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ADDENDUM NUMBER 1
REQUEST FOR PROPOSALS FOR THE PROVISION OF CHILDREN'S HEALTH OUTREACH, ENROLLMENT, UTILIZATION, AND RETENTION SERVICES
(CHOEUR RFP 2012-003)

On December 5, 2012, the Los Angeles County Department of Public Health (DPH) released a Request for Proposals (RFP) to solicit proposals from agencies/organizations that can provide outreach and enrollment services for low/no income children and their families who lack access to health coverage in Los Angeles County.

As indicated in the RFP, Paragraph 2.5, Proposer's Questions, questions and corresponding answers received by the December 12, 2012 deadline are being issued as part of this Addendum as follows:

Q1: **Is additional software required for the CHOI data tracking system? If so, will the cost be provided so that we can build it into the proposal budget?**

A1: RFP Section 1.3 – Description of Required Services, Children's Health Outreach Initiatives (CHOI) Data System, states that contracting agencies will enter data into the CHOI internet based, data tracking and reporting system. No additional software is required.

Q2: **Are the Medi-Cal Administrative Activities (MAA) time surveys the same as BIH (Black Infant Health) time studies? How often will they be conducted?**

A2: MAA time studies are similar to, but not the same as, BIH Time Studies: The MAA Time Survey is based on Medi-Cal activities provided and is perpetual (daily). Please refer to RFP Section 1.3 – Description of Required Services - Medi-Cal Administrative Activities, for further information.

Q3: **Section 1.0, subsection 1.3, Description for Required Services page 5 Allowance for Subcontracting paragraph (The RFP does not state if an applicant can submit an application but also be listed as a subcontractor on another agency's application). For example, Agency A submits an application, but is also included as a subcontractor on Agency B's application. Is this possible?**

A3: Yes, an agency can be a lead or primary contractor with a specific Scope of Work (SOW) and also be a subcontractor under a different lead agency with a separate SOW (and objectives/goals) or for a different Category (e.g.; A lead agency for Category-1 and also a sub-contractor for Category-2). Please see RFP Section 1.3, Description of Required Services – Allowance for Subcontracting for further information.

Q4: **Would it be permissible/possible to submit a combined proposal with another organization that serves a different SPA than we do? Both organizations have community partners that will enable a combined proposal to reach more people more effectively.**

A4: An agency may submit a proposal in which they are the lead agency and they subcontract work with another agency/agencies. The lead agency may conduct work in one Service Planning area (SPA), while their subcontracting agency/agencies work in a different SPA/s. Each proposal must have only one lead agency. Please refer to RFP Section 1.3 – Description of Required Services, Allowance for Subcontracting for further information.

Q5: **Is a special license required to conduct these activities?**

A5: No special licenses are required.

Q6: **What is the actual amount that can be applied for in the Training and Technical Assistance category? Is it $300,000 or may the applicant apply for more, with justification? (Section 1.9.1 Availability)**

A6: RFP Section 1.9.2 – Funding Summary, Category #2 states that $300,000 is the total available for these services.

Q7: **Given the available funding for each SPA (pages 14 -15 of the RFP), will the full amount for a SPA be awarded in a single contract or potentially divided among two or more agencies? In other words, there is $190,000 available for SPA 5 West - will this full amount be awarded to a single agency or multiple agencies?**

A7: More than one agency may be awarded funding in a particular SPA. Per RFP Section 1.9.2 – Funding Summary, 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.

Q8: **On the timeline that appears on page 31 of the RFP, what is meant by "Request for a Solicitation Requirement Review?" This is scheduled for December 19, 2012 (ending at 3:30 pm).**

A8: See RFP, Section 2.4, Solicitation Requirements Review for detailed information.

Q9:   **In this RFP section 2.10.2, page 36 it explains the "Required Supporting Documents"- from what I am reading, it seems that our organization would need to get some sort of updated version of our articles of incorporation to include? Or is the copy we have now, last updated in 2002, sufficient?**

A9:   The RFP does not require vendors to submit articles of incorporation. See RFP Section 2.10.2, Paragraph 4 - Required Support Documents for the list of required documents to be submitted.

Q10:   **In this RFP section 2.10.5, Page 38 it explains the exhibits 2 and 3. On these exhibits we list references and a list of contracts. Each of these has a place to put a dollar amount. Is this for us to put those that we "Contract" with to provide training because if so then those trainings are free. Would we just put a zero there? Or are you looking for other contracts that has provided for money that are not necessarily related to training?**

A10:   For each interested Category, Proposer should enter the dollar amount received from the primary Contract where the same or similar scope of services was provided. If no dollar amount was received, enter $0 or not applicable.

Q11:   **Allocation of funding for outreach - the downtown LEGISLATIVE districts have historically been the "epicenter" of lack of health insurance. Can you explain the formulas a little more to see if the issue is the lack of overlap between the Metro SPA and leg districts, and that maybe SPA 6 includes part of that epicenter? (Section 1.9.1 Availability of Funds, p. 14)**

A11:   California Health Interview Survey (CHIS) data was used to determine the rates of uninsured children 0-18. Calculations were made to ensure the dollars allocated for outreach and enrollment services followed the needs in each SPA. DPH chose to use CHIS data on uninsured categorized by SPA. It is the responsibility of the proposer to determine the geographic locations for the delivery of their proposed services and to describe the needs in Section 2.10.7 Proposer's Approach to Provide the Required Services (Proposal, Section D), i. Community Characteristics of the RFP. If the geographic area where the proposer will be providing services overlaps SPA area, they can apply for funding for both SPAs. (e.g. SPAs 4 & 6)

Q12:   **With the rate of insured children in the state hovering around 90% (http://blogs.sacbee.com/capitolalertlatest/2012/10/california-has-lowered-number-of-medically-uninsured-children.html accessed 12-12-12<http://blogs.sacbee.com/capitolalertlatest/2012/10/california-has-lowered-number-of-medically-uninsured-children.html%20accessed%2012-12-12>), the transition of Healthy Families to Medi-Cal and the emphasis on managed care as a delivery system, why is there still so much emphasis on enrollment in the RFP? Our experience has been that the expectation is that enrollment will be the**

largest number in the Scope of Work. However, our on-the-ground experience is that families have children with problems with their existing coverage - private insurance co-coverage which may or may not be real, loss of provider, share of cost issues, card doesn't work, etc. The troubleshooting category seems to allow for troubleshooting for enrollments done by that contractor, NOT to troubleshoot as a legitimate issue in and of itself, although we know that it is allowed for families whose applications were started elsewhere. Could you comment as to whether it may be possible to create this category - troubleshooting for "outside" cases or families, that the expected numbers might be as high as those for enrollment, and that a potential contractor will or will not be at a disadvantage if they have higher troubleshooting than enrollment numbers?

A12:   While DPH understands the complex enrollment versus troubleshooting work balance, it is the responsibility of the proposer to explain their proposed outreach and enrollment numbers for the Scope of Work as well as the ongoing assistance to clients experiencing problems with enrollment, utilizing benefits, or retention (see Section 2.10.7 Proposer's Approach to Provide the Required Services (Proposal, Section D, iii. Program Design - B. OUER Services - 2. Enrollment, 3. Utilization and 4. Retention, and C. Complexity of Health Coverage Systems) and SOW B-1, Objective 3.1, which captures troubleshooting for all clients (on-going existing clients and "outside" clients).

Q13:   **Will there be an expectation in the CHOEUR contract that contractors will screen children for existing health insurance in a standard way, so that duplicate applications can be avoided and the enrollment verification is for an enrollment that the contractor actually did? There is a concern that high numbers of enrollments may mean applications are being submitted without verifying first whether the family already submitted an application, and the "verification" may not be valid because it actually pertains to an enrollment done elsewhere.**

A13:   There is the expectation that enrollment verification will only be conducted on applications either directly assisted by the Certified Application Assister (CAA), who helps with line-by-line assistance, or for applications FACILITATED by a CAA-"facilitated" means that an application might have been submitted elsewhere BUT the client is still NOT enrolled (e.g. Dept. of Public Social Service), and due to the assistance of the CAA, the barriers/problems were resolved and they were eventually enrolled due to their efforts. Please refer to Appendix B-1 Scope of Work for further information.

Q14:   **Is payment contingent on a) numbers enrolled? b) number of enrollments confirmed? c) numbers retained? d) number of activities conducted? If so, how would that work?**

A14:   This is not a fee-for-service contract but a line-item reimbursement budget to make sure proposer's costs are met for providing the proposed number of services

(outreach contacts and number of applications submitted). Scope of Work (SOW) numbers may be negotiated with selected contractors if insufficient numbers are proposed. DPH is required to meet a minimum number of outreach contacts, applications submitted, with our contract with First 5LA (funder). DPH is therefore responsible to ensure that the overall numbers are met. <u>Percentage goals (e.g. for enrollments confirmed) are not negotiable and are set by DPH.</u> Please see Appendices B-1 and B-2 – Scope of Work, for further Information.

Q15: **Technical Assistance may be a newly named category - it's not new work, but having it listed in the RFP may be new? Can you talk about the distinction between the retention work necessary to maintain clients in their health programs that is part of the Category 1, and the category for Training and Technical Assistance that is in Category 2? Sec. 1.1 Purpose, Service Categories p. 1**

A15: Technical Assistance for Category 2 is work that DPH recognizes is critical for clients to retain/maintain medical/dental benefits. Proposers for this category will provide technical assistance in at least three ways: they will provide retention technical assistance tips and instructions as part of their training curriculum, technical assistance to a CAA on behalf of clients with complex problems and direct assistance to a client contacting the agency directly. Proposers selected in Category 1 will provide retention work for their clients and only contact the Training/Technical Assistance (Category 2) agency if they are unable to solve the client's problem without additional intervention by the Technical Assistance/Trainers. Please refer to Appendix B-2 - Scope of Work, for further information

Q16: **Will a digital version of the Budget Form/Template be available? If so, where will agencies be able to find the link? OR should agencies just cut and paste from the RFP?**

A16: A digital version of the Budget Form/Template will not be provided, as agencies may adjust the line item categories as necessary for their own proposal. Agencies should use the sample budget and budget justification provided in Appendix C, pages 1-12 of the RFP as a basis for their budget.

Q17: **The federal mileage rate in 2012 is 55.5 cents. Is there a state rate or any ability to be flexible if/when gas prices rise above this amount for a month or more?**

A17: No, DPH will adhere to the County rates for the RFP submission.

Addendum Number 1 has been posted on the Department of Public Health Contracts and Grants website at: http://publichealth.lacounty.gov/cg/index.htm.

Thank you for your interest in contracting with the County of Los Angeles. Except for the revisions contained in Addendum Number 1 there are no other revisions to the RFP.