Delaware Health
And Social Services

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE August 10, 2006

PSC#706

IMPLEMENTATION OF SERVICES TO REDUCE INFANT MORTALITY IN DELAWARE

FOR

DIVISION OF PUBLIC HEALTH

Date Due: September 15, 2006
11:00 AM

ADDENDUM # 1 Please Note:

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

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PSC 706: IMPLEMENTATION OF SERVICES TO REDUCE INFANT MORTALITY IN DELAWARE
(8/10/06 Pre-Bid Meeting Questions and Responses)

Below are questions received from prospective bidders for PSC 706 for the Implementation of Services to Reduce Infant Mortality in Delaware. Each question is numbered and immediately followed by a response.

1. Will these funds be in addition to Title X funding?

Response: Funding must not be used to pay for services already reimbursed by Title X, Medicaid, private insurance or any other payment source. Funds are for the purpose of providing prenatal, preconception and infant care (through age 2), for high risk, targeted patients whose care is not otherwise reimbursed. Selected bidder contracts may include a payment methodology that takes the form of per patient payment, funding for infrastructure, staffing, equipment, supplies or other activities that recruit for, and serve, the populations identified in RFP 706. Final budgets will be determined during contract negotiation.

As stated in the RFP, "Vendor will submit a line item budget describing how funds will be utilized. Budget should include an amount per hour along with an estimation of time per activity. Modifications to the budget after the award must be approved by the Division of Public Health."

2. Do we need 3 letters of reference when the only **like** program we have participated in is Title X funding (in which case we would need the letter of reference from you)?

Response: As stated in the RFP 706, "The names and phone numbers of at least three (3) organizations/agencies for whom the vendor carried out a similar project must be included. If no similar project has been conducted, others requiring comparable skills can be used."

The RFP provides for bidders who have not dealt with multiple direct programs. Bidders may tender other reference sources that appropriately document service capabilities. As examples only, such reference sources might include medical insurance programs, appropriate medical associations, parties with whom collateral/referral arrangements are conducted and so forth. Such references must clearly identify service provision and facilities to provide the services identified in RFP 706.

3. Can we include the cost of marketing in the bid, eg radio and billboards?

Response: Outreach activities are provided for under the RFP. The bidder's efforts and ability to recruit patients targeted in the RFP are important. Some patients may not seek services without aggressive outreach activity. The requirement for outreach activity is

addressed in the RFP including the "Scope of Services" section and the reporting Attachment F.

4. Do we calculate the bid amount per client?

Response: The bidder's line item budget should identify how many patients are planned to be served within the bidder's proposal. For a repayment mechanism, service delivery may be expressed in terms of a per patient cost. A reimbursement method, or methods, should be proposed by the bidder. However, final approval of any proposed rates or reimbursement methodology will be subject to approval by the Division during contract negotiations with a selected bidder.

5. The RFP mentions that $248,000 is available for Component A and $335,000 is available for Component B. Is this the total per grantee or absolute total which will be divided among all grantees? Should we budget the same amount of State funding for the one-year budget as for the seven-month budget, or may we assume that additional funds will be made available to cover the additional five months?

Response: The State intends to expand to two providers (Component A), averaging $248,000 each for the 7 month period and two additional providers of Component B, averaging $335,000 each for the 7 month period. These providers may be new or current providers of these services applying for funding at new sites or applying for funding under new components. Additionally, bidders may bid on Component A, Component B or both. Funding for the following full year would be requested with a proportional increase to serve for 12 full months.

6. If we have already received funding under PSC670 and apply under Component B for a new service site location, will funding awarded under PSCO-706 be restricted to the new site or may it be applied to existing sites of PSC670—assuming that it is an additional service not already budgeted for in the PSC670 contract. For example, if we propose to pay for a nurse under this contract, can that nurse work in both target areas listed in this RFP as well as those listed in PSC670?

Response: Current providers under the Family Practice Team Model Program may submit a proposal to expand their services to other sites for Component B or expand services for Component A at existing sites with a justification documenting increases in the number of patients served as a result of this expansion. Current providers may also submit a proposal to provide Component A and/or B for a new site.

Where additional staff are secured for an expansion, the new staff member's expense would be funded under PSC 706 (where awarded). However, staff secured under each award may serve patients under either proposal as long as management of those staff resources is proportional to the individual awards. As an example, if a nurse is working under PSC 670 and a second nurse is working under PSC 706 (and assuming both nurses are of equivalent cost), management of those nurses' time and service delivery must

equal 1 nurse providing services under PSC 670 and 1 nurse providing services under PSC 706.

7. Will organizations that serve all three counties be stronger bidders? What about two out of three counties?

Response: Bidders will be evaluated on the criteria found in section VII. SELECTION PROCESS of the RFP. The State is seeking services for targeted patients in the identified services areas. Documented ability to deliver services, outreach activity, demonstrated capacity to comply with RFP requirements and bidder's qualifications and comparative costs will be included in the review of proposals. Each proposal must provide evidence of service to the prioritized populations regardless of whether the program serves one or multiple zip codes. A strong proposal addresses all required components outlined in the Scope of Services Section of the RFP.

8. If we wish to bid on component B, can we handle pediatric services through referrals and referral follow up, or do we need to be able to do these on site?

Response: Coordination with collaborative medical providers may be considered a viable option. Where services are required under the RFP, such collaboration should be reinforced with formal agreements that assure proper service delivery and follow-up to assure compliance with the RFP scope of services, including reporting.

9. Can the project have a community education component that could include everything from educational presentations to paid advertising to materials?

Response: Yes. Outreach is a necessary component of the program. Targeted patient populations must utilize the services of selected bidders in order to address the needs of patients identified as high risk.

10. Would you rather see costs projected as a portion of staff salaries or per patient costs?

Response: The bidder must identify in their proposal the number of patients they plan to serve and the associated cost per patient. Payment methodology is not prescribed within the RFP. The bidder may propose a payment methodology subject to the approval of the Division. Payment methodology may be subject to revision in contract negotiations.

11. Please elaborate on "must target" African American/Black within certain zip codes. Are you expecting most patients to be from the target population, or are you stating that we should "target" these patients but can see many other patients that require the services. How will this targeting effort be measured in outcomes?

Response: A bulk of patients served should be the targeted populations identified in the RFP. Outreach activities should reflect directed activities that reach out to the targeted populations. As a provider of prenatal, infant, and preconception services, it is

anticipated that medically insured and private pay patients will be served as well. The monthly reports reflect numbers that are compiled quarterly to assess the impact of services on targeted populations. Performance Measures will be developed for each contractor during the start-up phase of services.

12. Can we get reimbursed at a higher rate for the individual services than the Title X rate?

Response: See #10.

13. When listing other contracts that the bidder has with the Department of Health and Social Services (DHSS) or a DHSS Division, should the initial or amended amount of a contract be listed?

Response: The full amended amount of any contract should be listed.

14. What is the website for the Infant Mortality Task Force Report?

Response: The report is located at: http://www.dhss.delaware.gov/dhss/dph/pubs2.html

15. Are contractors operating under the previous RFP 670 permitted to bid under this RFP?

Response: Contractors currently providing services as a result of PSC670 may bid on Component A, but may only bid on Component B for a new service site location.

16. For the evaluation of outcomes for each contractor under this program, is there a standard evaluation or must bidders propose an acceptable evaluator and evaluation?

Response: Contractors awarded under this RFP must propose an evaluation process and identify the evaluating organization.

17. Are the dollar figures in the RFP reflective of a full year or a proration of a portion of the 1st year?

Response: Dollars reflected in the RFP are a proration of funding for the first partial year through 6/30/07. Funding for year 2 (7/1/07 through 6/30/08) is expected to be proportional to a full 12 month period. However, is subject to availability, as well as, contractor performance or any identified readjustment.

18. Are bidders expected to target African American/Black patients, patients in specific zip codes and patients with previous poor birth outcomes?

Response: Yes. Bidders must further reflect in their proposal the number or percentage for these populations that they intend to serve in their targeted area.

19. Clarification is requested for the following wording from the bottom of page 19 of the RFP: "In addition, new bidders must provide statistical data as evidence of program progress if services as defined in Component A and/or B are currently provided. "

Response: Where a bidder currently provides services such as identified in this proposal as Component A or Component B, the bidder must provide statistical data to reflect the number of patients currently served.

20. Under RFP 706, how many awards will be made?

Response: The Division anticipates awarding up to 2 contracts for Component A and 2 contracts for Component B.

21. Should a bidder submit a separate bid for Component A and a separate bid for Component B or should the bidder combine the proposal into on bid for Component A and B?

Response: The bidder may submit one proposal that includes both Component A and B (where the bidder wishes to bid on both Components). However, budgets for Components A and B should be separate as a bidder may be selected for Component A, Component B or both.

22. Will bidders selected for Component A only be reimbursed for patients who have had a previous poor birth outcome?

Response: Potential bidders are required to prioritize the clearly and concisely defined target populations to be served as well as the service area. Definition of the targeted and priority populations is described in section II Scope of Services of the RFP. Selected bidders will be reimbursed for serving women with previous poor birth outcomes (where not otherwise reimbursed through Medicaid or other payment sources). Selected bidders will also be reimbursed for outreach and referral activities and efforts to draw these patients into medical care.

23. Define Level I Infertility services.

Response: Selected bidders must make basic infertility services available to women desiring such services. Level I infertility services include initial infertility interview, education, physical examination, counseling, and appropriate referral. Level I services DO NOT include such testing as semen analysis, assessment of ovulatory function, postcoital testing or any more sophisticated and complex services than defined under Level I.

24. What access to Division of Public Health Services are awarded bidders granted access such as, STD testing services, cystic fibrosis, cycle cell, vaccinations and lab services?

Response: Bidders are expected to discuss and make provision for such services in their proposal. Patients of the selected bidders will not be entitled to such services based solely on their participation in this program (However, patients would remain eligible for such programs where patients are otherwise eligible for such services).

25. What is the expected end date of the initial contracts?

Response: The initial awarded contracts are anticipated to run through 6/30/07.

26. Can a selected contractor bill for start up services incurred?

Response: Selected bidders may only bill for start-up costs as finalized in the contract for activity on, or after, both the effective date of the fully signed contract and after the fully executed purchase order.

27. When will a selected contractor know that they can count on funding to budget and operate during year 2 after 6/30/07?

Response: Funding for year 2 is anticipated as part of the commitment to reduce infant mortality. The Division of Public Health will advise contractors of contract renewal subject to funding approval and acceptable contractor performance. Contract negotiation for year 2 is anticipated to be initiated by the Division of Public Health in a timely manner to assure full contract execution and purchase order processing prior to 7/1/07.

28. Should the contractor only report monthly clients whose care is directly provided under this contract or should all patients be reported? What about patient outreach activity counts?

Response: The awarded bidder should report all patients served. Monthly reporting forms include fields to reflect program only patients, as well as, outreach activities.

29. What is the definition and example of Home Care?

Response: Home care includes assessment, education, support and referral activities performed in the patient's home setting. Skilled nursing or other intensive medical procedures are not required in a home setting under this proposal. However, where emergency or intensive care is medically indicated, staff must assure the patient receives appropriate care. Examples: Assessment would include housing, income, resources, family and social supports, health history and basic physical assessment, education pertinent to the needs identified such as nutrition, substance use or signs and symptoms of preterm labor, and referral might be for domestic abuse, smoking cessation, financial assistance, etc.

30. Is there a database software that selected vendors will be given to collect the required monthly report data?

Response: Selected vendors are expected to complete the monthly report spread sheet using their existing automated systems and/or paper records. The monthly report is in Microsoft Excel format.

31. Who are the current contractors under PSC 670?

Response: Westside Health and Delmarva Rural Ministries are the current contractors under PSC 670.

32. Is the "Letter of Interest" mentioned in the RFP due at the Pre-Bid Meeting or due with the proposal submission?

Response: A brief "Letter of Interest" must be submitted with your proposal. Proposals are due September 15, 2006, 11:00 am LOCAL TIME