

**Questions & Answers**

| Q  | Bidder Question   | DHS Answer  | Section                                   | RFP Page    |
|----|---|---|---|-------------|
| 1. | Is the Proposal Cover Sheet (Attachment A; 3-5 pages long) included in the 10-page limit for the narrative portion of the proposal or the 50-page limit for attachments and appendices? | <p>The narrative portion of the proposal (Attachment A) should be no more than 10 pages, be single-spaced with one (1”) inch margins, normal character spacing that is not condensed, and not be in smaller than twelve (12) point Arial, Courier New or Times New Roman font.</p> <p>The Proposal Cover Sheet and narrative portion do not count towards the 50 pages of attachments and appendices.</p> <p>The collective of Required Attachments #1 through #10 and Appendices #1 through #9 is limited to a total of 50 pages. Audits and interim financial statements (Required Attachments #8 and #9) do not count towards the appendices’ 50-page limit.</p> | VIII. Submission of Proposal Requirements | Pages 13-14 |
| 2. | Can a for-profit organization apply for this grant?   | Yes. The healthcare center must have a current license as an ambulatory care facility issued by the Department of Health, and/or be an approved Medicaid provider with a valid Medicaid number issued by the Department of Human Services. The healthcare center can include but not be limited to Federally Qualified Health Centers, Local Health Departments, and other community healthcare centers or clinics.   | III. Who Can Apply?                       | Pages 5-6   |
| 3. | Can the Physician have subcontractors to see patients, if the need arises?  | <p>All contracted healthcare centers are responsible for the implementation of the program and all staff involved in the program.</p> <p>Utilizing temporary or additional staff for capacity needs is allowed. Any subcontracts with other entities or private providers need to be reviewed and approved by the ONA.</p> <p>All providers must adhere to the requirements to work in the healthcare center and be familiar with and maintain up to date knowledge of the CDC DMS</p>  | IV. Contract Scope of Work                | Page 7      |

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|    |  | guidelines.  |   |                                  |
| 4. | <p>Funding Source (\$35,000 to \$275,000 per healthcare center contract, per calendar year):</p> <p>i. How will the decision be made regarding the amount awarded to health centers within this funding range? If we wish to apply for the maximum amount of \$275,000 annually, what steps must we take?</p> <p>ii. Is there a correlation between the funding amount and the number of clients served per year? Could you please clarify this?</p> | <p>ONA anticipates making multiple awards to healthcare centers to each serve at least 75 and up to 600 clients with budgets ranging from \$35,000 to \$275,000 per healthcare center contract, per calendar year. The proposed budgets must be proportional to the maximum number of clients to be served.</p> <p>Aside from the base administrative costs for program maintenance, only actual costs incurred will be reimbursed.</p> <p>Allowable and unallowable costs are outlined on Pages 9-10.</p> | <p>IV. Contract Scope of Work</p> <p>VII. Attachments - Budget Template</p> | <p>Pages 9-10</p> <p>Page 26</p> |
| 5  | <p>Impact of Medicaid Pending Policies: Regarding the statement, “The healthcare center will sustain the provision of physical exams, vaccinations, and laboratory work through Medicaid, child vaccination funding, or other public health funding; healthcare centers cannot require self-pay for</p>  | <p>Costs should be for services performed above the reimbursement from other insurance (i.e. Medicaid) and public programs for costs incurred above a standard patient visit. Reimbursement can be made for services not covered by Medicaid or other existing funding.</p>  | <p>VII. Required Proposal Content</p>                                       | <p>Page 13</p>                   |

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| <p>clients eligible for the Refugee Health Program outside of any co-pays related to health insurance coverage.”</p> <p>i. We seek clarification on how this impacts the center if a qualifying Medicaid pending policy is terminated due to the patient’s lack of due diligence. Is the center able to recover the total visit cost from the grant as a self-pay patient?</p> |  |  |  |
| <p>Can the cost of a self-pay patient visit be expensed to the grant?</p>  | <p>Contracted healthcare centers cannot require self-pay for clients eligible for the Refugee Health Program outside of any co-pays that may be related to Health insurance coverage. This program is only for ORR-eligible populations. ORR-eligible populations eligible for Domestic Medical Screenings are listed on Page 4 of the RFP.</p> <p>In New Jersey, ORR-eligible populations are also Medicaid-eligible.</p> <p>Costs should be for services performed above the reimbursement from other insurance (i.e. Medicaid) and public programs for costs incurred above a standard patient visit. Reimbursement can be made for services not covered by Medicaid or other existing funding.</p> | <p>III. Who Can Apply?</p> <p>IV. Contract Scope of Work</p> <p>VII. Required Proposal Content</p> | <p>Page 4-5</p> <p>Page 6</p> <p>Page 13</p> |