

# HIV TESTING AND STD SCREENING, DIAGNOSIS, AND TREATMENT SERVICES IN LOS ANGELES COUNTY

RFP No. 2019-001

Proposer's Conference  
June 11, 2019





# Welcome and Introductions



**WELCOME**  
WE'RE GLAD YOU'RE HERE!

A graphic with a blue background, a large orange sun, and two white clouds. The text "WELCOME WE'RE GLAD YOU'RE HERE!" is written in white, bold, sans-serif font.

**José Cueva, Contract Analyst**  
**Division of Contracts and Grants**  
**Department of Public Health**

## Agenda

- Conference Guidelines and Housekeeping
- Proposer's Conference Overview
- Director's Remarks
- Overview of Services
- Common Proposal Submission Issues
- Selection Process and Evaluation Criteria
- Addendum 1
- Q & A Session
- RFP Timeline – Next Events
- Proposal Submission/Delivery Guidelines
- Conclusion





## Conference Guidelines and Housekeeping

1. Each agency representative must check-in **at the reception desk (located by the entrance)** and sign/complete the conference attendance roster
2. Restrooms are located down the hallway, passed the elevators, on the left
3. Proposer is not permitted to record and or video tape the conference. **All electronic devices (cellphones, etc.) should be switched to “silent” mode during the conference.** If you need to take call, etc. please step out into the hallway
4. County staff will respond to questions and release them in the subsequent Q&A Addendum on **7/3/19.**



# Proposer's Conference Overview

## Conference Goals

- Provide Proposers insight into the rationale and need for the requested services
- Provide an overview of the services
- Review requirements to assist Proposers in developing their proposals
- Address common issues that occur when submitting proposals
- Allow for questions from Proposers regarding the RFP and associated documents and/or process



# Director's Remarks

**Mario J. Pérez, Director**  
**Division of HIV and STD Programs (DHSP)**  
**Department of Public Health**



## Purpose of Request for Proposals (RFP)

To solicit proposals from interested and qualified Proposers throughout Los Angeles County to provide HIV Testing and STD Screening, Diagnosis, and Treatment services comprised of 4 categories:

Category 1: STD Screening, Diagnosis, and Treatment Services (STD-SDTS)

Category 2: Sexual Health Express Clinic Services (SHEX-C)

Category 3: HIV Testing Services (HTS)

- Subcategory 3a – Storefront
- Subcategory 3b – Social and Sexual Networks

Category 4: HIV Testing and Syphilis Screening, Diagnosis, and Linked Referral for Treatment Services in Commercial Sex Venues (CSVs)



## Los Angeles County STD Strategy – 4 Priorities

- Improve early identification of STD cases through screening at-risk populations (MSM, transgender persons, Youth, incarcerated and justice involved populations, women of childbearing age)
- Interrupt disease transmission through appropriate treatment of cases and sexual partners
- Educate consumers and community to increase awareness and empower people to make decisions that protect health
- Support policy efforts to address and bolster STD prevention and control strategies

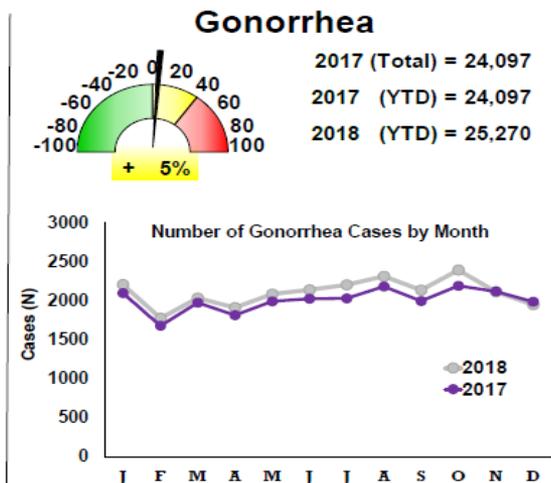
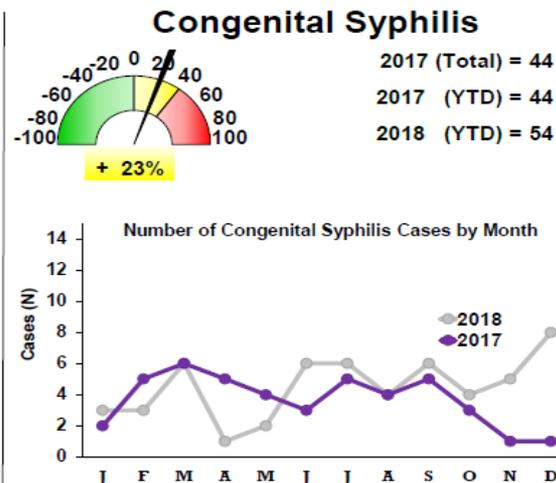
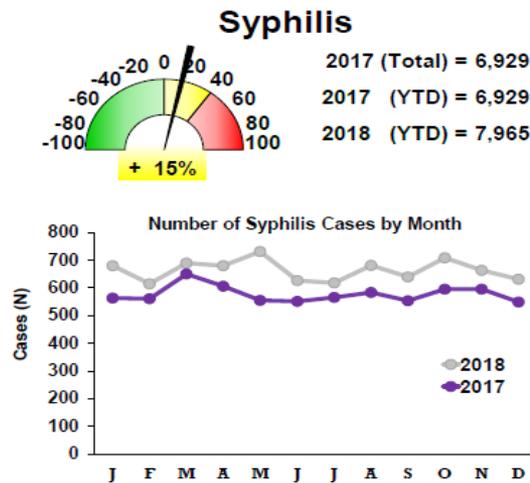


# STD Dashboard

Please note, data are provisional. Find final data reports on the DHSP website at:  
<http://www.publichealth.lacounty.gov/dhsp/Reports.htm>

## STD Dashboard (January - December 2018)<sup>1</sup> Los Angeles County, Department of Public Health Division of HIV and STD Programs

Percent Change and Case Counts by Month, 2017 YTD to 2018 YTD<sup>2</sup>



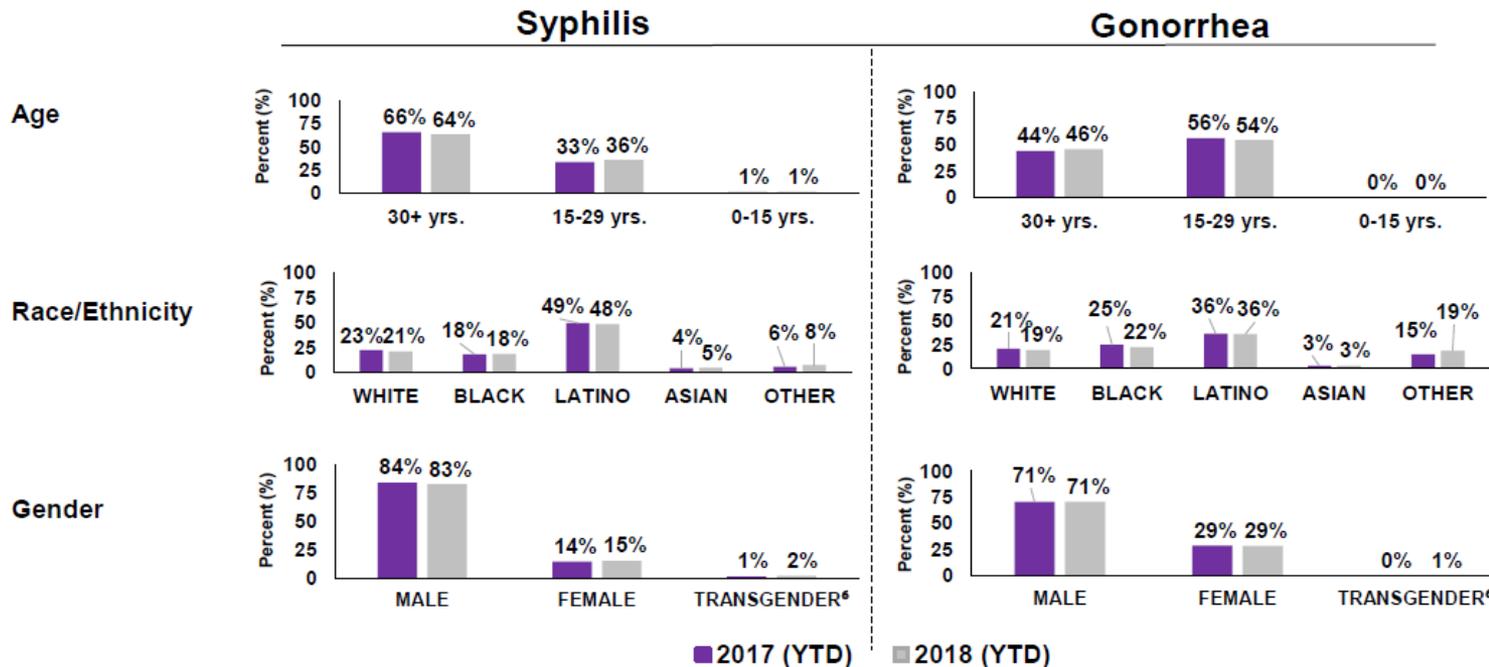
## Footnotes

1. Data are preliminary and subject to change; data do not include cases reported in the cities of Long Beach and Pasadena.
2. Year-to-Date (YTD) = January - December.
3. Los Angeles County (LAC) total includes cases missing information on Service Planning Area (SPA) of residence.
4. Bar charts do not include cases missing information on age, race/ethnicity, or gender.
5. Other race/ethnicity includes: Pacific Islanders, American Indians/Alaskan Natives, Other race, and cases identified as multiple races in STD Surveillance.
6. Transgender includes all cases identified as either male-to-female or female-to-male transgender in STD Surveillance.



# STD Dashboard

Proportion of Cases by Disease and Selected Demographics, 2017 (YTD) vs. 2018 (YTD)<sup>2,4</sup>



## Footnotes

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## Health District Profiles

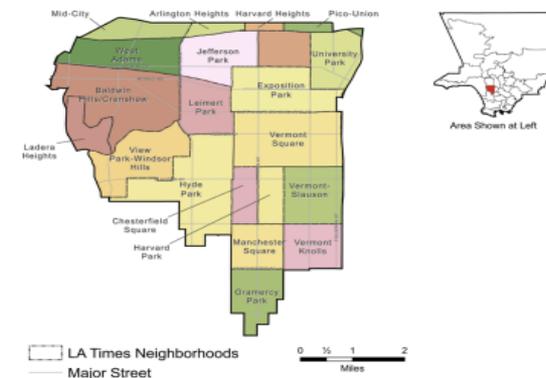
- Provide a snap shot of the STD and HIV epidemic broken down into 26 health districts
- Provide more detail than the Service Planning Area (SPA) model
- Proposers can visit DHSP's website to view the data in their health district
- <http://publichealth.lacounty.gov/dhsp/HealthDistricts.htm>



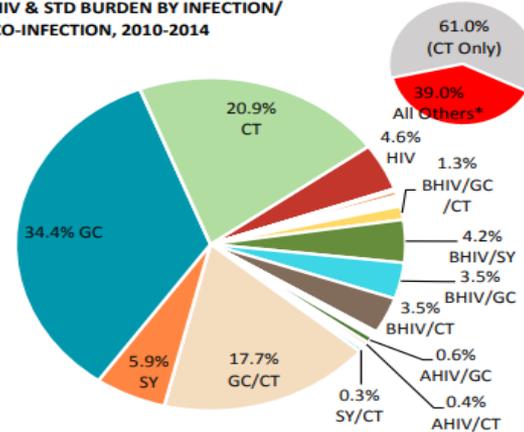
# Health District Profile Example

Los Angeles County Department of Public Health | 2010-2014 HIV & STD BURDEN BY HEALTH DISTRICT

## Southwest Health District No. 75



HIV & STD BURDEN BY INFECTION/  
CO-INFECTION, 2010-2014



\*Residents with a HIV, Syphilis, Gonorrhea or high risk Chlamydia incident in 2010-2014. Residents with only Chlamydia incidents are excluded from the larger pie chart and data shown "among infected persons".

Rank **3** out of 26<sup>1</sup>

Average infections *per infected person*<sup>2</sup> **1.61**

Average infections *per year per square mile*<sup>2</sup> **70.02**

ALL HIV & STD INCIDENTS <sup>3</sup>	Los Angeles County (LAC) Rate	
Rate Per 100,000 Person-Years	Rate	Los Angeles County (LAC) Rate
HIV, 2010-2014	34	19
Syphilis, 2010-2014	60	32
Gonorrhea, 2010-2014	285	112
Chlamydia, 2010-2014 <sup>4</sup>	977	461

INFECTION CHARACTERISTICS AMONG INFECTED PERSONS<sup>2</sup>

	N	% of LAC Total
Infections & Co-infections <sup>5</sup>	9,136	9.4%
Incidents Represented <sup>3</sup>		
HIV Incidents	642	6.7%
Syphilis Incidents	1,129	7.0%
Gonorrhea Incidents	5,379	9.7%
Chlamydia Incidents	4,145	11.2%

ACRONYMS  
SY = Syphilis GC = Gonorrhea CT = Chlamydia  
PLWH (+ STD) = Persons living with HIV who had an STD in 2010-2014 or were diagnosed with HIV in 2010-2014  
AHIV = Acquired HIV 30 days or more after STD infection  
BHIV = Acquired HIV 30 days or more before STD infection  
WHIV = HIV co-infected at time of STD infection (within +/- 30 days)  
LAC = Los Angeles County  
% of LAC = (# in Health District w/characteristic ÷ Total LAC)  
LAC % = (# in LAC w/characteristic ÷ Total LAC)

Count of infected persons  
PLWH (+ STD): **1,156**  
STD Only: **4,514**

RESIDENT CHARACTERISTICS AMONG INFECTED PERSONS<sup>2</sup>

	N	% of LAC Total
Residents Represented <sup>6</sup>	5,670	8.9%

	N	%	LAC %
<b>Current Gender<sup>7</sup></b>			
Male	3,331	58.7%	69.7%
Female	2,320	40.9%	29.9%
Transgender	16	0.3%	0.3%
Transgender M-F	-	-	0.2%
Transgender F-M	-	-	0.0%

	N	%	LAC %
<b>Race/Ethnicity<sup>7</sup></b>			
White	183	3.2%	20.8%
African American	3,996	70.5%	29.5%
Latino	1,188	21.0%	38.1%
Asian	44	0.8%	11.6%
AI/AN <sup>8</sup>	11	0.2%	3.5%
NHOPI <sup>8</sup>	-	-	0.3%

	N	%	LAC %
<b>Select Populations</b>			
MSM/MSMW	1,244	21.9%	38.4%
Youth (15-19 years) <sup>9</sup>	1,300	22.9%	13.4%
Youth (15-24 years) <sup>9</sup>	2,891	51.0%	38.3%
Pregnant <sup>9</sup>	346	6.1%	4.4%

	N	%	LAC %
<b>Syphilis Stage (if any)<sup>9</sup></b>			
Early Syphilis <sup>10</sup>	545	9.6%	14.0%
Congenital Syphilis	4	0.1%	0.1%

Data Source: LAC/DPH HIV and STD Surveillance (as of 9/26/16), Long Beach Health and Human Services STD Surveillance (as of 7/1/15), Pasadena Health Department STD Surveillance (as of 6/9/16), LAC/DPH OHAE [Health District boundaries], Los Angeles Times [LA Times Neighborhood boundaries]. 2010-2014 population estimates and 2014 population demographics provided by LAC/ISD & contracted through Hedderson Demographic Services. Data Creation and Cartography: Proeram Evaluation & Data Management. Division of HIV and STD Programs. LAC/DPH



# Los Angeles County HIV/AIDS Strategy

[www.lacounty.hiv](http://www.lacounty.hiv)



[About](#) [Government](#) [Healthcare Professionals](#) [Community](#) [Health Districts](#) [Connect](#)



There are currently  
**60,946**  
people living with HIV in  
LA County.

Welcome to LACounty.HIV  
This is more than a website. It is the online home of a movement – the bold effort to significantly reduce the number of new HIV infections in Los Angeles County. Whether you work in government, are a healthcare professional, or are a community stakeholder, you have a role to play in bringing an end to the HIV/AIDS epidemic, once and for all.

### 3 Goals of the Strategy

- Reduce annual new HIV infections to 500 by 2022
- Increase the proportion of People Living With HIV (PLWH) who are diagnosed to at least 90% by 2022
- Increase the proportion of diagnosed PLWH who are virally suppressed to 90% by 2022



# Performance Indicator – Reduce Annual Infections with Pre-Exposure Prophylaxis (PrEP) Enrollment



## PrEP ENROLLMENT

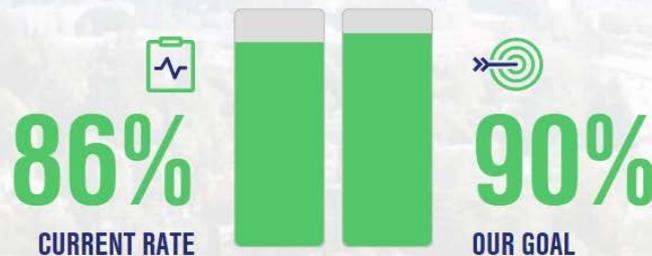
**Pre-Exposure Prophylaxis (or PrEP)** is a daily pill that is taken by people at high risk for HIV. Taken as prescribed, PrEP can reduce the chance of becoming infected by up to 99%. Increasing the number of individuals who are on PrEP is one of the most effective ways to significantly reduce new HIV infections.



# Performance Indicator – Proportion of Diagnosed

## PROGRESS TOWARDS 90% DIAGNOSED GOAL

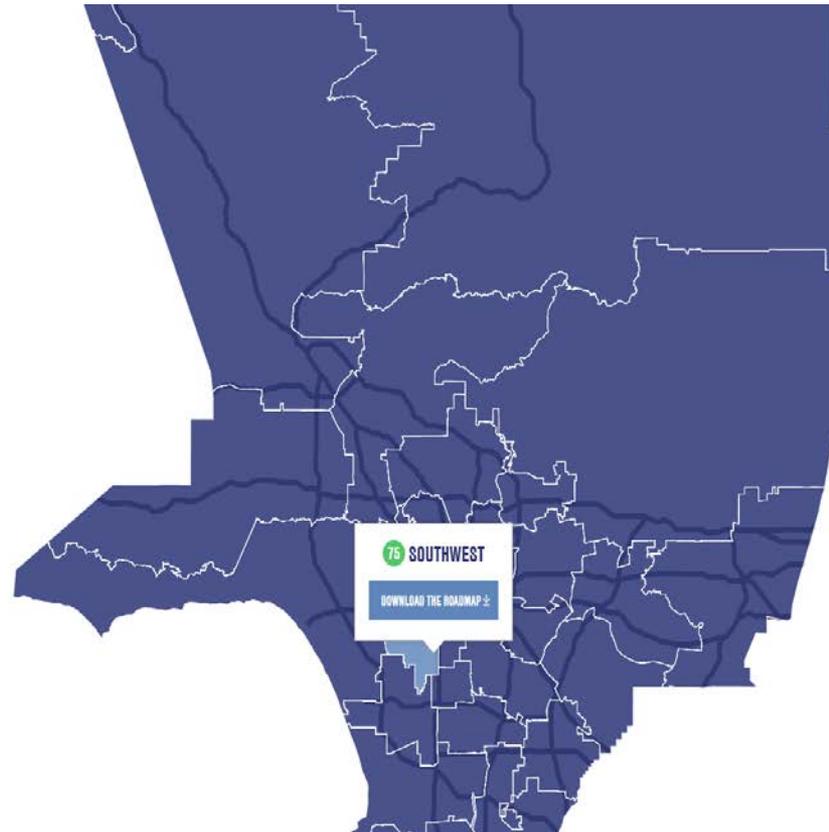
Increasing HIV status awareness among persons living with HIV infection is critical, as this awareness (i.e., being diagnosed with HIV infection) is necessary to access HIV medical care and support services. In addition, persons unaware of their HIV infection may account for about one third of new infections, so increasing knowledge of HIV status is central to reducing new infections as well as improving health outcomes.



# Strategy Roadmap – Health Districts

You can view the goal for each of the Strategy’s performance indicators by Health District, allowing for a more tailored approach for your specific community needs.

- 3 Alhambra
- 5 Antelope Valley
- 8 Bellflower
- 9 Central
- 12 Compton
- 16 East LA
- 15 East Valley
- 23 El Monte
- 25 Foothill
- 27 Glendale
- 31 Harbor
- 34 Hollywood
- 37 Inglewood
- 10 Long Beach
- 41 Northeast
- 50 Pasadena
- 54 Pomona
- 58 San Antonio
- 62 San Fernando
- 69 South
- 72 Southeast
- 75 Southwest
- 79 Torrance
- 84 West
- 86 West Valley
- 91 Whittier



# HIV/ AIDS Strategy Roadmap – Health Districts

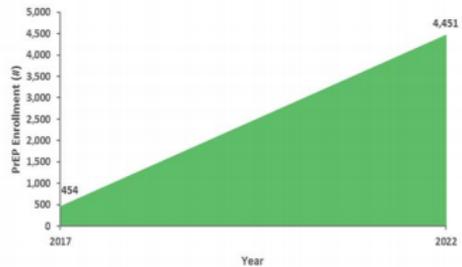
## SOUTHWEST HEALTH DISTRICT PROFILE

### STRATEGY GOALS

The Los Angeles County Department of Public Health’s Division of HIV and STD Programs (DHSP) is undertaking an ambitious strategy to significantly reduce the number of HIV infections in LA County. The goals of the strategy are:

- Reduce annual new HIV infections to 500
- Increase proportion of Persons Living with HIV (PLWH) who are diagnosed to at least 90%
- Increase viral suppression of PLWH to at least 90%

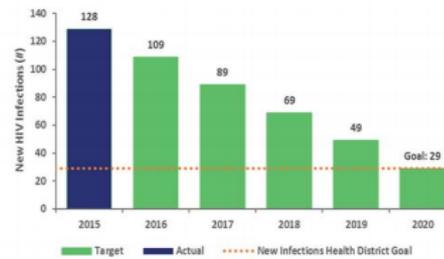
### PrEP ENROLLMENT GOAL



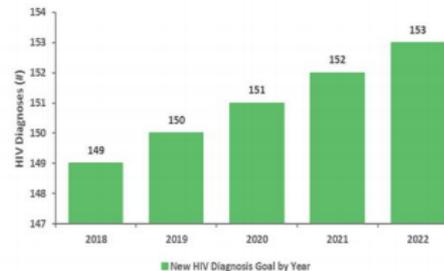
### HIV VIRAL SUPPRESSION GOAL



### HIV INFECTION REDUCTION GOAL



### HIV DIAGNOSIS GOAL



### KEY FOCUS AREAS

- Increase PrEP enrollment
- Increase targeted HIV testing
- Increase viral suppression rates among males and females
- Increase viral suppression rates among 18-29 and 30-49 year olds
- Increase viral suppression rates among African-American, Latino, American Indian and multi-racial persons



# Overview of Services

**True Beck, Solicitations Manager**  
**Planning, Development and Research**  
**Division of HIV and STD Programs (DHSP)**  
**Department of Public Health**

# STD-SDTS Category 1

- Emphasis on:
  - Screening MSM; transgender persons; cisgender women of color; African-Americans, Latinos, and American Indian/Alaskan Native men and women; Youth; and people who misuse drugs and/or alcohol;
  - **Treating 100% of clients who test positive for STDs;**
  - Treating clients' partner(s); and
  - **Educating all clients about PrEP and Post-Exposure Prophylaxis (PEP) services and providing appropriate referrals**





## **SHEx-C Services Category 2**

- Emphasis on:
  - Screening MSM; transgender persons; cisgender women of color; African-Americans, Latinos, and American Indian/Alaskan Native men and women; Youth; and people who misuse drugs and/or alcohol
  - **Screening 7,500 individuals**
  - **Providing expedited services**
  - **Providing extended hours, minimum 6 days per week 10 am to 8pm**
  - Treating 100% of clients who test positive for STDs
  - Educating all clients about PrEP and PEP services and providing appropriate referrals
  - Informing 100% of positive testers about Partner Services



## **HTS – Category 3 (Subcategories 3a. Storefront and 3b. Social and Sexual Networks)**

- Emphasis on:
  - **Reducing annual HIV infections to 500**
  - **Linking 90% of clients who test HIV-positive to medical services within 7 days**
  - Increasing the number of individuals who know their HIV status with a focus on MSM, transgender persons, cisgender women of color, and injection/non-injection drug users
  - **Educating all clients about PrEP and PEP services and providing appropriate referrals**
  - Informing 100% of HIV-positive testers about Partner Services



## CSV – Category 4

- Emphasis on:
  - **Reducing annual HIV infections to 500**
  - Increasing the number of CSV patrons who know their HIV and Syphilis status through robust testing services
  - **Providing services on days and times that are most convenient to patrons**
  - **Linking 100% of clients who test positive for HIV or Syphilis to treatment services**
  - **Linking 100% of clients who test HIV-positive to medical care**
  - **Educating all clients about PrEP and PEP services and providing appropriate referrals**
  - Informing 100% of HIV and Syphilis-positive testers about Partner Services

## Pay-for-Performance – Category 3 – HIV Testing only

- Updates to the performance measures
- 70% of Budget is Cost Reimbursement
- 30% of Budget is Pay-for-Performance (PFP) (see Attachment 1 Pay-For-Performance to the SOW for Category 3 HTS - Subcategories 3a. Storefront and 3b. Social and Sexual Networks for further explanation)





# Pay for Performance Updates – Category 3 only

PFP 30% of Budget - Breakdown by Performance Measure

Performance Measure*	Threshold for Compliance	Rate of Reimbursement (Percent of PFP Budget)
Number of HIV tests indicated in Scope of Work (SOW)	85%	<b>20%</b>
HIV positivity rate	1% of the number of HIV tests in the SOW	<b>40%</b>
Documented linkage of HIV-positive testers to medical care within 7 days**	90% and above; or	<b>20%</b> ; or
	80% to 89%; or	15%; or
	70% to 79%	10%
Documented linkage to PrEP services for eligible clients***	100%	<b>20%</b>

\*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>



## Location of Services

- Proposers should ensure that services are available and accessible to at-risk clients by providing **Category 1** services in **health districts that are under-resourced and which have higher HIV/STD morbidity**
- Proposers must indicate in which **health district(s) and service planning area(s) (SPA)** services will be provided
- Proposers may apply to more than one category of service; however, for **Categories 1 and 2 the services must be delivered at different sites.** Proposer may not propose to deliver Category 1 - STD-SDTS and Category 2 - SHeX-C Services at the same site.



## Location of Services

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

# Health Districts on the DHSP Website

Health Districts: <http://publichealth.lacounty.gov/dhsp/Mapping.htm>

Home
About
FAQ
Comment
Contact Us

Community and Provider Information and Resources

- For You
- For Health Care Providers
- For Contractors
- For Schools
- Report a Case
- Reports
- Mapping
- Resource Library
- Data Requests
- Trainings
- PEP and PEP
- Doing Business with DHSP
- Committees

Mapping

The Department of Public Health (DPH) Division of HIV and STD Programs (DHSP) utilizes mapping to inform distribution of resources for HIV and sexually transmitted disease (STD) prevention and treatment in Los Angeles County. Geographic Information Systems (GIS) is a computer system designed to capture, store, manipulate, analyze, manage, and present spatial or geographic data. DHSP has been using this important tool since 2004 to develop maps to identify geographic areas with higher HIV and STD burden facilitating improved distribution of scarce resources to the communities and people most in need. Data for the GIS is captured from various sources including DHSP's HIV Surveillance data, STD Surveillance data, HIV Testing Services data, HIV Care Services Utilization data, and the Los Angeles Coordinated HIV Needs Assessment (LACHNA). The maps created from the captured data in GIS is used in conjunction with other data sources to not only aid in resource distribution, but also to evaluate the effectiveness of HIV and STD prevention and care services county-wide.

- For archived maps, please visit our [Archived Maps](#) page.
- For L.A. County's zip code level data/maps on HIV, please visit [AIDSvu.org](#).

DHSP Mapping Project - 2010-2014 HIV & STD Burden by Health District

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 (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\*.

The *2010-2014 HIV & STD Burden by Health District* plays a critical role in informing and updating DHSP's continuing efforts to reduce new HIV and STD incidents and account for all reported cases of HIV and STDs in the City of Long Beach, City of Pasadena, and throughout LAC. Its primary purpose is to support geographic prioritization of DHSP resources by updating and building upon the GIS syndemic cluster maps produced by DHSP in 2009. Additionally, the new mapping strategy shares regularly collected HIV and STD surveillance data in a way that highlights the interrelationships between HIV, syphilis,

Mapping Info

Quick Links

- [Mapping Home](#)
- [Health District Profiles](#)
- [Technical Notes](#)
- [Archived Maps](#)

Contact Information

Division of HIV and STD Programs  
600 S. Commonwealth Ave.,  
10th Floor  
Los Angeles, CA 90005  
Phone: (213) 351-8000  
Fax: (213) 738-0825  
Email: [DHSP@ph.lacounty.gov](mailto:DHSP@ph.lacounty.gov)  
Office Hrs: 8 a.m.-5 p.m. M-F

Social Marketing Campaigns

- [PrEP](#) - Pre-Exposure Prophylaxis
- [LA Condom](#) - Free condoms
- [Don't Think Know](#) - STD prevention

Health Content and Privacy Info

## Available Annual Funding

- Category 1 - \$2,750,000 (up to 8 contracts)
  - Category 2 - \$1,500,000 (up to 2 contracts)
  - Category 3a - \$7,700,000 (up to 20 contracts)
  - Category 3b - \$2,000,000 (up to 6 contracts)
  - Category 4 - \$300,000 (up to 2 contracts)
- 
- Please note in RFP Section 1.3, “Availability of Funding”, the anticipated annual funding amounts and estimated number of contracts to be awarded when preparing your budget proposals.





## Data Collection Updates

- Categories 1- 4 – Agencies will be required to provide data on PrEP for four priority populations (Heterosexual Women, MSM, Transgender, and Drug Users).
  - Variables will include, but not be limited to:
    - Reports an HIV positive sex partner
    - Multiple partners (HIV status unknown)
    - Exchanged sex for money, drugs, or other goods
    - Seeking prescription for PrEP
    - IDU
- Category 2 only – Agencies must have an electronic medical record system that can interface with DHSP's data system to collect data.



# Important Things to Know

**José Cueva, Contract Analyst**  
**Division of Contracts and Grants**  
**Department of Public Health**

# Common Proposal Submission Issues



## ➤ **MINIMUM MANDATORY QUALIFICATIONS**

- ❑ Adherence to Minimum Mandatory Qualifications – Exhibit 2. Make sure relevant information is included. Dates of experience must be listed. Sign and complete form.

## ➤ **FINANCIAL CAPABILITY**

- ❑ Provide complete set of Financials with the correct years requested (last 3 years of financials available, e.g. CY 2016, CY 2017, CY 2018 or FY 2015-16, 2016-17, 2017-18. Tax documents are not acceptable)

## ➤ **MISSING INFORMATION**

- ❑ Certificate of Good Standing, Statement of Information, IRS 501(c)(3) Determination Letter, and sign all forms

## ➤ **FOLLOW INSTRUCTIONS**

- ❑ Follow instructions according to the RFP guidelines when answering questions related to budget. Use Budget docs only. No other formats.
- ❑ Only the information submitted will be considered. No outside information.

# Selection Process and Evaluation Criteria

- The proposal will be evaluated per RFP section 8.0, Selection Process & Evaluation Criteria
  - **Stage I (Pass/Fail Review)**
    - Adherence to Minimum Mandatory Qualifications
  - **Stage II (Point Based/Possible Point Deduction – as applicable)**
    - Qualifications
    - References and Performance
    - Pending Litigation
    - Financial Capability
    - Background and Experience
    - Approach to Provide Required Services
    - Data Reporting Plan
    - Evaluation and Quality Management Plan
    - Staffing Plan
    - Program Budget
  - **Stage III (Final Review and Selection)**
    - Scoring, Ranking, and Funding



# Addendum Number 1



**BARBARA FERRER, Ph.D., M.P.H., M.Ed.**  
Director

**MUNTU DAVIS, M.D., M.P.H.**  
Health Officer

**CYNTHIA A. HARDING, M.P.H.**  
Chief Deputy Director

313 North Figueroa Street, Room 806  
Los Angeles, California 90012  
TEL (213) 288-8117 • FAX (213) 975-1273

[www.publichealth.lacounty.gov](http://www.publichealth.lacounty.gov)

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**Mark Ridley-Thomas**  
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Fourth District  
**Kathryn Barger**  
Fifth District

May 31, 2019

**ADDENDUM NUMBER 1  
TO  
REQUEST FOR PROPOSAL 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.

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 1 amends this RFP as indicated below (new RFP language in **highlight** and revised or deleted language in ~~strike through~~ for easy reference).

1. 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%



**DIVISION OF HIV AND STD PROGRAMS**

**HIV TESTING SERVICES (HTS) PROVIDER PAY-FOR-PERFORMANCE GUIDELINES**

**ATTACHMENT I  
(REVISED)**

The Division of HIV and STD Programs (DHSP) established Pay-for-Performance (PFP) guidelines to incentivize HTS providers to meet established goals for preventing and finding cases of HIV and linking clients to needed prevention and treatment services. In order for providers to earn additional reimbursement, performance on each of the measures – number of HIV tests, new HIV positivity rate or number of persons newly diagnosed, linkage to care, and linkage to Pre-Exposure Prophylaxis (PrEP) services – must meet or exceed the established threshold for compliance as indicated in the table below.

The performance measures, threshold for compliance and rate of reimbursement are as follows:

<b>Performance Measure*</b>	<b>Threshold for Compliance</b>	<b>Rate of Reimbursement (Percent of PFP Budget)</b>
Number of HIV tests indicated in Scope of Work	85%	<b>20%</b>
HIV positivity rate based on total number of testers; or number of persons newly diagnosed with HIV	1%; or number noted in SOW	<b>40%</b>
Documented linkage of HIV-positive testers to medical care within 14 days**	90% and above; or	<b>20%; or</b>
	80% to 89%; or	<b>15%; or</b>
	75% to 79%	<b>10%</b>
Documented linkage to PrEP services for high-risk negatives	100%	<b>20%</b>

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

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

**Base Budget (Cost Reimbursement) and Pay-for-Performance Budget**

Each HIV testing program’s budget is comprised of two (2) budgets: a Base Budget (Cost Reimbursement) and a PFP Budget. The combination of the two (2) budgets comprises the total program budget, or maximum obligation. 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.

Performance measure data (backup documentation) submitted by providers to support PFP reimbursement budgets will be reviewed and compared to data in DHSP’s data management system in order to verify the accuracy of the numbers provided. It is providers’ responsibility to confirm that all data is accurate and submitted to DHSP in a timely manner to ensure accurate analysis by DHSP staff in order to receive any earned PFP reimbursement.

DHSP reserves the right to adjust or deny reimbursement if data verification activities result in changes to the performance measure numbers submitted by providers.

## Question & Answer Session

- Complete question cards with questions
- Submit question cards to facilitator
- Take a 15 minute break
- Please return promptly (meeting will resume on-time)
- Staff will read and respond to question cards
- Audience members have the opportunity to ask follow up questions during the Q&A Session



## Question and Answer Session - Continued



- Additional written questions may be submitted by 5:00 p.m. on **6/18/19** to the contact person specified in RFP Section 7.4 (Proposer's Questions)
- All questions received at the Proposer's Conference and all questions submitted by the deadline will be responded to in an addendum to be posted on the County of Los Angeles' website: <http://publichealth.lacounty.gov/cg/index.htm> along with this Power Point.

# RFP Timeline – Upcoming Deadlines

## Addenda

- **Questions and Answers Addendum:** DPH will provide answers to the questions discussed at the conference as well as to written questions received by the **3:00 PM, 6/18/19 deadline.** This addendum is scheduled for release **7/3/19.** Note: Written questions should be submitted to the County representative identified in RFP Section 7.4 (Proposer's Questions).
- **Addendum Release and Posting:** Addenda released will be provided via e-mail transmission and also posted on the following link:  
<http://publichealth.lacounty.gov/cg/index.htm>



# Proposal Submission/Delivery Guidelines

- The original proposal and **three (3)** copies **must be hand-delivered or sent by a delivery service only** (excluding U.S. Postal Service) and received by **3:00 PM on 7/17/19**. Proposals are to be submitted to:

**JOSÉ CUEVA, CONTRACT ANALYST ,  
COUNTY OF LOS ANGELES,  
DEPARTMENT OF PUBLIC HEALTH,  
CONTRACTS AND GRANTS DIVISION,  
1000 SOUTH FREMONT AVE., Unit 101  
BLDG. A-9 EAST , 5TH FLOOR North,  
ALHAMBRA, CALIFORNIA 91803**



- **Please allow ample time to locate and secure parking.** Paid parking is available at the facility and/or street parking. The County cannot reimburse for any associated parking fees.

## Conclusion

- Please ensure that each agency representative has signed/completed the conference attendance roster.
- Thank you for your interest in responding to the HIV TESTING AND STD SCREENING, DIAGNOSIS, AND TREATMENT SERVICES IN LOS ANGELES COUNTY RFP No. 2019-001
- For updates and additional funding opportunities, please visit: <http://publichealth.lacounty.gov/cg/index.htm>





# RFP Deadline Reminder

Key Event	Due Date /Time	Resource/Reference
Written Questions Due	3:00 PM on June 18, 2019	RFP Section 7.4
Questions and Answers Addendum Released	July 3, 2019	RFP Section 7.4
<b>Proposals Due By</b>	<b>3:00 PM on July 17, 2019</b>	RFP Section 7.2

*Thank you!*