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October 10, 2019

**ADDENDUM NUMBER 2
TO
REQUEST FOR STATEMENT OF QUALIFICATIONS (RFSQ) #2015-001
FOR
BIOMEDICAL HIV PREVENTION SERVICES**

On July 23, 2015, the County of Los Angeles (County) Department of Public Health (DPH) released a Request for Statement of Qualifications (RFSQ) for Biomedical HIV Prevention Services.

Pursuant to RFSQ Section 1.8, County Rights & Responsibilities, DPH has the right to amend the RFSQ by written addendum. This Addendum Number 2 amends this RFSQ as indicated below (new RFSQ language is shown in **highlight** and revised or deleted language is shown in ~~strikethrough~~ for easy reference).

1. RFSQ, Section 1.4, Vendor's Minimum Qualifications, shall be amended as follows:

1.4.1 Experience: Vendor must have three (3) months of experience **in the last twelve (12) months** providing PrEP or PEP services **or three (3) months of experience within the last two (2) years** ~~within the last year or twelve (12) months of experience providing HIV medical care.~~ ~~within the last two (2) years.~~

1.4.2 Location of Services: Vendor's service location(s) must be in Los Angeles County in at least one of the eight (8) service provider areas (SPAs). Vendor must indicate in which SPA(s) services will be delivered and the service delivery site address(es). (Go to <http://gis.lacounty.gov/districtlocator/> and enter the service delivery site address to determine SPA location. Vendor will find the SPA location on the top right side (2012 Service Planning Area.))

1.4.3 Licensed Medical Clinic: Vendor must **provide services in a licensed medical clinic** ~~submit a copy of the certificate of licensure that demonstrates that the~~

~~facility that offers biomedical HIV prevention services is a licensed medical clinic, approved by the County of Los Angeles, Department of Public Health, Health Facilities Inspection Division for Licensing and Certification, in cooperation with the California Department of Public Health Services (CDPHS). Vendor must submit a copy of current and valid license that demonstrates that the facility where biomedical HIV prevention services are being provided is a licensed medical clinic.~~

~~**1.4.4 Medi-Cal Certification:** Vendor must provide evidence of Medi-Cal certification by submitting a copy of its current Medi-Cal certification.~~

1.4.4 Bill Third-Party Payer: Vendor must submit evidence of eligibility to bill any third-party payer sources (including public/private plans, such as those provided through Covered California, Medicare, or private plans). Documents that should be submitted as evidence include copies of designation letters from State or federal Centers for Medicare and Medicaid Services (i.e., Medicare), contracts with various health plans, and/or Individual Practice Associations or Individual Practice Agreements indicating which health plans providers are participating in.

1.4.5 Licensed Practitioner: Vendor must complete Appendix A, Exhibit 2, Vendor's Organization Questionnaire/Affidavit, to certify that all healthcare services will be provided by a practitioner licensed by the State of California and that any furnishing or ordering of drugs or devices by a nurse practitioner must occur under physician supervision."

2. RFSQ, Section 1.9, Contact with County Personnel, shall be amended as follows:

"1.9 Contact with County Personnel

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

Karen Buehler, Section Head

County of Los Angeles, Department of Public Health
Contracts and Grants Division

1000 South Fremont Avenue, Unit 101

Building A-9 East, 5th Floor North

Alhambra, California 91803

Email: KBuehler@ph.lacounty.gov

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

3. RFSQ, Section 2.7.2, Vendor’s Qualifications (Section A), Subsection A, Vendor’s Background and Experience (Section A.1), Minimum Qualifications, shall be amended as follows:

“Minimum Qualifications:

Provide a summary of relevant background information and documentation to demonstrate that the Vendor meets the minimum qualifications listed here and stated in sub-paragraph 1.4 of this RFSQ and has the capability to perform the required services as a corporation or other entity. Attach all supporting documentation as required in this section A to the Vendor’s Minimum Qualifications form, Appendix A, Exhibit 3 to meet the requirement in this section.

2.7.2.1. Experience: Vendor must have three (3) months of experience **in the last twelve (12) months** providing PrEP or PEP services **or three (3) months of experience within the last two (2) years** ~~within the last year or twelve (12) months of experience providing HIV medical care.~~ **within the last two (2) years.**

2.7.2.2. Location of Services: Vendor’s service location(s) must be in Los Angeles County in at least one of the eight (8) service provider areas (SPAs). Vendor must indicate in which SPA(s) services will be delivered and the service delivery site address(es). (Go to <http://gis.lacounty.gov/districtlocator/> and enter the service delivery site address to determine SPA location. Vendor will find the SPA location on the top right side (2012 Service Planning Area.))

2.7.2.3. Licensed Medical Clinic: Vendor must **provide services in a licensed medical clinic** ~~submit a copy of the certificate of licensure that demonstrates that the facility that offers biomedical HIV prevention services is a licensed medical clinic,~~ approved by the County **of Los Angeles**, Department of Public Health, Health Facilities Inspection Division for Licensing and Certification, in cooperation with the California Department of **Public Health Services (CDPHS)**. **Vendor must submit a copy of current and valid license that demonstrates that the facility where biomedical HIV prevention services are being provided is a licensed medical clinic.**

~~**2.7.2.4. Medi-Cal Certification:** Vendor must provide evidence of Medi-Cal certification by submitting a copy of its current Medi-Cal certification.~~

2.7.2.4. Bill Third-Party Payer: Vendor must submit evidence of eligibility to bill any third-party payer sources (including public/private plans, such as those provided through Covered California, Medicare, or private plans). Documents that should be submitted as evidence include copies of designation letters from State or federal Centers for Medicare and Medicaid Services (i.e., Medicare), contracts with various health plans, and/or Individual Practice Associations or Individual Practice Agreements indicating which health plans providers are participating in.

2.7.2.5. Licensed Practitioner: Vendor must complete Appendix A, Exhibit 2, Vendor's Organization Questionnaire/Affidavit, to certify that all healthcare services will be provided by a practitioner licensed by the State of California, and that any furnishing or ordering of drugs or devices by a nurse practitioner must occur under physician supervision."

4. RFSQ, Appendix A, Required Forms, Exhibit 1, Statement of Qualifications (SOQ) Checklist has been replaced in its entirety to reflect the revised Minimum Mandatory Qualifications. The revised Appendix A, Exhibit 1 is attached hereto, as Attachment I.
5. RFSQ, Appendix A, Required Forms, Exhibit 2, Vendor's Organization Questionnaire/Affidavit has been replaced in its entirety to reflect the revised Minimum Mandatory Qualifications. The revised Appendix A, Exhibit 2 is attached hereto, as Attachment II.
6. RFSQ, Appendix A, Required Forms, Exhibit 3, Vendor's Minimum Qualifications Form has been replaced in its entirety to reflect the revised Minimum Mandatory Qualifications. The revised Appendix A, Exhibit 3 is attached hereto, as Attachment III.

Pursuant to RFSQ, Section 1.8, County Rights & Responsibilities, Addendum Number 2 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>.

Addendum Number 2
RFSQ #2015-001
October 10, 2019
5 of 5

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 RFSQ. All other terms and conditions of the RFSQ remain in full force and effect.

STATEMENT OF QUALIFICATIONS (SOQ) CHECKLIST

Date: _____

VENDOR: _____

| | | INCLUDED | | |
|-----------------------------|--|----------|----|-----|
| | | YES | NO | N/A |
| 2.7 SOQ FORMAT | | | | |
| 2.7.1 | Table of Contents | | | |
| 2.7.2 | Vendor's Qualifications (Proposer's SOQ Section A) | | | |
| | Vendor's Background and Experience (Section A.1) | | | |
| | Exhibit 1: SOQ Checklist | | | |
| | Exhibit 2: Vendor's Organization Questionnaire/Affidavit | | | |
| | Exhibit 3: Vendor's Minimum Qualifications Form | | | |
| | 2.7.2.3: Copy of Medical Clinic License | | | |
| | 2.7.2.4: Evidence to Bill Any Third-Party Payers | | | |
| | Organizational Structure Required Support Documents | | | |
| | Vendor's References (Section A.2) | | | |
| | Exhibit 8: Prospective Contractor References | | | |
| | Exhibit 9: Prospective Contractor List of Contracts | | | |
| | Exhibit 10: Prospective Contractor List of Terminated Contracts | | | |
| | Vendor's Pending Litigation and Judgments (Section A.3) | | | |
| | Exhibit 11 - Vendor's Pending Litigation and Judgments | | | |
| | Vendor's Financial Viability (Section A.4) (3 years of financial statements) | | | |
| 2.7.3 | Required Forms (Proposer's SOQ Section B) | | | |
| | Exhibit 4: Certification of No Conflict of Interest | | | |
| | Exhibit 5: Vendor's EEO Certification | | | |
| | Exhibit 6: Request for Local SBE Preference Program Consideration and CBE Firm/organization Information Form - Intentionally Omitted | | | X |
| | Exhibit 7: Familiarity with the County Lobbyist Ordinance Certification | | | |
| | Exhibit 12: Attestation of Willingness to Consider GAIN/GROW Participants | | | |
| | Exhibit 13: County of Los Angeles Contractor Employee Jury Service Program Certification Form and Application for Exception | | | |
| | Exhibit 14: Certification of Compliance with the County's Defaulted Property Tax Reduction Program | | | |
| | Exhibit 15: Certification Regarding Debarment Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76) - Intentionally Omitted | | | X |
| | Exhibit 16: Charitable Contributions Certification | | | |
| | Exhibit 17: Acceptance of Terms and Conditions in Master Agreement | | | |
| | Exhibit 18: Exhibit 18: Request for Disabled Veteran Business Enterprise Preference Program Consideration – Intentionally Omitted | | | X |
| 2.7.4 | Proof of Insurability (Proposer's SOQ, Section C) | | | |
| | Vendor furnished a copy of Certificate of Insurance (ACCORD or equivalent form); LA County named additional insured; or a letter from a qualified insurance carrier indicating a willingness to provide the required insurance coverage. | | | |
| 2.7.5 | Proof of Licenses (Proposer's SOQ, Section D) | | | |
| | Vendor furnished a copy a valid Business License. | | | |
| 2.8 VENDOR SUBMITTED | | | | |
| | The original SOQ and three (3) numbered copies enclosed in a sealed envelope, plainly marked in the upper left-hand corner with the name and address of the Vendor and bear the words: "SOQ FOR BIOMEDICAL HIV PREVENTION SERVICES" | | | |

COMMENTS:

Vendor Signature _____

VENDOR'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

Please complete, date and sign this form and include it in Section A.1 of the SOQ. The person signing the form must be authorized to sign on behalf of the Vendor and to bind the applicant in a Master Agreement.

1. If your firm is a corporation or limited liability company (LLC), state its legal name (as found in your Articles of Incorporation) and State of incorporation:

| | | |
|------|-------|-----------|
| Name | State | Year Inc. |
|------|-------|-----------|

2. If your firm is a limited partnership or a sole proprietorship, state the name of the proprietor or managing partner:

3. If your firm is doing business under one or more DBA's, please list all DBA's and the County(s) of registration:

| Name | County of Registration | Year became DBA |
|-------|------------------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

4. Is your firm wholly or majority owned by, or a subsidiary of, another firm? ____ If yes,

Name of parent firm: _____

State of incorporation or registration of parent firm: _____

5. Please list any other names your firm has done business as within the last five (5) years.

| Name | Year of Name Change |
|-------|---------------------|
| _____ | _____ |
| _____ | _____ |

6. Indicate if your firm is involved in any pending acquisition/merger, including the associated company name. If not applicable, so indicate below.

Applicant further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this SOQ are made, the SOQ may be rejected. The evaluation and determination in this area shall be at the Director's sole judgment and his/her judgment shall be final.

Corporation's Name:

Address:

E-mail address: _____ Telephone number: _____

Fax number: _____

On behalf of _____ (Vendor's name), I _____
(Name of Vendor's authorized representative), certify that the information contained in this Vendor's Organization Questionnaire/Affidavit is true and correct to the best of my information and belief.

Signature

Internal Revenue Service
Employer Identification Number

Title

California Business License Number

Date

County WebVen Number

VENDOR’S MINIMUM QUALIFICATIONS FORM

Vendor demonstrates its ability to meet each of the Vendor’s Minimum Mandatory Qualifications outlined in RFSQ, Section 1.4, by the date on which Statement of Qualification (SOQ) are due. Vendors should document all relative experience and qualifications to demonstrate compliance with the Vendor’s Minimum Mandatory Qualifications. Vendor acknowledges and certifies that firm meets and will comply with the Minimum Mandatory Qualifications as stated in RFSQ, Section 1.4, as listed below.

Check the appropriate boxes: (Vendor must check a box under each Section below. Failure to check any boxes or provide the required responsive information may result in disqualification of your SOQ as non-responsive.)

| RFSQ Ref. | RFSQ Requirements |
|--------------|--|
| 1.4.1 | <p>Experience: Vendor must have three (3) months of experience in the last twelve (12) months providing PrEP or PEP services or three (3) months of experience within the last two (2) years providing HIV medical care.</p> <p><input type="checkbox"/> Yes. Indicate years of experience from month _____ to _____ mm/yr. mm/yr.</p> <p><input type="checkbox"/> No</p> <p><i>Vendor must document their experience below that clearly demonstrates ability to meet the above-referenced requirement. Provide dates, names of each employer, names of organizations/departments, type of services provided, etc. (attach additional sheets as necessary).</i></p> |

VENDOR’S MINIMUM QUALIFICATIONS FORM

PROPOSER NAME: _____

| RFSQ Ref. | RFSQ Requirement | | | | | | | | | | | | | | | | | | |
|-----------|--|-------|------------|----|-------|----|-------|----|-------|----|-------|----|-------|----|-------|----|-------|----|-------|
| 1.4.2 | <p>Location of Services: Vendor’s service location(s) is in Los Angeles County in at least one (1) of the eight (8) service provider areas (SPAs). Vendor must indicate in which SPA services will be delivered. (Go to http://gis.lacounty.gov/districtlocator/ and enter the service delivery site address to determine SPA location. Vendor will find the SPA location on the top right side (2012 Service Planning Area.)) <input type="checkbox"/> Yes. Please complete the chart below. <input type="checkbox"/> No</p> <p><i>Vendor must document the full address(s) of the service delivery site(s) under the corresponding SPA number.</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">SPA #</th> <th style="text-align: left;">Address(s)</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1.</td><td>_____</td></tr> <tr><td style="text-align: center;">2.</td><td>_____</td></tr> <tr><td style="text-align: center;">3.</td><td>_____</td></tr> <tr><td style="text-align: center;">4.</td><td>_____</td></tr> <tr><td style="text-align: center;">5.</td><td>_____</td></tr> <tr><td style="text-align: center;">6.</td><td>_____</td></tr> <tr><td style="text-align: center;">7.</td><td>_____</td></tr> <tr><td style="text-align: center;">8.</td><td>_____</td></tr> </tbody> </table> | SPA # | Address(s) | 1. | _____ | 2. | _____ | 3. | _____ | 4. | _____ | 5. | _____ | 6. | _____ | 7. | _____ | 8. | _____ |
| SPA # | Address(s) | | | | | | | | | | | | | | | | | | |
| 1. | _____ | | | | | | | | | | | | | | | | | | |
| 2. | _____ | | | | | | | | | | | | | | | | | | |
| 3. | _____ | | | | | | | | | | | | | | | | | | |
| 4. | _____ | | | | | | | | | | | | | | | | | | |
| 5. | _____ | | | | | | | | | | | | | | | | | | |
| 6. | _____ | | | | | | | | | | | | | | | | | | |
| 7. | _____ | | | | | | | | | | | | | | | | | | |
| 8. | _____ | | | | | | | | | | | | | | | | | | |

| RFSQ Ref. | RFSQ Requirement |
|-----------|---|
| 1.4.3 | <p>Licensed Medical Clinic: Vendor must provide services in a licensed medical clinic approved by the County of Los Angeles, Department of Public Health, Health Facilities Inspection Division for Licensing and Certification, in cooperation with the California Department of Public Health (CDPH). Vendor must submit a copy of current and valid license that demonstrates that the facility where biomedical HIV prevention services are being provided is a licensed medical clinic.</p> <p><input type="checkbox"/> Yes. Vendor must submit a copy of current and valid license.</p> <p><input type="checkbox"/> No</p> |

VENDOR’S MINIMUM QUALIFICATIONS FORM

PROPOSER NAME: _____

| RFSQ Ref. | RFSQ Requirement |
|--|--|
| 1.4.4 | <p>Bill Third-Party Payer: Vendor submitted evidence of eligibility to bill any third-party payer sources (including public/private plans, such as those provided through Covered California, Medicare, or private plans). Documents that should be submitted as evidence include copies of designation letters from State or federal Centers for Medicare and Medicaid Services (i.e., Medicare), contracts with various health plans, and/or Individual Practice Associations or Individual Practice Agreements indicating which health plans providers are participating in.</p> |
| <p><input type="checkbox"/> Yes. Vendor must submit evidence of eligibility for each source listed to this Exhibit.</p> <p><input type="checkbox"/> No</p> | |

| RFSQ Ref. | RFSQ Requirement |
|---|--|
| 1.4.5 | <p>Licensed Practitioner: Vendor must certify that all healthcare services will be provided by a practitioner licensed by the State of California and that any furnishing or ordering of drugs or devices by a nurse practitioner must occur under physician supervision.</p> |
| <p><input type="checkbox"/> Yes. Vendor certifies the above.</p> <p><input type="checkbox"/> No</p> | |

Vendor further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this SOQ are made, the SOQ may be rejected. The evaluation and determination in this area shall be at the DPH Director’s sole judgment and her judgment shall be final.

| VENDOR’S AUTHORIZED REPRESENTATIVE, as defined on Cover Page, SIGNATURE (Identify the person authorized to sign on behalf of the Vendor, able to make representations for the Vendor during contract negotiations, and able to legally bind the Vendor to any resultant MAWO.) | |
|--|--------------------|
| Name: | Title: |
| Signature (blue ink): | Date of Signature: |