



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: March 18, 2011

HSS 11-044

Personal Care Service

for

Division of Services for Aging & Adults with Physical Disabilities

Date Due: April 21, 2011

By 11:00 am Local Time

ADDENDUM # 2 – Questions & Answers

PLEASE NOTE:

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

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Procurement Administrator

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Division Contact

Person Care Service – RFP HSS 11-044
Questions & Answers

1. Are there any changes in the Budget forms? The budget forms presented in the advertised Request for Proposal (RFP) are the correct version to use in the creation of the contract package. Electronic versions will be provided to all pre-bid meeting attendees via e-mail.
2. Are there any changes to the Contract Boiler plate? The current version of the State of Delaware Department of Health & Social Services boilerplate was revised and approved on October 6, 2008. Any revisions made to the boilerplate prior to the award and execution of contracts will be sent out for review.
3. Are there any changes to the service specifications? The Division of Services for Aging and Adults with Physical Disabilities will be using the current Personal Care Service Specifications provided in the RFP. These service specifications were last revised and approved on January 25, 2011. All revisions are reflected on the cover page under Revision History.
4. How should proposed contractors determine the total amount of funds to request? The projected funding for Personal Care services for the 2012 contract year will be approximately \$2.1 million for statewide service. Provider would request funding per the abilities of their corporate infrastructure, including service areas and current staffing limitations.
5. Are prior year contractors limited to the funding levels for their current contracts? No.
6. With regard to Appendix F: If the organization applying for the RFP is not a Minority and Women Business Enterprise, must this blank form be included with the Proposal submission anyway? Yes, this form should still be submitted with an indication by the bidder that the form is not applicable to their organization.
7. What, if any, expenses are not allowable for the budget proposal? A Description of Allowable Costs/Expenses will be provided to the potential providers. This sheet documents allowable expenses to the program. Basically, all costs have to be directly associated with the provision of the Personal Care Service.
8. Is there a specific or recommended format for the Qualifications and Experience section? Information requested for this section includes, provider program organizational chart, accompanying job descriptions, and current resumes of staff holding the positions documented within the organizational chart.
9. Will the match amount for Older American Act funds stay at the current level or will there be a change? The match amount will stay at the current level. The current level is a calculation of: awarded amount divided by 0.9, subtracting the original awarded amount. (Example: $[10,000 / 0.9 = 11,111]$ $[11,111 - 10,000 = \$1,111]$ required match)
10. Will PASA agencies be allowed to bid on this contract? Under the current January 25, 2011 revision of the DSAAPD Personal Care service Specifications, a provider must be a Delaware licensed Home Health Agency.
11. Will the forms contained in the RFP, such as the Certification Sheet and Bidder's Signature Form, be available as electronic fill-in forms? Forms are provided in PDF format only, to ensure content integrity.

12. Regarding format of the proposal: Each section as indicated on page 8 of the RFP should be paginated and in a separate folder on the CD? [The Division would suggest a paginated table of contents to provide sufficient organization without multiple folders.](#)
13. What items are included Section 1 and how should it be titled? Pages 8 - 10 sets up a format and pages 15 and 16 indicate what is included in Sections 2 and 3, but nothing specifies what Section 1 is to be titled and what it should contain.
[Section 1 should contain the Documents as described in Section 4 of the RFP.](#)
- [Bidder's Signature Form \(Appendix C\)](#)
 - [Title Page](#)
 - [Table of Contents](#)
 - [Certifications and Statement of Compliance Form \(Appendix D & E\)](#)
 - [OMWBE Self-Certification Tracking Form \(Appendix F\)](#)
14. Should any parts of the RFP such as the Contract Boiler Plate, Questions & Answers, Service Specifications and any addendum be included on the CD's? [No. The CD's should contain the bidder proposal only.](#)
15. Should we include our latest audit, 990 and our IRS determination letter? [No, the awarded contractor will be required to complete an A-133 Statement of Audit Eligibility form at the time of negotiations and an audit/financial statement may be requested at that time.](#)
16. What are the total number of service units (in qtr hours or full service hours) and the total amount of funding dollars planned and/or available for FY 2012 (Oct. 1 2011 to Sept. 30 2012). Please provide the information for each funding source (Title III and SSBG)? [Total funding for Personal Care services from October 1, 2011 – September 30, 2012 will be \\$2,171,149. The breakdown of this funding will be \\$1,128,290 Title III funds and \\$1,042,859 in Social Service Block Grant \(SSBG\) funding. Service units will be determined per the negotiated rate of contract awarded providers. DSAAPD is excited to receive competitive pricing for this RFP as to provide the maximum number of units to the potential program participants.](#)
17. Is it the intention of DSAAPD to award contracts to multiple providers? [Yes](#)
18. Who are the current contracted providers, and what are the current Reimbursement Rates for each provider and each service under each program SSBG and OAA?
[This information requires a Freedom of Information Act \(FOIA\) request.](#)
19. On page 27 of the RFP (Line 36 column F) it defines "Indirect Costs" for this program's budget. It goes on to require that an agency has a federally approved indirect cost rate for this item in the budget. It is our understanding that only Non-For-Profit entities submit and receive this "federally approved indirect cost rate." In the case of for-profit corporations, where should "Indirect Costs" be indicated on the budget?
[Providers are able to input an indirect cost rate on the first tab in the invoicing workbooks. The indirect cost rate is applied toward staff salaries and should not exceed 12% \(DHSS cap\).](#)

20. Page 48 of the RFP (sample of the Comparison Worksheet) states that the firm submitting a proposal is not to fill in the column titled "Current Contract". For those entities with a current contract, please confirm that this section needs to be completed. If this section is to be completed by the current contractors, please confirm what time frame the data should reflect (last calendar year, FY 2011 contract year?)
Contract providers do not need to complete this section. Providers should enter "RFP" in this column.
21. Are new contractors required to meet minimum wage and benefits requirements under this proposal. If a new contractor assumes the employees of an incumbent, will they be required to maintain the wage and benefits being paid by the previous contractor. No. If yes, What are the current terms wages, benefits, etc. N/A
22. Are any of the current contractors obligated under Union Collective Bargaining Agreements? No. If yes, will new contractors be required to negotiate with these Unions? No. If yes, What are the current terms wages, benefits, etc of these CBAs. N/A
23. How many vendors will be selected? DSAAPD will select enough vendors to provide statewide coverage for Personal Care services and to absorb the entire amount allocated to Personal Care service.
24. What is the budget allocation for the personal care services? See answer to question 16.
25. How many clients, on average, are assigned to a vendor? The goal of DSAAPD is to assign enough program participants to the vendor to exhaust their yearly contracted amount within the program year per the vendor's work plan criteria.
26. How many vendors have or are serving eligible clients in the state each year? For the current 2010/2011 fiscal year, there are five (5) contracted Personal Care providers operating with Title III & Social Service Block Grant (SSBG funding).
27. What are the geographic areas that have the highest concentration of clients? As of a February 14, 2011 database report, there was a slight higher number of active clients in the Kent/Sussex counties.
28. What has been the most significant challenge in servicing the clients in DE? Challenges include referral requests for AM hours, in the effort to prepare for Adult Day Care service or dialysis. Other challenges have included finding weekend coverage with consistent aides.
29. Is the budget a total budget for all geographical areas or should the budget be broken out by geographical areas? The submitted budget should be broken down by the area served within the provider Work Plan and the total bid amount requested by the provider. Providers offering statewide service may break down requested funding per office location or separate supervised staff.
30. On the salary worksheet, if we are going to use staff that are not used with the funding streams listed on page 22, would we not fill in anything to the right of that bar? Correct, DSAAPD only requires staff listed that will be funded through the contract.
31. How are costs handled that are necessary to client care, i.e., transportation? All costs for Personal Care service provided should be included in the requested hourly reimbursement rate. If a provider agency offers transportation under the Personal Care service, all vehicle expenses including mileage should be incorporated in the budgeted hourly reimbursement rate.

32. Can costs such as rent, administrative services, staff training be used for the match? Yes

33. What weight will be given to price? DSAAPD is looking forward to competitive pricing within the various RFP submissions in the effort to offer the most potential hours to the program participants of Delaware. Ultimately, an aggressive price will look favorable to the technical review committee by providing this much needed service to an increased number of participants.

34. What should be included in the Transmittal Letter/Cover Letter?

The Transmittal Letter (Cover Letter) shall be in the form of a standard business letter on official business letterhead and an individual authorized to legally bind the bidder shall sign it. It shall include at a minimum:

- A statement indicating that the bidder is a corporation or other legal entity and satisfies all licensing requirements of the State or Federal law.
- A statement that no attempt has been made or will be made by the bidder to induce any other person or firm to submit a proposal.
- A statement that proposed services satisfy the requirements established in the RFP.
- A statement of affirmative action that the bidder does not discriminate in its employment practice with regard to race, color, religion, age (except as provided by law), sex, marital status, political affiliation, national origin, or handicap.
- A statement that the bidder will comply with all terms and conditions as indicated in the General Instructions for Submission of Proposals (Section 6), Terms and Conditions (Section 3), Service Specifications (Attachment A) and in the Standard Department Contract (Appendix G), included as part of this RFP, except as to modifications mutually agreed upon by the contractor and Department.
- A statement that the bidder has the capability to provide the services requested through this RFP.
- A statement that the bidder will comply with the requirements of The Americans with Disabilities Act of 1990 (ADA) and the terms and conditions of the Department Boilerplate including the Divisional Requirements.
- The transmittal /cover letter should also include: bidder recognition of all addenda posted on the RFP website (<http://bids.delaware.gov>.) relative to this RFP, a statement confirming the proposal remains effective through the date shown in (Section 6.4) of the RFP, a statement the bidder has or agrees to obtain a Delaware business license if awarded a contract, a statement confirming pricing was arrived at without collusion.

Bidders must submit a signed original of the transmittal letter/cover letter in hardcopy. Additionally, a copy should be included in section one (1) of the RFP bidder proposal.

35. Is there an expectation that clients will select vendors to provide services and if so, what assistance is provided by the agency to market the vendors? Or is the responsibility totally on the vendors to market? DSAAPD does not market individual providers; the effort is to market the Personal Care service. Participants eligible for the service will be referred to approved agencies with available funding to handle the participant's needs. If there are multiple agencies with available funding the DSAAPD Case Manager may offer a choice to the participant if requested.

36. Is the agency looking for specific qualifications or credentials for contractors, i.e., prior experience with agency, work in state as a provider of personal care services? To perform Personal Care service a provider must have a Delaware business license of 501 C status and an active Delaware Home Health

Agency license. These are the qualifications needed to be considered for bidding for the Personal Care service. DSAAPD is excited to have a variety of providers to reward funding for this program and will equally consider both past providers of this service as well as providers that will be bidding with the State of Delaware for the first time.

37. Is there a preference to agencies who have some form of program income to supplement? No. All providers should include program income in their budget proposal.
38. When preparing a unit cost contract budget, should we provide our proposed rate per unit under the 3 categories of STATE, SSBG and Tobacco? At this time, some providers have yet to serve Title III consumers and does do not incur program income under the OAA." Funding for Personal Care will come from SSBG and Title III funds. The unit cost for Title III must incorporate Program income. State funds are not applicable for this service.
39. "In subsequent years, how do we determine the amount of program income per unit of service?" in calculating a budget? The amount of program income per unit of service is reliant on the amount of program income collected per year. Current providers estimate the amount of program income they will collect during the contract year based on factors such as program income collection history from previous years, service areas or economic circumstances. They then divide the goal amount of program income for the year by the service unit goal. This provides the program income amount per unit. New providers who do not have history to rely on will have to give their best estimate. Providers should provide a realistic program income goal. The amount of Program income per unit is part of the Title III unit cost and if the provider is under collected in program income, they will not be able to meet all their costs.
40. Will providers be required to submit an audit? Providers will not be required to submit an audit, however providers will be required to provide an audit or previous year's tax return if requested. Providers will need to complete an A-133 Statement of Audit Eligibility form, which DSAAPD will provide upon contract reward.
41. Will DSAAPD supply electronic copies of the Excel Budget pages? DSAAPD will supply all pre-bid meeting attendees electronic copies of the budget pages by 3/9/2011.
42. For the signature forms that require a live signature, how many copies will need to be submitted? One live signature copy is needed for this RFP.
43. Do reference letters have to be in hard copy? No, reference letters only need to be supplied in PDF format.
44. Do providers have to accept credit card fees? Per the DHSS boilerplate; the contractor or vendor must accept full payment by procurement (credit) card and or conventional check and/or other electronic means at the State's option, without imposing any additional fees, costs or conditions. Contractor is responsible for costs incurred in excess of the total cost of this Contract and the Department is not responsible for such costs.
45. Can providers offer tiered rates for credit card and non-credit card reimbursement methods? Currently, DSAAPD reimburses 100% of the current providers through check or direct deposit; however it is the Department of Health & Social Services that has the ability to require changes to this current practice. DSAAPD cannot tier rates for credit card and non-credit card reimbursement methods.

46. Will the State of Delaware accept the use of a PayPal account? *At this time, payment to vendors cannot be made through PayPal.*
47. Will providers need to enroll with HP Enterprises to be reimbursed? *No, these contracts are considered “non-waiver” funded and will be reimbursed through the DSAAPD Fiscal office by check, direct deposit, or credit card.*
48. Will the DSAAPD Fiscal office change the reimbursement process, meaning using a check one month and then direct deposit another? *The DSAAPD Fiscal office will work with providers to their preference of either a hard check or direct deposit. Currently, the DSAAPD Fiscal office will accept credit cards payments; however it is not a requirement at this time.*
49. If a provider hires subcontracted employees, do providers have to identify everyone used as a subcontractor on the proposal? *If a person or entity is providing service and they are not employed by the provider agency, they must be designated as a subcontractor on the proposal.*
50. How soon will a Freedom of Information Act request take? *FOIA requests are processed in the order that they are received and in as timely a manner as possible.*
51. What is the weekly average per week used by Personal Care program participants? *Currently, Personal care service participants are averaging 6-10 hours of Personal Care service per week.*
52. Does the state have an idea of how many potential clients per county? *According to a recent 2/14 database report, there are 106 active participants in New Castle and 160 active participants in Kent/Sussex.*
53. Will the current method of submitting the program income on the invoices remain the same? *Yes, federal guidelines mandate that the program income received for Title III services be used before Title III funds. For this reason, all program income collected that exceeds the amount of Program Income needed per unit for the month invoiced will be applied toward the amount of Title III funds requested. For instance:*
- | | |
|---------------------------|--------------|
| Unit cost | \$22.00/unit |
| Program Income/unit | \$0.50/unit |
| DSAAPD Reimbursement Rate | \$21.50/unit |
- 100 units provided at a unit cost of \$22/unit $22 \times 100 = \$2200$*
Of that \$22/unit, \$0.50 is the Program income per unit cost, therefore the DSAAPD reimbursement rate is \$21.50/unit. The provider will need to collect \$50 in program income to cover entire unit cost for services provided during the invoicing period ($0.50 \times 100 = \$50$). If the provider collects \$75 then the additional \$25 will be deducted from the total amount of Title III funds earned. If the program income per unit goal is not met during the invoice period, the provider will receive the Reimbursement Rate per each unit served.
54. In the RFP, it requests evidence of past provisions of Personal Care services. If a provider has not performed Personal Care service for the state, how would they present this information? *Providers should make reference to past times that they have provided similar areas of responsibility.*