



STATE OF LOUISIANA
RYAN WHITE PART B CORE AND SUPPORT SERVICES
AND
HOUSING OPPORTUNITIES FOR PERSONS LIVING WITH AIDS (HOPWA)
FUNDING FOR PEOPLE LIVING WITH HIV

ADDENDUM III
RFP# 3000009904
Questions and Answers

Forms and Attachments

1. Can you provide us with forms (attachments) in a writeable format electronically?
 - Unit cost worksheets for all regions are available in editable format in the procurement library.

2. Do all regions use the same chart for comparison or is there supposed to be a chart for each Region? How were these numbers derived?
 - There are individual unit cost worksheets for each region available in the procurement library.
 - Numbers in the unit cost worksheets for services currently funded were derived from client utilization in the region reported to the STD/HIV Program in the previous calendar year. Number for services that will be newly funded are estimates based on the current client census and service definitions.

3. Attachment VI states that the proposer should use historical data to support our unit cost rate. Our historical data is going to be low; we want to increase that amount. How do we justify an increased unit cost rate based off of low historical data?
 - Justifications for higher unit costs, and additional units can be enumerated in the narrative section of the RFP. Proposers should calculate the actual cost of providing

the service as defined to eligible clients, and indicate that in the worksheets. While the proposed Unit Cost cannot be changed, the annual budget for services may vary from year-to-year based on the fluctuations in, and the availability of, federal funding.

4. On page 18 of the RFP, in Section 3 (p), proposers are asked to:
Clearly outline the solution's technical approach as it relates to a service oriented architecture. Details should include a description of capability and potential strategy for integration with LDH wide enterprise components as they are established, specifically making use of an enterprise service bus for managing touch points with other systems, integration with a master data management solution and flexibility to utilize a single identity and access management solution. The contractor shall clearly identify any systems or portions of systems outlined in the proposal which are considered to be proprietary in nature."

Please describe the current LDH wide enterprise components, and any plans regarding the establishment of or alteration to LDH wide enterprise components. Suggest how proposers might anticipate and prepare for LDH decisions related to its own systems in order to ensure that the proposer's technical approach has the capacity and flexibility to integrate with LDH. Please provide other pertinent information that would enable a proposer to provide the information this question is intended to solicit.

- LDH currently utilizes CAREWare as the required proprietary data system. Proposers should articulate what technical support they would plan to procure to address any changes or future decisions by LDH regarding CAREWare use.

Budgets

5. Do you want the optional budgets for direct service categories submitted at the due date for the RFP or will that need to be submitted after the award of the RFP at contract negotiations?
- Optional service budgets, and staffing plans will be requested during the contract negotiation process with the successful proposers. They are not required for the submission of the initial response to the RFP.
6. How are the housing services in the RFP (page 55/56 of RFP) different from the HOPWA STRMU/TBRA/PHP services in the HOPWA category?
- Both Ryan White Housing and Emergency Financial Assistance services can be used to move individuals out of homelessness, whereas the HOPWA funds focus on maintaining housing and preventing homelessness. Please see included service definitions for additional information.

7. Is there a limit to the number of units or dollar amounts allotted for each region?
 - There are currently no limits on the number of units or dollars that can be proposed in a given service category or region. However, a successful proposal does not guarantee the level of funding that is referenced in the Cost Proposal. Final budget totals will be negotiated after the announcement of award, and annually thereafter (dependent on the availability of federal funding).
8. Does each region have a specific capped dollar allocation for funding of Ryan White Part B Core and Support Services and Housing Opportunities for Persons Living with AIDS (HOPWA) and Funding for People Living with HIV?
 - There are currently no limits on number of units or dollars that can be proposed in a given service category or region. Please also see answer above.
9. Tax Preparation, Respite and Childcare optional services--What is the unit cost rate for these services? Is it proposed by the proposer or \$.10 on the dollar?
 - The maximum administrative amount on the dollar is 10% or \$.10. If an organization believes that they can deliver the services for less than pthen10% administrative cost cap, they are welcome to propose that dollar amount.
10. Is there a budget grid for the optional services?
 - A budget grid for optional services will be negotiated with the successful proposers after the awards are announced.
11. Should an agency submit a narrative or cost worksheet for services that fall outside of bundled services?
 - All narratives and budgets for optional services will be requested and addressed during the negotiation process. Organizations should only submit their narrative and cost worksheets for bundled services.
12. On the Cost Proposal (Attachment V), what is the maximum allowable percentage of salaries that can be allocated to Fringe Benefits?
 - The maximum fringe benefit rate has been adjusted to 31%. Please see the Amended Attachment VII, Cost Template (Bundled Services) in the Procurement Library.
13. Will you be providing a more detailed Cost Proposal template (Attachment V)?
 - No. Please see Amended Attachment VII, Cost Template (Bundled Services) in the Procurement Library.

14. For the Cost Proposal (Attachment V), what are the direct costs that can be attributed to occupancy cost?
 - See Amended Attachment V and the associated PCN 15-01 extraction.
15. Should we submit a Cost Proposal (Attachment V) for each individual bundled service, or submit all bundled services under one Cost Proposal?
 - Per attachment V “This form must be completed for **EACH INDIVIDUAL Bundled Service Category, for EACH year** by Region proposed, to determine how the proposer derived the unit cost.”
16. The Cost Template (Attachment VI) lists Outreach Services as Units of Service equal to 1 hour of outreach per unit. In the definitions section (Attachment VII), under Outreach Services, section IV defines Units of Service as 15 minutes of outreach as 1 unit of service. Is 1 unit of outreach equal to 15 minutes, 1 hour or another allotment of time?
 - Please see the updated Attachment VI, Bundled Services Unit Cost Worksheets, Regions 3-9 in the Procurement Library. They have been updated to reflect the 15 minute unit time.
17. Does SHP recommend that, in addition to applying for bundled services as required, proposers also apply for ALL of the optional services that may also be awarded? In other words, will the failure of a proposer to apply for one or more optional services preclude the addition of that service category during the contract period should the clients need change or additional funds become available?
 - A proposer’s failure to include a particular optional service in its proposal will not necessarily preclude it from having the opportunity to provide that service if it is awarded a contract. This will be dependent on the contractor’s ability to demonstrate that it can provide the optional service in an effective and efficient manner and that its staff has adequate experience and qualifications to provide the service. As stated in the RFP, contracting for optional services will be at the discretion of LDH and will be based on demonstrated client needs and the availability of funding.

Veteran and Hudson Initiatives

18. Regarding the Veteran/Housing Initiatives portion of the scoring for the RFP, after researching the small companies/entrepreneurs in our service region, there are no companies that provide services that we would not be able to utilize, such as hauling dirt, housing inspector and water mitigation services. Was this section of the grant intended for agency use or client use? Do you have any other suggestions for us to find contractors for this initiative?

- This section relates to the ownership or leadership of the contracting agency providing the services. If an agency is not currently certified they are not eligible for those evaluation points. Per the RFP “Ten percent (10%) of the total evaluation points on this RFP are reserved for proposers who are themselves a certified Veteran or Hudson Initiative small entrepreneurship or who will engage the participation of one or more certified Veteran or Hudson Initiatives small entrepreneurs as subcontractors.”

Staff and Supervision

19. What type of personnel would you suggest supervise an LPN/RN? Is this supervision cost to be included in unit cost rate or as part of the employee salary in a line item in the budget?
- Any licensed individuals should be supervised as recommended by their licensing board. Supervision is an allowable cost and should be factored in to the unit cost for the licensed individual.
20. What is SHP’s definition of social worker in the budget? What credentials do you have to have to bill that category? RSW, GSW, LCSW?
- A social worker must be licensed by, and in good standing with, their board. A social worker may be licensed at the RSW, CSW, LMSW, or LCSW level. GSW is not a recognized level of licensure in the state of Louisiana according to the Louisiana Board of State Social Work Educators.

Keep in mind that the CSW licensure is a time-limited one. According to the LABSWE, “The individual may hold the certification for up to three years from the date of issuance of the original certificate provided the individual takes the examination approved by board within first 6 months after certification and annually for the next 2 1/2 years. The CSW who does not pass the examination for the LMSW within three years from the date of issuance of the original certification may apply for the registered social work credential. In the event that the CSW does not take the examination for the LMSW within the first 6 months of issuance of the original certificate or yearly thereafter, the CSW certificate will be subject to recall by the board and the CSW will be recorded as invalid in the board’s database.”

21. Is there a minimum number of training hours for case managers and other staff that will require out-of-town travel and overnight accommodations?
- 20 hours of continuing education training is required for all case managers, and case management supervisors.

There will be at least one annual case management training required for all case managers provided by SHP, typically to be held in New Orleans, Baton Rouge, or

Lafayette. This training may be two to three days, and will be established with the goal of offering CEUs to licensed staff.

For additional training information please see the draft training agenda included in the procurement library.

22. Must RNs or LPNs providing medical case management services in a community based organization have the oversight or supervision of a physician or nurse practitioner? Will the supervision of a licensed professional counselor meet the supervision requirements?
- Any licensed individuals should be supervised as recommended by their licensing board. Supervision is an allowable cost and should be factored in to the unit cost for the licensed individual. RNs and LPNs acting in Medical Case Management must be collocated with an existing medical facility or have an agreement in place with a medical facility that allows staff to access client level medical information.

According to the Louisiana State Board of Practical Nurse Examiners “A licensed practical nurse must practice under the direction of one of the following: licensed physician, optometrist, dentist, psychologist, or registered nurse.” Registered Nurses must practice under the direction or orders of a licensed physician, optometrist, dentist, or psychologist.

Administrative activities may be supervised by a non-medical provider, but all Medical Case Managers must work under the orders of a medical director of the organization in which they are housed.

Program Required Activities

23. On page 48 or (8) of the RFP, what is meant by, “Agencies must be able to bill Louisiana Medicaid or commercial insurance for Medicaid case management services provided to eligible clients?” What kind of services would these be?
- This requirement is outdated and has been removed from the RFP. Please see Amended Attachment VII, Ryan White Service Definitions, in the Procurement Library.
24. In the definitions section (Attachment VII), under Ryan White Services / Medical Case Management and Treatment Adherence Services, section V.D. says, “Agencies must be able to bill Louisiana Medicaid or commercial insurance for Medical Case Management Services provide to eligible clients.” What Licensure or Certification does an Agency need in order to bill Medicaid or private insurance for Medical Case Management?

- This requirement is outdated and has been removed from the RFP. Please see Amended Attachment VII, Ryan White Service Definitions, in the Procurement Library.
25. What is the protocol to prevent duplication of services to re-engage clients in care with both OPH Lost to Care Coordinators and Part B Recipient Case Managers attempting to re-engage clients?
- Successful proposers will need to coordinate with the Linkage to Care Coordinator (LCC) in each region. Funded agencies can generate lists of their clients whose eligibility is about to expire or has expired in order to conduct Outreach activities. The contact lists generated for the LCCs encompass a broad regional population that include persons who are not clients of the local funded agencies.
26. What is the protocol for Quality Management and Quality Assurance for each proposing agency?
- Agencies must participate in one QI project per year that addresses improvement in service quality and delivery. Agency has a Quality Management plan updated biannually and approved by SHP Quality Management Staff. During the first 90 days of this contract, each agency will meet with Diona Walker, SHP Quality Manager, to discuss their Quality Improvement project and their Quality Management Plan.
27. Pertaining to non-English speaking clients, clients who require interpretive services (ASL), and non-U.S. citizens with immigration needs, what service definitions provide services relative to those needs identified?
- SHP has added Linguistic Services and an eligible category for funding for the 2018 RFP. Please see Amended Attachment VII, Ryan White Service Definitions, in the Procurement Library.
28. Can a client who otherwise qualifies receive HOPWA, Food Pantry, and Transportation Services without receiving case management services?
- There is no requirement that clients receive case management to access other services.
29. If audited financial statements for 2017 have not yet been completed, and are not due to be completed until June 30, 2018, will the provision of audited financial statements for the periods of 2016, 2015, and 2014 satisfy the RFP requirements? If not, please advise as to what statements should be provided.
- Under these circumstances, the proposer should submit audited financial statements for 2014, 2015, and 2016, along with unaudited financial statements for 2017 if they are available.

30. Are Health Education/Risk Reduction services limited to people living with HIV? The service definition seems to indicate that is the case; however, the example given regarding education on risk reduction strategies to reduce transmission seems to be directed to providing information about PrEP for clients' partners. Would providing information about PrEP to the partner of an HIV positive client be considered a billable activity under Ryan White Part B?
- All services under Ryan White Part B must be provided to people living with HIV. It is the intention of SHP that these funds be focused on health care system navigation. However, education about PrEP to individuals living with HIV to reduce possibility of transmission to sexual partners is allowed. According to the HIV/AIDS Bureau presentation on 8/2/2016 “Health Education/ Risk Reduction services [are] **for HIV positive clients** including strategies to reduce transmission such as PrEP for exposed partners.” The services must be delivered to the HIV positive individual in order to qualify for Ryan White reimbursement.
31. Direct Assistance Coordinators are referenced throughout the proposal. What is the definition of a Direct Assistance Coordinator?
- Direct Assistance Coordinators, or Benefits Specialists, are individuals who are tasked with helping clients navigate their health insurance and other public benefits. If funding through the Health Education and Risk Reduction line item they may provide education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage), and help promote health literacy. Agencies may also use Case Management dollars to support this position to allow the individual to assist with this like SNAP, TANF, WIC, or other public benefit applications.
32. Are the frequency of TBRA home visits defined by the agency, or is the frequency predetermined (such as monthly, quarterly or yearly)?
- Home visits for TBRA clients should be determined based on the acuity of the client.
33. Under Referral Health Care and Support Services (Attachment VII / Ryan White Services / Referral Health Care and Support Services) the Definition of Service (section I) states “Referrals for health care and support services provided by case managers should be reported in the appropriate case management category. This category is to be used for individuals who do not qualify for case management, do not want or need case management.” Does this mean that we can’t bill for referrals for clients in case management?

- The language in this category has been amended to read, “This category **MAY** be used for individuals who do not qualify for case management, do not want or need case management.” See Amended Attachment VII, p. 26.
- Referrals may, and should be given to individuals who are in case management. All referrals must be tracked in the referral tab in CAREWare, and will not be counted if they are missing from that tab.