

**RFA #04-20**  
**Regional Response Health Collaboratives**  
**Q&A**

	RFA Section	Question	Answer
1		<p>Should the RRHC budget the cost of COVID-19 testing into its Cost Submittal Workbook, or will testing expenditures be appropriated separately by DHS per the legislation in HB 2510 cited below in Section 105-B (2)?</p> <p>SECTION 105-B. FUNDING. FUNDING FOR THE REGIONAL RESPONSE HEALTH COLLABORATIVE PROGRAM SHALL COME FROM THE FOLLOWING SOURCES:</p> <p>(1) FROM MONEY APPROPRIATED FOR COVID RELIEF - LONG-TERM LIVING PROGRAMS, \$175,000,000 SHALL BE DISTRIBUTED BY THE DEPARTMENT FOR THE PURPOSES PROVIDED UNDER SECTION 103-B (2).</p> <p>(2) AN ALLOCATION OF UP TO \$175,000,000 FROM FUNDING RECEIVED BY THE COMMONWEALTH FROM THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES OR CENTERS FOR DISEASE CONTROL AND PREVENTION FOR TESTING THROUGH DIVISION B OF TITLE I OF THE FEDERAL PAYCHECK PROTECTION PROGRAM AND HEALTH CARE ENHANCEMENT ACT (PUBLIC LAW 116-139).</p>	<p>The RRHC budget should include the administrative costs, including costs of reporting the testing. In the first instance, selected Applicants shall bill third party payors for the testing. The Department is the payor of last resort for the testing. The Commonwealth is currently making decisions concerning the appropriation under 105-B(2).</p>

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	RFA Section	Question	Answer
2		<p>The terms of the agreement are from July 1, 2020- December 1, 2020. The question is related to the need that COVID-19 brings to the residents of the Commonwealth for widespread supports and services which will not be resolved in 5 months. We are going to need to be doing this initiative over the coming 1-2 years.</p> <p>Can you clarify if the funding available can be extended for use beyond December 1, 2020? As a grantee can awarded funds be distributed during current funding period to be managed and used post December 1, 2020?</p> <p>And if funds cannot be used after December 1, 2020, will the state be offering a non-compete application for awardees to apply for use of funds in future calendar years (i.e. 2021, 2022)?</p>	<p>Per Act 24 of 2020, the Department is unable to extend the funding for use beyond December 1. No, a selected Applicant may not use awarded funds for services provided after December 1. The Department cannot provide information on potential future solicitations.</p>
	RFA Section	Question	Answer
3		<p>RFA states it applies to long-term care facilities as defined in 802.1 Healthcare facilities act - however this does not include personal care, assisted living - does this award initiative also apply to Personal Care Homes and Assisted Living Facilities as well as Nursing Facilities?</p>	<p>Personal care homes and assisted living facilities are included. As referenced in the attached revised Appendix B, the term "facility" refers to assisted living residences, personal care homes, and long-term care nursing facilities.</p>

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	RFA Section	Question	Answer																
4		<p>Are assisted living and personal care home facilities included in the totals for facilities listed by region (see table below from RFA)? Some of the language in the RFA seems to articulate that they are included but may not be included in the numbers listed; can you clarify?</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="background-color: #003366; color: white;">Region</th> <th style="background-color: #003366; color: white;"># of Facilities</th> </tr> </thead> <tbody> <tr> <td>North Central</td> <td style="text-align: center;">125</td> </tr> <tr> <td>Northeast</td> <td style="text-align: center;">230</td> </tr> <tr> <td>Northwest</td> <td style="text-align: center;">171</td> </tr> <tr> <td>South Central</td> <td style="text-align: center;">244</td> </tr> <tr> <td>Southeast</td> <td style="text-align: center;">613</td> </tr> <tr> <td>Southwest</td> <td style="text-align: center;">512</td> </tr> <tr> <td><b>Statewide Total</b></td> <td style="text-align: center;"><b>1,895*</b></td> </tr> </tbody> </table>	Region	# of Facilities	North Central	125	Northeast	230	Northwest	171	South Central	244	Southeast	613	Southwest	512	<b>Statewide Total</b>	<b>1,895*</b>	<p>Yes, the numbers include facilities as defined in the revised definition of facilities in revised Appendix B.</p>
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	RFA Section	Question	Answer																
5		<p>The cap allocations for the SW and NW regions of the state is \$52.5M total. That constitutes 30% of the total budget. The allocation of facilities for the SW and NW regions is 35% which would be \$61.25M total allocation. Can you clarify the discrepancy related to the proposed budget allocation?</p>	<p>The allocation of funding is based on the estimated average facility census not the number of facilities. Based on estimated census data, the SW and NW regions represent 30% of the population served.</p>																

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	RFA Section	Question	Answer
6		Can 2 health systems apply jointly for two regions?	Yes, health systems may propose a collaboration; however, one health system must submit the application on behalf of the collaboration. If awarded, the selected applicant will be responsible to coordinate and provide services for the region. Refer to Section I-16, Prime Grantee Responsibilities.
	RFA Section	Question	Answer
7		Rider #1, Payment Provisions, can costs cover obligations/expenditures made prior to the stated terms of the agreement be paid for with the grant, if within the scope of the RRHC?	No, only those expenditures incurred within the term of the grant agreement can be allocated to the RRHC program.
	RFA Section	Question	Answer
8		Rider #1, §4, Performance Metrics, most metrics have the Measurement, Frequency of Measurement, Performance metric target, and Incentive Payment amount specifics listed as "TBD." Outside of the incentive payment amount, is this intended to provide flexibility for the grantees to develop reasonable criteria or will this truly be determined by the DOH and DHS at a later date? This information may be very different for the many diverse regions across PA and numerous health care entities, depending on each's program design and demographics. Maximum flexibility to design what makes sense and tailor it to each program would be preferred.	The incentive and performance metrics will be determined by DOH and DHS.
	RFA Section	Question	Answer
9		In Rider #2, Work Statement, some of the numbered sections ask for additional detail to the "yes" answers, and provide a page limit – is this limit intended to be in total or is this per question? It would seem in total makes more sense, but just want to be clear.	The page limit applies to all questions in a section.

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10		Is there a list of all DHS-licensed facilities that can be shared by region? If not, is there a website or resource where we can find this information?	<p>See chart below for the number of DHS licensed facilities.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Facility Type</th> <th>NC</th> <th>NE</th> <th>NW</th> <th>SC</th> <th>SE</th> <th>SW</th> <th>Grand Total</th> </tr> </thead> <tbody> <tr> <td>Office of Developmental Programs</td> <td style="text-align: center;">20</td> <td style="text-align: center;">36</td> <td style="text-align: center;">15</td> <td style="text-align: center;">7</td> <td style="text-align: center;">110</td> <td style="text-align: center;">70</td> <td style="text-align: center;">258</td> </tr> <tr> <td>Office of Mental Health and Substance Abuse Services</td> <td style="text-align: center;">273</td> <td style="text-align: center;">499</td> <td style="text-align: center;">440</td> <td style="text-align: center;">755</td> <td style="text-align: center;">1429</td> <td style="text-align: center;">1126</td> <td style="text-align: center;">4522</td> </tr> <tr> <td>Living Independence for the Elderly ("LIFE") Centers</td> <td style="text-align: center;">12</td> <td style="text-align: center;">10</td> <td style="text-align: center;">13</td> <td style="text-align: center;">13</td> <td style="text-align: center;">8</td> <td style="text-align: center;">11</td> <td style="text-align: center;">67</td> </tr> <tr> <td><b>Grand Total</b></td> <td style="text-align: center;"><b>305</b></td> <td style="text-align: center;"><b>545</b></td> <td style="text-align: center;"><b>468</b></td> <td style="text-align: center;"><b>775</b></td> <td style="text-align: center;"><b>1547</b></td> <td style="text-align: center;"><b>1207</b></td> <td style="text-align: center;"><b>4847</b></td> </tr> </tbody> </table> <p>Please note that these numbers are estimates and subject to change.</p>	Facility Type	NC	NE	NW	SC	SE	SW	Grand Total	Office of Developmental Programs	20	36	15	7	110	70	258	Office of Mental Health and Substance Abuse Services	273	499	440	755	1429	1126	4522	Living Independence for the Elderly ("LIFE") Centers	12	10	13	13	8	11	67	<b>Grand Total</b>	<b>305</b>	<b>545</b>	<b>468</b>	<b>775</b>	<b>1547</b>	<b>1207</b>	<b>4847</b>
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11		In Rider #2, the number of facilities identified on page 5 of Part 1 – the document states this is minimal number. Is this a combination of SNFs, personal care homes, assisted living or any of the other DHS facilities listed in Appendix B? and not just SNFs in each region. Is there any sense of how many more facilities the RRHC would need to plan for managing? <i>(this will be important for budget)</i>	Refer to the response to Q.4. for those facilities included in the chart on page 5 of Part I. The number does not include facilities defined as DHS-licensed facilities. Please refer to chart in Q.10 for DHS licensed facilities. Please note a grantee’s responsibilities are different for facilities, DHS licensed facilities, Adult																																								

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	RFA Section	Question	Answer
12		In Rider #2, Question 7 f. Provide <b>advanced clinical care</b> , including on-site and telemedicine-supported clinical care, remote monitoring, and physician consultation? Does the advanced clinical care need to happen in the SNF/DHS facilities or do they mean hospital systems? If it is in the SNF, the preferred approach is purely telehealth and consultative.	Advanced clinical care that can appropriately be provided in the facility must occur within the facility. Yes, the preferred approach would be telehealth but could also be face-to-face. Selected Applicants are responsible for facilitating transfer to an acute care hospital when clinically appropriate for ongoing care.
	RFA Section	Question	Answer
13		In Rider #2, question 8 A - Can a hospital system that does <b>not</b> have swing beds currently – move patients from acute to one of their community hospitals and use the grant to support those costs?	Yes, the grant can support the costs for facilitating a transfer to a community hospital; however, the grantee must bill the applicable third-party payor for any costs associated with nursing or custodial care.
	RFA Section	Question	Answer
14		In Rider #2, question 8b. – “Arranging transportation from a facility and temporary housing individuals in a hospital or alternative setting if they have confirmed or suspected COVID-19 infection?” What is the intent of this question? Is the point to help Skilled Nursing Facilities and other care entities to provide improved quality of care and infection control, or is it to move suspected or confirmed non-acute COVID-19 infected patients outside of these settings to be cared for elsewhere?	The intent is to provide support in improving quality of care in infection control situations as well as to move suspected or confirmed non-acute COVID-19 infected patients to a safe environment.
	RFA Section	Question	Answer
15		In Rider #2, question 8b. regarding “swing bed” or “transitional care beds,” will the swing bed waivers be staying in place for the terms of this grant or will they go away?	We cannot provide additional information at this time because we are not sure what waivers are being referenced.

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	RFA Section	Question	Answer
16		Is there a place where attachments or additional supplemental information, such as samples of tools used in similar COVID-19 response activity with SNFs can be provided, or does this information need to fit within the existing page constraints?	Any additional attachments or supplemental information should be appended to the application. There is no page limit for these attachments.
	RFA Section	Question	Answer
17		Since the grantee is providing training and services to another entity (SNFs) and others, for which they have little control over how or even if they implement guidance provided, is there a mechanism ( <i>outside of general liability insurance to-be carried by the grantee</i> ) to alleviate liability should there be an issue with the “trained” employees at one of these SNFs or other assisted living facilities/care homes? Will the state take on, at least part, of the legal risk through guaranteed bonding, liability waiver, or another approach (i.e. safe harbor provision)?	No, Applicants should determine the appropriate mechanism. No, the Commonwealth is unable to assume another entity’s liability.
	RFA Section	Question	Answer
18		Is there a template cooperation agreement for collaborative partners (i.e. – between Hospitals and SNFs/Personal Care Homes/Assisted Living) that covers liability and other stipulations of the programming/services being made available as a part of this grant?	No, the Applicant and its partners should determine the contents of such agreements.
	RFA Section	Question	Answer
19		Attachment A, Audit Clause D, mentions that a compliance attestation be completed for the official annual reporting period of this agreement (July 2020 -December 2020), and	Yes, the compliance attestation and the period subject to audit should align with the agreement. Yes.

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		conducted annually thereafter. If the terms are only for six months, does this mean the compliance attestation is only provided after the first year? Does this also mean the independent audit will only conduct one audit?	
	RFA Section	Question	Answer
20		Please clarify the grant period and contract term. There appears to be two December dates; December 1 and December 31.	The grant term is July 1, 2020, to December 1, 2020.
	RFA Section	Question	Answer
21		What happens at the end of the grant period; are facilities expected to discontinue contact with the grantee and utilize the usual communication channels?	It will be up to each RRHC, its partners and providers as to keeping its local relationships.
	RFA Section	Question	Answer
22		Is there a communication linkage between the DOH, DHS during the grant period on identified findings? Has that process been defined?	Both DOH and DHS are working together to identify communication linkages between both agencies as regulators for the facilities. This information will be shared with grantees.
	RFA Section	Question	Answer
23		From an assessment standpoint, the grant extends beyond COVID-19 and includes chronic conditions, falls and decubitus ulcers. Please define expectations.	Grantees must work with facilities to improve the quality of care related to the prevention of infections like COVID-19. As part of this improvement, grantees must be aware of and account for other priority health conditions present in facilities such as falls, decubitus ulcers, aspiration, diabetes, and hypertension.
	RFA Section	Question	Answer
24		What information will be provided on the assigned facilities and when would the grantee be notified of the additional facilities that could be added? (At least one on-site consultation with other DHS-licensed facilities, Older Adult Daily Living facilities, and State Veterans Homes)	DHS will provide the facility's address, primary contact information, and the defined reason for outreach. DHS will also provide facility demographics and other pertinent information that may be needed to provide the outreach. During the grant term, DHS will provide this information for DHS licensed facilities, Older Adult Daily Living facilities and State Veterans Homes for which consultations are requested.



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	RFA Section	Question	Answer
25		Will the grantee be required to supply the technical support, software and hardware for virtual two way visits for residents?	Yes, grantees must provide technical support and software for virtual two-way visits. For hardware, grantees should work with the facility so that hardware is accessible.
	RFA Section	Question	Answer
26		The RFA states that the grantee is required to “Provide COVID-19 universal testing to include asymptomatic staff and residents in facilities that are deemed possibly at risk as defined by DOH and DHS, with a maximum 48-hour turnaround time by a DOH-approved lab? This consists of performing the on-site test, covering the cost of the test if patient has no other form of insurance coverage, transporting the test to a DOH approved lab, helping to track the test result, and reporting the test result to DOH. This will also include having clinical personnel to discuss the results with residents and staff of a facility.” Does this only apply to facilities that require help?	DHS in consultation with DOH, will identify those facilities for which universal testing is required and will notify grantee of the identified facilities.
	RFA Section	Question	Answer
27		Please provide additional detail on the expectations on behavioral health screenings of facility staff and residents using validated tools identified by DHS; please define the tools and anticipated services to be coordinated.	Grantees shall screen for anxiety and depression using validated tools approved by DHS. Grantees must refer to appropriate primary care providers or behavioral health providers as needed.
	RFA Section	Question	Answer
28		The RFA details SUD referrals, is there an expectation for screening for SUD? If yes, is there a plan for chain of custody urine samples.	Grantees are not responsible for SUD screening or referral.

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	RFA Section	Question	Answer
29		For staffing support can the grantee maintain a staffing contract to support staffing needs of a facility?	Yes, grantees may choose to maintain a staffing contract.
	RFA Section	Question	Answer
30		Please define the expectations for contact tracing, does the grantee need to train a facility or have trained staff to complete the contact tracing?	<p>Grantee must have trained personnel to assist DOH with contact tracing as directed by DHS or DOH.</p> <p>This includes but is not limited to providing personnel and technology to assist DOH in contact tracing efforts within facilities, monitoring, calling facility staff (or any other entrants to and from a facility) as well as any contacts they may have had, assisting with testing, and submitting data to DOH and DHS.</p>
	RFA Section	Question	Answer
31		The RFA includes PPE support for facilities in need. Is there a PRN supply chain requirement based on need or does the grantee need to intervene in the facility supply chain practice?	No, no such requirement exists. Grantee must work with facilities to determine if the supply of PPE is adequate.
	RFA Section	Question	Answer
32		Are alternative locations permissible for caring for patients that no longer can need to be hospitalized, but cannot return to their home facility? (i.e. hotel or respite)	Yes, grantees must first try to use services that would be billable to third party payors. If patients are placed in alternative settings, such as hotels or respite care, the grantee must continue to coordinate appropriate services.
	RFA Section	Question	Answer
33		Rider #1, Payment Provisions, can costs cover obligations/expenditures made prior to the stated terms of the agreement be paid for with the grant, if within the scope of the RRHC?	Please refer to the response to Q.7.

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	RFA Section	Question	Answer
34		Rider #1, §4, Performance Metrics, most metrics have the Measurement, Frequency of Measurement, Performance metric target, and Incentive Payment amount specifics listed as “TBD.” Outside of the incentive payment amount, is this intended to provide flexibility for the grantees to develop reasonable criteria or will this truly be determined by the DOH and DHS at a later date? This information may be very different for the many diverse regions across PA and numerous health care entities, depending on each’s program design and demographics. Maximum flexibility to design what makes sense and tailor it to each program would be preferred.	Please refer to the response to Q.8.
	RFA Section	Question	Answer
35		In Rider #2, Work Statement, some of the numbered sections ask for additional detail to the “yes” answers, and provide a page limit – is this limit intended to be in total or is this per question? It would seem in total makes more sense, but just want to be clear.	Please refer to the response to Q.9.
	RFA Section	Question	Answer
36		Is there a list of all DHS-licensed facilities that can be shared by region? If not, is there a website or resource where we can find this information?	Please refer to the response to Q.10.
	RFA Section	Question	Answer
37		In Rider #2, the number of facilities identified on page 5 of Part 1 – the document states this is minimal number. Is this is a combination of SNFs, personal care homes, assisted living or any of the other DHS facilities listed in Appendix B? and not just SNFs in each region. Is there any sense of how	Please refer to the response to Q.11.

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		many more facilities the RRHC would need to plan for managing? <i>(this will be important for budget)</i>	
	RFA Section	Question	Answer
38		In Rider #2, Question 7 f. Provide <b>advanced clinical care</b> , including on-site and telemedicine-supported clinical care, remote monitoring, and physician consultation? Does the advanced clinical care need to happen in the SNF/DHS facilities or do they mean hospital systems? If it is in the SNF, the preferred approach is purely telehealth and consultative	Please refer to the response to Q.12.
	RFA Section	Question	Answer
39		In Rider #2, question 8 A - Can a hospital system that does <b>not</b> have swing beds currently – move patients from acute to one of their community hospitals and use the grant to support those costs?	Please refer to the response to Q.13.
	RFA Section	Question	Answer
40		In Rider #2, question 8b. – “Arranging transportation from a facility and temporary housing individuals in a hospital or alternative setting if they have confirmed or suspected COVID-19 infection?” What is the intent of this question? Is the point to help Skilled Nursing Facilities and other care entities to provide improved quality of care and infection control, or is it to move suspected or confirmed non-acute COVID-19 infected patients outside of these settings to be cared for elsewhere?	Please refer to the response to Q.14.
	RFA Section	Question	Answer
41		In Rider #2, question 8b. – regarding “swing bed” or “transitional care beds,” will the swing bed waivers be	Please refer to the response to Q.15.

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		staying in place for the terms of this grant or will they go away?	
	RFA Section	Question	Answer
42		Is there a place where attachments or additional supplemental information, such as samples of tools used in similar COVID-19 response activity with SNF's can be provided, or does this information need to fit within the existing page constraints?	Please refer to the response to Q.16.
	RFA Section	Question	Answer
43		Since the grantee is providing training and services to another entity (SNFs) and others, for which they have little control over how or even if they implement guidance provided, is there a mechanism ( <i>outside of general liability insurance to-be carried by the grantee</i> ) to alleviate liability should there be an issue with the "trained" employees at one of these SNFs or other assisted living facilities/care homes? Will the state take on, at least part, of the legal risk through guaranteed bonding, liability waiver, or another approach (i.e. safe harbor provision)?	Please refer to the response to Q.17.
	RFA Section	Question	Answer
44		Is there a template cooperation agreement for collaborative partners (i.e. – between Hospitals and SNFs/Personal Care Homes/Assisted Living) that covers liability and other stipulations of the programming/services being made available as a part of this grant?	Please refer to the response to Q.18.
	RFA Section	Question	Answer
45		Attachment A, Audit Clause D, mentions that a compliance attestation be completed for the official annual reporting period of this agreement (July 2020 -December 2020), and	Please refer to the response to Q.19.

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		conducted annually thereafter. If the terms are only for six months, does this mean the compliance attestation is only provided after the first year? Does this also mean the independent audit will only conduct one audit?	
	RFA Section	Question	Answer
46		<p>In a HealthChoices RFA there was also a “Financial Capability” section, and the involved finance department wanted to redact many parts if not the entire section. The solution provided for a version of the application that excluded the financial capability information.</p> <p>This RFA 04-20 makes no mention of doing this. However, the Trade Secret Form itself (Appendix E) states:  <b>disclosure by checking the appropriate box below:</b> <i>(Note: Financial information submitted to demonstrate economic capability is exempt from public disclosure in response to an RFP or IFB to demonstrate economic capability is exempt from public disclosure in accordance with Section 708(b)(26) of the Right-to-Know Law, 65 P.S. 67.708(b)(26))</i></p> <p>So, we are covered. The question remains are applicants to still note all of these redactions on the form?</p>	No. Financial information submitted to demonstrate financial capability is exempt from public disclosure regardless of whether the Applicant identifies it as such on Appendix E. Applicants should identify any other information that it considers to be confidential, proprietary or trade secret protected on Appendix E.
	RFA Section	Question	Answer
47		<p>If we had no other redactions to make in our application, would we still be checking “Yes” on Appendix E due to the financial capability section?</p> <p style="margin-left: 40px;"> <input type="checkbox"/> <b>No information has been included that I believe should be disclosed.</b>  <input type="checkbox"/> <b>Information has been included that I believe should be disclosed.</b> </p> <p>This would mean we must create and include a redacted version of our application, even though the instructions imply it’s only necessary if we personally deem information exempt.</p>	No. Please refer to the response to Q.46.

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48		<p>The electronic response must clearly identify the Applicant and include the name and version number of the virus scanning software that was used to scan the application before it was submitted.</p> <p>Will DHS accept this information within the body of the email we send the application with? Placing the information within the application already opened would be counter-productive to the cyber security intended with this requirement.</p> <p>This appears to be a copy/paste of the language used for submission of USB flash drives for the HealthChoices RFA and wrote the scanning software on the physical flash drive. The only other place we could put the information is in the name of the File.</p>	Yes, DHS will accept this information in the body of the email.
	RFA Section	Question	Answer
49		<p><b>Part II - APPLICATION REQUIREMENTS</b></p> <p>Each application shall consist of the following two separately sealed submittals.</p> <p>The RFA mentions “sealed submittals” once here in the instructions and again on the Appendix A cover sheet. How does one seal an electronic file? Does placing the Technical Submittal and Cost Submittal in separate folders qualify as separately sealing them?</p>	Yes.
	RFA Section	Question	Answer
50		<p>Appendix E States “Also, please mark the submitted material in such a way to allow a reviewer to easily distinguish between the parts referenced below.” Can DHS clarify what submitted material they are referencing and provide examples of marks that would allow a reviewer to easily distinguish them?</p>	“Submitted material” refers to any material submitted as part of your application. Applicants should clearly label those portions of its application it deems confidential, proprietary, trade secret, or otherwise exempt from public disclosure.

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51		In Rider #2 – if there are any sections where there may be limitations in services or know that we may not be able to fully commit to resources, such as items tied to supply chains, like PPE (like when a second wave further constrains supplies), will checking “no” preclude us from participating? The items beyond our control, such as national nursing shortages that also impact us, and supply chains are of great concern.	Selecting “No” for any question does not preclude participation; however, DHS will consider “Yes” and “No” responses as part of its evaluation of applications and selections. Limitations caused by circumstance outside of an applicant’s control do not require a No answer.
	RFA Section	Question	Answer
52		What is the Post-January, CARES Act, funding strategy to maintain these programs longer term, knowing COVID-19 may be with us into the spring, at a minimum? Is there a long term sustainable plan or will some of these services just end?	Please see response to Q.2 and Q.21. The term of this grant is from July 1, 2020, to December 1, 2020.
	RFA Section	Question	Answer
53		The documents are in a pdf format that does not allow for completion of responses within the documents. Will they be re-released as word documents or a fillable pdf?	Yes. Please refer to the revised Rider 2 provided with Addendum 1.
	RFA Section	Question	Answer
54		In Rider 2 – Work statement, several questions request comments in response to any “yes” answers and page limits are provided, e.g. question 5. Does the page limit apply to each “yes” response in a question or to all “yes” responses in the question?	Applicants must answer every sub-question within a question. The page limit applies to all “yes” responses in a question.
	RFA Section	Question	Answer
55		Are there font type and size and margin requirements for the required comments?	Arial, 12-point font, one-inch margins.



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	RFA Section	Question	Answer
56		<p>When will DHS provide a full list of all facilities by type, location, county, number of residents and staff and the required number of on-site visits by each type as is necessary to construct a budget for submission? Please provide an excel spreadsheet of the expected facilities by region that would require site visits and testing inclusive of:</p> <ul style="list-style-type: none"> <li>a. List of LTC sites per region with the following detail per site</li> <li>b. Facility type</li> <li>c. Average census expected to have up to 3 tests</li> <li>d. Estimated payer of health care services mix of census</li> <li>e. Number of staff – full time and part time expected to have up to 3 tests</li> <li>f. Additionally, please provide the same for other DHS licensed facilities (adult day care, veterans homes, etc). Please confirm work statement question 5 states these require at least 1 minimum visit if requested. Is 1 visit required or what criteria would DHS use to request these and expected volume.</li> </ul>	<p>This information is not currently available. Refer to the numbers provided by region for the three types of facilities as defined in revised Appendix B.</p> <p>Please refer to Section II-6, Program Costs, for information regarding facilities (as defined in Appendix B) that require two onsite visits. Refer to question 5.c of the work statement and the regional cost allocations for additional information.</p> <p>Please refer to Q.10 for an estimated number of DHS licensed facilities for which DHS may request an onsite consultation.</p>
	RFA Section	Question	Answer
57		<p>The cost spreadsheet indicates number of tests. Please confirm whether this count includes residents only or residents and staff as the cost worksheet appears to only include residents.</p>	<p>The number of tests includes both residents and staff.</p>

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	RFA Section	Question	Answer
58		How does this funding interact with the funding provided directly to nursing homes, personal care residences and assisted living facilities, and other providers via Act 24?	Grantee must coordinate with all other Act 24 and CARES act funding recipients so that the RRHC grant services are delivered.  Please identify any CARES Act and other sources of funding in question 11 of Rider 2, Work Statement as well as in your Cost Submittal.
	RFA Section	Question	Answer
59		How will the various funding streams for these long-term care facilities, and other provider types be managed in order to avoid duplication of services and supports?	Grantees must adhere to DHS reporting requirements and submit timely reports detailing activities and resources supporting facilities and DHS licensed facilities.
	RFA Section	Question	Answer
60		How do the RRHCs fit into the overall testing policy/plan for the Commonwealth directed by the Department of Health?	DHS and DOH are working diligently in coordinating guidance to facilities and DHS licensed facilities regarding universal testing.
	RFA Section	Question	Answer
61		What liability protections will be granted to health care systems who serve in the collaboratives?	Please see response to Q.17.
	RFA Section	Question	Answer
62		What consequence will there be for long term care facilities and other licensed providers that do not adhere to or implement recommendations of the collaboratives?	DHS has the regulatory authority for quality control over the Personal Care Homes and assisted living facilities.  DOH has the regulatory authority for quality control over long-term nursing facilities.  Violations for failure to comply with COVID-19 related mandates will be addressed pursuant to existing regulations.

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	RFA Section	Question	Answer
63		What resources and options does the RRHC have when residents refuse to participate or cooperate with testing, cohorting, etc.?	Grantees must respect residents' rights. DOH and DHS will work with each RRHC when and if such issues arise.
	RFA Section	Question	Answer
64		How is the state going to address facilities that do not want to participate?	DOH and DHS will communicate this program to all providers. Please refer to the response to Q.62.
	RFA Section	Question	Answer
65		Rider 2 – Work statement, Question 3: in the requirement to directly support COVID-19 readiness and response in facilities, DHS is requiring the applicant to attest to the ability to comply with any future DOH or DHS-issued guidance regarding the Program? What input will the RRHC have regarding further guidance? Will additional funding be forthcoming if said guidance creates new duties and responsibilities?	The RFA and Work Statement set forth all the duties and responsibilities of this Program. Any future guidance will not add to the scope of the Program and thus no additional funding will be available. RRHCs may, as always, discuss any concerns or questions regarding guidance with DHS and DOH at any time.
	RFA Section	Question	Answer
66		Rider 2 – Work statement, Question 4: This question requires an attestation to improve quality of care and related infections and other priority health care conditions such as but not limited to falls, pressure ulcers, etc. Will the federal funds for COVID be allowed for these other purposes or is there separate funding issued for these non-COVID-19 conditions and activities? How does DOH and DHS anticipate the RHCC working with the regulating bodies regarding poor quality care on these other non-	<p>Federal funding may only be used for COVID-19 related expenditures. Grantees must work with facilities to improve the quality of care related to the prevention of infections like COVID-19. As part of this improvement, grantees must be aware of and account for other priority health conditions present in facilities such as falls, decubitus ulcers, aspiration, diabetes, and hypertension.</p> <p>In assessing the precedence within a facility for the risk of COVID-19 related morbidity and mortality, Grantees must address the chronic conditions.</p>

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		COVID conditions to facilitate appropriate government oversight?	Grantee must provide telemedicine consultation as necessary to those residents, and bill third party payors as appropriate for those services.
	RFA Section	Question	Answer
67		Rider 2 – Work statement, Question 5.e: With whom is the two-way telecommunication for visitation required? Is this between the facility and the RHCC? Is this between residents and families? If between residents and families, is this requirement to facilitate secondary to the grants provided to facilities to obtain phones and tablets using CMP funds?	Two-way telecommunication is between residents, their caregivers, and families. Grantee must provide software and technical support to facilitate this communication. Hardware should be acquired by the facilities using other CARES Act funding.
	RFA Section	Question	Answer
68		Rider 2 – Work statement, Question 7.b: Will there be a maximum number of Rapid Response Teams (RRTS) that will be required to be deployed in any given time period? How will DHS and DOH prioritize deployment of RRTs?	DHS is unable to provide information on the maximum number of RRTSs due to the evolving nature of the pandemic. Grantee must deploy RRTS as prioritized by DHS and DOH.
	RFA Section	Question	Answer
69		Rider 2 – Work statement, Question 7.c: Please provide a list of DOH approved labs.	The list is located on the DOH website:  <a href="https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/COVID-19%20Labs.pdf">https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/COVID-19%20Labs.pdf</a>
	RFA Section	Question	Answer
70		Rider 2 – Work statement, Question 7.c: What system will be required for the RHCC to report results to DOH? Is this reporting duplicative of the lab reporting?	DHS and DOH will identify electronic reporting systems to grantees.  For lab reporting, both DHS and DOH make use of existing electronic laboratory reporting systems.

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	RFA Section	Question	Answer
71		Rider 2 – Work statement, Question 7.e: Under what conditions will the RRHC be required to augment staff and what are the determinants for appropriate staff levels? Are there minimums that must be maintained or is the RRHC required to support maximum or enhanced staffing? Is this secondary to the facility exhausting other COVID-19 funding provided directly to the facility? Will the National Guard continue to be available if other resources cannot be found?	<p>DOH and DHS will identify facilities that need augmented staffing per defined staffing regulations.</p> <p>The grantees must assist in identifying and providing for staffing needs based on a facility assessment.</p> <p>Yes, facilities will be required to use some of their current funding to support staff augmentation. Grantees must still assist in finding and providing staff augmentation.</p> <p>The National Guard has been providing supports to facilities and the Commonwealth will continue to use this resource for support.</p>
	RFA Section	Question	Answer
72		Rider 2 – Work statement, Question 7.f: Is this advanced clinical care required for conditions other than COVID? How will this affect funding and accounting?	Appropriate advanced clinical care for conditions other than COVID-19 must be provided by grantees as needed using tele-medicine consultation. This service will be billed to responsible third-party payors.
	RFA Section	Question	Answer
73		Rider 2 – Work statement, Question 7.g: Are these BH screening COVID-19 related or are they for all other conditions? How will funding be handled for non-COVID-19 conditions? What role does the MLTSS MCO and their case managers play in these screenings and care coordination? What role do they BH MCOs play in the screening and care coordination activities?	<p>Please see response to Q.27. The BH screening referenced under the work statement refers to a behavioral health assessment tool. This activity will be primarily focused on anxiety and depression in both residents and staff.</p> <p>Please refer to the response to Q.72 in relation to funding.</p> <p>Any MLTSS and BH MCOs will need to be engaged via care management for both screening and care coordination for needed services.</p>

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	RFA Section	Question	Answer
74		Rider 2 – Work statement, Question 7.h, 7.1, and 7.j: How does these responsibilities and activities relate to other funding allocated directly to facilities for COVID-19 related expenses? Is there an order of funds and resources that should be used first to last resort?	Grantees must work with facilities and DHS licensed facilities, Adult Daily Living Centers and State Veteran Homes to leverage all existing funding.  Facilities, DHS licensed facilities, Adult Daily Living Centers and State Veteran Homes will need to use their direct funding, if any, first.
	RFA Section	Question	Answer
75		Rider 2 – Work statement, Question 7.k: Are these services limited to residents in a congregate care setting licensed by DHS?	No. Grantees must provide support services to individuals with intellectual disabilities and Autism living in a facility or DHS licensed facility regardless of the type.
	RFA Section	Question	Answer
76		The rapid response team is mentioned to comprise the following 7 types of clinicians. Please clarify the minimum required core team and ability for some to be physically onsite vs. virtual.	Grantees must develop rapid response teams with the necessary expertise to support facilities. The definition of Rapid Response Team lists some of the clinicians that may be appropriately included on such a team; however, applicants should determine the composition of its proposed team that best achieves the objectives of the RRHC. The Rapid Response Team will be required to provide both on-site and virtual support to facilities.
	RFA Section	Question	Answer
77		In the RFA it describes activities to do onsite assessments and cohorting, then separately describes the rapid response team. In Rider 1, it describes the rapid response team as required to do the two onsite facility consultations. Please confirm whether the 2 onsite consultations at the hundreds of sites require the full rapid response team or whether a smaller team would be permitted at the direction of the rapid response team.	The two on-site consultations are required for facilities as defined in Appendix B within the timeframes of this RFA. The team composition must have the skill set to provide required assistance.  The Department is not requiring that the Rapid Response Team conduct the onsite assessments and will clarify in the final Rider 1. Applicants should propose the type of staffing or teams that will be used to conduct these consultations.

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	RFA Section	Question	Answer
78		What does DHS view as the initial trigger for rapid response events and estimated number per region based on experiences to date?	DHS or DOH will identify facilities in need of rapid response teams based on suspected COVID-19 outbreak, staffing issues, and supply issues.  Because this program is a preventive model, prior experience of COVID-19 outbreak is not pertinent to predicting future outbreaks. This intervention and education provided by the RRHC should minimize the number of rapid response events.
	RFA Section	Question	Answer
79		Contact tracing - Please confirm the relationship of RRHC contact tracing vs. resources that may already exist at the county or Healthcare Collaborative level.	Grantees must provide personnel and technology to assist DOH in contact tracing efforts within facilities. This includes, but is not limited to, monitoring, calling facility staff (or any other entrants to and from a facility) as well as any contacts they may have had, assisting with testing, and submitting data to DOH and DHS. Grantees must collaborate with local agencies. See Appendix B definition of RRHC.
	RFA Section	Question	Answer
80		Appendix C – Cost worksheet: In the additional revenue section, please confirm entries are meant to be any incremental revenue already confirmed to support this effort and not a forecast of revenue as a result of future testing or advance care that may be reimbursable by a third-party payer.	Please include both incremental revenue confirmed as well as projected future revenue expected that may be reimbursable. You may include a description of the difference in the budget narrative.
	RFA Section	Question	Answer
81		The additional contract terms appear to be expansive and not easily applicable to this program, especially provisions such as “K. Property and Supplies (1) Contractor agrees to obtain all supplies and equipment for use in the performance of this contract at the lowest practicable cost and to purchase by means of competitive bidding whenever	Yes, Grantees must obtain all supplies and equipment at the lowest <b>practicable</b> cost. The requirement for competitive bidding applies only when competitive bidding is required by law.

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		required by law.” PPE and testing supplies will need to be procured according to contractor’s established channels – no competitive bidding will be possible or realistic. Will contractors be required to follow this provision?	
	RFA Section	Question	Answer
82		Related to preceding question above regarding Addendum to Standard Terms and Conditions, the following section also appears to not apply to this program “P. CONTRACTOR RESPONSIBILITY TO EMPLOY WELFARE CLIENTS (Applicable to contracts \$25,000 or more) 1. The contractor, within 10 days of receiving the notice to proceed, must contact the Department of Public Welfare’s Contractor Partnership Program (CPP) to present, for review and approval, the contractor’s plan for recruiting and hiring recipients currently receiving cash assistance. If the contract was not procured via Request for Proposal (RFP); such plan must be submitted on Form PA-778. The plan must identify a specified number (not percentage) of hires to be made under this contract. If no employment opportunities arise as a result of this contract, the contractor must identify other employment opportunities available within the organization that are not a result of this contract. The entire completed plan (Form PA-778) must be submitted to the Bureau of Employment and Training Programs (BETP): Attention CPP Division. (Note: Do not keep the pink copy of Form PA778). The approved plan will become a part of the contract.” Will contractors have to comply with this provision?	No, the RFA did not include any requirements for the Contractor Partnership Program.



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	RFA Section	Question	Answer
83		Rider 1 – Payment: some of the performance standards can only be achieved if COVID-19 can be completely prevented when despite all the best know mitigation strategies, this has not been achieved anywhere to date. Will DHS reconsider performance metrics that consider resident rights to refuse testing and cohorting, and any increases in COVID-19 spread that are not related to mitigation strategies?	Performance standards do not require that grantees prevent COVID-19 in all facilities or all patients. DHS will establish reasonable goals that take into account a resident’s right to refuse testing or other mitigation strategies as well as other factors that may be beyond the control of grantees.
	RFA Section	Question	Answer
84		Are the RRHC required site visits to facilities in addition to the PA State regulatory visits? If required site visits are incremental to the PA State regulatory visits; could consideration be given to shared visits to align efforts and minimize disruption to the facilities?	Yes, grantees must perform the required site visits to facilities in addition to the regulatory visits.  Grantees are encouraged to coordinate these efforts with routine regulatory visits.
	RFA Section	Question	Answer
85		Will there be opportunities for leads in each region to collaborate in an effort to share “best practices”?	Yes, DHS will establish regular meetings with all grantees to share best practices.
	RFA Section	Question	Answer
86		Will a list of PA State/County offices including key points of contact and the facilities assigned to them be provided?	Yes.
	RFA Section	Question	Answer
87		Will an introductory communication be issued to all of the facilities, DHS licensed facilities, Adult Daily Living Centers and State Veteran Homes once the grants are awarded to	Yes.

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		encourage participation, collaboration and explain the “why”?	
	RFA Section	Question	Answer
88		Can the incentive be allocated to include some portion for all the facilities included in the region?	The Department is not sure what this question is asking. If asking whether the Department has allocated a portion of the incentive payment to facilities, the answer is no. If asking whether grantees can allocate a portion of any incentive funds earned to facilities, it is up to the grantee.
	RFA Section	Question	Answer
89		Must there be a single grant recipient as “lead” for the work or can there be multiple grant recipients?	Yes. Please also refer to response to Q.6 Please note the change to Section I-5 of the RFA, which states that the Department will award at least one grant for each region. Applicants can propose multiple partners for the RRHC. The selected Applicant will be responsible for all grant matters.
	RFA Section	Question	Answer
90		If a grant is received by an AHS and they find that the work is benefited by including other entities or organizations; can resources from those facilities be included in the budgets?	Yes, but those organizations must be identified in question 1 of Rider 2, Work Statement.
	RFA Section	Question	Answer
91		Can the budget be revised at any point to recognize new learnings or resource needs?	No additional funding will be made available; however, DHS may consider a grantee’s request to reallocate funding among budget categories and line items. Reallocations may include new line items.
	RFA Section	Question	Answer
92		Clarification of Appendix C line 4: a. Region facilities appear to be 2x the number listed in the RFA minimum, please clarify. b. What is included in region census, as it also appears to be larger than expected? c. Do you have an estimate for total number of region facility staff for budget planning purposes?	This refers to the two on-site visits required for each facility as defined in Appendix B within the region, not the number of facilities within the region.  Census is based on estimated residents.  No.

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	RFA Section	Question	Answer
93		<p>Reporting:</p> <ol style="list-style-type: none"> <li>a. What documentation is necessary to support use of the funds and in what format should it be presented?</li> <li>b. What level of detail will be required in the monthly itemized expense reporting?</li> <li>c. What additional monthly reporting will be required?</li> <li>d. Will the RRHC be responsible for reporting the facility-specific data that is currently reported by facilities themselves?</li> </ol>	<p>a. Grantees must maintain documentation that sufficiently supports that the services were provided, that services were provided in compliance with grant requirements and funds were spent for allowable purposes.</p> <p>b. The Department and grantees will discuss the appropriate format for the Monthly Expenditure Reports. The format will most likely be based on the format of the Cost Submittal.</p> <p>c. DHS will provide grantees with guidance and identify reporting systems.</p> <p>d. Grantees will be required to submit information collected during on-site visits, and other contacts or activities.</p>
	RFA Section	Question	Answer
94		<p>Work Statement – Rider 2:</p> <ol style="list-style-type: none"> <li>a. Question 5c - Are there any guardrails on the number of DHS-licensed facilities a RRHC could be asked to visit and support in addition to the nursing/assisted living/personal care homes? <ul style="list-style-type: none"> <li>• Will a list of all facilities be provided that are mandatory as part of the effort as well as a list of those that are potential sites prior to/after the application deadline?</li> <li>• Will all vital information related to those sites be included on the lists; contact information, etc.?</li> </ul> </li> <li>b. Question 7c - Does the State expect testing services to be provided to all facilities regardless of their capabilities, or is it appropriate to support only those who need assistance and/or during an emergent outbreak?</li> </ol>	<p>DHS will determine which DHS-licensed facilities will need assistance and will provide contact and demographic information as needed. Please see the response to Q.10 on the estimated number of DHS licensed facilities in a region.</p> <p>Grantees must provide COVID-19 universal testing to include asymptomatic staff and residents in facilities that are deemed possibly at risk as defined by DOH and DHS, with a maximum 48-hour turnaround time by a DOH-approved lab. This consists of performing the on-site test, covering the cost of the test if patient has no other form of insurance coverage, transporting the test to a DOH approved lab, helping to track the test result, and reporting the test result to DOH. This will also include having clinical personnel to discuss the results with residents and staff of a facility.</p> <p>Alternative care sites may include but not limited to other facility types as referenced in Appendix B, and may include hotels, swing beds within a hospital or transitional care beds.</p>

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		c. Question 8 - What is meant by alternative care site? What are some examples of sites that meet your criteria?	
	RFA Section	Question	Answer
95		Does the Wright Center for Community Health count as a Health System for the purposes of this RFA?	Yes.