

ADDENDUM
Outpatient and Ambulatory Medical Care FY 2016-17

BIDDERS CONFERENCE- March 25, 2015

The following are a list of the individuals that were in attendance at the Bidders Conference.

Schedules: 1:00PM - 2:45PM Attendees: Outpatient and Ambulatory Medical Care.

Actual time: 1:00pm Bidder Conference adjourned:

NAME	AGENCY	EMAIL	MAILING ADDRESS	PHONE
TERESA COURVILLE	CHILDREN'S HOSPITAL- OAKLAND	Tcourville@mail.cho.org	747 52 nd STREET OAKLAND, CA 94609	510-428-3885 x2827
ARTUR OKTANYAN	AIDS HEALTH CARE FOUNDATION	Artur.oktanyan@aidshealth.org	6255 W. SUNSET BLVD 21 ST FLOOR LOS ANGELES, CA 90028	323-860-5384
ALIZA KENNERLY	AIDS HEALTH CARE FOUNDATION	Aliza.kennerly@aidshealth.org	6255 W. SUNSET BLVD. 21 ST FLOOR LOS ANGELES 90028	323-860-5301
KOJI SAKAKIBARA	ASIAN HEALTH SERVICES	Testing@ahschc.org Ksakakibara@ahschc.org	818 WEBSTER STREET OAKLAND, CA 94607	510-986-6830 x371
DEBORAH WORKMAN	LIFELONG MEDICAL CARE	Dworkman@lifelongmedical.org	2344 6 TH STREET BERKELEY, CA 94607	510-981-4177
TONY SILLEMAN	EASTBAY AIDS CENTER	Sillemt@sutterhealth.org	3100 SUMMIT OAKLAND, CA	510-869-8488
HAZEL WESSON	EASTBAY AIDS CENTER	Wessonh@sutterhealth.org	3100 SUMMIT OAKLAND, CA 94609	510-869-8488
ELLI LO	LA CLINICA de la RAZA	Elo@laclinica.org	P.O. BOX 22210 OAKLAND, CA 94609-2210	510-535-2966
OLIVIA LUI	EASTBAY AIDS CENTER	lulil@sutterhealth.org	3100 SUMMIT OAKLAND, CA 94609	510-869-8488
JILLIAN YOUNG	AIDS PROJECT OF THE EAST BAY	Jyoung@apeb.org	1320 WEBSTER STREET OAKLAND, CA 94612	510-663-7979 x151
DAVID WILLIAMS	AIDS PROJECT OF THE EAST BAY	Dwilliams@apeb.org	1320 WEBSTER STREET OAKLAND, CA 94612	510-663-7979 x175
GLORIA PRECIADO-SANTANA	TRI-CITY HEALTH CENTER	GPreciado-santana@tri-cityhealth.org	1999 MOWRY AVENUE FREMONT, CA 94538	510-456-3504
NASHEEDA BYNES	TRI-CITY HEALTH CENTER	Nbynes@tri-cityhealth.org	1199 MOWRY AVENUE FREMONT, CA 94538	510.456.3508
MELISSA MOY	ASIAN HEALTH SERVICES	Mmoy@ahschc.org	818 WEBSTER STREET	510-986-6830

ANH NGUYEN	AIDS PROJECT OF THE EAST BAY/ DR. JONES, M.D.	Maisontoi@yahoo.com	1320 WEBSTER STREET OAKLAND, CA 94612	510-610-0748
KEITH WALTRIP	ACPHD, OAA	Keith.waltrip@acgov.org	1000 BROADWAY, STE 310 OAKLAND, CA 94607	510-268-7653
LORENZO HINOJOSA	ACPHD, OAA	Lorenzo.hinojosa@acgov.org	SAME AS ABOVE	510-268-7645
JAMEELAH MUWWAKKIL	ACPHD, OAA	Jameelah.muwwakkil@acgov.org	SAME AS ABOVE	510-268-7648

INTRODUCTIONS: Keith Waltrip, Director Office of AIDS Administration, as well as those in attendance (listed above).

PURPOSE OF MEETING: Conference for potential bidders related to the RFP Outpatient and Ambulatory Medical Care FY2016-17. The Bidders Conference was recorded in order to share the information via the Addendum regardless of attendance. All questions will be answered by the Addendum.

COMPETITIVE PROCESS (Overview) — Keith Waltrip & Jameelah Muwwakkil; OAA

I. CALENDAR OF EVENTS

EVENT	DATE/LOCATION	
Request Issued	March 13, 2015	
<u>Mandatory</u>	Letter of Intent of all potential applicants. Submit via e-mail to the Director of the Office of AIDS Administration, Keith Waltrip. Due Date: <u>March 24, 2015</u>	
Written Questions Due	April 2, 2015 by 2:00 p.m.	
Networking/Bidders Conference	March 25, 2015 from 1:00pm - 2:45pm	at: 1000 Broadway Suite 310 Oakland, CA 94607
Addendum Issued	April 10, 2015	
Response (Proposals) Due	<u>Thursday, April 23, 2015 by 2:00 p.m.</u>	
Evaluation Period	April 24th – May 15th, 2015	
Vendor Interviews	May 27th – May 29th, 2015 (If needed)	
Letter of Recommended Award, issued by Board of Supervisors.	July 7, 2015	
Letter of Award, issued by OAA Director	July 29, 2015	
Board Consideration Award Date	To be determined by Board of Supervisors; agendas dates are not yet available.	
Contract Start Date	March 1, 2016	

* **Note:** Award and start dates are approximate.

- **Addendum:** Refers to additional information including questions inquired at this Bidders Conference and/or any other additional information, issues. All questions about the RFP are due to Keith Waltrip keith.waltrip@acgov.org by **April 2, 2015 by 2:00pm**. Answers will be provided via the Addendums to all participants by **Friday, April, 10 2015. After Thursday, April 2nd no more questions will be accepted.**
- **Hyperlink:** Correct link: <http://www.acphd.org/oaa>
- **Response Date: Response (Proposals) are due Thursday, April 23rd by 2pm (No Exceptions).** Bids are to be addressed and delivered as follows: OUTPATIENT AND AMBULATORY MEDICAL CARE - RFP FY2016- 2017 Office of AIDS Administration- Alameda County Public Health Department 1000 Broadway, Suite 310 Oakland, CA. 94607. Please deliver one (1) original proposal with five (5) copies. Original proposal is to be clearly marked “ORIGINAL” with copies to be marked “COPY” All copies must be organized and collated – **the OAA will not make any copies of any documents.** Please note neither disk nor electronic copies will be accepted- **hard copies only.** Proposals at time of submission will be OAA stamped with the date/time received and a receipt will be provided. **No late proposals will be accepted.** Please refer to the RFP page 22- page 23 under the Instructions to Bidders (Submittal of Proposals) sections for additional details.
- **NOTE:** There was an error noticed in Exhibit A- Bid Response Packet (pg.1) the first bullet indicates one (1) electronic copy of the bid in pdf (with OCR preferred). This is an error; **NO ELECTRONIC COPIES** will be accepted **ONLY** hard copies of the RFP proposals.
- **Evaluation Period:** This refers to the panel review process, with objective and independent panel reviewers - who will read, score, and review all proposals that are submitted. If necessary, the OAA will conduct vendor interviews (usually this will happen, if there is a close scoring proposals). We ask the top vendor (s) to participate in oral interviews tentatively allotted for May 27th – May 29th, 2015 (one hour per proposal).
- **Board Letter:** The board letter recommending the award is tentatively set for **July 7, 2015** per RFP (**Calendar of Events**) above. The Board agenda dates were not available at the time that we released the RFP- we will provide that as soon as we are notified of the date. Tentative start date for the contract is March 1, 2016. Please note that the **Calendar of Events (RFP pg 11)** is very important as late proposals will not be reviewed.
- **Total Grant Award:** The total grant award is **\$531, 000**. Refer to page 10, as with all federal funding- budgets change from year to year; **NOTE**, the figure above is an estimate.

- **Performance Requirements: (pg. 21, Bullet #2 (A-D)):** Please note and be aware of the performance requirements for each service category listed in the request for proposals (page 21). Agencies should demonstrate how they plan to provide these types of services and the data should also be captured in the proposals.
- **Units of Services:** The cost per Units of Services (UOS) & cost per Unduplicated Clients (UDC) must be included in the proposal. We are looking to see the range between agencies.
- **Evening & Weekend Hours:** RFP requires a response regarding agencies ability to provide evening and weekend hours & extended time to allow for increase access to patients- agencies. Extended hours and weekend times are becoming increasingly important to clients.
- **Exhibit A (pg. 8 Bullet C):** Required Documentation and Submittals under references: Office of AIDS Administration staff cannot serve as a reference. Three references are required.
- **Exhibit A (pg. 11):** Under Exceptions, Clarifications, and Amendments: this section is part of the RFP process; however, it doesn't necessarily need to be included. There isn't scoring on this section, yet it is a way to provide the OAA with information.
- **Exhibit D (pg. 2):** This is an example of the budget summary.
- **Exhibit E (pg. 7):** This is an example of the line item budget narrative.
- **Budget amounts and budget years:** Prior to submitting applications, be certain to write your proposals for 2016. The data and/or narrative should not include any previous years. Also, the budget amounts should match throughout the proposals.
- **The Evaluation Criteria (pg. 14- 17):** This particular area focuses on the scoring components utilized by the review panelists. Review the tool to understand each area of focus. The reviewers determine the total points and make the recommendations to the OAA.

Questions & Answers during the Bidders Conference:

1. Pg. 6 (Bullet #3- Read in its entirety): According to the RFP under **Bidders Minimum Qualification:** Bidder shall be in good standing with Alameda County, State of California and other federally funded programs. Bidder's standing includes consideration of probation, suspension, corrective action plan, and the removal of any local, state, federal programs and/or funding. Be aware of and read thoroughly all bullets on Page 6 (especially under Bidders Minimum Qualifications bullets 1-7).

2. Pg.7 (Bullet #2: A-D): **Client Eligibility**, adhere to criteria set forth regarding Client Eligibility. In particular, documentation related to residency of Alameda County. This section determines proposals are meeting the requirements of the RFPs. However, if an agency does not qualify the proposals will not be submitted to the review committee. In addition, Bidders should speak to how they are addressing client eligibility.

***NOTE:** All four bullets (A-D) MUST be followed, in order to ensure Ryan White Services are received. Clients must be a resident of Alameda County; these funds are exclusively for Alameda County.

3. Pg. 9 (Under Client Access, Bullet K): **NOTE:** Additional points possible for evening and weekend services.

This line item was addressed by the TGA Collaborative Community Planning Council (CCPC). Agencies should look at their individual organizations and determine how their access is affecting their clients, since many clients are returning to work it is vital that agencies are meeting their needs with providing evening and weekend hours. The OAA will begin encouraging agencies to modify hours to meet the need of the clients through evening and weekend availability.

4. Pg. 9 (Bullet #7: A-C): **Under Fiscal Medi-Cal/ Medicaid certification:** As noted in the Outpatient and Ambulatory Medical Care RFP: Invoice; Ryan White funds only for eligible clients receiving services that are not covered by other payors or funding sources, such as Medi-Cal. Ryan White is the payor of last resort, by law, and funding cannot be used to replace other local, state, or federal funding for HIV health and support services. Read in its entirety on page 9 bullets 7 (A-E). In other words, all agencies applying for the Outpatient and Ambulatory Medical Care RFP are required to have appropriate Medi-Cal/Medicaid certification documentations. **Note**, with the Affordable Care Act (ACA) and Ryan White Services- Ryan White is the payor of last resort.
5. Pg. 9 (Bullet #7: B-C): **Indirect Cost:** Based on conference call with HRSA (Health Resources and Services Administration), there will be changes to the 10% administration cap. The OAA is still in discussion with HRSA and State Office of AIDS regarding this update.
6. When completing the budget documentations, maintain the current 10% administration cap. These RFP awards will be for Fiscal Year 2016. By then, the 10% indirect cost will be updated.
7. Pg 10 (Bullet #8 B): **Funding:** Under this RFP (5-6 contracts) will be awarded. When writing the proposals, request the range of \$65,000- \$120,000. **Do not**, write over this grant amount. The total award is estimated at \$531,000. **NOTE:** funding under this RFP makes it **impossible** for all agencies to receive the same amount of funding. Be mindful of the range which your agency is applying for. Once the contracts are awarded, the OAA

will work with each agency at the time of contract negotiation, ensuring the information is reflective. The budget is provided as an attachment in the Exhibits. During the contract negotiation period we will resolve fee for services and any budget issues.

8. Pg 10 (Bullet #8 B): **Funding:** The total funding of the Outpatient and Ambulatory Medical Care in comparison to previous years depends upon the amount made available and the percentage of funds the CCPC allocates towards this particular grant category. However over the last two- years, Ambulatory Care has been reduced due to the Health Care Reform (Covered California).
9. Pg 11: **Calendar of Events:** The timeline is set. Look over the dates in great detail. The contract under this RFP is set for March 1, 2016.
10. Pg 14: **Evaluation Criteria:** This area covers the review panelists scoring structure and the measures will focus on a zero to five- point scale range and the weight for each particular category. For example, the points are based upon the average from the reviewers.
11. Is there a minimum number of patients' agencies are required to service, in order to be eligible for the Outpatient and Ambulatory Medical Care RFP grant?

Answer: There are not specified numbers of patients required under this RFP. However, consider the population your agency will be servicing, while reflecting on the competitiveness of this RFP.

12. How many patients would an applicant need in order to be competitive for this grant?

Answer: See Above (Answer provided in bullet #11).

13. Will there be an RFP for Ryan White Part B Ambulatory Medical Care?

Answer: This particular RFP covers Ryan White Part A. However, at some point there will be an RFP for Ryan White Part B funding.

14. Is there an option for Part B money under Ryan White Ambulatory Medical Care?

Answer: There will be funding focusing on Ryan White Part B Ambulatory Medical Care; currently Part A is covered under this grant.

15. Pg. 2 (Exhibit B): Note, the hyperlink regarding the County of Alameda Minimum Insurance Requirements is attached below (Not required with the proposals). Copy, cut and paste the link in your search engine for immediate access. Attached document included (pg 12- 13 of the Addendum).

http://www.acgov.org/cao/rmu/documents/STD_Exh_C13C.pdf

16. OAA will look for an assessment of services at 3 and 6 months after the start of the program to determine effectiveness and any areas for improvement.

Questions submitted after the Bidders Conference:

1. Which of the following are considered Key Personnel (direct and support services) for the purposes of the Outpatient and Ambulatory Medical Care RFP?
- a. **Psychiatrist**
 - b. **Psychologist**
 - c. **Medical Director**
 - d. **Nurse Manager**

Answer: See above. For further information, we have attached the HRSA website <http://hab.hrsa.gov/abouthab/aboutprogram.html>

2. Pg 5: **Key Activities:** What is the context for these key activities? Or is it meant to be open?

Answer: Specific to Outpatient and Ambulatory Medical Care services.

3. Pg. 15: **Technical Criteria:** The timeline to implement services is March 1, 2016. If there are on-going services, how would you like for this to be addressed in the proposals?

Answer: Tailor the proposals, based upon the services to be provided, respond to what you are currently providing or what your agency plans to provide.

4. In projecting the number of clients served through the Outpatient and Ambulatory Medical Care RFP, is it accurate to only count uninsured HIV+ patients (vs. HIV+ patients with Medi-Cal)? This relates to the Bid form and also future reporting (UDC and UOS).

Answer: Yes, Ryan White serves as the payor of last resort. Therefore, only those with no coverage should be included. Included are the clients who have applied for Medi-Cal, ACA and/or other forms of health insurance and have not yet been approved for the medical coverage. Ryan White is the payor of last resort after all other forms of coverage has been exhausted. The clients insurance must be documented.

5. On the Bid Form, what is the definition of Unit of Services?

Answer: 1 UOS (Unit of Service) = 15 minutes of time provided under allowable Outpatient and Ambulatory Medical Care. Note: See attached reports included in the addendum - Fee for Service Schedule and Reimbursable Fee Schedule.

7. If a patient has Medi-Cal, HealthPAC, or Covered California and FQHCs HRSA 330 funding covers costs for wraparound services, which services will be covered by Ryan White Part A services?

Answer: Ryan White will cover other services which are not funded for individuals due to no insurance or being under insured. For example, if a person is medically required to have three (3) labs within one (1) year, the fourth (4th) lab can be charged to Ryan White. Another example includes, AIDS Drug Assistance Program (ADAP), Oral Health (Dental Care), Medical Case Management (MCM), and Home Health Care. The above is not an exhausted list.

8. Ryan White is the payor of last resort, intended for individuals who are uninsured or fall in the gap (e.g. they have applied for insurance and their application is pending). How about those with insurance coverage? After the ACA, most low-income patients have Medi-Cal or HealthPAC. For non-FQHCs, please identify which Ryan White Part A services will not conflict with Medi-Cal, HealthPAC, or Covered California?

Answer: Again, see above (Answer provided in bullet #7).

**FEE FOR SERVICE SCHEDULE
 OUTPATIENT AND AMBULATORY MEDICAL CARE (RFP)
Provider Visits**

	No. of Visits	Rates	Total
Initial			
Limited			
Moderate			
Extensive			
Total			

2. Lab and Diagnostic

No. of Unduplicated Patients	Rate Per Patient Per Year*	Total

* To be invoiced once per patient per contract year.

3. Integrated Services

	No. of Units	Rate	Total
Functions A. & B. (See Program Objectives, Page ____)			
Function C. (See Program Objectives, Page ____)			
TOTAL			

**REIMBURSEABLE FEE SCHEDULE
OUTPATIENT/AMBULATORY MEDICAL CARE (RFP)**

Encounter Visit	\$170.00	<p>Office or other outpatient visit for the evaluation and management of and of an established patient/new patient requires at least two of these key components:</p> <ul style="list-style-type: none"> ● a detailed history ● a detailed examination and ● medical decision making of moderate complexity <p>Counseling and/or coordination of care with other providers/agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p>
Lab & Diagnostics	\$600.00	HIV (viral load/t-cell, etc.) and other health related (cholesterol/glucose, etc.) labs
Function A&B/ Interdisciplinary	\$15.00/15minutes	<ol style="list-style-type: none"> 1. Face to face with patient (and partner, family, etc.) for assessment, education, counseling, referral, care coordination, nutrition counseling, medication follow-up, facilitating hospital admissions, etc. not at the time of HIV MD visit. 2. Over the phone patient assessment, education, counseling, medication follow-up, facilitating hospital admissions, etc. <hr/> <ol style="list-style-type: none"> 1. Face to face with patient, partner, family psychosocial assessment, intervention, counseling, referral, etc. 2. Telephone consultation with patient, partner, family, etc. regarding effectiveness of interventions made, and so forth with follow- up of counseling evaluation. 3. Case conferences: face to face follow-up with other providers /team members in the care of the patient; coordination of care plans. 4. Telephone consultation with other providers and/or referral sources, agencies participating in the care of the patient; coordination of care plans over the phone.
Function/ Coordination	\$25.00/30minutes	Medical conference by a physician with interdisciplinary team of health professional or representatives of community agencies to coordinate activities or patient care (patient not present).

**REIMBURSEABLE FEE SCHEDULE
FOOD BANK**

Groceries	\$16.25	Bag of groceries for eligible clients includes fresh fruits, fresh vegetables, dried goods (pasta, beans, legumes, canned goods, frozen meats, fish or poultry and other seasonal items).
Food-Home Delivered Meals	\$7.50	Actual food, meal delivered to client's address.

**REIMBURSEABLE FEE SCHEDULE
CHILD CARE**

Child Care	\$25.00/hour	<ol style="list-style-type: none"> 1. For children of HIV-positive clients, provided intermittently, only while the clients attends medical or other appointments or Ryan White HIV/AIDS Program-related meetings, groups, or training sessions. 2. Child care is provided either in the guardians home, outside the home or at Family Support Services of the Bay Area.
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EXHIBIT C
COUNTY OF ALAMEDA MINIMUM INSURANCE REQUIREMENTS

Without limiting any other obligation or liability under this Agreement, the Contractor, at its sole cost and expense, shall secure and keep in force during the entire term of the Agreement or longer, as may be specified below, the following minimum insurance coverage, limits and endorsements:

TYPE OF INSURANCE COVERAGES		MINIMUM LIMITS
A	Commercial General Liability Premises Liability; Products and Completed Operations; Contractual Liability; Personal Injury and Advertising Liability; Abuse, Molestation, Sexual Actions, and Assault and Battery	\$2,000,000 per occurrence (CSL) Bodily Injury and Property Damage
B	Commercial or Business Automobile Liability All owned vehicles, hired or leased vehicles, non-owned, borrowed and permissive uses. Personal Automobile Liability is acceptable for individual contractors with no transportation or hauling related activities	\$1,000,000 per occurrence (CSL) Any Auto Bodily Injury and Property Damage
C	Workers' Compensation (WC) and Employers Liability (EL) Required for all contractors with employees	WC: Statutory Limits EL: \$1,00,000 per accident for bodily injury or disease
D	Directors and Officers Liability Including Employment Practices Liability	\$1,000,000 per occurrence
D	Medical Professional Liability	\$1,000,000 per occurrence \$3,000,000 aggregate Bodily Injury and Property Damage
<p>Endorsements and Conditions:</p> <p>1. ADDITIONAL INSURED: All insurance required above with the exception of Commercial or Business Automobile Liability, Workers' Compensation and Employers Liability, shall be endorsed to name as additional insured: County of Alameda, its Board of Supervisors, the individual members thereof, and all County officers, agents, employees, volunteers, and representatives. The Additional Insured endorsement shall be at least as broad as ISO Form Number CG 20 38 04 13.</p> <p>2. DURATION OF COVERAGE: All required insurance shall be maintained during the entire term of the Agreement. In addition Insurance policies and coverage(s) written on a claims-made basis shall be maintained during the entire term of the Agreement and until 3 years following the later of termination of the Agreement and acceptance of all work provided under the Agreement, with the retroactive date of said insurance (as may be applicable) concurrent with the commencement of activities pursuant to this Agreement.</p> <p>3. REDUCTION OR LIMIT OF OBLIGATION: All insurance policies, including excess and umbrella insurance policies, shall include an endorsement and be primary and non-contributory and will not seek contribution from any other insurance (or self insurance) available to the County. The primary and non-contributory endorsement shall be at least as broad as ISO Form 20 0104 13. Pursuant to the provisions of this Agreement insurance effected or procured by the Contractor shall not reduce or limit Contractor's contractual obligation to indemnify and defend the Indemnified Parties.</p>		

4. INSURER FINANCIAL RATING: Insurance shall be maintained through an insurer with a A.M. Best Rating of no less than A:VII or equivalent, shall be admitted to the State of California unless otherwise waived by Risk Management, and with deductible amounts acceptable to the County. Acceptance of Contractor's insurance by County shall not relieve or decrease the liability of Contractor hereunder. Any deductible or self-insured retention amount or other similar obligation under the policies shall be the sole responsibility of the Contractor.

5. SUBCONTRACTORS: Contractor shall include all subcontractors as an insured (covered party) under its policies or shall verify that the subcontractor, under its own policies and endorsements, has complied with the insurance requirements in this Agreement, including this Exhibit. The additional Insured endorsement shall be at least as broad as ISO Form Number CG 2038 04 13.

6. JOINT VENTURES: If Contractor is an association, partnership or other joint business venture, required insurance shall be provided by one of the following methods:

– Separate insurance policies issued for each individual entity, with each entity included as a "Named Insured" (covered party), or at minimum named as an "Additional Insured" on the other's policies. Coverage shall be at least as broad as in the ISO Forms named above.

– Joint insurance program with the association, partnership or other joint business venture included as a "Named Insured".

7. CANCELLATION OF INSURANCE: All insurance shall be required to provide thirty (30) days advance written notice to the County of cancellation.

8. CERTIFICATE OF INSURANCE: Before commencing operations under this Agreement, Contractor shall provide Certificate(s) of Insurance and applicable insurance endorsements, in form and satisfactory to County, evidencing that all required insurance coverage is in effect. The County reserves the rights to require the Contractor to provide complete, certified copies of all required insurance policies. The required certificate(s) and endorsements must be sent as set forth in the Notices provision.