



# REQUEST FOR PROPOSALS

**RYAN WHITE PART B SUPPORTIVE, CORE MEDICAL, AND  
HOPWA (HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS) SERVICES**

LOUISIANA DEPARTMENT OF HEALTH  
OFFICE OF PUBLIC HEALTH  
STD/HIV/HEPATITIS PROGRAM

**RFP# 3000015534**

**Addendum III**

**\*\*\*\*\*Questions and Answers\*\*\*\*\***

## **Questions and Answers**

1. Page 39 of the RFP states that the contractor must ensure that 90% of qualifying clients have a care plan and acuity score completed twice a year, while page 51 states an 80% threshold. Could I please receive clarification? [pages 39, 51]

Contractors will be expected to ensure 90% of qualifying clients have a care plan and acuity score completed twice a year. Section 4.2.4 on p. 51 of the RFP is being amended to correct the discrepancy; see Amendment 3 in Addendum IV.

2. The RFP states that proposers are required to have one full-time employee in the Data Management/Analysis Coordinator role if they plan to serve more than 300 clients. Proposers are also required to have IT support available. Could IT support be combined with Data Management/Analysis into one full-time staff position? [pages 14, 15, 42, 43]

No. Information technology (IT) and data management/analysis are different skill sets and professional disciplines. A proposer may opt to have an in-house IT employee if desired, but this position should not be combined with a data manager/analyst.

3. Our organization has previously received funding for housing-related services (TBRA, STRMU, and PHP). However, in the most recent funding cycle, we did not apply to provide Ryan White Housing. If we still intend to provide the optional services of STRMU and PHP if awarded funding under this RFP, is our organization still required to provide Ryan White Housing as part of Bundled Services? [page 6]

Yes, because this is one of the bundled service categories aimed to create geographic parity across service regions, it must be provided in every region; and therefore, by every successful proposer. Please see page 6, Section 1.3- Goals and Objectives, Item 1. Keep in mind that Ryan White Housing and Emergency Financial Assistance Services can be used to move individuals out of homelessness, whereas the HOPWA funds focus on maintaining housing and preventing homelessness. Please review service categories and definitions for more detail.

4. In the timeline of the RFP, it states that the start date is Sept 1, 2021, but on page 7 of the RFP, it states October 1, 2021. What is the actual start date of the contract? [pages 7, 9]

The start date for the contract is on or about October 1, 2021 as stated on page 7, Section 1.4. The Schedule of Events will be revised in Amendment 4 in Addendum IV.

5. Job Titles are not consistent throughout the RFP. On pg 15 of the RFP it states a Support Services Director or Direct of Client Services, case managers, benefits coordinator and data manager/analysis coordinator and on pg 42, it list Executive Director, case management supervisor, billing and invoicing specialist, primary accounts payable coordinator and data manager. It also lists that several positions have to be 100% FTE. Can you tell me what the required positions are of this RFP are and at what percentages? Also, are there job duties or tasks that should be included in the required position's job description? [pages 14, 42]

We are amending the RFP to delete the referenced paragraph on page 15 in section 1.9.7 that lists various positions, and consolidate position listings in Scope of Work/Services, Section 2.3 under Staffing Requirements/Qualifications; see Amendments 1 and 2 in Addendum IV. Amendment 2 clarifies the required positions, including any associated percent effort requirements. Note: Be careful not to overlook requirement number 2 under Section 2.3-1 Staffing Requirements/Qualifications in the RFP.

Specific job duties and tasks are not prescribed in this RFP. However, the proposal should demonstrate proposer's capacity for sound program management, delivery of quality services, completion of project activities, performance maintenance, proper documentation practices and compliant finances. Job descriptions are among the items that demonstrate this capacity.

6. What positions are the "key" positions? [pages 15, 43, 44, 51]

A key position is any position essential to the delivery, documentation, coordination, and reporting of services – if the project scope/proposed services cannot be achieved in a quality manner without a position, it is considered a key position. The proposer should determine what positions are key (or essential) to the delivery of quality services to clients in their service area. Key positions include but are not limited to those that are expressly listed as required positions in Section 2.3.

7. How do you submit (1) technical proposal in PDF and Word format? Or excel and PDF? Explain what needs to be redacted upon submission? [page 18]

Technical proposals are to be submitted in both PDF and Word formats and Cost proposals are to be submitted in both PDF and Excel formats, as specified. You should also submit a redacted version of the technical proposal as a separate file. Information that may be redacted from a technical proposal is described in the last paragraph of Section 1.13 on p. 19 of the RFP.

8. What is the indirect cost rate? .10 or .12? It is stated both ways in several places within the RFP. [n/a]

The only 10% reference pertains to the retainage on page 34. The indirect cost rate is a maximum of 12% for Ryan White Services. Please note that for HOPWA, the indirect cost rate is included in administrative costs, and administrative cost is capped at 7%. These percentages appear in Attachment VI and in the Sample Cost Worksheets/Templates in the Procurement Library. Please also reference the answer to submitted Question 15.

9. Could you post the slide presentation from the RFP Pre-proposal conference in the procurement library? (You may skip this one, I see that it was added. Thank you).

10. Section 1.2 Goals and Objectives provides in #2 that Optional Services funded through the RFP should reduce gaps in services and do not duplicate services currently available in the region. However, #5 of that same section reflects that LDH will or may add Optional Services to the Bundled Services contract and/or to independent proposers based on 4 factors. Should Optional Services be addressed in the Response to RFP? If so, in what detail? If so, where should Optional Services be addressed in light of the request for an item-by-item response to the RFP? [pages 6, 7]

Listed in Section 1.3-Goals and Objectives-Optional Services are not required to be addressed for the submission of the initial response to the RFP. However, they may be briefly listed in the Executive Summary. Note: Service budgets and staffing plans will be requested during the contract negotiation process with the successful proposers. These details are not required for the submission of the initial response to the RFP. Please note the Evaluation Criteria on page 49.

11. Section 1.9.7 calls for 100% FTE Support Services Director (Director of Client Services) AND a customer services coordinator. A customer services coordinator has not appeared in previous RFPs. How does LDH define a “customer services coordinator?” What qualifications and duties does this position entail? Will you provide a sample job description encompassing the duties and responsibilities of this position? [page 14]

The Customer Services Coordinator was included in error and is being deleted from the RFP; see Amendment 1 in Addendum IV.

12. Section 1.9.7 calls for a part time or full-time Data Management/Analysis Coordinator depending on the number of clients to be served. A Data Management/Analysis Coordinator has not appeared in previous RFPs. How does LDH define a Data Management/Analysis Coordinator? What qualifications and duties does this position entail? Will you provide a sample job description encompassing the duties and responsibilities of this position? [pages 14, 15, 42, 43]

A Data Management/Analysis Coordinator is an individual with the skill and expertise to:

- Ensure agency data collection standards, process, practice, and systems meet the needs of the program staff, clients, and funders;
- Analyze data from different sources to identify trends, track outcomes, support quality management projects, and complete required reports;
- Use critical thinking and data analysis skills to interpret questions from program staff and create data reports to answer those questions;
- Support staff in asking questions about the needs and services of clientele, pull data to answer questions pertaining to clientele, in order to better understand the client population and their needs and barriers;
- Design and implement data reports/dashboards to assess client engagement and progress to self-sufficiency, the status of quality of services, access to services, and progress toward agency goals and objectives for ongoing improvement in these areas;
- Identify ways that data reports and visualizations can streamline program processes and support high quality service delivery, then create analysis products to meet these needs;
- Be proficient in data analysis applications used or planned for use by the agency;
- Serve as the agency point of contact for the Louisiana Department of Health for all data-related objectives and requirements.

We are amending the RFP to delete the paragraph in Section 1.9.7 which lists various positions, including this position, and consolidating position listings (including the Data Management/Analysis Coordinator) in Section 2.3 under

Staffing Requirements/Qualifications; see Amendments 1 and 2 in Addendum IV, and bullet number 2 in the RFP under section 2.3, Staffing Requirements/Qualifications.

13. Please clarify the Staffing Requirements detailed on page 42. The section indicates the requirement of an Executive Director, Case Management Supervisor, a billing and invoicing specialist, a primary accounts payable coordinator, a data management/analysis coordinator and a Support Services director. If the Director of Client Services (Support Services Director) provides case management supervision, is there an additional requirement of a Case Management Supervisor? [pages 14, 42]

Per Amendments 1 and 2 in Addendum IV, there is no requirement for a Case Management Supervisor; however, the proposer should consider their agency client count, case management unit skill level, and reflect on the required staffing structure/supervisory capacity needed to manage staff and ensure delivery of high quality services.

Can the billing and invoicing specialist be combined with the primary accounts payable coordinator? [page 42]

Yes, combining these roles would be fine.

What portion of the Executive Director's salary can be allocated as a Program Cost as opposed to an Administrative Cost? [page 42]

This needs to be determined by the proposer keeping in mind that management and general supervision of Ryan White services count toward the administrative cost category, but a portion of these costs can be allocated to direct services according to the amount used for direct RWHAP client services. PCN #15-01 in the Procurement Library provides the following clarification:

*For all recipients (grantees) and subrecipients funded by RWHAP Parts A, B, C, or D, the following programmatic costs are not required to be included in the 10% limit on administrative costs; they may be charged to the relevant service category directly associated with such activities:*

- *The portion of a supervisor's time devoted to providing professional oversight and direction regarding RWHAP-funded core medical or support service activities, sufficient to assure the delivery of appropriate and high-quality HIV care, to clinicians, case managers, and other individuals providing services to RWHAP clients (would not include general administrative supervision of these individuals);*

14. If Fringe Benefit costs exceed 25%, may that excess percentage be allocated to Program Costs? [Attachment VI]

Fringe benefit costs for the Administration component of staff time fall under Administrative Costs. However, fringe benefit costs for direct program costs fall under the Direct Services Costs. The 25% in the Sample Cost Worksheets/Templates are just an example; LDH allows for a fringe rate up to 39% of salaries.

15. As there are inconsistencies in the Sample Cost templates provided, please confirm that the Indirect Cost Rate is 12 percent for Ryan White and 7 percent for HOPWA. [Procurement Library – SAMPLE Cost Worksheets/Templates]

All Indirect Costs are included in (or a subcategory of) Administrative Costs. For Ryan White services, Indirect Costs are capped at 12% of all costs. The 12% rate shown in the Ryan White Sample Cost template is just an example to demonstrate where the rate for Indirect Costs should be calculated. Indirect Cost rates may vary across proposers but in all cases they cannot exceed 12%. We have not placed a cap on total Administrative Cost for Ryan White Services. Please reference PCN #15-01 in the Procurement Library.

For HOPWA services, there is a limitation or a cap in total Administrative Cost. It cannot exceed 7% of the total proposal cost for that particular service. The rate shown as Indirect Cost for HOPWA in the Sample Cost Worksheet/Template is also just an example. The State allows Indirect Cost to go as high as 12% but because there is a cap for Administrative Costs set by HOPWA regulations at 7%, the Indirect Cost to be proposed for HOPWA services may be very limited.

16. In Section 1.9.4 under the Quality and Timeliness Section, there is a requirement that the proposal include a “breakdown of proposed costs.” As there is a separate section for the Cost Proposal, please describe the information sought by Section 1.9.4. How much detail is required in this section of the proposal? Please be specific. [pages 11, 17]

This requirement to include a breakdown of proposed costs can be satisfied by the level of detail presented in the cost proposal sample formats provided in Attachment VI.

17. Are care plans and acuity scales required for 90% of qualifying clients twice per year as stated on page 39? Or are care plans and acuity scales required

for 80% of qualifying clients twice per year as stated in Section 4.2.4 on page 51? [pages 39, 51]

See the answer to Question #1 above - contractors must ensure 90% of qualifying clients have a care plan and acuity score completed twice a year.

18. The utilization data by region as provided in the Procurement Library looks different than it has in previous years, and reflects the percentage of increase from one year to another. How are proposers to use this data to determine the budget for various services? [Procurement Library – Utilization Data]

The utilization data by region was made available as a resource for proposers to respond to Section 1.9.7- Proposed Staff Qualifications (pages 14-15) that will meet the scope of work staffing requirements and qualifications found in Section 2.3, Deliverables (pages 40-41).

19. The previous RFP required the addition of IT support, whether it be in the form of paid personnel or contracted IT services. Does this remain a programmatic requirement and eligible programmatic expense? [page 46]

Yes, the IT support requirement remains in place as stated on page 46:

*. . . [T]he Contractor shall maintain or establish independent technical assistance for Information Technology (IT) questions, concerns or system recommendations. The costs associated with this technical assistance may be included in the proposed budget. In addition, the Contractor shall maintain the security and routine maintenance of all equipment purchased by the STD/HIV/Hepatitis Program for use at the local agency.*

Yes, IT services can be an eligible programmatic expense as follows:

Consult PCN #15-01 in the procurement library for distinctions related to subrecipients as it clarifies:

*For all recipients (grantees) and subrecipients funded by RWHAP Parts A, B, C, or D, the following programmatic costs are not required to be included in the 10% limit on administrative costs; they may be charged to the relevant service category directly associated with such activities:*

- *The portion of fees and services for electronic medical records maintenance, licensure, and annual updates, and staff time for data entry related to RWHAP clinical care and support services;*

20. On page 43, #8, there is a requirement that comparability of salaries must be demonstrated during the budget negotiation phase for all personnel. What methodology will LDH use to determine regional comparability of salaries? [page 43]

Agencies may utilize online services or another method to identify comparable ranges to regional salaries for similar positions. During budget negotiations, LDH will review the presented documentation to confirm comparability.

21. As the Cost Proposal is submitted separately from the Technical Proposal, is the Cost Proposal of the response to RFP automatically redacted? Or must it be designated redacted to be excluded from Public Records Act? [page 18]

There is no redacted Cost Proposal, as this element of the application should not include any confidential or proprietary information.