



*Delaware Health  
And Social Services*

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**DIVISION OF MANAGEMENT SERVICES**

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PROCUREMENT

DATE: March 05, 2007

PSC#734

SMOKING CESSATION SERVICES

FOR

DIVISION OF PUBLIC HEALTH

Date Due: APRIL 09, 2007  
11:00 AM

ADDENDUM # 1

Please Note:

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

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**Request For Proposal No. PSCO-734**  
**Questions for the**  
**Delaware Division of Public Health**

**Q: Please describe the Division's desired quit line program design. For example:**

- a. **May callers choose to receive a single, comprehensive intervention?**
- b. **May callers choose to enroll to receive a series of outbound counseling sessions? If so, how many?**

A: a and b: It is up to the vendor to choose a design. The specific requirements will depend upon the accepted proposal.

**Q: Is there a recommended program design? Is the Division open to other designs?**

A: Yes. The Division is open to other designs.

**Q: Are all callers eligible to receive NRT? If not, please describe who is eligible.**

A: There are income guidelines for callers to receive free NRT/product. Callers must be at or below the 250% of the Federal Poverty level. An additional requirement is that callers participate in counseling in order to receive the NRT. Occasionally the Division runs special free-NRT campaign where the income eligibility requirement is suspended for a limited time period.

**Q: What is the basis for the income guidelines? Are they likely to change?**

A: The guidelines are consistent with eligibility for another DPH program, Screening for Life. The Division reserves the right to establish and change income guidelines.

**Q: How many weeks of NRT are provided?**

A: Currently 8 weeks of NRT are provided.

**Q: What product will be offered? (e.g. patch, gum, lozenge)**

A: This will depend upon the accepted proposal. All are currently offered. In addition, Zyban, Nicotrol inhaler and Chantix are also offered/ in conjunction with a prescription from the callers physician/ to callers who are under the care of a physician.

**Q: Which callers will be sent vouchers for NRT?**

A. Those that are eligible.

**Q: Please describe the current voucher process by which tobacco users access NRT, including how 'income qualifying program participants' is determined.**

A: Income qualifying program participants are determined based upon the 250% Federal Poverty Income Guidelines. Under the current program design, the vendor ACS, subcontracts with Lutheran Community Services, LCS to screen participants for voucher eligibility. Screening is done based upon participant reported income.

**Q: Is the Division open to other designs?**

A: Yes.

**Q: Will the quit line vendor ship NRT directly to participants? If so, which participants will be eligible?**

A: This will depend upon the accepted proposal. Current vendor uses the vouchers, and last year during the "free NRT" campaign, also mailed NRT directly to participants.

**Q: Is the Division open to a protocol whereby the quit line vendor ships NRT directly to all eligible quit line callers?**

A: Yes.

**Q: Section: II: Scope of Services – Category A #3: Please clarify what data on pharmaceutical cessation aids will be required given that vouchers will be provided for NRT access.**

A: Data on pharmaceutical cessation aids will include, but not be limited to, the type of NRT, total medications dispensed. Data needs to document and monitor appropriate distribution of NRT will be determined.

**Q: Is the expense for NRT built into the \$820,000 budgeted for the quit line, or does that cost come from a separate line item? If the NRT expense is included in this budget, how much do you anticipate will be spent on NRT?**

A. Yes- the expense for NRT is included in the \$820K budgeted for the quit line. The cost will depend upon the rates that the vendor is able to obtain and call volume.

**Q: How many individuals do you expect will call the quit line each year? How does this compare to call volume in the previous 12 month period?**

A. Annual Quit line call volume has fluctuated based in large part upon promotional campaigns and the gradual increase in the referral base. SFY 2006 included a 5-month “Free NRT” promotion, boosting total call volume to over 6500. Current SFY 2007 calls average 230 per month with range of 187 to 314. A handout was given at the pre-bid meeting with call volume history.

**Q: Will the Division have plans to sponsor another free NRT campaign in the coming year?**

A: There is currently one scheduled to begin in April, for FY 2007. We do not know yet whether there will be a similar campaign in FY 2008.

**Q: What is the annual budget for quit line promotion?**

A: \$900,000 /per year average over the past few fiscal years.

**Q: Is the quit line vendor responsible for quit line promotion or will that task be managed by a different entity?**

A: No, the promotion is managed by a separate vendor. The current quit line vendor, does however do outreach in the community.

**Q: Are there plans to phase out the use of Delaware’s toll free number (1-866-406-1858) and solely promote 1-800-QUITNOW?**

A: No

**Q: Please verify if the quit line vendor will be responsible for conducting the quit line evaluation (following up with quit line participants to measure satisfaction and quit outcomes) and preparing reports summarizing outcomes. Also, does the Division have a preferred period of time after services are provided (e.g. 12 mo. after enrollment) that callers would be contacted or should the vendor make a recommendation (assuming the quit line vendor is actually doing the evaluation)?**

A: The quitline vendor will be responsible for quitline follow-up evaluation. Current evaluation is at 3, 6 and 12 months after the client receives quit line or face to face counseling services. Vendor may make a recommendation.

**Q: Please describe the web-based services that are available to quit line callers and other people interested in quitting.**

A: Web-based services are currently available under a separate contract with Axia Health (Quitnet)

**Q: If an organization is interested in submitting proposals to provide both Category A and Category B services, should responses be submitted as individual proposals?**

A: No, the organization should submit a single proposal for the two categories.

**Q: Will there be a separate, independent review process for selecting the Category A vendor and the Category B vendor? Will a vendor that applies for both categories A and B be treated more favorably for winning one or both categories than vendors that only apply for one?**

A: No- there will be a single review process. The aim will be to select the best proposal(s) for each category of services.

**Q: Please advise on which pricing model (“per participant” or “cost per call”) is requested by the Division.**

A: The Division will accept suggestions from bidders.

**Q: Subsequent to the bidder’s conference, will there be opportunities to ask additional questions?**

A: No.

**Q: Is the Division a Covered Entity as defined by HIPAA?**

A: The Division of Public Health is considered a Covered Entity.

**Q: Will the Division provide a list of local resources to be included in our referral database?**

A: Yes.

**Q: Please describe more specifically the Division’s requirements regarding the 24 hour/7 day a week quit line (page 15).**

A: Must have live person to respond to the calls 24/7, but not necessarily to provide counseling services 24/7.

**Q: Could you please clarify both the meaning and the intent of the “Non interference clause” on page 23 of the RFP?**

A: Current contractor cannot interfere with the bidders on this RFP. If there is information that the current bidder has developed (like a manual) during their service under contract with us, they can not hold that back from the new awarded contractor or interfere with the transition to the new bidder.

**Q: What target populations does the Division have particular interest in serving through the quit line?**

A: All Delawareans ages 18 and up; Men (have higher smoking rates in Delaware); African Americans (higher propensity to quit according to our focus group and survey data); Hispanic/Latino (especially men in this group); 18-24 year olds; other groups include low income, low SES; other target groups as may be identified through surveillance and program monitoring and evaluation.

**Q: Does the Division provide cessation services for youth under age 18?**

A: Currently services for this population are provided through Quitnet (ages 13 and up) and the school-based Not-On-Tobacco (NOT) program.

**Q: Within the Boilerplate Contract (Administrative Requirements #10) it requires information on the client population by ‘race, color, national origin and disability’. Does the current vendor collect custom registration questions in order to report these demographics?**

A: Current vendor reports on race and ethnicity. Data are not collected on disability or national origin.

**Q: Can the Division provide an MS Word version of Appendix E, Boilerplate Contract, so that we may specify any objections or comments in our RFP response?**

A. Yes—attached.

**Q: The certification sheet (page 5) states that the State will have exclusive ownership of all products of this contract unless mutually agreed in writing at the time a binding contract is executed. While this may be subject to those negotiations, we are assuming this ownership clause only applies to any materials, protocols, applications, etc. built exclusively for the State and does not reference anything created prior to the contract for the purposes of providing tobacco cessation services for other clients - nor would it apply to any changes or improvements the vendor makes during the contract on behalf of any or all its clients, state or commercial.**

A: Anything developed prior to the contract is the IP of the vendor. Anything developed during the contract is the IP of the state.

**Q: Certification (Condition b): The Bidder will be using its existing intellectual property and derivatives thereof in connection with delivering products and services under a contract with the State of Delaware. Bidder assumes that the State is not seeking exclusive ownership rights in Bidders intellectual property or derivatives thereof that are embodied in any deliverables to the State? Such intellectual property forms the basis of the products and services that the Bidder provides to its current clients and which the State will be purchasing from the Bidder; and the Bidder assumes that the State is not suggesting that the Bidder relinquish such proprietary rights? Bidder assumes that the State would agree that materials developed uniquely and specifically for the State, separate from Bidder's intellectual property would become the property of the State?**

A: Anything developed prior to the contract with the State is the IP of the vendor; anything developed during the contract for the State is the property of the State.

**Q: Section VI.I. RFP and Final Contract. In the event that the selected Bidder's Proposal has any variation from the requirements sought in the RFP, Bidder assumes that to the extent the Proposal varies from the RFP, the Proposal will govern in areas of inconsistency?**

A. The contract that results from negotiation after the successful bidder has been chosen will be the prime document. It will contain a description of the services agreed upon either by specific language or by reference to other documents such as the RFP and the bidder's proposal. The contract will also contain an order of precedence for the parts of the contract that will define which document takes precedence in a case of discrepancies between any documents within the contract.

**Q: Section VI. L. Confidentiality and Debriefing. The State indicates that all data, documentation and innovations under this contract become the property of the State. Bidder assumes that regarding data and documentation, property rights do not include the State's right to use, without Bidder's specific written consent, the Bidder's proprietary information or materials, or information in violation of any law or regulation, including the Health Insurance Portability and Accountability Act (HIPAA)?**

**Regarding innovations, Bidder assumes that the State is not suggesting that products or services developed by Bidder for use across its client base, using Bidder's proprietary information or derivatives thereof, would be an innovation of the State?**

A: If the innovations are developed under the contract they would be considered an innovation of the State. We are not looking to claim as our own any of the bidders proprietary information or materials that the bidder brings into the services provided under this contract. If there is information and or data that is collected during the services provided under this contract that information and/or data belongs to the State of Delaware and is not considered the bidder's proprietary property. Any innovations created or developed during the course of the services provided under this contract become the property of the State of Delaware.

**Q: Would it be acceptable if we named the Division as an additional insured for Comprehensive (\$1M) and Product Liability \$1M/\$3M) but not on our E&O as an additional insured?**

A. Neither the Department nor the Division should be named an additional insured in any of the insurance coverages. The Department and the Division should be listed only as a Certificate Holder on all the insurance coverage.

**Q: Please confirm the Division finds it acceptable that our certificate of insurance is valid for our current insurance contract - but may or may not be in alignment with the contract performance period.**

A: Certificate of insurance must be valid at the time the contract is signed. If it expires during the course of the contract period, it is the responsibility of the vendor to submit a copy of the subsequent renewal certificate.

**Q: The proposal says that the contractors will need to work together – the contractors for the Quit-line, media campaigns, community outreach, preventing youth initiative and the web-based smoking cessation services. This application calls for continued services for**

**the Quit line and the community outreach services. Are the other services also being continued under a separate proposal process? Who offers these other services?**

A: The other contractors are:

Media - Aloysius Butler & Clark

Community Outreach- American Lung Association of Delaware

Youth Tobacco Prevention and Education Programs - American Lung Association of Delaware

**Q: Will there be a preference given to contractors that submit for both A and B?**

A: No.

**Q: The provision of vouchers and the reporting related to vouchers is included in both A and B. How will the state resolve this if different contractors are chosen for parts A and B?**

A: Each vendor will be required to report on their activities and report on the distribution of vouchers related to their contracts.

**Q: For proposed methodology and work plan is there a page limit?**

A: No.

**Q: Are there any specific changes/expansions/updating from the current services that the State is particularly wishing to see in this new round of applications?**

A: Not necessarily. The State is open to new ideas.

**Q: Budget has to estimate time commitment. Does the state expect that the number of people served by the Quit Line and the face-to-face counseling will remain the same, increase or decrease from past years? What are the numbers from 2005-2006. If increases or decreases are expected, what degree of change is anticipated?**

A: The numbers could vary. The funding for services is level to this current fiscal year.

**A: Is the cost of vouchers included in the total amount allocated for Part A or Part B or to some degree to both since this activity is mentioned under both areas?**

A: The cost is allocated in both A and B.

**Q: A payment schedule is requested, yet payment is contingent upon completion of all tasks. Both A and B are on-going processes therefore does the State envision that payment will occur on a monthly, quarterly or some other regular basis?**

A: Monthly.

**Q: The application states that the State plus others will be proposal reviewers. Can the State provide examples of the types of "other" individuals who will be reviewers? For example, will these be physicians or other health professionals?**

A: Individuals selected to review the proposals will be familiar with tobacco prevention and control, and will have no conflict of interest.

**Q: A criteria under the budget indicates that the cost-effectiveness of the proposed work will be considered. How does the State wish to have cost-effectiveness demonstrated? What specific criteria will be used to judge applications on this criteria?**

A: No exorbitant costs. Demonstrated cost-effectiveness of prior work as well as projected costs per successful outcome(s) will be considered.

**Q: In a similar manner, the application will be judged on the effectiveness and efficiency of proposed staffing and subcontracted work. What criteria will be used to judge these characteristics?**

A: We will be looking at the adequacy /sufficiency of staffing in terms of qualifications and FTE's in each of the proposed functional areas.

**Q: How many days after the end of the reporting period will the successful provider be expected to submit a report on the statistics?**

A: 10 days.

**Q: Will you consider a proposal that combines online cessation with the Quitline?**

A: It would depend on the proposal. There is a separate contract for online cessation support services. The RFP is currently out for these services also.

**Q: May vendors propose more than one program design and associated budget?**

A: Yes, provided they do so in a separate proposal.

**Q: Does the Division currently provide a separate cessation program/protocol for pregnant women?**

A: There is a protocol that can be used for pregnant women associated with the current Quitline. There are additional materials that pregnant women may elect to receive, and they are referred to their physician for any cessation aids.

**Q: Are there any cessation services for kids?**

Not-On- Tobacco (NOT) is provided in schools and the community as a part of the Youth Prevention Contract. Quitnet serves youth ages 13 and older.

**Q: Is there any state law prohibiting counseling for children under 18?**

A: To our knowledge there is no state law prohibiting cessation counseling services for children under 18. Vendor proposing to provide services to this population will need to specify the target group, and how any required consent will be obtained.

**Q: What type of data on calls is being requested?**

**Number of calls by day, week, month?**

**Average length of call?**

**Ave time to answer?**

**Abandonment rates?**

A: At a minimum, daily call volume is requested. Proposals may include routine reporting on additional statistics such as and number of first-time callers, average length of calls, average time to answer, number of dropped calls and abandonment rates.

**Q: Why was the 2006 call volume so high?**

A: There was a special promotion for free tobacco cessation aids in FY2006 between November 2005 and April 2006.

**Q: What is the current call volume per month to the Delaware Quitline? What % of these callers enrolls in the Multiple-session Telephone Counseling Program?**

A: Call volume may fluctuate considerably, depending upon the time of year and campaigns in progress. January and November have historically been peak call volume months, whereas the calls tended to wane in the summer months. However, this is not to say that this predicts future call volume. Call volume in past 7 months has fluctuated between 189 and 314 calls. Between 50-60% of the callers enroll in telephonic counseling, numbering between 100 and 200 per month.

**Q: How many participants of the telephone-counseling program are referred to the Face-to-Face Counseling Services?**

A: Face to face services may be referrals from the Quitline, or they may be direct referrals or walk ins. Recent volume of Face to Face enrollments ranges between 50 and 75 persons per month, or about 25-30 % of total counseling enrollments.

**Q: How many callers get referred to other services?**

A: Approximately 7% callers are seeking self-help materials only and/or referrals to other resources in the community.

**Q: Does the contract award for the Delaware Quitline require a % of the funds to be allocated to a Minority or Women Business Enterprise?**

A: No.

**Q: Please explain the current NRT voucher program for the Delaware Quitline. Do you provide any free NRT in addition to the vouchers?**

A: Lutheran Community Services sub-contractors with the current Quitline provider. They screen callers for eligibility and distribute vouchers for NRT/product at participating pharmacies. During promotional campaigns, the QL provider has also mailed product directly to clients.

**Q: What % of the current Quitline participants enroll in the NRT voucher program?**

A: In order to be eligible to participate in the Voucher program, callers must be enrolled in either face to face or Quitline counseling. The proportion of all those enrolled in counseling who participate in NRT Vouchers is approximately 40-50%. Historically a higher % of those enrolled in face to face counseling also use the NRT Vouchers. (80-90% compared with 20-40% of QL users). In addition to the 100-200 new calls for NRT per month, the Voucher program serves another 120-180 individuals who are continuing in their treatment. QL call volume and Voucher programs can spike as a result of specific campaigns such as last year's free NRT campaign.

**Q: Can you provide any historical participation rates and quit rates from previous vendor?**

A: Participation rates:

FY06 (free NRT promotion): 4,674 enrolled in Quitline  
1,728 enrolled in face to face counseling

FY05: 1362 enrolled in Quitline  
1,249 enrolled in face to face counseling

FY04: 991 enrolled in Quitline  
1,120 enrolled in face to face counseling

Quit rates (includes most recent follow-up data)

Quit rate for respondents

Historical average, range –

3 - month follow-up:33% - 37%

6 - month follow-up:31% - 35%

12-month follow-up: 28% - 32%

Intent-to quit rates are

3 - month follow-up:17%

6 - month follow-up:12%

12-month follow-up: 9%

**Q: Is there an incumbent for these services currently and if so who?**

A: American Cancer Society

**Q: The proposal is not specific about any website service capabilities or components. Is there a desire or expectation of the vendor to have certain website service capabilities?**

A: No expectation for website services.

**Q: How much funding will be allocated for the prescription voucher component? Do you have historical data on how much funding the state has allocated for smoking cessation medications?**

A: It would depend on the rate the vendor can get for the prescription voucher component. The past two years the amount allocated for vouchers has been \$198,000.

**Q: How often would the vendor meet with DPH Tobacco Prevention and Control Program staff (RFP just states "regular basis")? Will this be monthly, weekly, quarterly, or as needed? How often have these meetings been held with incumbent vendor?**

A: Meetings would be monthly. These meetings may be in person or via teleconference. There are also semi-annual or quarterly (based on need) partner provider meetings that the Cessation contractor would be expected to participate in. Other participants include vendors from media, community outreach, and youth prevention contracts as well as state program staff.

**Q: Could you explain the desired role you have of the vendor in dispensing the vouchers? (i.e. The vendor sends participant to the doctor to receive prescription)**

A: The method of distribution would be up to the vendor, and should be included in the proposal.

**Q: Can you please provide statistical data for 2005 and 2006 on the following:**

\* Average length of calls

\* Total number of calls by weekday and time, per month

\* Average time to answer to a live operator

A: Statistical data on calls by weekday per month – see attached.

We do not currently collect routine data on average time to answer to a live operator. Average length of initial intake is 20-30 minutes, and of subsequent counseling calls is 20-40 minutes.

**Q: Is the successful bidder expected to create information packets for the callers? Or upon award will DPH provide?**

A: The bidder will be expected to provide the information packets for callers.

**Q: Considering the vouchers for pharmaceutical cessation aids.**

**a.) How many vouchers were provided in 2005 and 2006?**

A: # of vouchers includes initial callers and renewals.

FY2005:

Nicoderm CQ/Nicotrol Patch- 2062

Nicorette – Gum- 113

Commit - 216

Bupropion/Zyban - 98

Nicotrol inhaler- 36

Total Medications 2525

FY2006:

Nicoderm CQ/Nicotrol Patch - 4346

Nicorette – Gum - 919

Commit - 352

Bupropion/Zyban - 193

Nicotrol inhaler - 62

Total Medications 5872

Q: How is the successful bidder expected to discover this income eligibility? Meaning can we ask the caller for this information and are we expected to take their word?

A: Yes. Vendors may propose an alternative method.

**Q: What monitoring requirements are expected from the bidder, are we required to track that the caller receives and purchased the cessation aids?**

A: Comes from the pharmacy invoices.

**Q: Of the vouchers provided for 2005 and 2006, do you know how many were actually used?**

A: For FY05 about 96%. The program will only pay for vouchers that are used or medications that are actually dispensed.

**Q: Who will conduct the follow up with the Quitline program clients? Is the successful bidder expected to do this?**

A: Yes.

**Q: Please provide the funding for this project from 2005 and 2006.**

A: FY 2005 was \$837,803. FY 2006 it was \$1,001,848.

**Q: Can the callers be placed on hold?**

A: One could envision a situation where this would be necessary. However, since each such break increases the risk of losing the caller, we would not expect this to be part of the normal routine call.

**Q: Will the successful bidder receive an eligibility file? How frequently?**

A: No. All Delaware residents 18 and over are eligible to use the Quitline services.

**Q: How will the successful bidder/program be evaluated?**

A: Evaluation of the cessation program includes review of outcomes such completion rates and quit rates, process variables such as how well the provider is able to reach out to and engage target populations, how well they work with other cessation partners, and output variables, such as successful conversion of new callers to counseling, successful completion of counseling protocols and follow-up evaluations, accuracy and timely submission of reports. We will also be looking at whether the provider is able to step up and provide local leadership as a partner in meeting Delaware's Tobacco Prevention and Control program goals.

**Q: Is the successful bidder expected to do any marketing activities for the Quitline?**

A: No media activities. The current vendor does conduct some community outreach activities.

**Q: What happens if the budgeted amount is reached before the contract renewal?**

A: We will work with the provider in monitoring call volume and modulating advertising to control the pace of spending so that the budget is not expended too early.

**Q: Is the Quitline number transferable outside of the contiguous US?**

A: We are not sure. The proposal should include what the costs and steps would be if it is and what the steps and cost would be if it is not.

**Q: Are there plans to work with Medicaid?**

A: The program will be in talks with the Medicaid office regarding the Quitline and cessation coverage.