**EXHIBIT 1**

**APPENDIX C - SOW Technical Exhibits**

**TERMS AND DEFINITIONS**

**Application Programming Interface (API**) – An interface implemented by a software program which enables it to interact and communicate with other software.

**Authorized Order List** **(AOL)** **−**A list of orders and order numbers referenced in the Laboratory Services Provider’s catalogue, for which LACDMH shall reimburse without prior authorization.

**Avatar (also known as myAvatar) −** "myAvatar" is a comprehensive software solution used by LACDMH providing a common suite of modules and forms for tracking, scheduling and providing client care.

**Claim** – An individual laboratory test for which LACDMH is billed.

**Clinic** **−** An LACDMH directly-operated facility from which laboratory orders are electronically submitted. This includes field-based services.

**Clinical Data Repository (CDR)** – Database which stores patient’s clinical information.

**Clinical Laboratory Manager –** Responsible for analyzing requests and equipment, tending to administrative and management matters, and assisting in budgeting.

**Clinical Laboratory Services Agreement** – An executed Contract between LACDMH and LSP.

**Critical Laboratory Results –** Abnormal lab values that shall be reported to LACDMH within sixty (60) minutes and no later than two (2) hours of obtained results.

**Current Procedural Terminology (CPT)** – Physicians’ Current Procedural Terminology as referenced in the American Medical Association standard edition publication. CPT-4 refers to Current Procedural Terminology, 4th Edition.

**Department of Health Care Services (DHCS)** – State agency providing oversight of the State public mental health budget, which includes local assistance funding. DHCS responsibilities include providing leadership for local County mental health departments, evaluating and monitoring public mental health programs, administrating Federal funds for mental health programs and services, and implementing the Mental Health Services Act (Proposition 63).

Page 1 of 4

**EXHIBIT 1**

**APPENDIX C - SOW Technical Exhibits**

**TERMS AND DEFINITIONS CONTINUED**

**DMH Electronic Prescribing System –** A computer based e-Prescribing system that electronically transmits prescriptions and stores medication information. OrderConnect is a secure, HIPAA compliant, web-based electronic prescription software solution that is integrated with IBHIS.

**Electronic Health Record** **(EHR)** – An electronic health record provides secure, real-time, patient-centric information to aid clinical decision-making by providing access to a patient’s health information at the point of care.

**Electronically Placed Order** – Laboratory Orders entered by the physician or qualified clinician using the LACDMH electronic ordering system and transmitted to the Contractor for drawing of the specimen.

**Homebound -** An individual who needs the assistance of another person or medical equipment (walker or wheelchair) to leave their home and/or their doctor believes their health or illness could get worse if they leave home.

**Integrated Behavioral Health Information System (IBHIS)** – The electronic health record for LACDMH that provides secure, real-time, patient-centric information to aid clinical decision-making by providing access to a patient’s health information at the point of care.

**IBHIS Number** – The “Client ID” number, as referred to by IBHIS.

**Invoice –** A compiled list of the lab tests ordered at a clinic with agreed upon prices submitted for payment.

**Laboratory Request** - A request for clinical laboratory services comprised of one or more orders.

**Laboratory Services Provider (LSP)** – The laboratory services provider for Department of Mental Health.

**Los Angeles County Department of Mental Health (LACDMH or Department)** **−**The Los Angeles County Department of Mental Health as whole, including all of its directly-operated clinics/programs.

Page 2 of 4

**EXHIBIT 1**

**APPENDIX C - SOW Technical Exhibits**

**TERMS AND DEFINITIONS CONTINUED**

**LACDMH Provider** – An LACDMH employed or volunteer clinician authorized to order clinical laboratory services, such as a medical doctor (MD) or nurse practitioner (NP).

**Mishandled Specimen** – Specimens that have encountered an error during the collection, handling, labelling, or transporting process.

**Order –** A single laboratory order which references an individual item/test in the Laboratory Services Provider’s catalogue.

**OrderConnect**- is a secure, HIPAA compliant, web-based electronic prescription software solution that is integrated with IBHIS. It is an e-Prescribing system that provides real time resources and tools needed to answer questions at the point of prescribing. It is an accurate and efficient e-Prescribing system that allows prescriptions to be electronically submitted to the pharmacy of choice.

**Patient Services Center –** Contractor's facility where specimen collection is performed for laboratory analysis.

**Performances Requirements Summary (PRS)** – A listing of required services used to monitor a Contractor’s compliance with the Contract. A PRS is usually included in the Statement of Work.

**Phlebotomist –** An individual who is certified in collecting blood samples for various laboratory tests and procedures.

**Phlebotomist Manager –** Responsible for supervising phlebotomists in accordance with policies and procedures, including administering basic supervisory functions of planning, organizing, and leading.

**Requisition Order Forms (ROF)** – Electronic or manual orders signed by an LACDMH provider and submitted directly or given to a qualified clinician to add, change, modify, or cancel an existing order.

**Routine Orders –** Laboratory orders for services and treatments that are applied to patients who have the same or similar medical condition(s).

**Sample** – Specimen obtained from client to be used for laboratory analysis.

Page 3 of 4

**EXHIBIT 1**

**APPENDIX C - SOW Technical Exhibits**

**TERMS AND DEFINITIONS CONTINUED**

**Service Area** –One of eight (8) specific geographic regions within Los Angeles County.

**Standing Orders** – Ongoing laboratory tests that are ordered in conjunction with the prescription of specific medications.

**STAT** – **Short Turn Around Time –** Used in a medical situation to signify extreme urgency.

**STAT Order –** A laboratory order which is identified as a STAT order by the ordering physician or qualified clinician and requires a response time to the facility within four (4) hours from the time Contractor obtains the specimen(s) and a written lab report within the next business day.

**Transmitted Electronically** – The exchange of information that occurs through the use of technology, in this case, the available EHR.

**Verbal Order** – Orders given in person by LACDMH providers to a qualified clinician to add, change, modify, or cancel an existing order that is then documented or submitted on a ROF and initialed by LACDMH providers.

Page 4 of 4

**EXHIBIT 2**

**APPENDIX C - SOW Technical Exhibits**

**Contract Discrepancy Report**

**TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Prepared: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Returned by Contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Action Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DISCREPANCY PROBLEMS:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Signature of County Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**CONTRACTOR RESPONSE (Cause and Corrective Action):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of County Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**COUNTY EVALUATION OF CONTRACTOR RESPONSE: ­­­­**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of County Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**COUNTY ACTIONS:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTRACTOR NOTIFIED OF ACTION**

**Signature of County Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**EXHIBIT 3**

**APPENDIX C - SOW Technical Exhibits**

**Performance Requirements Summary**

|  |  |  |
| --- | --- | --- |
| **PERFORMANCE REQUIREMENTS** | **METHOD OF MONITORING** | **ACTIONS TAKEN IN LIEU OF NONCOMPLIANCE** |
| Only County funded patients will be invoiced to LACDMH.100% of laboratory orders are for uninsured clients. | LACDMH Accounts Payable will review a sampling of invoices and lab orders for alternate payor eligibility. LACDMH will track all occurrences of improper billing. The frequency of inappropriate billing is expected to decrease during course of contract. | Non-reimbursement by County for claims billable to alternate payor source. Notification to LSP of unsatisfactory billing practices. LSP shall be given the opportunity to propose a corrective action plan to ensure billing accuracy. LACDMH may require LSP to provide eligibility inquiry information on a regular basis or take other corrective measures should frequency of inappropriate billing continue.  |
| Ordered laboratory tests results will be delivered within the next business day. 90% of routine ordered labs and 99.1% of STAT and critical labs will be delivered within the required timeframes specified in the SOW. | DMH clinicians are instructed to contact the Office of the Medical Director when requested laboratory results are not returned or deemed unsatisfactory. The Office of the Medical Director will review. | Possible non-reimbursement of claim. |
| LSP does not process unauthorized laboratory tests. |  DMH will develop a report. | Non-reimbursement of claim or reimbursement only for “deemed ordered” test. DMH may review order acceptance practices with management and propose additional solutions to prevent occurrence of improper processing. |
| Laboratory samples obtained and handled appropriately by LSP’s courier or delivery personnel. 100% of laboratory samples will be labeled properly. The designated laboratory space shall be cleaned and all waste disposed after every shift.  | LSP shall provide a quarterly report of lost, mishandled, or otherwise unusable samples. LACDMH will review frequency of cases and nature of specimens lost. | LACDMH may conduct root cause analysis with LSP and develop a corrective action plan to reduce frequency of such events. LSP may be penalized or may be required to provide replacement sample acquisition services free of charge. |

 **EXHIBIT 4**

 **APPENDIX C - SOW Technical Exhibits page 1 OF 7**

**Commonly Used Laboratory Test Price List**

**Below is a list of Commonly Used Laboratory Test ordered by LACDMH physicians. Please indicate the proposed Laboratory test price for each of the tests listed below:**

|  |  |
| --- | --- |
| **DESCRIPTION** | **PROPOSED LABORATORY TEST PRICE** |
| 1 | **ABO GROUP & RH TYPE** |  |
| 2 | **ALKALINE PHOSPHATASE** |  |
| 3 | **ALT** |  |
| 4 | **AMMONIA (P)** |  |
| 5 | **AMYLASE** |  |
| 6 | **HIV 1/2/0 SCREEN WITH REFLEX** |  |
| 7 | **AST** |  |
| 8 | **BASIC METAB PNL** |  |
| 9 | **CARBAMAZEPINE, TOTAL** |  |
| 10 | **CBC (DIFF/PLT) )** includes **WBC, RBC, HGB, HCT, MCV, PLT, NEUT#, LYMPH#, OTHER WBC#, NEUT%, LYMPH %, OTHER WBC %** |  |
| 11 | **CEA** |  |
| 12 | COMPREHENSIVE METABOLIC PROFILE ( INCLUDES eGFR ): ALBUMIN, ALBUMIN/GLOBULIN RATIO (CALCULATED), ALKALINE PHOSPHATASE, ALT, AST, BILIRUBIN, BUN/CREATININE RATIO (CALCULATED), CALCUIM, CARBON DIOXIDE, CHLORIDE, CREATININE WITH GFR ESTIMATED, GLOBULIN (CALCULATED), GLUCOSE, POTASSIUM, SODIUM, TOTAL PROTEIN, UREA NITROGEN |  |
| 13 | **CHOLESTEROL,TOTAL** |  |
| 14 | **CLOMIPRAMINE & METAB** |  |
| 15 | **CLOZAPINE (CLOZARIL)** |  |
| 16 | **URINE COMP DRUG SCREEN** |  |
| 17 | **CREATININE** |  |
| 18 | **C-REACTIVE PROTEIN (CRP)** |  |
| 19 | CHLAMYDIA/GONORRHOEAA/TRICHOMONAS (CT/GC/TRICH) |  |
| 20 | **CULTURE, UR ROUTINE** |  |
| 21 | **CULTURE, AEROB/ANAER** |  |
| 22 | **DRUG ABUSE PANEL 10-50 W/ETOH**  |  |
| 23 | **DIRECT LDL** |  |
| 24 | **DRUG ABUSE P TOTAL** |  |
| 25 | **DRUG SCREEN 10-50 BUNDLED** |  |
| **EXHIBIT 4** **APPENDIX C - SOW Technical Exhibits page 2 OF 7****Commonly Used Laboratory Test Price List** |
|  |
| **DESCRIPTION** | **PROPOSED LABORATORY TEST PRICE** |
| 26 | **DRUG SCREEN 10-50 + ETHANOL; NO CONFIRM** |  |
| 27 | **DRUG SCREEN 10-50 + Ethanol** |  |
| 28 | **DRUG SCREEN 7 +**  |  |
| 29 | **DRUGS OF ABUSE (VOL)** |  |
| 30 | **ELECTROLYTE PANEL** Includes:CARBON DIOXIDE CHLORIDEPOTASSIUM SODIUM |  |
| 31 | **FERRITIN** |  |
| 32 | **FOLATE, SERUM** |  |
| 33 | **FSH** |  |
| 34 | **FLOURESCENT TREPONEMAL ANTIBODY ABSORPTION (FTA-ABS)**  |  |
| 35 | **FUNGAL CULTURE** |  |
| 36 | GAMMA GLUTAMYL TRANSFERASE (**GGT)** |  |
| 37 | **GLUCOSE, PLASMA** |  |
| 38 | **GLUCOSE, PP/1 HR** |  |
| 39 | **GLUCOSE, PP/3 HR** |  |
| 40 | **GLUCOSE, SERUM** |  |
| 41 | **GROWTH HORMONE AB** |  |
| 42 | **GLUCOSE TOLERANCE TEST (GTT), 3 SPECIMENS** |  |
| 43 | **HCG, TOTAL (U) QL** |  |
| 44 | **HCG, SERUM, QUANT** |  |
| 45 | **HCG, SERUM, QUAL** |  |
| 46 | **HCV GENOTYPING REAL-TIME PCR**  |  |
| 47 | **HCV QUALITATIVE NAAT**  |  |
| 48 | **HDL-CHOLESTEROL** |  |
| 49 | **HEMATOCRIT** |  |
| 50 | **HEP A IGM AB** |  |
| 51 | **HEP B CORE IGM AB** |  |
| 52 | **HEP B SURF AG W/CONF** |  |
| 53 | **HEP B SURFACE AB QL** |  |
| 54 | **HEP C AB** |  |
| 55 | **HEPATIC FUNC PNL** |  |
| 56 | HIV-1 AB BY WB |  |
|  |  |  |
| **EXHIBIT 4** **APPENDIX C - SOW Technical Exhibits page 3 OF 7****Commonly Used Laboratory Test Price List** |
| **DESCRIPTION** | **PROPOSED LABORATORY TEST PRICE** |
| 57 | HIV-1 AB BY WBA |  |
| 58 | HIV-2 DNA/RNA, QUALITATIVE REAL TIME PCR |  |
| 59 | **HIV 1/2/O SCREEN WITH REFLEX (SEE ABOVE)** |  |
| 60 | **INSITU HYB TOTAL** |  |
| 61 | **IRON, TOTAL** |  |
| 62 | **IRON, TOTAL, &TIBC** |  |
| 63 | **LDH** |  |
| 64 | **LEAD (B)** |  |
| 65 | **LIPASE** |  |
| 66 | **LITHIUM** |  |
| 67 | **LUTEINIZING HORMONE** |  |
| 68 | **MAGNESIUM** |  |
| 69 | **MARIJUANA-50 SCREEN** |  |
| 70 | **NORTRIPTYLINE** |  |
| 71 | **OXCARBAZEPINE** |  |
| 72 | **PHENYTOIN** |  |
| 73 | **PRO TIME WITH INR** |  |
| 74 | **PROGESTERONE** |  |
| 75 | **PROLACTIN** |  |
| 76 | **PSA** |  |
| 77 | **PTT, ACTIVATED** |  |
| 78 | **RETICULOCYTE COUNT** |  |
| 79 | **RISPERIDONE** |  |
| 80 | RPR QUAL WITH REFLEX TO TITER AND TREPONEMAL ANTIBODY (TPPA OR TREPONEMAL CIA) |  |
| 81 | **RPR TITER** |  |
| 82 | **RPR(DX)REFL FTA** |  |
| 83 | **SED RAT BY M**OD WEST |  |
| 84 | SODIUM |  |
| 85 | T3 UPTAKE |  |
| 86 | T-3, TOTAL |  |
| 87 | T-4, TOTAL |  |
| 88 | T-4, FREE |  |
| 89 | TESTOSTERONE, TOTAL |  |
| 90 | TRIGLYCERIDES |  |
|  |  |  |
|  **EXHIBIT 4** **APPENDIX C - SOW Technical Exhibits page 4 OF 7****Commonly Used Laboratory Test Price List** |
| **DESCRIPTION** | **PROPOSED LABORATORY TEST PRICE** |
| 91 | TSH |  |
| 92 | TSH W/REFL FT4 |  |
| 93 | UA, REFLEX |  |
| 94 | UA, COMP W/RFL CULTURE |  |
| 96 | URIC ACID |  |
| 97 | URINALYSIS, COMPLETE |  |
| 98 | URINALYSIS, MACRO |  |
| 99 | VALPROIC ACID |  |
| 100 | VDRL (S) |  |
| 101 | VIT D 25OH LC/MS/MS |  |
| 102 | VITAMIN B12 |  |
| 103 | VOLATILES |  |

**Additional Test Notes:**

* No. 6 –HIV 1/2/0 SCREEN WITH REFLEX Antibody Human Immunodeficiency Virus – 2 screen
* Nos. 12 – 21 Chem Test 02 through Chem Test 15 is any combination of the following tests. The # (e.g., 02, 03, and 04) represents the number of tests performed for each item listed.

Albumin

Albumin/Globulin Ratio

Alkaline Phosphatase

ALT (alanine aminotransferase)

AST (aspartate aminotransferase)

Bilirubin (total)

BUN/Creatinine ratio (calculated)

Calcium

Carbon Dioxide

Creatinine with GFR estimated

Globulin (calculated)

Glucose

Potassium

Protein (total)

Sodium

Urea Nitrogen (BUN)

**EXHIBIT 4**

 **APPENDIX C - SOW Technical Exhibits page 5 OF 7**

 **Commonly Used Laboratory Test Price List**

* No. 24 Drug Abuse P Total

Drug Abuse Panel (amphetamine, barbiturates, benzodiazepine, cocaine, marijuana, methadone, methaqualone, opiate, phencyclidine, propoxyphene)

* No. 25 Drug Screen 10-50 Bundled

Amphetamines

 Amphetamines

 Methamphetamine

Barbiturates

Benzodiazepines

Cocaine Metabolites

Marijuana Metabolites

Methadone

Methaqualone

Opiates

 Morphine

 Codeine

 Hydromorphone

 Hydrocodone

Phencyclidine

Propoxyphene

* No. 26 – Drug Screen 10-50+ Ethanol, No Confirm

Amphetamines

Barbiturates

Benzodiazepines

Cocaine Metabolites

Marijuana Metabolites

Methadone

Methaqualone

Opiates

Phencyclidine

Propoxyphene

Alcohol, Ethyl

**EXHIBIT 4**

 **APPENDIX C - SOW Technical Exhibits page 6 OF 7**

 **Commonly Used Laboratory Test Price List**

* No. 27 – Drug Screen 10-50+ Ethanol

Amphetamines

 Amphetamine

 Methamphetamine

Barbiturates

Benzodiazepines

Cocaine Metabolites

Marijuana Metabolites

Methadone

Methaqualone

Opiates

 Morphine

 Codeine

 Hydromorphone

 Hydrocodone

Phencyclidine

Propoxyphene

Alcohol, Ethyl

* No. 28 – Drug Screen 7+

Drug Abuse Panel (amphetamine, barbiturates, benzodiazepine, cocaine, and marijuana (50ng/ml) methadone, opiate).

* No. 29 – Drugs of Abuse (Vol)

Drug Abuse Panel (amphetamine-1,000ng/ml, barbiturates, benzodiazepine, cocaine, and marijuana (50ng/ml) methadone, opiate).

* No. 56 – HIV-2 AB, WB

HIV-2 antibody, Immunoblot (Western blot)

* No. 57 – HIV-1 AB BY WBA

HIV-1 antibody, (Western blot)

* No. 60 – Insitu HYB Total

Insitu Hybridization

* No. 69 – Marijuana-50 screen

Marijuana metabolites (THC 50)

**EXHIBIT 4**

 **APPENDIX C - SOW Technical Exhibits page 7 OF 7**

 **Commonly Used Laboratory Test Price List**

**Additional Fees**

**Specify** **ALL** **other fees routinely charged**, including for subcontracting**,** handling,

transportation (mileage).

|  |  |
| --- | --- |
| **Description** | **Proposed Fee** |
| Draw/venipuncture  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total Additional Fees** |  |

**Please note that County will not be responsible for any additional fees that are not listed in this Section.**

|  |  |
| --- | --- |
| **PROPOSER MUST INCLUDE THE TOTAL COST OF PROPOSED LABORATORY TEST PRICES AND ALL OTHER ADDITIONAL FEES:** |  |

Please refer to Section 7.9 of the RFP and Section 8.5 of the RFP for details on the Cost Proposal and Financial Viability.

|  |
| --- |
| **EXHIBIT 5****APPENDIX C - SOW Technical Exhibits PAGE 1 OF 6****Services Areas** |
| **ORDERING CLINICS AND LABORATORY SERVICES SCHEDULE** |
|  |  |  |  |
| **Exhibit 5 is based on LACDMH's current schedule and level of service delivery. The On-Site Lab Hours listed below may be subject to negotiation for the purposes of this RFP. AM hours may begin no later than 9:00 a.m. PM hours may end no later than 5:00 p.m. Currently, most of our sites have a phlebotomist that comes to the clinic to collect specimens. However, some sites send clients to the Contractor's Patient Service Center. This determination is based solely on the needs of DMH and DMH reserves the right to increase or decrease hours at a Clinic site and to add additional sites as needed. DMH requests that the proposer have the ability to accommodate at least one morning shift per week for those Clinics that have a phlebotomist on-site.** |
|  |  |  |  |
| **SA** | **LOCATION** | **ON-SITE LAB HOURS** |
| **1** | Antelope Valley MHC349A E. Ave K6 Ste ALancaster, CA 93535Phone: (661) 723-4260Fax: (661) 723-6975 | \*\* Service Area 1 Laboratory services provided at Patient Service Center(s)\*\* |
| **1** | AV Wellness & Enrichment Center251 H East Ave. K6Lancaster, CA 93535Phone: (661) 223-3800Fax: (661) 537-2938 |
| **1** | AV Kidz Connection2323 A East Palmdale, CA 93550Phone: (661)223-3800Fax: (661) 537-2938 |
| **1** | Palmdale MHC1529 East Palmdale Blvd. Ste 150Palmdale, CA 93550Phone: (661) 575-1800Fax: (661) 265-6025 |
|  |
| **2** | Olive View UCC14659 Olive View DriveSylmar, CA 91342Phone: (818) 485-0888Fax: (818) 833-5690 | Mon, Wed, Fri - A.M.Tu, Th - P.M. |
| **EXHIBIT 5****APPENDIX C - SOW Technical Exhibits PAGE 2 OF 6****Services Areas****ORDERING CLINICS AND LABORATORY SERVICES SCHEDULE** |
| **SA** | **LOCATION** | **ON-SITE LAB HOURS** |
| **2** | San Fernando MHC10605 Balboa Blvd Ste 100Granada Hills, CA 91344Phone: (818) 832-2400Fax: (818) 832-8567 | Tu, Wed, Fri - A.M. |
| **2** | San Fernando MHS FSP Program10515 Balboa Blvd Ste 260 & 376Granada Hills, CA 91344Phone: (818) 488-3838Fax: (818) 360-8752 | Th - A.M. |
| **2** | Santa Clarita Valley MHC 23501 Cinema Dr. Ste 200 & 210Valencia, CA 91355Phone: (661) 288-4800Fax: (661) 254-3094 | Tu - A.M. |
| **2** | West Valley MHC7621 Canoga Park, CA 91304Phone: (818) 598-6900Fax: (818) 598-6977 | Tu, Th - A.M. |
| **2** | Valley Coordinated Children's Services19231 Victory Blvd Ste 110Reseda, CA 91335Phone: (818) 654-1956Fax: (818) 654-1956 | Laboratory services provided at PatientServices Center |
| **3** | Arcadia MHC 2620 California Ave.Monrovia, CA 91016Phone: (818) 708-4500Fax: (626) 256-8327 | Fri - A.M. |
| **EXHIBIT 5****APPENDIX C - SOW Technical Exhibits PAGE 3 OF 6****Services Areas****ORDERING CLINICS AND LABORATORY SERVICES SCHEDULE** |
| **SA** | **LOCATION** | **ON-SITE LAB HOURS** |
| **3** | Arcadia MHC FSP Program2620 California Ave.Monrovia, CA 91016Phone: (626) 821-5844Fax: (626)256-8327 | Laboratory services provided at PatientServices Center |
| **3** | East San Gabriel Valley MHC1359 North Grand AvenueCovina, CA 91724Phone: (626) 430-2900Fax: (626) 331-0035 | Laboratory services provided at PatientServices Center |
| **4** | Downtown MHC529 S. Maple AveLos Angeles, CA 90013Phone: (213) 629-6200Fax: (213) 895-6263 | Mon - P.M.Fri - A.M. |
| **4** | Hollywood MHC1224 N. Vine St.Los Angeles, Ca 90038Phone: (323) 769-6100Fax: (323) 467-2647 | Tu, Wed - A.M. |
| **4** | Northeast MHC5321 Via MarisolLos Angeles, CA 90042Phone: (323) 478-8200Fax: (323) 344-8829 | Fri - A.M. |
| **4** | Northeast Welllness Center5564 N. Figueroa St.Los Angeles, CA 90020Phone: (323) 478-8200Fax: (323) 254-3950 | Fri - A.M. |
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| **EXHIBIT 5****APPENDIX C - SOW Technical Exhibits PAGE 4 OF 6****Services Areas****ORDERING CLINICS AND LABORATORY SERVICES SCHEDULE** |
| **SA** | **LOCATION** | **ON-SITE LAB HOURS** |
| **4** | Genesis550 S. Vermont Ave 6th flr.Los Angeles, CA 90020Phone: (213) 351-7284Fax: (213) 427-6161 | Clients are homebound, seeking in-home phlebotomy services |
| **5** | Edelman MHC 11080 W. Olympic Blvd.Los Angeles, CA 90064Phone: (310) 966-6500Fax: (310) 915-8579 | Tu, Wed, Th - A.M. |
| **5** | Edelman Wellness Center11303 W. Washington Blvd. Ste 200Los Angeles, CA 90064Phone: (310) 482-3200Fax: (310) 915-8579 | Laboratory services are provided at Edelman MHC |
| **6** | Augustus F. Hawkins MHC1720 E. 120th St.Los Angeles, CA 90059Phone: (310) 915-8579Fax: (310) 915-8579 | Mon, Wed, Th - A.M. |
| **6** | Compton Family MHC921 E. Compton Blvd.Compton, CA 90221Phone: (310) 668-6800Fax: (310) 223-0694 | Tu, Wed - P.M. |
| **6** | West Central Family MHC3751 Stocker St.Los Angeles, CA 90008Phone: (323) 298-3680Fax: (323) 296-4079 | Mon - A.M. |
| **6** | Women's Community Integration8300 S. Vermont Ave.Los Angeles, CA 90044Phone: (323) 252-6400 | Th - A.M. |
| **EXHIBIT 5****APPENDIX C - SOW Technical Exhibits PAGE 5 OF 6****Services Areas****ORDERING CLINICS AND LABORATORY SERVICES SCHEDULE** |
| **SA** | **LOCATION** | **ON-SITE LAB HOURS** |
| **7** | Rio Hondo Community MHC17707 S. Studebaker RoadCerritos, CA 90703Phone: (562) 402-0688Fax: (562) 809-0185 | Mon, Th - A.M. |
| **7** | Rio Hondo Centro de Bienestar2677 Zoe Avenue Ste 301Huntington Park, CA 90255Phone: (323) 277-7862Fax: (323) 277-7862 | Laboratory services are provided at Rio Hondo Community MHC |
| **7** | Roybal Family MHC4701 Cesar Chavez Av. Rm 222Los Angeles, CA 90022Phone: (323) 267-3400Fax: (323) 260-5200 | Laboratory services are provided at Patient Services Center |
| **7** | San Antonio MHC2629 Clarendon Ave.Huntington Park, CA 90255Phone: (323)584-3721Fax: (323)277-4674 | Laboratory services are provided at Patient Services Center |
| **8** | Central Asian API MHC14112 S. Kingsley Dr.Gardena, CA 90249Phone: (310) 352-3111 | Wed - A.M. |
| **8** | Harbor-UCLA Medical Center1000 W. Carson St. Bldg. D5Torrance, CA 90502Phone: (310) 222-3151Fax: (310) 328-7217 | Tu - P.M.Thu - A.M. |
| **EXHIBIT 5****APPENDIX C - SOW Technical Exhibits PAGE 6 OF 6****Services Areas****ORDERING CLINICS AND LABORATORY SERVICES SCHEDULE** |
| **SA** | **LOCATION** | **ON-SITE LAB HOURS** |
| **8** | Long Beach API Family MHC4540 E. Pacific Coast Hwy Ste 600Long Beach, CA 90804Phone: (562) 346-1100Fax: (562) 961-7604 | Mon - A.M. |
| **8** | Long Beach Child & Adolescent Clinic240 E. 20th St.Long Beach, CA 90806Phone: (562) 599-9271Fax: (562) 218-4076 | Mon - A.M. |
| **8** | Long Beach MHS Adult Clinic2600 Redondo Ave. 3rd flrLong Beach, CA 90806Phone: (562)599-9280Fax: (562) 599-3944 | Tu - A.M.Th - P.M. |
| **8** | San Pedro MHC150 W. 7th St.San Pedro, CA 90731Phone: (310) 519-6100Fax: (310) 732-5809 | Thur - A.M. |
| **8** | South Bay MHS2311 W. El Segundo Blvd.Hawthorne, CA 90250Phone: (323) 241-6730Fax: (323) 756-1163 | Wed - A.M. |