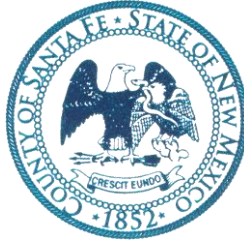


Henry P. Roybal
Commissioner, District 1

Anna Hansen
Commissioner, District 2

Robert A. Anaya
Commissioner, District 3



Anna T. Hamilton
Commissioner, District 4

Ed Moreno
Commissioner, District 5

Katherine Miller
County Manager

September 29, 2017

SANTA FE COUNTY
RFP# 2018-0047-CSD/MM
ACCOUNTABLE HEALTH COMMUNITY

ADDENDUM #1

Dear Proponents,

This addendum is issued to reflect the following immediately. It shall be the responsibility of interested Offerors to adhere to any changes or revisions to the RFP as identified in this Addendum No. 1. This documentation shall become permanent and made part of the departmental files.

Attachment A: Pre Proposal Agenda and Sign in Sheet
Attachment B: ACH Screening Tool

Clarification #1: III. B. 12 Contract Award shall read:

Contract Award

The County anticipates awarding the contract on the date in the "Sequence of Events" in Section III.A, above. These dates are subject to change at the discretion of the Santa Fe County Purchasing Manager.

The contract shall be awarded to the offeror or offerors whose proposal is most advantageous, taking into consideration the evaluation factors set forth in the RFP. The most advantageous proposal may or may not have received the most points.

Santa Fe County reserves the right to award a "Multiple Source Award" pursuant to NMSA Section 13-1-153.

Question# 1: Under General Requirements (Section C of the RFP), Number 20, p. 18, the county "reserves the right to require a change in contractor representatives if the assigned representatives are not, in the opinion of the County, meeting its needs adequately.

Any change in contractor representative must receive prior County approval.” Does this apply to contractor staff members?

Answer# 1: **Yes, Santa Fe County has the right to request other contractor staff members if representatives are not meeting the needs of the County.**

Question# 2: The RFP indicates utilizing an IT system of Santa Fe County’s choice. What is the name of the IT system?

Answer# 2: **It has not yet been procured, but will be a HIPAA-compliant system capable of tracking social determinants and case sharing de-identified patient information among navigators from multiple agencies.**

Question# 3: Will the IT system be web-based?

Answer# 3: **Yes.**

Question# 4: Is this RFP a single award?

Answer# 4: **No, Santa County intends to award multiple contracts. Please refer to Clarification #1 above.**

Question# 5: What is the budget?

Answer# 5: **The budget is \$975,000.**

Question# 6: What is the project period?

Answer# 6: **One year from the last signature of the contract with an option to renew up to four years in one year increments.**

Question# 7: If a vendor has multiple services at different locations can more than one proposal be submitted?

Answer# 7: **No, please refer to IV. Response Format and Organization letter A on page 21.**

Question# 8: Are there upper/lower limits on the bundled rates?

Answer# 8: **No.**

Question# 9: What if we are currently performing these services?

Answer# 9: We expect that you are currently performing many of these services. Detail the services you are performing and describe how the funding would cover the uncompensated portion of these services, as well as any new services the new funding would allow.

Question# 10: Does Santa Fe County have a screening tool?

Answer# 10: Yes. The tool is the Center for Medicare and Medicaid Innovation-required screening tool for all Accountable Health Community projects. Please refer to Attachment B attached hereto.

Question# 11: How many pages does the screening tool contain?

Answer# 11: The screening tool contains 3 pages, please see refer to Attachment B attached hereto.

Question# 12: Is claims based billing obsolete?

Answer# 12: Not yet, but it is becoming so as we phase out of claims and into contracts.

Question# 13: Who is the payor of last resort?

Answer# 13: Santa Fe County.

Question# 14: What if my organization only qualifies for ACT claims?

Answer# 14: If you want to apply for funding for ACT, the navigators/intensive case managers must use the County's IT system.

Question #15: Are patient names going to be required for reporting?

Answer# 15: No.

Question# 16: Is there a maximum rate for clients? Some clients will require a significant amount of care at first then it will eventually taper off or become maintaining care.

Answer# 16: No.

Question# 17: Can this funding pay for services an insured person whose coverage has reached the maximum their insurance will pay for a service they still need?

Answer# 17: Yes.

Question#18: We currently provide medical, dental and behavioral health services to un/under insured Santa Fe County residents currently utilizing our federal grant and a sliding fee discount program. The patients we serve live in one of four different counties. If we are willing to screen patients and contribute to Santa Fe County data reporting expectations and *not* bill the County using a bundled rate, will the County provide funding for a full-time navigator/CHW position and related IT equipment despite the fact that the position will necessarily interact with residents of other counties?

Answer# 18: Please submit a cost proposal based on the above scenario proposing a rate for navigation services for eligible individuals and for screening eligible individuals to be navigated (omitting primary care services covered by other sources). The cost of retaining a Navigator at the clinic who may also serve non-eligible patients will be taken into account when considering the overall cost proposal.

Question# 19: Will the County include an annual adjustment based on increased costs for delivering services?

Answer# 19: Yes.

Question# 20: Regarding the option to renew in the contract template language, we would like to add language allowing the contractor to not renew at the end of a contract year.

Answer# 20: Any requested additions and/or modifications to Santa Fe County's contract language must be submitted in your proposal for the County's consideration.

Please add this Addendum #1 to the original proposal documents and refer to proposal documents, hereto as such. This and all subsequent addenda will become part of any resulting contract documents and have effects as if original issued. All other unaffected sections will have their original interpretation and remain in full force and effect. Responders are reminded that any questions or need for clarification must be addressed to Maricela Martinez, Senior Procurement Specialist at mcmartinez@santafecountynm.gov.



PRE-PROPOSAL CONFERENCE
RFP # 2018-0047-CSD/MM
ACCOUNTABLE HEALTH COMMUNITY
THURSDAY, SEPTEMBER 21, 2017
2:00PM

NAME	COMPANY	TELEPHONE	E-MAIL ADDRESS
Bob Forwick	First Choice	505-660-0200	ROBERT.HORWICK@FECH.COM
Penelope Perryman	PMS	505-982-5565	penelope.perryman@pmsnm.org
Abra Martinez	La Familia Med Ctr	505-955-0302	GMARTINEZ@LFMCTR.ORG
Ruth Center	PMS	505-467-9776	ruth.center@PMSVal.org
Gina Capener	CSD	992-9832	gcapener@santafecountynm.gov
Kyra Ochar	CSD	992-9891	K.
Kevin Norris	PVMC	757-6482	kevin.norris@pecoshealth.org
Anne Baker	PMS/SFCC	505-946-1405	Anne.Baker@pmsnm.org
Patricia Boies	SFC	992-9538	
Maricela Martinez	SFC Purchasing	992-9864	mmartinez@santafecountynm.gov



**PRE PROPOSAL CONFERENCE
RFP# 2018-0047-CSD/MM
ACCOUNTABLE HEALTH COMMUNITY
SEPTEMBER 21, 2017
2:00PM**

Contracting Agency: Santa Fe County

- | | | |
|---------------------|-------------------------------|---------------------|
| • Maricela Martinez | Procurement Specialist Senior | Purchasing Division |
| • Patricia Boies | Health Division Director | Community Services |
| • Kyra Ochoa | Program Manager | Community Services |
| • Gina Capner | Administrative Manager | Community Services |

Project Information

Santa Fe County is requesting proposals from qualified Offerors to provide high-quality health care for low-income residents of Santa Fe County.

Proposal Information

- Carefully read the Request for Proposal for requirements, terms & conditions including the sample contract.
- Proposal Organization - Proposal should be organized as outlined in the RFP on page 21.
- Selection of finalist(s) – the most qualified proposal received based on the evaluation factors outlined in the RFP (pages 23-27) will be scored by a three to five member evaluation committee.
- Preferences -
 - 1) N.M. In-State Business Preference Certificate 5% of total weight of all evaluation factors added to score.

OR

 - 2) N.M. Resident Veterans Preference Certificate, 10% total weight of all evaluation factors added to score. For more information on State Preference visit www.tax.newmexico.gov

AND

 - 3) Santa Fe County Preference, 5% of total weight of all evaluation factors added to score. For more information on County Preference visit https://www.santafecountynm.gov/asd/purchasing_division
- Please submit all questions via email to Maricela Martinez at memartinez@ santafecountynm.gov. The last day for questions will be **Wednesday, September 27, 2017. (Please do not contact any other County staff.)**
- Addendum will be issued on **Friday, September 29, 2017. (Only questions answered by formal written addenda will be binding. Oral and other interpretations or clarifications will be without legal effect.)**
- Proposal Submittal –

Due Date: Monday, October 16, 2017
Time: 2:00 PM
Location: 142 W. Palace Avenue 2nd Floor, Santa Fe, NM

AHC SCREENING TOOL

Housing Instability

1. What is your housing situation today?

- I do not have housing (I am staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
- I have housing today, but I am worried about losing housing in the future.
- I have housing

2. Think about the place you live. Do you have problems with any of the following? (check all that apply)

- Bug infestation
- Mold
- Lead paint or pipes
- Inadequate heat
- Oven or stove not working
- No or not working smoke detectors
- Water leaks
- None of the above

Food Insecurity

3. Within the past 12 months, you worried that your food would run out before you got money to buy more.

- Often true
- Sometimes true
- Never true

4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

- Often true
- Sometimes true
- Never true

Transportation Needs

5. In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? (Check all that apply)

- Yes, it has kept me from medical appointments or getting medications
- Yes, it has kept me from non-medical meetings, appointments, work, or getting things that I need
- No

Utility Needs

6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?

- Yes
- No
- Already shut off

Interpersonal Safety

7. How often does anyone, including family, physically hurt you?

- Never (1)
- Rarely (2)
- Sometimes (3)
- Fairly often (4)
- Frequently (5)

8. How often does anyone, including family, insult or talk down to you?

- Never (1)
- Rarely (2)
- Sometimes (3)
- Fairly often (4)
- Frequently (5)

9. How often does anyone, including family, threaten you with harm?

- Never (1)
- Rarely (2)
- Sometimes (3)
- Fairly often (4)
- Frequently (5)

10. How often does anyone, including family, scream or curse at you?

- Never (1)
- Rarely (2)
- Sometimes (3)
- Fairly often (4)
- Frequently (5)

A value greater than 10 when the numerical values for answers to questions 7-10 are summed indicates a positive screen for interpersonal safety.

If a positive screen for any of the above questions, ask the individual if they would like navigation assistance for the unmet need (s). If yes, assign an ID and, refer to Primary Navigator and develop a navigation plan.

ID _____

Date of Screen: _____

Screened by: _____

Organization: _____

Primary Navigator Assigned/Referred _____

ID ASSIGNMENT: At enrollment the person screening and enrolling will assign an ID using the first two letters of the individuals first name, the last two letters of their last name and 4 digits for the month and year of birth.

For example: John Smith born in April of 1977 would be assigned **JOTH0477**

This Screening Tool is based on the Accountable Health Communities Core Health-Related Social Needs Screening Questions (Centers for Medicaid and Medicare)