

**Philadelphia Department of Public Health, AIDS Activities Coordinating Office
Request for Proposals for Outpatient/Ambulatory Medical Care and
Medical Case Management**

Questions and Answers

November 7, 2012

1. Are medical practice sizes mandatory?

A: No. The medical practice sizes in the guidance are preferences. Other factors (e.g. geographic location) will be considered.

2: Are experienced MCM without a degree grandfathered?

A: No. All proposed Medical Case Managers must meet the qualifications indicated in the guidance.

3: Does the \$65,000 cap for MCM include salary and benefits?

A: Yes. It includes salary, benefits, and a portion of a supervisor as well as other allowable costs needed to support the MCM.

4: What should be provided as evidence of Medicaid certification?

A: The applicant agency's Medicaid number is evidence of Medicaid certification.

5: Should budgets include in-kind funding?

A: Yes.

6: Are questions 5(i) and 5(j) required for MCM applications?

A: Yes. Note that questions differ for MCM and O/AMC.

7: How should patient care costs for laboratory be included in budgets?

A: Applicants should use the "Supplies" line for costs for laboratory services for uninsured patients.

8: What if our agency is not Medicaid-certified at the time of application?

A: Any agency not Medicaid-certified at the time of application should describe the timeline for obtaining it in its narrative.

9: What level of funding is available for this procurement?

A: AACO expects level funding to be available for this procurement. No additional financial resources are anticipated.

10: Is it allowable to apply for a larger award than we currently have?

A: Yes.

11: Should we submit one cover page for the two proposals we intend to submit?

A: Each application you submit must have its own cover page.

12: We plan to propose off-site MCMs in another county. Do we need to submit a separate application for that?

A: Not if the clients served are from your county.

13: Is Minority AIDS Initiative funding included in this procurement?

A: Yes.

14: Can clients with some insurance coverage be served? Do we need to bill for both O/AMC and MCM?

A: Ryan White Program funds may not be used to provide any service for which a client's insurance can reimburse. Ryan White Program funds may be used to provide allowable services for which a client's insurance does not offer reimbursement. Ryan White funds must "not be used to pay for any item or service that can reasonably be expected to be paid under any state compensation program, insurance policy, or any Federal or state health benefits program (except for programs related to the Indian Health Service) or by an entity that provides health services on a prepaid basis", (Part A Guidance, National Monitoring Standards). Providers must "Maintain documentation that all costs that can be paid under any State compensation program, insurance policy, or federal or State health benefits program (except for programs related to the Indian Health Service) or by an entity that provides health services on a prepaid basis, have been paid under these programs and not through use of Part A funds (and) provide certification that Part A funds have not been used in any of the specified situations, " (National Monitoring Standards.)

15: What is the duration of the contracts?

A: The City of Philadelphia permits one year contracts with up to three consecutive one-year extensions for a total of four years.

16: Where should forms be placed in the application package we submit?

A: Place all forms at the end of the narrative.

17: Please explain use of sub-contractors.

A: The Department will directly contract with providers of O/AMC and MCM services, with the exception of fiscal agents for individual organizations. A separate application must be submitted for each individual organization.

18: What constitutes "related fields" in the definition of MCM?

A: Applicants should state how the Medical Case Manager's field of study is relevant and pertinent to the provision of MCM.

19: In Form 7, should we provide justification for items other than personnel?

A: Yes.

20: Are medical supply costs including vaccine and other medication costs allowable in Ambulatory/Outpatient Medical care budgets?

A: Yes. These must be described in the budget. Vaccines and other medication costs are eligible if administered during the office visit. Ongoing medications should not be included in budgets.

21: In Question 1(e), please clarify the definition of “individual providers”.

A: “Individual providers” refers to individual staff, not agencies.

22: In Question 1(f), please clarify what should be included in our answer.

A: Applications for O/AMC should state if they are also applying for MCM in this procurement and provide a brief justification. Applications for MCM should state if they are also applying for O/AMC in this procurement and provide a brief justification.

23: Is there a fee to apply?

A: No fees are charged to apply.

24: Under “5. Statement of Qualifications; Relevant Experience”, should we describe only that which relates to O/AMC and MCM, or all types of services we provide?

A: Responses should focus on the type of service for the application in question but also mention other relevant capacities.

25: Does our agency need to apply for each of the Part A funding categories we have, such as one application for Part A and another for MAI?

A: No. Determine your total amount for O/AMC or MCM by adding together all AACO contracts for that service. The funding stream to be used to support successful applications will be determined by the Department.

26: Are forms available in Word or Excel?

A: Forms are available in Word at www.phila.gov/rfp.

27. On Form 6 do we list all sites included home visits.

A. Do not include home visit locations and other temporary sites.

28. Do we need to answer both question 4 (o) and 4 (d) for MCM?

A. Answer only 4 (d).. 4(o) is a duplication.

29. Will O/AMC programs that also receive MCM funding be required to offer MCM services to clients who are receiving medical services at an outside agency?

A. No.

30. On Form 1, where do I put Federal funding that comes through AACO?

A. For purposes of this RFP include all funds received through AACO under Local funds.

31. Does Form 2 refer to only RW funded clients or all clients.

A. Form 2 should give the big picture of your agency and include all HIV clients where requested. It should include all clients regardless of status where requested.