



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: February 05, 2007

PSC#732

INTREGATED PUBLIC HEALTH PREPAREDNESS SYSTEM

FOR

DIVISION OF PUBLIC HEALTH

Date Due: March 19, 2007
11:15 AM

ADDENDUM # 1

Please Note:

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

SANDRA S. SKELLEY, CPPO
PROCUREMENT ADMINISTRATOR
(302) 255-9291

Marian Bhate
(302) 744-4793

Request for Proposal No. PSC 732

Questions and Answers

- Q1** If the bidder decides to bid more than one system, how will scoring work?
- A1** Each bid is evaluated separately. We recommend that if bidder will be bidding on all three modules as a comprehensive integrated system; that the bidder also bid on each module separately. This would total four (4) bids from the bidder. Of course, the bidder can also bid on two components separately and combined as well.
- Q2** How will we compare a stand alone vs. comprehensive bid for all modules?
- A2** We will compare technical aspects then costs. Submission of bids separately as described above will enhance our ability to compare.
- Q3** Can you submit a bid for all modules and a comprehensive bid?
- A3** Yes, we recommend that if vendor is going to bid on an integrated system then we suggest putting a bid separate for all three (3) modules, and an integrated system (total 4 bids).
- Q4** Does DE have a public bid opening?
- A4** No
- Q5** If a subcontractor is not here today can they still be considered part of the bid?
- A5** Yes, but they must be identified in the proposal.
- Q6** How would you handle a firm that already has a contract with the state?
- A6** A separate contract will need to be signed for this project.
- Q7** Will the State reject a proposal that does not agree with all of the elements of the contract in the pre-bid packet?
- A7** Changes to DPH boilerplate contract will not be entertained. Addendum to the contract to clarify boilerplate wording can be made within the appendices portion of the contract.

- Q8** How many users or sites will be using the products?
- A8** Difficult to answer number of sites/users, we need flexibility. We are looking towards regional compatibility.
- Q9** Will the Inventory Management System be coordinated with HRSA/CDC/PanFlu grants relating to – mass vaccination, controlled substance, pharmaceutical distribution, etc?
- A9** Yes, Inventory Management System will need to support these IM operations.
- Q10** Will Third Party Hosting be considered?
- A10** Yes
- Q11** Is this strictly Public Health Preparedness funded vs. using funding from UASI-DOJ.
- A11** Yes
- Q12** Did you get vendor support on designing the modules? If so, can they bid or be a subcontractor on this project?
- A12** Yes, SERCO helped design the specifications for the modules. No, they can not bid or be a subcontractor.
- Q13** Is a custom solution OK?
- A13** Yes, however, remember that part of the criteria used to judge a vendor's bid will be past experience with similar projects.
- Q14** What are the criteria used to judge if a COTS solution has more than 20% customization?
- A14** In terms of the 20% customization figure, DHSS is concerned about minimizing the amount of customization required to make a COTS solution fit the requirements outlined in the RFP. COTS customization pressures implementation costs and version upgrade costs. DHSS prefers solutions that have most or all of the requirements built into the COTS product. Bidders are expected to address whether or how well their solution satisfies each of the RFP system requirements. 20% was developed as a ball park figure to encourage vendors to propose a solution with minimum required customization.

- Q15** Is the Delaware Department of Technology and Information (DTI) part of decision making process?
- A15** DTI will play advisory role for this bid.
- Q16** Is there incentive on Delaware and other systems in Delaware to cooperate with the development of this system?
- A16** Not an issue with DPH programs as they are within DPH and not vendor held, but we would need each vendor to coordinate with other vendors who may be awarded part of this bid.
- Q17** Would a bidder, whose project plan was for a 6 month completion, receive a higher score than one with a 10 month completion schedule?
- A17** The decision will be based on technical requirements vs. cost/time and on a good project plan if good technical requirements are provided.
- Q18** If someone bids on three (3) pieces – are all three (3) components to be completed within the 12 month period with the exclusion of the maintenance, etc.
- A18** We only write contracts for 12 month periods. These systems need to be in place within the 12 month period.
- Q19** Is it a requirement that the 3 systems be implemented by 6/4/08?
- A19** Yes, we are looking for implementation of the 3 systems to be completed by 6/4/08.
- Q20** What if the system proposed required ActiveX components? Does this mean that the system would be automatically dismissed? Would this require 3rd party hosting?
- A20** While the state does not expressly prohibit Active X controls, given the security risk, DHSS requests that vendors propose another option.
- Q21** Is the state looking for interactive status boards, etc?
- A21** The system is looking for a way to integrate and summarizes actions of various individuals from various locations in several formats (i.e. chronological, status board, etc.). We are looking for automated decision tools. Refer to Section 3.2.1 for a full

clarification of the types of information we want from the Emergency Management System.

Q22 What is the number of warehouses?

A22 We do not have a specific number on this. System must be flexible and be able to get data from a variety of warehouses in the state.

Q23 What is the number of Points of Distributions in DE?

A23 Unable to give exact numbers

Q24 Do we want the data feeds real time?

A24 Yes

Q25 Would this be used for pre-hospital, real time pre-hospital, everyday use?

A25 Yes, we are looking to possibly use the patient tracking portion in everyday use in the EMS arena.

Q26 Can vendor leave options open for future programs?

A26 Yes, we are looking to build foundation now, but options are acceptable but funding not guaranteed.

Q27 In Section 5.15.5, there is mention of converting historical records where applicable. Are the systems listed the extent of the data sources? How are vendors expected to handle the conversion of existing data in the RFP?

A27 The systems listed are the extent of the data sources other than existing spreadsheets for Inventory. We need the vendors to tell us the minimum data that they need to load into their systems and let us know in the bid the method used to calculate the cost of data conversion, if this data is available in our existing systems. For example, a statement that this bid covers the cost of converting 5000 inventory items from excel spreadsheets. Any other conversion costs not mentioned in the bid can be negotiated separately if needed.

Q28 When the bid is awarded – will there be Subject Matter Experts available to assist vendor for development of systems?

A28 Yes

Q29 What is expected regarding interfacing with existing systems?

A29 We are not expecting vendors to interface with our existing applications. However, the expectation is that the three systems in this RFP will interface with each other as needed.

Q30 Will there be the ability to submit change orders? How will that be addressed?

A30 Change Orders require an amendment of the contract if it changes the total amount of the contract. There is a process called Project Change Requests and it is explained in Appendix P of the RFP.

Q31 Are data element diagrams for existing systems going to be made available?

A31 Since the expectation is that the vendors will specify in their bids which data elements they plan to convert from existing systems, if they are available, we do not think providing detailed data element diagrams for existing systems at this point will help in preparing the bid.

Q32 Was RFP development based on other COTS or systems vendors for the RFP?

A32 No, based on the needs of Public Health preparedness

Q33 Do women or minority owned businesses get preference?

A33 No

Q34 In Appendix A - General Terms and Conditions, article 2 – RFP and Final Contract, page 48. The referenced paragraph states “If bidders are unwilling to comply with certain RFP requirements, terms and conditions, objections must be clearly stated in the proposal.” However, Article 18 – Delaware Contract Language, on page 51 seems to contradict this because it states “Appendix C contains a copy of the standard Departmental contract, which will be used for the agreement between the State and the winning bidder. The State will not entertain any modifications to the language of this document. By submitting a proposal to this RFP, the bidder agrees to be bound by the terms and conditions in that contract document.” We have several changes that we would like to propose to the standard State Contract in Appendix C. Please clarify if we can do this by submitting exceptions and comments in the proposal.

- A34** Appendix A, Section 2 says "...if bidders are unwilling to comply with certain RFP requirements...objections must be clearly stated in the proposal and will be subject to negotiation at the discretion of the Department." Not entertaining any modifications to the language of the contract (Appendix A, Section 18) is one of the requirements of the RFP. If a bidder objects to this RFP requirement, it can be stated in their proposal. However, negotiations regarding a bidders objection to a requirement of the RFP, in this case changes to the contract boilerplate, is at the **discretion** of the Department. Changes to the contract boilerplate would involve the approval of the State Attorney General's Office. It is a lengthy process that would delay the start of this project.
- Q35** In Section 5.4 - Requirement to Comply with State Policies and Standards, page 23. Please provide the DHSS Biggs Data Center User Authorization Form and the Biggs Data Center Non-Disclosure Form for review.
- A35** These forms will be posted on the DHSS website.
- Q36** In Appendix C – Standard Contract, Article B10 - Administrative Requirements, page 59. The referenced paragraph states "The Contractor agrees to provide to the Divisional Contract Manager, on an annual basis, if requested, information regarding its client population served under this Contract by race, color, national origin or disability." Please clarify what is exactly required under this provision. Does it refer to our company's workforce population?
- A36** This provision requires information regarding a contractors "client population". If the contractor is providing services on behalf of the Department to people, to "clients", we would ask for this information on those clients so that we would know who we are serving through our contractors. That is not the case in this contract, so we would not "request" this information. It does not refer to a contractor's workforce population.
- Q37** In Section 3.3 – Existing Systems, page 12, when interfacing the new system with the existing systems, will customization be required on the existing system or will the interface rely only on features that the already been built?
- A37** No. Customization of existing systems will not be required. Yes. The interface will rely only on features that are already built.
- Q38** In Section 5.7 – Database Design, page 24, please clarify the statement "The vendor may be required to provide a data model (this does not apply to COTS products)".
- A38** The state needs to review a non COTS database for normalization, optimization and efficiency.

Q39 In Section 5.9 – Degree of Customization, page 24, does customization of no more than 20% include all efforts in identifying requirement, design, development, and deployment?

A39 See answer to Q14

Q40 In Section 5.15.5 – Conversion, page 28, how far back will the historical data conversion be required? Will the vendor be required to perform the conversion of the actual (production set of) historical data or will the conversion of production data be performed by DHSS staff based on procedures developed by the vendor?

A40 See answer to Q27

Q41 Is there a statewide geocoding service currently in place that the new system will be able to utilize?

A41 Maybe. The state uses ESRI in different agencies that we may be able to utilize as well.

Q42 What is the enterprise messaging infrastructure currently in place at DHSS that the new system will utilize? Does DHSS implement Microsoft Biztalk? Is there any specific software currently used for Web-based content management?

A42 Currently DHSS does not have a standard messaging system and Biztalk is not implemented. Currently, IRM has implemented Website Director by Cyberteams.

Q43 The current standard implemented at DHSS for Microsoft .NET Framework is version 1.1x. Can the vendor implement .NET Version 2.x?

A43 Yes

Q44 Will the computer hardware for testing environment at DHSS be available or is it part of the scope of work to procure and setup the testing environment?

A44 Depending on the proposed solution, the vendor may be able to utilize the DHSS test environment. However, vendor is expected to propose the required testing environment for their solution in terms of hardware and software.

Q45 What is the requirement for the system availability?

A45 24 hours/ 7 days a week.

Q46 Are Public health departments the only agencies that maintain Inventory?

A46 For this proposal we are only concerned with maintaining inventory for various sections/groups where the Division of Public Health has responsibility. There are no other agencies that need to be included in this proposal.

Q47 Can we assume that the current public health system used by the various Public Health clinics and departments all have an existing electronic Inventory Management modules that has all the data that highlighted in section 3.2.2?

A47 No.

Q48 In section 3.2.2, the RFP requires "Ability to electronically dynamically maintain inventory". Is the state looking at RFID or Bar Code to meet this requirement? How is this function implemented at individual agencies at this point? Can the state provide a Use Case Scenario with respect to this functionality?

A48 Yes. Inventory is currently managed through multiple spreadsheets that are updated manually. Use Cases are not available.

Q49 In section 3.2.3, with respect to "Capture both automatic and manually-created electronic patient medical records from multiple facilities." What does the RFP mean by "manually-created"? Where is this information stored? How does the State plan to maintain or access this information? Can the State provide Use Case Scenario's for this requirement?

A49 Many parts of an electronic medical record are automatically contained or "drawn" into a patient's record, i.e. digital x-rays, etc. while manually-created refers to information that is submitted via an interface with a user via an electronic means, pda, computer, etc. The Patient Tracking system needs to be able to support all kinds of information contained in an electronic medical record.

Currently the information may be stored at hospital, physician's office or other healthcare or treatment facility. The state will not be responsible for maintaining this information and Delaware has a whole does not have an electronic patient record for residents. The capability is looking towards the future in anticipation that Delaware and the rest of the country will be working with electronic medical records in the near future as this is a priority for the Secretary for Health and Human Services.

Q50 Can we assume that the healthcare providers, Hospitals and clinics are outside private and outside the purview of the Public health? Does this RFP require the solution to be integrated with the existing providers that will be utilized during emergency?

A50 Some are outside, some are internal. No, this RFP does not require the solution to be integrated with existing providers used during an emergency.

Q51 How many types of facilities does this RFP intend to integrate as a part of the Integrated Public Health Preparedness System RFP? How many locations in each type of facility does this RFP intend to integrate as a part of the Integrated Public Health Preparedness System RFP?

A51 This RFP is to integrate systems not facilities. Any proposed solution should not be constrained by the number of locations or facilities.

Q52 What other systems besides EVRSS does the state intend to use to identify victim and patients and other demographic information?

A52 At this time there are no other systems identified. However progress may be able to be made where by the patient tracking system will be able to interface with healthcare facility data to collect some of this information. It is expected that new systems use open architecture to take advantage of advances in data sharing.

Q53 How does the Integrated Public Health Preparedness System intend to pull prior medical history if the patients / victims are not in the public health system database?

A53 We won't be pulling prior medical history for those patients not in the public health database. This data would be entered manually if required.

Q54 With respect to Unique identifiers for patients, does the Integrated Public Health Preparedness System intend to use the identifiers that exist in the Public health system or does it intend to create its own identifiers?

A54 We would like to use the Master Client Index Number (MCI#) which is a unique identifier assigned to each individual when they first use any service provided by DHSS but would need the ability to create a unique identifier if necessary

Q55 In case of a SHOC event, how do the state officials intend to access the features in 3.2.2 & 3.3.3? Are the SHOC's going to use Handheld devices? Can the State provide use case for this requirement?

A55 Through a web browser. Technology such as Handheld devices would be acceptable. Please describe your solution. Use Cases are not available at this time.

Q56 How does the state plan to issue user access during a SHOC event? Are the user ID, access rights and passwords stored in the ESAR-VHP system? Can the state provide a use case scenario for this requirement?

A56 We are planning on using normal state security procedures. User ID's, access rights and password are not stored in the ESAR-VHP system. Use Cases are not available at this time.

Q57 In case of a SHOC event, does the state plan to use the Integrated Public Health Preparedness System to implement new users (such as healthcare volunteers)?

A57 No, they will be entered through ESAR-VHPS

Q58 From Page 2: Is there documentation of the current and the future vision of DE-PHEMS?

A58 The documentation on the future vision of DE-PHEMS is summarized in the RFP requirements section and in Appendix N.

Q59 From Page 4: In addition to the State IT standards on the web, what hardware server platforms are supported? Can 64-bit Windows be proposed?

A59 Information regarding DHSS's standards can be found at <http://dhss.delaware.gov/dhss/dms/irm/dhsstechenv.html>. 64 Bit windows can be proposed although it is not currently used.

Q60 From Page 4: When State IT standards do not align with CDC PHIN standards, which are to be supported?

A60 Differences in standards will need to be discussed with DTI.

Q61 From Page 6 – Diagram: How important is the PHIN-specific version of ebXML? vs. new ONCHIT (Office of the National Coordinator of Health IT) with HL7/SOAP/SAML?

A61 Bidders are expected to propose their selected protocol(s) and a justification for each.

Q62 From Page 6 – Diagram: Is there a vision for the common authentication/security?

A62 The state has a vision for this but it is currently being fleshed out. The selected vendor will be expected to work with DTI and DHSS on the implementation of integrated authorization as it pertains to the proposed solution.

Q63 From Page 6 – Diagram: Does the common authentication/security (page 6) intend to extend to the local level (i.e. Neighborhood Emergency Help Centers (page 7))?

A63 Yes

Q64 From Page 7 - SDIAL and SCDW: Are there documented definitions of data exchange protocols/methods for SDIAL and SCDW?

A64 No. These are envisioned interfaces.

Q65 From Page 7 - SDIAL and SCDW: Please expand on “Interface with SHOC Messaging.” Are specific messages, formats or protocols defined/available?

A65 No.

Q66 From Page 7 - SDIAL and SCDW: Please expand on “apply knowledge management tools.” What are the specific knowledge management expectations?

A66 To summarize the data available such as in systems with dashboard ability and cross-query functionality.

Q67 From Page 7 - SDIAL and SCDW: Does the state require a specific GIS system? Is a GIS web-service model acceptable?

- A67** Other agencies in the state are currently using ESRI. We don't know if a GIS web-service model is acceptable.
- Q68** From Page 8 - Risk Communication to public - expand scale, methods, etc.
- A68** All public information methods used to reach public through various modalities.
- Q69** From Page 8 - How is state information currently gathered and brought to the proposed system: road closures, hospital beds available, shelter openings, flooded areas, contaminated areas, etc. weather?
- A69** Currently information is gathered from a variety of sources both electronic (email, FRED (which is explained in the RFP), internet sites, Traffic Management Center, CDC EOC and verbal such as through bridge calls, public notifications, etc.
- Q70** From Page 8 - Risk identification – “develop and import...” Is there a preference for an existing model – i.e. RODS, ESSENCE, and BioSense?
- A70** No.
- Q71** From Page 9 - Analysis and Recommendations: Are there existing KB, AI, and DS rules in place/on paper?
- A71** No.
- Q72** From Page 10 - State inventory requirements – does this refer only to Appendix O?
- A72** If the proposed inventory system meets the specifications outlined in Appendix O then it will have met the state inventory requirements.
- Q73** From Page 10 - Does the Logistics Module need to support chain-of-custody requirements for DEA Category 2/3?
- A74** Yes
- Q74** From Page 12 - What is the data exchange protocols/language/format with DERSS/ERSSS/LIMS/EDIN/FRED/EVRSS/IR/PHRST/others? MCI specifically (i.e. CSV, flat file, HL7 (and version))

A74 For hospital based applications HL7 is being used. Preferred data exchange protocols are the use of Secure File Transfer Protocol and Web Services.

Q75 From Page 12 - Are these existing systems currently in production?

A75 Yes, except for the ESAR-VHP system, this is in the process of being procured.

Q76 From Page 12 - Are test interfaces available to access each system via web services?

A76 No.

Q77 From Page 12 - Can these existing systems/services/functionalities be leveraged by proposed systems (i.e. can DENS be used for "Risk Communication to the Public" on Page 8)?

A77 Yes.

Q78 From Page 16 - Does the state provide requirements gathering staff? Will state "own" requirements that are generated?

A78 Yes to both questions.

Q79 From Page 17 - Section 4.2 - "*It is important to note that documentation on the existing systems may be missing, incomplete, out of date or in error.*" Given this statement, is the State willing to accept change orders in order to rectify the gap, completeness or omission?

A79 We will be willing to negotiate this issue if it is deemed necessary.

Q80 From Page 23 - As PHIN requirements and compliance are a moving target (i.e. the recent change from HL7 3.0 to 2.5) and compatibility/compliance requirements are not yet available – can the proposal response document how the vendor will meet PHIN guidance at the point of time of the proposal?

A80 Yes

Q81 From Page 24 - For COTS/MOTS solutions, there aren't any specific requirements, and yet it's expected to have a solution and only modify it no more than 20% functionality/cost? On what basis was this percentage determined?

A81 See answer to Q14, IRM's answer

Q82 From Page 26 - Section 5.15.2 - are there test environments for ALL systems that proposed solutions must integrate with?

A82 There are test environments for all applications mentioned in section 3.3 1 through 12 except for the following:

3.3.5 Facilities Resource Emergency Database

3.3.8 Emergency System for Advanced Registration of Voluntary Health Professionals (ESAR-VHPS)

3.3.10 Delaware Health Alert Network (DHAN)

3.3.12 Delaware Emergency Notification System (DENS)

Q83 From Page 27 - Can the vendor specify hardware requirements for the state to procure? (Only software is explicitly detailed out)

A83 Yes.

Q84 From Page 28 - For each of the application in Section 5.15.5 that require conversions and/or interfacing, what is the vendor product/version and is documentation available for "as implemented" to allow for proper scoping?

A84 All existing applications mentioned except for LIMS are custom built applications that are DPH owned. This RFP requires only that the 3 systems in this RFP be able to interface with each other and that the new systems use an SOA based technical approach to data sharing. The vendor should specify which data in their systems is needed for implementation and how they plan to convert data. This data will then be provided by DPH where possible for conversion.

Q85 Please define "weather visualization" as used in the RFP; what kind of weather information must be displayed? Without clarification, anything from an arrow showing wind direction to live radar feeds could constitute "weather visualization."

A85 Flood overlays onto GIS; forecasts, current wind direction

Q86 Please state if the State desires a specified weather service or source for weather information.

A86 National Weather Service and information from the University of DE Geology Department (stream gauges) and Climatology Department (real-time source of weather in DE).

Q87 In our opinion, the interoperability/Web Services interaction with existing Delaware information systems lack the definition needed for a RFP type contract. To compensate for this risk the contractor will require large contingencies/reserve in their bid making it impractical to provide a competitive price. Is it possible for Delaware Health and Social Services (DH&SS) to consider revising the SOW where appropriate to include a statement such as:

“The contractor shall investigate all existing data systems identified in the RFP to determine if the data from these legacy systems has utility for the Integrated Public Health Preparedness System and provide recommendations to DH&SS. The contractor shall propose their processes for insuring legacy system interoperability as part of the technical proposal. If needed, DH&SS may request integration activities separately proposed and negotiated on a Time and Material basis using the contract labor matrix provided for one or more of the contract option years.”

A87 We will not change the wording of the RFP at this point. Tell us in your response where you think the risk is. We can go from there in contract negotiations if we need to. As stated in the answer to question 27 above, each vendor can tell us the data their system needs and how they propose to provide the services we ask for. In the answer to question 29 above, it was stated that we are not expecting vendors to interface with our existing systems; only the 3 systems in this RFP must interface. However, the new systems must use open architecture in their design.