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July 3, 2019

**ADDENDUM NUMBER 2
TO
REQUEST FOR PROPOSALS NO. 2019-001
FOR
HIV TESTING AND STD SCREENING, DIAGNOSIS, AND TREATMENT SERVICES
IN LOS ANGELES COUNTY**

On May 9, 2019, the County of Los Angeles (County) Department of Public Health (DPH) released a Request for Proposals (RFP) for HIV Testing and STD Screening, Diagnosis, and Treatment Services in Los Angeles County.

The addendum consists of two (2) parts as outlined below:

- **PART 1 – MODIFICATIONS TO RFP**
- **PART 2 – RESPONSES TO PROPOSER’S QUESTIONS**

PART 1 – MODIFICATIONS TO RFP

Pursuant to RFP Section 4.0, County Rights & Responsibilities, Subsection 4.4, County’s Right to Amend Request for Proposals, DPH has the right to amend the RFP by written addendum. This Addendum Number 2 amends this RFP as indicated below (new or revised RFP language is noted in **highlight** and deleted language is noted in ~~strikethrough~~ for easy reference).

1. RFP, Section 1.2, Program and Technical Requirements, Subsection 1.2.2, Location of Services, Category 3, shall be amended as follows:

“Category 3: Proposer must propose a minimum of one (1) service delivery site in LAC ~~that is currently in operation providing~~ **to provide** HIV Testing Services (HTS).”

2. RFP, Section 1.3, Availability of Funding, Category 3, shall be amended as follows:

“**Category 3:** HTS provided in Categories 3a and 3b will be reimbursed in the following manner: 70% of the budget is cost-reimbursement, 30% is pay-for-performance. Please see Table 2 below for pay-for-performance guidelines.

Performance Measure*	Threshold for Incentives	Rate of PFP Reimbursement
Number of HIV tests indicated in scope of work (SOW)	85%	20%
HIV positivity rate based on total number of testers; or number of persons newly diagnosed with HIV	1% or of the number of HIV tests noted in SOW	40%
Documented linkage of HIV-positive testers to medical care within 14 7 days**	90% and above; or	20% ; or
	80% to 89%; or	15%; or
	75% to 79%	10%
Documented linkage to PrEP services for high-risk negatives eligible clients***	100%	20%

*Performance measures, threshold, and rates of reimbursement are subject to change by DHSP.

**Maximum Rate of Reimbursement for this Performance Measure is 20% total.

*** Identifying persons in whom to consider PrEP- <http://www.publichealth.lacounty.gov/dhsp/docs/LAC-PrEP-Guidelines.pdf>

3. RFP, Section 7.8 Proposal Format, Subsection 7.8.3.3 Required Forms, Appendix D – Required Forms, Exhibit 18, Proposer’s Funding Disclosure Form, has been revised and replaced in its entirety with Exhibit 18 (Revised), Proposer’s Funding Disclosure Form.
4. RFP, Section 7.8.4, Part 2: Proposer’s Program Information and Program Budget – Category 1, STD-SDTS, Subsection 7.8.4.1, Background and Experience, Questions 3, 4, and 5, shall be deleted or amended as follows:
 - ~~3) Number of STDs by STD type (break out by syphilis vs. gonorrhea vs. chlamydia) diagnosed by Proposer in calendar year 2018. Please provide numbers by STD type AND a grand total for all three STD types in your response.~~
 - 3) 4) Percentage of STDs by STD type (break out by syphilis vs. gonorrhea vs. chlamydia) diagnosed and successfully treated by Proposer in calendar year 2018. Please provide percentages by STD type AND a grand total percentage for all three STD types in your response. Total number of syphilis tests, percent that were positive, percent of positives that completed treatment in calendar year 2018. Please provide the same for gonorrhea and chlamydia.**

- 4) ~~5)~~ Description of Proposer's background and experience conducting PDPT for gonorrhea and chlamydia.
- 5) RFP, Section 7.8.5, Part 2: Proposer's Program Information and Program Budget – Category 2, SHeX-C Services, Subsection 7.8.5.1, Background and Experience, Questions 3 and 4 shall be deleted or amended as follows:
- ~~3) Number of STDs by STD type (break out by syphilis vs. gonorrhea vs. chlamydia) diagnosed by Proposer in calendar year 2018. Please provide numbers by STD type AND a grand total for all three STD types in your response.~~
- 3) ~~4) Percentage of STDs by STD type (break out by syphilis vs. gonorrhea vs. chlamydia) diagnosed and successfully treated by Proposer in calendar year 2018. Please provide percentages by STD type AND a grand total percentage for all three STD types in your response.~~ Total number of syphilis tests, percent that were positive, percent of positives that completed treatment in calendar year 2018. Please provide the same for gonorrhea and chlamydia.
- 6) RFP, Appendix A-2, Statement of Work (SOW) for Category 2, SHeX-C Services, Section 3.12, County's Data Management System, Subsections 3.12.1, 3.12.2, and 3.12.3 shall be amended as follows:
- “3.12 County's Data Management System**
- 3.12.1 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 LAC. Contractor shall ensure data quality, and compliance with all data submission requirements provided in writing by DHSP.
- 3.12.2 Contractor ~~shall utilize County's data management system to register clients' 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.~~ must provide data electronically from the Contractor's Electronic Medical Record (EMR) to the County's data management system via an Electronic Data Interface (EDI) monthly.
- ~~3.12.3 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) RFP, Appendices A-1 and A-2, SOW, Category 1, STD-SDTS and Category 2, SHeX-C Services, Section 4.0, Specific Work Requirements, Subsections 4.1.2, 4.1.3, and 4.1.4 for both categories shall be amended as follows:

“4.1.2 Contractor shall conduct the following tests as clinically indicated: HIV, Syphilis, Gonorrhea (vaginal or urine, throat, and rectal), and Chlamydia (vaginal or urine and rectal). Contractor shall refer clients to their primary care physician or can choose to screen, but not be reimbursed through this contract, for all other screenings including, but not limited to Trichomoniasis (vaginal or urine), Hepatitis A, Hepatitis B, Hepatitis C, and Herpes. Referrals will be monitored by DHSP as part of the contract monitoring.

4.1.3 Contractor shall conduct the following treatments as clinically indicated: Syphilis, Gonorrhea, and Chlamydia. Contractor shall refer clients to their primary care physician or can choose to treat, but not be reimbursed through this contract, for all other treatments including, but not limited to HIV, Trichomoniasis (vaginal or urine), Hepatitis A, Hepatitis B, Hepatitis C, and Herpes, and genital wart removal. Referrals will be monitored by DHSP as part of the contract monitoring.

4.1.4 Clinician’s time and medication are reimbursable for STD treatment services if individuals requiring medication for a diagnosed STD have no other way to pay (i.e. health care insurance such as, but not limited to Medicaid, Family PACT, My Health LA, private insurance, etc.).”

- 8) RFP, Appendix A-2, SOW, Category 2, SHeX-C Services, Section 4.0, Specific Work Requirements, Subsection 4.11, shall be amended as follows:

“4.11 **Provide Onsite Lab Testing and Results:** Contractor shall have available onsite Nucleic Acid Amplification Test (NAAT) testing capability to enable the clinic to expedite client lab results for gonorrhea and chlamydia and provide same-day treatment. ~~a immunoassay analyzer to expedite lab results, to the extent possible, to clients screened for STDs.~~ Contractor shall offer a range of options to clients for receiving their results (via secure online portal, secure text message, secure phone call, or in person).”

- 9) RFP, Appendices A-3a and A-3b, SOW for Category 3a, HTS – Storefront and SOW for Category 3b, HTS - Social and Sexual Networks, Attachment I (Revised) for both Subcategories, has been revised and replaced in its entirety with Attachment I (Revised-1), HIV Testing Services (HTS) Provider Pay-For-Performance Guidelines.

PART 2 – RESPONSES TO PROPOSER’S QUESTIONS

SECTION 1.0 – INTRODUCTION

Subsection 1.1.4 Categories for HIV Testing and STD Screening, Diagnosis, and Treatment Services in Los Angeles County

- Q1(a).** For Category 1: to meet minimum requirements, does the proposing agency have to conduct both STD testing and treatment at the same facility?
- Q1(b).** If so, can treatment be contracted out to a 3rd party subcontractor if the services are done on-site?

- A1(a) Yes. All STD testing, diagnosis, and treatment must be provided on-site. The intention is that a client who tests positive for an STD is diagnosed and able to receive treatment immediately without having to travel to another site or return at a different day and/or time.
- A1(b). Treatment can be provided by a sub-contractor if it meets the requirements as outlined in the SOW.

Subsection 1.2.2 Location of Services

- Q2.** In Section 1.2.2 Location of Services of the RFP (pg. 19, paragraph 3), under Category 3 it states that proposer must propose a minimum of one (1) service delivery site in LAC that is currently in operation providing HTS. We were thinking of applying for Category 3a. Storefront and want to get some clarification. We currently have a storefront in El Monte, which has been open for approximately 4 years. It has been used to provide health insurance screening and enrollment, but we believe it can also be utilized for HIV testing (including after-hours and on weekends). This service is not currently provided at the storefront. However, we do provide HIV testing at our 8 health center locations in LAC and have done so for some time. To be eligible for this category, does our specific experience providing HIV testing services have to be at the storefront, or can we use our health center testing experience to expand this service to the storefront location?
- A2. You may use the experience providing services at your health center to expand this service to the Storefront location.

Subsection 1.3 Availability of Funding

- Q3.** Regarding page 22 of the RFP (category 3) and Addendum 1 and Pay-for-Performance (PFP) guidelines, when you say the rate of reimbursement is 20% or 40%, etc. – this represents 20 or 40% of what (the total budget amount)? We cannot tell how many dollars we could actual earn (and budget for) through this mechanism.
- A3. Pursuant to the RFP, Appendices 3a and 3b, SOW for Category 3, HTS -Storefront and HTS – Social and Sexual Networks, Attachment I (Revised-1) for both subcategories, the Base Budget covers 70% and the PFP Budget comprises 30% of the total program budget. If any or all of the performance measures are met, providers may submit the PFP budget with proper backup documentation, at a minimum quarterly, that may be reimbursable up to the rate of reimbursement listed in the table for each performance measure. Please refer to this Addendum Part 1, Modifications to the RFP, Number 9.
- Q4.** Regarding page 22 of the RFP (category 3) and Addendum 1 and Pay-for-Performance (PFP) guidelines, will you provide concrete examples of how PFP would work for a contractor meeting all targets, using sample numbers? This is critical because if you simply add up all the percentages in your table, you could quickly exceed the overall 30% PFP cap.

- A4. The bold numbers in the Rate of Reimbursement add up to 100% which would mean an agency met all their performance measures and earned the full 30% PFP portion of their program budget. For Documented Linkage of HIV-positive testers, an agency could fall below the 90% threshold, but still earn a smaller percentage (i.e.15% or 10%) for that performance measure.

Example: Agency X proposes a \$50,000 program budget to provide services. Using the \$50,000 as the total budget for the contract, 70% (\$35,000) is strictly cost reimbursement. As an agency incurs costs and invoices, DHSP will reimburse. The remaining 30% (\$15,000) of the annual program budget is pay-for-performance and an agency can earn anywhere from zero to the full amount by meeting the goals under the Threshold for Compliance column for each performance measure. In Agency X's case they met all the performance measures but fell short on Documented Linkage of HIV-positive Testers, only linking 75% of the clients to medical care in 7 days. In this case, Agency X earned 20% (Number of HIV tests), 40% (positivity rate), 10% (Linkage), and 20% (PrEP linkage) for a total of 90%. This means that Agency X would earn 90% of the total PFP budget (\$13,500 out of a total possible of \$15,000). Please refer to this Addendum Part 1, Modifications to the RFP, Number 9.

- Q5. Regarding page 22 of the RFP (Category 3) and Addendum 1 and Pay-for-Performance (PFP) guidelines, who will set our performance targets, and what will they be based on?
- A5. They will be negotiated during contract negotiations and will be based on a number of factors including consideration of current client numbers.

SECTION 3.0 – MINIMUM MANDATORY QUALIFICATIONS

Subsection 3.1.1 Experience

- Q6. Can we count a third-party provider providing treatment in our office as part of our experience?
- A6. Please refer to RFP, Section 3.0 Minimum Mandatory Qualifications, Subsections 3.1.1 Experience, 3.4.1 Experience, and 3.5.1 Experience.

Subsection 3.2.1 Service Delivery Site Visit

- Q7. Confirm that you must have an existing clinic to apply for Category 1?
- A7. Yes. Per MMQ 3.2.1, Proposer must currently have a minimum of one (1) operational HIV testing and/or clinic-based STD screening and treatment service delivery site and demonstrate at a scheduled service delivery site visit by County personnel that the proposed site(s) meet the following criteria:
- Located within LAC;

- Compliant with the Americans with Disabilities Act (ADA); and
- Includes a separate, private exam room that meets California clinic licensing requirements.

Q8. Can you please provide information on the California clinic licensing requirements for the required exam room to provide HIV testing and STD screening? What specifically must an exam room have and where can we find these written requirements?

A8. The Quality Assurance requirements come from a variety of sources including Occupational Safety Health Administration (OSHA), California Department of Public Health (CDPH), and other federal/state/local regulations.

The Centers for Medicare and Medicaid Services requires that each site providing rapid HIV/STD testing have a Clinical Laboratory Improvement Amendments (CLIA) waiver. Information on the CLIA waiver can be found here: <https://www.cms.gov/Regulations-and-Guidance/legislation/CLIA/downloads/howobtaincertificateofwaiver.pdf>

For California, CDPH requires that all facilities performing CLIA waived tests have a California Clinical Laboratory Registration (CLR) which can be found here: <https://www.cdph.ca.gov/Programs/OSPHLD/LFS/Pages/New-ClinicalLaboratoryRegistration.aspx>

Subsection 3.3.1 Service Delivery Site Visit

Q9. Can the express clinic be a mobile clinic if fully staffed with exam rooms?

A9. No.

Subsection 3.3.2 Diagnosed STDs

Q10. For MMQ Category 2 SHEx-Services, is there a minimum of 500 individuals or 500 positive individuals?

A10. Proposer must have diagnosed a minimum of 500 individuals with an STD in calendar year 2018.

SECTION 7.0 PROPOSAL SUBMISSION REQUIREMENTS

Subsection 7.7 Preparation of the Proposal

Q11. If one organization would like to apply for funding for 2 separate sites for Category 2, is that one application or two?

A11. One.

Subsection 7.8 Proposal Format

Q12. Will all Exhibit forms be available in word format or fill-in format?

A12. All forms are fillable PDF file forms except for the Budget Worksheets which are in Excel file format.

Q13. The only fillable forms available to date are the budget worksheets. Can you provide the fillable versions of the budget justification forms and the Appendix D required forms? Of the Appendix D forms, we are most interested in Exhibits 3, 4, and 5, which will be easiest to fill out in Word or fillable PDF.

A13. All PDF file fillable forms can be found in the RFP document released. The Budget worksheets were released as Excel file fillable forms. No forms will be released in Word file format.

Q14. Do you only fill-in, type in your own category and corresponding SPA and Health District?

A14. Fill in all categories the Proposer is applying for and corresponding SPAs and Health Districts where services will be provided.

Q15.(a)For Category 3a and 3b: Can an agency propose for both categories?

Q15.(b)If so, would the agency propose a HIV testing objective for each category?

A15.(a)Yes.

A15.(b)Proposers should provide goals and objectives (i.e. such as number of clients that are planned to be served) for each separate category.

Subsection 7.8.3 Part 1: Administrative Section

Q16. For Proposer's References and Performance, which past contracts performance including supporting documentation? Overall? DHSP? Testing related?

A16. Overall for the past five (5) years.

Subsections 7.8.4 and 7.8.5 Part 2: Proposer's Program Information and Budget – Category 1, STD-SDTS, Proposer's Approach to Required Services and Category 2, SHeX-C Services, Proposer's Approach to Required Services

Q17. Does agency need to focus on all target populations listed in RFP page 61, item 2?

A17. Agencies should attempt to address all priority populations listed for the category of service proposed; however, please note that the SOWs (Categories 1, 2, 3a, and 3b), Section 4.1 states that 75% of those screened must be from one or more of the target populations.

Q18. In the Background and Experience sections for Category 1 (Section 7.8.4.1., question 4 on page 60) or Category 2 (Section 7.8.5.1, question 3 on page 65), the following data is requested: “Percentage of STDs by STD type (break out by syphilis vs. gonorrhea vs. chlamydia) diagnosed and successfully treated by Proposer in calendar year 2018. Please provide percentages by STD type AND a grand total percentage for all three STD types in your response.” Where the question mentions percentages, does this refer to the positivity and treatment percentages for each STD among all persons screened for that STD in our clinics (e.g., 1,000 people tested for syphilis with 100 positives would be 10%)? If so, it may be difficult to combine these percentages for a grand total since the denominator for each type of STD test will be different. Or is the question asking what percentage of total STD diagnoses in our clinics were made for each type of STD (e.g., of 500 total positive STD tests, 12% were for syphilis)?

A18. Please refer to this Addendum, Part 1, Modifications to RFP, Number 4 and 5.

APPENDIX A-1, SOW, CATEGORY 1 STD-SDTS

Subsection 3.3 Personnel

Q19. Can you define what a Community Embedded Disease Investigation Specialist (CEDIS) is?

A19. A CEDIS investigates and finds persons exposed to, or who have tested positive for, HIV and/or syphilis. A CEDIS directly counsels persons exposed or infected with HIV and/or syphilis by providing education, prevention services, partner elicitation, and linkage to care and treatment referral services. A CEDIS is not required to conduct field-based partner notifications. A CEDIS is typically based/embedded at the diagnosing clinic and undergoes the same HIV/STD-based required training as the DPH Public Health Investigators.

Subsection 4.0 Specific Work Requirements

Q20. For STD Category, do we need to provide STD testing at all sites or can some just be HIV testing sites?

A20. Yes. STD testing under Categories 1 and 2 is required at all sites proposed to be funded under those categories. Proposers should be applying for Category 1 STD-SDTS to provide STD testing, diagnosis, and treatment, and separately to Category 3 – HIV Testing Services to provide HIV testing only at separate sites.

Q21. If we use Public Health Lab for processing all STD specimens, do we still need to budget for this item? What will the process be for using Public Health Lab?

A21. No. STD specimens are provided to the Public Health Lab for processing at no cost to the contractor. The process will be fully explained once contracts are executed.

Q22. We have our own in-house lab to process STD screening specimens. Can there be exceptions to the statement that everything must go through the Public Health Lab?

A22. Agencies may use their own in-house lab. Costs that an agency may want to bill related to use of their own labs can be discussed in negotiations.

Q23. In Appendix A-1, SOW for the STD - SDTS Services RFP, in paragraph 4.1.4 (page 14) My Health LA is not considered insurance in many contexts. Why is My Health LA considered insurance for purposes of this RFP? The My Health LA capitation doesn't come close to covering office visit costs, and it pays for no labs or vaccines. A set of standard STD labs through Quest costs around \$90. It makes no sense that My Health LA patients are not considered uninsured for the purposes of this program.

A23. Please refer to this Addendum, Part 1, Modifications to RFP, Number 7.

APPENDIX A-2, SOW, CATEGORY 2 SHEX-C SERVICES

Subsection 1.1 Program Goals and Objectives

Q24. In Table 1, Program Objective A (page 2) states "Screen 7,500 individuals at risk for STDs..." Will we be able to serve more clients using our proposed Express Service? We currently have at least twice as many clients annually who would be eligible for Express service as defined by this RFP.

A24. Yes. 7,500 is a minimum.

Q25. Would it be possible to get a clearer definition of what constitutes "expedited testing" under Category 2, Sexual Health Express Clinic (e.g., Section 1.1., page 2 of Sexual Health Express Clinical SOW)? For example, does this specifically refer to walk-in testing on demand without a prior appointment?

A25. Please refer to Appendix A-2, SOW, Category 2, SHEX-C Services, Section 4.0 Specific Work Requirements outlines what is expected for expedited testing.

Q26. The SHEX-C Services SOW (Appendix A-2, page 1, Table 1, Objective A) refers to screening 7,500 individuals at risk as a goal. Is this per contract, or in total for all contracts awarded? And is this the goal for screenings charged to this contract or the total done at the site? There are many / most STD screenings in many sites that are charged to insurance (including Medi-Cal). Would those be counted in these numbers?

A26.(a) Per contract.

A26.(b) Number is total tested at the site under the expedited clinic model regardless of payer. The goal for the contract will be worked out during negotiations.

Subsection 3.9 Materials, Supplies and/or Equipment

- Q27.** Item 3.9.3 stipulates that all materials and equipment purchased under the Contract are the property of the County. Would we be able to secure our testing platform from the manufacturer for a “rental/reagent” agreement whereby a per-test cartridge fee would include materials cost, rental of the platform and all needed service?
- A27. Please refer to this Addendum, Part 1, Modifications to RFP, Number 8. As it pertains to Category 2’s required on-site lab, agencies may enter into rental/lease agreements for materials and equipment as needed to meet the requirement.

Subsection 3.12 County’s Data Management System

- Q28.** The presentation noted that for Category 2, you need an Electronic Health Record (EHR) that interfaces with the County. Does that mean a live, real-time interfaces or the ability to send data to Automated Case Management System (ACMS) that can be imported into Casewatch on a predetermined basis?
- A28. Please refer to this Addendum, Part 1, Modifications to RFP, Number 6.

Subsection 4.0 Specific Work Requirements

- Q29.** On page 12 of Appendix A-2, Sec. 4.1.2, the RFP states: Contractor shall conduct the following tests as clinically indicated: HIV, Syphilis, Gonorrhea (vaginal or urine, throat, and rectal), and Chlamydia (vaginal or urine, and rectal). Contractor shall refer clients to their primary care physician or a standard (not express) sexual health clinic for all other screenings including, but not limited to Trichomoniasis (vaginal or urine), Hepatitis A, Hepatitis B, Hepatitis C, and Herpes. Does this mean that a site funded as an express clinic is prohibited from also offering all other screenings including Trichomoniasis (vaginal or urine), Hepatitis A, Hepatitis B, Hepatitis C, and Herpes? Or may a site offer those screenings provided it does not prevent patients from having access to express screenings for HIV, Syphilis, Gonorrhea (vaginal or urine, throat, and rectal), and Chlamydia (vaginal or urine, and rectal)?
- A29. Please refer to this Addendum, Part 1, Modifications to RFP, Number 7.
- Q30.** Also, on page 12 of Appendix A-2, Sec 4.1.3, the RFP states: Contractor shall conduct the following treatments as clinically indicated: Syphilis, Gonorrhea, and Chlamydia. Contractor shall refer clients to their primary care physician or a standard (not express) sexual health clinic for all other treatments including, but not limited to HIV, Trichomoniasis (vaginal or urine), Hepatitis A, Hepatitis B, Hepatitis C, and Herpes. Does this mean that a site funded as an express clinic may not provide treatment for HIV, Trichomoniasis (vaginal or urine), Hepatitis A, Hepatitis B, Hepatitis C, and Herpes? Or may a site offer those treatments provided it does not prevent patients from having access to express

treatment for HIV, Syphilis, Gonorrhea (vaginal or urine, throat, and rectal), and Chlamydia (vaginal or urine, and rectal)?

A30. Please refer to this Addendum, Part 1, Modifications to RFP, Number 7.

Q31. On page 12, Section 4.1.4 of the SOW for Category 2 (Sexual Health Express Clinic), it is specified that the Contractor "shall make services available for extended hours, at a minimum of 6 days per week from 10 AM to 6 PM, including Saturday". Could these hours include a break of 1 or 1 1/4 hours each day for staff lunch, or is the implication that the Clinic must be open for a minimum of 48 hours per week?

A31. The goal of the express clinic is to make it convenient for clients thereby encouraging regular testing. The clinic should remain available for services during lunch time which may also be more convenient for clients to drop in on their lunch breaks. Staffing should be organized accordingly.

Q32. In paragraph 4.20 (page 16 of Appendix A-2) of the SHEx-C Services SOW, the same language regarding counseling sessions is included that is included in the STD - SDTS Services SOW. For an express clinic, one of the purposes is to get people in and out. If there is a requirement to provide counseling with every HIV test, the clinic won't be very express. Can we propose a streamlined counseling approach in our RFP response?

A32. Section 4.20 of the SOW is referring to standard procedures consistent with the law. Category 2 is for expedited services; however, if it's clear that a client needs counseling, the provider should use their discretion and provide counseling. Attachment 1 Sexual Health Express Clinic Flow Guidelines diagram to the Appendix A-2, SOW, Category 2 SHEx-C Services indicates two paths for the clinic: one lane for standard care and one for expedited care. The purpose is that clients who visit frequently can get in and out quickly encouraging repeat testing.

Q33. Under 4.0 Specific Work Requirements, item 4.11: "Contractor shall have onsite an immunoassay analyzer to expedite lab results..." To my knowledge there is no point of care immunoassay device for gonorrhea and chlamydia testing. I believe what you mean is a nucleic acid assay (i.e., a NAAT methodology), such as utilized by the FDA approved Cepheid platforms for rapid diagnostic testing within STD clinics. Please clarify whether this testing platform would be an acceptable onsite system.

A33. Please refer to this Addendum, Part 1, Modifications to RFP, Number 8.

Subsection 8.0 Hours/Day of Work

Q34. How much flexibility is there with the requirement to be open 10 hours a day, six days a week for the SHEx-C Services program (Appendix A-2, page 17, paragraph 8.0)? Many clinic sites are not licensed by the state of California for more than 40 hours per week and it would be prohibitively expensive (or even impossible) to make the building modifications necessary to renovate the site so that an application could be submitted to get it approved

for more than 40 hours per week. And it can take up to a year to secure that approval from the state.

- A34. Contractors are not required to provide more than 40 hours a week; however, they are required to provide staggered hours to accommodate evening and Saturday hours.

APPENDIX A-3, SOW CATEGORY 3A HTS – STOREFRONT

Attachment I Revised – HIV Testing Services Providers Pay for Performance Guidelines

- Q35.** The SOW for 3a (Appendix A-3a, Attachment I, last page of the SOW, page not numbered) indicates that the “budget is comprised of two (2) budgets: a Base Budget (Cost Reimbursement) and a PFP Budget.” Please confirm whether we need to fill out one budget worksheet per category or two budget worksheets per category.
- A35. Proposers should fill out one budget per category. For Categories 3a, HTS - Storefront and 3b, HTS – Social and Sexual Networks, budgets should reflect the cost reimbursement portion of the budget only. PFP budgets will be negotiated after agencies are recommended for funding at the conclusion of the proposal evaluation phase.
- Q36.** In Appendix B-3, with regard to the Budget Worksheet for category 3a, are we simply to represent one year of all proposed costs to operate an entire 3a HTS program? (i.e., do not split costs into 70% cost and 30% PFP?)
- A36. Yes. The proposed budget should reflect all costs to perform the service. You do not need to split costs between 70% and 30%.
- Q37.** In Appendix B-3, with regard to the Budget Worksheet for category 3a, your section I. PAY-FOR PERFORMANCE REIMBURSEMENT POTENTIAL says “Please refer to Appendix B, Budget Instructions, Paragraph I.” When you refer to this paragraph, it says: I. Pay-For-Performance Reimbursement (PFP) Potential Category H will automatically be multiplied by the 30% allocated maximum contracted obligation PFP amount. Refer to Appendix A-3a – Attachment 1 and/or Appendix A-3b – Attachment 1, HIV Testing Services Provider Pay-For-Performance Guidelines for rate of reimbursement. However, since the rate of reimbursement is in percent (not dollars), and we will not know our maximum contracted obligation amount, we do not understand how to complete this. Can you explain?
- A37. The budget proposed should reflect all costs to perform the service (your proposed maximum contract obligation). You do not need to split costs between 70% and 30% for purposes of this solicitation. PFP will be worked out during negotiations.

Subsection 2.0 Definitions

- Q38.** With regard to category 3a on page 17 of the RFP, do (Agency name) current level of HTS services (currently classified as “storefront”) at (Agency address) meet DHSP’s new definition of storefront/3a services? In other words, in our current form, are we considered a storefront that is eligible to apply for category 3a?

A38. Pursuant to the RFP, Appendix A-3a, SOW, Category 3a HTS – Storefront, Section 2.0 Definitions, subsection 2.11 Storefront it is considered targeted HIV testing, not routine testing. 75% of testing services must be provided to individuals listed in the priority populations.

Subsection 3.9 Materials, Supplies and/or Equipment

Q39. In Appendix A-3, category 3a, HIV Testing Services (HTS) - Storefront page 145, paragraph 3.9, subparagraph 3.9.1, it is stated “the purchase of all materials, supplies, and or equipment to provide the needed services is the responsibility of the Contractor.” When completing the budget worksheet, should the cost of HIV rapid test kits be considered, or are the kits provided by the County?

A39. HIV rapid test kits will be provided by DHSP and do not need to be included in the proposed budget.

Subsection 3.12 County’s Data Management System

Q40. In Appendix A-3, category 3a, HIV Testing Services (HTS) - Storefront page 147, paragraph 3.12 subparagraphs 3.12.2 and 3.12.3, it is stated that the "Contractor shall utilize County's data management system to register clients' 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" and that "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," respectively. Is the Contractor granted access to Casewatch Millennium, the County's HIV reporting database for the purposes of reporting and verifying new HIV-positive results?

A40. Providers will be given access to enter data related to reporting requirements of the contract if the provider does not have an EDI.

APPENDIX A-3b, SOW CATEGORY 3B – SOCIAL AND SEXUAL NETWORKS

Subsection 3.9 Materials, Supplies and/or Equipment

Q41. In Appendix A-3b, category 3b, HIV Testing Services (HTS) – Social and Sexual Networks page 166, paragraph 3.9, subparagraph 3.9.1, it is stated “The purchase of all materials, supplies, and or equipment to provide the needed services is the responsibility of the Contractor.” When completing the budget worksheet, should the cost of HIV rapid test kits be considered, or are the kits provided by the County?

A41. HIV rapid test kits will be provided by DHSP and do not need to be included in the proposed budget.

Subsection 3.12 County’s Data Management System

Q42. In Appendix A-3b, category 3b, HIV Testing Services (HTS) – Social and Sexual Networks page 168, paragraph 3.12 subparagraphs 3.12.2 and 3.12.3, it is stated that “Contractor shall utilize County's data management system to register clients' demographic/resource data; enter service utilization data, medical and support service outcomes; record linkages/referrals to other service providers and/or systems of care” and “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," respectively. Is the Contractor granted access to Casewatch Millennium, the County's HIV reporting database for the purposes of reporting and verifying new HIV-positive results?

A42. Providers will be given access to enter data related to reporting requirements of the contract if the provider does not have an EDI.

APPENDIX A-4, SOW CATEGORY 4 – COMMERCIAL SEX VENUES

Q43. In Appendix A-4, HIV Testing and Syphilis Screening, Diagnosis, and Linked Referral for Treatment Services in Commercial Sex Venues (CSV) page 188 paragraph 3.9, subparagraph 3.9.1, it is stated "The purchase of all materials, supplies, and or equipment to provide the needed services is the responsibility of the Contractor." When completing the budget worksheet, should the cost of HIV and syphilis rapid test kits be considered, or are the kits provided by the County?

A43. Please refer to A41 for response.

Q44. Appendix A-4, HIV Testing and Syphilis Screening, Diagnosis, and Linked Referral for Treatment Services in Commercial Sex Venues (CSV) page 190 paragraph 3.12 subparagraphs 3.12.2 and 3.12.3, it is stated that "Contractor shall utilize County's data management system to register clients' 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" and "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," respectively. Is the Contractor granted access to Casewatch Millennium, the County's HIV reporting database for the purposes of reporting and verifying new HIV-positive results?

A44. Please refer to A42 for response.

GENERAL QUESTIONS

Q45. What criteria will be used to define high-risk negative individuals for PrEP referrals?

A45. This online guide assists providers in understanding PrEP and which clients should be considered for PrEP: <http://www.publichealth.lacounty.gov/dhsp/docs/LAC-PrEP-Guidelines.pdf>

Q46. Are proposers able to submit direct service proposal while also be considered for subcontract in a partner proposal?

A46. Yes.

Q47. Where do we apply for Storefront Testing?

A47. Submit a proposal by applying for Category 3 HIV Testing Services, Subcategory 3a – Storefront.

Q48. Can an agency submit two different applications, specifically one for subcategory 3a and one for subcategory 3b?

A48. Yes. One application for Part 1 of the RFP is required and separate Part 2s of the RFP for each subcategory.

Q49. What is the expectation regarding substance abuse screening and treatment? What linkage to substance abuse care is required?

A49. Clinicians should ask patients about any substance use and note in the client's chart the information provided. Referrals for substance use treatment should be made as necessary.

Q50. For the proposed express testing sites will there be a cost to patients? i.e. if a patient has insurance coverage will they be asked to bill their insurance, or will the County pay the cost?

A50. Proposer must bill the client's insurance first. County funds should be utilized as payor of last resort.

Q51. Will contract pay for underinsured STD treatment (i.e. minor's or parent's insurance)?

A51. Yes.

Q52. For all categories, are all proposed staff required to be identified in the application? If some staff are still to be identified (either hired from within or new hires) will that affect the competitiveness of the application?

A52. All staff known should be identified. Staff to be hired should be listed with position and noted as To Be Hired (TBH).

Q53. With regard to page 22 of the RFP (category 3) and Addendum 1, what is the cost basis for an HIV test? Does the applicant define their own cost basis, or will DHSP tell us what the cost reimbursement will be? How is the cost base for a new diagnosis or positive defined? Is this the cost base for a counseling session? Is the cost basis for a counseling session or referral included in the cost basis? If so, who determines this cost?

A53. It is up to the Proposer to determine their costs to provide the service. The proposer shall propose one budget that covers the agency's costs to perform services outlined in the SOW. Proposer should consider all costs outlined in the budget instructions.

Q54. Would we bill and be paid for costs on a monthly or quarterly basis?

A54. Please refer to the Appendix C, Sample Contract, Section 6, Invoices and Payment.

Q55. In the spirit of this RFP, rapid syphilis testing should also be included for those individuals who have no prior history of syphilis. There is an FDA approved treponemal point of care test, so I just want to be sure we can propose rapid testing for all major infections of interest (i.e., gonorrhea, chlamydia, HIV and syphilis).

A55. Proposers may choose to utilize rapid testing, where appropriate, for gonorrhea, chlamydia, Syphilis, and HIV. It should be noted that rapid Syphilis tests are primarily utilized in outreach settings for hard to reach clients, such as homeless individuals. A full Syphilis test would be required to accurately interpret results and guide treatment.

Q56. Again, in the spirit of this RFP, specimens could be collected from clients visiting our other testing sites and transported once or twice daily by courier van to our main hub where same day testing and notification will be performed. Would that be allowed?

A56. Yes.

Q57. When is the anticipated start date for all of the contracts within the entire RFP?

A57. January 2020

Q58. What impact, if any, will these contracts have on our existing contracts?

A58. Existing HIV and STD testing contracts will end. Note, however, contracts executed as a result of the Comprehensive HIV and STD Testing and Treatment Services in the City of Long Beach RFP #2018-001 will not be impacted by this RFP.

Q59.(a) Would it be possible to request support for a single testing site across two different categories?

Q59.(b) For example, could an agency seek support for HIV testing at a given site under Category 2 (Sexual Health Express Clinic) and then also seek support for STD testing at the same site under Category 3a (Storefront)?

A59.(a) Yes, but only for Categories 2 and 3.

A59.(b) Yes.

Q60. Could an agency request funding for more than one testing site under Category 3a (Storefront)?

A60. Yes.

Q61. Could an agency request funding for more than one program or population under Category 3b (Social and Sexual Networks)?

A61. Yes.

Q62. Do any of the application categories include funding for routine HIV testing?

A62. No.

Q63. Our (Agency name) currently receives funding for a social network-based testing program using Positive Images. If we chose to, would we seek continuation funding for this program through Category 3b (Social and Sexual Networks)

A63. A Proposer may choose to support an existing program so long as it includes the specific work requirements outlined in the SOW for Category 3b, HTS – Social and Sexual Networks and the Proposer must be serving clients not served by other funding for the same service.

Q64. There are very few references in the RFP to pre or post-test counseling conducted in association with any form of HIV or STD testing funded through the program. Is this meant to suggest that individual counseling should not be an element of our testing programs, or can we incorporate specific forms of pre or post-test counseling in our program design based on our agency's existing protocols and experience?

A64. Pursuant to the RFP, Appendix A-3a, SOW, Category 3a, HTS – Storefront, Section 4.2 and Appendix A-3b, SOW, Category 3b, HTS – Social and Sexual Networks, Section 4.1 discusses in detail the specific work requirements for HIV counseling.

Q65. The guidance for the storefront contract specifies that the County will provide the HIV tests. Nothing is stated in the other SOW. Are we responsible for purchasing our own HIV tests for the STD - SDTS Services and SHEx-C Services contracts?

A65. HIV test kits utilized for HIV testing conducted as part of a contract with Division of HIV and STD Program (DHSP) will be provided at no cost to the agency in all categories of service.

Q66. We currently have a DHSP approved site for HIV Testing in (location). Currently, we do not have any office space other than the space for testing. I wanted to ask if it's within 3a and 3b to open up an office space within that building/open a new space, or are we restricted to existing sites such as (location).

A66. If you meet the experience requirement, you can open a new site and use contract funds for the new site.

Addendum Number 2
RFP 2019-001
July 3, 2019
Page 19

Pursuant to RFP, Section 4.0, County Rights & Responsibilities, subsection 4.4, County's Right to Amend Request for Proposals, Proposers are reminded that should such addendum require additional information not previously requested, failure to address the requirements of such addendum may result in the Proposal being found non-responsive and 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.

Addendum Number 2 and the PowerPoint slides for the Proposer's Conference held on June 11, 2019 has been made available on the Department of Public Health Contracts and Grants website at <http://publichealth.lacounty.gov/cg/index.htm> and on the County's website at <http://camisvr.co.la.ca.us/lacobids/BidLookUp/BidOpenStart.asp>.

Thank you for your interest in contracting with the County of Los Angeles. Except for the revisions contained in Addendum Number 1 and 2, there are no other revisions to the RFP. All other terms and conditions of the RFP remain in full force and effect.

(Enclosures)