

COUNTY OF ALAMEDA

ADDENDUM No. 1

to

RFP No. CY2019

for

HIV Prevention Services

Specification Clarification/Modification and Recap of the Networking/Bidders Conferences
Held on September 17 & 20, 2018

This County of Alameda, General Services Agency (GSA), RFP/Q Addendum has been electronically issued to potential bidders via e-mail. E-mail addresses used are those in the County's Small Local Emerging Business (SLEB) Vendor Database or from other sources. If you have registered or are certified as a SLEB, please ensure that the complete and accurate e-mail address is noted and kept updated in the SLEB Vendor Database. This RFP/Q Addendum will also be posted on the GSA Contracting Opportunities website located at http://www.acgov.org/gsa/purchasing/bid_content/ContractOpportunities.jsp.



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The following Sections have been modified to read as shown below. Changes made to the original RFP document are in **bold** print and **highlighted**, and deletions made have a ~~strike through~~.

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D. SPECIFIC REQUIREMENTS

Bidders must apply for funding for at least one Prevention Strategy, but do **not** need to apply for funding for all strategies, nor for every objective listed within each strategy. Each prevention strategy has distinct requirements and activities. The following terms and restrictions apply:

- HIV testing is no longer a required strategy in order to receive funding.
- If Bidders choose to apply for funding under strategy B (Increase and Improve HIV testing), they must also apply for strategy C (Expand Partner Services).
- **In addition**, Bidders can ~~not~~ apply for strategy C (Expand Partner Services) funding without ~~also~~ applying for strategy B.
- Bidders applying for strategy D funds (Improve Linkage to Care) must cap their request at no more than \$30,000, or 25% of the total amount requested, whichever is larger.
- As required by CDPH, Bidders may not subcontract any services funded through this RFP.

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Strategy B: Increase and Improve HIV testing

Objective B1: Implement routine/opt-out HIV testing in **new** healthcare setting, or implement new strategy in previously funded healthcare setting designed to reach additional untested individuals. **Agencies applying for routine/opt-out testing are not limited to the Priority Populations listed above.**

- 1.1 Develop protocol for implementing and increasing uptake of routine, opt-out HIV testing in health care settings.
- 1.2 Educate and support health care staff to implement routine opt-out testing.
- 1.3 Ensure HIV testing among people with an STD diagnosis and PWID.
- 1.4 Submit demographic data on clients with an HIV-negative diagnosis and risk assessment and linkage data on clients with an HIV-positive diagnosis on a routine basis.

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- 1.5 Ensure 3rd party billing (Medi-Cal, Family Pact, and private insurance) for the actual tests.

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Objective B2: Conduct confidential, focused testing among priority populations.

Focused HIV testing locations that have not found any preliminary or newly-identified confirmed positive results since January 1, 2016 – December 31, 2017 are NOT eligible for focused HIV testing funding under this RFP.

Responses to Written Questions

- Q1) Written questions are due today or the second bidders conference?
A1) Written questions are due by 4pm on Thursday, September 20, 2018.
- Q2) Will the county be providing testing kits?
A2) We will provide HIV test kits to Contractors funded for focused testing. If you apply for routine/opt-out testing, you must use third party billing or other funds not awarded through this RFP process to pay for tests.
- Q3) How often can we use the kits for our populations on PrEP? (Initial testing vs follow up testing)
A3) If you are funded for focused testing under this RFP, you can use these test kits for initial and follow up testing as long as a CIF form is completed and the required data entered into LEO for each test performed.
- Q4) For sites previously testing in 2016-2017, did positives count if they were previously known?
A4) No, only newly identified confirmed positives or preliminary positives for whom a confirmation sample was unable to be obtained can be included to determine eligibility to bid for focused testing funds.
- Q5) For sites that have not previously been funded for HIV testing, are they eligible for testing funding now?
A5) Yes, sites not previously funded for HIV testing are eligible to apply for HIV testing funds under this RFP.
- Q6) Do we count different (and new) sites within the same organization when counting new positives for eligibility?
A6) Eligibility is determined by the agency, not the specific location(s) where an agency is conducting testing. Agencies that received at least one newly identified or preliminary positive HIV test within the period of January 1, 2016 – December 31, 2017 are eligible to apply for focused HIV testing under this RFP.

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Q7) Do expanded test sites count for eligibility?

A7) No. Eligibility is determined only based on tests performed in the focused (targeted) testing programs.

Q8) Are expanded/routine/opt-out testing sites also required to focus on priority populations?

A8) No, expanded/routine/opt-out testing sites are not required to focus on priority populations. However, the testing locations must be located in high HIV morbidity areas.

Q9) Are the following allowed under this RFP: Incentives (and is there a cap?), transportation costs (BART, Uber, etc); training; conferences; food as an incentive; mobile testing costs; hire/increase hours paying providers?

A9) Incentives are allowed under this RFP, however the use of cash incentives is not allowed. There is no cap for incentives. Food cannot be purchased. Reasonable transportation costs can be included. Reasonable training costs and costs to attend conferences can be included. Mobile testing costs can be included. The costs of paying medical providers cannot be included under this RFP.

Q10) Is ARTAS still funded by this new grant?

A10) ACPHD has decided to not continue funding ARTAS. However, activities previously funded under ARTAS can be included under Strategy C, Linkage-to-Care.

Q11) Can we purchase condoms with this funding?

A11) No. Funding from this RFP cannot be used to purchase condoms.

Q12) What if the condoms we provide are unwanted? Based on CDC AAA – Acceptable, Available and Accessible. This question is based on acceptable.

A12) Condoms cannot be purchased under this RFP.

Q13) Is the indirect funding capped at 15% of personnel (including benefits)?

A13) Yes. You can have an indirect line item up to 15% of personnel including benefits.

Q14) Is indirect calculated based on only personnel costs, or personnel and operating costs?

A14) Indirect costs are only calculated based on personnel costs.

Q15) Is social networking testing encouraged?

A15) Social network testing is not encouraged. Bidders should propose testing models they feel will be successful at reaching priority populations.

Q16) Is focused population limited to uninsured or underinsured?

A16) No

Q17) Do we still have to add EBIs to testing?

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A17) No. Evidence Based Interventions (EBIs) are not allowed under this RFP.

Q18) Is a one-time orientation considered to be a homegrown EBI?

A18) No. One-time orientations are not considered homegrown EBIs.

Q19) Are groups prohibited all together?

A19) No

Q20) Are collaborations allowed?

A20) Collaborations are allowed and encouraged. However, CDPH OA will not allow for subcontractors under this RFP. Each bid proposal will be scored and evaluated on its own merit.

Q21) Is the funding request amount tied to number of strategies (other than 25% or 30K linkage cap)?

A21) No. The 25% of the total budget or \$30,000 limit applies to Linkage-to-Care funding only.

Q22) Will a social media prevention for priority populations be considered for PrEP and linkage to care?

A22) An expansion of existing social media will be allowed, but new, large-scale campaigns will not be funded under this RFP.

Q23) Will awards be made “all or nothing” or will award amounts be adjusted?

A23) No, successful bidders may have their award amount adjusted during the contract negotiation process.

Q24) If we haven’t found a preliminary positive in 2016-2017, can we still apply for partner services (because that is tied to testing)

A24) Agencies may apply for Partner Services if they did not find any preliminary positive HIV tests between January 1, 2016 – December 31, 2017.

Q25) If you apply for PrEP but not testing, is the idea that you are testing with other funding?

A25) No, because an agency may have a partnership with someone else doing testing, or testing may be supported by another funding source. In your proposal, agencies should explain how they intend to provide PrEP navigation if they do not also provide HIV testing.

Q26) Is provider education to be included in this RFP?

A26) Provider education can be funded under this RFP.

Q27) What data is collected in LEO?

A27) Client level or aggregate – client level without identifiers. LEO may become name based in the future

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Q28) Is there any further guidance on PrEP award size?

A28) There is no limit on the PrEP award size however we generally expect to fund awards up to \$120,000.

Q29) Are there funding allocations for each strategy?

A29) There are no funding allocations for each strategy other than the cap on Linkage-to-Care answered previously.

Q30) Will reviewers take into consideration any other factors outside of proposal?

A30) No, reviewers will only consider what is included in each proposal. ACPHD recognizes that different populations are harder to reach. Applications will be scored on their own merit. Please review the Evaluation Criteria (pages 20-24) while preparing your application for guidance.

Q31) The RFP states page 7, section D, bidders must apply for at least one objective, but do not need to apply for all strategies nor for every objective listed within the strategy. Do you have to apply for every activity within an objective?

A31) No, agencies do not need to apply for every activity within an objective.

Q32) Is it better to apply for just one strategy or more than one? – whatever works best for your agency. Look at agency capacity section of RFP for further guidance.

A32) ACPHD cannot make a recommendation as to whether agencies should apply for one or more than one strategy. Please see Section E (Capacity and Relevant Experience) on page 22 of the RFP for guidance.

Q33) Other RFPs required clients to be Alameda County residents, does this one?

A33) No, clients are not required to be Alameda County residents under this RFP. It is a requirement that services must be provided in Alameda County, but clients do not need to be residents.

Q34) New HIV Dx don't match exactly with RFP priority populations (for example HIV Dx between people between the ages of 20-40 on page 6, but priority populations listed on page 7 only identifies young MSM of color (24 and younger). How prioritized are priority populations for strategies outlined in the RFP (testing, PrEP, linkage-to-care, etc.)?

A34) The priority populations included in the RFP are listed because they indicate the greatest disparities in HIV prevention in Alameda County. Agencies can include other populations within their applications and should demonstrate how this will contribute to the overarching goals listed on page 4 of the RFP and respond to the Specific Requirements outlined in the RFP (Section D).

Q35) Is there an indirect budget cap. There is one for admin, and indirect and admin are the same (15% of personnel, which is different than care.

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A35) The indirect budget cap is the same as the overall administrative costs cap, 15% of personnel.

Q36) When is the last time to ask questions?

A36) The last time to ask questions is at 4pm on Thursday, September 20, 2018.

Q37) Any guidance on what data will be required to report on in the proposal? We want to propose measures that LEO uses, what are they for agencies that have never used LEO?

A37) Proposed measures can be based on proposed activities and objectives based derived from the RFP.

Q38) Would we still submit blood test info into LEO?

A38) Yes

Q39) Can agencies collaborate?

A39) Agencies are allowed and encouraged to collaborate. Each proposal will be weighted independently. Collaborating agencies may apply funds but are not required to apply for funds.

Q40) Is care coordination and meeting facilitation included in this RFP?

A40) Capacity building activities, including care coordination and meeting facilitation, can be included under this RFP.

Q41) Are the references listed under Exhibit A, page 7, required to be current or former clients? based on past or present clients?

A41) References are not required to be current or former clients. The RFP has been amended.

Q42) Can Alameda County employees be references? (For ex OHP vs other departments)

A42) Alameda County employees or programs outside of the HIV STD Section can be references, as long as they do not have a demonstrated conflict of interest.

Q43) Are there restrictions based on receiving current funding from anywhere else? For ex, conflict of interest?

A43) There are no restrictions based on alternative funding sources that pertain to this RFP.

Q44) In Exhibit A-page 8, it says "Description of the Proposed Services (6-8 pages)". Does this "6-8 pages" include Exhibit C within narrative description, only narrative descriptions 6-8 pages without Exhibit C, or just use Exhibit C as "Description of the Proposed Services (6-8 pages)"?

A44) The Description of the Proposed Services narrative under Exhibit A, page 8 should be limited to 6-8 pages. Exhibit C is a separate attachment and is not included within the narrative page limit.

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Q45) In similar question in “Cost (1-2 pages)”. We should use Exhibit D and E for this section within 1 to 2 pages (which is very hard to do within 2 pages) or just put narrative description with adding Exhibit E and D as appendix?

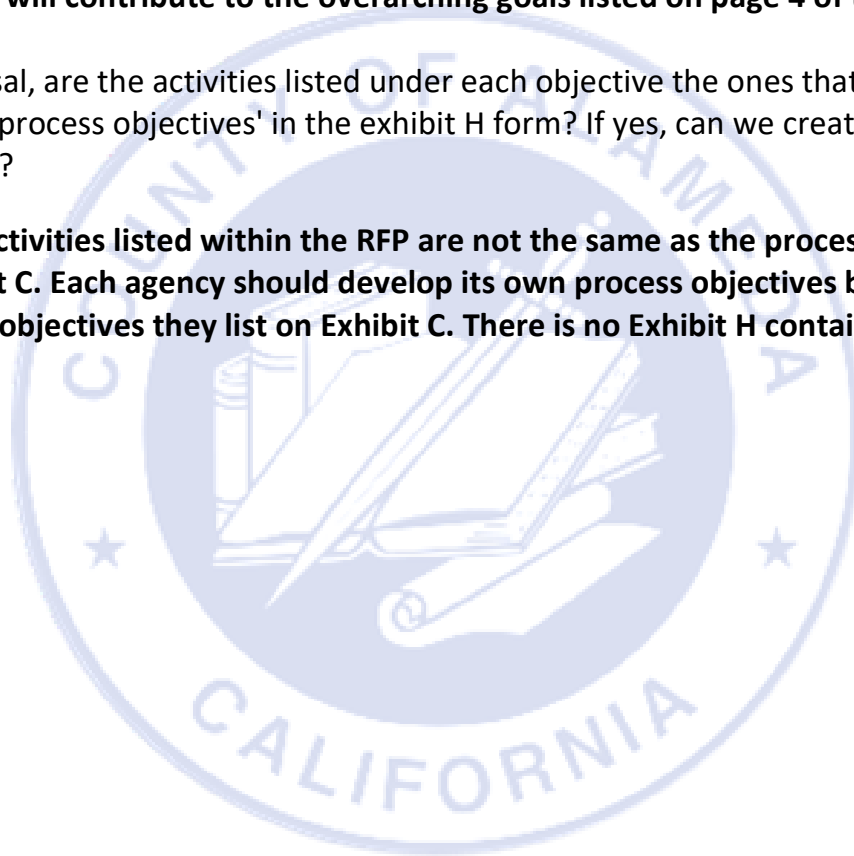
A45) The Cost narrative under Exhibit A, page 8 should be limited to 1-2 pages. Exhibits D and E are attachments and not included within the page limit.

Q46) Can we write additional/new objectives (A1, A2, B1 etc.) and activities (1.1, 1.2, 1.3, etc.), listed on page's 8 - 11 on the RFP, outside of what is listed in the RFP?

A46) Additional or new objectives can be included in the application and should demonstrate how they will contribute to the overarching goals listed on page 4 of the RFP.

Q47) In the proposal, are the activities listed under each objective the ones that are supposed to be written into 'process objectives' in the exhibit H form? If yes, can we create new ones or change them?

A47) No, the activities listed within the RFP are not the same as the process objectives listed on Exhibit C. Each agency should develop its own process objectives based on the outcome objectives they list on Exhibit C. There is no Exhibit H contained within this RFP.



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The following participants attended the Bidders Conferences:

	Company Name / Address	Representative	Contact Information
1.	WORLD	Carla Dillard Smith	Phone: 510-986-0340, x4052 E-Mail: cdsmith@womenhiv.org Prime Contractor: Subcontractor: Certified SLEB:
2.	Children's Hospital	Shelley L. Stinson	Phone: 510-597-7159 E-Mail: sstinson@mail.cho.org Prime Contractor: Subcontractor: Certified SLEB:
3.	Tri-City Health Center	Tiffany Woods	Phone: 510-252-5821 E-Mail: twoods@tri-cityhealth.org Prime Contractor: Subcontractor: Certified SLEB:
4.	Asian Health Services	Koji Sakakibara	Phone: 510-986-6874 E-Mail: ksakakibara@ahschc.org Prime Contractor: Subcontractor: Certified SLEB:
5.	La Clinica de la Raza	Carmen Foster	Phone: 510-715-9661 E-Mail: cfoster@laclinica.org Prime Contractor: Subcontractor: Certified SLEB:
6.	Roots CHC	Noha Aboelata	Phone: 510-777-1177 x268 E-Mail: drnoha@rootsclinic.org Prime Contractor: Subcontractor: Certified SLEB:
7.	Primary Care @ Home	Anh Nguyen	Phone: 510-320-2711 E-Mail: maisontoi@yahoo.com Prime Contractor: Subcontractor: Certified SLEB:
8.	Alameda Heath System	Heather Macdonald Fine	Phone: 510-437-5086 E-Mail: hmacdonald@alamedahealthsystem.org Prime Contractor: Subcontractor: Certified SLEB:

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	Company Name / Address	Representative	Contact Information
9.	EBAC	Tony Sillemmon	Phone: 510-869-8485 E-Mail: sillemmt@sutterhealth.org Prime Contractor: Subcontractor: Certified SLEB:
10.	La Clinica de la Raza	Katie Cobian	Phone: 510-535-4000 E-Mail: kcobian@laclinica.org Prime Contractor: Subcontractor: Certified SLEB:
11.	California Forensic Medical Group	Jonathan Garcia	Phone: 925-551-6698 E-Mail: jonathan.garcia@cmgcos.com Prime Contractor: Subcontractor: Certified SLEB:
12.	Oakland Unified School District	Eia Gardner	Phone: 510-239-6147 E-Mail: eia.gardner@ousd.org Prime Contractor: Subcontractor: Certified SLEB:
13.	APEB	Andrew Wilson	Phone: 510-663-7979 E-Mail: awilson@apeb.org Prime Contractor: Subcontractor: Certified SLEB:
14.	APEB	George Mizrahi	Phone: 510-663-7979 E-Mail: gjackson@apeb.org Prime Contractor: Subcontractor: Certified SLEB:
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16.	EBCRP/Lifelong	Genny Price	Phone: 415-342-0200 E-Mail: vprice@lifelongmedical.org Prime Contractor: Subcontractor: Certified SLEB:

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18	Bay Area North & Central AETC	Amanda Newstetter	Phone: 415-476-6145
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19	Roots Community Health Center	Molly Calhoon	Phone: 952-687-1102
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			Certified SLEB:
20	Roots Community Health Clinic	Yeni Belachew	Phone: 510-350-6202
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21	West Oakland Health Council	David Jones	Phone: 510-835-9610, x2136
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22	West Oakland Health Council	Sonni Collins	Phone: 510-835-9610
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23	Lifelong	Marie Loverde	Phone: 510-981-4124
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24	Pacific Center	Michael Sally	Phone: 510-548-8283, x213
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