



*Delaware Health  
And Social Services*

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**DIVISION OF MANAGEMENT SERVICES**

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PROCUREMENT

DATE: AUGUST 9, 2007

PSC#767

DELAWARE TRANSITIONAL WORK PROGRAM

FOR

DIVISION OF SOCIAL SERVICES

Date Due: September 10, 2007  
11:00 AM

ADDENDUM # 3 Please Note:

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

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**Questions and answers submitted for RFP NO. PSC-767 Delaware Transitional Work Program**

**The following questions were submitted by Arbor E&T at pre-bidders meeting 7/30/07:**

1. **Question:** Is this a new program, or is there an incumbent contractor? If the latter, please provide contractor name and performance data. If new, is there any demographic data upon which to base projections? Is there a computation of demographics?  
**Answer:** This is a new program. The average monthly number of cases with a medical exemption is approximately 800. There are approximately 440 cases in New Castle County is 440 and approximately 360 in Kent and Sussex Counties combined.
2. **Question:** What is the anticipated funding level for this program?  
**Answer:** There is no anticipated funding level. Bidders are responsible for competitively pricing their services.
3. **Question:** How many clients are expected to be referred for services during the first year? Can this figure be broken down by county?  
**Answer:** Same as #1. We anticipate approximately 80 cases a month will be referred at application or re-determination. That breaks down to 44 cases a month in New Castle County and 36 cases in Kent and Sussex Counties combined.
4. **Question:** Since substance abusers are included in the target population [p.9], will referrals to drug/alcohol rehab programs be the responsibility of the DSS care workers or of this contractor?  
**Answer:** Substance abusers who have a medical exemption will be referred to the Disability Contractor. Referral to drug and alcohol rehabilitation programs is the responsibility of the Bridge Program. The Bridge Program is responsible to provide case management services for diagnosis and treatment for TANF clients that present with a substance abuse or mental health problem. Anyone in the system that first identifies this kind of problem is responsible to refer the client to the Bridge Program. Any vendor who has a client in the Bridge Program is responsible for coordinating with that program.
5. **Question:** What is the anticipated size of the SSA Group, relative to the total program participants?  
**Answer:** Although we have no reliable data, we anticipate that 25-30% of referrals might demonstrate potential eligibility for SSI or Social Security Disability.
6. **Question:** Will one "per person price" [p.11] be calculated for both the Work Group and the SSA Group?  
**Answer:** Give us your proposal.

7. **Question:** Does the SSA Group include applicants for both SSI and SSDI?  
**Answer:** Yes. We want to move our TANF Social Security eligible clients into either Social Security Program. Social Security benefits provide more money to the client.
8. **Question:** Can we obtain a copy of the current medical documentation and medical assessment forms being used by DSS?  
**Answer:** The current DSS medical form is attached. It is the only documentation DSS currently requires to establish a medical exemption. The selected vendor will be responsible for redesigning the form to meet both our needs.  
**Question:** We want blank forms.  
**Answer:** See attached.
9. **Question:** Will it be the contractor's responsibility to establish an agreement and working relationship with Voc Rehab for the "potentially employable" [p.7], or are these already in place?  
**Answer:** It is the vendor's responsibility to establish working relationships with all available resources. DSS will assist as appropriate.
10. **Question:** Can we obtain a copy of the application form for SSA benefits?  
**Answer:** The application for SSA can be found on their website.  
<http://www.ssa.gov/r&m2.htm>
11. **Question:** Should a performance-based budget (numbers by pay points) be included, in addition to the line-item budget?  
**Answer:** Yes. Propose pay points and we will negotiate.
12. **Question:** Will a line-item budget form be provided, or are bidders able to devise their own format?  
**Answer:** In the RFP/proposal process, DSS does have a standard line-item budget form (included). You can use the attached form or you may supply your own line item budget in your proposal. Either way is acceptable as long as you provide all necessary budgetary information.
13. **Question:** Is co-location in any of the DSS field offices a possibility, with costs pooled under some sort of resource sharing agreement, or must the contractor operate from separate facilities in each county?  
**Answer:** There is no space to share at DSS locations however the selected vendor is free to work out resources sharing agreements with other Employment Connection or Keep A Job vendors located in counties where they don't have offices. If you choose not to locate in the county you are operating, please describe how you plan to provide this service.

14. **Question:** Will any kind of education, training, or subsidized employment opportunities be available to clients as interim steps towards unsubsidized employment?

**Answer:** DSS does not fund education or training although it is available in the community. DSS does not directly fund subsidized employment. The vendor is welcome to include any of these strategies in the proposal.

15. **Question:** What is the DSS policy for sanctioning clients who do not comply? How will the contractor be incorporated into this process?

**Answer:** A client who would be mandatory except for the medical exemption will be required to comply and the sanctions for failing to comply will be the same as non-compliance for other Employment and Training activities. The contractor for this service will be incorporated as a vendor.

16. **Question:** Must all bidder experience be contained within two pages [p.15], or may this be attached along within the organization chart, resumes and job descriptions.

**Answer:** It may be attached with org charts.

17. **Question:** Since a line-item budget is requested, are there any restrictions on either an indirect cost rate or a profit for for-profit companies?

**Answer:** It will be a consideration when evaluating the cost component of the various bids. In the past, DSS has leaned toward bidders' indirect costs being acceptable at 15% or less. When For-Profit companies identify their profit margin, acceptance of the profit percentage will be made at the selection meeting.

**The following questions were submitted from Peter Stroup (Arbor E&T) at the pre-bidders meeting on 7/30/07:**

1. **Question:** Will participation be mandatory?

**Answer:** Yes.

2. **Question:** Will we be able to send the client to an independent doctor if we question the information from the client's doctor?

**Answer:** Yes. Incorporate and identify the potential cost in your proposal.

3. **Question:** Currently how many public assistance recipients are medically exempt?

**Answer:** see question #1.

**The following questions were submitted at the pre-bidders meeting on 7/30/07:**

1. **Question Delaware Tech:** Will there be a line item that will be cost reimbursable for direct benefits?

**Answer:** DSS will review whatever the vendor proposes.

2. **Question Danny Smartt-Arbor E&T:** Will there be time for additional questions?  
**Answer:** Yes, up until August 13, 2007.
3. **Question Karen Schneller-Delaware Tech:** The required hours stated on page 7 and page 10 are different. The minimum part time and minimum full time.  
**Answer:** Countable part-time employment will be 20 or more hours. Countable full-time employment will be 30 or more hours.
4. **James Harrison-Brandywine Counseling submitted the following questions:**  
**Question:** Is it expected to have a physical site at all three counties?  
**Answer:** No.  
**Question:** Are substance abusers included in the 1900-2500 number?  
**Answer:** See the answer to #1 regarding the total number of disabled clients. The number of clients that will be worked with is approximately 800. It includes substance abusers who have claimed their abuse as a disability or who have substance abuse issues along with other health issues.  
**Question:** How will clients be referred?  
**Answer:** Not worked out at this time.  
**Question:** Per person cost makes proposing a budget difficult. Many I don't know. Any guess on the budget?  
**Answer:** Do your budget based on what it will cost you to run the program.