**RESPONSE TO REQUESTED INFORMATION**

# Instructions

# Respondent shall provide a detailed narrative for each section below and any additional supporting documentation/attachments must be referenced in the narrative. Responses to this exhibit will be reviewed as indicated in Section 12.0 of the Work Order Solicitation, REVIEW AND SELECTION PROCESS. Any supporting documentation/attachments not referenced in the narrative will not be included in the review and selection process.

# Respondent CONTACT

Respondent identifies the primary point of contact as part of its Response as follows:

|  |  |
| --- | --- |
| Respondent Name | Click or tap here to enter text. |
| Headquarters Address: | Click or tap here to enter text. |
| Respondent Website: | Click or tap here to enter text. |

Primary Point of Contact:

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Title: | Click or tap here to enter text. |
| Mailing Address: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |
| Phone Number: | Click or tap here to enter text. |

# response questions

## Respondent’s Minimum Requirements

3.1.1 Provide Respondent's Supportive and/or Housing Services Master Agreement (SHSMA) Number.

Click or tap here to enter text.

OR

If Respondent is not a current SHSMA contractor, provide the date Respondent submitted a Statement of Qualifications to the Department of Health Services’ Request for Statement of Qualifications (RFSQ) for Supportive and/or Housing Services.

Click or tap here to enter text.

3.1.2 Provide a narrative that demonstrates Respondent meets the one year of experience, within the last two years, providing Case Management Home-Based Services that includes medical and support services for Persons Diagnosed with HIV/AIDS.

|  |  |
| --- | --- |
| Start Date:Click or tap to enter a date. | End Date:Click or tap to enter a date. |
| Please check this box if service is current. | |
| Narrative: Click or tap here to enter text. | |

|  |  |
| --- | --- |
| Start Date:Click or tap to enter a date. | End Date:Click or tap to enter a date. |
| Please check this box if service is current. | |
| Narrative: Click or tap here to enter text. | |

|  |  |
| --- | --- |
| Start Date:Click or tap to enter a date. | End Date:Click or tap to enter a date. |
| Please check this box if service is current. | |
| Narrative: Click or tap here to enter text. | |

## Complete Exhibit 2, LIST OF PUBLIC ENTITY CONTRACTS.

## If Respondent’s compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last 10 years. Respondent must not have unresolved questioned costs identified by the Auditor-Controller, in an amount over $100,000, that are confirmed to be disallowed costs by the contracting County department, and remain unpaid for six (6) months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County.

Yes, I have been audited within the last 10 years and do not have over $100,000 in disallowed costs.

☐ Yes, I have been audited within the last 10 years and have over $100,000 in disallowed cost.

Not applicable. I have not been audited by the County Department of the Auditor-Controller in the last 10 years.

Click or tap here to enter text.

## BACKGROUND AND EXPERIENCE

* + 1. Provide an organizational chart/list, description, and resumes of key personnel that will be responsible for the delivery of services and their roles. Include relevant experience, professional certifications/licenses, education, training, special skills and other abilities to successfully perform the required services, as described in Section 8.0 of Exhibit 1, SOW, Specific Services to be Provided.

Click or tap here to enter text.

* + 1. Provide an overview of Respondent's background, experience, and other qualifications to provide Intensive Case Management Services in relation to Case Management Home-Based Services for Persons Diagnosed with HIV/AIDS. This response should include a description of the project(s) and any experience providing services as described in Exhibit 1, SOW.

Click or tap here to enter text.

## APPROACH AND METHODOLOGY

Provide a detailed description of Respondent's approach and methodology to provide Intensive Case Management Services for Case Management Home-Based Services for Persons Diagnosed with HIV/AIDS as described in Section 8.0 of Exhibit 1, SOW, Specific Services to be Provided. This response should include a project plan with timelines, a detailed explanation for accomplishing the specific work and deliverables. The response at a minimum must include sufficient detail on how Respondent will provide the following;

1. Outreach and Engagement

Click or tap here to enter text.

## Client Intake and Comprehensive Assessment

Click or tap here to enter text.

* + 1. Initial Assessment and Quarterly Reassessment

Click or tap here to enter text.

1. Individual Service Plan

Click or tap here to enter text.

1. Implementation and Evaluation of Individual Service Plan

Click or tap here to enter text.

1. Attendant Care Services

Click or tap here to enter text.

1. Homemaker Services

Click or tap here to enter text.

1. Referral and Coordination of Care

Click or tap here to enter text.

* + 1. Interdisciplinary Team Case Conferences

Click or tap here to enter text.

* + 1. Case Closure

Click or tap here to enter text.

* + 1. Provide attendant care, homemaker, and psychotherapy services to clients who have either expended all CDPH MCWP benefits, those who are under-insured/non-insured, and/or those with no other benefits available. Documentation of maximizing the MCWP benefits will be maintained in each client record. The number of service hours to be provided and the number of clients to be served will be determined by DHSP as approved by the RWP.

Click or tap here to enter text.

* + 1. Ensure that each full-time equivalent (FTE) NCM and SWCM maintain a caseload of 30 to 45 clients. NCMs and SWCMs may have different numbers of clients; however, the case load must fall within the allocated range. These may be duplicated clients, not different clients for each case manager.

Click or tap here to enter text.

# Financial Capability

Attach copies of the Respondent’s most current and prior two years' (for example 2022, 2021 and 2020) financial statements. Statements should include the company’s assets, liabilities, and net worth. At a minimum, this should include the Balance Sheet (Statement of Financial Positions), Income Statement (Statement of Operations), and the Retained Earnings Statement. If audited statements are available, these should be submitted to meet this requirement. Do not submit Income Tax Returns to meet this requirement. Financial statements will be kept confidential, if so stamped on each page.