

December 26, 2018
BOARD OF COUNTY COMMISSIONERS
ORANGE COUNTY, FLORIDA
INVITATION FOR BIDS (IFB) # Y19-180-SW, ADDENDUM NO. 1
HEALTH AND SUPPORT SERVICES FOR PERSONS
WITH HIV SPECTRUM DISEASE (RYAN WHITE PART A)

This Addendum is hereby incorporated into the bid documents of the project referenced above. The following items are clarifications, corrections, additions, deletions, and/or revisions to and shall take precedence over the original documents. Additions are indicated by underlining and deletions via ~~strikethrough~~.

- A. The Bid Opening Date remains Thursday, January 10, 2019 at 2:00PM.**
- B.** Please note the following provision for Notice to Proposers: has been changed for clarification purposes only.

To ensure that your bid proposal is responsive, you are urged to request clarification or guidance on any issues involving this solicitation before submission of your response.

C. Questions and Answers:

1. **Question:** On page 2 of Section 3, we are asked to submit the application "bound individually." Do you expect us to put them in 3-ring binders or will binder clips suffice?

Answer: Each proposal package, must be collated and marked Original or Copy (Refer to question #5 below) and in any form of individual binding, such as binders, binder clips, rubber bands, etc., so that each package is complete and no paper is loose or missing from the package.

2. **Question:** On page 2 of Section 3, we are asked to submit the application "tabbed as applicable." Do you expect index tabs or simple titled sheets separating each TAB section?

Answer: Titled sheets or Tabs will suffice as long as the required submittal Tabs are easy to locate in the individual packages.

3. **Question:** The Proposal Cover Page is listed under TAB 5 on page 11 of Section 3. Should the cover page be included in this section or should it be the first page of the application?

Answer: The Cover Page must be in TAB 5, however, can be the first page of your package also.

4. **Question:** The first (unnumbered) page of the RFP states that sealed proposals in an original and three (3) copies are due on 1/10/19. However, on page 2 of the RFP states that one (1) original, eight (8) copies and one (1) electronic copy are required. Please clarify.

Answer: Sealed proposals in an **original** and **three eight (83) copies** and one (1) electronic copy on CD or USB drive for furnishing the above will be accepted up to **2:00 PM (local time), Thursday, January 10, 2019**, in the Procurement Division, Internal Operations Centre II, 400 E. South Street, 2nd Floor, Orlando, FL 32801.

5. **Question:** Page 53 of Section 2, Scope of Services state that Supervision shall be provided...with at least six (6) ? case management experience...Is this supervisor to have 6 **years** of case management experience...?

Answer: Supervision shall be provided by a qualified professional with a Master's degree in the fields of mental health, social work, counseling, nursing with a mental health focus, sociology or psychology with at least six (6) months case management experience and appropriate credentials, unless otherwise approved by the Recipient.

6. **Question:** On page 61, item 4.a of Lot C – Service Category: Psychosocial Support Services stats that “The Agency shall maintain documentation in the EDMS demonstrating the following...Regular participation in case conferences.” Which staff members are expected to participate in case conferences?

Answer: The Peer Mentor and/or the Supervisor shall participate in case conferences.

7. **Question:** Are there font type, minimum font size and minimum margins requirements for the response?

Answer: There are no minimum requirements.

8. **Question:** Are headers, footers, or page numbers recommended or required?

Answer: There are no requirements.

9. **Question:** Can the VA in different states be considered as a separate entity for the references?

Answer: Yes.

10. **Question:** What is the current outcome measures for the EMA indicators?

Answer: Refer to the attached OSA Performance Measures for 2019/2020.

11. **Question:** In the **REQUEST FOR PROPOSALS #Y19-180-SW on page 32**, in the Mental Health Category; would a non-licensed or post graduate person be able to work as a Mental Health Counselor and have a Licensed Mental Health Counselor or Licensed Clinical Social Worker supervise them? The licensed person would be on staff or work as a Consultant.

Answer: Agencies shall comply with Florida Statutes 490 and 491as indicated in our System-Wide Standards of Care.

12. **Question:** I do see that an Agency must be a Medicaid provider and my organization does have a Medicaid number that is under the “Home and Community Services” and we are also licensed by the State for our health care clinic to provide primary care. With providing these services and having these numbers make us eligible to apply for the funding? And if NOT can we still apply with the contingency that we work on obtaining the proper credentialing?

Answer: The Agency has to be able to bill Medicaid for the services they are applying for. We are fine with providing them with a timeframe (i.e. 30 days) to obtain this but please let us know your thoughts.

D. ACKNOWLEDGEMENT OF ADDENDA

- a. The bidder shall acknowledge receipt of this addendum by completing that applicable section in the solicitation or by completion of the acknowledgement information on the addendum. Either form of acknowledgement must be completed and returned no later than the date and time for receipt of the bid.
- b. All other terms and conditions of the IFB remain the same.
- c. Receipt acknowledge by:

Authorized Signature

Date

Title

Name of Firm

HAB Performance Measures in the Orlando Service Area

Performance Measure: HIV Viral Load Suppression

Description:	Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year	Target 2019-2020: 90%
Numerator:	Number of patients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year	
Denominator:	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year	
Patient Exclusions:	None	
Data Elements:	<ol style="list-style-type: none"> 1. Does the patient, regardless of age, have a diagnosis of HIV? (Y/N) <ol style="list-style-type: none"> a. If yes, did the patient have at least one medical visit during the measurement year? (Y/N) <ol style="list-style-type: none"> i. If yes, did the patient have a HIV viral load test with a result <200 copies/mL at the last test? (Y/N) 	

Performance Measure: HIV Medical Visit Frequency (Retention In Care)

Description:	Percentage of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits	Target 2019-2020: 90%
Numerator:	Number of patients in the denominator who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period	
Denominator:	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 24-month measurement period	
Patient Exclusions:	Patients who died at any time during the 24-month measurement period	
Data Elements:	<ol style="list-style-type: none"> 1. Does the patient, regardless of age, have a diagnosis of HIV? (Y/N) <ol style="list-style-type: none"> a. If yes, did the patient have at least one medical visit in the first 6 months of the 24-month measurement period? (Y/N) <ol style="list-style-type: none"> i. If yes, did the patient have at least one medical visit in the second 6-month period of the 24-month measurement period? AND was the patient's last visit in the second 6-month period 60 days or more from the 1st visit in the first 6-month period? (Y/N) <ol style="list-style-type: none"> 1. Did the patient have at least one medical visit in the third 6-month period of the 24-month measurement period? AND was the patient's last visit in the third 6-month period 60 days or more from the 1st visit in the second 6-month period? (Y/N) <ol style="list-style-type: none"> a. If yes, did the patient have at least one medical visit in the fourth 6-month period of the 24-month measurement period? AND was the patient's last visit in the fourth 6-month period 60 days or more from the 1st visit in the third 6-month period? (Y/N) 	