

BARBARA FERRER, Ph.D., M.P.H., M.Ed. Director

MUNTU DAVIS, M.D., M.P.H. County Health Officer

MEGAN McCLAIRE, M.S.P.H. Chief Deputy Director

RITA SINGHAL, M.D., M.P.H. Acting Director, Disease Control Bureau

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www.publichealth.lacounty.gov

September 29, 2021

Kelly Colopy, Director, Department of Health & Human Services City of Long Beach, Department of Health & Human Services 2525 Grand Avenue 34207 Long Beach, California 90815

Dear Ms. Colopy:

FULLY EXECUTED CONTRACT: MAWO NO. PH-003082-W2-1, BIOMEDICAL HIV **PREVENTION SERVICES**

Enclosed is your agency's fully executed contract amendment, Contract No. PH-003082-W2-1. This is the contract between the County of Los Angeles and City of Long Beach, Department of Health & Human Services for Biomedical HIV Prevention Services to extend the contract for the term effective July 1, 2021 through June 30, 2022. Please note all applicable performance requirements as stipulated in this document.

If you have any questions regarding your MAWO, please call Mariana Khachatryan of my staff, at mkhachatryan@ph.lcounty.gov.

Very truly yours,

Monique Collins, M.P.H., Chief

Contract Administration

MC:mk

R:ICADIContract Development and Processing Development of Contracts/2021/Biomedical HIV Prevention extensions/Pully Executed Contract & Letter/CLB/CLB PH-003082-W2-1 Biomed FE letter.docx

Enclosure

ec: Thomas Modica (CLB) Paulina Zamudio

Linda Tatum (CLB) Chron (CAD)

Sine Yohannes



BOARD OF SUPERVISORS

Hilda L. Solls First District Holly J. Mitchell Second District Sheiki Xuebi Third District Janice Hahn Fourth District Kathryn Barger Fifth District

Master Agreement Number: PH-003082 Work Order Number: PH-003082-W2

34207

COUNTY OF LOS ANGELES / DEPARTMENT OF PUBLIC HEALTH

MASTER AGREEMENT WORK ORDER FOR BIOMEDICAL HIV PREVENTION SERVICES

Amendment Number 1

THIS AMENDMENT is made and entered on Sep 22, 2021

by and between

COUNTY OF LOS ANGELES (hereafter "County"),

and

CITY OF LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES (hereafter "Contractor").

WHEREAS, on February 1, 2016 the County of Los Angeles and Contractor, entered into Master Agreement Number PH-003082 to provide Biomedical HIV Prevention services for the Department of Public Health; and

WHEREAS, reference is made to Master Agreement Number PH-003082 and any amendments thereto (all referred to as "Master Agreement"), between County and Contractor; and

WHEREAS, on April 9, 2020, the County and Contractor entered into Master Agreement Work Order (MAWO) Number PH-003082 to provide Biomedical HIV Prevention Services; and

WHEREAS, on January 5, 2016, the County Board of Supervisors delegated authority to the Director of Public Health, or designee, to execute amendments to MAWO PH-003082; and WHEREAS, it is the intent of the parties hereto to amend the MAWO to extend the term for the period of July 1, 2021 through June 30, 2022, to provide Biomedical HIV Prevention services and make certain modifications to the MAWO; and

WHEREAS, County has been awarded funds from the Centers for Disease Control and Prevention Ending the HIV Epidemic grant award, Assistance Listing Number (formerly named Catalog of Federal Domestic Assistance Number) 93.940; and Realignment Non-Drug Medi-Cal funds through a transfer of funds from the Department of Public Health Substance Abuse Prevention and Control Program and

WHEREAS, Master Agreement provides that changes in accordance to Paragraph 8.1, Amendments may be made in the form of a written Amendment which is formally approved and executed by the parties; and

WHEREAS, Contractor warrants that it possesses the competence, expertise, and personnel necessary to provide services consistent with the requirements of this MAWO and consistent with the professional standard of care for these services.

NOW, THEREFORE, the parties agree as follows:

1. This Amendment is hereby incorporated into the original MAWO and all of its terms and conditions, including capitalized terms defined therein, shall be given full force and effect as if fully set forth herein.

2. This Amendment shall be effective upon execution for the term of July 1, 2021 through June 30, 2022.

3. Paragraph 3.0, <u>TERM OF MASTER AGREEMENT WORK ORDER</u>, shall be deleted in its entirety and replaced as follows:

"3.0. <u>TERM OF MASTER AGREEMENT WORK ORDER</u>: The term of this MAWO shall commence effective October 1, 2019 and continue in full force and

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MAWO PH-003082-W2-1
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effect through June 30, 2022 unless sooner terminated or extended, in whole or in part, as provided in this MAWO. "

4. Paragraph 7.0, <u>MAXIMUM TOTAL COST AND PAYMENT</u>, Subparagraphs 7.1,7.2 and 7.3 shall be deleted in its entirety and replaced as follows:

"7.1 Effective October 1, 2019 through June 30, 2022, the Maximum Total Cost that County will pay Contractor for all services provided under this MAWO for Biomedical HIV prevention services shall not exceed four hundred fifty-three thousand, six hundred sixty-five thousand (\$453,665) as set forth in Attachment C-REVISED (C-1, C-2, C-3, C-4, C-5, C-6, C-7, C-8 and C-9), Budgets, attached hereto and incorporated herein.

7.2 County agrees to compensate Contractor in accordance with payment structure set forth in Attachment C-REVISED) C-1, C-2, C-3, C-4, C-5, C-6 C-7, C-8 and C-9 Budgets. Attached hereto and incorporated herein by reference.

7.3 Contractor shall satisfactorily perform and complete all required Services in accordance with Attachment A, (A-1 and A-2) Statements of Work and Attachment B (B-1, B-2, B-3 and B-4), Scopes of Work, notwithstanding the fact that total payment from County shall not exceed the Maximum Total Cost amount. Performance of services as used in this Paragraph includes time spent performing any of the service activities designated in the Attachment(s) including, but not limited to, any time spent on the preparation for such activities."

5. Scopes of Works B-3 and B-4 shall be added.

6. Schedules C-7, C-8, and C-9 shall be added.

7. Except for the changes set forth hereinabove, the MAWO shall not be changed in any other respect by this Amendment.

MAWO PH-003082-W2-1

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

Director

COUNTY OF LOS ANGELES

Barbara Ferrer (Sep 22, 2021 16:09 PDT)

By Barbara Ferrer (Sep 22, 2021 16:09 PDT) Barbara Ferrer, Ph.D., M.P.H, M.Ed.

CITY OF LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES Contractor

J. Japim Βv inda Signature

Thomas B. Modica

Printed Name

Title City Manager

APPROVED AS TO FORM BY THE OFFICE OF THE COUNTY COUNSEL RODRIGO A CASTRO-SILVA County Counsel

APPROVED AS TO CONTRACT ADMINISTRATION:

Department of Public Health

Javen Duch In

By: Karen Buehler (Sep 22, 2021 14:53 PDT) Contracts and Grants Management Division

DA #05894:jc

MAWO PH-003082-W2-1

APPROVED AS TO FORM <u>August 23</u>, 20 <u>21</u> CHARLES PARKIN, City Attorney By <u>TAYLOR M. ANDERSON</u> GEPUTY CITY ATTORNEY

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ATTACHMENT B-3 Page 1 of 6

SCOPE OF WORK

Biomedical HIV Prevention Navigation Services (BHPNS)

Term: July 1, 2021 through June 30, 2022

CITY OF LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES

Objective: Provide BHPNS to 228 clients annually

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	METHOD(S) OF EVALUATION AND DOCUMENTATION
1	Collect intake information at each medical visit	 Collect client demographic information including but not limited to: date of birth, gender, age, and gender of sexual partners. Collect client eligibility information 	Data elements will be included in report to Division of HIV and STD Program (DHSP) collected as part of reporting requirements.
2	Conduct a risk behavior screening at least every six (6) months and at discontinuation	 Identify clients who are potential PrEP candidates Monitor risk behaviors of clients Identify ongoing risk indicators 	Documentation in the client's chart must clearly indicate that a risk reduction strategy was discussed with the client based on the risk assessment. Data elements will be included in report to DHSP collected as part of reporting
3	Conduct brief risk reduction education/intervention at least every six (6) months or more frequently if necessary	 Based on risk behavior screen results, conduct a brief intervention to raise client's awareness of their risk and motivate behavior change* 	requirements. Documentation in the client's chart must clearly indicate that a risk reduction strategy was discussed with the client based on the risk assessment. Data elements will be included in report to DHSP collected as part of reporting requirements.
4	Provide HIV and STD prevention education at least every six (6) months or more frequently if necessary	 Discuss HIV and STDs: Prevention Transmission Symptoms Treatment Testing Importance of getting tested every three months or more if symptoms arise Discuss risk reduction options 	Documentation in the client's chart must clearly indicate that a risk reduction strategy was discussed with the client based on the risk assessment. Data elements will be included in report to DHSP collected as part of reporting requirements.

DHSP BIOMEDICAL HIV PREVENTION SERVICES *Indicates protocols, interventions, education materials, program forms, etc., that may require prior approval from DHSP before use. Material Requirements can be found at: <u>http://publichealth.lacounty.gov/dhsp/InfoForContractors.htm</u>

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SCOPE OF WORK

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Biomedical HIV Prevention Navigation Services (BHPNS)

Term: July 1, 2021 through June 30, 2022

CITY OF LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES

Objective: Provide BHPNS to 228 clients annually

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	METHOD(S) OF EVALUATION AND DOCUMENTATION
5	Provide PEP and PrEP education	 Provide basic PrEP education including the importance of adherence Provide basic PEP education including the importance of adherence Discuss the risks of STD acquisition in the context of PrEP Discuss other HIV prevention options including condom use education Provide DHSP approved fact sheet on side- effect management 	Documentation in the client's chart must contain a signed and dated PrEP or PEP fact sheet. Data elements will be included in report to DHSP collected as part of reporting requirements.
6	Case conference	Discuss special client needs including but not limited to: Adherence Referrals (e.g. Mental Health and Substance Use)	Data elements will be included in report to DHSP collected as part of reporting requirements. Documentation in the client's chart must clearly indicate which topics were discussed and what steps were taken to meet the client's needs.
7	Provide referral to services	 Conduct referrals as needed based on the assessment conducted at program intake. Referrals include but are not limited to: mental health and substance abuse services, other prevention services such as partner services, syringe exchange, and general social services Every effort should be made to ensure that the client was successfully linked to services* 	Documentation in the client's chart must clearly indicate which referrals were provided based on the client assessment. Documentation must clearly indicate efforts made to ensure that client was successfully linked to referral. A successful linkage will be indicated by evidence client went to referral appointment. Data elements will be included in report to DHSP collected as part of reporting requirements.

DHSP BIOMEDICAL HIV PREVENTION SERVICES *Indicates protocols, interventions, education materials, program forms, etc., that may require prior approval from DHSP before use. Material Requirements can be found at: http://publichealth.lacounty.gov/dhsp/InfoForContractors.htm

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SCOPE OF WORK

Biomedical HIV Prevention Navigation Services (BHPNS)

Term: July 1, 2021 through June 30, 2022

CITY OF LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES

Objective: Provide BHPNS to 228 clients annually

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	METHOD(S) OF EVALUATION AND DOCUMENTATION
8	Assist in obtaining necessary documentation	 Necessary documents include but not limited to the following: Eligibility for programs Medical release of information Insurance 	Data elements will be included in report to DHSP collected as part of reporting requirements. Documentation in the client's chart must clearly indicate what documentation was obtained.
9	Communication with client	 Monthly contact with the client is a best practice. Communication will be consistent with the client's acuity. Client communication can be in many forms, for example: in person; phone; text; email; social media, etc. Communication with the client includes but not limited to the following: appointment reminders missed appointment calls 2-3 day appointment follow-up side-effect and adherence check in scheduling and re-scheduling appointments follow-up STD appointments 	Data elements will be included in report to DHSP collected as part of reporting requirements.

DHSP BIOMEDICAL HIV PREVENTION SERVICES

*Indicates protocols, interventions, education materials, program forms, etc., that may require prior approval from DHSP before use. Material Requirements can be found at: <u>http://publichealth.lacounty.gov/dhsp/InfoForContractors.htm</u>

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SCOPE OF WORK

Biomedical HIV Prevention Navigation Services (BHPNS)

Term: July 1, 2021 through June 30, 2022

CITY OF LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES

Objective: Provide BHPNS to <u>228</u> clients annually

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reasons for discontinuation

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	METHOD(S) OF EVALUATION AND DOCUMENTATION
10	Assist the client with medical home relocation	 Activities include but are not limited to the following: Scheduling appointment Confirming insurance eligibility Program eligibility Medical release of information Insurance information 	Data elements will be included in report to DHSP collected as part of reporting requirements. Documentation in the client's chart that clearly indicates if the client was referred to another medical provider. Documentation must include a notation that a transition plan was developed and provided to the client. If appropriate, a signed medical release should be placed in the client's record. Documentation should clearly demonstrate that the coordinator assisted the client in making the appointment and that appropriate.
11	Chart Review prior to and <i>l</i> or after medical appointment or other	Chart Review must be done to identify client needs including but not limited to the following issues: Adherence Substance use Mental health HIV and STD test results Social service needs	Data elements will be included in report to DHSP collected as part of reporting requirements.
12	Medical or psychosocial follow ups	Follow ups include but not limited to the following: Adherence assistance Referral to services (mental health substance use, HIV/STD care)	Data elements will be included in report to DHSP collected as part of reporting requirements.

DHSP BIOMEDICAL HIV PREVENTION SERVICES

*Indicates protocols, interventions, education materials, program forms, etc., that may require prior approval from DHSP before use. Material Requirements can be found at: <u>http://publichealth.lacounty.gov/dhsp/InfoForContractors.htm</u>

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SCOPE OF WORK

Biomedical HIV Prevention Navigation Services (BHPNS)

Term: July 1, 2021 through June 30, 2022

CITY OF LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES

Objective: Provide BHPNS to 228 clients annually

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	METHOD(S) OF EVALUATION AND DOCUMENTATION
13	Provide adherence assistance	 Adherence assistance includes but is not limited to the following: Discuss importance of adherence Provide strategies for medication reminders Supply tools to support medication adherence Follow up check in with clients to support adherence 	Data elements will be included in report to DHSP collected as part of reporting requirements.
14	Medication management	 Medication management consists of ensuring that the client fills and gets refills for medication Pharmacy check (In-house pharmacy) Follow up call with clients to confirm prescription was filled 	Data elements will be included in report to DHSP collected as part of reporting requirements.
15	Conduct referrals and linkage to primary care	 Assess and refer as needed to appropriate PrEP provider covered by client's insurance Create individual transition plan with client, which includes identifying their primary care provider (PCP) or helping them identify a new one in their plan Obtain medical release of information 	Documentation in the client's chart that clearly indicates if the client was referred to another medical provider. Documentation must include a notation that a transition plan was developed and provided to the client. If appropriate, a signed medical release should be placed in the client's record.

DHSP BIOMEDICAL HIV PREVENTION SERVICES *Indicates protocols, interventions, education materials, program forms, etc., that may require prior approval from DHSP before use. Material Requirements can be found at: <u>http://publichealth.lacounty.gov/dhsp/InfoForContractors.htm</u>

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SCOPE OF WORK

Biomedical HIV Prevention Navigation Services (BHPNS)

Term: July 1, 2021 through June 30, 2022

CITY OF LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES

Objective: Provide BHPNS to <u>228</u> clients annually

appointment medical inforr	s needed, with scheduling nd transfer of appropriate lation to client or provider acket to PCP
	Data elements will be included in report to DHSP collected as part of the reporting requirements

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	METHOD(S) OF EVALUATION AND DOCUMENTATION
16	Document client discontinuation	 Clients no longer in care must be discontinued. At the time of discontinuation: If client discontinues PtEP visits, make and document at least 3 attempts to follow up If client is reached document reason for discontinuation Conduct behavioral risk assessment at discontinuation Discuss risk reduction strategies, if ongoing risk is identified 	Data elements will be included in report to DHSP collected as part of reporting requirements.

DHSP BIOMEDICAL HIV PREVENTION SERVICES

*Indicates protocols, interventions, education materials, program forms, etc., that may require prior approval from DHSP before use. Material Requirements can be found at: <u>http://publichealth.lacounty.gov/dhsp/InfoForContractors.htm</u>

ATTACHMENT B-4 Page 1 of 5

SCOPE OF WORK

Post-exposure Prophylaxis (PEP) Services

Term: July 1, 2021 through June 30, 2022

CITY OF LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES

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TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	METHOD(S) OF EVALUATION AND DOCUMENTATION
1	Conduct a risk behavior screening and provide a brief intervention	 Identify patients with high risk exposure in past 72 hours for expedited evaluation Engage other clinical staff to expedite visit and ensure receipt of medication as soon as possible Conduct a brief intervention to raise client's awareness of their risk and motivate behavior chance* 	Documentation in the client's chart must clearly indicate that a risk behavior screening and a brief intervention were conducted. Data elements will be included in report to DHSP collected as part of reporting requirements.
2	Conduct a program intake and assessment with clients who are PEP candidates	 Introduce program and perform insurance screening* If client is uninsured, refer for Benefits Navigation If client is insured but not a match to clinics' covered plans or other referral needs, refer to service element Referral and Linkage to Primary Care 	Documentation in the client's chart must clearly indicate a program intake and assessment was conducted. Documentation should include all referrals that were provided. If client is not a match for the clinic's covered insurance plans, a note should be made indicating the disposition of the client. Data elements will be included in report to DHSP collected as part of reporting requirements.
3	Provide HIV prevention education	 Provide basic PEP education including the pros and cons of PEP* If indicated provide basic PrEP education including the pros and cons of PrEP* Discuss other HIV prevention options (e.g. condoms, HIV screening, etc.)* 	Documentation in the client's chart must clearly indicate that PEP and PrEP education was provided to the client and clearly document what other HIV prevention options were discussed. Data elements will be included in report to DHSP collected as part of reporting requirements.
4	Provide referral to services	- Conduct referrals as needed based on the assessment conducted at program intake	Documentation in the client's chart must clearly indicate which service referrals were provided based on the client assessment.

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SCOPE OF WORK

Post-exposure Prophylaxis (PEP) Services

Term: July 1, 2021 through June 30, 2022

CITY OF LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	METHOD(S) OF EVALUATION AND DOCUMENTATION
5	Provide benefits navigation and enrollment	 Referrals include but are not limited to: mental health and substance abuse services, other prevention services and syringe exchange and, general social services. Every effort should be made to ensure that the client was successfully linked to services* Provide education about the benefits that client may be eligible for and/or explain how best to use the benefits a client already has* Ensure that uninsured or under insured clients who express interest in services get appropriate health insurance coverage If necessary, enroll client in Medi- Cal or Affordable Care Act (ACA) insurance through Covered California For clients with ACA coverage that does not cover PTEP appropriately, discuss future changes to coverage If necessary, enroll client in manufacturer's MAPs and co- payment assistance program 	Documentation must clearly indicate efforts made to ensure that the client was successfully linked to those services. A successful linkage will be indicated by evidence that client went to referral appointment. Data elements will be included in report to DHSP collected as part of reporting requirements. Documentation in the client's chart must clearly indicate that the client met with a benefits specialist, the nature of the information shared, and any actions taken, such as submitting an application. Notes should include the final disposition of the clients received benefits. Data elements will be included in report to DHSP collected as part of reporting requirements.
6	Conduct initial medical visit	 Clinical assessment and Physical Exam HIV/STD/Hepatitis, Serum 	Documentation in the client's chart must clearly indicate a medical visit was conducted. Key elements of the medical visit must be clearly documented in the client's chart.

ATTACHMENT B-4 Page 3 of 5

SCOPE OF WORK

Post-exposure Prophylaxis (PEP) Services

Term: July 1, 2021 through June 30, 2022

CITY OF LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	METHOD(S) OF EVALUATION AND DOCUMENTATION
			Data elements will be included in report to DHSP collected as part of reporting requirements.
7	Conduct initial non-medical visit	 PEP education regarding adherence, missed dose protocols, side effects, symptoms of seroconversion* Schedule follow-up phone calls, appointment reminders 	Documentation in the client's chart must clearly indicate a non-medical visit was conducted. Client's chart must clearly indicate what elements were discussed with the client and any phone calls that were made to reach the client. Any linkage to services must also be clearly detailed in the client's chart. Data elements will be included in report to DHSP collected as part of reporting requirements.
8	Provide STD treatment		Documentation in the client's chart must clearly indicate a medical visit was conducted. Key elements of the medical visit must be clearly documented in the client's chart.

ATTACHMENT B-4 Page 4 of 5

SCOPE OF WORK

Post-exposure Prophylaxis (PEP) Services

Term: July 1, 2021 through June 30, 2022

CITY OF LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES

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TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	METHOD(S) OF EVALUATION AND DOCUMENTATION
			Data elements will be included in report to DHSP collected as part of reporting requirements.
9	Conduct vaccination administration	 Hepatitis A/B, HPV, and Meningococcal (as indicated) 	Documentation in the client's chart must clearly indicate a medical visit was conducted. Key elements of the medical visit must be clearly documented in the client's chart. Data elements will be included in report to DHSP collected as part of reporting requirements.
10	Conduct follow-up medical visit (30 day)	 Conduct laboratory testing: HIV/STD/Creatinine/Urine Pregnancy test STD treatment, if necessary 	Documentation in the client's chart must clearly indicate a medical visit was conducted. Key element of the medical visit must be clearly documented in the client's chart. Data elements will be included in report to DHSP collected as part of reporting requirements.
11	Conduct follow-up visit (90 day)		Documentation in the client's chart must clearly indicate a follow-up medical visit was conducted. Key elements of the medical visit must be clearly documented in the client's chart. Data elements will be included in report to DHSP collected as part of reporting requirements.
12	Conduct program reassessment (90 days)	90 days to determine ongoing need for PrEP and insurance screening - If uninsured, underinsured or not eligible for services at providers	Documentation in the client's chart must clearly indicate that a 90-day program assessment was conducted. The notes should clearly indicate any ongoing need for PrEP and how the decision was made. Any benefits navigation should be clearly documented and should include the final disposition of benefits, if necessary. Data elements will be included in report to DHSP collected as part of reporting requirements.
13	Conduct referral and linkage to primary care	 Assess needs and refer, as needed, to a PrEP provider covered by insurance 	Documentation in the client's chart that clearly indicates if the client was referred to another medical provider.

ATTACHMENT B-4 Page 5 of 5

SCOPE OF WORK

Post-exposure Prophylaxis (PEP) Services

Term: July 1, 2021 through June 30, 2022

CITY OF LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	METHOD(S) OF EVALUATION AND DOCUMENTATION
		 Create individualized transition plan with client, which includes identifying their primary care provider (PCP) or helping them identify a new one in their plan Obtain medical release of information Assist patient, as needed, with scheduling appointment Send referral packet to PCP 	Documentation must include a notation that a transition plan was developed and provided to the client. If appropriate, a signed medical release should be placed in the client's record. Documentation should clearly demonstrate that the coordinator assisted the client in making the appointment and that appropriate documentation was provided to the client and/or the client's new provider if appropriate.
14	Successful linkage to primary care	 Link client to primary care 	Documentation must clearly demonstrate that client was successfully linked to primary care. Successful linkage is defined as the client making at least one visit with primary care provider. Data elements will be included in report to DHSP collected as part of reporting requirements.

ATTACHMENT C-REVISED.1

BIOMEDICAL HIV PREVENTION SERVICES ATTACHMENT C-REVISED.1 BUDGET (SCHEDULES)

Schedules 1-9

October 1, 2019 through June 30, 2020

Schedule C-1:	BHPNS Cost Reimbursement
Schedule C-2:	BHPNS Pay-for-Performance
Schedule C-3:	PEP Fee-for-Service

July 1, 2020 through June 30, 2021

Schedule C-4:	BHPNS Cost Reimbursement
Schedule C-5:	BHPNS Pay-for-Performance
Schedule C-6:	PEP Fee-for-Service

July 1, 2021 through June 30, 2022

Schedule C-7	BHPNS Cost Reimbursement
Schedule C-8	BHPNS Pay-for-Performance
Schedule C-9	PEP Fee-for-Service

SCHEDULE C-7

CITY OF LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES

BIOMEDICAL HIV PREVENTION SERVICES

BNHPN Cost Reimbursement

(CDC EHE and NDMC Realignment)

	<u>Budget Period</u> July 1, 2021 through <u>June 30, 2022</u>
Salaries	\$ 48,177
Employee Benefits	\$ 34,731
Total Employee Salaries and Benefits	\$ 82,908
Travel	\$ 780
Supplies	\$ 6,952
Equipment	\$0
Other	\$ O
Consultant/Subcontractor	\$ O
Indirect Cost*	\$ 10,038
TOTAL PROGRAM BUDGET	\$100,678

During the term of this MAWO, 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.

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SCHEDULE C-8

CITY OF LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES

BIOMEDICAL HIV PREVENTION SERVICES

BHPNS (Pay for Performance) (CDC EHE and NDMC Realignment)

	Ju	get Period ly 1, 2021 through 9 30, 2022
Salaries	\$	22,588
Employee Benefits	\$	16,284
Travel	\$	780
Equipment	\$	0
Supplies	\$	6,952
Other	\$	6,444
Consultants/Subcontracts	\$	0
Indirect Cost*	\$	4,275
TOTAL PROGRAM BUDGET	\$	43,147

During the term of this MAWO, 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.

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SCHEDULE C-9

CITY OF LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES

BIOMEDICAL HIV PREVENTION SERVICES

PEP (Fee for Service) (CDC EHE and NDMC Realignment)

	Budget Period	
	July 1, 2021	
	through	
F	<u>June 30, 2022</u>	
FEE-FOR-SERVICE TYPE	AMOUNT	
* POST-EXPOSURE PROPHYLAXIS (PEP)	\$21,144	
Total Maximum Obligation	\$21,144	

During the term of this MAWO, Contractor will be reimbursed for the above-mentioned services not to exceed the amount listed in this schedule. Contractor shall refer to Attachment L for PEP invoicing elements.

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