

ADDENDUM I

# LOUISIANA



**DEPARTMENT OF  
HEALTH  
AND HOSPITALS**

## REQUEST FOR PROPOSALS

STATE OF LOUISIANA  
RYAN WHITE PART B CORE AND ANCILLARY SERVICES  
AND  
HOUSING OPPORTUNITIES FOR PERSONS LIVING WITH AIDS (HOPWA)  
FUNDING FOR PEOPLE LIVING WITH HIV

STD/HIV PROGRAM  
OFFICE OF PUBLIC HEALTH  
DEPARTMENT OF HEALTH AND HOSPITALS

**RFP # 305PUR-DHHRFP-RWPARTBHOPWA-OPH**

**Proposal Due Date/Time: ~~December 13, 2013~~**

**December 16, 2013 4:00pm CST**

**Release Date: November 13, 2013**

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## II. Administrative Information

### A. RFP Coordinator

1. Requests for copies of the RFP and written questions or inquiries must be directed to the RFP coordinator listed below:

**Mary Fuentes**

**Department of Health and Hospitals**

**Division of Contracts and Procurement Support**

**628 N 4<sup>th</sup> Street, 5th Floor**

**Baton Rouge, LA 70802**

**Email: [Mary.Fuentes@LA.Gov](mailto:Mary.Fuentes@LA.Gov)**

**Fax: (225)342-9046**

2. All communications relating to this RFP must be directed to the DHH RFP Coordinator person named above. All communications between Proposers and other DHH staff members concerning this RFP shall be strictly prohibited. Failure to comply with these requirements shall result in proposal disqualification.

3. This RFP is available in pdf at the following web links:

<http://wwwprd1.doa.louisiana.gov/OSP/LaPAC/pubMain.cfm>

<http://new.dhh.louisiana.gov/index.cfm/newsroom/category/47>

### B. Proposer Inquiries

1. The Department will consider written inquiries regarding the requirements of the RFP or Scope of Services to be provided before the date specified in the Schedule of Events. To be considered, written inquiries and requests for clarification of the content of this RFP must be received at the above address or via the above fax number or email address by the date specified in the Schedule of Events. Any and all questions directed to the RFP coordinator will be deemed to require an official response and a copy of all questions and answers will be posted by the date specified in the

Schedule of Events to the following web link:

<http://wwwprd1.doa.louisiana.gov/OSP/LaPAC/pubMain.cfm>

May also be posted at:

<http://new.dhh.louisiana.gov/index.cfm/newsroom/category/47>

2. Action taken as a result of verbal discussion shall not be binding on the Department. Only written communication and clarification from the RFP Coordinator shall be considered binding.

### C. Letter of Credit

~~Contractor will provide a Letter of Credit in a form reasonably acceptable to Louisiana Department of Health and Hospitals (DHH), naming DHH as the party entitled to demand payment and present draw requests there under, which letter(s) of credit:~~

~~1) is issued by a U.S. commercial bank or a foreign bank with a U.S. branch, with such bank having assets (net of reserves) of at least \$10,000,000,000 and a credit rating on its senior unsecured debt of:~~

~~(a) "A2" or higher from Moody's; and~~

~~(b) "A" or higher from S&P;~~

~~(2) on the terms provided in the letter(s) of credit, permits DHH to draw up to the face amount thereof for the purpose of paying any and all amounts owing by Contractor hereunder.~~

~~(3) if a letter of credit is issued by a foreign bank with a U.S. branch, permits DHH to draw upon the U.S. branch;~~

~~(4) permits DHH to draw the entire amount available there under if such letter of credit is not renewed or replaced at least thirty (30) Business Days prior to its stated expiration date;~~

~~(5) permits DHH to draw the entire amount available there under if such letter(s) of credit are not increased, replaced or replenished as and when provided where applicable;~~

~~(6) is transferable by DHH to any party to which DHH may assign;~~

~~(7) shall remain in effect for at least ninety (90) days after the end of the Contract Term.~~

**In order to accommodate the individual circumstances of each Contractor, the State will require either a Retainage or a Performance Bond to ensure the successful performance of the contract. The Contractor and the State will come to a mutual decision on which option would be most beneficial for both parties. The choice of the Retainage or Performance Bond option will be addressed during contract negotiations. If the parties fail to reach a mutual agreement on one of the options, the choice will be made by the State in its sole discretion. The requirements applicable to each option are as follows:**

#### **C. Retainage**

**The Department shall secure a retainage of 10% from all billings under the contract as surety for performance. On successful completion of contract deliverables, the retainage amount may be released on an annual basis. Within ninety (90) days of the termination of the contract, if the contractor has performed the contract services to the satisfaction of the Department and all invoices appear to be correct, the Department shall release all retained amounts to the contractor.**

**Or**

#### **Performance Bond**

**The successful proposer shall be required to provide a performance (surety) bond in the amount of its total proposal cost to insure the successful performance under the terms and conditions of the contract negotiated between the successful proposer and the Department. Any performance bond furnished shall be written by a surety or insurance company currently on the U.S. Department of the Treasury Financial Management Service list of approved bonding companies which is published annually in the Federal Register, or by a Louisiana domiciled insurance company with at least an A-rating in the latest printing of the A.M. Best's Key Rating Guide to write individual bonds up to 10 percent of policyholders' surplus as shown in the A.M. Best's Key Rating Guide or by an insurance company that is either domiciled in Louisiana or owned by Louisiana residents and is licensed to write surety bonds. No surety or insurance company shall write a performance bond which is in excess of the amount indicated as approved by the U.S. Department of the Treasury Financial Management Service list or by a Louisiana domiciled insurance company with an A-rating by A.M. Best up to a limit of 10 percent of policyholders' surplus as shown by A.M. Best; companies authorized by this Paragraph who are not on the treasury list shall not write a performance bond when the penalty exceeds 15 percent of its capital and surplus, such capital and surplus being the amount by which the company's assets exceed its liabilities as reflected by the most recent financial statements filed by the company with the Department of Insurance. In addition, any performance bond furnished shall be written by a surety or insurance company that is currently licensed to do business in the state of Louisiana.**

~~Attachment VI-A~~ **Attachment VII-A**  
**COST TEMPLATE: BUNDLED SERVICE UNIT COST WORKSHEET**  
**REGION 8**

**Based on the Total Proposed Cost, by Service Category and by Year, for each Region proposed, the Proposer shall indicate the unit cost per category based on historical data provided.**

*\*The Historical Data provided is for evaluation purposes only.*

**PROPOSER:**

**YEAR:**

Service Category	Unit of Service Description	Estimated Quantity		Unit Cost	Total Cost Proposed
		# of UDC	# of Units		
Medical or Non-Medical	1 15-minute medical professional face to face encounter	319	9,824		
Case Management	1 15-minute social work face to face* encounter	286	2,743		
	1 15-minute other staff face to face* encounter	300	3,000		
	* <i>non-intake</i>				
	1 medical professional other encounter**	319	18,807		
	1 social work other encounter**	286	9,532		
	1 other staff, other encounter**	300	10,000		
	** <i>telephone contact with client, or on client's behalf</i>				
Medical Transportation	1 one-way trip	198	6,389		
	1 transportation dollar issued ***	198	51,108		
	(***Note: This unit cost shall not exceed \$1.10 per unit)				
HOPWA	1 HOPWA Tenant Based Rental Assistance dollar****	30	28,520		
	(****Note: This unit cost shall not exceed \$1.07 per unit)				
<b>TOTAL PROPOSED COST</b>					

## Attachment VII-A

### COST TEMPLATE: BUNDLED SERVICE UNIT COST WORKSHEET

### REGION 9

**Based on the Total Proposed Cost, by Service Category and by Year, for each Region proposed, the Proposer shall indicate the unit cost per category based on historical data provided.**

*\*The Historical Data provided is for evaluation purposes only.*

**PROPOSER:**

**YEAR:**

Service Category	Unit of Service Description	Estimated Quantity		Unit Cost	Total Cost Proposed
		# of UDC	# of Units		
Medical or Non-Medical	1 15-minute medical professional face to face encounter	193	1,468		
Case Management	1 15-minute social work face to face* encounter	175	267		
	1 15-minute other staff face to face* encounter	175	275		
	<i>* non-intake</i>				
	1 medical professional other encounter**	193	7,793		
	1 social work other encounter**	175	1,613		
	1 other staff, other encounter**	175	1,750		
	<i>** telephone contact with client, or on client's behalf</i>				
		67	3,156		
Medical Transportation	1 one-way trip	67	3,156		
	1 transportation dollar issued ***	67	25,249		
	(***Note: This unit cost shall not exceed \$1.10 per unit)				
HOPWA	1 HOPWA Tenant Based Rental Assistance dollar****	17	42,629		
	(****Note: This unit cost shall not exceed \$1.07 per unit)				
<b>TOTAL PROPOSED COST</b>					

# ATTACHMENT VIII-A OPTIONAL SERVICES WORKSHEET

Post award, DHH reserves the right to add one or more Optional Ryan White Part B and/or HOPWA Services to the bundled services contract(s) based on availability of funds and evidence of regional need for particular services. Proposer **must** complete this form for each year and by Region if proposing for Optional Services. Additional technical points may be awarded to proposer that demonstrates the ability to provide Optional Services.

Proposer:	Region:
Services Category:	Year:

**A. Personnel**

Name/ Title	Annual Salary	Effort (%)	Year (%)	Proposed Amount
1.	\$ _____	_____	_____	\$ _____
2.	\$ _____	_____	_____	\$ _____
3.	\$ _____	_____	_____	\$ _____
4.	\$ _____	_____	_____	\$ _____
5.	\$ _____	_____	_____	\$ _____
<b>Total Salary Expenses</b>				\$ _____

**B. Fringe Benefits (up to 25% of Salaries)** \$ \_\_\_\_\_

**C. Travel**

Intra-Regional Mileage Expenses	\$ _____
Professional Development Expense	\$ _____
Other (Specify)	\$ _____
<b>Total Travel Expenses</b>	\$ _____

**D. Equipment** \$ \_\_\_\_\_

**E. Direct Service Allocation (Food Bank, Emergency Financial Assistance, etc.)** \$ \_\_\_\_\_

**SUB-TOTAL** \$ \_\_\_\_\_

**ADMINISTRATIVE COSTS (no more than 10% OF SUB-TOTAL for Ryan White and 7% for HOPWA. All costs must be justified.)** \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

## **ATTACHMENT VIII-B**

### **TOTAL OPTIONAL SERVICES WORKSHEET**

The Proposer is encouraged to propose all-inclusive unit prices for some or all of the Optional Services units listed on Attachment IX-A, by region proposed, and by year. Proposer must complete this form for each year and by Region if proposing for Optional Services. Additional technical points may be awarded to proposer that demonstrates the ability to provide Optional Services. Based on the Optional Services Proposals, for each Optional Service Category, summarize the Total Cost Amount of Ryan White and HOPWA resources below, for each year by Region.

Proposer	Region:
Year:	

**Service Categories:**

Proposed

Total Cost

- |   |          |
|---|----------|
| A. Oral Health Care                               | \$ _____ |
| B. Mental Health Services                         | \$ _____ |
| C. Substance Use - Outpatient Services            | \$ _____ |
| A. Emergency Financial Assistance                 | \$ _____ |
| B. Food Bank                                      | \$ _____ |
| C. Early Intervention Services                    | \$ _____ |
| D. Outreach                                       | \$ _____ |
| E. Psychosocial Support Services                  | \$ _____ |
| F. Referral for Health Care/Supportive Services   | \$ _____ |
| G. Treatment Adherence Counseling                 | \$ _____ |
| H. Resource Identification Services               | \$ _____ |
| I. Permanent Housing Placement Services           | \$ _____ |
| J. Short Term Rent, Mortgage and Utility Payments | \$ _____ |

**TOTAL COST AMOUNT**

\$ \_\_\_\_\_

(Year \_\_\_\_\_)

## ATTACHMENT VII-C

### OPTIONAL SERVICE UNIT WORKSHEET

The Proposer is encouraged to propose all-inclusive unit prices for some or all of the Optional Services units listed on Attachment IX-A, by region proposed, and by year. Proposer must complete this form for each year and by Region if proposing for Optional Services. Additional technical points may be awarded to proposer that demonstrates the ability to provide Optional Services. For each Optional Service Category, summarize the Total Cost Amount of Ryan White and HOPWA resources below, for each year by Region. Indicate the number of service units that the proposer will provide to the number of unduplicated clients (UDC), at what unit cost. This shall match each Optional Services Proposal.

CONTRACTOR:

YEAR:

Service Category	Unit of Service Description	Estimated Quantity		Unit Cost	Total Cost Proposed
		# of UDC	# of Units		
Oral Health Care	1 oral health care dollar				
Mental Health Treatment	1 mental health assessment				
Services	1 hour* outpatient counseling				
	1 hour* for each client attending group counseling				
	1 hour* individual or family/significant other counseling				
	<i>* 1 hour = 50 minutes client time and 10 minutes case charting</i>				
	1 licensed professional other encounter**				
	1 other staff, other encounter**				
	<i>** telephone contact with client, or on client's behalf</i>				
Substance Use Treatment	1 addiction assessment				
Services	1 hour* outpatient counseling				
	1 hour* for each client attending group counseling				
	1 hour* individual or family/significant other counseling				
	<i>* 1 hour = 50 minutes client time and 10 minutes case charting</i>				
	1 licensed professional other encounter**				
	1 other staff, other encounter**				
	<i>** telephone contact with client, or on client's behalf</i>				
Psychosocial Support	Individual or group counseling				
	1 hour*				

	<i>* 1 hour = 50 minutes client time and 10 minutes case charting</i>				
Health Care/Support Service Referral	1 referral made				
Direct Emergency Assistance	1 emergency assistance dollar issued				
Food Bank	1 food voucher dollar issued 1 food bag				
Early Intervention Services	1 15-minute encounter with a PLWH not in care				
Outreach	1 hour of outreach effort to PLWH 1 15-minute encounter with a PLWH				
Treatment Adherence Counseling from a Medical Professional	1 15-minute unit of treatment adherence information				
HOPWA	1 HOPWA Short Term Rent Mortgage Utility assistance dollar 1 HOPWA Resource Identification dollar 1 HOPWA Permanent Housing Placement Service dollar				
<b>TOTAL PROPOSER BUDGET</b>					