



*Delaware Health  
And Social Services*

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**DIVISION OF MANAGEMENT SERVICES**

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PROCUREMENT

DATE August 23, 2006

PSC#0693R

CLINICAL CARE INFORMATION SYSTEM

FOR

DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Date Due: September 13, 2006  
11:00 AM

ADDENDUM # 2

PLEASE NOTE

THE ATTACHED SHEETS HEREBY BECOME A PART OF THE ABOVE  
MENTIONED BID.

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The following questions were inadvertently omitted from the first list.

1. How many DSAMH contract providers are there presently?

**DSAMH has approximately 25 contract providers providing about a 100 treatment units.**

2. Are we to assume that their minimum involvement with the proposed system is to submit HIPAA compliant data (in as real time as possible) for registration/enrollment and services?

**Correct, please see Attachment A from the first set of bidder questions and answers released earlier.**

3. What sources of data populate the CIM Query / DAMART?

**Please see the response to question 20 of the first set of bidder questions and answers released earlier for the list of tables and row counts. Below is a list of the primary sources of data which populate CIM Query / DAMART.**

**Consumer Report Form data for AOD and MH programs  
Tables constructed for reporting, usually by state fiscal year  
Look up Tables**

**Monthly Medicaid eligibility tables**

**CMHC pharmacy extract tables**

**Service summary tables for CCCP programs**

**Service summary tables for AOD OP programs**

**Annual Consumer Status Survey tables**

**Quarterly Consumer Status Survey tables**

**EEU system tables**

**LOCUS data tables**

4. Can the State provide specific examples of evidence-based practices that it seeks to deploy?

**These are listed and described in section 2.3 of the RFP.**

5. How many people are to be trained by the vendor?

**Please see the response to question 37 of the first set of bidder questions and answers**

6. Is a training of trainers approach viable given available State resources?

**Please see the response to question 37 of the first set of bidder questions and answers**

7. Multiple entities are described for the State Hospital programs, the CMHC programs, the Detox unit and the contract providers. Are these considered separate entities or do they operate as a single entity that allows the sharing of data between State, Community and Drug/Alcohol settings?

**The State Hospital, the CMHC, the Detox unit and the contract providers are considered separate entities. The entities within them, such as specific treatment units, are considered part of the larger entity. For instance, the CMHC has five sites or treatment units which are all part of the greater CMHC.**

8. How will the State score proposals that are not in line with the preferred technical standards?

**Technical scorers will give lower scores in the category labeled “Appropriateness of Proposed Solution in Terms of Business & Technical Requirements”.**

Will the State extract data from current systems for the conversion or is the vendor expected to perform these tasks?

**Vendor – see section 4.13.5 – all items in section 4 are vendor responsibilities.**

10. How should a vendor present the option to replace a current system and/or interface with it assuming both options are available, but one option is less expensive than the other (an example of this is with pharmacy)? Should the cost sheets be completed twice, once for each option?

**Submit a separate proposal – see section 6.1.10 Alternative Solutions.**

11. Does the State have examples of a document deliverable template?

**No, we have found that vendors have their preferred formats.**

Do these apply for software deliverables?

**Not for software itself, but rather for documents pertaining to the software (e.g. requirements document).**

12. Please clarify the budget cap; please confirm that \$1.8m budget excludes annual fees and hardware.

**Yes, except for specialized hardware (if any) provided by the vendor; the cap applies to the total of cost schedule F1.**

13. On what basis did the State establish the budget cap?

**We took what the State Legislature appropriated and backed out an estimate of hardware expenditures.**

14. Is the 12-month implementation time frame firm? **Yes**

What is driving the schedule?

**This was considered a reasonable time to complete the work without excessive delay.**

15. Is an ASP solution acceptable? Can both ASP and turnkey be proposed? If so, should the vendor submit multiple / different cost proposals?

**ASP & non-ASP solutions can be proposed – in which case see question 10.**