



*Delaware Health  
And Social Services*

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**DIVISION OF MANAGEMENT SERVICES**

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PROCUREMENT

DATE: March 06, 2007

PSC#737

CANCER SCREENING NURSE NAVIGATION, CHAMPIONS  
OF CHANGE AND CANCER CARE COORDINATION  
PROGRAM

FOR

DIVISION OF PUBLIC HEALTH

Date Due: APRIL 09, 2007  
11:30 AM

ADDENDUM # 1

Please Note:

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

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PSC# 737  
Cancer Screening Nurse Navigator,  
Champions of Change and Cancer Coordination Program

Questions and Answers:

1. Will contractors be supplied with a template to use as memorandum for the Champions of Change (CoC)?  

No
2. Are contractors limited to only two formal partnerships?  

The minimum is two; the contractor may build as many partnerships as they want.
3. May formal partnerships and CoCs be the same?  

No, they must be separate entities.
4. Do you have to list all the contracts with the state?  

Only those from the last three years.
5. Have the CoCs been notified of the change?  

Yes, the change has been discussed by e-mail and in person.
6. There is a discrepancy between pages 20 and 21 on the number of contacts for the community based service and formal partnerships. Is it a minimum of two or three?  

Two
7. Is the use of a CoC firm or may contractors use a Federally Qualified Health Center to meet the RFP?  

Contractors may use others who meet the criteria.
8. May contractors use state funds to use as incentives for physician practice partnerships?  

If the contractor wants to provide incentives for physician practice partnerships it would come from the contractor budget, not the CoC budget.

9. What are the criteria for the CoC?

Those organizations interested in the program and wanting to make a difference in their community. They should be non profit community and/or faith-based organizations.

10. Must a contractor stay with the original CoC or can they change through out the year?

Ideally, the CoC agency that agrees to partner should remain a partner for the entire year, however, changes can be made at the discretion of the contractor.

11. What components (e.g. Care Coordination, Nurse Navigation and CoC) should we apply for under the RFP?

An agency can apply for one, two or all three components of the RFP.

12. Do the CoCs need to be in place by April 9<sup>th</sup>?

There should be a Letter of Agreement, or other formal agreement document, in place by this date.

13. Do contractors have to have a work plan in place prior to the agreement?

The contractor should make sure the CoC has an understanding of what is expected of their organization. This should be clearly described in the formal agreement document.

14. The CoC is for Colorectal Cancer not other cancers?

The current focus of the program is colorectal cancer. This may expand based on the recommendations of the Delaware Cancer Consortium.

15. Each organization will be getting \$400,000?

This is the maximum contract amount if a vendor is applying for all three components of the RFP.

16. When is the Purple book out?

July 2007.

17. Is the Administrative support position a requirement of the contract?

No, this is up to each contractor. Keep in mind there is a data entry aspect to the program and it is more cost efficient to have these duties performed by administrative staff than nurses or social workers.

18. Can an organization have more than 1.0 FTE on the program?

Yes, as long as the duties of the positions and the budget are within the scope of the RFP.

19. Monthly impact for Care Coordination is 100 patients. Are these new patients?

The impact numbers are estimates and will vary based on the number of patients with cancer served by the organization. Each proposal should have estimated impact numbers based on their target population and past performance (if applicable).