

Question #1: “RI-FAB is not being included? This appears to be the case from the statement that the state will run and oversee the premium assistance component but I want to be sure.”

Answer (Q#1): You are correct. RI-FAB is not being included in this RFP. The EOHHS, HIV Provision of Care Unit shall be investigating options for the premium assistance program.

Question #2: “For our requests, is there are target amount for applicants, i.e. will the amount we receive be linked to the amount we received prior or if we can demonstrate unmet need in the service area for which we are requesting funding can we propose a higher budget?”

Answer (Q#2): No target amount is being solicited, except for the limit in the total funding. You are asked to keep in mind that a sizable number of currently eligible Ryan White Part B clients/patients will now be eligible for Medicaid expansion and Qualified Health Plans. As a result these clients will be receiving health insurance and Ryan White is to be considered payer of last resort. It is up to the applicant to determine which clients/patients will require Ryan White services, at the existing 400% FPL or below level, keeping in mind that some of these individuals will be undocumented, and those not enrolling in Medicaid expansion, Employer health insurance, and Qualified Health Plans. Demonstrating “unmet need” from the perspective of this RFP will be translated to mean, by the EOHHS, those eligible Ryan White clients/patients that may require additional services so defined in the RFP, that the applicant may not be currently providing, related to client unmet needs and/or gaps in current services.

Both Q# 1 & 2 submitted from Brian Montague, D.O., Miriam Hospital

Question #3: “As it relates to oral health care, would EOHHS consider a proposal in which Ryan White funding was used for client dental insurance premiums and for necessary dental services not covered by the dental plan or only partially covered by the dental plan?”

Answer (Q#3): We will review all proposals that come forth. The guidelines for the proposal for this section are clearly stated.

Question # 4.a: “As it relates to oral health care, if EOHHS would allow use of Ryan White funding for dental services not covered by the dental plan, would the grantee be expected to use the existing approved dental procedure, fee schedule?”

Answer (Q#4.a.): This is assuming that services not covered by the oral health plan are covered services. We seek a vendor that will select a comprehensive oral health plan (that meets the cap guidelines) with the most benefits for the monthly premium. We expect a comprehensive review of these benefits within the applicant’s proposal, such that any “dental services not covered by the dental plan” are clearly articulated. We shall base our decision to pay outside the covered services after we review all options presented by applicants.

Question 4.b.: On page 31 of the RFP, under Part 1, it states that for applicants applying for oral health care services, a licensed dentist must sign the cover page letter. What specific role and what level of authority or oversight does EOHHS expect the signing dentist to have with regard to the grantee's Ryan White covered oral health services?

Answer (Q#4.b): This relates to the cover page of the application to be submitted for the oral health program. We are asking that it be signed by a dentist such that, a licensed dentist has reviewed your grant application and essentially signing off on the content.

Question 4.c.: "Further, it is unlikely that a dentist will provide any amount of oversight or ongoing consultation free of charge. Is it therefore appropriate to include a dentist in the applicant's oral health services budget?"

Answer (Q#4.c.): Oral health insurers ordinarily have services and benefits review coordinated by licensed dentists. Given this scenario, we do not foresee the need for dentists to provide oversight. Uncovered services will be subject to an insurer's appeals process, whereby qualified professionals employed by the plan will make final decisions. As mentioned above, a dentist is required to offer review and sign off on the cover letter regarding this application. If the applicant selects an oral health insurance plan(s) the professional oversight of dentists should be built into this process.

Both Qs# 3 & 4a, 4b, and 4c submitted from Candace Johndrow, Director of Resource Development, FSRI/APRI