

Los Angeles County Department of Public Health

RFP 2006-1: Children's Outreach, Enrollment, Utilization and Retention Services Q&A from Proposers' Conference

BUDGETS

- 1. Proposer's Question:** Can agencies build into the budgets for year 2 and year 3 increases in staff salaries and increases in fixed operating costs (e.g. space rental, utilities, telephone, equipment lease cost, etc.) and maintain proposed staffing levels, thereby reducing the need to submit budget modifications to reduce program operating expenses to reallocate those funds to either staff and/or fixed operating cost?

DPH Response:
Yes, however the final budgets will be subject to contract negotiations.
- 2. Proposer's Question:** If we are submitting an application for multiple SPAs, do we need to do a separate budget and budget justification for each SPA? Or is it okay to submit a combined budget and justification?

DPH Response: Only one budget/justification is required for each year of funding.
- 3. Proposer's Question:** Is there a minimum or maximum percentage of time for a Program Manager in a budget?

DPH Response: No.
- 4. Proposer's Question:** The explanation of "budget indirect cost" on page 55 of the RFP includes "administrative personnel," does that mean they cannot be listed as a line item in the budget?

DPH Response: No, administrative personnel may be added as an individual line item or as part of the indirect cost.
- 5. Proposer's Question:** If an agency is awarded a flat amount of \$200,000 for year 2 and year 3, although the agency submitted a proposed budget of \$170,000 for year 2 and \$230,000 for year 3, may the agency submit a budget modification immediately before the contract begins, to reallocate or rollover funding from year 2 in year 3 to offset anticipated increases in year 3?

DPH Response: No, agencies may not "rollover" funds from one fiscal year to the next or exceed the allocated award in any given year. Proposed funding is subject to contract negotiations.
- 6. Proposers' Question:** Is there a maximum percentage for employee benefits? If yes, what is it?

DPH Response: An agency's maximum percentage for employee benefits cannot exceed the County's 47% rate.

SPECIAL POPULATIONS

- Proposer's Question:** On funds available under "Special Populations," is the amount listed the total for all SPAS?
DPH Response: No, funding for the Special Populations is not SPA specific.
- Proposer's Question:** Would infants born to WIC mothers be considered a "Special Population"??
DPH Response: Not necessarily, an agency would have to thoroughly justify why WIC mothers would be considered a special population. Currently, DPH has contracted agencies that work on-site at WIC agencies to enroll WIC infants and their families.
- Proposer's Question:** Are low-income Latinos considered special populations?
DPH Response: No, low-income Latinos represent the majority of clients of our current contractors. Unless an agency can make a compelling argument about how this population is different, the low-income Latino population is not considered a special population.
- Proposer's Question:** Can Special Populations be included in Category #1 rather than applying for both Categories #1 and #2?
DPH Response: No, funds have been allocated per Category and must be kept separate.
- Proposer's Question:** What criteria/funding formula was used for the Special Populations Category?
DPH Response: No formula was used. We are looking for innovative approaches.

SCOPE OF WORK

- Proposer's Question:** Is there the expectation that numbers will change (i.e. increase/decrease years 1 vs year 3) in the SOW?
DPH Response: Proposers should determine the appropriate target number in their scope of work. DPH has no predetermined expectation of an increase or decrease in workload in each fiscal year
- Proposer's Question:** Do your numbers have to be the same for each year? Or can you increase from one year to the next?
DPH Response: No, proposers can increase targets, and should justify them in the narrative. But the numbers cannot be changed once a contract is awarded without approval by the Board of Supervisors.

"INTENT TO APPLY" FORMS

- Proposer's Question:** Do we need to resubmit our "Intent to Apply" form if it was not signed with blue ink?
DPH Response: Please submit in blue ink.
- Proposer's Question:** Does the "Intent to Apply" form need to be received by Friday, December 1, 2006 at 12pm via fax, hard copy, or both?
DPH Response: Both

- 3. Proposer's Question:** The "Intent to Apply" form is signed by an organization's representative authorized to legally bind the organization, however the contact person to receive emails is not listed, how could we address this concern?

DPH Response: The contact person's information is included on the "Intent to Apply" form. Please refer to the RFP (second page).

- 4. Proposer's Question:** The "Intent to Apply" form is due by Friday, December 1, 2006 at 12pm via fax and mail – does this mean postmarked by 12 noon?

DPH Response: Received by 12 noon.

EVALUATION

- 1. Proposer's Question:** Do you require agencies to have an evaluation component?

DPH Response: No, but evaluation is part of an agency's Quality Improvement Plan (QIP) which will be required for all agencies as a part of the scope of work and will be due in 60 days after contracts begin.

- 2. Proposer's Question:** Should evaluators be listed as subcontractors?

DPH Response: Yes, if a proposer is including an evaluator, he/she must be listed on your budget as a subcontractor/consultant.

FILLABLE FORMS

- 1. Proposer's Question:** When will forms be posted on DPH's website? Will we be able to fill out the forms using the electronic document or do will we need to print them and type on them?

DPH Response: The required forms/attachments will be posted at www.lapublichealth.org/mch by December 1, 2006. They will be posted as Microsoft Word documents so you may pre-fill.

FINANCIAL STABILITY

- 1. Proposer's Question:** Regarding financial stability, do you required 2 copies of the same document or 2 different documents?

DPH Response: 2 copies of an agency's most recent annual audited financial statements/reports. (Refer to Page 93, Attachment 17 of the RFP).

BILATERAL SERVICE AGREEMENTS

- 1. Proposer's Question:** Are bilateral service agreements for financial & non-financial partners?

DPH Response: Bilateral service agreements are only for non-financial partners. A financial partner would be a subcontractor and will require a contract with the lead agency and will require all necessary documents as stipulated in the RFP.

- 2. Proposer's Question:** Please describe in more detail exactly who should sign the intra SPA population on attachment 5?

DPH Response: Attachment 5 is the bilateral services agreement. The person authorized to legally bind the agency must sign all forms, documents and attachments.

3. **Proposer's Question:** If we have existing bilateral agreements on old forms, do we have to submit new agreements?
DPH Response: Yes.
4. **Proposer's Question:** If we have existing MOUs that are not in the same format as your bilateral agreement form, can we submit them instead?
DPH Response: No, we need the same format from all the proposers.
5. **Proposer's Question:** Can an agency submit current MOUs to show collaboration rather than the bilateral service agreement?
DPH Response: No, all proposers must use the same forms.
6. **Proposer's Question:** Do existing CA Endowment funded agencies in a specific SPA area need a Bilateral Agreement with each other if their previous collaboration has been informal?
DPH Response: Bilateral Service Agreements are not needed but are recommended.
7. **Proposer's Question:** Would a bilateral service agreement apply to, for example, a proposer who has worked with LAUSD for several years conducting school-site orientations and enrollment services and also attending CHAMP TECH at their agency?
DPH Response: Yes.

SPA ALLOCATIONS

1. **Proposer's Question:** If approved for a grant to provide services in SPA 6 and clients come for services from SPA 8, will the agency be able to count services provide from SPA 8?
DPH Response: Yes, an agency can count services provided to all clients, but you should target your outreach efforts to the SPA for which you received funding.
2. **Proposer's Question:** If you received 2 or more proposals within a SPA that overlap in geography and/or scopes of work, how will you decide which agency is funded, or if both are funded, how will you oversee coordination of services to avoid duplication?
DPH Response: The number of contractors selected per SPA depends on the number of highly-scored proposals, the amount of money requested, and the needs of the SPA. Coordination issues will be addressed during contract negotiations. After the contracts come into effect, issues will be addressed during contractor meetings, contract manager monitoring and any necessary reports generated from the CHOI system.
3. **Proposer's' Question:** If we are applying for the maximum funds available to conduct services in multiple SPAs, do we have to show on the budget the breakdown per SPA?
DPH Response: No, the budget does not have to be broken down by SPA.

RFP FUNDING ALLOCATIONS & FORMULAS

1. **Proposer's Question:** What is individual agency maximum for Category 1 and for Category 2?
DPH Response: The maximum funding allocated for an individual agency under Category 1 is \$200,000 for the first year and \$400,000/annually for FY 2007/2008 and FY 2008/2009. The maximum funding allocated for an individual agency under Category 2 is \$125,000 for the first year and \$250,000/annually for FY 2007/2008 and FY 2008/2009.

2. **Proposer's Question:** Are there separate pots of money for outreach in the schools versus other community outreach?
DPH Response: Yes, LAUSD and LACOE will be directly funded.
3. **Proposer's Question:** We are an existing OEUR Contractor and we have a concern about year 3 of this new potential contract. Recognizing that our current contract end June 30, 2008, can our SOW and budget reflect this? For instance, can we request a higher dollar amount to make up for the ending of the pre-existing contract? Are we still limited to \$400,000 that year?
DPH Response: Proposers are still limited to a maximum of \$400,000 (depending on Category and SPA). Existing contracting agencies must keep in mind that the funds related to this RFP are a separate funding source. Also, see question below.
4. **Proposer's Question:** Are we required to submit a flat dollar amount for year 2 and 3? (i.e., can we request \$100,00 for Year 2 and \$120,00 for Year 3?).
DPH Response: Yes, that's acceptable, but final funding amounts will be finalized during contract negotiations. Agencies can request more funding in year 3 (if it is less than or equal to the maximum allocation per SPA or up to \$400,000), but additional funds requested in year 3 would have to be taken away from another contractor, so it may not be approved.
Note: The final funding amounts will be determined based on the number of contracts awarded and the amount of money allocated per SPA(s) and/or category.
5. **Proposer's Question:** If applying to serve in more than one SPA, is there a maximum amount that we can apply for or do we use the maximum on page 5? For example, if applying for SPA 5 and 8, can we apply for \$249,000 (1st year), \$498 (2nd year) and \$498,000 (3rd year)?
DPH Response: The maximum amount is listed on page 5 and should not exceed \$400,000 or the maximum amount listed for the SPA for any given year .
6. **Proposer's Question:** It is our understanding that City Health departments within Los Angeles County have been promised funds from COEUR. Are these funds carved out of the SPA allocations in the RFP, or are these funds part of a separate pot of money?
DPH Response: Cities and school money are not including the amounts in the SPA allocations and are being funded directly.
7. **Proposer's Question:** Can you make available the 2005 L.A. County Health Survey and the LA Health Action Report or can you give the links to these reports?
DPH Response: Will check into this.
8. **Proposers' Question:** Where can we get the 2005 uninsured data by SPA and the OEUR report mentioned earlier?
DPH Response: We will check into posting the report and data documents. Agencies submitting the Letter of Intent will be notified of new web postings.
9. **Proposer's Question:** Given that the goal is to reach children and families at or below 250% of the federal poverty level, will you be weighing the census demographics of SPA's to determine a proposal's strength, or will they include or count on our own patient (client) demographics?
DPH Response: We have already weighed some of the demographics in the funding formula. It is up to the proposer to describe its target population. Reviewers will score proposals based only on what is in the proposal.

10. Proposer's Question: Why is the target population cutoff at 250% rather than at 300% (the Healthy Kids, AIM levels, etc)?

DPH Response: The State RFP specified that the money be used for Medi-Cal and Healthy Families (below 250%). However, we do expect comprehensive outreach and enrollment services for all uninsured children.

11. Proposer's Question: Various statistics on uninsured children exist - the RFP says 235,000 the OEUR report says 270, 000 - does it matters which is used as long as it is referenced?

DPH Response: No, as long as you cite a current reliable source.

TIMELINES

1. Proposer's Question: Will there be an extension to the 12/11/06 deadline? One-week response seems very short for the extensive response required?

DPH Response: No, the RFP was released on November 8, 2006 so more than one month was provided.

2. Proposer's Question: Will there be any delays for contractors being awarded by February 1, 2007? If so, will the contracts still start on February 1, 2007 or when the contract is awarded?

DPH Response: Contracts are expected to start February 1, 2007 pending Board of Supervisors' approval. Agencies will be notified in the event of any delays to the anticipated start date.

3. Proposer's Question: If a contractor is selected, will you let them know when the Quality Improvement Plan (QIP) is due?

DPH Response: Yes, once agencies are selected for funding, they will be notified of all necessary additional documentation.

CATEGORY & SPA-SPECIFIC SERVICES

1. Proposer's Question: Can a Category 3 agency refer individuals who only need application assistance to Category 1 agencies to allow Category 3 agencies to concentrate on trouble-shooting for existing applications and/or enrollees?

DPH Response: No, a Category 3 agency must complete applications that occur as a result of consumer assistance provided. Category 3 funding must cover all COEUR activities for the target populations as stipulated in the scope of work included in Objective 2.1 titled, "Application Assistance." Category 1 funds cannot be used to subsidize Category 3 projects.

2. Proposers' Question: If more than 1 SPA is included in the Category 3, must the whole second SPA be included. (i.e., may you write for one whole SPA and portion of the other?)

DPH Response: Category 3 is not SPA specific.

3. Proposers' Question: If an agency applies to serve multiple SPAs under Category 1, is their proposal an all or nothing? For example could they be funded for one SPA and not the other?

DPH Response: An agency could apply for multiple SPAs and be selected for only one SPA instead of all of the SPAs proposed. This will depend on the number of proposals submitted and decisions made to ensure that the entire County is covered. If selected for fewer SPAs than proposed in the original proposal, funding amounts will be appropriately adjusted.

OUTREACH, ENROLLMENT, UTILIZATION & RETENTION SERVICES

1. **Proposer's Question:** Would children utilizing the CHDP Gateway be counted as outreach? If a child is enrolled at that juncture, can they be counted as an enrollment? If they are not enrolled, can they be counted as a referral?

DPH Response: Children referred to the CHDP Gateway count as referrals. If the agency assists with the joint application for the CHDP child, it counts as an enrollment. A referral can turn into an enrollment if application assistance comes later.

2. **Proposer's Question:** If an agency specializes in outreach and enrollment and does not intend to do utilization and retention and will apply under special populations, will our proposal be considered if we put “zero” participants in the SOW for the objective numbers for utilization and retention?

DPH Response: To be considered for funding, a proposer should not enter zero participants into utilization and retention percentages in the scope of work. A proposer must cover **all** COEUR activities. Proposals submitted under Category 2: Special Populations are able to submit utilization and retention percentages that differ from Category 1 proposers.

3. **Proposer's Question:** Can funds be used to expand an enrollment program and **add** currently non-existent utilization and retention services? In other words can we **create** a new program and processes with funds?

DPH Response: Yes, these funds can be used to expand an existing program or create a new program as long as each **current** objective in the scope of work is addressed and met. The new “program and processes” will have to be explained in detail in the narrative of the proposal and must be in compliance with the original scope of work.

4. **Proposer's Question:** Is there any conflict if we are already seeing patients with regular Medical, CHDP, Healthy Families, or Healthy Kids?

DPH Response: No, there is no conflict, **but** these funds are to conduct OEUR to **UNINSURED** populations. Strategies should go beyond in-reach, although in-reach can be included.

5. **Proposer's Question:** By having emergency Medi-Cal count as enrollments, agencies will enroll the undocumented children to increase their numbers to fulfill the OERU grant objective. This is a disservice to these children since they can continue to receive services through the CHDP Gateway based on the periodicity schedule.

DPH Response: Yes, we understand this situation and trust that the agencies will put the needs of the child before the agency's need to “make their numbers.” When developing your targets, please take this into account. The CHOI data system will be used by contract managers to follow up with agencies that enroll clients into emergency Medi-Cal without additional appropriate referrals.

RFP CLARIFICATION

1. **Proposer's Question:** What about public charge issues for undocumented patients are scared to enroll in public healthcare?

DPH Response: How your agency will handle public charge issues should be addressed in your narrative.

2. **Proposer's Question:** Please explain what “pursuing high yield opportunities” means (located in “Outreach Activities,” RFP page 8, Category I, bullet 4).

DP Response: “High Yield” activities refer to activities that might entail minimal outreach for maximum enrollment. Example: reaching out into a known area of uninsured clients, or working at a school site with an extremely high percentage of children who are recipients of either free-or reduced-lunch programs.

- Proposer’s Question:** Under Utilization Services (RFP page 9, Category I, bullet 4). Please explain, “provide referrals as necessary”.

DPH Response: Referrals must be provided to clients who need to obtain medical or health related services in addition to, or in lieu of, an application. For instance, if a child is not eligible for MC/HF and is over age 5 and therefore currently ineligible for the Healthy Kids program; a worker might apply for emergency M/C for the child, but also refer the client to a CHDP provider, a DHS clinic, or a PPP provider for services.

CHOI DATABASE

- Proposer’s Question:** What dollar amount should be allocated in the budget to implement the CHOI system, as the RFP requests to add this into the budget?

DPH Response: We cannot give a recommended amount because it depends on an agency’s capability. Costs include high-speed Internet access, computers and data entry time.

SUBCONTRACTORS

- Proposer’s Question:** For applications using subcontractors, one SOW is required for the entire application but do agencies have to submit separate budgets for each subcontractor each year?

DPH Response: Yes, please note that each annual SOW breaks down the target numbers for the lead agency and the Subcontractor(s). Also note that each year requires an annual SOW. The lead agency must include each Subcontractor on its annual budget and budget justification **and** submit annual budgets and budget justifications for **each** Subcontractor.

DIFFERENCE BETWEEN HEALTHY KIDS & COEUR RFP

- Proposer’s Question:** What, if any, are the major differences from this RFP and the last RFP?

DPH Response: The primary target for the Healthy Kids RFP was 0-5 year olds, including those who were not eligible for Med-Cal or Healthy Families. The COEUR RFP targets uninsured children who are eligible for Medi-Cal and Healthy Kids, includes a new mandatory utilization objective in the scope of work, and allows for additional projects including consumer assistance and OEUR services to special populations.

- Proposer’s Question:** Can the agency ask DPH to review their scoring from past RFP? If so, who can assist in this process?

DPH Response: Yes, but the information that can be reviewed is limited to a summary of the strengths and weaknesses of a proposal, not the scores. Suzanne Bostwick (sbostwick@ph.lacounty.gov) can assist in this process.