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

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
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)¹
Los Angeles County, Department of Public Health
Division of HIV and STD Programs

Percent Change and Case Counts by Month, 2017 YTD to 2018 YTD²

<table>
<thead>
<tr>
<th>Disease</th>
<th>2017 (Total)</th>
<th>2017 (YTD)</th>
<th>2018 (YTD)</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syphilis</td>
<td>6,929</td>
<td>6,929</td>
<td>7,965</td>
<td>+15%</td>
</tr>
<tr>
<td>Congenital Syphilis</td>
<td>44</td>
<td>44</td>
<td>54</td>
<td>+23%</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>24,097</td>
<td>24,097</td>
<td>26,270</td>
<td>+5%</td>
</tr>
</tbody>
</table>

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)^2,4

### Syphilis

<table>
<thead>
<tr>
<th>Age</th>
<th>2017 (YTD)</th>
<th>2018 (YTD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30+ yrs.</td>
<td>66% 64%</td>
<td>44% 46%</td>
</tr>
<tr>
<td>15-29 yrs.</td>
<td>33% 36%</td>
<td>56% 54%</td>
</tr>
<tr>
<td>0-15 yrs.</td>
<td>1% 1%</td>
<td>0% 0%</td>
</tr>
</tbody>
</table>

### Gonorrhea

<table>
<thead>
<tr>
<th>Age</th>
<th>2017 (YTD)</th>
<th>2018 (YTD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30+ yrs.</td>
<td>21% 19%</td>
<td>15% 19%</td>
</tr>
<tr>
<td>15-29 yrs.</td>
<td>25% 22%</td>
<td>36% 36%</td>
</tr>
<tr>
<td>0-15 yrs.</td>
<td>4% 5%</td>
<td>3% 3%</td>
</tr>
</tbody>
</table>

### Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2017 (YTD)</th>
<th>2018 (YTD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHITE</td>
<td>23% 21%</td>
<td>21% 19%</td>
</tr>
<tr>
<td>BLACK</td>
<td>18% 18%</td>
<td>25% 22%</td>
</tr>
<tr>
<td>LATINO</td>
<td>49% 48%</td>
<td>36% 36%</td>
</tr>
<tr>
<td>ASIAN</td>
<td>4% 5%</td>
<td>3% 3%</td>
</tr>
<tr>
<td>OTHER</td>
<td>6% 8%</td>
<td>15% 19%</td>
</tr>
</tbody>
</table>

### Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>2017 (YTD)</th>
<th>2018 (YTD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MALE</td>
<td>84% 83%</td>
<td>71% 71%</td>
</tr>
<tr>
<td>FEMALE</td>
<td>14% 15%</td>
<td>29% 29%</td>
</tr>
<tr>
<td>TRANSGENDER</td>
<td>1% 2%</td>
<td>0% 1%</td>
</tr>
</tbody>
</table>

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.
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

Southwest
Health District No. 75

Rank 3 out of 26

Average infections per infected person 1.61
Average infections per year per square mile 70.02

COUNT

<table>
<thead>
<tr>
<th>PLWH (+ STD)</th>
<th>STD Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,156</td>
<td>4,514</td>
</tr>
</tbody>
</table>

RESIDENT CHARACTERISTICS AMONG INFECTED PERSONS 2

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>% of LAC Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents</td>
<td>5,670</td>
<td>8.9%</td>
</tr>
</tbody>
</table>

CURRENT GENDER 7

<table>
<thead>
<tr>
<th>Gender</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>3,331</td>
<td>58.7%</td>
</tr>
<tr>
<td>Female</td>
<td>2,320</td>
<td>40.9%</td>
</tr>
<tr>
<td>Transgender M-F</td>
<td>-</td>
<td>0.3%</td>
</tr>
<tr>
<td>Transgender F-M</td>
<td>-</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

RACE/ETHNICITY 7

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>183</td>
<td>3.2%</td>
</tr>
<tr>
<td>African American</td>
<td>3,996</td>
<td>70.5%</td>
</tr>
<tr>
<td>Latino</td>
<td>1,188</td>
<td>21.0%</td>
</tr>
<tr>
<td>Asian</td>
<td>44</td>
<td>0.8%</td>
</tr>
<tr>
<td>AI/AN 8</td>
<td>11</td>
<td>0.2%</td>
</tr>
<tr>
<td>NHOP 8</td>
<td>-</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

SELECT POPULATIONS

<table>
<thead>
<tr>
<th>Select Populations</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSM/MSMW</td>
<td>1,244</td>
<td>21.9%</td>
</tr>
<tr>
<td>Youth (15-19 years) 9</td>
<td>1,300</td>
<td>22.9%</td>
</tr>
<tr>
<td>Youth (15-24 years) 9</td>
<td>2,891</td>
<td>51.0%</td>
</tr>
<tr>
<td>Pregnant 9</td>
<td>346</td>
<td>6.1%</td>
</tr>
</tbody>
</table>

SYphilis Stage (if any) 10

<table>
<thead>
<tr>
<th>Stage</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Syphilis 10</td>
<td>545</td>
<td>9.6%</td>
</tr>
<tr>
<td>Congenital Syphilis</td>
<td>4</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

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 OHAH (Health District boundaries), Los Angeles Times (LA Times Neighborhood boundaries), 2010-2014 population estimates and 2014 population demographics provided by LAC/ISD & contracted through Hedgerson Demographic Services. Data Creation and Cartography: Program Evaluation & Data Management, Division of HIV and STD Programs, LAC/DPH
Los Angeles County HIV/AIDS Strategy
www.lacounty.hiv

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
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.

18,000 [current number] → 70,000 [our goal]
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.

86% CURRENT RATE

90% OUR GOAL
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.
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 (DHSPP) 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%

HIV INFECTION REDUCTION GOAL

<table>
<thead>
<tr>
<th>Year</th>
<th>Target</th>
<th>Actual</th>
<th>New Infections Health District Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>150</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>2019</td>
<td>100</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>2018</td>
<td>80</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>2017</td>
<td>60</td>
<td>10</td>
<td>Goal: 90</td>
</tr>
</tbody>
</table>

PrEP ENROLLMENT GOAL

HIV DIAGNOSIS GOAL

HIV VIRAL SUPPRESSION 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

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

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

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

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
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

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 the RFP as indicated below (new RFP language in **highlight** and revised or deleted language in italics 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.

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Threshold for Incentives</th>
<th>Rate of PFP Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of HIV tests indicated in scope of work (SOW)</td>
<td>85%</td>
<td>20%</td>
</tr>
</tbody>
</table>

   Table 2: Pay For Performance (PFP) Matrix
ATTACHMENT I
(REVISED)

DIVISION OF HIV AND STD PROGRAMS

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

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:

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

*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
Additional written questions may be submitted by 3:00 pm 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:  
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

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

Thank you!