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August 1, 2016

33360

Kelly Colopy, Director
Department of Health & Human Services
City of Long Beach
2525 Grand Avenue
Long Beach, California 90815

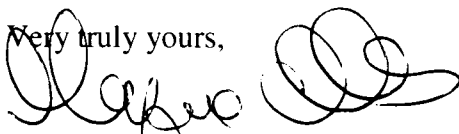
Dear Ms. Colopy:

FULLY EXECUTED CONTRACT: CONTRACT NO. PH-002431-2, HIV/AIDS MEDICAL CARE COORDINATION SERVICES

Enclosed are two (2) copies of your agency's fully executed Contract No. PH-002431-2. This is the Agreement between the County of Los Angeles and City of Long Beach for HIV/AIDS Medical Care Coordination Services, to reflect an augmentation in the amount of \$115,439 for the term effective March 1, 2016 through February 28, 2017, increasing the overall annual maximum obligation to \$577,196. In addition, we have attached your agency's detailed line item budget that has been approved by DHSP's Financial Services to assist you with invoice preparation. Please note all applicable performance requirements as stipulated in this document.

If you have any questions regarding your contract, please call Keisha Williams of my staff, at (213) 351-1148.

Very truly yours,



Monique Collins, MPH
Contract Administration

MC:cl

R:\CAD\Contract Development and Processing\Development of Contracts\2016\MCC Augmentations\Fully Executed Letter to Agency\CLB PH-002431-2 MCC Augmentation FE letter cl.doc

Enclosures (3)

c: Terina Keresoma
Dave Young
Chron (CAD)

**HUMAN IMMUNODEFICIENCY VIRUS (HIV)/
ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)
SPAS 2-8 MEDICAL CARE COORDINATION SERVICES CONTRACT**

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**DEPARTMENT OF PUBLIC HEALTH
HUMAN IMMUNODEFICIENCY VIRUS (HIV)/
ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)
SPAS 2-8 MEDICAL CARE COORDINATION SERVICES CONTRACT**

AMENDMENT NO. 2

THIS AMENDMENT is made and entered into this 15th
day of March, 2016,

by and between

COUNTY OF LOS ANGELES (hereafter
"County")

and

CITY OF LONG BEACH
(hereafter "Contractor")

WHEREAS, reference is made to that certain document entitled "HUMAN IMMUNODEFICIENCY VIRUS (HIV)/ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) SPAS 2-8 MEDICAL CARE COORDINATION SERVICES CONTRACT", dated November 20, 2012, and further identified as Contract Number PH-002431, and any Amendments thereto (all hereafter "Contract"); and

WHEREAS, County has been awarded grant funds from the U.S. Department of Health and Human Services (hereafter "DHHS"), Catalog of Federal Domestic Assistance (CFDA) Number 93.914, which is authorized by the Ryan White Comprehensive AIDS Resources Emergency Act of 1990, its amendments of 1996, and Subsequent Reauthorizations of the Act (hereafter "Ryan White Program") Part A funds; and

WHEREAS, it is the intent of the parties hereto to amend Contract to increase the maximum obligation of County and make other hereafter designated changes; and

WHEREAS, said Contract provides that changes may be made in the form of a written Amendment which is formally approved and executed by the parties; and

WHEREAS, the Amendment Format has been approved by County Counsel.

NOW, THEREFORE, the parties hereto agree as follows:

1. This Amendment shall be effective March 1, 2016.

2. Paragraph 2, DESCRIPTION OF SERVICES, Subparagraph A, shall be amended to read as follows:

“2. DESCRIPTION OF SERVICES:

A. Contractor shall provide services in the manner described in Exhibit A (Statement of Work identified as Exhibits A, A.1, and A.2) and all its attachments attached hereto and incorporated herein by reference.”

3. Paragraph 4, MAXIMUM OBLIGATION OF COUNTY, Subparagraph I, shall be amended to read as follows:

“4. MAXIMUM OBLIGATION OF COUNTY:

I. Effective March 1, 2016 through February 28, 2017, the maximum obligation of County for all services provided hereunder shall not exceed Five Hundred Seventy-Seven Thousand, One Hundred Ninety-Six Dollars (\$577,196) as set forth in Exhibit C, Schedule 5-Revised, attached hereto and incorporated herein by reference.”

4. Effective on the date of this Amendment, Exhibit C, Schedule 5 is hereby replaced in its entirety with Exhibit C, Schedule 5-Revised, BUDGET(S) FOR HIV/AIDS SPAS 2-8 MEDICAL CARE COORDINATION SERVICES, attached hereto and incorporated herein by reference.

5. Effective on the date of this Amendment, Exhibit A.2, STATEMENT OF WORK FOR HIV/AIDS SPAS 2-8 MEDICAL CARE COORDINATION SERVICES, shall be attached hereto and incorporated herein by reference.

6. Except for the changes set forth herein above, Contract shall not be changed in any respect by this Amendment.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by its Interim Director of Public Health, and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By Cynthia A. Harding
Cynthia A. Harding, M.P.H.
Interim Director

CITY OF LONG BEACH,

Contractor
By Patrick H. West
Signature

Patrick H. West

Printed Name

Title City Manager
(AFFIX CORPORATE SEAL)

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL
MARY C. WICKHAM
COUNTY COUNSEL

APPROVED AS TO CONTRACT
ADMINISTRATION:

Department of Public Health

By Patricia Gibson
Patricia Gibson, Chief
Contracts and Grants Division

APPROVED AS TO FORM

June 29, 2016
CHARLES PARKIN, City Attorney

By Charles Parkin
DEPUTY CITY ATTORNEY

DA#03574

**HUMAN IMMUNODEFICIENCY VIRUS (HIV)/
ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)
MEDICAL CARE COORDINATION SERVICES EXHIBIT**

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EXHIBIT A.2

CITY OF LONG BEACH

**HUMAN IMMUNODEFICIENCY VIRUS (HIV)/
ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)
MEDICAL CARE COORDINATION SERVICES**

1. Exhibit A, Paragraph 1, DESCRIPTION, shall be amended to read as follows:

“1. DESCRIPTION:

Medical Care Coordination (MCC) is a multi-disciplinary team approach that integrates medical and non-medical case management services by coordinating behavioral interventions and support services with medical care to promote improved health outcomes. MCC services are co-located at the patient’s medical home and deliver patient-centered activities that focus on access, utilization, retention and adherence to primary health care services, as well as coordinating and integrating all services along the continuum of care for patients living with HIV. These services ensure timely and coordinated access to medically appropriate levels of health and support services, and continuity of care, through ongoing assessment of the patient’s needs and personal support systems.

Medical care coordination includes the provision of brief interventions focusing on: engagement in HIV care, patient education and treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments; risk reduction activities, including partner notification services, to reduce transmission of HIV/AIDS to partners and

acquisition of other sexually transmitted infections (STIs) among patients; disclosure assistance to assist patients with informing family members of their HIV status to help increase social support networks; and other interventions that help patients increase their ability to advocate for themselves while accessing the continuum of HIV/AIDS services.

HIV/AIDS medical care coordination services include, but shall not be limited to, the following brief interventions and activities:

- A. Engagement in HIV Care
- B. Providing treatment adherence counseling;
- C. Conducting patient education sessions;
- D. Enhancing self-care practices and health promotion

activities;

- E. Facilitating harm reduction strategies and encouraging safer sex behavior practices; and

- F. Advocating for needed services on behalf of the patient.

Such activities are delivered through the process of coordinated care that includes integrated comprehensive assessments; integrated service planning and implementation; brief interventions; resource and service coordination; linkage to primary HIV medical care and other needed support services; and active ongoing monitoring and follow up.”

2. Exhibit A.1, Paragraph 3, COUNTY'S MAXIMUM OBLIGATION,

Subparagraph E, shall be amended to read as follows:

"3. COUNTY'S MAXIMUM OBLIGATION:

E. During the period of March 1, 2016 through February 28, 2017, the maximum obligation of County shall not exceed Five Hundred Seventy-Seven Thousand, One Hundred Ninety-Six Dollars (\$577,196)."

3. Exhibit A.1, Paragraph 4, COMPENSATION, shall be amended to read as follows:

"4. COMPENSATION:

County agrees to compensate Contractor for performing services hereunder for actual allowable reimbursable cost as set forth in Exhibit C, Schedule 5-REVISED, and the INVOICES AND PAYMENT Paragraph of the Contract. Invoices and cost reports must be submitted and will be reimbursed in accordance with approved line-item detailed budgets."

4. Exhibit A.1, Paragraph 8, SERVICES TO BE PROVIDED, Subparagraphs F and I, shall be amended to read as follows:

"8. SERVICES TO BE PROVIDED:

F. Contractor shall ensure that patients who receive medical care coordination services are referred and linked to needed medical, psychosocial and risk reduction services as determined by the comprehensive assessment.

(1) Contractor shall ensure that patients are linked to HIV/AIDS primary health care services.

(2) Contractor shall ensure that patients identified with active substance use addiction are referred and linked to addiction treatment services.

(3) Contractor shall ensure patients identified with mental health issues are referred and linked to mental health care and treatment services.

(4) Contractor shall ensure that all patients requiring third party disclosure services are referred to Partner Services (PS).

(5) Contractor shall provide outreach and engagement in care interventions to teengage clinic patients who have not attended an HIV medical appointment within the past seven (7) months.

I. Contractor shall provide a minimum of eight thousand, one hundred eighty-one (8,181) hours of Medical Care Coordination services for a minimum of two hundred eighty (280) unduplicated patients for the period of March 1, 2016 through February 28, 2017.”

5. Exhibit A, Paragraph 9, DIRECT SERVICES, Subparagraphs F, G, and I, shall be amended to read as follows:

“9. DIRECT SERVICES:

F. Brief Interventions: To help patients change their behavior, medical care managers and patient care managers should utilize well-defined strategies to move the patient toward the end goal of self-motivation to change behavior. Brief interventions are integral steps of the

process toward behavior change, ranging from pre-contemplation to action/maintenance, that enhance patient motivation and self-efficacy to become an active participant in their HIV medical care and well-being. The goals of the interventions are to support optimal retention in care, compliance with medical and service specifications, and risk behavior reduction to prevent the spread of infection. Brief interventions are not a substitute for specialized care for patients with a high level of need.

Contractor shall ensure that the medical care coordination team provides the following interventions according to the patient's need(s), as identified during the assessment/reassessment: Engagement in Care Activities; Medical and Treatment Adherence Activities; Disclosure Assistance and Partner Notification Sessions; Risk Reduction Counseling/Harm Reduction Activities; and HIV Education/Skills Building Sessions. All medical and treatment adherence-related interventions shall be delivered by the medical care manager. Other interventions shall be delivered by the medical care manager and/or patient care manager.

(1) For patients assessed with "**Severe Needs**," intervention sessions shall take place at least once per week and delivered as prescribed when implementing an evidence-based, structured intervention model.

(2) For patients assessed with "**High Needs**," intervention sessions shall take place at least once per month and delivered as

prescribed when implementing an evidence-based, structured intervention model.

(3) For patients assessed with “**Moderate Needs**,” intervention sessions shall take place at least every ninety (90) days and delivered as prescribed when implementing an evidence-based, structured intervention model.

(4) For patients assessed as “**Self-Managed**,” intervention sessions shall take place when indicated in the assessment or by the patient.

G. Brief Intervention Activities Include the Following:

(1) Engagement In HIV Care: Patient Retention Specialists shall conduct outreach to patients who have not attended an HIV medical appointment and engage them in HIV care by assisting patients in removing barriers that keep them out of care through the provision of tailored interventions.

(2) Medical and Treatment Adherence Activities: Medical care managers shall assist patients and other household family members living with HIV/AIDS in regularly engaging in HIV/AIDS medical care and treatment activities. Such sessions shall assist patient in moving towards increasing their ability to adhere to HIV/AIDS medical appointments and medication treatments through client-centered, tailored interventions that focus on the patient’s concerns with the intent of reducing non-adherence.

(3) Disclosure and Partner Notification Sessions: Medical care coordination team shall provide disclosure and partner notification sessions for patients that have not disclosed their HIV status to partner(s) or family member(s). Such sessions shall assist patient in moving towards disclosing their HIV status to partner(s) and family member(s). This entails supporting the patient through the process of disclosure, which includes: motivating patients to disclose; explaining and exploring disclosure options; assisting with disclosure planning; assessing for intimate partner/domestic violence if involving sex or needle-sharing partners (or family members that patients may be economically dependent on); and/or eliciting partner information if the patient chooses anonymous 3rd party disclosure for sex or needle-sharing partners. Refer to Paragraph 7, section F, "Partner Services" for further information;

(4) Risk Reduction Counseling/Harm Reduction Activities: Medical care coordination team shall provide risk reduction/harm reduction sessions for patients that are actively engaging in behaviors that put them at risk for transmitting HIV or acquiring other STIs. Risk reduction counseling builds on HIV/STI knowledge to motivate and empower patients with strategies to reduce their risk of HIV/STI transmission and acquisition. Such sessions shall assist patients in initiating and sustaining behaviors that reduce risk

of contracting or transmitting HIV/STIs through sex and substance-using behaviors;

(5) HIV Education/Skills Building Sessions: Medical care coordination team shall provide HIV Education and skills building sessions for patients that have little knowledge of HIV/AIDS disease progression and transmission information. Such sessions shall assist patient in moving towards increasing their knowledge of HIV/AIDS.

I. Partner Services: Partner Services (PS) is a voluntary prevention activity by which identified sex or needle-sharing partners of HIV infected persons, some of whom may be unsuspecting of their risk, are informed of their possible exposure to HIV. Notified partners are offered HIV testing and if necessary linkages into medical treatment and care, referrals to appropriate health and social services as needed, and the provision of appropriate HIV risk reduction interventions based on client's need. Such services shall be provided through clinics, health facilities, or non-clinic based community services providers.

(1) Services to be provided: During each term of this Agreement, trained program staff shall conduct the following:

(a) Conduct partner elicitation services with each patient with an HIV-positive diagnosis. If partner information is collected, and/or, partners are tested for HIV, send information to DHSP.

(b) Inform client of the importance and benefits of partner services.

(c) Inform client that representatives of the Public health Department will contact them to follow up on diagnosis, partner elicitation and linkage to care.

(d) Link to HIV medical care within 72 hours, and other care and prevention services, as necessary, at least eighty-five percent (85%) of diagnosed persons living with HIV.

(e) Program staff, who shall include, but not be limited to: Certified HIV Counselors; Partner Service counselors; Comprehensive Risk Counseling and Service staff; Health Educators; Case Managers; Disease Investigation Specialist (DIS) or Public Health Investigators (PHI), shall interview the index clients to begin the PS process. Prior to the interview or counseling session, the program staff shall review all available materials related to the index client's case.

(f) Program staff adhere to Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations throughout the pre-interview analysis."

6. Exhibit A, Paragraph 10, PATIENT CARE RELATED SUPERVISION, shall be amended to read as follows:

“10. PATIENT CARE RELATED SUPERVISION:

Supervision is required of the medical care coordination team in order to provide guidance and support. Patient-care related supervision will be provided for all MCC team members at a minimum of four (4) hours per month. Such patient-care related supervision may be conducted in individual or group multidisciplinary team case conference formats.

Clinical supervision activities shall include, but not be limited to:

A. Patient care related supervision will address patients' medical and psychosocial issues and concerns, provide general clinical guidance and help to develop follow-up plans for medical case managers.

B. Supervision will assist in problem solving related to patients' progress towards goals detailed in the integrated care plan and to ensure that high quality medical care coordination services are being provided.

C. Contractor shall ensure that the medical care coordination team presents all new medical care coordination patients to Clinical Supervision no more than thirty (30) days after initial enrolment into medical care coordination services.

D. For each patient discussed, the supervisor will address the identified medical and psychosocial issues and concerns, provide appropriate guidance and follow-up plan, and verify that guidance provided and follow-up plan has been implemented.

E. Documentation of clinical supervision shall include the following to be maintained within the patient record:

- (1) Date of supervision;
- (2) Name or identification number of patient;
- (3) Name, title, and initials of clinical supervision participants;
- (4) Psychosocial issues and concerns identified;
- (5) Description of clinical guidance provided.

7. Exhibit A, Paragraph 12, CARE COORDINATION, shall be deleted in its entirety.

8. Exhibit A, Paragraph 17, ADDITIONAL STAFFING REQUIREMENTS, Subparagraph D shall be added to read as follows:

“17. ADDITIONAL STAFFING REQUIREMENTS:

D. HIV/AIDS Patient Retention Specialist Qualifications: Contractor shall hire Patient Retention Specialists with the appropriate training and skills to complete the medical care coordination activities within their job description. At a minimum, each HIV/AIDS patient retention specialist shall possess requirements as outlined below:

(1) Patient Retention Specialists will have appropriate experience in conducting outreach to engage individuals in HIV care; **AND**:

(2) Shall have at least the following skills: good interpersonal skills and ability to work well with other members of the clinical and medical care coordination team; proficient outreach skills, including the ability to facilitate brief intervention strategies to engage individuals in care; skills in crisis intervention; knowledge of

HIV risk behaviors, youth development, human sexuality, substance abuse, STDs, and HIV behavior change principles and strategies; ability to advocate on behalf of the client; and cultural and linguistic competence. Additionally, HIV Patient Retention Specialists funded under this Contract shall be knowledgeable about HIV/AIDS and current resources available.”

9. Exhibit A, Paragraph 26, ANNUAL TUBERCULOSIS SCREENING FOR STAFF, shall be amended to read as follows:

“26. ANNUAL TUBERCULOSIS SCREENING FOR STAFF: Prior to employment or provision of services, and annually (12 months) thereafter, Contractor shall obtain and maintain documentation of tuberculosis screening for each employee, volunteer, and consultant providing services hereunder. Annual tuberculin skin test shall be done for each employee, volunteer, and consultant providing services hereunder on or before the twelve month period ends from the last screening date. Such tuberculosis screening shall consist of tuberculin skin test (Mantoux test) and/or written certification by a physician that the person is free from active tuberculosis based on a chest x-ray.

Contractor shall adhere to Exhibit I, "Guidelines for Staff Tuberculosis Screening", attached hereto and incorporated herein by reference. The Director shall notify Contractor of any revision of these Guidelines, which shall become part of this Agreement.”

SERVICE DELIVERY SITE QUESTIONNAIRE

CONTRACT GOALS AND OBJECTIVES

CITY OF LONG BEACH

TABLE 3-REVISED

March 1, 2016 through February 28, 2017

Number of Medical Care Coordination Contract Goals and Objective by Service Delivery Site(s). Please note: "No. of Patients" will refer to the number of **unduplicated** patients.

| Medical Care Coordination Goals & Objectives | | | |
|---|-----------------|-----------------------------|-----------------------|
| Service Delivery Site | No. of Patients | No. of Direct Service Hours | % of Referrals Linked |
| Site # 1 2525 Grand Ave. | 280 | 8,181 | 85% |
| Site # 2 | 0 | 0 | 0 |
| TOTAL | 280 | 8,181 | 85% |

EXHIBIT C

CITY OF LONG BEACH

**HUMAN IMMUNODEFICIENCY VIRUS (HIV)/
ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)
MEDICAL CARE COORDINATION SERVICES**

SCHEDULE(S)

EXHIBIT C
SCHEDULE 5-REVISED
CITY OF LONG BEACH
HIV/AIDS MEDICAL CARE COORDINATION

| | <u>Budget Period</u> March 1, 2016 through <u>February 28, 2017</u> |
|-----------------------------|--|
| Salaries | \$ 339,841 |
| Employee Benefits | \$ 183,514 |
| Travel | \$ 2,907 |
| Equipment | \$ 0 |
| Supplies | \$ 2,677 |
| Other | \$ 0 |
| Consultants/Subcontracts | \$ 9,048 |
| Indirect Cost | \$ <u>39,209</u> |
| TOTAL PROGRAM BUDGET | \$ 577,196 |

During the term of this Contract, any variation to the above budget must be executed through a written Change Notice, executed by the Division of HIV and STD Programs' Director and the Contractor. Funds shall only be utilized for eligible program expenses. Invoices and cost reports must be submitted and will be reimbursed in accordance with approved line-item detailed budgets.