



REQUEST FOR PROPOSALS

RHODE ISLAND DEPARTMENT OF HEALTH

April 6, 2022

ADDENDUM # 2

**Community Health Workers for COVID Response and Resilient
Communities**

RFP # 2022RIDOH005

NOTICE TO VENDORS:

Attached are questions and answers for the above-mentioned RFP.

1. Can a HEZ apply for funding under this RFP if they are receiving Rhode to Equity funding?

Answer: As posted in Addendum #1 on March 21, 2022, Health Equity Zone Back Bone Organizations who are already receiving funding under Component B or Component C (Rhode to Equity project) through existing contract modifications for Community Health Workers for COVID Response and Resilient Communities are not eligible to apply to this RFP. HEZ Collaborative members who have not received funding under Component B or Component C (Rhode to Equity) are eligible to apply as their own agency. HEZ Back Bone organizations who act as a fiscal sponsor for their collaborative members/community-based organizations are also eligible to apply.

2. Are organizations that have CHW covered by Rhode to Equity disqualified from applying?

Answer: Please reference Addendum No. 1. The onus is on the applicant to know whether they received funding under Component B or Component C (Rhode to Equity).

3. If the application would cover individuals not working on the Rhode to Equity project, can an organization apply to cover those CHW outside the Rhode to Equity project?

Answer: Please reference the responses to #1 and #2, above.

4. Are Health Equity Zones who already have RIDOH contracts for CHWs under Part C for Rhode to Equity eligible to apply for funding for place-based CHWs?

Answer: As posted in Addendum #1 on March 21, 2022, Health Equity Zone Back Bone Organizations who are already receiving funding under Component B or Component C (Rhode to Equity project) through existing contract modifications for Community Health Workers for COVID Response and

Resilient Communities are not eligible to apply to this RFP. HEZ Collaborative members who have not received funding under Component B or Component C (Rhode to Equity) are eligible to apply as their own agency.

5. If Health Equity Zones cannot apply, can one of our partner organizations apply for funding?

Answer: Please reference the response to #4, above.

6. The RFP stipulates that priority will be given to those ORGs who do not have an already established CHW workforce and are looking to build a CHW workforce into their existing organizational vision, mission, and infrastructure. What about organizations looking to sustain their CHWs?

Answer: As stated in the RFP, priority is given to organizations who do not have an already established CHW workforce and are looking to build a CHW workforce into their existing organizational vision, mission and infrastructure.

7. Funding for CHWs has been limited to date and Medicaid reimbursement is only going into effect this year. How much will applicants be penalized (outright disqualification or specific point loss) if they are seeking funding for CHWs who lose funding June 30th?

Answer: This RFP is not tied to funding that an applicant received that ends on June 30th.

8. The RFP describes individual level impact of CHW efforts related to COVID Response and Resiliency Building, i.e. referrals to community resources, cardiovascular/diabetes education, chronic pain self-management courses, etc., but does not mention any place-based community level actions. Will CHWs under this grant be working with residents at the community level to address needs/build resiliency, i.e. facilitating job fairs, hosting walking groups, organizing healthy cooking for community members, launching community garden efforts, etc.?

Answer: Applicants are encouraged to address community needs and build resiliency.

9. Would a HEZ that is not receiving funding for the Rhode to Equity project as a Cohort 3 HEZ, but whose organization is participating as a partner in the Rhode to Equity project and who will be receiving CHW funding through that partnership be eligible to apply for this RFP to receive support for the applicant HEZ?

Answer: Cohort 3 HEZ are not eligible to apply. Any organization that has received funding under Component B or Component C, either as a direct entity or a subrecipient is ineligible.

10. Can RIDOH provide parameters for the allocation of funds per CHW? How much funding is there?

Answer: The overall budget is not being released, but RIDOH anticipates up to 15 awards and the overall award amount will be predicated on the number of applications received and approved.

11. Can the project manager be a full-time position?

Answer: The proposal should outline how you will utilize the funds, which will be reviewed by the RFP evaluation committee.

12. How does Medicaid billing for CHW work impact the finances? Codes and rates are not 100% approved.

Answer: As stated in the RFP, organizations should consider attending Medicaid trainings to learn how to bill Medicaid for CHW services. Organizations can also use grant funds to create a sustainability plan for building their CHW infrastructure, with Medicaid billing being a part of the sustainability plan.

13. Can we bill Medicaid for CHWs' activities as they are explained on Page 11, Item 9?

Answer: You cannot use federal grant dollars for CHWs and bill Medicaid for those same CHW services.

14. What is the average pay rate for a CHW in this position?

Answer: As stated in the RFP, applicants must use equitable hiring practices in the recruiting and hiring of CHWs, which includes compensating CHWs at a fair living wage.

15. Can you clarify how the training for the CHWs is allocated in the financials? It says the ORG is not responsible for training. Does that include the cost of training specific to our population that other CHWs may not need to take?

Answer: The training provided is CORE CHW training and the current endorsements that exist through the RI Certification board. Training curricula specific to your organization/population would be provided by your organization to your onboarded CHWs.

16. What is your definition of a partner? On page 18 of the RFP, it says *“Please include Letters of Commitment and/or memorandums of agreement from key partners whom the ORGS see as key to implementing the activities of this proposal.”*

Answer: A partner is a key stakeholder with whom you work.

17. If we have a CHW but funding lapses during the grant cycle (5/1/2022 – 8/30/2023), can we be eligible?

Answer: Applications will be evaluated based on criteria issued in the RFP.

18. What do we do if there is trouble opening documents like the W9?

Answer: Please see the following link to a W9 form - [Form W-9 \(Rev. October 2018\)](https://www.irs.gov/irm/101/101010101_01.pdf) ([irs.gov](https://www.irs.gov))

19. We are a home care agency and related to an organization that receives HEZ funding. It has not been the practice of home care to use community health workers but have discussed expanding our community outreach by using community health workers. Would we qualify to apply for these funds.

Answer: Yes

20. Are bidders required to submit the RIVIP form with the RFP response?

Answer: The Division of Purchases has implemented their Ocean State Procures (OSP) bidding system, and, therefore, has discontinued posting RFPs in the RIVIP system. Applicants will not be required to submit the RIVIP form with their application.

21. Can RIDOH provide the anticipated funding levels for the Component B activities? Is there a floor or ceiling for the grant funding that can be awarded to a single organization?

Answer: The overall budget is not being released, but RIDOH anticipates up to 15 awards and the overall award amount will be predicated on the number of applications received and approved.

22. Can RIDOH clarify the reasoning behind the insurance requirements (p. 7)? We would appreciate examples of the kind of state liability that is anticipated in the course conducting this program.

Answer: All scopes of work for RFPs are reviewed by the RI Department of Administration's Risk Management unit, and the specific types of levels of insurance are established accordingly.

23. Can RIDOH clarify under what circumstances an awardees will have access to HIPAA and/or PII information (pg 7) through this grant program? The State's general condition of purchase require technical errors and omissions ("Tech E&O insurance) for contracts in which the contract party provides *"technology, hardware, software, or professional services"* to the State, and requires \$20

million coverage caps in the event where those technology, hardware, software or professional services “provide(s) Contract Party with access to Confidential information.”

Answer: The Rhode Island Department of Administration’s Risk Management unit reviewed the scope of work as established for this RFP and set the following RFP specific insurance requirements:

Commercial General Liability of \$1 million per occurrence and \$1 million aggregate, and product liability insurance coverage of \$1 million per occurrence and \$1 million aggregate, with a maximum deductible of \$5,000 per occurrence. The State should be an additional insured on a primary and non-contributory basis with a waiver of subrogation in favor of the State.

Auto Liability of \$1 million per occurrence. The State should be an additional insured on a primary and non-contributory basis with a waiver of subrogation in favor of the State.

Workers Compensation. \$100,000 each accident, \$100,000 disease or policy limit and \$100,000 each employee. – There is to be a waiver of subrogation in favor of the State.

Professional Liability. \$2 million per occurrence and \$2 million in an annual aggregate. A waiver of subrogation in favor of the State to the extent that coverage to the Contract Party is not impaired.

Tech Errors and Omissions with Cyber Privacy/Data Breach. Due to the nature of the service and that there will be access to HIPAA and/or PII information, there should be coverage in the amount of \$20 million per occurrence and \$20 million in the annual aggregate.

24. Can RIDOH clarify whether awardees under this RFP will be expected to provide technology, hardware, software or professional services to the State that involves access to protected health information or other confidential information? If not, will the state consider waiving the Tech E&O provision in the RFP?

Answer: Please reference the responses to #22 and #23, above.

25. The RFP indicates that *“priority will be given to those ORGs who do not have an already established CHW workforce and are looking to build a CHW workforce”* (p. 10). Can RIDOH clarify how this priority will impact the scoring and evaluation of a proposal submitted by an organization that already has an established CHW workforce?

Answer: Scoring and evaluation criteria are noted in the RFP, and each proposal will be evaluated by the scoring and evaluation criteria. RIDOH is looking to support organizations who don’t currently have an existing CHW workforce and we anticipate distributing up to 15 awards.

26. We understand that hiring at least one full-time CHW is an expectation of this funding opportunity. Several places in the RFP refer to a requirement to hire *“1-2 CHWs”* (p. 11, p. 17). Does this mean that there is a maximum of two full-time CHWs that can be hired with this funding opportunity, or will RIDOH consider proposals to hire larger numbers than two?

Answer: The proposal should outline how you will utilize the funds, which will be reviewed by the RFP evaluation committee. The number of CHWs in your proposal should be commensurate with what you are proposing to accomplish in your application.

27. Section 4 (p. 10) of the RFP references an *“initial”* 16-month project period whereas the General Description (p. 12) references a 2.5 year *“project period”*. The instructions are clear in that proposals should prepare for the initial 16-month period. That said, it would be helpful to understand the discrepancy between the language in Section 4 and the General Description.

Answer: RIDOH will initially be funding applicants for a 16-month period. The project period may be extended based upon availability of funding and vendor performance.

28. Who is the *“RIDOH CHW Evaluator”*? Is this the same as the *“National Grantee for the CDC-2110 evaluation grant”* (p. 12)?

Answer: The RIDOH CHW Evaluator is the full-time Evaluator being hired to accomplish the performance measures and evaluation plan of this CDC funding opportunity. It is not the same as the 2110 Evaluator.

29. Can RIDOH clarify the distinction between the work plan to be included in the body of the Technical Proposal vs. the work plan to be attached to the proposal (p. 17)? Our interpretation is that Part 3 of the Technical Proposal should be a narrative describing the activities and 16-month SMART work plan referenced, while the attachment should be the SMART work plan itself, a table reflecting the same information described in the narrative. Can RIDOH confirm this interpretation – that both narrative and attachment would reflect the same content and timeframe, in differing formats?

Answer: We concur with your interpretation.

30. In the scoring criteria, does “Parts A-E” refer to Parts 1-4 of the Technical Proposal (p. 20)?

Answer: Yes

31. In the scoring criteria, will the 35 points for the “Approach and Quality of the Work Plan” be awarded based on the contents of the attached work plan, the contents of section 3 “Proposed Activities” of the Technical Proposal, the overall quality of the plan described in the entire Technical Proposal, or some other assessment (p. 20)?

Answer: The 35 points in the “Approach and Quality of Work Plan” will be awarded based on the contents of the work plan/proposed activities and the overall quality of the plan.

32. Can you distinguish between evaluation activities in which grantees will participate (p. 13, Evaluation, b. “Participate in evaluation activities alongside the National Grantee for the CDC-2110 evaluation grant”), evaluation plans which grantees will develop with RIDOH during the performance period (p. 13, Evaluation, d. “Work closely with RIDOH CHW Evaluator to develop and implement a comprehensive evaluation plan and tracking of the initiatives over the course of the project period”; Contract Requirements, g. “Work with RIDOH to develop and implement a comprehensive evaluation plan”), and an evaluation plan to be included in this proposal and included in the scoring

criteria (p. 20)? Please clarify what level of evaluation planning should be included in this proposal.

Answer: Proposals need to include a high-level evaluation plan. Our intent is for the RIDOH CHW team (including RIDOH Evaluator), the CDC and the 2110 technical assistance team to work alongside RFP awardees to craft a more detailed evaluation plan.

33. The “Cost Proposal Evaluation” section (p. 21) of the RFP indicates that proposals that are lower in cost will achieve higher scores. This methodology does not take into account the size of the population served or the number of CHWs hired. It also seems as though it would potentially penalize organizations that pay higher wages to their CHWs. Will RIDOH consider revising this approach to evaluating cost proposals, and consider factors that impact the scale and reach of the work?

Answer: RIDOH is anticipating making up to 15 awards based upon the number of applicants received and approved. Cost of proposals need to be factored in the evaluation process in order to maximize the potential awards that can be made based on the overall budget.

34. The DUNS number system is converting to Unique Entity ID for the official government wide identifier for federal awards, effective April 4, 2022. Should the Unique Entity ID be submitted instead of the DUNS number?

Answer: Please submit both DUNS numbers and Unique Entity ID.

35. Beyond scoring, will RIDOH be using any other criteria in making awards, such as: A) Geographic distribution of grants, including where Rhode to Equity investments have been made? In such a case as there were two grants in the same area with high scores, would a grant in a different area be favored over one in the same area? B) Prioritization of areas with higher COVID rates? C) Prioritization of areas with lower vaccination rates?

Answer: Geographic distribution is not a part of the criteria for scoring. Prioritization of areas with higher COVID rates is not part of the scoring, however, part of this scope of work ask applicants to describe their plan to mitigate areas with higher COVID rates. Prioritization of areas with lower vaccination rates is not part of the scoring, however, part of this scope of work

asks applicants to address their plan to mitigate areas with lower vaccination rates.

36. The RFP stipulates that *“Priority will be given to those ORGs who do not have an already established CHW workforce and are looking to build a CHW workforce into their existing organizational vision, mission, and infrastructure.”* But, there is no explanation as to the type of ORG. Do you prefer CHWs to work for Healthcare ORGs as an extension of health care or for Community ORGs focused on a particular geography or neighborhood?

Answer: Priority will be given to those organizations who do not have an already established CHW workforce into their existing organization vision, mission, and infrastructure. There is no preference to the type of organization, and that is not part of our scoring criteria.

37. Although priority is placed on new ORGs, will grants sustaining CHW positions within existing Community Health Teams be permitted?

Answer: As stated in the RFP, priority is given to organizations who do not have an already established CHW workforce and are looking to build a CHW workforce into their existing organizational vision, mission, and infrastructure. Priority being given to organizations who do not have an already established CHW workforce does not mean that other organizations cannot submit an application.

38. Can another division within a large organization already receiving Rhode to Equity CHW HEZ funding apply under this RFP?

Answer: If that other division is not participating in the Rhode to Equity, than that division can apply.

39. How much funding is estimated to be awarded to each organization?

Answer: The overall budget/funding is not being released, but RIDOH anticipates up to 15 awards and the overall award amount will be predicated on the number of applications received and approved.

40. We are participating in the Rhode to Equity with two other collaboration partners. Would we be eligible to apply for this RFP.

Answer: As posted in Addendum #1 on March 21, 2022, Health Equity Zone Back Bone Organizations who are already receiving funding under Component B or Component C (Rhode to Equity project) through existing contract modifications for Community Health Workers for COVID Response and Resilient Communities are not eligible to apply to this RFP. HEZ Collaborative members who have not received funding under Component B or Component C (Rhode to Equity) are eligible to apply as their own agency. HEZ Back Bone organizations who act as a fiscal sponsor for their collaborative members/community-based organizations are also eligible to apply.

Note: The Application due date deadline remains **4:00 p.m.** on **Thursday, April 21, 2022**. Proposals are to be emailed to: Randi Belhumeur, Health Systems Transformation Administrator, Policy Liaison at Randi.belhumeur@health.ri.gov .