DeKalb County
GEORGIA

DeKalb County
Department of Purchasing and Contracting

Maloof Administration Building, 1300 Commerce Drive, 2nd Floor, Decatur, Georgia 30030

October 20, 2016

TO: All Proposers under RFP 16-500410, Case Management In-Home Service Delivery for Seniors

FROM: Department of Purchasing and Contracting, DeKalb County, Georgia
For additional information, go to:
http://www.dekalbcountyga.gov/purchasing/pc_formal_solicitation_current_bids.html

ADDENDUM NO. 1

RFP 16-500410, Case Management & In-Home Service Delivery for Seniors, is hereby amended as follows:

1. **We have received questions pertaining to this Invitation. The questions and their resulting answers appear below:**

   Question:

   Who is the incumbent?

   Answer:
   Visiting Nurse Health System is the incumbent providing Case Management services. Senior Connections, Inc. currently is the incumbent providing In-Home Services (personal care, homemaker and respite).

   Question:

   What is the typical or average caseload size, given the considerations and factors identified in DHS/DAS HCBS Manual 5300: Chapter 210, Case Management Services, Section 210.13D Caseload Management (p. 210-20)?

   Answer:
   The current caseload average for DeKalb County is ninety (90) clients per case manager. The caseload average may be reduced based on factors identified in DHH/DAS HCBS 5300; however, any changes to this number would occur slowly over time with advanced notice.

Question:

May Case Management Assistants have face-to-face contact with individuals served, and or phone or email contact/communication with individuals served?

Answer:
Case Managers are required to make the face- to-face contact with the individuals served as indicated in the state regulations. A Case Management Assistant would be able to assist with phone, e-mail contact/communication with individuals served.

Question:

How often are face-to-face visits required for individuals served?

Answer:
Individual face-to-face visits should be conducted by Case Managers as needed. At a minimum, face-to-face visits should be conducted one (1) time a year for annual reassessments and/or when there has been a significant change for the worse in an individual's health condition.

Question:

On page 10 of the RFP, "Table 2 Estimated Number of Units" are estimated. However, in the row labeled "Case Management hours", is the number identified (i.e. 4,750-5,700) actually hours or units? Should the title for Table 2 actually to be in hours?

Answer:
The terms hours and units are used interchangeably in this example. One hour of service would equal one billable unit. However, the Table should have been labeled "Hours" for consistency.

Question:

There are several Attachments referenced to be completed and included. Could the Department provide alternate versions of these documents that will allow submitted to complete these? If not, will the Department allow a recreation of each Attachment?

Answer:
Solicitations are always posted as PDF and not as a Word document. Therefore, no other options are available. The forms cannot be ALTERED.
Question:

Do we have to be a certified LSBE in DeKalb or elsewhere to submit a proposal for this RFP? We were registered with the state as an MBE in 2002?

Answer:
You do not have to be a certified LSBE in DeKalb to submit a proposal. However, for all sealed solicitations the respondent shall include written documentation showing that at least 20% of the total contract award will be performed by a certified LSBE. If this twenty (20%) percent benchmark is not achieved, the respondent must demonstrate good faith efforts to achieve the benchmark.

Question:

As a minority and female owned business in the county, do we still need to satisfy the 20 % subcontractor clause for this RFP?

Answer:
Yes. For all sealed solicitations the respondent shall include written documentation showing that at least 20% of the total contract award will be performed by a certified LSBE. If this twenty (20%) percent benchmark is not achieved, the respondent must demonstrate good faith efforts to achieve the benchmark.

Question:

What part of this service delivery can or should be contracted out to a subcontractor since the margin of profit is already so thin and the module of operational protocol involves the DeKalb County Office of Senior Affairs, a potential Case Management organization and us the service provider?

Answer:
The RFP process allows for the proposer to submit a proposal to the County, which includes the proposer's plan for all aspects of the work, which includes the use of subcontractors. The proposer should therefore make the determination of what part of the service delivery that is proposed to be contracted out to a subcontractor.

Question:

Is the inclusion of an LSBE subcontractor mandatory for this RFP?

Answer:
Yes. For all sealed solicitations the respondent shall include written documentation showing that at least 20% of the total contract award will be performed by a certified LSBE. If this twenty (20%) percent benchmark is not achieved, the respondent must demonstrate good faith efforts to achieve the benchmark.

Question:

Can we submit a bid for this RFP as the Prime as well as an LSBE in DeKalb County?

Answer:
Yes.

Question:

Since the funding for this RFP is partly coming from the DHS/DCH, and the guidelines as written now compares well with those of the Georgia Medicaid Home and Community Based Services, can we then assume that the rates per hour utilized in our cost estimation would be per current rate for Personal Care, Homemaker and Respite services with the State's Medicaid programs.

Answer:
Yes.

2. It is the responsibility of each responder to ensure awareness of all addenda issued under this RFP. All addenda must be signed prior to award and should be included with the proposal documents.

3. Please acknowledge your receipt, review and understanding of the forgoing by signing and returning this form as indicted below.

4. All other conditions remain in full force and effect.

Sonia Gilbert
Senior Procurement Agent
Department of Purchasing and Contracting

ACKNOWLEDGMENT

Date: _____

The above Addendum is hereby acknowledged:

_____
(NAME OF PROPERSER)

_____ _____
(Signature) (Title)

Agent _____ Deputy _____