



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

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

**ANISH P. MAHAJAN, M.D., M.S., M.P.H.**  
Chief Deputy Director

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

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

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December 16, 2024

**ADDENDUM NUMBER 1  
TO  
REQUEST FOR PROPOSALS NO. 2024-014  
FOR  
COMPREHENSIVE HIV AND STD PREVENTION SERVICES IN LOS ANGELES COUNTY**

On December 3, 2024, the County of Los Angeles (County) Department of Public Health (Public Health) released a Request for Proposals (RFP) for Comprehensive HIV and STD Prevention Services in Los Angeles County.

Pursuant to RFP Section 5.4, County’s Right to Amend Request for Proposals, Public Health has the right to amend the RFP by written addendum. This Addendum Number 1 amends this RFP as indicated below, with new RFP language in **highlight** and revised or deleted language in ~~strike through~~ for easy reference.

1. RFP, Section 1.0, Solicitation Information, is amended as follows:

**1.0 SOLICITATION INFORMATION**

<b>RFP Release Date</b>	December 3, 2024
<b>RFP Contact</b>	Brenda Gonzalez Camacho, Contract Analyst Email: <a href="mailto:bgonzalezcamacho@ph.lacounty.gov">bgonzalezcamacho@ph.lacounty.gov</a>
<b>Deadline to Register for Mandatory Virtual Proposers’ Conference</b>	December 11, 2024 by 3:00 PM PST
<b>Addendum 1 Released</b>	<b>December 16, 2024</b>
<b>Mandatory Virtual Proposers’ Conference</b>	December 17, 2024 at 9:00 AM PST
<b>Solicitation Requirements Review (SRR) Request Due</b>	<del>December 11, 2024 by 3:00 PM PST</del> <b>December 23, 2024 by 3:00 PM PST</b>
<b>Written Questions Due</b>	<del>December 11, 2024 by 3:00 PM PST</del> <b>December 23, 2024 by 3:00 PM PST</b>

<b>Questions and Answers Released via Addendum</b>	December 31, 2024 January 6, 2025
<b>Proposals Due</b>	January 6, 2025 by 5:00 PM PST January 21, 2025 by 5:00 PM PST
<b>Anticipated Contract Term</b>	The Contract term will be effective July 1, 2025 and will continue through June 30, 2029, with an option to extend for up to three additional one-year periods.

2. RFP, Section 2.2, Comprehensive HIV and STD Prevention Services (Prevention Services), is amended as follows:

**2.2 Comprehensive HIV and STD Prevention Services (Prevention Services)**

Prevention Services funded through this solicitation may complement a contractor’s existing HIV and STD Prevention Services. Categories for this RFP are listed below:

- Category 1: Clinic-Based Prevention Services - Comprehensive HIV and STD Testing, Screening, and Treatment in Clinic-Based Settings;
- Category 2: Non-Clinic-Based Prevention Services - HIV Testing and Linkage to HIV Treatment and Linkage to STD Screening, and Treatment in Non-Clinic-Based Settings; and ~~Comprehensive HIV and STD testing, screening, and linkage to treatment in non-clinic based settings~~
- Category 3: High Impact Prevention Programs (HIPP).

**NOTE: PROPOSERS ARE PERMITTED TO APPLY TO EITHER CATEGORY 1 OR CATEGORY 2, BUT NOT BOTH. TO BE ELIGIBLE TO APPLY FOR CATEGORY 3, PROPOSERS MUST APPLY AND QUALIFY FOR EITHER CATEGORY 1 OR CATEGORY 2.**

**Category 1: Clinic-Based Prevention Services**

Selected contractor(s) will provide:

- HIV testing, as well as linkage to medical care for those diagnosed with HIV;
- STD testing, as well as screening and treatment for those diagnosed with one or more STD(s);
- Prevention navigation services, including providing linkage to resources and care, for individuals at high risk of STDs and HIV infection;

- Biomedical services, including access to pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), and Doxycycline Post- Exposure Prophylaxis (DoxyPEP);
- Patient-delivered partner therapy (PDPT); and
- Benefits screening.

Services must be provided in licensed medical clinics or affiliated satellite locations convenient to the targeted population(s). Services must target individuals at high risk for HIV infection in LAC, with an emphasis on:

- MSM;
- Transgender persons;
- Cisgender women of color;
- African American persons of all ages;
- Latinx persons of all ages;
- American Indian/Alaskan Native persons of all ages;
- Youth and young adults (under 30 years of age);
- Persons who use/inject drugs (PWUID); and
- Persons aged 50 and older.

### **Category 2 - Non-Clinic-Based Prevention Services**

Selected contractor(s) will provide:

- HIV testing, as well as **and documented** linkage to medical care for those diagnosed with HIV;
- **Documented linkage** to STD testing, screening, and linkage to treatment, **as needed** for individuals diagnosed with ~~one or more STDs~~;
- Biomedical prevention navigation services for individuals at high risk of STD and/or HIV infection, including access to PrEP, PEP, and DoxyPEP; and
- Benefits screening.

Services must be ~~provided~~ **offered** in non-clinic-based settings (with drop-in service) **availability that are** convenient to **for** the targeted population(s) served. **DHSP funds allocated to Category 2: Non-Clinic-Based Prevention Services may not be used to cover lab costs associated with the processing of specimens for STD screening.** Services must target individuals at high risk for HIV infection in LAC, with an emphasis on:

- MSM;
- Transgender persons;
- Cisgender women of color;
- African American persons of all ages;
- Latinx persons of all ages;
- American Indian/Alaskan Native persons of all ages;
- Youth and young adults (under 30 years of age);
- PWUID; and
- Persons aged 50 and older.

### **High Impact Prevention Programs (HIPP)**

High Impact Prevention Programs (HIPP) are intended to supplement Clinic-Based Prevention Services and Non-Clinic-Based Prevention Services. Contractor can select up to two of the following prevention supportive services to enhance prevention activities conducted as a part of Clinic-Based or Non-Clinic-Based Services:

1. **Social connectedness:** Facilitate social gatherings or events that promote interpersonal communication and encourage relationship building.
2. **Job skills development/job training:** Conduct job skills development and training sessions to equip individuals with essential skills for the workforce.
3. **Financial literacy:** Educate individuals on financial literacy to help them understand and manage their finances effectively.
4. **Educational/English as a Second Language classes:** Teach educational classes, including English as a Second Language, to enhance language proficiency and learning opportunities.
5. **Contingency management:** Implement contingency management strategies to motivate positive behavior changes.
6. **Emergency Housing/hotel vouchers:** Distribute emergency housing and/or hotel vouchers to provide immediate shelter for individuals in crisis situations.

Services must be provided in a location (with drop-in service) that is convenient to the targeted population(s). Services must target individuals at high risk for STD and/or HIV infection in LAC, with an emphasis on the following target populations:

- African American and Latinx MSM with emphasis on young MSM (YMSM);
  - Transgender persons with emphasis on transgender women;
  - Cis-gender women experiencing homelessness, who use/inject drugs or have experienced intimate partner violence;
  - PWUID with emphasis on opioids and/or stimulants; and
  - Youth and young adults (under 30 years of age).
3. RFP, Section 4.3, Additional MMRs for Category 2: Non-Clinic-Based Prevention Services, is amended as follows:

#### **4.3 Additional MMRs for Category 2: Non-Clinic-Based Prevention Services**

##### **1. Experience**

Proposers must have a minimum of three years of experience, within the last five years, providing HIV services to populations at high risk for acquiring and transmitting HIV and/or STDs.

## **2. Service Delivery Site**

Proposers must have a brick-and-mortar location that is considered a community site to perform Non-Clinic-Based Prevention Services under this category (as opposed to a medical clinic, STD clinic, etc.) that meets the following criteria:

1. Located within LAC;
2. Compliant with the Americans with Disabilities Act (ADA); and
3. Includes a private testing room.

## **~~3. Eligibility to Bill Third-party Payer~~**

~~Proposers must be eligible and able to bill third party payer sources (including public or private health plans, such as those provided through Covered California, Medicare, etc.). Proposers must submit a completed Exhibit 6A, Eligibility to Bill Third party Payers and supporting documents as evidence of the eligibility and ability to bill third party payers, including, but not limited to copies of designation letters from contracts with various health plans, and/or Individual Practice Associations or Individual Practice Agreements indicating which health plans providers are participating in.~~

4. RFP, Section 8.0, Proposal Requirements and Evaluation, Subsection 8.4.6.2, Proposer's Approach to Providing Required Services (Section D), Item 2, Proposer's Approach to Category 2: Non-Clinic-Based Prevention Services (Page Limit: 10 Pages), is amended as follows:

### **2. Proposer's Approach to Category 2: Non-Clinic-Based Prevention Services (Page Limit: 10 Pages)**

Provide a detailed narrative describing how Prevention Services will be performed to meet the requirements outlined in Exhibit A (SOW) and Attachment II of Appendix A (Sample Contract).

- i. Proposer's summary must address the following:
  - a. List LAC SPA(s) and HD(s) where Proposer intends to provide Prevention Services (reference Section 2.4.1 Location of Services).
    1. How will services be tailored to the unique needs of each identified area?
  - b. Number of clients Proposer intends to serve per service location. Proposer's narrative must describe:
    1. Each location's testing capacity.

2. Any discrepancies between this capacity and the location's most recent 12 month testing performance.
  3. How does the current testing capacity compare to community needs?
  4. How will Proposer scale up testing capacity if needed?
- c. How will Proposer recruit individuals at highest risk for acquiring and/or transmitting HIV and STDs in LAC?
1. What specific strategies will be employed to engage each high-risk population (e.g., MSM, people who use drugs)?
  2. How will the effectiveness of these recruitment strategies be measured and adjusted?
- d. How will Proposer identify and recruit individuals who have never utilized Prevention Services?
1. What outreach methods will be used to reach individuals who have not previously engaged in Prevention Services?
  2. How will Proposer address barriers to accessing Prevention Services, including stigma, unawareness of services, financial and geographic challenges, fragmented healthcare, fear of diagnosis, language barriers, immigration status, and psychosocial factors?
  3. How will Proposer track the effectiveness of recruitment efforts and ensure retention in the Prevention Services program?
  4. What procedures will be in place to follow up with clients who may be at risk of missing appointments or not completing necessary testing follow-up?
- e. What follow-up procedures has Proposer established for clients who test positive HIV and/or STDs?
1. What strategies will be employed to ensure linkage to care for newly diagnosed HIV patients?
  2. How will Proposer increase uptake and adherence to biomedical prevention methods (e.g., PrEP)?

- f. How will DHSP funding be utilized to enhance existing HIV and STD Prevention Services, and what specific improvements or expansions can be expected?
    1. How will funding from DHSP supplement existing revenue sources that already support HIV and STD Prevention Services?
    2. What specific aspects of service delivery will be enhanced or expanded with DHSP funding?
  - g. How will Proposer implement the following activities with existing funding or with funding from DHSP:
    1. HIV testing, counseling and linkage to treatment;
    2. STD (including syphilis, chlamydia, gonorrhea) screening and linkage to treatment **documented linkage to screening and treatment**;
    3. Outreach to communities at risk for HIV and STDs;
    4. PrEP (oral and long-acting injectable), PEP, and DoxyPEP navigation; and
    5. Benefits screening.
5. RFP, Section 8.0, Proposal Requirements and Evaluation, Subsection 8.4.6.2, Proposer's Approach to Providing Required Services (Section D), Item 3, Proposer's Approach to Category 3: HIPP Services (Page Limit: 10 Pages), is amended as follows:

**3. Proposer's Approach to Category 3: HIPP Services (Page Limit: 10 Pages)**

Provide a detailed narrative describing how Proposer's HIPP Services program has been designed to enhance HIV/STD testing and related services within the organization in order to meet the requirements outlined in Exhibit A (SOW) and Attachment III of Appendix A (Sample Contract).

- a. Proposer's summary must address the following:
  - i. List LAC SPA(s) and HD(s) where Proposer intends to provide HIPP Services (reference Section 2.4.1 Location of Services).
    1. How will services be tailored to the unique needs of each identified area?
  - ii. Number of clients Proposer intends to serve per service location.
    1. What are the projected client demographics (age, gender, risk factors)

for each service location?

2. How will Proposer adjust service delivery based on variations in client needs across different locations?
- iii. How will Proposer's HIPP services be tailored to meet the needs of individuals at the highest risk for acquiring and/or transmitting HIV and STDs? Proposer's approach should specifically address one or more of the target populations:
1. African American and Latinx MSM, with a specific emphasis on YMSM
  2. Transgender individuals, with a particular focus on transgender women
  3. Cisgender women experiencing homelessness, who use or inject drugs, or who have experienced intimate partner violence;
  4. Persons who use or inject drugs, particularly opioids and/or stimulants; and
  5. Youth and young adults (under 30 years of age).
- iv. How will Proposer address barriers to accessing Prevention Services, including stigma, unawareness of services, financial and geographic challenges, fragmented healthcare, fear of diagnosis, language barriers, immigration status, and psychosocial factors?
1. How will Proposer implement solutions to overcome identified barriers?
- v. How will Proposer's HIPP Services complement testing programs and address the various sociocultural, environmental, and economic challenges faced by individuals at high risk of STDs and HIV infection in LAC? Proposer should describe the HIPP interventions Proposer plans to provide. Proposer can select up to two of the following prevention supportive services to supplement and enhance prevention activities conducted as a part of Category 1 (Clinic-Based Prevention Services) or Category 2 (Non-Clinic-Based Prevention Services):
1. Social connectedness
  2. ~~Navigation services/case management~~
  3. ~~Text based support~~
  4. ~~Mental health services~~



5. Job skills development/job training
  6. Financial literacy
  7. Educational/English as a Second Language classes
  8. Contingency management
  9. Emergency housing/hotel vouchers
- vi. How will Proposer's HIPP Services foster linkage to PrEP, PEP, and DoxyPEP services as well as general medical care, housing, mental health, substance use, an/or legal services, in addition to similar social services?
1. How will HIPP Services be integrated into overall care and prevention efforts?
  2. What specific resources will be provided to clients to support linkage to comprehensive care?
- vii. How will Proposer ensure that target populations remain engaged and in care over time?
- viii. What mechanisms will be used to engage the target populations in the development and continuous improvement of Proposer's HIPP Services?
1. How will feedback from clients be solicited and incorporated into service delivery improvements?
  2. What role will community advisory boards or similar groups play in shaping and refining services?
- ix. What methods will be used to evaluate the effectiveness of Proposer's HIPP Services?
1. What criteria will be used to assess the impact of these supportive services?
- x. What is Proposer's approach to implementing Community Advisory Boards (CAB), including how the following key areas will be addressed (reference Section 3.2 of Attachment III of Appendix A, Sample Contract).
1. How will Proposer provide administrative and technical support to CAB members during and between meetings?

2. What specific strategies will Proposer employ to recruit and maintain a diverse CAB membership that meets the specified criteria (including co-chairs, residency, and community representation)?
  3. How will Proposer ensure that a majority of CAB members reflect the community Proposer's program intends to serve? What criteria will guide Proposer's selection process?
  4. Describe Proposer's approach to scheduling and promoting CAB meetings. What methods will be used to ensure high attendance and engagement from community members?
  5. What systems will Proposer implement to maintain thorough documentation of CAB activities, including membership, meeting dates, minutes, and bylaws?
  6. How will Proposer ensure timely dissemination of CAB minutes and other documents to all relevant stakeholders within seven business days after meetings?
  7. Which specific client input mechanisms (e.g., satisfaction surveys, focus groups) will Proposer implement through the CAB, and how will Proposer utilize the results to inform services?
  8. What ongoing strategies will Proposer use to collaborate with the CAB to continually inform and improve interventions? How will Proposer ensure that CAB feedback is integrated into program planning and implementation?
6. Appendix A, Sample Contract, Exhibit A, Statement of Work, Attachment II, Non-Clinic-Based Prevention Services, Section 1.0, Description, is amended as follows:

#### **1.0 DESCRIPTION**

Contractor must provide the following:

- HIV testing and linkage to medical care for those diagnosed with

HIV;

- Documented linkage to STD testing, screening and linkage to treatment, as needed for individuals diagnosed with one or more STDs;
- Biomedical prevention navigation services for individuals at high risk of STD and/or HIV infection, including access to PrEP, PEP, and DoxyPEP; and
- Benefits screening.

Services must be provided offered in non-clinic-based settings (with drop-in service) availability that are convenient to for the targeted population(s) served. DHSP funds allocated to Category 2: Non-Clinic-Based Prevention Services may not be used to cover lab costs associated with the processing of specimens for STD screening. Services must target individuals at high risk for HIV infection in Los Angeles County (LAC) with an emphasis on:

#### Target Populations:

- Men who have sex with men (MSM);
- Transgender persons;
- Cisgender women of color;
- African American persons of all ages;
- Latinx persons of all ages;
- American Indian/Alaskan Native persons of all ages;
- Youth and Young adults (under 30 years of age);
- Persons who use/inject drugs (PWUID); and
- Persons aged 50 and older.

7. Appendix A, Sample Contract, Exhibit A, Statement of Work, Attachment II, Non-Clinic-Based Prevention Services, Subsection 2.2.1, Prevention Services Counselor, is amended as follows:

#### 2.2.1 Prevention Services Counselor

- A. Contractor will have at least one certified HIV Counselor to conduct HIV testing and linkage to and STD screening and treatment. testing.
- B. Responsibilities include but are not limited to:
1. Conduct HIV testing, and STD testing, ensuring accurate results and maintaining confidentiality;
  2. Provide pre-test counseling to educate clients about the testing process, risk factors, and the implications of testing;
  3. Deliver post-test results in a supportive manner, providing emotional support and guidance based on the outcome;
  4. Assist clients in navigating the healthcare system to access necessary treatment and support services, including referrals to medical providers;
  5. Provide a documented linkage to STD screening and treatment, as needed;
  6. Maintain accurate records of client interactions, test results, and referrals in compliance with rules and regulations;

7. Conduct follow-up calls or appointments to check on clients, address any concerns, and reinforce the importance of continued care and prevention; and
8. Participate in outreach activities to promote testing services and raise awareness about HIV and STDs in the community.

C. Minimum Qualifications:

1. High School Diploma (or GED equivalent); AND
2. Three years of relevant experience including any specialized training in providing HIV and STD services.

D. Desired Qualifications:

1. Strong interpersonal and communication skills;
2. Ability to build trust with clients, demonstrate empathy, and provide non-judgmental support;
3. Excellent organizational and record-keeping skills; and
4. Thorough understanding of STDs and HIV/AIDS, the impact on individuals and communities, and current treatment and prevention strategies.

8. Appendix A, Sample Contract, Exhibit A, Statement of Work, Attachment II, Non-Clinic-Based Prevention Services, Section 3.0, Specific Work Requirements, is amended as follows:

### **3.0 SPECIFIC WORK REQUIREMENTS**

Contractor must provide the following:

#### **3.1 HIV/STD Testing and Linkage to HIV Treatment:**

Contractor must provide HIV/STD testing to individuals in LAC at high risk for HIV and STD infection with an emphasis on the target populations listed in Section 1.0. At least 75% of individuals screened must belong to one or more of the target populations at higher risk for HIV. All testing and linkage to medical care services provided must be on-site consistent with federal, State, and local statutes, guidelines, and policies and ensure appropriate medical oversight of testing services. Contractor will track and confirm all completed links to care. Contractor will link, at a minimum, 85% of HIV-positive or STD-positive clients within 14 Days of diagnosis, to HIV or STD-related medical care consistent with Centers for Disease Control and Prevention and local guidelines.

#### **3.2 Linkage to STD Screening, and Treatment**

Contractor must provide documented linkage to STD screening, and treatment to individuals in LAC at high risk for HIV and STD infection with an emphasis on the target populations listed in Section 1.0. At least 75% of individuals screened must belong to one or more of the target populations at higher risk for HIV. Contractor will track and confirm all completed links to screening and treatment.

**3.2 3.3 Compliance with Clinical Laboratory Improvement Act (CLIA) Eligible/  
Covered Provider:**

Contractor must submit a Quality Assurance (QA) Plan along with a California-issued certificate indicating that the site is a CLIA eligible/covered provider. If Contractor does not currently hold a CLIA certificate, Contractor may apply for one upon receiving funding. Contractor will be required to submit the certificate once it has been issued.

**3.3 3.4 Compliance with Current HIV Testing Services Procedures:**

Contractor's non-rapid or rapid HIV testing and referral services must follow procedures consistent with California law, CDPH – Office of AIDS guidelines, federal Centers for Disease Control and Prevention (CDC) guidelines, and the terms of the Contract. The DHSP Director will notify Contractor of any revisions to DHSP policies and procedures, which will become part of the Contract. Contractor must conduct an HIV risk assessment, applicable for both non-rapid and rapid tests, to help the client identify risk behaviors that may put them at risk for HIV/AIDS.

**3.4 3.5 HIV Risk Assessment and Counseling:**

Contractor's Prevention Services Counselor must conduct an HIV risk assessment and counseling session (when appropriate) for clients identified as needing a high-risk intervention.

**3.4.1 3.5.1** Conduct an HIV risk assessment that assists clients in identifying the risk behaviors that place them at risk for HIV/AIDS.

**3.4.2 3.5.2** As needed, provide a client-centered counseling session that engages the client in a dialogue that encourages the disclosure of unique individual needs and concerns related to HIV risk and emphasizes personal options that limit or prevent transmission of HIV. The client-centered counseling session should accomplish the following:

- a. Improve the client's self-perception of risk;
- b. Support behavior change previously accomplished or attempted by the client;
- c. Negotiate a workable short-term and long-term risk reduction plan based on the client's perceived ability to change their behavior;
- d. Support informed decision-making about whether to be tested;
- e. Review the nexus between HIV and STD infections and between alcohol and drug use; and
- f. For clients who choose a rapid test, Contractor staff will assess client's potential reaction to receiving a reactive rapid test prior to administering the test.

During these sessions, Contractor must provide the following information:

- g. The process related to each of the testing options, such as how the test is done, duration of the process, the timeframes for getting results, the meaning of test results including preliminary results in the case of rapid HIV testing; and
- h. Relevant information regarding the window period\*.

\*Contractor staff must clearly explain that the rapid HIV test only refers to obtaining results from the time between exposure (less than three months) and their last non-reactive test. Clients must be counseled to re-test three months from the potential exposure.

If a client decides to have a rapid test, Contractor staff will:

- i. Ensure that the client understands the meaning of test results, including that a reactive preliminary positive result requires confirmatory testing;
- j. Ensure that the client completes a DHSP-approved consent form (for confidential testing) signed by the client and maintained in the client's file in accordance with the California Code of Regulations. The consent form must also include a commitment by the client for the collection of a second specimen (serum or oral fluid) for individuals testing preliminary positive;
- k. Follow local guidelines and recommendations pertaining to HIV counseling and testing, HIV rapid testing, and phlebotomy (both venipuncture and finger stick). Contractor staff will collect client demographic information using the designated reporting form as provided by DHSP. All information reported on the approved HIV Test Reporting Form(s) must be voluntarily disclosed by the client;
- l. Ensure that a sufficient amount of testing specimen is collected to ensure that initial, repeat, and supplemental HIV antibody tests may be performed. All non-rapid specimens must be delivered to and processed by a State-approved laboratory, with prior approval from DHSP;
- m. Review the client's Counseling Information Form, provided by DHSP, before the disclosure; and
- n. Disclose the result, interpret the test result, and assess the client's emotional state\*. Contractor staff must evaluate counseling needs, client's understanding of the test results, client's need to be re-tested based on the window period, and the client's understanding of and commitment to risk reduction guidelines as well as the strength of social support and plans for and consequences of disclosure to others. Test results must be given in person only to the client, and in accordance with applicable law.

\*For clients testing HIV-positive, a minimum of 45 minutes must be spent in the disclosure counseling session and the following additional topics must be covered and conducted in the disclosure session:

- o. Importance of HIV medical care to optimize one's health and the likelihood of a normal life expectancy with adherence to medications;
- p. Information regarding the past or future risk of HIV transmission to sexual and drug using partners, the risk of transmission to the fetus or newborn during pregnancy, during labor and delivery, and during postpartum period;
- q. The active elicitation of past sexual and drug using partners and descriptive contact information and/or linkage to Partner Services (PS); and
- r. A written assessment of the client's reaction to the positive HIV test result to determine whether referral for psychosocial support services is needed.

### **3.5 — Provide STD/HIV Screening:**

~~Contractor must provide STD and HIV screening and linkage to treatment to individuals in LAC at high risk for STD and HIV infection, with an emphasis on the target populations listed in Section 1.0 Description, who reside in LAC.~~

~~The Contractor must ensure that all STD/HIV screenings, linkage to treatment services, and related services are provided on-site in accordance with federal, State, and local statutes, guidelines, and policies.~~

### **3.6 — Compliance with Current STD Guidelines:**

~~Screening and treatment should follow up-to-date guidelines from Public Health, the State of California STD Control Branch, and the Centers for Disease Control (CDC). For the management of Gonorrhea, Public Health guidelines supersede State guidelines which in turn supersede CDC guidelines.~~

### **3.7 3.6 Biomedical Prevention Navigation (Navigation) Services:**

- ~~3.7.1~~ **3.6.1** Contractor must provide Navigation Services to ensure that individuals who test positive for STDs are linked to appropriate clinical treatment at the clinic (or another clinic, if preferred by patient), as clinically indicated.

This includes, but is not limited to, the following:

- a. making an appointment on behalf of the client;
- b. arranging transportation for the client to the appointment; and
- c. following up with the client and provider to ensure linkage within 14 Days, in accordance with guidelines from the CDC and local regulations.

### **3.7.2 3.6.2 Dedicated Navigation Services Phone Line**

- A. In addition to Contractor's office telephone line, Contractor must maintain a dedicated Navigation Services phone line for any Navigation Services-related calls. Voice-mail messages left on dedicated Navigation Services phone line during normal business hours must be returned within 30 minutes of receipt of the call. Voice-mail messages left on the dedicated Navigation Services phone line outside of Contractor's stated business hours must be returned at the start of the next business day. The dedicated Navigation Services phone line voice-mail greeting must be approved by DHSP prior to use.
- B. The dedicated Navigation Services phone number should not change over the term of the Contract and must be listed on all informational material as well as in Public Health's PrEP Directory at: <https://getprepla.com/pep/get-pep-now/>.
- C. Contractor must establish an SMS or other text messaging system to communicate appointment reminders and other information to clients receiving Navigation Services, provided clients have opted in to receive such messages.

### **3.8 3.7 Biomedical Prevention Services**

Contractor must provide the following biomedical prevention services:

#### **1. Pre-Exposure Prophylaxis (PrEP) Services:**

Contractor must ensure 100% of individuals at high risk for HIV and STD infection who receive services are counseled, educated, linked and referred for PrEP.

#### **2. Post-Exposure Prophylaxis (PEP):**

Contractor must counsel and provide linkage to all clients indicating exposure to HIV within the last 72-hours for evaluation to PEP services, as appropriate.

#### **3. Doxycycline Post-Exposure prophylaxis (DoxyPEP):**

Contractor must counsel and provide linkage to all clients indicating exposure to syphilis, chlamydia, and gonorrhea within the last 72-hours for DoxyPEP services, as appropriate.



**3-9 3.8 Re-engage in HIV Care Services:**

Contractor will re-engage HIV-positive clients known to be out of medical care back into HIV medical care and treatment services.

**3-10 3.9 Inform Clients of Partner Services:**

Contractor will inform clients who test positive for HIV that DHSP PS is available.

**3-11 3.10 Screen for Benefits:**

Contractor must screen each client's eligibility for public and social services, including, but not limited to:

- a. health insurance navigation and enrollment;
- b. mental health and substance use services;
- c. housing;
- d. transportation;
- e. employment services; and
- f. other high impact HIV and STD prevention services

**3-12 3.11 Vaccination Referrals:**

Contractor must refer clients to their primary medical provider for the following vaccinations: Hepatitis A, Hepatitis B, Meningitis, and Human Papilloma Virus (HPV), and Mpox.

**3-13 3.12 Reproductive Health Referrals:**

Contractor must offer reproductive health referrals, as indicated.

**3-14 3.13 Conduct Outreach to Communities at Risk for HIV and STDs:**

Contractor must conduct outreach to communities at high risk for HIV and STD infection, with an emphasis on target populations listed under Section 1.0, above.

**3-15 3.14 Compliance with Reporting Requirements:**

- ~~3-15.1~~ **3.14.1** Contractor will comply with all DHSP data reporting requirements and all State HIV, STD, and hepatitis reporting requirements. Contractor must report all new HIV diagnoses utilizing the adult or pediatric report case form available using the following link within seven Days of a client's diagnosis:  
<http://publichealth.lacounty.gov/dhsp/ReportCase.htm>.

~~3.15.2~~ **3.14.2** Contractor must ensure that each client completes and signs a DHSP-approved consent form (for confidential testing) and maintain in the client's file in accordance with the California Code of Regulations.

- i. The consent form will also include a commitment by the client for the collection of a second specimen (serum or oral fluid) for individuals testing preliminary positive.

### ~~3.16~~ **3.15** Compliance with Applicable Laws and Regulations

~~3.16.1~~ **3.15.1** Contractor must comply with all local and State provider disease reporting requirements. Contractor must follow all local and State HIV, STD, hepatitis, and other communicable diseases reporting requirements. More information is available here: [www.publichealth.lacounty.gov/cdcp/proreporting.htm](http://www.publichealth.lacounty.gov/cdcp/proreporting.htm)

~~3.16.2~~ **3.15.2** Contractor must comply with infection control guidelines and procedures established by the State of California's Division of Occupational Safety and Health (Cal- OSHA).

~~3.16.3~~ **3.15.3** Contractor must participate in the MMP, which provides critical information to the CDC and DHSP on the health status and provision of medical services to HIV positive clients in LAC. More information on the MMP is found here: <https://www.cdc.gov/hiv-data/mmp/index.html>

### ~~3.17~~ **3.16** Maintain Client Health Records

Contractor must maintain adequate health records on each individual client which must be current and detailed, consistent with good medical and professional practice, and in accordance with the California Code of Regulations.

- A. All records must be maintained, accessed, and disclosed in accordance with applicable State and federal confidentiality rules, including the Health Insurance Portability Accountability Act (HIPAA).
- B. Records must include, but not be limited to progress notes and a record of services provided by the various professional and paraprofessional personnel in sufficient detail to permit an evaluation of services.
- C. 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).

### ~~3.18~~ **3.17** Clinic Operational Manual

Contractor must develop, implement, and revise, as necessary, a standardized administrative procedures and operational protocols manual for its program. The manual must include, but not be limited to, mandatory policies, procedures, protocols, and standards of care related to referrals, and coordination of care with other providers for the provision of:

- a. Mental health care
- b. Substance use disorder treatment
- c. Emergency medical services
- d. Pharmaceutical patient assistance programs
- e. Gender affirming care specialists.

### **3.19 3.18 Reports**

Contractor must submit monthly, quarterly, semi-annual, and/or annual reports in hard copy, electronic, and/or online format within the specified period for each requested report, as specified by DHSP. Reports must include all required information relating to the promotion and provision of Non-Clinic Based Prevention Services and are to be completed in the format designated by DHSP.

Pursuant to RFP, Subsection 5.4, County's Right to Amend Request for Proposals, Proposers are reminded that if this addendum requires additional information not previously requested, failure to address the requirements of this 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. This Addendum Number 1 has been made available on the 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 this Addendum Number 1, there are no other revisions to the RFP. All other terms and conditions of the RFP remain in full force and effect.