

**Community Healthcare Access Program (CHAP)  
 HSS 12 033**

Question Number	RFP Section Reference	RFP Page Number	Question
1.	General	N/A	What is the estimated size of the target population? Answer: 100,000 uninsured or under insured.
2.	General	N/A	What is the number of current CHAP enrollees? Answer: approximately 1789
3.	General	N/A	Please provide the number of eligibility screenings conducted per month for the last 12 months. Further, please indicate the number of screenings that result in a CHAP enrollment. Answer: At this time I can only provide you with a monthly figure. For the month of June we completed 991 enrollments, this is both new and re-enrollments.
4.	General	N/A	What are the potential avenues for screenings and enrollments to occur (by telephone, in person, etc.)? What proportion of activity has been experienced? Answer: Enrollments can occur by phone, mail or in person. The majority of enrollements are by phone.
5.	General	N/A	What is the average staff person's processing time for an enrollment? Answer: Time ranges from 6-15 minutes average time 8-10 min.
6.	General	N/A	Will the Contractor have sole responsibility for the CHAP screening and enrollment functions? If not, please estimate the number of enrollments that will be processed by non-Contractor staff. Answer : There are currently there are about 8 contractors not including the enrollment specialists with the state. This number will vary depending on the amount of CHAP contractors in the field. Due to restructuring we cannot give a concrete per month average but it looks like the contractors enrol about 200 per month.
7.	General	N/A	Please indicate the monthly number of telephone calls experienced by the program that will be the responsibility of the Contractor. Also, please provide average talk time for these calls. Answer: The amount of calls will be determined by the amount of education and training, facility size, and the size of the population that the awarded entities serve.

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8.	General	N/A	Please specify the types of services that are provided through the call center. <b>Answer: The Division of Public Health, Screening for Life program and CHAP does not have a call center. The program has a direct line and a contract with 211 of Delaware.</b>
9.	General	N/A	Will a Contractor be permitted to perform functions (i.e., call center functions) in an adjacent state? <b>Answer: No</b>
10.	General	N/A	Please provide a description, including volumes, of materials that the Contractor will be responsible for mailing. <b>Answer: The contractors will be responsible for mailing the DPH SFL/CHAP program intake form to its on-site patients and callers to their program. Once all system modifications are complete the individual contractors will be responsible for mailing out their client's eligibility letters and denial letters.</b>
11.	General	N/A	Will postage costs be paid as a pass-through item and accordingly not included in the proposed budget? <b>Answer: The postage will not be a pass-through item. The bidding contractors should follow the budget guidance within the RFP.</b>
12.	General	N/A	Would the Department be willing to provide the current staffing model (position types and numbers) for the CHAP project as it is currently administered? <b>Answer: The CHAP program is part of the DPH's SFL program. This program has 1 receptionist, 2 Enrollment Specialists, 2 case managers, 2 billing specialists, 1 Management Analyst, 1 Health Care Coordinator and a program Director. The current CHAP contractors have varying compliments of staff dedicated to the CHAP Program.</b>
13.	General	N/A	The RFP mentions that Health Promotion Advocates will have care coordination/case management responsibilities. How long do these responsibilities continue (e.g., until a patient is enrolled in Medicaid/CHIP, throughout the duration of the contract, etc.)? <b>Answer: This will depend on the awarded contractors' facility based services and programs. The DPH expectation that the patient will receive the necessary services to link them with the care and support they need for as long as they need it.</b>
14.	General	N/A	Is the vendor required to develop its own Information Technology system to track program activities in addition to those systems provided

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			by DPH? If yes, what functionalities should it entail? <b>Answer: No, the DPH maintains the enrollment system for all contractors. It is the contractor's responsibility to attend training on this system. The contractors must be able to link with this program via the web. The contractor will need to track their program and report monthly to DPH.</b>
15.	General - Materials	N/A	What materials are used for this Project (e.g., brochures, fliers, handbooks, application forms, etc.?) Who is responsible for producing them? Are copies available? <b>Answer: Required forms and brochures will be provided. Other facility-based communication to the clients is the responsibility of the contractor. Example, a facility wants to increase their screening rate or participation numbers, this may require a follow-up letter to the patients who have not followed through with their screening, or to participants who have not returned the necessary documentation to be considered for eligibility.</b>
16.	General – Materials	N/A	Do enrolled participants receive any sort of enrollment identification card? If yes, could the Department please provide a copy of this card? Is it the Contractor's responsibility to mail these cards? <b>Answer: Yes the participants do receive enrollment cards. Once the data system is fully operational the contractors will be mailing out enrollment cards for their participants. DPH will provide the contractors with the card stock to print out the cards.</b>
17.	General – Materials	N/A	Is the Contractor responsible for providing any mailings regarding program activities to participating providers? If yes, what are they, what is the frequency, and what is the expected volume of mailings? <b>Answer: The contractor will be responsible for mailing out information that has either been requested by the participant or is necessary to educate the client about services available that will impact their care.</b>
18.	General	N/A	To what extent, if any, will the Contractor have responsibilities for Screening for Life enrollments? <b>Answer: The contractor will be completely responsible for entering individuals into the SFL/CHAP eligibility/ enrollment system. The CHAP and SFL enrollment/eligibility system are fully integrated and eligibility determination occurs simultaneously.</b>
19.	General	N/A	To what extent, if any, will the Contractor have ongoing responsibilities

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			related to SFL? <b>Answer: The contractor is responsible for coordinating and linking patients to necessary services including SFL, and or any other medically necessary service.</b>
20.	General	N/A	Will the State still provide SFL staff? If yes, what are the Contractor's responsibilities for coordinating with State SFL staff? <b>Answer: The State Division of Public Health will continue to provide SFL/CHAP services to eligible individuals that contact the state SFL/CHAP program. The SFL/CHAP program will oversee and monitor all CHAP Contractors. The contractor's responsibilities are to coordinate CHAP/SFL services with the State, provide monthly reports, and attend at least quarterly meetings, required training, and all other necessary meetings or events as determined by the State DPH SFL/CHAP program.</b>
21.	General	N/A	We understand that at one point in time, if clients apply for Medicaid and are deemed ineligible, they receive a letter advising they may be eligible for CHAP. Is this letter still sent to clients who are deemed ineligible for Medicaid? <b>Answer: Yes that is the current practice.</b>
22.	General	N/A	Are there ongoing outreach initiatives in which the Contractor is expected to participate (e.g., Is the Contractor expected to participate in Healthy Delawareans Today and Tomorrow, and other such initiatives)? If yes, what are these initiatives and what is the extent of the Contractor's involvement? <b>Answer; It is the contractor's responsibility to perform education and out/ in reach to Delawareans to inform and educate them on the CHAP and SFL program and of the importance of receiving preventative care and linking them to the necessary services. The program expects the contractors to identify and increase their enrollments and identify the uninsured and under insured individuals, and high risk populations. The contractor should include in the bid their plan for reaching and educating Delawareans.</b>
23.	General	N/A	Is there a Program Website associated with CHAP? If yes, will the Contractor have any responsibilities with regard to the website? <b>Answer: There is a website for the SFL/CHAP program and no the contractor has no responsibility for this website.</b>
24.	Availability of Funds	5	What is the amount of the funds that have been secured for the

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			requested services? <b>Answer: Please see page 10 of the RFP Proposal Requirements. The total funds for the CHAP RFP designated awardees' totals, approximately 565,000.</b>
25.	I.A. Background	7	How many VIP Providers are there? <b>Answer: Approximately 600.</b>
26.	I.A. Background	7	How many Community-Based Health Centers are there? <b>Answer: There are 14 sites in Delaware.</b>
27.	I.A. Background	7	What kinds of providers are the Community-Based Health Centers (e.g. FQHCs, Hospital Clinics, etc.?) <b>Answer: Some are FQHC, hospitals clinics and Community clinics.</b>
28.	I.B. Project Goals	8	This paragraph states that CHAP links uninsured Delawareans “with appropriate financial resources”. Please explain what those are. <b>Answer: The program will link individuals with resources that can assist them with their barriers, to receiving services. Financial resources could be any resource that assists an individual to secure needed services. Reduced prescription programs, Delaware Cancer Treatment Program, SFL /CHAP program, Medicaid, Medicare.</b>
29.	I.B. Project Goals – Section 1.1	9	How are self pay users currently being identified? <b>Answer: They are being identified by CHAP Care Coordinators, Doctors, Hospitals, Nurse Navigators, Case managers, Pharmacists and many other individuals.</b>
30.	I.B. Project Goals – Section 1.2	9	What are the current mechanisms that are being used to screen potential enrollees? <b>Answer: Enrollees must meet eligibility criteria. They must be a Delaware resident, ineligible for Medicaid, and have income between 100% and 250% of the Federal Poverty Level for SFL, and between 100% and 200% of FPL for the CHAP.</b>
31.	I.B. Project Goals – Section 1.2	9	If one exists, would the Department please provide a copy of the screening tool currently in use? <b>Answer; One will be provided with the questions on the website. <a href="http://bidcondocs.delaware.gov/HSS/HSS_12033CHAP_RFP.pdf">http://bidcondocs.delaware.gov/HSS/HSS_12033CHAP_RFP.pdf</a> .</b>
32.	I.B. Project Goals – Section 1.3	9	Other than Medicaid and SCHIP what other income-based assistance programs are available? <b>Answer: The Delaware Cancer Treatment Program.</b>
33.	I.B. Project Goals – Section 2.1	9	Currently, how is the CHAP program notified of those uninsured who present at the ED for non-emergent care? <b>Answer: There is no such coordination in place at this time.</b>

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34.	I.B. Project Goals – Section 2.1	9	How many hospitals are there in the State? <b>Answer; There are 7 hospitals in Delaware.</b>
35.	I.B. Project Goals – Section 2.3	9	The term “Care Coordination” can mean many things to many people. For the purposes of this RFP, please provide the definition of Care Coordination as it pertains to the CHAP Program and the roll of the Contractor. <b>Answer: Please see page 14 in the RFP, Health Promotion Advocate position description describes Care Coordination.</b>
36.	I.B. Project Goals – Section 2.3	9	How is the CHAP program informed of those enrollees diagnosed or at risk for chronic conditions? <b>Answer: Through the intake process.</b>
37.	I.B. Project Goals – Section 3.2	9	Please define what is meant by the term “educational interventions”. <b>Answer: Educational interventions are interventions that educate the client regarding appropriate medical, financial, and other available service.</b>
38.	II. Scope of Services – Section A. 2. B	10	Please confirm that indirect costs are limited to 12% of PAYROLL costs and not 12% of TOTAL direct costs. <b>Answer: Indirect costs are costs directly related to Payroll and are limited to 12%.</b>
39.	II. Scope of Services -- Section A.3.b.	10	Other than DPH, are there other Departments with whom the Contractor will need to collaborate? <b>Answer: The contractors will need to collaborate with the Division of Public Health, other CHAP Care Coordinators, Medical society of Delaware and the VIP Program.</b>
40.	II. Scope of Services -- Section A.3.d.	10	Please provide a list of all systems with which the Contractor must interface and a brief description of their functionalities. Please include all hardware and connectivity/interface requirements. Also, please provide complete file layouts for any data exchanges that will be used during the Project. <b>Answer: The system to interface with is the SFL/CHAP eligibility system and Master Client Index. This is web based so internet connection is required.</b>
41.	II. Scope of Services -- Section A.3.d.	10	Do the systems provided by the Department have the capabilities needed to meet all reporting requirements in the RFP? <b>Answer: Yes</b> If not, what information is not collected in the Department’s systems?
42.	II. Scope of Services – Section A.3.d	10	The last sentence appears to be missing some words – would the Department please clarify? <b>Answer: The section mentioned asks that you identify how the contractors will interface/ (or collaborate) with</b>

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			physicians, hospitals and the VIP program.
43.	II. Scope of Services -- Section A.3.e.	10	The RFP states that administration for the CHAP Program currently lies with the SFL Program. What is the current number of Health Promotion Advocates (HPA) that they employ? <b>Answer: The Division of Public Health SFL program has two Enrolment Specialists, 2 Case managers, and two Billing specialists.</b>
44.	II. Scope of Services – Section A.3.e.	11	This section states that Advocates must attend and participate in at least quarterly meetings organized by DPH. Is it required that all Advocates attend these meetings? <b>Answer: Yes</b>
45.	II. Scope of Services – Section A.4	11	Please clarify what monitoring responsibilities the Contractor will have once the patient is enrolled in a healthcare setting. Are these responsibilities for all patients or only a certain subset (e.g., those at risk for targeted conditions)? <b>Answer: The CHAP Care Coordinator is expected to follow up with patients to make sure there are no barriers to obtaining care. Follow up to make sure the patients have received the serves recommended such as Cancer screenings. Follow up to make sure they have access to treatment if needed.</b>
46.	II. Scope of Services – Section A.6.a.	11	Does the Department have an idea of how many educational activities they would like the Contractor to perform on a monthly basis? <b>Answer: This is for each contractor to decide based on the proposal they submit.</b>
47.	II. Scope of Services – Section B.	11-13	This section provides a number of performance measures the bidders must meet. Would the Department please provide baseline data for each of these measures regarding the current performance for each measure? <b>Answer: There is no base line data due to the program changes and the new integration into the state system. Base line data will be gathered this contract period.</b>
48.	II. Scope of Services -- Section B.1 (FY13)	11	This goal states that 50% of income eligible patients will receive assistance from the HPAs. Please further define what is meant by “receive assistance”. <b>Answer: Please refer to page 14 F.</b>
49.	II. Scope of Services -- Section B.2 (FY13)	11	Please define what is meant by “initial contact” in this section. <b>Answer: Some kind of person to person contact. In person or on the phone.</b>
50.	II. Scope of Services -- Section B.2 (FY13)	11	How is the CHAP program informed of these patients? <b>Answer: These patients mentioned in this section are contacted by the vendor/contractor; in this case a CHAP Care Coordinator in the</b>

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			Hospital. Contact with the CHAP program is initiated by the CHAP Care Coordinator via entering the individual into the CHAP/SFL enrollment system.
51.	II. Scope of Services -- Section B.3 (FY13)	11	How will the Health Promotion Advocate be notified a patient has been referred to him/her? <b>Answer: This should be outlined in your proposal.</b>
52.	II. Scope of Services -- Section B.3 (FY13)	11	Please explain the enrollment process for those eligibles being enrolled in a Medical Assistance Program. <b>Answer: This process is different for each Medical Assistance Program in Delaware without more information I cannot answer this question.</b>
53.	II. Scope of Services -- Section B.6 (FY13)	12	Because 85% of enrolled patients are to be enrolled into SFL that provides screening services for what are usually adult conditions, seems to be a relatively high benchmark if children are included in the mix, are there age limits to the CHAP program? <b>Answer: No as long as the child is not eligible for Medicaid.</b>
54.	II. Scope of Services -- Section B.8 (FY13)	12	This goal states that patients will be provided with information on risk reduction. Please define the type of information and the method(s) (i.e., face-to-face, phone, mail), and the materials to be used for this purpose. <b>Answer: This is information the bidder would propose in the plan.</b>
55.	II. Scope of Services -- Section B.0 (FY13)	12	How will the Contractor be notified that a patient has received preventive and early detection screening? <b>Answer: Follow up services should be outlined in your plan/scope of services.</b>
56.	II. Scope of Services -- Section B.10 (FY13)	12	It is unclear to what the 30% figure in this goal refers. Please explain. <b>Answer: This refers to new patients / enrollments not existing patients already receiving services or renewing their eligibility.</b>
57.	II. Scope of Services -- Section B.10 (FY13)	12	Since this section also mentions patients who are re-enrolled, please clarify whether the CHAP Program has a redetermination requirement. If, so what is the schedule (e.g., every 6 months, yearly, etc.)? <b>Answer: The CHAP program has a rolling yearly re-enrolment/ redetermination for eligibility.</b>
58.	II. Scope of Services -- Section B.11 (FY13)	12	Please explain the survey requirements alluded to in this section. What responsibilities will the Contractor have for administering provider surveys (i.e., sample size, frequency, content, etc) <b>Answer: This should be determined by the provider and addressed in the proposal.</b>

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59.	II. Scope of Services -- Section B.1 (FY14 & 15)	12	Who refers patients to the HPAs? How is this done? <b>Answer: How the bidder navigates the health system and completes outreach will determine how and where referrals come from.</b>
60.	II. Scope of Services -- Section E.2.	14	Please provide a step by step description how the CHAP enrollment process works. <b>Answer: Enrollments are completed via a web based application that CHAP Care Coordinators have access. Successful bidders will be trained on how to use the enrollment system.</b>
61.	II. Scope of Services – Section E. 3.	14	Are the SFL/CHAP systems trainings a requirement for all advocates? Will they be conducted at DPH facilities? <b>Answer: Training is a requirement and the locations will be determined at a later date.</b>
62.	II. Scope of Services -- Section E. 4.	14	Please describe or provide the documentation tools referred to in this section. <b>Answer: These tools are decided at the time of contract negotiation</b>
63.	Principal Accountabilities – Section 1	15	Please describe/identify the “existing mechanisms” currently used to identify the uninsured as it relates to this section. <b>Answer: This is to be determined by the bidder and described in your proposal.</b>
64.	Principal Accountabilities – Section 1	15	How will a Health Promotion Advocate be notified when an enrollee is no longer participating in the program? <b>Answer: The Advocate has access to the enrolment system and can determine if a client is active or not.</b>
65.	Principal Accountabilities – Section 3	15	This section talks about contacting, screening, and counseling patients. Does the State expect that there will be a call center with a toll free number for this project? <b>Answer: No, the contract advocate assists their program clients in this process</b> If yes, what are the hours of operation?
66.	Principal Accountabilities – Section 1	15	Much of the care coordination activities performed by the Contractor will be performed by a primary source of healthcare once the individual is so linked. What are the Contractor’s responsibilities for ongoing care coordination once the enrollee is linked to a primary source of healthcare? <b>Answer: Once the enrollee is linked to services the coordinator continues with follow up to make sure the client receives the services and related screenings. They update the enrollee’s case in the data system and provide any other coordination services.</b>
67.	Principal Accountabilities – Section 1	15	Is there a requirement and/or expectation for any information to be shared back to the PCP regarding the Contractor’s care coordination

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			activities? <b>Answer: There are responsibilities for reporting to DPH and are notated in the Job description on page 14.</b>
68.	Principal Accountabilities – Section 1	15	Are routine mailings involved with the project (e.g., for outreach)? If yes, what is the expected frequency and volume of these mailings? <b>Answer: there are several mailings for enrollee’s but other than that, others are to be determined by the bidder and the program they put in place.</b>
69.	Principal Accountabilities – Section 4	16	Please provide more information about what the Department’s expectations are related to provider outreach. <b>Answer: This is to be described and justified in you proposal.</b>
70.	Principal Accountabilities – Section 4	16	Is the Contractor responsible for enrolling providers in the Program? <b>Answer: Yes</b>
71.	Principal Accountabilities – Section 5	16	Please clarify the Contractor’s role in the enrollment process and the extent of Department involvement. Section 5c indicates that the advocate will enroll patients while 5d indicates the responsibility for making appointments and confirming attendance. Are there steps in the process where non-Contractor staff is involved? <b>Answer: No this is the responsibility of the contractor.</b> If so, what are those steps?
72.	Principal Accountabilities – Section 6.c.	16	Would it be acceptable for the Contractor to retain proof of income and other related records as secure electronically scanned documents, linked directly to each member’s record as opposed to keeping hard copy documents? <b>Answer This approach would be less costly and more secure.</b>
73.	Special Terms and Conditions – Section A. Length of Contract	16	How will the Affordable Care Act affect this project? <b>Answer: We anticipate a portion of the population may not be able to obtain health insurance as prescribed under the Affordable Care Act. We will address this more thoroughly through the Contract that will run through the 07/01/2013 – 06/30/2014.</b>
74.	I. Required Reporting	19	The usage report (Appendix H) appears to be an accounting of the Contractors incurred expenses. Is this correct? Will the Contractor be paid a fixed monthly fee for this project and, if so, what are the reasons for this required accounting? <b>This form is an “accounting” of the Contractor’s expenses billed to DPH during the period. It has not been</b>

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			determined at this point how a contractor will be paid. The State wants to know how much is being spent on services provided by this contract.
75.	IV Format of the Response, D.	20	In addition to financial information and organizational charts, may bidders also identify other proprietary information as confidential and supply the Department with a redacted proposal response with confidential/trade secret information “blacked out” for public-record request purposes? This will allow potential bidders to provide the Department with the most detailed responses possible. As stated I Section VI.A. of the RFP, a bidder may submit one set of up to 3 CDs, each labeled Corporate Confidential Information. These CDs are to contain any information deemed by the bidder as confidential. If this information is deemed confidential at the time of submission, it is not subject to FOIA requests.
76.	V Format of the Response, F.	21	Is the bidder to only provide names and contact information for reference purposes, or is the bidder to provide names, contact information, and a letter of reference supplied by each entity serving as a reference? ? If a bidder wishes to supply a letter of reference, you may but it is not required.
77.	V Format of the Response, F.	21	If bidders are to provide a letter of reference, may the letter be sent directly to the Department and not included as part of our proposal? Some of our references have a policy that letters of reference can only be provided to the requestor and cannot be provided to Contractors for purposes of inclusion in a proposal. Letters of Reference should be included as part of the proposal.
78.	V. Budget	22	Should the budget be submitted as part of the technical response or should it be separately sealed? The budget should be submitted on the CD along with the technical response. No need for it to be separately sealed.
79.	V. Budget	22	Does the budget requirement for each contract year apply for potential renewal years, which would entail submitting five annual budgets? Yes.
80.	V. Budget	22	Please explain further the requirement that the bidder suggest a payment schedule contingent upon completion of the various tasks. Does this mean that the Contractor will not be paid a fixed monthly price for services? If the requirement is for task-based pricing, please

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			specify the exact tasks that payments should be tied to. <b>It has not been determined at this time how the contractor will be paid. We are looking for the bidder to propose what they feel is their best solution to provide the services we are seeking.</b>
81.	VI. A. Number of copies required	22	The RFP specifies that audit and financial information be separately provided, but does not specifically request any of this information. Should the bidder provide this information with their response? If so, what is required and where in their proposal is the bidder to include it? <b>This information is not required. However, if the bidder feels this information will add to their proposal, they may submit it. If it is submitted, this information should be included on the CD marked Corporate Confidential and referred to where necessary in the proposal.</b>
82.	VI. A. Number of copies required	22	The RFP requests that “All CD files shall be in PDF <u>and</u> Microsoft Word formats.” May bidders submit proposals in only searchable PDF and not also provide a corresponding and identical copy in Microsoft Word? Answer: <b>We would prefer that both file types are submitted. This is for your protection. If so some reason we can not open one of the file types, hopefully we can open the other and not have to reject your bid because it is unreadable.</b>
83.	IV. C. Opening of Proposals	23	How does the vendor access the public log of vendors who submitted a proposal? Answer <b>The Public Bid Opening Record is posted, within two days of the bid opening, to the State RFP website as part of the information available for each RFP.</b>
84.	Appendices A. and B. Budget info	31-36	Should the budgets be prepared on an annual basis with a start date of operations of November 1 <sup>st</sup> ? Answer: <b>Yes for budget year 1, Year 2 will be July 1, 2013 through June 30<sup>th</sup> 2014.</b>
85.	Appendices A. and B. Budget info	31-36	Is the Contractor permitted to bill for implementation costs incurred prior to November 1 <sup>st</sup> and, if so, where should the associated price be included? <b>The contractor is not permitted to bill for costs incurred prior to the start date of the contract.</b>
86.	Appendices A. and B. Budget info	31-36	Will the successful bidder be paid a monthly price based upon the amount submitted in this section and should for-profit entities provide fully loaded prices for each category? <b>It has not been determined how</b>

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			the contractor will be paid. Bidders should provide the costs the bidder will expect to be compensated for by providing the services.
87.	Proposal Requirements	10	Salaries are not to exceed \$32,000, is that with Benefits and Admin Costs on top of that? <b>Answer: The Salary is \$32,000, plus the fringe benefits.</b>
88.			Can you apply for multiple advocates? <b>Answer: Yes and each salary is capped at 32,000.</b>
89.			How many contracts will be awarded? <b>Answer: It depends on how many we receive but there will be more than one.</b>
90.			Do we hire the advocate? <b>Answer: Yes the contractors will hire their own Advocate it is your employee.</b>
91.			Is the VIP an advocate? <b>Answer, No the previous VIP program at Medical Society of Delaware worked under this RFP but this year it is not part of this RFP. VIP assists with finding medical homes for clients that do not have them.</b>
92.			Can you elaborate about the Medical Society of Delaware? <b>Answer: The Medical Society of Delaware has a contract for the VIP program. The CHAP program would not exist without the VIP part of the process. Medical Society of Delaware will do the outreach for recruitment and retention of the VIP participants.</b>
93.		10	Educational activities, we were told to scale this back, should we? We do not plan on scaling it back please address the educational activities, in- reach and out-reach that you are proposing in your plan.
94.			What about one on one training? <b>Answer: You can provide one on one training with your clients regarding specific medical conditions.</b>
95.			Do sub contractors need approval prior to proposal submission? <b>Answer: No, but they must named and integrate in your proposal.</b>
96.			If we already submitted questions do we need to resubmit them? <b>Answer: No, they will be included with all questions and answers and placed on the website.</b>
97.			If a possible bidder chooses not to bid can they still be given view only access to the CHAP database? <b>Answer: Yes</b>

