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Supplement #1 to the Request for Proposals
Issued on: June 28, 2018

Ryan White Part A Services in the Tri-County Region
[Solicitation #: 2018.05.HIV.03.01]

Public Health Solutions
on behalf of
New York City Department of Health and Mental Hygiene
Bureau of HIV/AIDS Prevention and Control

This Supplement makes revisions to the Request for Proposals (RFP) for Ryan White Part A Services in the Tri-County Region issued on May 25, 2018, and summarizes questions raised and answers given at the Pre-Proposal Conference held on June 8, 2018, and addresses questions submitted via e-mail through June 14, 2018. Information included in this Supplement amends and supersedes responses given at the Pre-Proposal Conference as well as any responses that were provided by the RFP Contact to questions that are included in this Supplement.

Failure to comply with any amended requirements and instructions included in this Supplement may result in a proposal being deemed non-responsive and ineligible for consideration for funding.

Please note that only communication received in writing from the RFP Contact on behalf of Public Health Solutions shall serve to supplement, amend, or alter in any way, this RFP released by Public Health Solutions. Any other communication is not binding and should not be relied upon by any party in interpreting or responding to this RFP.

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For a copy of this Supplement or the Request for Proposals, please go to:
www.healthsolutions.org/get-funding/request-for-proposals/

Table of Contents

Clarifications and/or Revisions to the RFP

The changes listed below are being made to the RFP. Additions/clarifications/revisions are underlined. Deletions are ~~crossed out~~.

Revised RFP Document
Download the Ryan White Part A Services in the Tri-County Region RFP (dated 06/28/2018) to review the clarifications and/or revisions to the RFP on the following pages:

Service Category 1: Food and Nutrition Services
Page 16, Table 1: Summary of Services and Rates, P14 – changed named from "~~Emergency~~ Food Voucher-$40" to "Full Food Voucher-$40".

Page 18 – Table 2: Services Types, Descriptions, and Staff Responsible, P13, - revision/deletion to Service Description and Service Standard.

Page 19 - Table 2: Services Types, Descriptions, and Staff Responsible, P14, - revision/deletion to Service Type name, Service Description and Service Standard.

Revised Proposal Document(s)

*The following document has been **corrected/revised/updated** and must be download to ensure that your proposal is submitted with the most current forms.*

- MRA Computation and Budget Forms-Food and Nutrition
- Notice of Intent to Respond Form

General Questions

1. Are there limits to the number of categories an agency can apply for?
   Response - No. For specific instructions regarding submitting proposals for more than one service category, please refer to page 85 of the RFP.

2. If we already have a contract in a service category will we close out the current program? Will we have to start all over?
   Response - Yes, you will close out your current program at the end of the contract term.

3. Does a provider applying for a service category that will be delivered in all 3 counties need a physical office in each of the 3 counties or is an office in one county sufficient? Is a brick & mortar location required in each county that services are proposed?
   Response – No, you do not need a physical office in each of the 3 counties. A brick and mortar site is required in only one of the 3 counties – Westchester, Rockland or Putnam.

4. We are current recipients of RW Part A funding for several service categories. Can program staff, who are providing services today, be "grandfathered" if they do not meet the recommended credentials listed in the RFP?
   Response – The recommended credentials are just that, RECOMMENDED, unless a specific licensure is necessary to perform the functions of the role, appropriate and relevant experience may substitute for education.

5. Page 94 – One of the required components for a complete proposal are Linkage Agreements and/or MOUs with collaborative organizations. How recently executed do the MOUs need to be? Our organization has an MOU template that once signed does not expire, so some of our MOUs with our collaborative partners are 3-5 years old.
   *Response – As per page 9 the RFP, program sites must "Be co-located with service programs to refer patients for needed medical and/or social support services **OR**; Have established Linkage Agreement (LA) or Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) with service programs to refer patients for needed medical and/or social support services." Existing MOUs of any duration will suffice except for in cases where the services provided under the MOU are a required element of a service category (see example below).*

   Existing MOUs must be current (within the last calendar year) if the MOU is needed to provide a required element of the service category in which your agency is applying for funding. For example, if your agency is applying to provide Medical Case Management Services, but does not have a clinic on-site, a MOU/Linkage Agreement that ensures access to HIV medical care must have been executed within the last year and be submitted with proposal submission.

General Budget Questions

1. For the fee for service contracts, how are budget modifications done (if any), i.e. for any personal or other charges during the contract year that may increase the agencies expenses from the original MRA submitted?
   Response - Budget changes are executed only at renewal and are not typically needed mid-year. Administrative expenditures must be allowable and within the cap. Modifications are for changing projections or scope.

Questions Related to-
Service Category 1: Food and Nutrition Services

1. Is there a time limit for participants to be enrolled in the food and nutrition program? Is there a waiting period before clients can be re-enrolled after program completion?
   Response – No, there is not a specified enrollment period for food and nutrition programs, but clients should be reassessed regularly to ensure the program is still necessary to meet their food and nutritional needs.

2. Is it permissible to provide food for collateral family members (i.e. children)?
   Response – Yes, dependent children may be served via food program. Other collaterals such as HIV-spouses and other household members may not.

   As per page 16 of the RFP, "Food and Nutrition Services funded under this RFP are limited to clients living with HIV and minors identified as dependents of the PLWH living in the household."

3. If nutrition curriculum was developed by an RD, is the program manager allowed to deliver the Nutritional Education Group?
   Response – Yes, this would be allowable.

4. Page 16, Table 1 - Service Type: M49 - Nutrition Education Group rate of $83.00 per attendee - CAP – Does this mean that reimbursement is $83/attendee regardless of the number of group sessions they attend? If not, please explain how the rate is applied.
   Response - To be considered a group service, each group must have a minimum of 3 enrolled program participants present. Payment is per enrolled participant and each group can be reimbursed for UP TO 6 enrolled participants. There is no cap on the number of group activities participants may partake in on a weekly basis, but reimbursement will be provided as detailed above.

5. Page 16, Table 1·- What is the maximum dollar value in vouchers that can be given to a client each month if they are only receiving vouchers and not pantry bags? What is the maximum dollar value in food vouchers that can be given to collaterals/dependents each month?
   *Response - In a change to the RFP (see pages 16 & 18-19), **Emergency Food Voucher** will be changed to **Full Food Voucher** and may be issued to clients on an as need basis. The client must be present to request and receive a voucher of either variety. See below for specific instructions regarding voucher services:*

   Supplemental Food Voucher - $20
   Supplement food vouchers when the program's pantry bags cannot provide all of the nutritional elements recommended in the Comprehensive Nutritional Assessment. Vouchers must be in the form of store gift cards; vouchers redeemable for cash are not permitted. Clients must present receipts from their purchases to program staff at the following visit to ensure that only allowable purchases were made.

   Full Food Voucher - $40
   Vouchers provided to clients who do not receive a pantry bag and are unable to obtain food or food based services. Vouchers must be in the form of store gift cards; vouchers redeemable for cash are not

permitted. Clients must present receipts from their purchases to program staff at the following visit to ensure that only allowable purchases were made.

6. Page 16, Table 1 - Under "Food Services – Core Services" - There is no Service Type listed for the monthly food vouchers distributed to clients that are not Supplemental or Emergency vouchers. These clients would only be receiving food vouchers and not pantry bags during the month. How should those food vouchers be categorized?
   *Response - In a change to the RFP (see pages 16 & 18-19), **Emergency Food Voucher** will be changed to **Full Food Voucher** and may be issued to clients on an as need basis.*

   ***Full Food Vouchers** are **$40** store gift cards provided to clients who do not receive a pantry bag and are unable to obtain food or food based services. Vouchers must be in the form of store gift cards; vouchers redeemable for cash are not permitted. Clients must present receipts from their purchases to program staff at the following visit to ensure that only allowable purchases were made.*

7. Page 16, Table 1 - Is the cost of supplements included in the rate ($210 w/supplements vs. $178 w/o supplements)? If not, how are supplements paid for?
   Response – Yes, the cost is covered in the rate.

Questions Related to-
Service Category 2: Housing/Short Term Assistance Services

1. Page 28 – Can the Housing Case Manager also be listed as the Staff Responsible for Rental/Utility Assistance? As a current provider of housing assistance services, our experience is that the housing program staff work on some of the services listed under Service description (i.e. contacting landlords and utility companies, verifying client portions of rents paid, etc.). The housing staff works hand in hand with the fiscal on providing documentation and verifications so that payments can be sent by finance.

   Response – The appropriate fiscal staff must be assisting with the proper completion and documentation of this service to participants. As per page 28 of the RFP: "Fiscal staff will coordinate with Housing Case Manager, referring provider, and/or client to: Contact payee (landlords, etc.) to discuss payment arrangements and issue letter of guarantee, as needed; Assess each bill submitted for payment to determine if it is an allowable expense under the grant guidelines; Maintain documentation of clients' portion of monthly rent payments to landlord, etc."

Questions Related to-
Service Category 3: Medical Case Management Services

1. It appears that MCM (Tri-county) is not a favorite category for the administrators from NYC. It is the largest category, yet it has been greatly reduced. Why is so much money allocated to Medical Transportation Services when clients have Medical transportation?
   Response – Funding allocations are made by the HIV Health and Human Services Planning Council of New York (Planning Council).

2. Since we will submit reimbursement based on deliverables, will we report our actual expenses for that period at the same time? What happens if expenses are more than our requested amount?
   Response - Reimbursement is based on deliverable or rate, therefore both assume coverage of cost. Contractor would manage cash-flow/draw-down to ensure costs are covered.

3. Does fee for service total equal actual expense budget – i.e. whatever we request as our MRA, our corresponding expenses cannot exceed this amount? How are the two related – fee for service and actual expenses?
   Response – No. Reimbursement is based on deliverable or rate. Therefore, both assume coverage of cost. Contractor would manage cash-flow/draw-down to ensure costs are covered.

4. How long does the brick and mortar Medical Case Management site have to be in operation, before RFP submission deadline or before contract start date, to qualify for award (to have proposal considered)?
   Response – Organization must be "currently" operating at time of proposal submission.

5. What is the thought on Health Homes Plus versus MCM?
   Response - Same service can't be provided by MCM and Health Homes. Payer of Last Resort (POLR) must be ensured but if no one else (Health Homes) pays, then MCM can pay.

6. In the past we were informed that clients must have case management to access transportation services. If the client is medically adherent and virally suppressed, can MCM services be provided for transportation services?
   Response – No. MCM is not required for medical transportation.

7. We encounter a very high risk population in our inpatient services who are currently out of care and with whom we have the ability to interface if we can use MCM funds in the manner we are proposing. We have a significant number of New York City (NYC) residents who use inpatient behavioral health programs at our facility. Our experience is that many of these individuals are not connected to HIV medical care when they come here for services and they receive only a cursory connection back to HIV care through their inpatient discharge planning process. These individuals are here (on average) 3 days for detox and less than 15 days for rehabilitation. (Note: We do not feel it is advisable to refer

them into a Westchester based HIV primary care services since they live in NYC and they won't be able to return to Westchester for medical care.)

i. Could we use the MCM funds to provide case management services while the client is in inpatient substance use treatment specifically (and only) to link them (upon discharge) back to an HIV Specialist in NYC and to MCM services near their home? This would mean that some MCM interventions would occur while they are inpatient. By design this would be a very short-term intervention with the expressed purpose of reconnecting the client to a longer-term MCM/primary care contact in NYC. It might include accompanying a client upon day of discharge to their first HIV medical re-engagement appointment in NYC.
Response – MCM is not a short term discharge intervention. The organization could partner with another proposer to include this as a service but that would limit the number of medical providers for linkage in this circumstance. This organization may want to partner with an existing NYC Ryan White service provider.

ii. If the answer to above question (i) is yes, we have the following procedural questions. Since the clients will be in our inpatient services they will have very little documentation with them.
    a. Would we be required to take on the expense for a Viral Load test (not routinely done upon admission to behavioral health services) to verify HIV status in order to provide MCM services and receive Part A funded fee-for-service reimbursement while clients are inpatient? (Our experience is that it is extremely difficult to get medical records from many providers and many clients only have a self-report of HIV status.) Alternatively, could we obtain client permission to access Psyckes and use the HIV/AIDS diagnosis codes listed in Psyckes as proof of status for the purposes of the short-term interventions to be delivered under this contract? (I have verified with Psyckes that the Psyches diagnostic codes for HIV/AIDS are based solely on Medicaid billing data excluding dental, lab and pathology, medical equipment, transportation and vision billing.)
    Response – This service isn't appropriate for MCM.

    b. Could we run eMedNY for the clients and use that data as proof of address and of being eligible based on residence and income criteria (within 435% of FPL)? For most of these clients we will not be able to get more traditional income verification since they will be inpatient nor will we be able to get more traditional verification of residence while they are in Westchester County for the treatment service. Our fear is that after they return to the City we will not be able to easily obtain the verifications we need to be able to bill fee for service for this work.
    Response – Yes, this information will suffice for proof of income and residency. However, it will not suffice for proof of HIV status.

Questions Related to-
Service Category 4: Mental Health Services

1. Why have mental health services been dramatically reduced; when mental health/substance abuse/use is on rise? 97K for the entire tri-county region underserves and impacts health outcomes exponentially? Explain.
   Response – Funding allocations are made by the HIV Health and Human Services Planning Council of New York (Planning Council).

Questions Related to-
Service Category 5: Oral Health Care Services

1. Will all ADAP/APIC(X?) patients be eligible for this service category?
   Response – Technically, ADAP enrollees who live in the New York EMA would be eligible for services because the New York EMA and the NYS HIV Uninsured Care Program have the same enrollment criteria. Please note, ADAP should be billed first. If ADAP pays for the service, Ryan White Part A cannot make up the difference. However, Ryan White Part A can be used to pay if ADAP does not pay.

Questions Related to-
Service Category 6: Psychosocial Support Services

1. The model for this service category as outlined in the RFP does not allow for peer-led support groups (as currently outlined in Table 2, page 67-72). Will the model as outlined in the RFP mean the elimination of the Living Together peer led groups in the Tri-County region?
   Response – As per page 65 in the RFP, "Psychosocial Support Services provides outreach, individual, family and group counseling, support groups, crisis intervention, ***peer and non-peer led interventions****, drop-in activities, grief and bereavement counseling, pastoral care, and transitional services to stabilize families after the death of a loved one. The program also provides relationship-building activities, education, training, HIV self-management skills-building activities, treatment readiness and adherence support, linkage and referral to the full range of services available to PLWH in the New York EMA." While a program staff member may be present for the support group, peer led interventions (including Living Together Groups) are permitted under the program model.*

2. The staffing plan for this service category stipulates that the only role for a peer (unless they have a Bachelor's degree and five years' experience) is that of a "patient navigator." The current models have allowed the psychosocial support programs to be peer led. Is this an intentional movement away from the peer-led models traditionally used in Tri-County?
   Response – The recommended credentials are just that, RECOMMENDED, unless a specific licensure is necessary to perform the functions of the role, appropriate and relevant experience may substitute for education. As stated on page 73 of the RFP: " In order to staff the program, outreach, recruitment, and employment activities should reach those whose life experiences, training, education, and expertise promote understanding of the program's target population. When making employment decisions, level of education should not be the only consideration. Please note that the staff titles, functions, and qualifications are recommendations from NYC DOHMH. The staffing plan submitted by each agency will be evaluated based on the proposed program. It is the responsibility of each agency to ensure that proposed programs are adequately and appropriately staffed."

3. The functions outlined for the Patient Navigator position states that this position can accompany/transport clients to medical and other appointments or assist with outreach to engage clients and support them in adhering to mental health appointments. Can you please explain why the second part of that sentence would not be to engage and support clients in adhering to medical and mental health appointments rather than limiting it only to mental health appointments?
   Response – The Patient Navigator role is described as follows:

   *"****Patient Navigator***
   Functions: Responsible for carrying out tasks necessary to execute client assistance and support service plans, including the following:
   - *Accompany and/or transport clients to medical and other appointments.*
   - *Assist with outreach to engage clients and support them in adhering to mental health appointments."*

   The description does not indicate an either/or in terms of job function(s) and includes accompaniment and/or transport of clients to their medical and mental health appointments. For more information, please refer to page 73 of the RFP.

4. Page 65 – Reimbursement. It states a deliverables-based start-up period to reach full capacity will be provided. When will it be provided?
   Response – This will be provided during contract negotiations.

5. Page 66, Table 1 - PHS code P91 – Counseling – Group - Rate of $53.00 per attendee – Does this mean that reimbursement is $53/attendee regardless of the number of group sessions they attend? If not, please explain how the rate is applied.
   Response – To be considered a group service, each group must have a minimum of 3 enrolled program participants present. Payment is per enrolled participant and each group can be reimbursed for UP TO 6 enrolled participants. Each participant can attend as many groups as they like, but reimbursement will be provided as detailed above. A group may be comprised of persons paid by different payment sources.

6. Page 66, Table 1 - PHS code Q14 – Seeking Safety – Group - Rate of $61.00 per attendee – Does this mean that reimbursement is $61/attendee regardless of the number of Seeking Safety sessions they attend (Seeking Safety consists of 25 topics)? If not, please explain how the rate is applied.
   Response – As per page 71 of the RFP, "Each session [of Seeking Safety - Group] is at least 60 minutes and may only be delivered by staff trained at DOHMH to conduct the intervention. Groups must have at least 3 participants. At least 1 participant must be enrolled in the Ryan White program." Participants may attend as many groups as they like, however, facilitators must be certified by the DOHMH to lead this Intervention. Furthermore, programs providing Seeking Safety must adhere to the requirements of the intervention, which will be detailed during the facilitator training.

7. Page 70 – Under Accompaniment there are two types listed – one where the service staff to use transportation and one where delivering the service does not require staff to use transportation. Is the expectation that staff use their personal vehicles to transport clients when accompanying them to appointments? If not, can you clarify what is meant by "staff to use transportation?"
   Response –No, agency staff are not expected to the use their personal vehicle(s) for accompaniment services.

8. The existing Psychosocial Support Services service category allows for the peer-led Living Together Support Groups. How will Living Together fit in under the program design proposed in this RFP for Psychosocial Support as there is no Service Type for peer-led support groups? Will the Living Together Groups be eliminated?
   *Response - As per page 65 in the RFP, "Psychosocial Support Services provides outreach, individual, family and group counseling, support groups, crisis intervention, **peer and non-peer led interventions**, drop-in activities, grief and bereavement counseling, pastoral care, and transitional services to stabilize families after the death of a loved one. The program also provides relationship-building activities, education, training, HIV self-management skills-building activities, treatment readiness and adherence support, linkage and referral to the full range of services available to PLWH in the New York EMA." While a program staff member may be present for the support group, peer led interventions (including Living Together Groups) are permitted under the program model.*

9. Page 73 – For the title "Case Manager/Psychosocial Support Services Coordinator (CASAC-T, or equivalent)" the Minimum qualifications only list BA/BS degree AND at least 5 years' experience. Are these two separate positions with different qualifications? If not, will there be an option to hire a CM that only has a CASAC-T and not a BA/BS?
   Response - The recommended credentials are just that, RECOMMENDED, unless a specific licensure is necessary to perform the functions of the role, appropriate and relevant experience may substitute for education. As stated on page 73 of the RFP: " In order to staff the program, outreach, recruitment, and employment activities should reach those whose life experiences, training, education, and expertise promote understanding of the program's target population. When making employment decisions, level of education should not be the only consideration. Please note that the staff titles, functions, and qualifications are recommendations from NYC DOHMH. The staffing plan submitted by each agency will be evaluated based on the proposed program. It is the responsibility of each agency to ensure that proposed programs are adequately and appropriately staffed."

10. Page 73 – If the clinical support/supervision is provided by a separate clinical staff (not the Program Director), how often are they required to meet with psychosocial support staff members?
    Response – Programs must provide clinical supervision monthly to direct service staff to help them maintain effective client relationships, preserve therapeutic boundaries, and promote safety for both staff and clients. Supervision is provided to support staff that are working with clients so that they are equipped to handle a crisis situation and facilitate appropriate referrals to ensure the safety of clients and staff. Clinical supervisors must be licensed clinicians.

Questions Related to-
Service Category 7: Medical Transportation Services

1. Must all options be offered i.e. taxi, toll, vouchers, gas mileage, etc.?
   Response – Yes. Please refer to page 76 of the RFP for further detail.

2. Page 76 – In paragraph 3 it states requests for transportation services may "only be made by a case manager or other care managing provider which has screened and certified the client for eligibility." In the event a client requesting transportation services does not have a case manager or other care provider, can the Transportation Specialist screen the client for eligibility? Can the client request rides directly through the Transportation Specialist?
   Response – ALL clients must be screened for Ryan White eligibility. As stated on page 76 of the RFP "Requests for MetroCards, Metro North Train tickets, bus vouchers, gas vouchers, and taxi services may only be made by a case manager or other care managing provider which has screened and certified the client for eligibility; PLWH cannot book their own rides." A patient who does not otherwise need case management services may be screened for program eligibility by the Transportation Specialist. As always, services are subject to payer of last resort requirements.

Questions Related to-
Service Category 8: Emergency Financial Services

1. Page 80, paragraph 3 – Service Delivery Framework; Are the categories for emergency financial assistance limited to those listed (i.e. utilities, housing, food, transportation, and medication) or can the provider use discretion when developing policies and procedures for the types of emergencies that would qualify for assistance?

   Response – As outlined on page 80 of the RFP "Emergency Financial Services funded under this RFP are defined as short term, limited assistance for clients living with HIV. Clients who qualify for Emergency Financial Services can receive up to $2,000 per household over a 12-month period." Emergency Financial Services should "facilitate access to care by providing short term financial assistance for essential services." An emergent need must be documented for all payments made. As always, services are subject to payer of last resort requirements. For further information on what may be provided under Emergency Financial Services, please refer to page 83 of the RFP.