rights and remedies available to the County under any other provision of this Contract, failure of the Contractor to cure such default within ninety (90) calendar days of written notice shall be grounds upon which the County may terminate this Contract pursuant to, Paragraph 67, TERMINATION FOR DEFAULT, herein, and pursue debarment of the Contractor, pursuant to County Code Chapter 2.202.

70. TERMINATION FOR CONVENIENCE: The performance of services under this Contract may be terminated, with or without cause, in whole or in part, from time to time when such action is deemed by County to be in its best interest. Termination of services hereunder shall be effected by delivery to Contractor of a thirty (30) calendar day advance Notice of Termination specifying the extent to which performance of services under this Contract is terminated and the date upon which such termination becomes effective.

After receipt of a Notice of Termination and except as otherwise directed by County, Contractor shall:

- A. Stop services under this Contract on the date and to the extent specified in such Notice of Termination; and
- B. Complete performance of such part of the services as shall not have been terminated by such Notice of Termination.

Further, after receipt of a Notice of Termination, Contractor shall submit to County, in the form and with the certifications as may be prescribed by County, its termination claim and invoice. Such claim and invoice shall be submitted promptly, but not later than sixty (60) calendar days from the effective date of termination. Upon failure of Contractor to submit its termination claim and invoice within the time allowed, County may determine on the basis of information available to County, the amount, if any, due to Contractor in respect to the termination, and such determination shall be final. After such determination is made, County shall pay Contractor the amount so determined.

Contractor, for a period of seven (7) years after final settlement under this Contract, in accordance with Paragraph 15, RECORD RETENTION AND

AUDITS, shall retain and make available all its books, documents, records, or other evidence, bearing on the costs and expenses of Contractor under this Contract in respect to the termination of services hereunder. All such books, records, documents, or other evidence shall be retained by Contractor at a location in Los Angeles County and shall be made available within ten (10) calendar days of prior written notice during County's normal business hours to representatives of County for purposes of inspection or audit.

71. TERMINATION FOR DEFAULT: County may, by written notice of default to Contractor, terminate this Contract immediately in any one of the following circumstances:

A. If, as determined in the sole judgment of County, Contractor fails to perform any services within the times specified in this Contract or any extension thereof as County may authorize in writing; or

B. If, as determined in the sole judgment of County, Contractor fails to perform and/or comply with any of the other provisions of this Contract, or so fails to make progress as to endanger performance of this Contract in accordance with its terms, and in either of these two (2) circumstances, does not cure such failure within a period of five (5) calendar days (or such longer period as County may authorize in writing) after receipt of notice from County specifying such failure.

In the event that County terminates this Contract as provided hereinabove, County may procure, upon such terms and in such manner as County may deem appropriate, services similar to those so terminated, and Contractor shall be liable to County for any reasonable excess costs incurred by County for such similar services.

If, after the County has given notice of termination under the provisions of this paragraph, it is determined by the County that the Contractor was not in default under the provisions of this paragraph, the rights and obligations of the parties shall be the same as if the notice of termination had been issued pursuant to Paragraph 70, TERMINATION FOR CONVENIENCE.

The rights and remedies of County provided in this Paragraph shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Contract.

72. TERMINATION FOR GRATUITIES AND/OR IMPROPER

CONSIDERATION: County may, by written notice to Contractor, immediately terminate Contractor's right to proceed under this Contract, if it is found that gratuities or consideration in any form, were offered or given by Contractor, either directly or through an intermediary, to any County officer, employee, or agent, with the intent of securing the Contract or securing favorable treatment with respect to the award, amendment, or extension of the Contract, or making of any determinations with respect to the Contractor's performance pursuant to the Contract. In the event of such termination, County shall be entitled to pursue the same remedies against Contractor as it could in the event of default by Contractor.

Contractor shall immediately report any attempt by a County officer, employee, or agent, to solicit such improper gratuity or consideration. The report shall be made either to the County manager charged with the supervision of the employee or agent, or to the County Auditor-Controller's Employee Fraud Hotline at (800) 544-6861.

(Among other items, such improper gratuities and considerations may take the form of cash, discounts, services, the provision of travel or entertainment, or other tangible gifts.)

73. TERMINATION FOR INSOLVENCY: County may terminate this Contract immediately for default in the event of the occurrence of any of the following:

A. Insolvency of Contractor. Contractor shall be deemed to be insolvent if it has ceased to pay its debts at least sixty (60) calendar days in the ordinary course of business or cannot pay its debts as they become due, whether Contractor has committed an act of bankruptcy or not, and whether Contractor is insolvent within the meaning of the Federal Bankruptcy Law or not;

B. The filing of a voluntary or involuntary petition under the federal Bankruptcy Law;

C. The appointment of a Receiver or Trustee for Contractor;

D. The execution by Contractor of an assignment for the benefit of creditors.

In the event that County terminates this Contract as provided hereinabove, County may procure, upon such terms and in such manner as County may deem appropriate, services similar to those so terminated, and Contractor shall be liable to those so terminated, and Contractor shall be liable to County for any reasonable excess costs incurred by County, as determined by County, for such similar services. The rights and remedies of County provided in this Paragraph shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Contract.

74. TERMINATION FOR NON-APPROPRIATION OF FUNDS:

Notwithstanding any other provision of this Contract, the County shall not be obligated for

the Contractor's performance hereunder or by any provision of this Contract during any of the County's future fiscal years unless and until the County's Board of Supervisors appropriates funds for this Contract in the County's Budget for each such future fiscal year. In the event that funds are not appropriated for this Contract, then this Contract shall terminate as of June 30 of the last fiscal year for which funds were appropriated. The County shall notify the Contractor in writing of any such non-allocation of funds at the earliest possible date.

75. NO INTENT TO CREATE A THIRD-PARTY BENEFICIARY CONTRACT:

Notwithstanding any other provision of this Contract, the parties do not in any way intend that any person shall acquire any rights as a third-party beneficiary under this Contract.

76. TIME OFF FOR VOTING: The Contractor shall notify its employees, and shall require each subcontractor to notify and provide to its employees, information regarding the time off for voting law (Elections Code Section 14000). Not less than ten (10) days before every statewide election, every Contractor and subcontractors shall keep posted conspicuously at the place of work, if practicable, or elsewhere where it can be seen as employees come or go to their place of work, a notice setting forth the provisions of Elections Code Section 14000.

77. UNLAWFUL SOLICITATION: Contractor shall require all of its employees performing services hereunder to acknowledge in writing understanding of and agreement to comply with the provisions of Article 9 of Chapter 4 of Division 3 (commencing with Section 6150) of the Business and Professions Code of the State of California (i.e., State Bar Act provisions regarding unlawful solicitation as a runner or capper for attorneys) and shall take positive and affirmative steps in its performance

hereunder to ensure that there is no violation of such provisions by its employees. Contractor shall utilize the attorney referral services of all those bar associations within Los Angeles County that have such a service.

78. VALIDITY: If any provision of this Contract or the application thereof to any person or circumstance is held invalid, the remainder of this Contract and the application of such provision to other persons or circumstances shall not be affected thereby.

79. WAIVER: No waiver by the County of any breach of any provision of this Contract shall constitute a waiver of any other breach or of such provision. Failure of the County to enforce at any time, or from time to time, any provision of this Contract shall not be construed as a waiver thereof. The rights and remedies set forth in this sub-paragraph shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Contract.

80. WARRANTY AGAINST CONTINGENT FEES:

A. The Contractor warrants that no person or selling agency has been employed or retained to solicit or secure this Contract upon any Contract or understanding for a commission, percentage, brokerage, or contingent fee, excepting bona fide employees or bona fide established commercial or selling agencies maintained by the Contractor for the purpose of securing business.

B. For breach of this warranty, the County shall have the right to terminate this Contract and, at its sole discretion, deduct from the Contract price or consideration, or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee.

81. WARRANTY OF COMPLIANCE WITH COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM:

Contractor acknowledges that County has established a goal of ensuring that all individuals and businesses that benefit financially from County through contract are current in paying their property tax obligations (secured and unsecured roll) in order to mitigate the economic burden otherwise imposed upon County and its taxpayers.

Unless Contractor qualifies for an exemption or exclusion, Contractor warrants and certifies that to the best of its knowledge it is now in compliance, and during the term of this Contract will maintain compliance, with Los Angeles County Code Chapter 2.206.

82. TERMINATION FOR BREACH OF WARRANTY TO MAINTAIN COMPLIANCE WITH COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM:

Failure of Contractor to maintain compliance with the requirements set forth in Paragraph 77, WARRANTY OF COMPLIANCE WITH COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM, herein, shall constitute default under this Contract. Without limiting the rights and remedies available to County under any other provision of this Contract, failure of Contractor to cure such default within ten (10) days of notice shall be grounds upon which County may terminate this Contract and/or pursue debarment of Contractor, pursuant to County Code Chapter 2.206.

83. COMPLIANCE WITH FAIR CHANCE EMPLOYMENT PRACTICES:

Contractor shall comply with fair chance employment hiring practices set forth in California Government Code Section 12952, Employment Discrimination:

Conviction History. Contractor's violation of this paragraph of the Contract may

constitute a material breach of the Contract. In the event of such material breach, County may, in its sole discretion, terminate the Contract.

84. DEFAULT METHOD OF PAYMENT: DIRECT DEPOSIT OR ELECTRONIC FUNDS TRANSFER

A. The County, at its sole discretion, has determined that the most efficient and secure default form of payment for goods and/or services provided under an agreement/ contract with the County shall be Electronic Funds Transfer (EFT) or direct deposit, unless an alternative method of payment is deemed appropriate by the Auditor-Controller (A-C).

B. The Contractor shall submit a direct deposit authorization request via the website <https://directdeposit.lacounty.gov> with banking and vendor information, and any other information that the A-C determines is reasonably necessary to process the payment and comply with all accounting, record keeping, and tax reporting requirements.

C. Any provision of law, grant, or funding agreement requiring a specific form or method of payment other than EFT or direct deposit shall supersede this requirement with respect to those payments.

D. At any time during the duration of the agreement/contract, a Contractor may submit a written request for an exemption to this requirement. Such request must be based on specific legal, business or operational needs and explain why the payment method designated by the A-C is not feasible and an alternative is necessary. The A-C, in consultation with the contracting department(s), shall decide whether to approve exemption requests.

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Contract to be subscribed by its Director of Public Health, and Contractor has caused this Contract to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
Barbara Ferrer, Ph.D., M.P.H., M. Ed.
Director

Contractor

By _____
Signature

Printed Name

Title _____
(AFFIX CORPORATE SEAL)

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL
MARY C. WICKHAM
County Counsel

APPROVED AS TO CONTRACT
ADMINISTRATION:

Department of Public Health

By _____
Patricia Gibson, Chief
Contracts and Grants Division

STANDARD EXHIBITS

- A STATEMENT(S) OF WORK (NOT ATTACHED TO SAMPLE)
- B SCOPE(S) OF WORK (INTENTIONALLY OMITTED)
- C BUDGET(S) (NOT ATTACHED TO SAMPLE)
- D CONTRACTOR'S EEO CERTIFICATION
- E COUNTY'S ADMINISTRATION
- F CONTRACTOR'S ADMINISTRATION
- G CONTRACTOR ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT
- H HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

UNIQUE EXHIBITS

- I CHARITABLE CONTRIBUTIONS CERTIFICATION
- J REQUIREMENTS REGARDING IMPOSITION OF CHARGES FOR SERVICES
- K PEOPLE WITH HIV/AIDS BILL OF RIGHTS AND RESPONSIBILITIES
- L GUIDELINES FOR STAFF TUBERCULOSIS SCREENING
- M RYAN WHITE PROGRAM GRIEVANCE PROCEDURE

STATEMENT(S) OF WORK

NOT ATTACHED TO SAMPLE

SCOPE(S) OF WORK

INTENTIONALLY OMITTED

BUDGET(S)

NOT ATTACHED TO SAMPLE

CONTRACTOR'S EEO CERTIFICATION

 Contractor Name

 Address

 Internal Revenue Service Employer Identification Number

GENERAL CERTIFICATION

In accordance with Section 4.32.010 of the Code of the County of Los Angeles, the contractor, supplier, or vendor certifies and agrees that all persons employed by such firm, its affiliates, subsidiaries, or holding companies are and will be treated equally by the firm without regard to or because of race, religion, ancestry, national origin, or sex and in compliance with all anti-discrimination laws of the United States of America and the State of California.

CONTRACTOR'S SPECIFIC CERTIFICATIONS

- | | | |
|--|------------------------------|-----------------------------|
| 1. The Contractor has a written policy statement prohibiting discrimination in all phases of employment. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. The Contractor periodically conducts a self analysis or utilization analysis of its work force. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. The Contractor has a system for determining if its employment practices are discriminatory against protected groups. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Where problem areas are identified in employment practices, the Contractor has a system for taking reasonable corrective action, to include establishment of goals or timetables. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

 Authorized Official's Printed Name and Title

 Authorized Official's Signature

 Date

COUNTY'S ADMINISTRATION

CONTRACT NO. _____

COUNTY'S PROJECT DIRECTOR:

Name: _____

Title: _____

Address: _____

Telephone: _____

Facsimile: _____

E-Mail Address: _____

COUNTY'S PROJECT MANAGER:

Name: _____

Title: _____

Address: _____

Telephone: _____

Facsimile: _____

E-Mail Address: _____

COUNTY'S CONTRACT PROJECT MONITOR:

Name: _____

Title: _____

Address: _____

Telephone: _____

Facsimile: _____

E-Mail Address: _____

CONTRACTOR'S ADMINISTRATION

CONTRACTOR'S NAME: _____

CONTRACT NO: _____

CONTRACTOR'S PROJECT MANAGER:

Name: _____

Title: _____

Address: _____

Telephone: _____

Facsimile: _____

E-Mail Address: _____

CONTRACTOR'S AUTHORIZED OFFICIAL(S)

Name: _____

Title: _____

Address: _____

Telephone: _____

Facsimile: _____

E-Mail Address: _____

Name: _____

Title: _____

Address: _____

Telephone: _____

Facsimile: _____

E-Mail Address: _____

Notices to Contractor shall be sent to the following:

Name: _____

Title: _____

Address: _____

Telephone: _____

Facsimile: _____

E-Mail Address: _____

CONTRACTOR ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

FORMS REQUIRED AT THE TIME OF CONTRACT EXECUTION

- G1 CONTRACTOR ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT
- OR**
- G2 CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT
- G3 CONTRACTOR NON-EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

CONTRACTOR ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

CONTRACTOR NAME _____ Contract No. _____

GENERAL INFORMATION:

The Contractor referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires the Corporation to sign this Contractor Acknowledgement and Confidentiality Agreement.

CONTRACTOR ACKNOWLEDGEMENT:

Contractor understands and agrees that the Contractor employees, consultants, Outsourced Vendors and independent contractors (Contractor's Staff) that will provide services in the above referenced agreement are Contractor's sole responsibility. Contractor understands and agrees that Contractor's Staff must rely exclusively upon Contractor for payment of salary and any and all other benefits payable by virtue of Contractor's Staff's performance of work under the above-referenced contract.

Contractor understands and agrees that Contractor's Staff are not employees of the County of Los Angeles for any purpose whatsoever and that Contractor's Staff do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. Contractor understands and agrees that Contractor's Staff will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

CONFIDENTIALITY AGREEMENT:

Contractor and Contractor's Staff may be involved with work pertaining to services provided by the County of Los Angeles and, if so, Contractor and Contractor's Staff may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, Contractor and Contractor's Staff may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. Contractor and Contractor's Staff understand that if they are involved in County work, the County must ensure that Contractor and Contractor's Staff, will protect the confidentiality of such data and information. Consequently, Contractor must sign this Confidentiality Agreement as a condition of work to be provided by Contractor's Staff for the County.

Contractor and Contractor's Staff hereby agrees that they will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between Contractor and the County of Los Angeles. Contractor and Contractor's Staff agree to forward all requests for the release of any data or information received to County's Project Manager.

Contractor and Contractor's Staff agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, Contractor proprietary information and all other original materials produced, created, or provided to Contractor and Contractor's Staff under the above-referenced contract. Contractor and Contractor's Staff agree to protect these confidential materials against disclosure to other than Contractor or County employees who have a need to know the information. Contractor and Contractor's Staff agree that if proprietary information supplied by other County vendors is provided to me during this employment, Contractor and Contractor's Staff shall keep such information confidential.

Contractor and Contractor's Staff agree to report any and all violations of this agreement by Contractor and Contractor's Staff and/or by any other person of whom Contractor and Contractor's Staff become aware.

Contractor and Contractor's Staff acknowledge that violation of this agreement may subject Contractor and Contractor's Staff to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: _____

DATE: ____/____/____

PRINTED NAME: _____

POSITION: _____

CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

(Note: This certification is to be executed and returned to County with Contractor's executed Contract. Work cannot begin on the Contract until County receives this executed document.)

Contractor Name _____ Contract No. _____

Employee Name _____

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this Contractor Employee Acknowledgement and Confidentiality Agreement.

EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the Contractor referenced above is my sole employer for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon my employer for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contract.

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, too, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by my employer for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between my employer and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to my immediate supervisor.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, Contractor proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than my employer or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to my immediate supervisor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to my immediate supervisor upon completion of this contract or termination of my employment with my employer, whichever occurs first.

SIGNATURE: _____

DATE: ____/____/____

PRINTED NAME: _____

POSITION: _____

CONTRACTOR NON-EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

(Note: This certification is to be executed and returned to County with Contractor's executed Contract. Work cannot begin on the Contract until County receives this executed document.)

Contractor Name _____ Contract No. _____

Non-Employee Name _____

GENERAL INFORMATION:

The Contractor referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this Contractor Non-Employee Acknowledgement and Confidentiality Agreement.

NON-EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the Contractor referenced above has exclusive control for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon the Contractor referenced above for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contract.

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, too, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by the above-referenced Contractor for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between the above-referenced Contractor and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to the above-referenced Contractor.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, Contractor proprietary information, and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than the above-referenced Contractor or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me, I shall keep such information confidential.

I agree to report to the above-referenced Contractor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to the above-referenced Contractor upon completion of this contract or termination of my services hereunder, whichever occurs first.

SIGNATURE: _____

DATE: ____/____/____

PRINTED NAME: _____

POSITION: _____

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
(HIPAA)****INADVERTENT ACCESS**

It is the intention of the parties that Contractor will provide the County with de-identified data. Contractor expressly acknowledges and agrees that the provision of services under this Contract does not require or permit access by Contractor or any of its officers, employees, or agents to any County's protected health information concerning any County clients other than those expressly authorized by the applicable patient ("Patient Consent Records"). Accordingly, Contractor shall instruct its officers, employees, and agents that they are not to pursue or gain access to County's protected health information concerning any County clients.

Notwithstanding the foregoing, the parties acknowledge that, in the course of the provision of services hereunder, Contractor or its officers, employees, or agents may have inadvertent access to County's protected health information concerning any County clients. Contractor understands and agrees that neither it nor its officers, employees, and agents are to take advantage of such access for any purpose whatsoever. Additionally, in the event of such inadvertent access County's protected health information concerning any County clients, Contractor and its employees shall maintain the confidentiality of any information obtained and shall notify the applicable DPH Program Director that such access has been gained immediately or upon the first reasonable opportunity to do so.

In the event of any access, whether inadvertent or intentional, Contractor shall indemnify, defend, and hold harmless County, its officers, employees, or agents from and against any and all liability, including but not limited to actions, claims, costs, demands, expenses, and fees (including attorney and expert witness fees) arising from or connected with Contractor's or its officers', employees', or agents' access to patient medical records. Contractor agrees to provide appropriate training to its employees regarding their obligation as described herein in this regard.

CHARITABLE CONTRIBUTIONS CERTIFICATION

Company Name

Address

Internal Revenue Service Employer Identification Number

California Registry of Charitable Trusts "CT" number (if applicable)

The Nonprofit Integrity Act (SB 1262, Chapter 919) added requirements to California's Supervision of Trustees and Fundraisers for Charitable Purposes Act which regulates those receiving and raising charitable contributions.

Check the Certification below that is applicable to your company.

- Bidder or Contractor has examined its activities and determined that it does not now receive or raise charitable contributions regulated under California's Supervision of Trustees and Fundraisers for Charitable Purposes Act. If Bidder engages in activities subjecting it to those laws during the term of a County contract, it will timely comply with them and provide County a copy of its initial registration with the California State Attorney General's Registry of Charitable Trusts when filed.

OR

- Bidder or Contractor is registered with the California Registry of Charitable Trusts under the CT number listed above and is in compliance with its registration and reporting requirements under California law. Attached is a copy of its most recent filing with the Registry of Charitable Trusts as required by Title 11 California Code of Regulations, sections 300-301 and Government Code sections 12585-12586.

Signature

Date

Name and Title of Signer (please print)

C.A.R.E. Act Title I
Public Law 101-381--August 18, 1990
As amended by the Ryan White Program Act Amendments of 1996
Provision 2605

(e) REQUIREMENTS REGARDING IMPOSITION OF CHARGES FOR SERVICES

"(1) IN GENERAL-The Secretary may not make a grant under section 2601 to an eligible area unless the eligible area provides assurances that in the provision of services with assistance provided under the grant-

"(A) in the case of individuals with an income less than or equal to 100 percent of the official poverty line, the provider will not impose charges on any such individual for the provision of services under the grant;

"(B) in the case of individuals with an income greater than 100 percent of the official poverty line, the provider-

"(i) will impose a charge on each such individual for the provision of such services; and

"(ii) will impose the charge according to a schedule of charges that is made available to the public;

"(C) in the case of individuals with an income greater than 100 percent of the official poverty line and not exceeding 200 percent of such poverty line, the provider will not for any calendar year, impose charges in an amount exceeding 5 percent of the annual gross income of the individual involved;

"(D) in the case of individuals with an income greater than 200 percent of the official poverty line and not exceeding 300 percent of such poverty line, the provider will not for any calendar year, impose charges in an amount exceeding 7 percent of the annual gross income of the individual involved; and

"(E) in the case of individuals with an income greater than 300 percent of the official poverty line, the provider will not, for any calendar year, impose charges in an amount exceeding 10 percent of the annual gross income of the individual involved.

"(2) ASSESSMENT OF CHARGE-With respect to compliance with the assurance made under paragraph (1), a grantee or entity receiving assistance under this part may, in the case of individuals subject to a charge for purposes of such paragraph-

"(A) assess the amount of the charge in the discretion of the grantee, including imposing only a nominal charge for the provision of services, subject to the provisions of such paragraph regarding public schedules and regarding limitations on the maximum amount of charges; and

"(B) take into consideration the medical expenses of individuals in assessing the amount of the charge, subject to such provisions.

"(3) APPLICABILITY OF LIMITATION ON AMOUNT OF CHARGE- The Secretary may not make a grant under section 2601 to an eligible area unless the eligible area agrees that the limitations established in subparagraphs (C), (D) and (E) of paragraph (1) regarding the imposition of charges for services applies to the annual aggregate of charges imposed for such services, without regard to whether they are characterized as enrollment fees, premiums, deductibles, cost sharing, copayments, coinsurance, or other charges.

"(4) WAIVER REGARDING SECONDARY AGREEMENT-The requirements established in paragraphs (1) through (3) shall be waived in accordance with section 2604(dx2)."

PEOPLE WITH HIV/AIDS BILL OF RIGHTS AND RESPONSIBILITIES

The purpose of this Patient and Client Bill of Rights is to help enable clients act on their own behalf and in partnership with their providers to obtain the best possible HIV/AIDS care and treatment. This Bill of Rights and Responsibilities comes from the hearts of people living with HIV/AIDS in the diverse communities of Los Angeles County. As someone newly entering or currently accessing care, treatment or support services for HIV/AIDS, you have the right to:

A. Respectful Treatment

1. Receive considerate, respectful, professional, confidential and timely care in a safe client-centered environment without bias.
2. Receive equal and unbiased care in accordance with federal and State laws.
3. Receive information about the qualifications of your providers, particularly about their experience managing and treating HIV/AIDS or related services.
4. Be informed of the names and work phone numbers of the physicians, nurses and other staff members responsible for your care.
5. Receive safe accommodations for protection of personal property while receiving care services.
6. Receive services that are culturally and linguistically appropriate, including having a full explanation of all services and treatment options provided clearly in your own language and dialect.
7. Look at your medical records and receive copies of them upon your request (reasonable agency policies including reasonable fee for photocopying may apply).
8. When special needs arise, extended visiting hours by family, partner, or friends during inpatient treatment, recognizing that there may be limits imposed for valid reasons by the hospital, hospice or other inpatient institution.

B. Competent, High-Quality Care

1. Have your care provided by competent, qualified professionals who follow HIV treatment standards as set forth by the Federal Public Health Service Guidelines, the Centers for Disease Control and Prevention (CDC), the California Department of Health Services, and the County of Los Angeles.
2. Have access to these professionals at convenient times and locations.
3. Receive appropriate referrals to other medical, mental health or other care services.

C. Make Treatment Decisions

1. Receive complete and up-to-date information in words you understand about your diagnosis, treatment options, medications (including common side effects and complications) and prognosis that can reasonably be expected.
2. Participate actively with your provider(s) in discussions about choices and options available for your treatment.
3. Make the final decision about which choice and option is best for you after you have been given all relevant information about these choices and the clear recommendation of your provider.
4. Refuse any and all treatments recommended and be told of the effect not taking the treatment may have on your health, be told of any other potential consequences of your refusal and be assured that you have the right to change your mind later.
5. Be informed about and afforded the opportunity to participate in any appropriate clinical research studies for which you are eligible.
6. Refuse to participate in research without prejudice or penalty of any sort.
7. Refuse any offered services or end participation in any program without bias or impact on your care.
8. Be informed of the procedures at the agency or institution for resolving misunderstandings, making complaints or filing grievances.
9. Receive a response to a complaint or grievance within 30 days of filing it.
10. Be informed of independent ombudsman or advocacy services outside the agency to help you resolve problems or grievances (see number at bottom of this form), including how to access a federal complaint center within the Center for Medicare and Medicaid Services (CMS).

D. Confidentiality and Privacy

1. Receive a copy of your agency's Notice of Privacy Policies and Procedures. (Your agency will ask you to acknowledge receipt of this document.)
2. Keep your HIV status confidential or anonymous with respect to HIV counseling and testing services. Have information explained to you about confidentiality policies and under what conditions, if any, information about HIV care services may be released.
3. Request restricted access to specific sections of your medical records.
4. Authorize or withdraw requests for your medical record from anyone else besides your health care providers and for billing purposes.
5. Question information in your medical chart and make a written request to change specific documented information. (Your physician has the right to accept or refuse your request with an explanation.)

E. Billing Information and Assistance

1. Receive complete information and explanation in advance of all charges that may be incurred for receiving care, treatment and services as well as payment policies of your provider.
2. Receive information on any programs to help you pay and assistance in accessing such assistance and any other benefits for which you may be eligible.

F. Patient/Client Responsibilities

In order to help your provider give you and other clients the care to which you are entitled, you also have the responsibility to:

1. Participate in the development and implementation of your individual treatment or service plan to the extent that you are able.
2. Provide your providers, to the best of your knowledge, accurate and complete information about your current and past health and illness, medications and other treatment and services you are receiving, since all of these may affect your care. Communicate promptly in the future any changes or new developments.
3. Communicate to your provider whenever you do not understand information you are given.
4. Follow the treatment plan you have agreed to and/or accepting the consequences of failing the recommended course of treatment or of using other treatments.
5. Keep your appointments and commitments at this agency or inform the agency promptly if you cannot do so.
6. Keep your provider or main contact informed about how to reach you confidentially by phone, mail or other means.
7. Follow the agency's rules and regulations concerning patient/client care and conduct.
8. Be considerate of your providers and fellow clients/patients and treat them with the respect you yourself expect.
9. Refrain from the use of profanity or abusive or hostile language; threats, violence or intimidations; carrying weapons of any sort; theft or vandalism; intoxication or use of illegal drugs; sexual harassment and misconduct.
10. Maintain the confidentiality of everyone else receiving care or services at the agency by never mentioning to anyone who you see here or casually speaking to other clients not already known to you if you see them elsewhere.

For More Help or Information

Your first step in getting more information or involving any complaints or grievances should be to speak with your provider or a designated client services representative or patient or treatment advocate at the agency. If this does not resolve any problem in a reasonable time span, or if serious concerns or issues that arise that you feel you need to speak about with someone outside the agency, you may call the number below for confidential, independent information and assistance.

For patient and complaints/grievances call (800) 260-8787
8:00 am – 5:00 pm
Monday – Friday

GUIDELINES FOR STAFF TUBERCULOSIS SCREENING

INTRODUCTION

Tuberculosis (TB) is a contagious infection in humans transmitted largely by airborne particles containing the TB bacillus, *Mycobacterium tuberculosis*, produced by a person with the active disease and inhaled into the lungs of a susceptible individual. Infected individuals have a relatively low overall risk (10%) of developing active disease unless they have one of several host deficiencies which may increase this risk. Today, infection with the human immunodeficiency virus (HIV) presents the greatest risk of developing active tuberculosis disease following infection with the TB bacillus. Preventing transmission of tuberculosis and protecting the health of clients, patients, or residents and employees, consultants, and volunteers of HIV/AIDS service providers is the major goal of these guidelines.

These guidelines are based on the current recommendations of the federal Centers for Disease Control (CDC), State Department of Health Services (Tuberculosis Control Program and Office of AIDS), and were developed collaboratively by Los Angeles County - Department of Public Health, Tuberculosis Control Division of HIV and STD Programs.

POLICY

Agencies with which County contracts to provide HIV/AIDS services in non-clinical settings shall obtain and maintain documentation of TB screening for each employee, consultant, and volunteer. Only persons who have been medically certified as being free from communicable TB shall be allowed to provide HIV/AIDS services.

IMPLEMENTATION GUIDELINES

- I. All employees, consultants, and volunteers working for an agency providing services to persons with HIV disease or AIDS **and** who have routine, direct contact with clients, patients, or residents shall be screened for TB at the beginning date of employment or prior to commencement of service provision and annually (12 months) thereafter.
 - A. If an employee, consultant, or volunteer has completed TB screening with his or her own health care provider within six months **of the beginning date of employment**, the Contractor may accept certification from that provider that the individual is free from active TB.
 - B. For purposes of these guidelines, "volunteer" shall mean any non-paid person providing services either directly for clients, patients, or residents or as part of general duties such as housekeeping and meal preparation **and** these services are provided by such individual more frequently than one day a week and/or longer than one month duration.
- II. Contractor shall be provided documentation by its new employees, consultants, and volunteers proof that they have completed the initial and annual TB screenings. The documentation may include the negative results of a Mantoux tuberculin skin test or Interferon Gamma Release Assay (IGRA) or certification from a physician/radiologist that an individual is free from active TB. This information shall be held confidential. (Note: Use of the IGRA for screening health care workers requires a grant of program flexibility from the California Department of Health Services, Licensing and Certification. Please contact your local Licensing and Certification office for more information on how to obtain a grant of program flexibility.

EXHIBIT L

- A. At the time of employment or prior to commencement of service provision, all employees, consultants, and volunteers shall submit to Contractor the results of a Mantoux tuberculin skin test recorded in millimeters of induration or results of IGRA testing.
 - 1. If the tuberculin skin or IGRA test is positive, the individual must be examined by a physician, obtain a baseline chest x-ray, and submit a physician's written statement that he or she is free from communicable TB.
 - 2. A person who provides written documentation in millimeters of induration of a prior positive tuberculin skin test or IGRA need not obtain a pre-employment tuberculin skin test, but is required to obtain a chest x-ray result and submit a physician's statement that he or she does not have communicable TB.

 - B. At least annually or more frequently (as determined by TB Risk Assessment), each employee, consultant, and volunteer with a previously negative tuberculin skin test shall obtain another Mantoux tuberculin skin test or IGRA and submit to Contractor the results of such test. For the tuberculin skin test, results must be recorded in millimeters of induration.
 - 1. If this annual tuberculin test or IGRA is newly positive, the person must have a baseline chest x-ray and submit a physician's written statement that he or she is free from communicable TB.
 - 2. Persons with a documented history of a positive tuberculin skin test or IGRA and a negative chest x-ray shall be exempt from further screening unless they develop symptoms suggestive of TB. Persons with a history of TB or a positive tuberculin test are at risk for TB in the future and should promptly report to their employer any pulmonary symptoms. If symptoms of TB develop, the person should be excused from further service provision and medically evaluated immediately.

 - C. Contractor shall consult with Los Angeles County - Department of Public Health, Tuberculosis Control Office if any employee, consultant, or volunteer is shown to have converted from a negative tuberculin skin test to a positive tuberculin skin test or IGRA negative result to a positive result while working or residing in its facility.

 - D. Contractor whose agency or facility are in the jurisdictions of the City of Long Beach Health Department or the City of Pasadena Health Department shall consult with their local health department if any employee, consultant, or volunteer is shown to have converted from a negative tuberculin skin test to a positive tuberculin skin test or IGRA negative result to a positive result while working or residing in its facility.
- III. Contractor shall maintain the following TB screening documentation for each employee, consultant, and volunteer in a confidential manner:
- A. The results of the Mantoux tuberculin skin test or IGRA, baseline chest x-ray (if required), and physician certification that the person is free from communicable TB obtained at the time of employment or prior to service provision;
 - B. The results of the annual Mantoux tuberculin skin test or IGRA or physician certification that the person does not have communicable TB; and
 - C. The date and manner in which the County Tuberculosis Control Office, City of Long Beach Health Department, or City of Pasadena Health Department was notified of the following:
 - 1. Change in the tuberculin skin test or IGRA result from negative to positive;
 - 2. Person who is known or suspected to have a current diagnosis of TB; and
 - 3. Person who is known to be taking TB medications for treatment of disease only.

EXHIBIT L

- D. Contractor shall develop and implement a system to track the dates on which the initial and annual TB screening results or physician certifications for each employee, consultant, and volunteer are due and received. The system shall include procedures for notifying individuals when the results of their TB screening are due.
- IV. Contractor is responsible for implementing an organized and systematic plan for ongoing education for its employees, consultants, and volunteers about the following:
 - A. The risks of becoming infected and transmitting TB when a person has HIV disease or AIDS.
 - B. The early signs and symptoms of TB which may indicate an individual should be seen by his or her physician.
 - C. Ways to prevent the transmission of TB within the facility and to protect clients, patients, or residents and employees, consultants, and volunteers.
 - D. The information that Contractor is required to report to the local health department.
- V. Contractor may consult with the Los Angeles County - Department of Public Health, Tuberculosis Control Office at (213) 744-6151 to enlist their assistance in implementing the educational program. Those Contractors with agencies or facilities in Long Beach or Pasadena may consult with their local health department for such assistance.

RYAN WHITE PROGRAM GRIEVANCE PROCEDURES

Section 1 – Legislative Requirements

Section 2602 (c)(2) of the Ryan White Treatment Modernization Act of 2006 requires Part A Grantees to develop mandatory grievance procedures related to funding decisions, including procedures for submitting grievances that cannot be resolved to binding arbitration. The legislation requires that these procedures be consistent with model grievance procedures developed by HRSA, which address grievances with respect to Ryan White funding. HRSA expects Grantee and Planning Council grievance procedures to be coordinated.

Section 2 – Definitions

Definitions used in these procedures are provided in Exhibit K.

Section 3 – Purpose

The Grantee’s grievance policy is designed to provide a process that:

- A. Enables eligible individuals or entities to exercise their rights to file an informal complaint or a formal grievance with regard to specific Grantee policies and procedures and their implementation;
- B. Prevents avoidable grievances and resolves complaints at the informal level whenever possible;
- C. Ensures that each complaint or grievance is addressed and resolved fairly and quickly, and;
- D. Meets HRSA requirements and represents sound practice for an Eligible Metropolitan Area (EMA).

Section 4 – Who May File a Grievance

Entities and individuals within the Los Angeles EMA who are directly affected by the outcome of a decision related to funding are eligible to file a grievance. This may include:

- A. Providers of HIV-related services that are eligible to receive Ryan White Part A or Part B funds, including Minority AIDS Initiative funds;
- B. The Planning Council.

Section 5 – Eligible Grievances

- A. Directly affected parties may file a grievance with regard to either of the following:
 - 1. Deviations from the Grantee's established contracting and awards process and;
 - 2. Deviations from the established process for any subsequent changes to the selection of contractors or awards.
- B. The Planning Council may file a grievance with regard to either of the following:
 - 1. Contracts and awards not consistent with priorities (including any language regarding directives on how best to meet those priorities) and resource allocations made by the Planning Council, and
 - 2. Contract and award changes not consistent with priorities and resource allocations made by the Council.

Section 6 – Prospective Implementation of Settlements

Any settlement reached through mediation or arbitration shall involve prospective (future) change and no retroactive activities. It shall not require reversal of procurement

decisions already made. For example, if a mediation or arbitration agreement requires changes in the Grantee's procurement process, the Grantee must use the new process in future procurement activities, but is not required to re-do the prior procurement process.

Section 7 – Dispute Prevention and Early Resolution

A. The Grantee recognizes that the best way to deal with grievances is to prevent them. The Grantee shall make all reasonable efforts to prevent circumstances or situations within the procurement processes that could give rise to a grievance.

B. Dispute prevention efforts shall include at least the following:

1. Availability of a written description of the Grantee's procurement policies and procedures.

2. Training for new Grantee staff and for all independent review panel members each year, to ensure that they understand and are prepared to follow established review policies, processes, and procedures, including related policies and procedures such as conflict of interest.

3. Discussion of the procurement process and related policies each year at a bidder's conference, if one is held.

4. Specific opportunities for interested parties, including bidders and review panel members, to provide feedback on the procurement process and its implementation.

C. When potential grievances arise, first steps shall involve informal conflict resolution efforts before the concern becomes a grievance. This mandatory process includes the following:

1. The Part A Program Administrator [Director of Division of HIV and STD Programs (DHSP)] or identified designee [described throughout as the "Grantee representative (DHSP Quality Management

(QM staff)"] shall serve as the Grantee's designated point of contact for an affected party with concerns about procurement or related processes that might become a grievance. An affected party that appears to have standing to file a grievance and has concerns regarding adherence to established processes that are covered by these grievance procedures shall be encouraged to express these concerns to the Grantee representative (QM Staff) at the earliest opportunity. The contact must be made within ten (10) business days after the disputed situation occurred or after the decision was announced.

2. In any situation where the assigned Grantee representative (QM Staff) has a real or perceived conflict of interest or is unable to play a neutral role, the next highest ranking Grantee representative shall handle that situation.

3. The Grantee representative (QM Staff) shall log all such contacts and discussions, recording the date, affected party name and contact information, concerns expressed, and the date of the event that led to the concerns.

4. The Grantee representative (QM Staff) shall meet with the affected party to review the expressed concerns. The discussion will occur within five (5) business days after the concerns are brought to the attention of the Grantee representative (QM Staff). The Grantee representative (QM Staff) shall be prepared to explain the procurement process used and clarify how it works, and to provide other information as appropriate. The Grantee representative (QM Staff) may involve other Grantee staff as needed. Where possible, the affected party's concerns will be resolved through this discussion. The Grantee representative (QM Staff) will summarize the discussion in writing and provide the report to the QM Chief.

5. If these efforts do not resolve the concerns, the Grantee representative (QM Staff) will ensure that the affected party receives written information about the grievance process, timeframes, and how to file a grievance.

Section 8 – Overview of Formal Grievance Process

Formal grievances will be handled through the following steps, each of which may lead to a resolution. If that step is not successful, the grievant may move to the next step. The steps include:

- A. An internal review to determine standing under these procedures,
- B. A meeting between the grievant and the Grantee representative (QM Staff) to seek a resolution to a grievance,
- C. Non-Binding mediation, and
- D. Binding arbitration.

Section 9 – Filing a Grievance

A. The affected party must submit a written Grievance Intake Form within ten (10) business days after the mandatory informal dispute resolution. (The form is provided within Exhibit K.) If no Grievance Intake Form is submitted within this period, the affected party will lose the right to file a grievance.

B. The completed form must be received by the Grantee office within ten (10) business days by U.S. mail with return receipt requested, electronic mail (with electronic signature), fax, or personal delivery during normal business hours.

C. Each eligible grievance must have an individual grievance intake form and undergo an individual process. Eligible grievances filed separately shall not be combined in a single grievance process.

D. Grantee representative (QM Staff) will log in the grievance, and within two (2) business days after receipt will inform the grievant that the grievance has

been received and provide a written summary of the grievance process, including steps, forms, and timelines.

E. Grantee representative (QM Staff) will provide copies of the grievance to DHSP Director or designee and the QM Chief within two (2) business days after receipt.

Section 10 – Internal Review and Meeting

A. The QM Chief shall review the grievance within three (3) business days after receiving it, to determine whether the affected party is an eligible grievant and whether the situation described represents an eligible grievance.

1. The grievant will be informed of the decision within two (2) business days after the decision about standing is made. If the grievance is rejected, the letter must explain the reasons for the rejection and inform the grievant that s/he has ten (10) days after the date of the letter of rejection to contact the Grantee office to appeal the decision.

2. If the grievant and grievance are determined to have standing, the QM Chief will contact the grievant within five (5) business days after receipt, to arrange a meeting to review the merits of the grievance and attempt to resolve the grievance.

B. The QM Chief shall conduct a review of the circumstances and information available regarding the grievance. This will generally require reviewing the facts of the situation with appropriate Grantee staff to obtain their perspectives and their description of whether the County's procurement policies and procedures were followed, and if not, what happened, in preparation for a meeting with the grievant.

C. The QM Chief shall then schedule a meeting during which the grievant shall have the opportunity to provide additional information and answer questions posed by the QM Chief. The QM Chief may arrange for other Grantee staff to participate

in the meeting. Based on the meeting, the QM Chief shall make his/her judgment regarding the grievance and how it should be resolved. The decision shall be made and sent to the grievant by certified mail, within three (3) business days after the date of the meeting.

D. If the grievant finds the report and proposed resolution satisfactory, the grievant will indicate acceptance by signing one copy of the report and returning it to the staff.

E. If the grievant's complaint is denied or if the grievant is not satisfied with the resolution in the report, the grievant must request formal non-binding mediation as the next step.

Section 11– Non-Binding Mediation

A. The grievant shall have ten (10) business days from the date of receipt of the written report from the QM Chief to request mediation, using a Request for Non-Binding Mediation Form (included in Exhibit K). The form may be delivered to the Grantee office via U.S. mail, return receipt requested, electronic mail (with electronic signature), fax, or personal delivery during normal business hours.

B. If the Grantee representative (QM Staff) does not receive a Request for Non-Binding Mediation Form from the grievant within ten (10) days, the grievant will waive all further rights to grieve the issue and all associated issues.

C. Grantee representative (QM Staff) shall log in the request for mediation, and within two (2) business days after receipt, inform the grievant that the request has been received.

D. The Grantee representative's office shall seek a mediator with County Counsel's assistance. Within ten (10) business days after receipt of the request for mediation, Grantee representative (QM Staff) shall provide the grievant the name of a neutral person who is skilled in mediation and lives in the EMA. This neutral person shall not have been involved with the decision that is the subject

of the grievance and shall have no direct interest in the outcome of the grievance process. The grievant and the Grantee shall both have the opportunity to request a different mediator if the grievant or any Grantee staff involved in the prior review of the grievance is acquainted with the mediator or feels s/he is not neutral.

E. Upon appointment, the mediator shall, within five (5) business days, contact the grievant and Grantee and agree on a day, time, and location of the initial mediation meeting. The QM Chief or designee shall represent the Grantee in the mediation. The mediation meeting shall be scheduled within ten (10) business days after this first contact with the mediator. The mediator shall review the written report and other information on the circumstances and information available regarding the grievance. The mediator may ask each of the two parties to provide a brief memorandum setting forth its position with regard to the issue(s) that need to be resolved. The mediator may share the memorandum with the other party with the consent of the party that prepared the memorandum. The mediator will facilitate a meeting between the parties to assist them in obtaining a resolution of the grievance. If the grievance is resolved, the mediator will prepare, and both parties will indicate acceptance by signing, a statement of resolution. If the mediator is unable to help the parties reach resolution or determines that an impasse has been reached, both parties will be so informed in writing. The written statement of resolution or impasse will be provided to the grievant and Grantee within five (5) business days after the mediation meeting.

F. At this point either party may request binding arbitration, with the understanding that the decision of the arbitrator will be final and binding on both parties.

Section 12 – Binding Arbitration

A. The grievant may submit a Request for Binding Arbitration to the Grantee office (form included within Exhibit K). The completed form must be received by Grantee representative (QM Staff) within ten (10) business days after the

B. mediation ends. It may be submitted to the office in writing via U.S. mail, return receipt requested, electronic mail (with electronic signature), fax, or personal delivery during normal business hours.

C. If the Grantee representative (QM Staff) does not receive a written form requesting arbitration from the grievant within the specified period, the grievant will waive all further rights to grieve the situation.

D. Grantee representative (QM Staff) shall log in the request for arbitration, and, within two (2) business days after receipt, shall inform the grievant, DHSP Director, and the QM Chief that the request has been received. The QM Chief or designee may represent the Grantee in the arbitration process. Grantee representative (QM Staff) shall request a neutral arbitrator through the American Arbitration Association (AAA), or through a service identified appropriate by County Counsel, and the arbitration will be in accordance with the standards of the AAA. The AAA (or other arbitration service) will provide the name of a disinterested person who is skilled in the process of arbitration and lives in the EMA to the Grantee designee and grievant within five (5) business days after the Request for Binding Arbitration Form is received. This neutral person shall have had no involvement in the process that is the subject of the grievance nor will s/he have any direct interest in the outcome of the grievance process. The grievant and the Grantee representative (QM Staff) shall each approve the arbitrator or request a different arbitrator if the grievant or Grantee representative (QM Staff) is acquainted with the arbitrator or questions his/her selection.

E. Once the arbitrator has been accepted by both parties, s/he shall within three (3) business days contact the grievant and Grantee

representative (QM Staff) and agree on the date, time, and location for an arbitration meeting. A meeting will be scheduled within fifteen (15) business days.

F. The grievant and the Grantee have the rights to be informed by the other parties of the statement of issues and resolutions, and within five (5) business days before the arbitration meeting, to be in receipt of the other parties' exhibits and documentations not previously presented.

G. The arbitrator will review correspondence, records, or documentation related to the process that is the subject of the grievance, including materials from the mediator. The arbitrator may ask the two parties to provide additional information related to the grievance, either before or after the meeting.

H. Within seven (7) business days after the arbitration meeting, the arbitrator will deliver to the grievant and the Grantee an arbitration summary and decision, signed by the arbitrator. This decision will resolve the grievance.

I. Within three (3) days of receipt of the arbitrator's decision, all parties shall be required to sign one copy of the decision, which shall be binding on both parties.

Section 13 – Summary of Time Frames

A. An affected party shall initiate the mandatory informal resolution within ten (10) business days after a grievable Grantee procurement event or action occurs. The affected party will have ten (10) business days after the informal resolution process to file a formal grievance related to that event or action.

B. The time frames for the grievance resolution process are summarized below.

1. **Grievance prevention and early intervention** – five (5) business days after a concern is raised with the Grantee representative (QM Staff)
2. **Internal non-binding procedures** – seven (7) business days after the grievance is filed to determine whether the grievance has standing,

and an additional twenty (20) days for the QM Chief to hold a meeting and attempt to obtain a resolution of the grievance,

3. **Non-binding mediation** – twenty-five (25) business days after the mediation request is received by the Grantee to reach a resolution or an impasse, and

4. **Binding arbitration** – thirty (30) days after the arbitration request form is received by the Grantee to obtain a binding resolution from the arbitrator.

C. Time frames identified in this procedure may be altered only through mutual agreement of both parties, provided in writing.

Section 14 – Costs

The costs for grievances shall be as follows:

A. There shall be no cost for an informal discussion or for the internal review process.

B. The fees and costs of the Arbitrator will be split between the Grievant and the Administrative Agent's Office in accordance with the fees and cost schedules set forth by the rules of one arbitrations format (i.e., Commercial Arbitration Rules and Mediation Procedures, year 2008) or the American Arbitration Association. No decision issued by an arbiter shall include an assessment of fees and costs against either the grieving party or the respondent.

C. Both parties will be responsible for costs related to their own participation in the grievance resolution process, including costs related to any witnesses or documents they choose to bring forward.

Section 15 – Grantee Action Following Resolution of Grievances

Following any agreement reached regarding a grievance against the Grantee, the QM Chief, DHSP Director or designee, and Grantee representative (QM Staff) will meet to discuss the nature of the grievance and the settlement. This meeting will include discussion to clarify whether the agreement was made

through internal dispute resolution efforts, mediation, or binding arbitration. Focus will be on ensuring an understanding of the terms of the agreement and all required or desirable actions to be taken by the Grantee to fully meet these terms and to avoid similar situations in the future. The Grantee will take action to ensure clear responsibility for ensuring that all provisions of the agreement are met within a time period specified in the agreement or, if no time period is included in the agreement, within a time period determined at the meeting.

Section 16 – Confidentiality and Protections

A. Confidentiality:

1. Mediators and arbitrators shall not divulge confidential information disclosed to them by the parties during mediation or arbitration, or share related records, reports, or other documents received, except that the mediator may provide such information to the arbitrator.

B. Protections: A grievant shall not be discriminated against nor suffer retaliation as a result of filing a grievance in good faith or participating in the investigation of a grievance.

Section 17 – Involvement of County Counsel and Planning Council

A. County Counsel: The Grantee representative (QM Staff) shall keep the County Counsel, as a representative of the Grantee, informed about all active grievances. At his/her discretion, the County Counsel may receive copies of written documents related to a grievance, and be present at meetings held at each level of the formal grievance process, including internal meetings, mediation, and arbitration. The Grantee representative (QM Staff) shall request

advice and assistance from the County Counsel as needed throughout the grievance process.

B. Planning Council: The Grantee shall inform the Planning Council staff when a grievance is received, and shall mention active grievances and the resolution of grievances when providing the Grantee report to the Planning Council. The Grantee shall not identify the grievant or provide details of the grievance.

Definitions

AAA – American Arbitration Association

Affected Party – An entity or individual that has standing to file a grievance due to being directly affected by the outcome of a covered process under these grievance procedures, such as service providers eligible for Ryan White Part A or Part B funds (including MAI funds), consumer groups, PLWH caucuses, and the Planning Council.

Arbitration – The submission of a dispute to an impartial or independent individual or panel for a binding determination. Arbitration is usually carried out under a set of rules. The decision of the arbitrator will be final and the findings specified in the arbitrator's report will be binding on both parties.

Arbitrator – An individual selected to decide a dispute or grievance. Arbitrators may be selected by the parties or by another individual or entity.

Binding – A process in which parties will be bound by the decision of a third party such as an arbitrator.

Costs – Charges for administering a dispute resolution process.

Day – In these policies, refers to a business or working day, not a calendar day.

Dispute Prevention – Techniques or approaches used by an organization to resolve disagreements at an early and informal stage, to avoid or minimize the number of disputes that reach the formal grievance process.

Grievance – A complaint or dispute that has reached the stage where the affected party seeks a formal approach to its resolution.

Grievant – An entity or eligible individual seeking a formal resolution of a grievance.

Impartiality – Freedom from bias or favoritism, in word or action; a commitment to aid all parties, not just a single entity or individual, in reaching a mutually acceptable agreement.

Mediation – A formal process in which a neutral person, the mediator, assists the parties in reaching a mutually acceptable resolution to their dispute. Mediation may involve meetings held by the mediator with the parties together and separately. The results of mediation can become binding if the parties agree to and sign them.

Mediator – A trained impartial and usually independent third party selected to help the parties reach an agreement on a determined set of issues.

Neutral – A term used to describe an independent third party, including a mediator or arbitrator, selected to resolve a dispute or grievance. The term indicates that the person does not favor either side in the dispute.

Non-Binding – Techniques in which the parties to a dispute attempt to reach an agreement but are not required to accept the results. The agreement must be voluntarily accepted by both parties; results are not imposed by a third party as they are in binding arbitration.

Party – Refers to one of the participants in the grievance process. This includes the grievant (the group or individual that brings the grievance action), and the respondent, (the entity against which the grievance is brought). In these grievance procedures, the second party, the respondent, is the Grantee, the County of Los Angeles Department of Public Health, Division of HIV and STD Programs

Remedy – The relief or result sought by a grievant in bringing a grievance. It can include a process change, monetary damages, or (in some situations) a reversal of a decision. In this EMA, remedies are prospective, which means they apply to future funding-related decisions, but do not apply retroactively, to past funding decisions.

Standing – A term referring to the eligibility of an entity or individual to bring a grievance. In the case of Ryan White Part A or Part B grievances, an entity or person that is directly affected by the decision has standing to challenge a Grantee or Planning Council decision with respect to funding.

With Respect to Funding – Refers to the types of grievances that must be covered under this Grantee grievance policy, including deviations from the Grantee's established contracting and awards process or subsequent changes in contractors or awards, or contracts and awards or changes in these contracts or awards that are not consistent with the priorities, directives, and resource allocations made by the Planning Council.

**Los Angeles County Ryan White Program
Grievance Intake Form**

Grievances and the Right to File a Grievance: Grievances may be filed with the County of Los Angeles Department of Public Health Division of HIV and STD Programs, Ryan White program administrative agency (the “Grantee”), regarding the following:

1. Deviations from the Grantee’s established contracting and awards process (for example, the selection of a particular provider in a manner inconsistent with the Department of Public Health’s established procurement process), and
2. Deviations from the established process for any subsequent changes to the selection of contractors or awards.
3. Contracts and awards not consistent with priorities (including any language regarding directives on how best to meet those priorities) and resource allocations made by the Planning Council, and
4. Contract and award changes not consistent with priorities and resource allocations made by the Council.

Eligibility: You are eligible to file a grievance if you are *directly affected* by the outcome of such a deviation. The following entities and individuals may be “affected parties” and eligible to file grievances:

- Providers of HIV-related services that might be eligible to receive Ryan White Part A or Part B funds, including Minority AIDS Initiative (MAI) funds
- The Los Angeles EMA HIV Planning Council (for grievances related to areas #3 and #4 above)

Timing: If you wish to file a grievance with the Grantee, this form must be completed, submitted, and received by the Division of HIV and STD Programs Quality Management (QM) within twenty (20) business days of the date of the alleged deviation, or the date the decision was announced. You will be contacted within two (2) business days after receipt of this form by QM Staff.

Filing Fee: There is no administrative fee associated with filing this grievance.

Informal Resolution: You are encouraged to consider informal discussion about your concerns prior to filing a grievance. Within ten (10) days after the date of the event or action, you may contact the Ryan White Part A Grantee representative (QM Staff) and request the opportunity to discuss your concerns and seek informal resolution. If you do not reach a resolution acceptable to you, you may still file a formal grievance using this form up to 30 days after the date of the alleged deviation or the announcement of the decision.

Submission: Submit the completed form to the County of Los Angeles at the address below by mail, electronic mail (with electronic signature), or fax, or bring it to the

office during normal working hours. The date of submission is the date the Grievance Intake Form is received by the Grantee representative (QM Staff). The office is

located at:

**County of Los Angeles Department of Public Health
Division of HIV and STD Programs
Quality Management
600 S. Commonwealth Ave., 10th Floor
Los Angeles, CA 90005**

Name(s) of person(s) filing the Grievance: _____

Name of Entity on whose behalf the grievance is being filed:

[Check here if you are filing as an individual ___]

Address:

City and State

Zip code

Telephone Number (daytime):

Cell phone (optional):

E-mail address:

Fax number:

Indicate ONE preferred method of contacting you:

Daytime phone Cell phone E-mail
 Postal service Other (specify)

What was the date of the alleged deviation from established policy or the date the decision was announced?

Which policy(ies) or procedures do you feel were not followed?

Describe the alleged deviation and how you (entity or individual) were directly affected.

Describe what remedy you seek.

(Add additional pages as needed).

I attest that the information provided in this form is accurate, that I as an individual or the entity I represent has standing to file a grievance with the Ryan White Part A and Part B Grantee.

Signature of Grievant:

Date:

Request for Non-Binding Mediation Form

Eligibility: You may request non-binding mediation if you filed a grievance under Los Angeles EMA Ryan White Program grievance policies, the grievance was found to have standing, and you are not satisfied with the proposed resolution in the report of the DHSP Chief of Quality Management (QM).

Timing: DHSP must receive your request for non-binding mediation within ten (10) business days after you received the written report of the QM Chief on your grievance.

Filing Fee: The administrative fee for non-binding mediation is \$50. The fee is due at the time of filing, and may be paid by check or money order.

Submission: Submit the completed form to the County of Los Angeles at the address below by mail, electronic mail (with electronic signature), or fax, or bring it to the office during normal working hours. The date of submission is the date the Request for Non-Binding Mediation Form is received by Grantee staff. Grantee offices are located at:

**County of Los Angeles Department of Public Health
Division of HIV and STD Programs
Quality Management
600 S. Commonwealth Ave., 10th Floor
Los Angeles, CA 90005**

Information Required: Your original grievance is on file at DHSP Quality Management. Please include in this request your contact information, any updated information regarding your grievance and desired remedy, and why you are seeking mediation.

Name(s) of person(s) filing the grievance: _____

Name of entity on behalf of which the grievance was filed: _____
[Check here if you are filing as an individual ____]

Address:

City and State

Zip code

Telephone Number (daytime):

Cell phone (optional):

E-mail address:

Fax number:

Indicate ONE preferred method of contacting you:

Daytime phone Cell phone E-mail
 Postal service Other (specify)

On what date did you file the original grievance?

Why are you requesting non-binding mediation?

Please provide any desired updated information about your grievance, how you were directly affected, and the desired remedy. (Use additional pages as needed.) If the information on your Grievance Intake Form is complete and still applies, please indicate that here.

I am requesting non-binding mediation. I have been provided information about the process and agree to cooperate with the mediator and to meet the timeframes specified.

Signature:

Date:

Request for Binding Arbitration Form

Eligibility: You may request binding arbitration if you filed a grievance under Los Angeles EMA Ryan White Program grievance policies, the grievance was found to have standing, and you were unable to reach a satisfactory resolution through the Grantee's internal review by DHSP Quality Management staff (QM) or through non-binding mediation.

Binding Arbitration: If you participate in binding arbitration, the decision of the arbitrator will be final and the findings specified in the arbitrator's report will be binding on both parties.

Timing: DHSP must receive your request for binding arbitration within ten (10) business days after you received the report of the mediator indicating an impasse or an indication that no mutually satisfactory resolution was reached.

Filing Fee: The administrative fee for binding arbitration is \$100. The fee is due at the time of filing, and may be paid by check or money order.

Submit the completed form to the County of Los Angeles at the address below by mail, electronic mail (with electronic signature), or fax, or bring it to the office during normal working hours. The date of submission is the date the Request for Binding Arbitration Form is received by the Grantee rep. (QM Staff). The office is located at:

**County of Los Angeles Department of Public Health
Division of HIV and STD Programs
Quality Management
600 S. Commonwealth Ave., 10th Floor
Los Angeles, CA 90005**

Information Required: Your original grievance and your request for non-binding mediation are on file at the Ryan White Program office. Please include in this request your contact information, any updated information regarding your grievance and desired remedy, a description of previous steps taken under non-binding procedures including mediation that have not resulted in agreement, and why you are seeking binding arbitration.

Name(s) of person(s) filing the grievance:

**Name of entity on behalf of which the grievance was filed:
[Check here if you are filing as an individual ____]**

Address:

City and State

Zip code

Telephone Number daytime):

Cell phone (optional):

E-mail address:

Fax number:

Indicate ONE preferred method of contacting you:

Daytime phone Cell phone E-mail
 Postal service Other (specify)

On what date did you file the original grievance?

Please describe the previous steps taken under non-binding procedures, including mediation, that have not resulted in an agreement.

Why are you requesting binding arbitration?

Please provide any desired updated information about your grievance, how you were directly affected, and the desired remedy. (Use additional pages as needed.) If the information on your Grievance Intake Form and Request for Non-Binding Mediation is complete and still applies, please indicate that here.

*I am requesting binding arbitration. I have been provided information about the process. I agree to meet specified deadlines for providing information and to participate in one or more sessions with the arbitrator. **I recognize and accept that the decision of the arbitrator will be final and must be followed by both parties.***

Signature:

Date:

APPENDIX D

REQUIRED FORMS

FOR

**CORE HIV MEDICAL SERVICES FOR PERSONS LIVING WITH
HIV**

REQUEST FOR PROPOSAL (RFP)

RFP: #2018-003

**APPENDIX D – REQUIRED FORMS
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REQUIRED FORMS – EXHIBIT 1

PROPOSER’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT AND CBE INFORMATION

I. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Specify) _____						
Total Number of Employees (including owners):						
Race/Ethnic Composition of Firm. Distribute the above total number of individuals into the following categories:						
Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino						
Asian or Pacific Islander						
American Indian						
Filipino						
White						

II. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	%

III. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Other

Bidder further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this bid are made, the bid may be rejected. The evaluation and determination in this area shall be at the Director’s sole judgment and his/her judgment shall be final.

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

PROPOSER NAME:		COUNTY WEBVEN NUMBER:	
ADDRESS:		DUNN NUMBER:	
PHONE NUMBER:	E-MAIL:	CAGE NUMBER:	
INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:		CALIFORNIA BUSINESS LICENSE NUMBER:	
PROPOSER OFFICIAL NAME AND TITLE (PRINT):			
SIGNATURE		DATE	

EXHIBIT 2
PROPOSER'S AFFIDAVIT OF ADHERENCE TO MINIMUM MANDATORY QUALIFICATIONS

Proposer demonstrate its ability to meet **each** of the Proposer's Minimum Mandatory Qualifications outlined in Paragraph 3.0 of this Request for Proposals **by the date on which proposals are due**. Proposer's should document all relative experience and qualifications to demonstrate compliance with the Proposer's Minimum Mandatory Qualifications. Proposer acknowledges and certifies that firm meets and will comply with the Minimum Mandatory Qualifications as stated in Paragraph 3.0 of this Request for Proposals, as listed below. **Subcontractor(s) and/or consultants may not be used to meet any of the Proposer's Minimum Mandatory Qualifications.**

Check the appropriate boxes: (Proposer must check a box under each Section below. Failure to check any boxes or provide the required responsive information may result in disqualification of your bid as non-responsive.)

RFP Ref.	RFP QUALIFICATIONS
3.1	<p><u>Experience:</u> Proposer must have a minimum of three (3) years of experience in the last five (5) years providing medical services to HIV-positive clients.</p>

Yes. Proposer has a minimum of three (3) years of experience in the last five (5) providing medical services to HIV-positive patients. **Indicate Years of Experience from month** _____ **to** _____
mm/yr. mm/yr.

No

Proposer must document their experience below that clearly demonstrates ability to meet the above-referenced requirement. Provide dates, names of each employer, names of organizations/departments, type of AOM services provided, populations served, etc. (attach additional sheets as necessary).

Click here to enter text.

RFP Ref.	RFP QUALIFICATIONS
3.2	<p><u>MCC Services Provided:</u> Proposer must currently be providing MCC Services.</p>

Check if applicable:

Yes. Proposer is currently providing MCC Services.

No

RFP Ref.	RFP QUALIFICATIONS
----------	--------------------

3.5	<p><u>Medi-Cal Certification:</u></p> <p>Proposer must be Medi-Cal certified and submit evidence of current and valid certification.</p>
-----	---

Yes. Proposer is Medi-Cal certified.

No

(Proposer must attach a copy of current and valid Medi-Cal certification to this form.)

RFP Ref.	RFP QUALIFICATIONS
----------	--------------------

3.6	<p><u>Mandatory Proposer's Conference:</u></p> <p>Proposer must attend the Mandatory Proposer's Conference on the date, time, and at the location specified.</p>
-----	---

Yes. Proposer attended the Mandatory Proposer's Conference.

No

RFP Ref.	RFP QUALIFICATIONS
----------	--------------------

3.7	<p><u>Unresolved Disallowed Costs:</u></p> <p>If Proposer has any County contract that has been reviewed by the Department of the Auditor-Controller within the last 10 years, Proposer does not have unresolved disallowed costs identified by the Auditor-Controller in an amount over \$100,000 that are confirmed to be disallowed costs by the contracting County department and remain unpaid for a period of six months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County.</p> <p>County will verify that Proposer does not have unresolved disallowed costs.</p>
-----	--

Proposer **does not** have any unresolved disallowed costs as explained above.

Proposer **has** unresolved disallowed costs as explained above.

Proposer further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this Proposal are made, the Proposal may be rejected. The evaluation and determination in this area shall be at the DPH Director's sole judgment and her judgment shall be final.

PROPOSER'S AUTHORIZED REPRESENTATIVE, as defined on Cover Page, SIGNATURE (Identify the person authorized to sign on behalf of the Proposer, able to make representations for the Proposer during contract negotiations, and able to legally bind the Proposer to any resultant MAWO.)

Name:	Title:
Signature (blue ink):	Date of Signature:

**REQUIRED FORMS - EXHIBIT 3
PROSPECTIVE CONTRACTOR REFERENCES**

Contractor's Name: _____

List five (5) References where the same or similar scope of services were provided. **DHSP or DHSP staff must not be used as references.**

1. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Email
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
2. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Email
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
3. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Email
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
4. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Email
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
5. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Email
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.

REQUIRED FORMS - EXHIBIT 4
PROSPECTIVE CONTRACTOR LIST OF CONTRACTS

Contractor's Name: _____

List of all non-profit and public entities for which the Contractor has provided similar service within the last five (5) years. Use additional sheets if necessary.

1. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Email
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
2. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Email
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
3. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Email
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
4. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Email
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
5. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Email
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.

REQUIRED FORMS - EXHIBIT 5
PROSPECTIVE CONTRACTOR LIST OF TERMINATED CONTRACTS

Contractor's Name: _____

List of all contracts that have been terminated within the past five (5) years. Use additional sheets if necessary.

1. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Email
Name or Contract No.		Reason for Termination:		
2. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Email
Name or Contract No.		Reason for Termination:		
3. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Email
Name or Contract No.		Reason for Termination:		
4. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Email
Name or Contract No.		Reason for Termination:		

REQUIRED FORMS – EXHIBIT 6

CERTIFICATION OF NO CONFLICT OF INTEREST

The Los Angeles County Code, Section 2.180.010, provides as follows:

CONTRACTS PROHIBITED

Notwithstanding any other section of this Code, the County shall not contract with, and shall reject any bids submitted by, the persons or entities specified below, unless the Board of Supervisors finds that special circumstances exist which justify the approval of such contract:

1. Employees of the County or of public agencies for which the Board of Supervisors is the governing body;
2. Profit-making firms or businesses in which employees described in number 1 serve as officers, principals, partners, or major shareholders;
3. Persons who, within the immediately preceding 12 months, came within the provisions of number 1, and who:
 - a. Were employed in positions of substantial responsibility in the area of service to be performed by the contract; or
 - b. Participated in any way in developing the contract or its service specifications; and
4. Profit-making firms or businesses in which the former employees, described in number 3, serve as officers, principals, partners, or major shareholders.

Contracts submitted to the Board of Supervisors for approval or ratification shall be accompanied by an assurance by the submitting department, district or agency that the provisions of this section have not been violated.

Bidder Name:
Bidder Official Title
Official's Signature

REQUIRED FORMS – EXHIBIT 7

FAMILIARITY WITH THE COUNTY LOBBYIST ORDINANCE CERTIFICATION

The Proposer certifies that:

- 1) it is familiar with the terms of the County of Los Angeles Lobbyist Ordinance, Los Angeles Code Chapter 2.160;
- 2) that all persons acting on behalf of the Proposer’s organization have and will comply with it during the bid process; and
- 3) it is not on the County’s Executive Office’s List of Terminated Registered Lobbyists.

Signature	Date:
-----------	-------

REQUIRED FORMS - EXHIBIT 8
For County Solicitations subject to the Federal Restriction
REQUEST FOR PREFERENCE CONSIDERATION
(INTENTIONALLY OMITTED)

**REQUIRED FORMS – EXHIBIT 9
PROPOSER’S EEO CERTIFICATION**

Company Name:

Address:

Internal Revenue Service Employer Identification Number:
--

GENERAL

In accordance with provisions of the County Code of the County of Los Angeles, the Proposer certifies and agrees that all persons employed by such firm, its affiliates, subsidiaries, or holding companies are and will be treated equally by the firm without regard to or because of race, religion, ancestry, national origin, or sex and in compliance with all anti-discrimination laws of the United States of America and the State of California.

CERTIFICATION

1. Proposer has written policy statement prohibiting discrimination in all phases of employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Proposer periodically conducts a self-analysis or utilization analysis of its work force.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Proposer has a system for determining if its employment practices are discriminatory against protected groups	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. When problem areas are identified in employment practices. Proposer has a system for taking reasonable corrective action to include establishment of goal and/or timetables.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature:	Date:
------------	-------

Name and Title of Signer (Please print):
--

REQUIRED FORMS – EXHIBIT 10

**ATTESTATION OF WILLINGNESS TO CONSIDER
GAIN/GROW PARTICIPANTS**

As a threshold requirement for consideration for contract award, Proposer shall demonstrate a proven record for hiring GAIN/GROW participants or shall attest to a willingness to consider GAIN/GROW participants for any future employment opening if they meet the minimum qualifications for that opening. Additionally, Proposer shall attest to a willingness to provide employed GAIN/GROW participants access to the Proposer’s employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

To report all job openings with job requirements to obtain qualified GAIN/GROW participants as potential employment candidates, Contractor shall email: GAINGROW@DPSS.LACOUNTY.GOV and BSERVICES@WDACS.LACOUNTY.GOV.

Proposers unable to meet this requirement shall not be considered for contract award.

Proposer shall complete all of the following information, sign where indicated below, and return this form with their proposal.

A. Proposer has a proven record of hiring GAIN/GROW participants.

_____ YES (subject to verification by County) _____ NO

B. Proposer is willing to provide DPSS with all job openings and job requirements to consider GAIN/GROW participants for any future employment openings if the GAIN/GROW participant meets the minimum qualifications for the opening. “Consider” means that Proposer is willing to interview qualified GAIN/GROW participants.

_____ YES _____ NO

C. Proposer is willing to provide employed GAIN/GROW participants access to its employee-mentoring program, if available.

_____ YES _____ NO _____ N/A (Program not available)

Proposer’s Organization: _____

Signature: _____

Print Name: _____

Title: _____ Date: _____

Telephone No: _____ Fax No: _____

REQUIRED FORMS – EXHIBIT 11

COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM CERTIFICATION FORM AND APPLICATION FOR EXCEPTION

The County's solicitation for this Request for Proposals is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program), Los Angeles County Code, Chapter 2.203. All Proposers, whether a contractor or subcontractor, must complete this form to either certify compliance or request an exception from the Program requirements. Upon review of the submitted form, the County department will determine, in its sole discretion, whether the Proposer is exempted from the Program.

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:		
Solicitation For _____ Services		

If you believe the Jury Service Program does not apply to your business, check the appropriate box in Part I (attach documentation to support your claim); or, complete Part II to certify compliance with the Program. Whether you complete Part I or Part II, please sign and date this form below.

Part I: Jury Service Program is Not Applicable to My Business

My business does not meet the definition of "contractor," as defined in the Program, as it has not received an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts (this exception is not available if the contract itself will exceed \$50,000). I understand that the exception will be lost and I must comply with the Program if my revenues from the County exceed an aggregate sum of \$50,000 in any 12-month period.

My business is a small business as defined in the Program. It 1) has ten or fewer employees; and, 2) has annual gross revenues in the preceding twelve months which, if added to the annual amount of this contract, are \$500,000 or less; and, 3) is not an affiliate or subsidiary of a business dominant in its field of operation, as defined below. I understand that the exception will be lost and I must comply with the Program if the number of employees in my business and my gross annual revenues exceed the above limits.

"Dominant in its field of operation" means having more than ten employees and annual gross revenues in the preceding twelve months, which, if added to the annual amount of the contract awarded, exceed \$500,000.

"Affiliate or subsidiary of a business dominant in its field of operation" means a business which is at least 20 percent owned by a business dominant in its field of operation, or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation.

My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.

OR

Part II: Certification of Compliance

My business has and adheres to a written policy that provides, on an annual basis, no less than five days of regular pay for actual jury service for full-time employees of the business who are also California residents, or my company will have and adhere to such a policy prior to award of the contract.

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Print Name:	Title:
Signature:	Date:

REQUIRED FORMS – EXHIBIT 12

CHARITABLE CONTRIBUTIONS CERTIFICATION

Company Name:

Address:

Internal Revenue Service Employer Identification Number:

California Registry of Charitable Trusts “CT” number (if applicable):

The Nonprofit Integrity Act (SB 1262, Chapter 919) added requirements to California’s Supervision of Trustees and Fundraisers for Charitable Purposes Act which regulates those receiving and raising charitable contributions.

Check the Certification below that is applicable to your company.

- Proposer or Contractor has examined its activities and determined that it does not now receive or raise charitable contributions regulated under California’s Supervision of Trustees and Fundraisers for Charitable Purposes Act. If Proposer engages in activities subjecting it to those laws during the term of a County contract, it will timely comply with them and provide County a copy of its initial registration with the California State Attorney General’s Registry of Charitable Trusts when filed.

OR

- Proposer or Contractor is registered with the California Registry of Charitable Trusts under the CT number listed above and is in compliance with its registration and reporting requirements under California law. Attached is a copy of its most recent filing with the Registry of Charitable Trusts as required by Title 11 California Code of Regulations, sections 300-301 and Government Code sections 12585-12586.

Signature:

Date:

Name and Title of Signer (please print)

REQUIRED FORMS – EXHIBIT 13

**CERTIFICATION OF COMPLIANCE WITH THE COUNTY'S
DEFAULTED PROPERTY TAX REDUCTION PROGRAM**

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract For:	Services:	

The Proposer/Bidder/Contractor certifies that:

<input type="checkbox"/> It is familiar with the terms of the County of Los Angeles Defaulted Property Tax Reduction Program, Los Angeles County Code Chapter 2.206; AND To the best of its knowledge, after a reasonable inquiry, the Proposer/Bidder/Contractor is not in default, as that term is defined in Los Angeles County Code Section 2.206.020.E, on any Los Angeles County property tax obligation; AND The Proposer/Bidder/Contractor agrees to comply with the County's Defaulted Property Tax Reduction Program during the term of any awarded contract.

- OR -

<input type="checkbox"/> I am exempt from the County of Los Angeles Defaulted Property Tax Reduction Program, pursuant to Los Angeles County Code Section 2.206.060, for the following reason: _____

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Print Name:	Title:
-------------	--------

Signature:	Date:
------------	-------

REQUIRED FORMS – EXHIBIT 14

ACCEPTANCE OF TERMS AND CONDITIONS AFFIRMATION

Proposer/Contractor _____ hereby affirms that it

(Proposer's/Contractor's Legal Entity Name)

understands and agrees that a submission of a Proposal in response to the County of Los Angeles, Department of Public Health, RFP No. 2018-003 for Core HIV Services for Persons Living with HIV, constitutes acknowledgment and acceptance of, and a willingness to comply with, all of the terms, conditions, and criteria contained in the referenced RFP and any addenda thereto.

Signature of Authorized Representative of Proposing/Contracting Entity:	Date:
Print Name:	Title

REQUIRED FORMS – EXHIBIT 15

VERIFICATION OF QUALIFICATIONS: HIV/AIDS SPECIALIST FORM

Pursuant to California Standing Referral law, the Division of HIV and STD Programs requires verification of criteria for credentialing specialists in HIV/AIDS. Please read carefully for the “and” and the “or” and check the criteria box(es) listed below that apply to you.

I am licensed by the Medical Board of California to practice medicine in the state of California, and choose one of the following:

1. I am credentialed as an “HIV Specialist” by the American Academy of HIV Medicine; **OR**

2. I am Board Certified in the field of infectious diseases by a member board of American Board of Medical Specialties **AND** I meet the following qualifications:

In the immediate preceding 12 months, I have clinically managed medical care to a minimum of 15 patients who are infected with HIV; and I have successfully completed a minimum of 15 hours of category 1 continuing medical education (CME) in the prevention of HIV infection, combined with diagnosis, treatment, or both, of HIV-infected patients, including a minimum of 5 hours related to antiretroviral therapy per year;

OR

3. In the immediate preceding 12 months, I have clinically managed medical care to a minimum of 25 patients who are infected with HIV; **AND, I** have successfully completed a minimum of 30 hours of category 1 continuing medical education (CME) in the prevention of HIV infection, combined with diagnosis, treatment, or both, of HIV-infected patients.

Name of Practitioner (please print) _____

Practitioner Signature: _____ License Number _____ Expiration Date _____

Office Address: _____

Office Telephone: _____ Office Fax _____

REQUIRED FORMS – EXHIBIT 16

VENDOR'S COMPLIANCE WITH ENCRYPTION REQUIREMENTS

Vendor shall provide information about its encryption practices by completing this Exhibit. By submitting this Exhibit, vendor certifies that it will be in compliance with Los Angeles County Board of Supervisors Policy 5.200, Contractor Protection of Electronic County Information, at the commencement of any contract and during the term of any contract that may be awarded pursuant to this solicitation.

COMPLIANCE QUESTIONS

Documentation

Available

- | | | |
|---|--|--|
| 1) Will County data stored on your workstation(s) be encrypted? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Will County data stored on your laptop(s) be encrypted? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3) Will County data stored on removable media be encrypted? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4) Will County data be encrypted when transmitted? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5) Will Proposer maintain a copy of any validation/attestation reports generated by its encryption tools? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6) Will County data be stored on remote servers*?
*cloud storage, Software-as-a-Service or SaaS | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Vendor Name

Vendor Official Title

Official's Signature

REQUIRED FORMS - EXHIBIT 17

**ZERO TOLERANCE HUMAN TRAFFICKING
POLICY CERTIFICATION**

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract for _____ Services		

PROPOSER CERTIFICATION

Los Angeles County has taken significant steps to protect victims of human trafficking by establishing a zero-tolerance human trafficking policy that prohibits contractors found to have engaged in human trafficking from receiving contract awards or performing services under a County contract.

Proposer acknowledges and certifies compliance with Section 32 (Compliance with County's Zero Tolerance Human Trafficking Policy) of the proposed Contract and agrees that proposer or a member of his staff performing work under the proposed Contract will be in compliance. Proposer further acknowledges that noncompliance with the County's Zero Tolerance Human Trafficking Policy may result in rejection of any bid, or cancellation of any resultant Contract, at the sole judgment of the County.

I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct and that I am authorized to represent this company.

Name:	Title:
Signature:	Date:

REQUIRED FORMS – EXHIBIT 18

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION – LOWER TIER COVERED TRANSACTIONS (45 C.F.R. PART 76)

Instructions for Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)

1. This certification is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that Proposer knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
2. Proposer shall provide immediate written notice to the person to whom this proposal is submitted if at any time Proposer learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this certification, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
4. Proposer agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
5. Proposer further agrees by submitting this proposal that it will include the provision entitled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76),” as set forth in the text of the Sample Contract attached to the Request for Proposals, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
6. Proposer acknowledges that a participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. Proposer acknowledges that a participant may decide the method and frequency by which it determines the eligibility of its principals. Proposer acknowledges that each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.
7. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the required certification. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

REQUIRED FORMS – EXHIBIT 18

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION – LOWER TIER COVERED TRANSACTIONS (45 C.F.R. PART 76)

8. Except for transactions authorized under paragraph 4 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
9. Where Proposer and/or its subcontractor(s) is or are unable to certify to any of the statements in this Certification, Proposer shall attach a written explanation to its proposal in lieu of submitting this Certification. Proposer's written explanation shall describe the specific circumstances concerning the inability to certify. It further shall identify any owner, officer, partner, director, or other principal of the Proposer and/or subcontractor who is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. The written explanation shall provide that person's or those persons' job description(s) and function(s) as they relate to the contract which is being solicited by this Request for Proposals.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)

Proposer hereby certifies that neither it nor any of its owners, officers, partners, directors, other principals or subcontractors is currently debarred, suspended proposed for debarment, declared ineligible or excluded from securing federally funded contracts by any federal department or agency.

Dated: _____

Signature of Authorized Representative

Title of Authorized Representative _____

Printed Name of Authorized Representative _____

REQUIRED FORMS - EXHIBIT 19

**COMPLIANCE WITH FAIR CHANCE EMPLOYMENT HIRING PRACTICES
CERTIFICATION**

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract for _____ Services		

PROPOSER/BIDDER/CONTRACTOR CERTIFICATION

The Los Angeles County Board of Supervisors approved a Fair Chance Employment Policy in an effort to remove job barriers for individuals with criminal records. The policy requires businesses that contract with the County to comply with fair chance employment hiring practices set forth in California Government Code Section 12952, Employment Discrimination: Conviction History (California Government Code Section 12952), effective January 1, 2018.

Proposer/Bidder/Contractor acknowledges and certifies compliance with fair chance employment hiring practices set forth in California Government Code Section 12952, as indicated in Section 8.56 (Compliance with Fair Chance Employment Practices) of the Contract, and agrees that proposer/bidder/contractor and staff performing work under the Contract will be in compliance. Proposer/Bidder/Contractor further acknowledges that noncompliance with fair chance employment practices set forth in California Government Code Section 12952 may result in rejection of any proposal/bid, or termination of any resultant Contract, at the sole judgment of the County.

I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct and that I am authorized to represent this company.

Print Name:	Title:
Signature:	Date:

REQUIRED FORMS – EXHIBIT 20
PROSPECTIVE CONTRACTOR PENDING LITIGATION AND JUDGMENTS

Prospective Contractor’s Name: _____

Identify by name, case and court jurisdiction any pending litigation in which Proposer is involved, or judgments against Proposer in the past five (5) years. Provide a statement describing the size and scope of any pending or threatening litigation against the Proposer or principals of the Proposer.

Name	Date	Case	Pending Litigation	Judgment	Size and Scope

Please state “Not Applicable” if your company doesn’t have pending litigation or judgments

**REQUIRED FORM – EXHIBIT 21
FUNDING DISCLOSURE FORM**

Proposer's Name:

1.0 Background/Instructions:

Resources made available as a result of this solicitation shall only be used to fund new or enhanced HIV and STD care services in Los Angeles County. They shall in no way supplant existing resources. To assure this, Proposer must disclose all *currently* available or *committed* revenue and funding resources available in which Proposer now provides services and, for which, Proposer requests funding through this RFP. **Responses are subject to verification.**

2.0 Definitions:

CY: The abbreviation “CY” stands for Calendar year which is the annual year that begins January 1 of any year and ends December 31 of the same year for example January 1, 2018 – December 31, 2018 is a single Calendar Year or CY.

FY: “FY” stands for Fiscal Year which is defined as the year term from July 1 of one year through June 30 of the subsequent year, for example July 1, 2018 – June 30, 2019 is a single Fiscal Year or FY.

Currently: For the purposes of this form “currently” is defined as the current County FY 18-19 (July 1, 2018 – June 30, 2019) or if the agency is on CY for its fiscal year it would be the current calendar year, CY 2018 (January 1, 2018 – December 31, 2018). All current resources must be disclosed in Table 1. If none available, state, “Not applicable.”

Committed: “Committed” means those resources already budgeted for, and committed to similar services described in this RFP. **This includes forthcoming grant awards or other expected funding awards/sources.**

Resources: “Resources” include, but are not limited to, patient/client fees, third-party payer sources, grant resources and agency-raised funds (e.g. individual donations, fundraising activities).

3.0 Instructions – Table 1: Current Resources Disclosure:

This section addresses current resources and how they are now used. Please complete Table 1 using the following instructions. Attach additional sheets as needed.

1. **Current resources:** Type in the specific HIV and STD care resources *currently* available in FY 2018-19 or CY 18 (e.g. Ryan White Program [specify grant name/number], Foundation grant [specify which foundation], private donations). If a resource provides funding to more than one category of service list the resource twice and answer the remaining information. **If your agency has no other HIV and STD care resources available, please indicate so by stating, “Not applicable”.**
2. **Current annual amount:** Enter the annual amount for current services.
3. **Current resources available until:** Choose the appropriate fiscal or calendar year from the drop-down menu to provide. If none of the menu choices apply, choose “other” from the drop-down menu and explain your choice in comments.

4. **Comments:** Explain funding details including (if applicable): 1) if current resources are about to end, 2) why “other” was chosen under the prior column, and/or 3) any other significant funding details that should be taken into consideration during the evaluation stage.

Table 1. Current Resources Disclosure

Current Resources	Current Annual Amount	Current Resources Available Until	Comments
<input type="text"/>	<input type="text"/>	Choose an item.	<input type="text"/>
<input type="text"/>	<input type="text"/>	Choose an item.	<input type="text"/>
<input type="text"/>	<input type="text"/>	Choose an item.	<input type="text"/>
<input type="text"/>	<input type="text"/>	Choose an item.	<input type="text"/>
<input type="text"/>	<input type="text"/>	Choose an item.	<input type="text"/>

4.0 Instructions – Table 2: Committed Resources Disclosure

This section addresses committed resources and how they are currently budgeted for use. Please complete Table 2 using the following instructions. Attach additional sheets as needed.

1. **Committed revenue or funding source:** Type in the specific resources committed to be available (FY 2018-19, CY 18 or beyond) (e.g. Ryan White Program (specify grant name/number), Foundation grant (specify which foundation), private donations).
2. **Committed annual amount:** Enter the annual amount initially committed.
3. **Revenue committed to be available until:** Choose the appropriate fiscal or calendar year from the drop-down menu. If none of the menu choices apply, choose “other” from the drop-down menu and explain your choice in comments.
4. **Comments:** Explain funding details including (if applicable): 1) if expected resources are short term, 2) why “other” was chosen under the prior column, and/or 3) any other significant funding details that should be taken into consideration during the evaluation stage.

Table 2. Committed Resources Disclosure

Committed Revenue or Funding Source	Committed Annual Amount		Revenue Committed to be Available Until	Comments
<input type="text"/>	<input type="text"/>		Choose an item.	<input type="text"/>
<input type="text"/>	<input type="text"/>		Choose an item.	<input type="text"/>
<input type="text"/>	<input type="text"/>		Choose an item.	<input type="text"/>

5.0 Funding Disclosure Narrative

Proposer must explain in the text box below how the new/enhanced funding will be used in conjunction with current funding for existing services.

Click here to enter text.

Affirmation for the Use of DHSP Funds:

This section is designed to affirm that the resources made available by DHSP through this solicitation will enhance, and not supplant, existing resources. By checking the box next to the following statement, Proposer agrees to abide by this statement.

Proposer affirms that the funding made available through this RFP will only be used to fund new or expanded services for the duration of the contract period.

Attestation of Full and Complete Disclosure:

As a Proposer, I certify that all the information contained in this form, Exhibit 21 is correct and is a full and complete disclosure and that agency will abide by the affirmation for use of funds.

Agency Information and Signature:

Agency Name (Full Legal Name)

Address (Street, City, State and Zip Code)

Name of Contact Person

Title of Contact Person Mr. Mrs. Ms.

Telephone Number

Fax Number

E-mail Address

Signature of Executive Director, CEO, or designated Board Member

Signature: _____

Date:

Print Name: _____

Print Title: _____

REQUEST FOR PROPOSAL (RFP) TRANSMITTAL TO REQUEST A SOLICITATION REQUIREMENTS REVIEW

**A Solicitation Requirements Review must be received by the County
within 10 business days of issuance of the solicitation document**

Proposer Name:	Date of Request:
Project Title: CORE HIV MEDICAL SERVICES FOR PERSONS LIVING WITH HIV	Project No. RFP NO.: 2018-003

A **Solicitation Requirements Review** is being requested because the Proposer asserts that they are being unfairly disadvantaged for the following reason(s): *(check all that apply)*

- Application of **Minimum Requirements**
- Application of **Evaluation Criteria**
- Application of **Business Requirements**
- Due to **unclear instructions**, the process may result in the County not receiving the best possible responses

I understand that this request must be received by the County within **10 business days** of issuance of the solicitation document.

For each area contested, Proposer must explain in detail the factual reasons for the requested review. *(Attach additional pages and supporting documentation as necessary.)*

Request submitted by:

(Name)

(Title)

For County use only

Date Transmittal Received by County: _____ Date Solicitation Released: _____

Reviewed by: _____

Results of Review - Comments:

Date Response sent to Proposer: _____

COUNTY OF LOS ANGELES POLICY ON DOING BUSINESS WITH SMALL BUSINESS

Forty-two percent of businesses in Los Angeles County have five or fewer employees. Only about four percent of businesses in the area exceed 100 employees. According to the Los Angeles Times and local economists, it is not large corporations, but these small companies that are generating new jobs and helping move Los Angeles County out of its worst recession in decades.

WE RECOGNIZE. . . .

The importance of small business to the County. . .

- in fueling local economic growth
- providing new jobs
- creating new local tax revenues
- offering new entrepreneurial opportunity to those historically under-represented in business

The County can play a positive role in helping small business grow. . .

- as a multi-billion dollar purchaser of goods and services
- as a broker of intergovernmental cooperation among numerous local jurisdictions
- by greater outreach in providing information and training
- by simplifying the bid/proposal process
- by maintaining selection criteria which are fair to all
- by streamlining the payment process

WE THEREFORE SHALL:

1. Constantly seek to streamline and simplify our processes for selecting our vendors and for conducting business with them.
2. Maintain a strong outreach program, fully-coordinated among our departments and districts, as well as other participating governments to: a) inform and assist the local business community in competing to provide goods and services; b) provide for ongoing dialogue with and involvement by the business community in implementing this policy.
3. Continually review and revise how we package and advertise solicitations, evaluate and select prospective vendors, address subcontracting and conduct business with our vendors, in order to: a) expand opportunity for small business to compete for our business; and b) to further opportunities for all businesses to compete regardless of size.
4. Insure that staff who manage and carry out the business of purchasing goods and services are well trained, capable and highly motivated to carry out the letter and spirit of this policy.

Title 2 ADMINISTRATION
Chapter 2.203.010 through 2.203.090
CONTRACTOR EMPLOYEE JURY SERVICE

2.203.010 Findings.

The board of supervisors makes the following findings. The county of Los Angeles allows its permanent, full-time employees unlimited jury service at their regular pay. Unfortunately, many businesses do not offer or are reducing or even eliminating compensation to employees who serve on juries. This creates a potential financial hardship for employees who do not receive their pay when called to jury service, and those employees often seek to be excused from having to serve. Although changes in the court rules make it more difficult to excuse a potential juror on grounds of financial hardship, potential jurors continue to be excused on this basis, especially from longer trials. This reduces the number of potential jurors and increases the burden on those employers, such as the county of Los Angeles, who pay their permanent, full-time employees while on juror duty. For these reasons, the county of Los Angeles has determined that it is appropriate to require that the businesses with which the county contracts possess reasonable jury service policies. (Ord. 2002-0015 § 1 (part), 2002)

2.203.020 Definitions.

The following definitions shall be applicable to this chapter:

- A. "Contractor" means a person, partnership, corporation or other entity which has a contract with the county or a subcontract with a county contractor and has received or will receive an aggregate sum of \$50,000 or more in any 12-month period under one or more such contracts or subcontracts.
- B. "Employee" means any California resident who is a full-time employee of a contractor under the laws of California.
- C. "Contract" means any agreement to provide goods to, or perform services for or on behalf of, the county but does not include:
 - 1. A contract where the board finds that special circumstances exist that justify a waiver of the requirements of this chapter; or
 - 2. A contract where federal or state law or a condition of a federal or state program mandates the use of a particular contractor; or
 - 3. A purchase made through a state or federal contract; or
 - 4. A monopoly purchase that is exclusive and proprietary to a specific manufacturer, distributor, or reseller, and must match and inter-member with existing supplies, equipment or systems maintained by the county pursuant to the Los Angeles County Purchasing Policy and Procedures Manual, Section P-3700 or a successor provision; or
 - 5. A revolving fund (petty cash) purchase pursuant to the Los Angeles County Fiscal Manual, Section 4.4.0 or a successor provision; or
 - 6. A purchase card purchase pursuant to the Los Angeles County Purchasing Policy and Procedures Manual, Section P-2810 or a successor provision; or
 - 7. A non-agreement purchase with a value of less than \$5,000 pursuant to the Los Angeles County Purchasing Policy and Procedures Manual, Section A-0300 or a successor provision; or
 - 8. A bona fide emergency purchase pursuant to the Los Angeles County Purchasing Policy and Procedures Manual, Section PP-1100 or a successor provision.

Title 2 ADMINISTRATION
Chapter 2.203.010 through 2.203.090
CONTRACTOR EMPLOYEE JURY SERVICE

- D. "Full time" means 40 hours or more worked per week, or a lesser number of hours if:
1. The lesser number is a recognized industry standard as determined by the chief administrative officer, or
 2. The contractor has a long-standing practice that defines the lesser number of hours as full time.
- E. "County" means the county of Los Angeles or any public entities for which the board of supervisors is the governing body. (Ord. 2002-0040 § 1, 2002: Ord. 2002-0015 § 1 (part), 2002)

2.203.030 Applicability.

This chapter shall apply to contractors who enter into contracts that commence after July 11, 2002. This chapter shall also apply to contractors with existing contracts which are extended into option years that commence after July 11, 2002. Contracts that commence after May 28, 2002, but before July 11, 2002, shall be subject to the provisions of this chapter only if the solicitations for such contracts stated that the chapter would be applicable. (Ord. 2002-0040 § 2, 2002: Ord. 2002-0015 § 1 (part), 2002)

2.203.040 Contractor Jury Service Policy.

A contractor shall have and adhere to a written policy that provides that its employees shall receive from the contractor, on an annual basis, no less than five days of regular pay for actual jury service. The policy may provide that employees deposit any fees received for such jury service with the contractor or that the contractor deduct from the employees' regular pay the fees received for jury service. (Ord. 2002-0015 § 1 (part), 2002)

2.203.050 Other Provisions.

- A. Administration. The chief administrative officer shall be responsible for the administration of this chapter. The chief administrative officer may, with the advice of county counsel, issue interpretations of the provisions of this chapter and shall issue written instructions on the implementation and ongoing administration of this chapter. Such instructions may provide for the delegation of functions to other county departments.
- B. Compliance Certification. At the time of seeking a contract, a contractor shall certify to the county that it has and adheres to a policy consistent with this chapter or will have and adhere to such a policy prior to award of the contract. (Ord. 2002-0015 § 1 (part), 2002)

2.203.060 Enforcement and Remedies.

For a contractor's violation of any provision of this chapter, the county department head responsible for administering the contract may do one or more of the following:

1. Recommend to the board of supervisors the termination of the contract; and/or,
2. Pursuant to chapter 2.202, seek the debarment of the contractor. (Ord. 2002-0015 § 1 (part), 2002)

Title 2 ADMINISTRATION
Chapter 2.203.010 through 2.203.090
CONTRACTOR EMPLOYEE JURY SERVICE

2.203.070. Exceptions.

- A. Other Laws. This chapter shall not be interpreted or applied to any contractor or to any employee in a manner inconsistent with the laws of the United States or California.
- B. Collective Bargaining Agreements. This chapter shall be superseded by a collective bargaining agreement that expressly so provides.
- C. Small Business. This chapter shall not be applied to any contractor that meets all of the following:
 - 1. Has ten or fewer employees during the contract period; and,
 - 2. Has annual gross revenues in the preceding twelve months which, if added to the annual amount of the contract awarded, are less than \$500,000; and,
 - 3. Is not an affiliate or subsidiary of a business dominant in its field of operation.

“Dominant in its field of operation” means having more than ten employees and annual gross revenues in the preceding twelve months which, if added to the annual amount of the contract awarded, exceed \$500,000.

“Affiliate or subsidiary of a business dominant in its field of operation” means a business which is at least 20 percent owned by a business dominant in its field of operation, or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation. (Ord. 2002-0015 § 1 (part), 2002)

2.203.090. Severability.

If any provision of this chapter is found invalid by a court of competent jurisdiction, the remaining provisions shall remain in full force and effect. (Ord. 2002-0015 § 1 (part), 2002)

LISTING OF CONTRACTORS DEBARRED IN LOS ANGELES COUNTY

List of Debarred Contractors in Los Angeles County may be obtained by going to the following website:

<http://doingbusiness.lacounty.gov/DebarmentList.htm>

IRS NOTICE 1015

Latest version is available from IRS website at:

<http://www.irs.gov/pub/irs-pdf/n1015.pdf>



Department of the Treasury
Internal Revenue Service

Notice 1015

(Rev. December 2013)

Have You Told Your Employees About the Earned Income Credit (EIC)?

What is the EIC?

The EIC is a refundable tax credit for certain workers.

Which Employees Must I Notify About the EIC?

You must notify each employee who worked for you at any time during the year and from whom you did not withhold income tax. However, you do not have to notify any employee who claimed exemption from withholding on Form W-4, Employee's Withholding Allowance Certificate.

Note. You are encouraged to notify each employee whose wages for 2013 are less than \$51,567 that he or she may be eligible for the EIC.

How and When Must I Notify My Employees?

You must give the employee one of the following:

- The IRS Form W-2, Wage and Tax Statement, which has the required information about the EIC on the back of Copy B.
- A substitute Form W-2 with the same EIC information on the back of the employee's copy that is on Copy B of the IRS Form W-2.
- Notice 797, Possible Federal Tax Refund Due to the Earned Income Credit (EIC).
- Your written statement with the same wording as Notice 797.

If you are required to give Form W-2 and do so on time, no further notice is necessary if the Form W-2 has the required information about the EIC on the back of the employee's copy. If a substitute Form W-2 is given on time but does not have the required information, you must

notify the employee within 1 week of the date the substitute Form W-2 is given. If Form W-2 is required but is not given on time, you must give the employee Notice 797 or your written statement by the date Form W-2 is required to be given. If Form W-2 is not required, you must notify the employee by February 7, 2014.

You must hand the notice directly to the employee or send it by first-class mail to the employee's last known address. You will not meet the notification requirements by posting Notice 797 on an employee bulletin board or sending it through office mail. However, you may want to post the notice to help inform all employees of the EIC. You can get copies of the notice from IRS.gov or by calling 1-800-829-3676.

How Will My Employees Know If They Can Claim the EIC?

The basic requirements are covered in Notice 797. For more detailed information, the employee needs to see Pub. 596, Earned Income Credit (EIC), or the instructions for Form 1040, 1040A, or 1040EZ.

How Do My Employees Claim the EIC?

Eligible employees claim the EIC on their 2013 tax return. Even employees who have no tax withheld from their pay or owe no tax can claim the EIC and get a refund, but they must file a tax return to do so. For example, if an employee has no tax withheld in 2013 and owes no tax but is eligible for a credit of \$800, he or she must file a 2013 tax return to get the \$800 refund.

Notice 1015 (Rev. 12-2013)
Cat. No. 20599I

Safely Surrendered



No shame. No blame. No names.

In Los Angeles County: 1-877-BABY SAFE • 1-877-222-9723

www.babysafela.org



In Los Angeles County: 1 877 BABY SAFE 1 877 222 9723

www.babysafela.org

Safely Surrendered Baby Law

What is the Safely Surrendered Baby Law?

California's Safely Surrendered Baby Law allows parents or other persons, with lawful custody, which means anyone to whom the parent has given permission to confidentially surrender a baby. As long as the baby is three days (72 hours) of age or younger and has not been abused or neglected, the baby may be surrendered without fear of arrest or prosecution.

How does it work?

A distressed parent who is unable or unwilling to care for a baby can legally, confidentially, and safely surrender a baby within three days (72 hours) of birth. The baby must be handed to an employee at a hospital or fire station in Los Angeles County. As long as the baby shows no sign of abuse or neglect, no name or other information is required. In case the parent changes his or her mind at a later date and wants the baby back, staff will use bracelets to help connect them to each other. One bracelet will be placed on the baby, and a matching bracelet will be given to the parent or other surrendering adult.

What if a parent wants the baby back?

Parents who change their minds can begin the process of reclaiming their baby within 14 days. These parents should call the Los Angeles County Department of Children and Family Services at 1-800-540-4000.

Can only a parent bring in the baby?

No. While in most cases a parent will bring in the baby, the Law allows other people to bring in the baby if they have lawful custody.

Does the parent or surrendering adult have to call before bringing in the baby?

No. A parent or surrendering adult can bring in a baby anytime, 24 hours a day, 7 days a week, as long as the parent or surrendering adult surrenders the baby to someone who works at the hospital or fire station.

Does the parent or surrendering adult have to tell anything to the people taking the baby?

No. However, hospital or fire station personnel will ask the surrendering party to fill out a questionnaire designed to gather important medical history information, which is very useful in caring for the baby. The questionnaire includes a stamped return envelope and can be sent in at a later time.

What happens to the baby?

The baby will be examined and given medical treatment. Upon release from the hospital, social workers immediately place the baby in a safe and loving home and begin the adoption process.

What happens to the parent or surrendering adult?

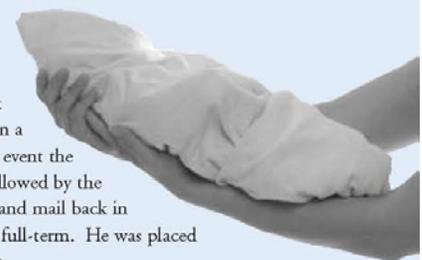
Once the parent or surrendering adult surrenders the baby to hospital or fire station personnel, they may leave at any time.

Why is California doing this?

The purpose of the Safely Surrendered Baby Law is to protect babies from being abandoned, hurt or killed by their parents. You may have heard tragic stories of babies left in dumpsters or public bathrooms. Their parents may have been under severe emotional distress. The mothers may have hidden their pregnancies, fearful of what would happen if their families found out. Because they were afraid and had no one or nowhere to turn for help, they abandoned their babies. Abandoning a baby is illegal and places the baby in extreme danger. Too often, it results in the baby's death. The Safely Surrendered Baby Law prevents this tragedy from ever happening again in California.

A baby's story

Early in the morning on April 9, 2005, a healthy baby boy was safely surrendered to nurses at Harbor-UCLA Medical Center. The woman who brought the baby to the hospital identified herself as the baby's aunt and stated the baby's mother had asked her to bring the baby to the hospital on her behalf. The aunt was given a bracelet with a number matching the anklet placed on the baby; this would provide some identification in the event the mother changed her mind about surrendering the baby and wished to reclaim the baby in the 14-day period allowed by the Law. The aunt was also provided with a medical questionnaire and said she would have the mother complete and mail back in the stamped return envelope provided. The baby was examined by medical staff and pronounced healthy and full-term. He was placed with a loving family that had been approved to adopt him by the Department of Children and Family Services.



Ley de Entrega de Bebés *Sin Peligro*



Los recién nacidos pueden ser entregados en forma segura al personal de cualquier hospital o cuartel de bomberos del Condado de Los Ángeles

Sin pena. Sin culpa. Sin nombres.

En el Condado de Los Ángeles: 1-877-BABY SAFE • 1-877-222-9723

www.babysafela.org



En el Condado de Los Ángeles: 1-877-BABY SAFE • 1-877-222-9723

www.babysafela.org

Ley de Entrega de Bebés Sin Peligro

¿Qué es la Ley de Entrega de Bebés sin Peligro?

La Ley de Entrega de Bebés sin Peligro de California permite la entrega confidencial de un recién nacido por parte de sus padres u otras personas con custodia legal, es decir cualquier persona a quien los padres le hayan dado permiso. Siempre que el bebé tenga tres días (72 horas) de vida o menos, y no haya sufrido abuso ni negligencia, pueden entregar al recién nacido sin temor de ser arrestados o procesados.

Cada recién nacido se merece la oportunidad de tener una vida saludable. Si alguien que usted conoce está pensando en abandonar a un recién nacido, infórmele que tiene otras opciones. Hasta tres días (72 horas) después del nacimiento, se puede entregar un recién nacido al personal de cualquier hospital o cuartel de bomberos del condado de Los Angeles.

¿Cómo funciona?

El padre/madre con dificultades que no pueda o no quiera cuidar de su recién nacido puede entregarlo en forma legal, confidencial y segura dentro de los tres días (72 horas) del nacimiento. El bebé debe ser entregado a un empleado de cualquier hospital o cuartel de bomberos del Condado de Los Ángeles. Siempre que el bebé no presente signos de abuso o negligencia, no será necesario suministrar nombres ni información alguna. Si el padre/madre cambia de opinión posteriormente y desea recuperar a su bebé, los trabajadores utilizarán brazaletes para poder vincularlos. El bebé llevará un brazalete y el padre/madre o el adulto que lo entregue recibirá un brazalete igual.

¿Qué pasa si el padre/madre desea recuperar a su bebé?

Los padres que cambien de opinión pueden comenzar el proceso de reclamar a su recién nacido dentro de los 14 días. Estos padres deberán llamar al Departamento de Servicios para Niños y Familias (Department of Children and Family Services) del Condado de Los Ángeles al 1-800-540-4000.

¿Sólo los padres podrán llevar al recién nacido?

No. Si bien en la mayoría de los casos son los padres los que llevan al bebé, la ley permite que otras personas lo hagan si tienen custodia legal.

¿Los padres o el adulto que entrega al bebé deben llamar antes de llevar al bebé?

No. El padre/madre o adulto puede llevar al bebé en cualquier momento, las 24 horas del día, los 7 días de la semana, siempre y cuando entreguen a su bebé a un empleado del hospital o cuartel de bomberos.

¿Es necesario que el padre/madre o adulto diga algo a las personas que reciben al bebé?

No. Sin embargo, el personal del hospital o cuartel de bomberos le pedirá a la persona que entregue al bebé que llene un cuestionario con la finalidad de recabar antecedentes médicos importantes, que resultan de gran utilidad para cuidar bien del bebé. El cuestionario incluye un sobre con el sello postal pagado para enviarlo en otro momento.

¿Qué pasará con el bebé?

El bebé será examinado y le brindarán atención médica. Cuando le den el alta del hospital, los trabajadores sociales inmediatamente ubicarán al bebé en un hogar seguro donde estará bien atendido, y se comenzará el proceso de adopción.

¿Qué pasará con el padre/madre o adulto que entregue al bebé?

Una vez que los padres o adulto hayan entregado al bebé al personal del hospital o cuartel de bomberos, pueden irse en cualquier momento.

¿Por qué se está haciendo esto en California? ?

La finalidad de la Ley de Entrega de Bebés sin Peligro es proteger a los bebés para que no sean abandonados, lastimados o muertos por sus padres. Usted probablemente haya escuchado historias trágicas sobre bebés abandonados en basureros o en baños públicos. Los padres de esos bebés probablemente hayan estado pasando por dificultades emocionales graves. Las madres pueden haber ocultado su embarazo, por temor a lo que pasaría si sus familias se enteraran. Abandonaron a sus bebés porque tenían miedo y no tenían nadie a quien pedir ayuda. El abandono de un recién nacido es ilegal y pone al bebé en una situación de peligro extremo. Muy a menudo el abandono provoca la muerte del bebé. La Ley de Entrega de Bebés sin Peligro impide que vuelva a suceder esta tragedia en California.

Historia de un bebé

A la mañana temprana del día 9 de abril de 2005, se entregó un recién nacido saludable a las enfermeras del Harbor-UCLA Medical Center. La mujer que llevó el recién nacido al hospital se dio a conocer como la tía del bebé, y dijo que la madre le había pedido que llevara al bebé al hospital en su nombre. Le entregaron a la tía un brazalete con un número que coincidía con la pulsera del bebé; esto serviría como identificación en caso de que la madre cambiara de opinión con respecto a la entrega del bebé y decidiera recuperarlo dentro del período de 14 días que permite esta ley. También le dieron a la tía un cuestionario médico, y ella dijo que la madre lo llenaría y lo enviaría de vuelta dentro del sobre con franqueo pagado que le habían dado. El personal médico examinó al bebé y se determinó que estaba saludable y a término. El bebé fue ubicado con una buena familia que ya había sido aprobada para adoptarlo por el Departamento de Servicios para Niños y Familias.



There is a keen public interest in preventing misuse of charitable contributions. California's "Supervision of Trustees and Fundraisers for Charitable Purposes Act" regulates those raising and receiving charitable contributions. The "Nonprofit Integrity Act of 2004" (SB 1262, Chapter 919) tightened Charitable Purposes Act requirements for charitable organization administration and fundraising.

The Charitable Purposes Act rules cover California public benefit corporations, unincorporated associations, and trustee entities. They may include similar foreign corporations doing business or holding property in California. Generally, an organization is subject to the registration and reporting requirements of the Charitable Purposes Act if it is a California nonprofit public benefit corporation or is tax exempt under Internal Revenue Code § 501(c)(3), and not exempt from reporting under Government Code § 12583. Most educational institutions, hospitals, cemeteries, and religious organizations are exempt from Supervision of Trustees Act requirements.

Key new Charitable Purposes Act requirements affect executive compensation, fund-raising practices and documentation. Charities with over \$2 million of revenues (excluding grants and service-contract funds a governmental entity requires to be accounted for) have new audit requirements. Charities required to have audits must also establish an audit committee whose members have no material financial interest in any entity doing business with the charity.

Organizations or persons that receive or raise charitable contributions are likely to be subject to the Charitable Purposes Act. A Proposer on Los Angeles County contracts must determine if it is subject to the Charitable Purposes Act and certify either that:

- It is not presently subject to the Act, but will comply if later activities make it subject, or,
- If subject, it is currently in compliance.

RESOURCES

The following references to resources are offered to assist Proposers who engage in charitable contributions activities. Each Proposer, however, is ultimately responsible to research and determine its own legal obligations and properly complete its compliance certification (Exhibit 20).

In California, supervision of charities is the responsibility of the Attorney General, whose website, <http://oag.ca.gov/> contains much information helpful to regulated charitable organizations.

1. LAWS AFFECTING NONPROFITS

The "Supervision of Trustees and Fundraisers for Charitable Purposes Act" is found at California Government Code §§ 12580 through 12599.7. Implementing regulations are found at Title 11, California Code of Regulations, §§ 300 through 312. In California, charitable solicitations ("advertising") are governed by Business & Professions Code §§ 17510 through 17510.95. Regulation of nonprofit corporations is found at Title 11, California Code of Regulations, §§ 999.1 through 999.5. (Amended regulations are pending.) Links to all of these rules are at: <http://oag.ca.gov/charities/laws>

2. SUPPORT FOR NONPROFIT ORGANIZATIONS

Several organizations offer both complimentary and fee-based assistance to nonprofits, including in Los Angeles, the *Center for Nonprofit Management*, 606 S. Olive St #2450, Los Angeles, CA 90014 (213) 623-7080 <http://www.cnmsocal.org/>, and statewide, the *California Association of CORE HIV MEDICAL SERVICES FOR PLWH*
RFP #2018-003

Nonprofits, <http://www.calnonprofits.org/>. Both organizations' websites offer information about how to establish and manage a charitable organization.

The above information, including the organizations listed, provided under this sub-section of this Appendix N is for informational purposes only. Nothing contained in this sub-section shall be construed as an endorsement by the County of Los Angeles of such organizations.

Title 2 ADMINISTRATION
Chapter 2.206
DEFAULTED PROPERTY TAX REDUCTION PROGRAM

- 2.206.010 Findings and declarations.
- 2.206.020 Definitions.
- 2.206.030 Applicability.
- 2.206.040 Required solicitation and contract language.
- 2.206.050 Administration and compliance certification.
- 2.206.060 Exclusions/Exemptions.
- 2.206.070 Enforcement and remedies.
- 2.206.080 Severability.

2.206.010 Findings and declarations.

The Board of Supervisors finds that significant revenues are lost each year as a result of taxpayers who fail to pay their tax obligations on time. The delinquencies impose an economic burden upon the County and its taxpayers. Therefore, the Board of Supervisors establishes the goal of ensuring that individuals and businesses that benefit financially from contracts with the County fulfill their property tax obligation. (Ord. No. 2009-0026 § 1 (part), 2009.)

2.206.020 Definitions.

The following definitions shall be applicable to this chapter:

- A. "Contractor" shall mean any person, firm, corporation, partnership, or combination thereof, which submits a bid or proposal or enters into a contract or agreement with the County.
- B. "County" shall mean the county of Los Angeles or any public entities for which the Board of Supervisors is the governing body.
- C. "County Property Taxes" shall mean any property tax obligation on the County's secured or unsecured roll; except for tax obligations on the secured roll with respect to property held by a Contractor in a trust or fiduciary capacity or otherwise not beneficially owned by the Contractor.
- D. "Department" shall mean the County department, entity, or organization responsible for the solicitation and/or administration of the contract.
- E. "Default" shall mean any property tax obligation on the secured roll that has been deemed defaulted by operation of law pursuant to California Revenue and Taxation Code section 3436; or any property tax obligation on the unsecured roll that remains unpaid on the applicable delinquency date pursuant to California Revenue and Taxation Code section 2922; except for any property tax obligation dispute pending before the Assessment Appeals Board.
- F. "Solicitation" shall mean the County's process to obtain bids or proposals for goods and services.
- G. "Treasurer-Tax Collector" shall mean the Treasurer and Tax Collector of the County of Los Angeles. (Ord. No. 2009-0026 § 1 (part), 2009.)

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2.206.030 Applicability.

This chapter shall apply to all solicitations issued 60 days after the effective date of the ordinance codified in this chapter. This chapter shall also apply to all new, renewed, extended, and/or amended contracts entered into 60 days after the effective date of the ordinance codified in this chapter. (Ord. No. 2009-0026 § 1 (part), 2009.)

2.206.040 Required solicitation and contract language.

All solicitations and all new, renewed, extended, and/or amended contracts shall contain language\which:

- A. Requires any Contractor to keep County Property Taxes out of Default status at all times during the term of an awarded contract;
- B. Provides that the failure of the Contractor to comply with the provisions in this chapter may prevent the Contractor from being awarded a new contract; and
- C. Provides that the failure of the Contractor to comply with the provisions in this chapter may constitute a material breach of an existing contract, and failure to cure the breach within 10 days of notice by the County by paying the outstanding County Property Tax or making payments in a manner agreed to and approved by the Treasurer-Tax Collector, may subject the contract to suspension and/or termination. (Ord. No. 2009-0026 § 1 (part), 2009.)

2.206.050 Administration and compliance certification.

- A. The Treasurer-Tax Collector shall be responsible for the administration of this chapter. The Treasurer-Tax Collector shall, with the assistance of the Chief Executive Officer, Director of Internal Services, and County Counsel, issue written instructions on the implementation and ongoing administration of this chapter. Such instructions may provide for the delegation of functions to other departments.
- B. Contractor shall be required to certify, at the time of submitting any bid or proposal to the County, or entering into any new contract, or renewal, extension or amendment of an existing contract with the County, that it is in compliance with this chapter is not in Default on any County Property Taxes or is current in payments due under any approved payment arrangement. (Ord. No. 2009-0026 § 1 (part), 2009.)

2.206.060 Exclusions/Exemptions.

- A. This chapter shall not apply to the following contracts:
 - 1. Chief Executive Office delegated authority agreements under \$50,000;
 - 2. A contract where federal or state law or a condition of a federal or state program mandates the use of a particular contractor;
 - 3. A purchase made through a state or federal contract;

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4. A contract where state or federal monies are used to fund service related programs, including but not limited to voucher programs, foster care, or other social programs that provide immediate direct assistance;
 5. Purchase orders under a master agreement, where the Contractor was certified at the time the master agreement was entered into and at any subsequent renewal, extension and/or amendment to the master agreement.
 6. Purchase orders issued by Internal Services Department under \$100,000 that is not the result of a competitive bidding process.
 7. Program agreements that utilize Board of Supervisors' discretionary funds;
 8. National contracts established for the purchase of equipment and supplies for and by the National Association of Counties, U.S. Communities Government Purchasing Alliance, or any similar related group purchasing organization;
 9. A monopoly purchase that is exclusive and proprietary to a specific manufacturer, distributor, reseller, and must match and inter-member with existing supplies, equipment or systems maintained by the county pursuant to the Los Angeles Purchasing Policy and Procedures Manual, section P-3700 or a successor provision;
 10. A revolving fund (petty cash) purchase pursuant to the Los Angeles County Fiscal Manual, section 4.6.0 or a successor provision;
 11. A purchase card purchase pursuant to the Los Angeles County Purchasing Policy and Procedures Manual, section P-2810 or a successor provision;
 12. A non-agreement purchase worth a value of less than \$5,000 pursuant to the Los Angeles County Purchasing Policy and Procedures Manual, section A-0300 or a successor provision; or
 13. A bona fide emergency purchase pursuant to the Los Angeles County Purchasing Policy and Procedures Manual section P-0900 or a successor provision;
 14. Other contracts for mission critical goods and/or services where the Board of Supervisors determines that an exemption is justified.
- B. Other laws. This chapter shall not be interpreted or applied to any Contractor in a manner inconsistent with the laws of the United States or California. (Ord. No. 2009-0026 § 1 (part), 2009.)

2.206.070 Enforcement and remedies.

- A. The information furnished by each Contractor certifying that it is in compliance with this chapter shall be under penalty of perjury.
- B. No Contractor shall willfully and knowingly make a false statement certifying compliance with this chapter for the purpose of obtaining or retaining a County contract.

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DEFAULTED PROPERTY TAX REDUCTION PROGRAM

- C. For Contractor's violation of any provision of this chapter, the County department head responsible for administering the contract may do one or more of the following:
1. Recommend to the Board of Supervisors the termination of the contract; and/or,
 2. Pursuant to chapter 2.202, seek the debarment of the contractor; and/or,
 3. Recommend to the Board of Supervisors that an exemption is justified pursuant to Section 2.206.060.A.14 of this chapter or payment deferral as provided pursuant to the California Revenue and Taxation Code. (Ord. No. 2009-0026 § 1 (part), 2009.)

2.206.080 Severability.

If any provision of this chapter is found invalid by a court of competent jurisdiction, the remaining provisions shall remain in full force and effect. (Ord. No. 2009-0026 § 1 (part), 2009.)

Title 2 ADMINISTRATION
DETERMINATIONS OF CONTRACTOR NON-RESPONSIBILITY
AND CONTRACTOR DEBARMENT

2.202.010 Findings and declaration.**2.202.020 Definitions.****2.202.030 Determination of contractor non-responsibility.****2.202.040 Debarment of contractors.****2.202.050 Pre-emption.****2.202.060 Severability.****2.202.010 - Findings and declarations.**

- A. The board of supervisors finds that, in order to promote integrity in the county's contracting processes and to protect the public interest, the county's policy shall be to conduct business only with responsible contractors. The board of supervisors further finds that debarment is to be imposed only in the public interest for the county's protection and not for the purpose of punishment.
- B. Determinations of contractor non-responsibility and contractor debarment shall be made in accordance with the procedures set forth in the ordinance codified in this chapter and implementation instructions issued by the Internal Services Department.

(Ord. 2014-0035 § 1, 2014: Ord. 2005-0066 § 1, 2005: Ord. 2000-0011 § 1 (part), 2000.)

2.202.020 - Definitions.

For purposes of this chapter, the following definitions apply:

- A. "Contractor" means a person, partnership, corporation, or other entity who has contracted with, or is seeking to contract with, the county or a nonprofit corporation created by the county to provide goods to, or perform services for or on behalf of, the county or a nonprofit corporation created by the county. A contractor includes a contractor, subcontractor, vendor, or any of their respective officers, directors, owners, co-owners, shareholders, partners, managers, employees, or other individuals associated with the contractor, subcontractor, or vendor who participated in, knew of, or should reasonably have known of conduct that results in a finding of non-responsibility or debarment.
- B. "Contract" means any agreement to provide goods to, or perform services for or on behalf of, the county or a nonprofit corporation created by the county.
- C. "Debarment" means an action taken by the county which results in a contractor being prohibited from bidding or proposing on, being awarded and/or performing work on a contract with the county. A contractor who has been determined by the county to be subject to such a prohibition is "debarred."
- D. "Department head" means either the head of a department responsible for administering a particular contract for the county or the designee of same.

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- E. "County" means the county of Los Angeles, any public entities for which the board of supervisors is the governing body, and any joint powers authorities of which the county is a member that have adopted county contracting procedures.
- F. "Contractor hearing board" means the persons designated to preside over contractor debarment hearings and make recommendations on debarment to the board of supervisors.
- G. Determination of "non-responsibility" means an action taken by the county which results in a contractor who submitted a bid or proposal on a particular contract being prohibited from being awarded and/or performing work on that contract. A contractor who has been determined by the county to be subject to such a prohibition is "non-responsible" for purposes of that particular contract.
- H. "Bid or proposal" means a bid, proposal, or any other response to a solicitation submitted by or on behalf of a contractor seeking an award of a contract.
(Ord. 2014-0035 § 2, 2014: Ord. 2005-0066 § 2, 2005: Ord. 2004-0009 § 1, 2004: Ord. 2000-0011 § 1 (part), 2000.)

2.202.030 - Determination of contractor non-responsibility.

- A. Prior to a contract being awarded by the county, the county may determine that a contractor submitting a bid or proposal is non-responsible for purposes of that contract. In the event that the county determines that a contractor is non-responsible for a particular contract, said contractor shall be prohibited from being awarded and/or performing work on that contract.
- B. The county may declare a contractor to be non-responsible for purposes of a particular contract if the county, in its discretion, finds that the contractor has done any of the following: (1) violated a term of a contract with the county or a nonprofit corporation created by the county; (2) committed an act or omission which negatively reflects on the contractor's quality, fitness, or capacity to perform a contract with the county, any other public entity, or a nonprofit corporation created by the county, or engaged in a pattern or practice which negatively reflects on same; (3) committed an act or omission which indicates a lack of business integrity or business honesty; or (4) made or submitted a false claim against the county or any other public entity.
- C. The decision by the county to find a contractor non-responsible for a particular contract is within the discretion of the county. The seriousness and extent of the contractor's acts, omissions, patterns, or practices as well as any relevant mitigating or aggravating factors, including those described in Subsection 2.202.040 (E) below, may be considered by the county in determining whether a contractor should be deemed non-responsible.

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- D. Before making a determination of non-responsibility pursuant to this chapter, the department head shall give written notice to the contractor of the basis for the proposed non-responsibility determination, and shall advise the contractor that a non-responsibility hearing will be scheduled on a date certain. Thereafter, the department head shall conduct a hearing where evidence on the proposed non-responsibility determination is presented. The contractor and/or attorney or other authorized representative of the contractor shall be afforded an opportunity to appear at the non-responsibility hearing and to submit documentary evidence, present witnesses, and offer rebuttal evidence. After such hearing, the department head shall prepare a proposed decision, which shall contain a recommendation regarding whether the contractor should be found non-responsible with respect to the contract(s) at issue. A record of the hearing, the proposed decision, and any recommendation shall be presented to the board of supervisors. The board of supervisors may, in its discretion, limit any further hearing to the presentation of evidence not previously presented. The board of supervisors shall have the right to modify, deny, or adopt the proposed decision and recommendation of the department head. A non-responsibility finding shall become final upon approval by the board of supervisors.

(Ord. 2005-0066 § 3, 2005: Ord. 2004-0009 § 2, 2004: Ord. 2000-0011 § 1 (part), 2000.)

2.202.040 - Debarment of contractors.

- A. The county may debar a contractor who has had a contract with the county in the preceding three years and/or a contractor who has submitted a bid or proposal for a new contract with the county.
- B. The county may debar a contractor if the county finds, in its discretion, that the contractor has done any of the following: (1) violated a term of a contract with the county or a nonprofit corporation created by the county; (2) committed an act or omission which negatively reflects on the contractor's quality, fitness, or capacity to perform a contract with the county, any other public entity, or a nonprofit corporation created by the county, or engaged in a pattern or practice which negatively reflects on same; (3) committed an act or omission which indicates a lack of business integrity or business honesty; or (4) made or submitted a false claim against the county or any other public entity.
- C. The decision by the county to debar a contractor is within the discretion of the county. The seriousness and extent of the contractor's acts, omissions, patterns, or practices as well as any relevant mitigating or aggravating factors, including those described in Subsection (E) below, may be considered by the county in determining whether to debar a contractor and the period of debarment. Generally, the period of debarment should not exceed five years. However, if circumstances warrant, the county may impose a longer period of debarment up to and including permanent debarment.
- D. To impose a debarment period of longer than five years, and up to and including permanent debarment, in addition to the grounds described in Subsection (B)

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above, the county shall further find that the contractor's acts or omissions are of such an extremely serious nature that removal of the contractor from future county contracting opportunities for the specified period is necessary to protect the county's interests.

- E. Mitigating and aggravating factors that the county may consider in determining whether to debar a contractor and the period of debarment include but are not limited to:
- (1) The actual or potential harm or impact that results or may result from the wrongdoing.
 - (2) The frequency and/or number of incidents and/or duration of the wrongdoing.
 - (3) Whether there is a pattern or prior history of wrongdoing.
 - (4) A contractor's overall performance record. For example, the county may evaluate the contractor's activity cited as the basis for the debarment in the broader context of the contractor's overall performance history.
 - (5) Whether a contractor is or has been debarred, found non-responsible, or disqualified by another public entity on a basis of conduct similar to one or more of the grounds for debarment specified in this Section.
 - (6) Whether a contractor's wrongdoing was intentional or inadvertent. For example, the county may consider whether and to what extent a contractor planned, initiated, or carried out the wrongdoing.
 - (7) Whether a contractor has accepted responsibility for the wrongdoing and recognizes the seriousness of the misconduct that led to the grounds for debarment and/or has taken corrective action to cure the wrongdoing, such as establishing ethics training and implementing programs to prevent recurrence.
 - (8) Whether and to what extent a contractor has paid or agreed to pay criminal, civil, and administrative liabilities for the improper activity, and to what extent, if any, has the contractor made or agreed to make restitution.
 - (9) Whether a contractor has cooperated fully with the county during the investigation, and any court or administrative action. In determining the extent of cooperation, the county may consider when the cooperation began and whether the contractor disclosed all pertinent information known to the contractor.
 - (10) Whether the wrongdoing was pervasive within a contractor's organization.
 - (11) The positions held by the individuals involved in the wrongdoing.
 - (12) Whether a contractor participated in, knew of, or tolerated the offense.
 - (13) Whether a contractor brought the activity cited as a basis for the debarment to the attention of the county in a timely manner.

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- (14) Whether a contractor has fully investigated the circumstances surrounding the cause for debarment and, if so, made the result of the investigation available to the county.
- (15) Whether a contractor had effective standards of conduct and internal control systems in place at the time the questioned conduct occurred.
- (16) Whether a contractor has taken appropriate disciplinary action against the individuals responsible for the activity which constitutes the cause for debarment.
- (17) Other factors that are appropriate to the circumstances of a particular case.
(Ord. 2014-0035 § 4, 2014: Ord. 2005-0066 § 4, 2005: Ord. 2004-0009 § 3, 2004: Ord. 2000-0011 § 1 (part), 2000.)
- F. Before making a debarment determination pursuant to this chapter, the department head shall give written notice to the contractor of the basis for the proposed debarment, and shall advise the contractor that a debarment hearing will be scheduled on a date certain. The contractor hearing board shall conduct a hearing where evidence on the proposed debarment is presented. The contractor and/or attorney or other authorized representative must be given an opportunity to appear at the debarment hearing and to submit documentary evidence, present witnesses, and offer rebuttal evidence at that hearing. After such hearing, the contractor hearing board shall prepare a proposed decision, which shall contain a recommendation regarding whether the contractor should be debarred and, if so, the appropriate length of time for the debarment. A record of the hearing, the proposed decision, and any recommendation shall be presented to the board of supervisors. The board of supervisors may, in its discretion, limit any further hearing to the presentation of evidence not previously presented. The board of supervisors shall have the right to modify, deny, or adopt the proposed decision and recommendation of the contractor hearing board. A debarment finding shall become final upon the approval of the board of supervisors.
- G. In making a debarment determination, the board of supervisors may also, in its discretion and consistent with the terms of any existing contracts that the contractor may have with the county, terminate any or all such existing contracts. In the event that any existing contract is terminated by the board of supervisors, the county shall maintain the right to pursue all other rights and remedies provided by the contract and/or applicable law.
- H. With respect to a contractor who has been debarred for a period longer than five years, the contractor may, after the debarment has been in effect for at least five years, request that the county review the debarment determination to reduce the period of debarment or terminate the debarment. The county may consider a contractor's request to review a debarment determination based upon the following circumstances: (1) elimination of the grounds for which the debarment was imposed; (2) a bona fide change in ownership or management; (3) material evidence discovered after debarment was imposed; or (4) any other reason that is

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in the best interests of the county. A request for review shall be in writing, supported by documentary evidence, and submitted to the chair of the contractor hearing board. The chair of the contractor hearing board may either: 1) determine that the written request is insufficient on its face and deny the contractor's request for review; or (2) schedule the matter for consideration by the contractor hearing board which shall hold a hearing to consider the contractor's request for review, and, after the hearing, prepare a proposed decision and a recommendation to be presented to the board of supervisors. The board of supervisors may, in its discretion, limit any further hearing to the presentation of evidence not previously presented. The board of supervisors shall have the right to modify, deny, or adopt the proposed decision and recommendation of the contractor hearing board. A reduction of the period of the debarment or termination of the debarment shall become final upon the approval of the board of supervisors. (Ord. 2005-0066 § 4, 2005: Ord. 2004-0009 § 3, 2004: Ord. 2000-0011 § 1 (part), 2000.)

2.202.050 - Pre-emption.

In the event any contract is subject to federal and/or state laws that are inconsistent with the terms of the ordinance codified in this chapter, such laws shall control.

(Ord. 2000-0011 § 1 (part), 2000.)

2.202.060 - Severability.

If any section, subsection, subpart or provision of this chapter, or the application thereof to any person or circumstances, is held invalid, the remainder of the provisions of this chapter and the application of such to other persons or circumstances shall not be affected thereby.

(Ord. 2000-0011 § 1 (part), 2000.)