



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: May 20, 2011

HSS 11 055

TOBACCO CESSATION SERVICES

FOR

DIVISION OF PUBLIC HEALTH

Date Due: June 9, 2011
11:00AM

ADDENDUM # 2 Questions and Answers

Please Note:

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

Bruce Krug
PROCUREMENT ADMINISTRATOR

William Ingram
Division of Public Health

RFP HSS 11 055
TOBACCO CESSATION SERVICES
Questions and Answers
Pre-bid Meeting May 9, 2011

Q1: Do we write our changes to the contract boilerplate into the proposal?

A1: We generally don't entertain changes to the boilerplate. However, we may accept minor changes. If you have any concerns about the boilerplate language you must address them in your cover letter.

Q2: In the past DPH has funded a position to promote Quitline Services in the community through the Quitline funding, is it DPH's intention to continue to fund a similar position through the Quitline contract or will that be discontinued or funded through another grant.

A2: Promoting the Quitline services to the community was just one aspect of the position. The original intent of the position was to coordinate services between subcontractors (face to face and voucher program) and serve as a local liaison between the state and the main contractor. The position will not be funded through another grant. It is up to the vendor whether or not to include the position in the proposal. While not specifically mentioned in the RFP, DPH would view this as an acceptable expense falling under the requested Scope of Services (could qualify under Scope of Services II A. 6 "Description of any other cessation support services") on page 10. Other types of "cessation support services" could include resources such as web-based site for cessation services or resources.

Q3A: Free and Clear respectfully requests the ability to propose the budget on a fee for service basis based on registered callers, multiple call program enrollments, face to face sessions and NRT distributed rather than salaries, fringe benefits, travel/training and supplies format as shown in the Budget Summary Sheet.

A3A: We do require that budgets be submitted in the format shown in Appendix A and B of the RFP. As listed in the RFP on page 18, budgets must include a breakout of costs per registrant to receive phone counseling, face to face counseling, nicotine replacement therapy (NRT) and other cessation aids and the costs per product. The budget must include the cost of evaluation and required state and federal reporting requirements. If a bidder wishes to submit additional budget information in a format of their choosing, that is acceptable but only as an addition to the required budget format, not in place of it.

Q3B: We also request that the attached budget model be completed by all bidders to allow Delaware Health and Social Services to conduct a direct cost comparison between vendors.

A3B: We decline this request to have all bidders use a different budget format rather than the one published in the RFP. Again if a bidder wishes to include additional information in a format of their choosing they can do so.

Q4: Is there anything that prohibits using a shared phone line (i.e. press one for this service, press two for this service)

A4: Technically there is nothing that prohibits using a shared line. Just keep in mind that the Division of Public Health owns the Quitline number (1-866-409-1858). We have used this number since the beginning and plan to keep using it for the Delaware Quitline.

Q5: Is there a requirement to have a live person answering the phone 24/7?

A5: We currently have a live person answering the phone 24/7. However, counseling sessions don't take place 24/7.

Q6A: Could you provide more details about the face to face program?

A6A: When a person calls the Quitline and is ready to quit- they are given two counseling options- phone counseling or face to face counseling with a locally trained healthcare professional. Currently there are three face to face counseling sessions. During the sessions the counselor explains the counseling process, an intake is completed to assess tobacco use history, a quit guide is given to the individual and exercises, techniques and motivation enhancement are provided to help the individual prepare for quitting and prevent relapse.

Q6B: What are the requirements to be a face to face counselor?

A6B: Generally they have to be a health care professional such as pharmacist, nurse, dental hygienist, counselor etc. with a bachelor's degree and current license or certificate in a health related field. Sometimes we make exceptions based on experience and type of degree earned.

Q6C: Who provides the training for the counselors?

A6C: The Quitline vendor provides a one day training for the counselors a couple of times a year throughout the state. The trainings are paid for through the Quitline contract.

Q6D: Is NRT part of the face to face program?

A6D: Yes

Q7: Who provides the Quitline services now?

A7: Alere (previously known as Free & Clear, Inc.)

Q8: Are NRT costs included in the vendor fee?

A8: Yes

Q9: Are there any requirements related to the spectrum and duration of the NRT?

A9: Currently, after enrolling in a counseling program, the participant may be eligible for up to 8 weeks of cessation aids (nicotine patches, nicotine gum, lozenges, or pharmaceuticals including nasal spray, inhaler, Zyban “bupropion” and Chantix). It is up to the vendor to tell us what they are able to provide as far as spectrum and duration of NRT in their proposals.

Q10: Would a successful pilot program that was implemented in one school district and then implemented statewide in the future meet the intent of the scope of services?

A10: The intent of the scope of services is to reach the entire state of Delaware. Pilot programs that are included in the proposal should have measurable objectives and a clear plan for evaluation. Proposals should address each of the components listed under the scope of services.

Q11: Can you tell us anything more about the current program?

A11: The current program includes a call center that provides intake registration and telephonic counseling; the face to face program option; the local community position mentioned earlier that promotes the Quitline in the community and serves as a coordinator of services; a voucher program sub-contracted through a local organization that issues the vouchers for the NRT and other cessation support with a link to local pharmacies; and web based cessation support for participants in the Quitline counseling services.

Q12: Are there any minimum requirements that are not listed in the RFP?

A12: No. All things required are listed in the RFP. It is up to the vendor to propose the specific approach to providing those services, and the appropriate mix of staff and/or sub-contractors and other resources in order to meet program requirements.

Q13: Is the community position a requirement?

A13: It is not a requirement.

Q14: Is forwarding calls allowed such as rerouting to other experts?

A14: The added variables may bring about extra expense to the vendor because of added Delaware Department of Technology and Information requirements regarding privacy.

Q15: Is it permissible to list the cessation support services (as mentioned on 10 under #6) separately as optional services as long as we follow the budget format in the RFP?

A15: Yes. Just make sure that any optional services tie in to the core scope of services.

Q16: Should we coordinate with other payors such as Medicaid and other health plans?

A16: This is not a requirement of the RFP. However, there is nothing in this RFP that precludes coordination with other payors or leveraging other resources to increase cost efficiency in meeting program goals. If the vendor chooses to include coordination with other payors in their proposed program, the proposal should clearly indicate the nature of the coordination and how leveraged products or services that fall within the requested scope of services will be tracked and reported.