



**BARBARA FERRER, Ph.D., M.P.H., M.Ed.**  
Director

**MUNTU DAVIS, M.D., M.P.H.**  
Health Officer

**CYNTHIA A. HARDING, M.P.H.**  
Chief Deputy Director

313 North Figueroa Street, Room 806  
Los Angeles, California 90012  
TEL (213) 240-8117 • FAX (213) 975-1273

[www.publichealth.lacounty.gov](http://www.publichealth.lacounty.gov)

**BOARD OF SUPERVISORS**

**Hilda L. Solis**  
First District

**Mark Ridley-Thomas**  
Second District

**Sheila Kuehl**  
Third District

**Janice Hahn**  
Fourth District

**Kathryn Barger**  
Fifth District

August 14, 2018

**ADDENDUM NUMBER 2  
TO  
REQUEST FOR PROPOSALS NO. 2018-003  
FOR  
CORE HIV MEDICAL SERVICES FOR PERSONS LIVING WITH HIV**

On June 26, 2018, the County of Los Angeles (County) Department of Public Health (DPH) released a Request for Proposals (RFP) for Core HIV Medical Services for Persons Living with HIV.

The addendum consists of two (2) parts as outlined below:

- **PART 1 – MODIFICATIONS TO RFP**
- **PART 2 – RESPONSES TO PROPOSERS QUESTIONS**

**PART 1 – MODIFICATIONS TO RFP**

Pursuant to RFP Section 4.0, County Rights & Responsibilities, Subsection 4.3, County's Right to Amend Request for Proposals, "The County has the right to amend the RFP by written addendum." This Addendum Number 2 amends this RFP as indicated below (new or revised RFP language in **highlight** or ~~strike through~~ for easy reference).

1. RFP, Appendix A-1, Statement of Work, Ambulatory Outpatient Medical (AOM) Services, Section 3.0, Specific Work Requirements, Subsection 3.1.2, Provide eligible RWP clients a minimum of two (2) medical visits annually, shall be amended as follows:

"3.1.2 Provide eligible RWP clients a minimum of two (2) medical visits annually. Contractor must provide, at a minimum, two (2) medical visits annually between the client and a licensed, primary health care professional. ~~at least three (3) months apart~~ **One medical visit shall take place in the first 6 months of the calendar year and at least one additional medical visit in the last 6 months of the calendar year with a minimum of 60 days between medical visits** and document in the medical record, at a minimum, the following components:"

2. RFP, Appendix A-1, Statement of Work, AOM Services, Section 3.0, Specific Work Requirements, Subsection 3.1.3, Provide Nursing Care, shall be amended as follows:

"3.1.3 Provide nursing care. Contractor must provide primary HIV nursing care ~~performed by a registered nurse~~ which shall include, but not be limited to:

- a) Nursing assessment, evaluation, and follow-up
  - b) Triage
  - c) Consultation and ongoing communication with the primary health care professional
  - d) Client counseling
  - e) Client and family education
  - f) ~~Administration and supervision of intravenous therapy~~
  - g) ~~Provision of those services which require substantial specialized nursing skill~~
  - f) Initiation of appropriate preventive nursing procedures
  - g) Case conferencing”
3. RFP, Appendix A-1, Statement of Work, AOM Services, Attachment 1, HIV AOM Services Reimbursement Guidelines and Performance Measures has been revised and replaced in its entirety with Attachment 1 (Revised), HIV AOM Services Reimbursement Guidelines and Performance Measures.
4. RFP, Appendix B-1, Budget Instructions for Medical Care Coordination (MCC) Services, Section 1, Budget Worksheet (Appendix B-2) Instructions, Subsection A, Full-Time and Part-Time Salaries, shall be amended as follows:

#### **“A. Full-Time and Part-Time Salaries**

**Full-Time Salaries:** List each employee by position. Staff members and other employees are determined by the fact that agency reports and pays payroll taxes (SUI, FICA, etc.) and pays employees’ income taxes as basic legal requirements. Include the name of the staff person filling each position if known. Specify vacant if staff have not been identified. (Note: The annual salary limit for staff listed on budget is \$187,000 as of January 8, 2017 \$189,600 as of January 7, 2018; this is based on the Executive Level II salary of the Federal Executive Pay Scale)”

## **PART II – RESPONSES TO PROPOSERS QUESTIONS**

Pursuant to RFP Section 7.0, Proposal Submission Requirements, Subsection 7.4, Proposer’s Questions, questions received by the August 7, 2018 deadline and corresponding answers are being issued as part of this Addendum. Proposers are advised that the County reserves the right to group similar questions when providing answers.

### **SECTION 1.0 – INTRODUCTION**

#### **Subsection 1.1, Purpose and Background**

- Q1.** The number of Proposer’s MCC team members will vary depending on the size of the clinic’s client population as described below: Currently St. John’s is funded for MCC and AOM in only one of our clinics, however, we provide HIV Care with other funding sources in other St. John’s clinics. Can we count the number of HIV patients that we serve across our clinics or do we need to count only the patients served under AOM and MCC contracts?

- A.1 Yes. You may include the total number of HIV patients served across your clinics regardless of the payer source.

### **SECTION 3.0 – MINIMUM MANDATORY QUALIFICATIONS**

#### **Subsection 3.4, Licensed Medical Clinic**

- Q2.** Under Section 3.0, Proposer's Minimum Mandatory Qualifications, on page 16 of the RFP, Section 3.4 states that proposer must submit a copy of current and valid license per medical clinic site(s) proposed. Where in the submission should this item be placed? Should it be at the end of the submission, after the Required Forms list on pages 50-51, after the Funding Disclosure Form?
- A2. Please attach the required License and Certification to Appendix D, Required Forms, Exhibit 2 - Proposer's Affidavit of Adherence to Minimum Mandatory Qualifications. (Section C).

#### **Subsection 3.5, Medi-Cal Certification**

- Q3.** Section 3.5 states that the proposer must submit evidence of current and valid Medi-Cal Certification. Where in the submission should these items be placed? Should it be at the end of the submission, after the Required Forms list on pages 50-51, after the Funding Disclosure Form?
- A3. Please refer to A2 for response.

### **SECTION 7.0 PROPOSAL SUBMISSION REQUIREMENT**

#### **Subsection 7.7 Preparation of the Proposal**

- Q4.** Is there a requirement for the font type to be used?
- A4. No. There is no font type requirement, but we recommend using Arial font.
- Q5.** Can we three-hole punch proposal and place in binders?
- A5. Yes. Please refer to Addendum Number 1, numbers 3 and 4 for response.

#### **Subsection 7.8 Proposal Format**

- Q6.** Can DHSP be listed once on each Exhibit 3 and Exhibit 4?
- A6. Yes.
- Q7.** Will required Exhibit forms be in Word version?
- A7. No. All forms are in Adobe Acrobat fillable PDF format.
- Q8.** Based on the number of HIV medical patients served in CY 2017, the MCC tool calculates that we need 3.4 MCC teams. (1) The number of teams identified in our staffing plan and the number of MCC clients served proposed in the application MUST reflect the numbers calculated by the tool, correct? Or can we make adjustments based on our own MCC

participation rates? (2) Can we eliminate partial teams, i.e. round down the number of teams to 3 in this situation, since it is difficult to recruit, hire, carry a team of .40 FTE members?

A8. 1) Yes. Proposers should do their best to provide an estimated budget that will best reflect meeting the needs of their proposed clients. 2) Yes. Proposers may round down the number of teams to eliminate partial teams.

Q9. For Exhibits 4 and 5 (the List of Contracts and the List of Terminated Contracts), we will need to provide information on many contracts given the size of our agency. May we append to the respective exhibits a spreadsheet containing the required information instead of filling out multiple copies of the Exhibits? This will greatly reduce the administrative burden of the Exhibits and would also make it easier to read the information.

A9. Yes.

## **APPENDIX A-1, STATEMENT OF WORK, AOM SERVICES**

### **Section 3.0, Specific Work Requirements**

Q10. AOM 3.0 Specific Work Requirements, Section, 3.1.3, 'Provide Nursing Care', p 5, states that AOM now is required to staff a Registered Nurse (RN), how many hours is this RN required to do per week?

A10. Contractor is not required to staff an RN. The requirements for providing nursing care have been revised. Please refer to this Addendum, Part 1, Modifications to RFP, Number 2.

Q11. In AOM 3.0 Specific Work Requirements, 3.7.5.1, p. 10 (reporting requirements), it states that 'contractor shall report all new HIV cases using the adult/pediatric case form online within 7 days of client diagnosis.' Is this required by each agency when the newly diagnosed clients come to our agencies from outside testing locations (e.g. Public Health) who were actually the ones who did the positive test?

A11. Yes. It is required for the medical provider to report a new HIV-positive client and all subsequent HIV laboratory results. Deduplication of records is accomplished in the DPH surveillance system.

Q12. What documentation is required for 6-month screening for other funding sources?

A12. Please refer to RFP, Appendix A-1, Statement of Work, AOM Services, Section 7.16, Screen for RWP Eligibility Prior to Provision of Services.

Q13. What is the rationale/reasons for 6-month re-confirmation instead of annual?

A13. The six-month recertification is a federal Ryan White Program requirement.

### **Attachment 1, HIV AOM Services Reimbursement Guidelines and Performance Measures**

Q14. For office visits – what is the description – 2 visits per year 3 month (at least) apart (AOM spec work req) 3.1.2 p.4 or 2 offices - one in first six month of year, 1 in last 6 month a

year 60 days apart – performance measure core 1.2 (p. 8 of 28). Statement of Work versus Performance Measure.

A14. Pursuant to the RFP, Appendix A-1, Statement of Work, AOM Services, Section 3.0, Specific Work Requirements, Subsection 3.1.2, Provide eligible RWP clients a minimum of two (2) medical visits annually and Attachment 1 (Revised), HIV AOM Services Reimbursement Guidelines and Performance Measures Core 1.2 HIV Medical Visits – All Clients Page 8 of 28, one medical visit in the first six months of the calendar year and at least one medical visit in the last 6 months of the calendar year with a minimum of 60 days between medical visits. Please refer to this Addendum, Part 1, Modifications to RFP, Numbers 1 and 3.

Q15. The AOM fee for service rate without bonus indicators for the first two years of the new contract is actually less for some agencies in comparison to their current rate, and we are now required to have an additional staff (RN) that can be costly, will there be some compensation for this additional staff?

A15. No. Please refer to A10.

## **APPENDIX A-2, STATEMENT OF WORK, MCC SERVICES**

### **Section 2.0, Definitions**

Q16. We provide HIV medical services at three locations in LA County. Two sites are satellite locations which together only serve about 8% of our total HIV clients. The satellite clinics both have extremely limited space which makes co-locating whole MCC teams at these locations impossible. Is there any flexibility or allowance for creative solutions related to the requirement of co-located AOM and MCC services? Telehealth options or mobile units in parking lots?

A16. Pursuant to the RFP, Appendix A-2, Statement of Work, MCC Services Section 2.0, Definitions, Subsection 2.2, Co-location, Proposers must meet the requirement of co-location within the same building.

### **Section 3.0, Specific Work Requirements**

Q17. From MCC 3.0 Specific Work Requirements, 3.1.4.6, p4, states, "Following the completion of each client's initial ICA, the MCM and PCM case conference to discuss client service needs and care plan development." Does this mean that once the assessment is completed with the client that the team cannot complete the ICP in this session with the client because they have to case conference first and the client would have to return again for signing and discussion of the ICP?

A17. If time permits and the client is willing to continue in the session after the completion of the ICA, then it is allowable to also complete the ICP at the same time.

Q18. If we have AOM notes on Electronic Health records, and MCC in paper chart for documents such as specialty medical reports, can we reference they are in EHR of AOM or must we also have a copy in MCC chart? For Tier 1, this is AOM population not active MCC population correct?

A18. A) The client's health record must be co-located. If AOM uses an EHR, the MCC documentation must also be referenced in the EHR. B) No. For Tier 1, we are referring to all HIV-positive clients who received HIV medical care from your agency in 2017.

**Q19.** MCC 3.0 Specific Work Requirements, 3.7.5 p12 states that 'contractor shall review at a minimum once every six months each client record...' Does this mean chart reviews are done at six-month intervals rather than annually now?

A19. Yes.

### **Section 7.0, Responsibilities**

**Q20.** From MCC 'Contractor, Personnel, 7.3.4, p15, for MCC Tier 1, it specifies this is for agencies with more than 150 HIV medical clients, but also states that "For Contractor to receive 100% full time Tier 1 MCC team, a minimum number of 209 clients must be enrolled in MCC"-is this active MCC services and with only 1 MCC team?

A20. Yes.

### **Section 7.4, Team Staffing Requirements**

**Q21.** Can the same position serve dual roles (i.e. Patient Retention Specialist and Case Worker duties 50/50)?

A21. Yes. Provided that the individual meets the staffing requirements for both positions and their Full Time Equivalents (FTE) remain separate.

### **GENERAL QUESTIONS**

**Q22.** We have opened a new site, Trans Wellness Center, and are in the process of adding the new location to our scope on several grants. Can you tell me what needs to be done for the AOM contract to include it under our FFS? Do we need to submit a change of scope request? Can we include this site on the application during this year's RFP? we want to verify that the additional sites listed as intermittent clinics can operate under our main license held at the 1625 N Schrader Blvd clinic and do not need an additional license.

A22. A) and B) Please speak with your existing DHSP AOM Program Manager about your current AOM contract. C) Yes. This site can be included in the proposal.

**Q23.** We are a current provider of AOM and MCC at our clinic in Downtown (522 San Pedro). We have two other clinics where we provide care to individuals who would be eligible to receive services under the RFP. May we apply for services at a new site?

A23. Yes, if the sites are located in Los Angeles County.

**Q24.** We do not have AOM at this time. Please confirm if we can use data from Jan 2017- Dec 2017 for the overall HIV clinic patients served at UCLA CARE clinic?

A24. Yes. The data provided is supposed to be the overall HIV clinic patients seen in 2017 regardless of whether or not the Proposer currently has an AOM contract with DHSP.

**Q25.** What is the process/fees for payment for labs?

A25. Labs are billed separately. They are paid once invoices are submitted and approved.

**Q26.** What is the process/fees for payment for vaccinations?

A26. If vaccinations are not covered by AIDS Drug Assistance Program, vaccinations need to be approved by DHSP Medical Director before they can be billed under Medications. They are paid once invoices are submitted and approved.

**Q27.** Please clarify on Appendix B-1, Core HIV Medical Services for PLWH RFP 2018-003 Budget Instructions for MCC Services (page 2 of 5) that the annual salary limit is \$187,000 for the budget that agencies must submit, and not \$189,500?

A27. (Appendix B-1, MCC Budget Instructions) The Executive Level II salary of the Federal Executive Pay Scale is adjusted annually. The current maximum salary level is \$189,600 effective January 7, 2018. The information in the Appendix for the budget instructions is older and does not reflect the recent change for 2018. For this RFP, the maximum annual salary limit is \$189,600. Please refer to this Addendum, Part 1, Modifications to RFP, Number 4.

**Q28.** Within the AOM budget, is there a possibility to reserve funds for patient transportation for medical appointments?

A28. No. HIV client transportation services are available to all contracted providers separate and apart from this contract.

**Q29.** Exhibit 22 for Tier 1 states the following in cell B9: "Based on time investment by acuity, each Full Time Team (PCM, MCM, CW and ROS) shall serve a minimum of 209 enrolled clients annually, which equates to 19 enrolled clients per month (Number of enrolled clients to be served divided by 209 = number of MCC teams needed)." If 209 is the minimum number, what is the maximum number of clients can a Full Time Team serve?

A29. There is no maximum number of clients to be served per MCC team. Filling out the MCC Goals Projection Worksheet (Exhibit 22) based on Proposer's HIV patient population will provide the size or number of teams needed.

**Q30.** If there is a maximum number of clients to be served per MCC team, is it possible to modify the Exhibit 22 tool to change the formula to reflect the maximum number (as opposed to the minimum number of 209)?

A30. No. Please refer to A29 for reference.

**Q31.** To avoid any potential conflict with CARE, we are willing to not apply for an AOM contract in Long Beach but would like to apply for a Medical Care Coordination (MCC) resources (a team) to supplement and fill in the gaps with the CARE MCC program. Due to the special circumstances of our working relationship with CARE in Long Beach, we are requesting that we be allowed to submit a proposal for a MCC only contract in Long Beach to support our efforts in achieving viral suppression among our HIV population.

- A31. No. These services work together to assist PLWH to receive and remain in medical care to achieve good health outcomes and to prevent further spread of HIV infection. Pursuant to the RFP, Appendix A-2, Statement of Work, MCC Services, Section 3.4 Co-location of HIV Medical Services and Medical Care Coordination, MCC teams must be co-located where AOM funded services are provided.

Pursuant to RFP, Section 4.0, County Rights & Responsibilities, subsection 4.3, County's Right to Amend Request for Proposals, Proposers are reminded that should such addendum require additional information not previously requested, failure to address the requirements of such addendum may result in the Proposal being found non-responsive and not being considered, as determined in the sole discretion of the County. The County is not responsible for and shall not be bound by any representations otherwise made by any individual acting or purporting to act on its behalf. Addendum Number 2 has been made available on the Department of Public Health Contracts and Grants website at <http://publichealth.lacounty.gov/cg/index.htm> and on the County's website at <http://camisvr.co.la.ca.us/lacobids/BidLookUp/BidOpenStart.asp>.

Thank you for your interest in contracting with the County of Los Angeles. Except for the revisions contained in Addendum Number 1 and 2, there are no other revisions to the RFP. All other terms and conditions of the RFP remain in full force and effect.

(Enclosure)