

## REQUIRED FORMS – EXHIBIT 6

### MINIMUM MANDATORY REQUIREMENTS

Proposer must demonstrate its ability to meet **each** of the Proposer's Minimum Mandatory Requirements (MMR) outlined in Section 4 of the RFP **by the date on which proposals are due**. Proposer should document all relative experience and qualifications to demonstrate compliance with the MMRs. Proposer acknowledges and certifies that it meets and will comply with the MMRs stated in Section 4 of the RFP, as listed below. Subcontractor(s) and/or consultant(s) may not be used to meet any of the Proposer's MMRs.

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

**Comprehensive HIV and STD Prevention Services are comprised of the following three categories:**

Category 1: Clinic-Based Prevention Services

Category 2: Non-Clinic-Based Prevention Services

Category 3: High Impact Prevention Programs (HIPP)

Note: Proposers are permitted to apply for any or all service categories outlined in this RFP.

**Proposer is applying for the following service category(ies). Check the appropriate box(es):**

- Clinic-Based Prevention Services, or**
- Non-Clinic-Based Prevention Services**
- HIPP (Have applied for Category 1 or 2 in order to be eligible to apply for Category 3)**

RFP Section	PROPOSER'S MINIMUM MANDATORY REQUIREMENTS
Section 4.1	MMRs for all Categories:
1.	<p><b>Unresolved Disallowed Costs:</b> If Proposer's compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last 10 years, Proposer must not have unresolved questioned costs identified by the Auditor-Controller, in an amount over \$100,000.00, that are confirmed to be disallowed costs by the contracting County department, and remain unpaid for a period of six 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.</p> <p>County will verify whether Proposers have unresolved disallowed costs.</p>
<p><b>Check the appropriate box:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Proposer <b>does not</b> have any unresolved disallowed costs as explained above.</li><li><input type="checkbox"/> Proposer <b>has</b> unresolved disallowed costs as explained above.</li></ul>	

RFP Section	PROPOSER'S MINIMUM MANDATORY REQUIREMENTS
Section 4.2	Additional MMR for Category 1 (Clinic-Based Prevention Services)
<p>1. <b>Experience:</b> Proposer must have diagnosed no less than 40 new HIV positive individuals over the last three years. Proposer must provide a signed attestation confirming compliance with this requirement. DHSP will independently verify compliance through a surveillance report.</p>	
<p><b>Check the appropriate box:</b></p> <p><input type="checkbox"/> <b>Yes.</b> Proposer meets the experience requirement stated above and submitted attestation.</p> <p><input type="checkbox"/> <b>No.</b> Proposer does not meet the experience requirement stated above.</p>	
<p>2. <b>Eligibility to Bill Third-party Payer:</b> Proposer must have 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). Proposers must submit 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.</p>	
<p><b>Check the appropriate box:</b></p> <p><input type="checkbox"/> <b>Yes.</b> Proposer meets the requirement stated above and submitted Exhibit 6A and supporting documentation.</p> <p><input type="checkbox"/> <b>No.</b> Proposer does not meet the requirement stated above.</p>	
<p>3. <b>Medi-Cal Certification:</b> Proposer must be Medi-Cal certified and submit evidence of current and valid Medi-Cal certification.</p>	
<p><b>Check the appropriate box:</b></p> <p><input type="checkbox"/> <b>Yes.</b> Proposer meets the experience requirement stated above and submitted evidence of current and valid Medi-Cal certification.</p> <p><input type="checkbox"/> <b>No.</b> Proposer does not meet the experience requirement stated above.</p>	
<p>4. <b>Licensed Medical Clinic:</b> Proposer must be a licensed medical clinic(s) located in Los Angeles County (LAC) approved by Public Health's Health Facilities Inspection Division for Licensing and Certification, in cooperation with the California Department of Public Health. Proposer must submit a copy of current and valid license per medical clinic site(s) proposed.</p>	
<p><b>Check the appropriate box:</b></p> <p><input type="checkbox"/> <b>Yes.</b> Proposer meets the experience requirement stated above <b>and</b> submitted a copy of current and valid license per medical clinic site(s) proposed.</p> <p><input type="checkbox"/> <b>No.</b> Proposer does not meet the experience requirement stated above.</p>	
<p><b>Indicate medical clinic site(s) proposed and submitted a copy of current and valid license per site: (add additional lines as necessary):</b></p> <p>Address: _____ License attached: <input type="checkbox"/> <b>Yes/</b> <input type="checkbox"/> <b>No</b></p> <p>Address: _____ License attached: <input type="checkbox"/> <b>Yes/</b> <input type="checkbox"/> <b>No</b></p> <p>Address: _____ License attached: <input type="checkbox"/> <b>Yes/</b> <input type="checkbox"/> <b>No</b></p>	
<p>5. <b>Certified PrEP Assistance Program:</b></p> <p><b>Option 1:</b></p> <p>Proposer must be a certified State of California Office of AIDS PrEP Assistance Program (PrEP-AP) provider and enrollment site.</p> <p>Acceptable proof can include one of the following:</p> <p>a. <b>Current Certification:</b> A copy of the certification document or letter from the California Office of AIDS indicating that the proposer is a certified PrEP-AP provider.</p> <p>b. <b>Proof of Enrollment Site Status:</b> Documentation showing that the site is recognized as a PrEP enrollment site, such as correspondence or official designation from the Office of AIDS.</p> <p><b>Option 2:</b></p> <p>Must have applied to be certified for State of California Office of AIDS PrEP Assistance Program (PrEP-AP) provider and enrollment site and provide the following:</p> <p>i. Any confirmation or acknowledgment received from the California Office of AIDS; and</p> <p>ii. A timeline or plan detailing the steps to achieve certification, including any communication with the California Office of AIDS related to the application process.</p>	

***Check the appropriate box:***

- Yes.** Proposer meets the requirement for Option 1 or Option 2 stated above and submitted documentation.  
 **No.** Proposer does not meet the requirement stated above.

6. **Certified Clinical Laboratory Improvement Act (CLIA) Provider:** Proposer must submit a Quality Assurance (QA) Plan and a California issued certificate indicating clinic site(s) is/are CLIA certified.

***Check the appropriate box:***

- Yes.** Proposer submitted QA Plan and CLIA certification.  
 **No.** Proposer does not meet the experience requirement stated above.

7. **Licensed Medical Provider:** Proposer must have on staff a minimum of one individual with an active and unrestricted medical license issued by the Medical Board of California to provide medical oversight, patient care, and prescriptions for patients.

***Check the appropriate box:***

- Yes.** Proposer meets the experience requirement stated above and has a Licensed Medical Provider on staff and attached evidence of license.  
 **No.** Proposer does not meet the experience requirement stated above.

**RFP Section****PROPOSER'S MINIMUM MANDATORY REQUIREMENTS**

Section 4.3

Additional MMR for Category 2 (Non-Clinic-Based Prevention Services)

1. **Experience:** Proposer 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.

**Check the appropriate box:**

- Yes.** Proposer meets the experience requirement stated above.
- No.** Proposer does not meet the experience requirement stated above.

*Proposer must document its experience below that clearly demonstrates Proposer's ability to meet the above-referenced requirement. Provide dates, population(s) served, names of agencies/departments in which Proposer provided the required service that substantiates Proposer meets the above-referenced requirement, etc. (Attach additional sheets as necessary.)*

Indicate Years of Experience from \_\_\_\_\_ to \_\_\_\_\_  
mm/yr mm/yr

2. **Service Delivery Site:** Proposer 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.

**Check the appropriate box:**

- Yes.** Proposer meets the requirement stated above and submitted attestation.  
 **No.** Proposer does not meet the experience requirement stated above.

**Indicate Service Delivery Site Address(es) below (add additional lines as necessary):**

Address: \_\_\_\_\_ Health District: \_\_\_\_\_ SPA: \_\_\_\_\_  
Address: \_\_\_\_\_ Health District: \_\_\_\_\_ SPA: \_\_\_\_\_  
Address: \_\_\_\_\_ Health District: \_\_\_\_\_ SPA: \_\_\_\_\_

RFP Section	PROPOSER'S MINIMUM MANDATORY REQUIREMENTS
Section 4.4	Additional MMR for Category 3 (HIPP)
<p>1. <b>Applied for Category 1 – Clinic-Based Prevention Services or Category 2 – Non-Clinic-Based Prevention Services:</b> Proposers seeking to provide HIPP services must have applied for either Category 1 or Category 2 to be eligible to apply for Category 3 – HIPP.</p>	
<p><b>Check the appropriate box:</b>  <input type="checkbox"/> <b>Yes.</b> Proposer meets the experience requirement stated above and has applied for Category ____.  <input type="checkbox"/> <b>No.</b> Proposer does not meet the experience requirement stated above.</p>	
<p>2. <b>Experience:</b> Proposer must have a minimum of three years of experience, within the last five years, providing social support services to individuals in LAC at highest risk for acquiring and/or transmitting HIV and STDs with an emphasis on one or more of the following target populations:</p> <ul style="list-style-type: none"> <li>a. African American and Latinx MSM with emphasis on YMSM;</li> <li>b. Transgender persons with emphasis on transgender women;</li> <li>c. Cis-gender women experiencing homelessness, who use/inject drugs, or have experienced intimate partner violence;</li> <li>d. Persons who use/inject drugs, particularly opioids and/or stimulants; or</li> <li>e. Youth and young adults (under 30 years of age).</li> </ul> <p>As evidence of experience, Proposers must provide the dates, a description of each social support service, number of unduplicated individuals served, and the target population served by each social service to demonstrate compliance with this requirement.</p>	
<p><b>Check the appropriate box:</b>  <input type="checkbox"/> <b>Yes.</b> Proposer meets the experience requirement stated above.  <input type="checkbox"/> <b>No.</b> Proposer does not meet the experience requirement stated above.</p> <p><i>Proposer must document its experience below that clearly demonstrates Proposer's ability to meet the above-referenced requirement. Provide dates, population(s) served, names of agencies/departments in which Proposer provided the required service that substantiates Proposer meets the above-referenced requirement, etc. (Attach additional sheets as necessary.)</i></p>	
<p>Indicate Years of Experience from _____ to _____  mm/yr mm/yr</p>	
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Proposer further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this proposal are made, the proposal may be rejected. The evaluation and determination in this area will be at Public Health Director's sole judgment, which will be final.