Contract No. PH-002431

33360

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

AMENDMENT NO. 3

THIS AMENDMENT is made and entered into this 1st day of March, 2017,

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 extend the term and 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, 2017.

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, A.2, and A.3) and all its attachments attached hereto and incorporated herein by reference."

3. The first paragraph of Paragraph 3, TERM OF CONTRACT, shall be amended to read as follows:

"3. TERM OF CONTRACT:

The term of this Contract shall be effective November 20, 2012, and shall continue in full force and effect through February 28, 2019, unless sooner terminated or extended, in whole or in part, as provided in the Contract."

4. Paragraph 4, MAXIMUM OBLIGATION OF COUNTY, Subparagraphs J and K, shall be added to read as follows:

"4. MAXIMUM OBLIGATION OF COUNTY:

J. Effective March 1, 2017 through February 28, 2018, 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 Schedule 6, attached hereto and incorporated herein by reference.

K. Effective March 1, 2018 through February 28, 2019, 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 Schedule 7, attached hereto and incorporated herein by reference."

5. Paragraph 5, INVOICE AND PAYMENT, first and second paragraphs of Subparagraph E, shall be amended to read as follows:

"5. INVOICE AND PAYMENT:

E. For each year, or a portion thereof, that this Contract is in effect, Contractor shall provide to County's DPH DHSP one (1) original annual cost report for each budget schedule within thirty (30) calendar days following the close of each budget term. Such cost reports shall be prepared in accordance with generally accepted accounting principles, cost report forms, and instructions provided by County.

If this Contract is terminated prior to the close of the contract period, the annual cost report, shall be for that Contract period which ends on the termination date. One (1) original and one (1) copy of such report shall be submitted for each budget schedule within thirty (30) calendar days after such termination date to County's DPH-DHSP."

6. Paragraph 14, RECORD RETENTION AND AUDITS, 1st paragraph of Subparagraph E, shall be amended to read as follows:

"14. RECORD RETENTION AND AUDITS:

E. Independent Audit: Contractor's financial records shall be audited by an independent auditor for every year that this Agreement is in effect. The audit shall satisfy the requirement of the Federal Office of Management and Budget (OMB) Circular Number A-133. The audit shall be made by an independent auditor in accordance with Governmental Financial Auditing Standards developed by the Comptroller General of the United States, and any other applicable federal, State, or County statutes, policies, or guidelines. Contractor shall complete and file such audit report(s) with DHSP no later than the earlier of thirty (30) days after receipt of the auditor's report(s) or nine (9) months after the end of the audit period."

7. Paragraph 60, COMPLIANCE WITH COUNTY'S ZERO TOLERANCE HUMAN TRAFFICKING, of the ADDITIONAL PROVISIONS, shall be added to read as follows:

"60. COMPLIANCE WITH COUNTY'S ZERO TOLERANCE HUMAN TRAFFICKING:

A. Contractor acknowledges that the County has established a Zero Tolerance Human Trafficking Policy prohibiting contractors from engaging in human trafficking.

B. If a contractor or member of Contractor's staff is convicted of a human trafficking offense, the County shall require that the Contractor or

member of Contractor's staff be removed immediately from performing services under the Contract. County will not be under any obligation to disclose confidential information regarding the offenses other than those required by law.

Disqualification of any member of Contractor's staff pursuant to this paragraph shall not relieve Contractor of its obligation to complete all work in accordance with the terms and conditions of this Contract."

8. Paragraph 61, ENCRYPTION STANDARDS, of the ADDITIONAL PROVISIONS, shall be added to read as follows:

"61. ENCRYPTION STANDARDS:

A. Stored Data: Contractors' and subcontractors' workstations and portable devices that are used to access, store, receive, and/or transmit County PI, PHI or MI (e.g., mobile, wearables, tablets, thumb drives, external hard drives) require encryption (i.e. software and/or hardware) in accordance with: (1) Federal Information Processing Standard Publication (FIPS) 140-2; (2) National Institute of Standards and Technology (NIST) Special Publication 800-57 Recommendation for Key Management- Part 1: General (Revision 3); (3) NIST Special Publication 800-57. Recommendation for Key Management - Part 2: Best Practices for Key Management Organization; and (4) NIST Special Publication 800-111 Guide to Storage Encryption Technologies for End User Devices.

Advanced Encryption Standard (AES) with cipher strength of 256-bit is minimally required.

Contractors' and subcontractors' use of remote servers (e.g. cloud storage, Software-as-a-Service or SaaS) for storage of County PI, PHI and/or MI shall be subject to written pre-approval by the County's Chief Executive Office.

B. Transmitted Data: All transmitted (e.g. network) County PI, PHI and/or MI require encryption in accordance with: (1) NIST Special Publication 800-52 Guidelines for the Selection and Use of Transport Layer Security Implementations; and (2) NIST Special Publication 800-57 Recommendation for Key Management - Part 3: Application Specific Key Management Guidance.

Secure Sockets Layer (SSL) is minimally required with minimum cipher strength of 128-bit."

9. Effective on the date of this Amendment, Exhibit C, Schedules 6 and 7, BUDGET(S) FOR HIV/AIDS SPAS 2-8 MEDICAL CARE COORDINATION SERVICES, shall be attached hereto and incorporated herein by reference.

10. Effective on the date of this Amendment, Exhibit A.3, STATEMENT OF WORK FOR HIV/AIDS SPAS 2-8 MEDICAL CARE COORDINATION SERVICES, shall be attached hereto and incorporated herein by reference.

11. Effective on the date of this Amendment, Exhibit A.3, Attachment I, SERVICE DELIVERY SITE QUESTIONNAIRE, has been amended, and shall be attached hereto and incorporated herein by reference.

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

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by its 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 _____
Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director

CITY OF LONG BEACH
Contractor

By _____ Tom Modica
Assistant City Manager
Signature
EXECUTED PURSUANT TO SECTION 301 OF THE CITY CHARTER.

Patrick H. West
Printed Name

City Manager
Title

(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, Chief
Contracts and Grants Division

APPROVED AS TO FORM
6/7, 2017
CHARLES PARKIN, City Attorney

By _____
LINDA T. VU
DEPUTY CITY ATTORNEY

BL#03830

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

TABLE OF CONTENTS

EXHIBIT A.3

CITY OF LONG BEACH

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

1. Exhibit A.2, 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 screening all clinic patients living with HIV/AIDS to determine their need for the following brief interventions and activities:

A. Re-engagement and Retention in HIV Care interventions;

B. Medical and Treatment adherence counseling;

C. Disclosure assistance;

D. Behavioral health interventions;

E. Risk Reduction counseling and interventions; and

F. Monitoring and Follow-Up.

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; reengagement in care outreach strategies, linkage to primary HIV medical care and other needed support services; and active ongoing monitoring and follow up."

2. Exhibit A.2, Paragraph 3, COUNTY'S MAXIMUM OBLIGATION, Subparagraphs F and G, shall be added to read as follows:

"3. COUNTY'S MAXIMUM OBLIGATION:

F. During the period of March 1, 2017 through February 28, 2018, the maximum obligation of County shall not exceed Five Hundred Seventy-Seven Thousand, One Hundred Ninety-Six Dollars ($577,196).

G. During the period of March 1, 2018 through February 28, 2019, the maximum obligation of County shall not exceed Five Hundred Seventy-Seven Thousand, One Hundred Ninety-Six Dollars ($577,196)."

3. Exhibit A.2 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, Schedules 6 and 7, 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.2, Paragraph 8, SERVICES TO BE PROVIDED, Subparagraphs A, F(1), F(5), and G shall be amended, Subparagraph E, shall be deleted from this amendment, and Suparagraphs J and K, shall be added to read as follows:

"8. SERVICES TO BE PROVIDED:

During each period of this Contract, Contractor shall provide such services as required by DHSP, including, but not limited to the following activities:

A. Contractor shall screen all clinic patients who live with HIV/AIDS to determine their need for follow-up by the MCC team. For those that are not currently in HIV/AIDS medical care and treatment services, contractor shall provide patient retention interventions to try and engage them into care, particularly those who are newly diagnosed with HIV within the six (6) preceding months. Contractor

shall also identify patients needing assistance in adhering to their medical care and treatment, and assist patients having difficulty in adhering to their medical care and treatment therapies.

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 a minimum of 85% of patients are linked to HIV/AIDS primary health care services.

(5) Contractor shall provide patient re-engagement interventions to re-enage clinic patients who have not attended an HIV medical appointment for (7) months or longer.

G. Contractor shall ensure that eighty-five percent (85%) of patients are linked to needed medical, psychosocial and risk reduction services as determined by the comprehensive assessment.

(1) Documentation of all referrals and linkages shall be updated on an ongoing basis utilizing the County's Referral Module data system.

J. Contractor shall provide a minimum of eight thousand, three hundred twenty (8,320) hours of Medical Care Coordination Services for a minimum of two hundred eighty-five (285) unduplicated patients for the period of March 1, 2017 through February 28, 2018.

K. Contractor shall provide a minimum of eight thousand, three hundred twenty (8,320) hours of Medical Care Coordination Services for a minimum of two hundred eighty-five (285) unduplicated patients for the period of March 1, 2018 through February 28, 2019."

5. Exhibit A.2, Paragraph 9, DIRECT SERVICES, Subparagraphs B, C, D, E(1), E(2), E(3), E(4), F(1), F(2), F(3), H 7(a), H 7(b), H 7(c), H 7(d) shall be amended, Subparagraph H 9(g) shall be deleted in its entirety, and Subparagraph J, Case Transition, shall be amended and renamed to read as follows:

"9. DIRECT SERVICES:

B. Patient Intake: A patient record shall be maintained for each patient receiving active medical care coordination services. Patient intake shall consist of the following required documentation to be maintained within the patient record:

(1) Eligibility documentation performed every six (6) months. Eligibility documentation shall include but not be limited to,

(a) Patient name, home address, mailing address, telephone number and e-mail address;

(b) Emergency and/or next of kin contact name, home address, telephone number, and e-mail address;

(c) Demographic data;

(d) Proof of County of Los Angeles residence;

(e) Verification of patient's financial eligibility for services;

(2) A signed and dated Release of Information, which is compliant with the Health Insurance Portability and Accountability Act (HIPAA), shall be conducted annually; and

(3) A signed and dated Limits of Confidentiality in compliance with State and Federal Law.

C. Integrated Comprehensive Assessment: Integrated Comprehensive Assessment is a cooperative and interactive face-to-face interview process during which the medical, physical, psychosocial, environmental, and financial strengths, needs, and available resources are identified and evaluated for all family household members living with HIV/AIDS through a joint effort by the medical care and patient care managers. The team shall assess patient's need for medical care coordination services utilizing the standardized medical care coordination assessment form developed by DHSP. The integrated comprehensive assessment shall be completed within thirty (30) days of enrollment into medical care coordination services and entered into the County's data management system.

The medical care manager and patient care manager shall conduct the integrated comprehensive assessment together in partnership with the patient to assess each patient's medical and biopsychosocial needs, in order to identify barriers to HIV treatment access and adherence, and HIV risk reduction. The patient's needs shall be formally reassessed according to the patient's current acuity level. A patient's acuity level is based on the

assessment and determines service intensity. Acuity levels may fluctuate depending on the patient's life circumstances and service intensity must be adjusted accordingly.

(1) For patients assessed with **"Severe Needs,"** integrated assessments shall be done at enrollment and a minimum of every sixty (60) days thereafter.

(2) For patients assessed with **"High Needs,"** integrated assessments shall be done at enrollment and a minimum of every ninety (90) days thereafter.

(3) For patients assessed with **"Moderate Needs**," integrated assessments shall be done at enrollment and a minimum of every six (6) months thereafter.

(4) For patients assessed with **"Self-Managed Needs,"** integrated assessments shall be done at enrollment.

Integrated Assessments shall, at a minimum, assess history, patient's strengths, needs, and available resources in the following areas:

(5) Health status including, but not limited to,

(a) HIV viral suppression and immune health;

(b) Co-morbidities (e.g., TB, hepatitis, sexually transmitted infections);

(c) Physical mobility/activities of daily living (ADL);

(d) Nutrition needs;

(6) Access to HIV medication and treatment services;

(7) Treatment adherence;

(8) Basic life necessities including, but not limited to,

(a) Housing;

(b) Medical transportation;

(c) Food security;

(d) Finances, including employment;

(9) Health literacy and HIV education including, but not limited to,

(a) Linguistic services;

(b) Knowledge of HIV disease;

(10) Culture/religion/spirituality;

(11) Support systems and relationships including but not limited to,

(a) Affected family and/or household members living with HIV/AIDS;

(b) Interpersonal violence;

(12) Sexual risk behavior;

(13) HIV disclosure;

(14) Substance use history and addiction issues;

(15) Mental health; and

(16) Legal issues, including arrest history.

Following the completion of each patient's initial comprehensive assessment, the medical case manager and patient care manager shall case conference to discuss patient service needs and care plan development.

D. Acuity Level Determination: Intensity and frequency of medical care coordination services shall be determined by patient acuity. Patient acuity will fluctuate over time and shall be determined based on information collected from the comprehensive assessment. It is an expectation of the program that patient acuity will reduce over time due to interventions delivered by the medical care coordination team that resolve barriers to treatment access, adherence and risk reduction, and promote greater self-sufficiency among patients. The levels of acuity that shall be assigned to medical care coordination patients based on needs identified in the comprehensive assessment.

E. Integrated Care Planning:

(1) For patients assessed with **"Severe Needs,"** the integrated care plan shall be updated at enrollment and a minimum of every sixty (60) days thereafter.

(2) For patients assessed with **"High Needs,"** the integrated care plan shall be updated at enrollment and a minimum of every ninety (90) days thereafter.

(3) For patients assessed with "**Moderate Needs**," the integrated care plan shall be updated at enrollment and a minimum of every six (6) months thereafter.

(4) For patients assessed as "**Self-Managed**," an integrated care plan may be developed at enrollment in conjunction with the assessment.

F. Brief Interventions:

(1) For patients assessed with **"Severe Needs,"** intervention sessions shall take place at least within sixty (60) days of the assessment and no less than every sixty days (60) thereafter. Brief Interventions shall be delivered as prescribed when implementing an evidence-based, structured intervention model.

(2) For patients assessed with "**High Needs,"** intervention sessions shall take place within ninety (90) days of the assessment and no less than quarterly thereafter. Brief Interventions shall be delivered as prescribed when implementing an evidence-based, structured intervention model.

(3) For patients assessed with "**Moderate Needs**," intervention sessions shall take place within six (6) months of the assessment and no less than every six (6) months thereafter. Brief Interventions shall be delivered as prescribed when implementing an evidence-based, structured intervention model.

H. Monitoring and Follow-Up:

(7) Medical care coordination team shall maintain ongoing contact with all patients. For the purposes of this Contract, "contact" is defined as a communicative interaction WITH the patient. Contact is NOT defined as leaving a message for the patient. Contact means that the provider communicated with the patient. Medical care coordination provider shall contact patients to check on their progress towards meeting integrated care plan goals, including attempts to change behavior and reduce risk, and accessing service referrals. Such contacts shall be as follow:

(a) For patients assessed with **"Severe Needs,"** follow-up contacts shall take place no longer than thirty (30) days following the assessment and a minimum of every thirty (3) days thereafter.

(b) For patients assessed with **"High Needs,"** follow-up contacts shall take place no longer than thirty (30) days following the assessment and a minimum of every thirty (30) days thereafter.

(c) For patients assessed with **"Moderate Needs**," follow-up contacts shall take place no longer than thirty (30) days following the assessment and a minimum of every thirty (30) days thereafter.

(d) For patients assessed as "**Self-Managed**," follow-up contacts shall take place no longer than six (6) months following the assessment and a minimum of every six (6) months thereafter.

J. Patient Screener: Contractor shall conduct patient screening of all patients living with HIV/AIDS in their medical clinic to determine a patient's need for follow-up by the MCC team. At a minimum, screenings shall be conducted every six months for patients with the acuity level of self-managed."

6. Exhibit A, Paragraph 15, ADMINISTRATIVE SUPERVISION, shall be amended to read as follows:

"15. ADMINISTRATIVE SUPERVISION:

Contractor shall provide an administrative coordinator to provide oversight of the medical care coordination program. The administrative coordinator shall ensure that the MCC program is meeting its target goals and that staff are providing MCC as outlined in the MCC guidelines, Standards of Care, and the body of this Agreement. The coordinator shall conduct:

A. Patient Record Reviews: Review each patient file to assess that required documentation is completed properly, in a timely manner, and maintained within patient records. Patient record review shall consist of the following required documentation: checklist of required documentation signed and dated by the

individual conducting the record review; written documentation identifying steps to be taken to rectify missing or incomplete documentation; and date of resolution of required documentation omission. Patient record reviews shall be maintained within each patient record. All medical care coordination patient records shall be reviewed at a minimum of once every six months.

B. Preparation and submission of reports in accordance with the REPORTS Paragraph of this Exhibit and reviewing the reports to determine whether data is accurate prior to submitting to DHSP. Reports and data shall be discussed with MCC team members on a regular basis to determine whether their work is being adequately and accurately documented. Program reports shall be discussed among administrative supervisors and MCC team members on a monthly basis."

7. Exhibit A, Paragraph 16, 3rd sentence of STAFF DEVELOPMENT AND ENHANCEMENT ACTIVITIES, shall be amended to read as follows:

"16. STAFF DEVELOPMENT AND ENHANCEMENT ACTIVITIES:

Contractor shall also ensure ongoing staff development of each medical care manager, patient care manager, patient retention specialist, and case worker at a minimum of sixteen (16) hours per year."

8. Exhibit A, Paragraph 25, ADDITIONAL REPORTING REQUIREMENTS, Subparagraph B, shall be deleted from this agreement.

9. Exhibit A, Paragraph 27, REVIEW AND APPROVAL OF HIV/AIDS RELATED MATERIALS, Subparagraph C, shall be amended to read as follows:

"27. REVIEW AND APPROVAL OF HIV/AIDS RELATED MATERIALS:

C. All materials used by the agency for DHSP-funded activities must be submitted for approval to DHSP, whether or not they were developed using DHSP funds, in accordance with DHSP's latest Material Review Protocol available at http://publichealth.lacounty.gov/dhsp/docs/MaterialReviewProtocol2016I.pdf"

Attachment 1

SERVICE DELIVERY SITE QUESTIONNAIRE

SERVICE DELIVERY SITES

TABLE 1

Site# 1 of 1

1. Agency Name: City of Long Beach

2. Executive Director: Kelly Colopy, Director, Department of Health & Human Services

3. Address of Service Delivery Site: 2525 Grand Avenue, Suite 115

   Long Beach, California 90815

4. In which Service Planning Area is the service delivery site?

____	One: Antelope Valley	____	Two: San Fernando Valley
____	Three: San Gabriel Valley	____	Four: Metro Los Angeles
____	Five: West Los Angeles	____	Six: South Los Angeles
____	Seven: East Los Angeles	X	Eight: South Bay

5. In which Supervisorial District is the service delivery site?

____	One: Supervisor Solis	____	Two: Supervisor Ridley-Thomas
____	Three: Supervisor Kuehl	X	Four: Supervisor Hahn
____	Five: Supervisor Barger		

6. What percentage of your allocation is designated to this site? 100%

SERVICE DELIVERY SITE QUESTIONNAIRE

CONTRACT GOALS AND OBJECTIVES

CITY OF LONG BEACH

TABLE 3

March 1, 2017 through February 28, 2018

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 Avenue	285	8,320	85%
Site # 2	0	0	0
TOTAL	**285**	**8,320**	**85%**

SERVICE DELIVERY SITE QUESTIONNAIRE

CONTRACT GOALS AND OBJECTIVES

CITY OF LONG BEACH

TABLE 3

March 1, 2018 through February 28, 2019

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 Avenue	285	8,320	85%
Site # 2	0	0	0
TOTAL	**285**	**8,320**	**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 6

CITY OF LONG BEACH

HIV/AIDS MEDICAL CARE COORDINATION SERVICES

	Budget Period March 1, 2017 through February 28, 2018
Salaries	$ 318,737
Employee Benefits	$ 218,781
Travel	$ 1,824
Equipment	$ 0
Supplies	$ 2,482
Other	$ 2,636
Consultants/Subcontracts	$ 0
Indirect Cost	$ 32,736
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.

EXHIBIT C

SCHEDULE 7

CITY OF LONG BEACH

HIV/AIDS MEDICAL CARE COORDINATION SERVICES

	Budget Period March 1, 2018 through February 28, 2019
Salaries	$ 330,334
Employee Benefits	$ 221,093
Travel	$ 1,824
Equipment	$ 0
Supplies	$ 2,483
Other	$ 2,874
Consultants/Subcontracts	$ 0
Indirect Cost	$ 18,588
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.