

**ADDENDUM 1 TO RFP SOLICITATION #PCHD-2020-01**

**Minutes from Pre-Proposal Conference**



**A Healthy Pima County**  
Every one. Every where. Every day.

Date (Time):	February 14, 2020 10am-10:38am
Topic:	Pre-Proposal Conference
Attendees:	Tara Radke, Nancy Johnson, Jane Trivitt, Jonathan Leonard (by phone), Dr. Bob England, Richard May, Richard Wascher, Don Gates, Sharon Grant
Apologies:	Debra Osborne, Erica Smith, Paula Mandel
Meeting Facilitator:	Dr. Bob England/Sharon Grant
Minutes Prepared By:	Jenelle Sensenig

- Dr. Bob England opened the meeting with remarks about the RFP. This is, in some respects, an unusual RFP. There is a requirement for offerors to be from Federally Qualified Health Centers (FQHCs) or affiliated with one. This is because PCHD would like for their clients to have further integration with community FQHCs. That being said, I would like to address each of the activities under the Scope of Work:
  - Nurse Practitioner clinician time is a chronic issue at PCHD; there are a lot of vacancies in clinicians. One solution to the clinician problem would be to contract with a temp service for providers. But doing it with this contract associated with FQHCs is a better opportunity for Health Center providers to see PCHD clients and to work/learn together.
  - For the Family Planning grant PCHD also needs to contract with an OB/GYN. Medical supervision from an OB/GYN is a requirement for the Family Planning grant. Again, we could contract with any OB/GYN from the community, but this seems to be another way to fit these activities together.
  - The third activity, which is not a requirement for us, is to enroll the clients we see through our clinical services into primary care. Most clients PCHD sees are eligible for AHCCCS or a sliding scale fee so linking them to a FQHC for primary care makes perfect sense. We are concerned that our clients that see us for a limited categorical services are adequate for them. They also need to be plugged into a primary care provider. This is a way to make patients don't go without a primary care provider.

**Questions and Clarifications:**

- Nurse practitioners would be working both at Teresa-Lee Clinic and North Clinic where PCHD provides services. The schedule would vary depending on the vacancies of PCHD. Clinicians would get a monthly schedule with anticipated vacancies. The site and clinic hours are 8am-12noon or 1pm-5pm Monday-Friday. The clinics are closed the first Thursday of every month. The schedule will vary from month to month, depending on our vacancies. However, there will be reasonable lead time and reasonable scheduling for a period of time is anticipated. Currently at PCHD there is one NP vacancy.

- El Rio expressed concern that there isn't enough money in the budget to cover two NP positions. Dr. Bob clarified that PCHD is not trying to cover two positions but rather work around vacancies. Said may be able to make up some of the shortage from the enrollment incentive funds. PCHD deliberately did not state a rate for the NP hours because we would like for the health centers to reasonably apply for what they can and can't cover.
- MHC is short providers right now and they are working on recruiting providers for their sites, they have three to four openings currently.
- Tara asked for clarification on the hours in the RFP. 1720 hours was calculated based on what PCHD estimated would be left after activities 2 and 3 and a guess at what the rate would be. The contract can't exceed \$250,000, and the estimated number of hours is less than one FTE. PCHD will continue to work around vacancies as we do now. There is a bigger need when there are two vacancies.
- Dr. Bob said that PCHD has discussed doing something similar to this for nursing positions, which we always have chronic vacancies in. Perhaps down the road, if we can make it work, we would do a similar RFP for nurses.
- El Rio said that this would be considered an "outreach site" for them as a FHQC because there is no set schedule.
- The OB/GYN has to be available all year. They can do some work remotely. They would have access to patient charts, some work would have to be done on site so that Policies and Procedures reflect clinic operations. Ten hours a month is the estimated time for the OB/GYN. This position is a requirement of Title X funds.
- Jonathan from Desert Senita said their primary reason for being at the meeting is to hear more about how PCHD is looking to collaborate and what their needs are. Desert Senita doesn't have the capacity to respond to RFP. Jonathan would like to know the future direction of PCHD, if PCHD is going to have a presence there (in Ajo) and what is the plan for rural areas, what services are going to be offered. Dr. Bob, clarified that he is the interim guy and the next steps will be taken by the next director. But he would like to discuss with Desert Senita what classic public health roles you might fulfill to alleviate the need for travel from PCHD. For example, if we had an active TB case in Ajo, how cool would it be for you to be providing the follow up. Dr. Bob will e-mail Jonathan to follow up.
- Minimum qualification is for the agency, not the OB/GYN, to have five years' experience providing women's services.
- Sharon Grant: On attachment three, when providing a response there is no limit on pages. The agencies can give as much information as they need to when replying. The two pages just refers to the RFP attachment length.
- Jane asked: Moving forward, based on vacancies, is there an opportunity for the recipient to waive the incentive piece and move funding to the practitioner line item or make other adjustments. Response: it may require an amendment, depending on how the price sheet is written. Dr. Bob said that we do want to offer that incentive because the enrollment in primary care is important to us. PCHD also thought we might get an application from a non FQHC agency and needed to set aside funds as an incentive for the FQHC to partner. The third activity is the only one that requires an FQHC.
- Billing could be done on a quarterly basis instead of monthly.
- Responses submitted via email should be received by 3pm. Sharon will respond once received.
- Meeting adjourned at 10:38 am.