

**ADDENDUM II**  
STD/HIV PROGRAM  
OFFICE OF PUBLIC HEALTH  
DEPARTMENT OF HEALTH AND HOSPITALS

**Response to Questions &  
Schedule of Events**

**RFP # 305PUR-DHHRFP-RWPARTBHOPWA-OPH**  
**Proposal Due Date/Time: December 19, 2013 4:00pm CST**

**Question:** Can you clarify the deadline date and time for the receipt of written proposals?

**Answer:** The official due date is 4:00 pm CST on **Thursday, December 19, 2013**. (See the revised schedule of events included in this addendum)

**Question:** Under the operations requirements for Medical Case Management, it is stated: "Medical Case Management services must be provided by trained professionals, including both medically credentialed and other health care staff". Can you clarify the qualifications/credentials that will be required for staff who can provide medical case management?

**Answer:** Based on the HRSA service definition, a licensed practitioner is "an individual required to be licensed, registered, or certified by the State, commonwealth or territory in which a Health Center is located. These individuals include, but are not limited to, physicians, nurse practitioners, registered nurses, and others required to be licensed, registered, or certified (e.g., laboratory technicians, social workers, medical assistants, licensed practical nurses, nutritionists)."

**Question:** Can a person who has the qualifications/credentials for providing medical case management supervise/provide oversight for staff who do not possess the qualifications/credentials so those staff members can be approved to provide medical case management services?

**Answer:** No. The HRSA National Monitoring Standards require that Medical Case Managers be "trained professionals, either medically credentialed persons or other health care staff who are part of the clinical care team" (page 20). Any person who provides Medical Case Management services must possess the required qualifications and credentials. The Medical Case Management staff will be required to provide services that include coordinated care plans and treatment adherence which depend on acquired medical knowledge and ongoing training.

**Question:** If an organization applies for optional services and the optional services are not approved, will the funds that were available for optional services be awarded into the lowest bidder's contract to assist with the funding of the required program services?

**Answer:** Funding for Bundled and Optional services will be determined during contract negotiations, and annually thereafter, based on the availability of federal funds, the documented gap in services in that region and the unmet needs of PLWH residing in each region. The successful proposer for the delivery of bundled services in each region will have the opportunity to request resources for the provision of those Optional services when there are no other resources available to meet the needs of

low income PLWH. However, funding for an Optional service may not be requested in future years if those services were not proposed during this current RFP process.

**Question:** In the Cost Template: Bundled Service Unit Cost Worksheet, it states "The proposer shall indicate the unit cost per category based on historical data provided." If the data that is listed for the region does not match the actual documented data for the # of UDC and # of Units that has been provided in that region, can the proposer utilize the actual documented data for estimating purposes as opposed to the historical data that is indicated in the RFP document?

**Answer:** The proposer shall utilize the historical data provided in the appropriate regional Budget Worksheet in order to illustrate unit cost and total cost proposed that can be evaluated across all proposals submitted from a region. Once a successful proposer has been identified, the proposed number of unduplicated clients (UDC) and proposed number of units can be negotiated to reflect the current regional need and most recent service utilization data.

**Question:** What is the actual deadline for Proposal submittals?

**Answer:** The official due date is 4:00 pm CST on **Thursday, December 19, 2013**. (See the revised schedule of events included in this addendum.)

**Question:** Page 18 – E.1. – states that medical case managers must be medical professionals or individuals who have received appropriate medical credentialing. WHAT IS "APPROPRIATE MEDICAL CREDENTIALING"???

**Answer:** Based on the HRSA service definition, a licensed practitioner is "an individual required to be licensed, registered, or certified by the State, commonwealth or territory in which a Health Center is located. These individuals include, but are not limited to, physicians, nurse practitioners, registered nurses, and others required to be licensed, registered, or certified (e.g., laboratory technicians, social workers, medical assistants, licensed practical nurses, nutritionists)."

**Question:** If existing medical case managers are required to obtain this additional credentialing, what is the timeframe in which it is to be completed?

**Answer:** Credentialing must be completed within six months of the contract start date to provide medical case management services. Until proper credentials are obtained, services provided will be considered non-medical case management.

**Question:** Is the scoring for services concentrated on the bundled services or does it include scoring for optional services as well?

**Answer:** Scores for each proposer will be determined solely on the submitted proposal for Bundled services. Organizations that do not apply for all Bundled services will not be considered. The Optional services proposed by a successful proposer in each DHH Region may be considered.

**Question:** Is an applicant required to provide all bundled services?

**Answer:** Yes. Proposers are required to apply for all of the bundled services.

**Question:** The RFP states that all current and former state employees must be listed. What is the timeframe in which previous state employees quit/terminated/retired from state in order to be listed?

**Answer:** The proposer must list all current and former state employees as required in the RFP, regardless of when they were last employed by the State.

**Question:** Do all medical staff – physicians, LPN’s, RN’s, etc. have to have specific medical case management credentialing or is their medical education sufficient?

**Answer:** Staff must be currently licensed for their medical profession in order to provide medical case management services.

**Question:** Does an RN or other medical professional have to have an up to date license to qualify as a credentialed medical case manager?

**Answer:** Yes.

**Question:** Will a performance bond and/or 10% retention of invoicing be allowed as an acceptable alternative to the Letter of Credit?

**Answer:** Pursuant to Addendum I, a letter of credit was removed as an available option. Please see Addendum I for further clarification on this issue. In order to accommodate the individual circumstances of each Contractor, the State will require either a 10% Retainage of all billings or a Performance Bond to ensure the successful performance of the contract. The Contractor and the State will come to a mutual decision of which option is most beneficial for both parties. The choice of Retainage or a Performance Bond option will be addressed during contract negotiations. If the parties fail to reach a mutual agreement on one of the options, the choice will be made by the State in its sole discretion.

**Question:** There is no mention of Minority Aids Initiative in the RFP. Will MAI be covered under a separate RFP or should it be included in the bundled services of this RFP?

**Answer:** Under Ryan White Part B, Minority AIDS Initiative (MAI) formula grants are a source of federal funding to support the increase for person of color to access needed HIV medications through state Part B AIDS Drug Assistance Programs (ADAP) or another State/federal resource. This is a source of funding and not a specific program. Therefore, goals and objectives related to the linkage to care of persons of color and their inclusion in a broad continuum of care should be included in the proposal submitted for the Bundled services.

**Question:** Is proof of insurance required in the proposal for all sub-contractors?

**Answer:** Sub-contractors are subject to the same requirements as the contractor; and shall not commence work under the subcontract until all required insurance has been obtained. (See RFP M. Insurance Requirements)

**Question:** Will the 2013 Louisiana State Needs Assessment be completed and released prior to the submittal deadline? Will it be divided into Regional Reports or solely a comprehensive report?

**Answer:** Yes, a draft copy of the 2013 Louisiana State Needs Assessment and regional reports will be completed by December 6, 2013 and available in the Procurement Library.  
[www.dhh.louisiana.gov](http://www.dhh.louisiana.gov).

**Due to delay to response to Questions the schedule of events has been revised to extend the deadline for receipt of proposals**

<b>REVISED Schedule of Events</b>	
Public Notice of RFP	Wednesday November 13, 2013
Pre-Proposal Conference	9:00am CST Tuesday November 19, 2013
Deadline for Receipt of Written Questions	4:00pm CST Monday November 25, 2013
Response to Written Questions	<del>Monday December 2, 2013</del> Thursday December 5, 2013
Deadline for Receipt of Written Proposals	<del>4:00pm CST Monday December 16</del> 4:00 PM CST Thursday December 19, 2013
Proposal Evaluation Begins	Friday December 20, 2013
Contract Award Announced	Monday January 13, 2014
Contract Negotiations Begin	Monday January 20, 2014
Contract Begins	Tuesday April 1, 2014