



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: November 5, 2013

HSS 13 051

FAMILY PLANNING SERVICES (TITLE X)

FOR

DIVISION OF PUBLIC HEALTH

Date Due: December 17, 2013
11:00AM

ADDENDUM #2

Please Note:

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

Responses to questions discussed at the pre-bid meeting on November
5, 2013 are attached.

Kieran Mohammed
PROCUREMENT ADMINISTRATOR
(302) 255-9291

William Ingram
(302) 744-4706

Title X, Family Planning RFP Pre-Bid Meeting
RFP Number HSS 13 051
Question and Answer Sheet
Herman Holloway Campus
November 5, 2013

1. Q: In the past, the RFP was submitted as a paper copy, now it is asked to be submitted on a CD. Do the same formatting rules apply?

A. Yes

2. Q: Are organizations still required to provide a 5 year budget as they were in 2008?

A. Yes

3. Q: What is the procedure for delivery?

A. It is the responsibility of the bidder to ensure that the proposal has been received by the department of Health and Social Services by the deadline. All proposals must have the RFP Number **(HSS 13 051)** on the outside envelope. If this number is omitted your proposal will immediately be rejected. All submissions must be delivered to the address below:

PROCUREMENT ADMINISTRATOR
DELAWARE HEALTH AND SOCIAL SERVICES
PROCUREMENT BRANCH
MAIN ADMIN BLD, SULLIVAN STREET
2ND FLOOR –ROOM #257
1901 NORTH DUPONT HIGHWAY
HERMAN M. HOLLOWAY SR. HEALTH AND
SOCIAL SERVICES CAMPUS
NEW CASTLE, DELAWARE 19720
PHONE:(302) 255-9290

Once an organization's proposal is received at the front desk, the receptionist will call upstairs and someone will come downstairs to retrieve it.

4. Q: Is a receipt of delivery provided?

A. Yes, one will be provided if requested.

5. Q: Are there any word documents that may be automatically filled; we do not have a typewriter?
- A. No, there are no automatically fillable documents. Documents may be hand written, but please ensure they are legible.
6. Q: What is the purpose of Corporate Confidential CDs? What should be included on them?
- A. Corporate Confidential CDs tend to include confidential information. Confidential information is information that will not be included in the Freedom of Information Act (FOIA) report, if requested. This information consists of, but is not limited to employee resumes, employee social security numbers, and organization's audit information. Please make sure to label these CDs as "Corporate Confidential."
7. Q: Was FOIA active in 2008? Can information that was submitted in 2008 be requested by anyone?
- A. Yes
8. Q: Is there anything significantly new from the last RFP process?
- A. Yes, the inclusion of Electronic Medical Records. It is an expectation that bidding agencies either has a working sustainable EHR system or are working on procuring one. Please include in your description, what stage of the EHR system implementation you are currently in. The Centers for Medicare & Medicaid Services (CMS) currently has an incentive program that provides financial incentives for the "meaningful use" of certified EHR technology to improve patient care. To receive an EHR incentive payment, providers have to show that they are "meaningfully using" their EHRs by meeting thresholds for a number of objectives. CMS has established the objectives for "meaningful use" that eligible professionals, eligible hospitals, and critical access hospitals (CAHs) must meet in order to receive an incentive payment.
9. Q: In the previous RFP, bidders were asked to include a census. I did not see one asked for this time. Is a census report still necessary?
- A. Yes
10. Q: There are organizations that are in the process of developing an electronic medical record system. Are there any fields that should be included for data collection and submission of the Family Planning Annual Report (FPAR)?

- A. Yes, for the most part, previously requested FPAR data has and will remain the same. The Office of Population Affairs (OPA) is in the process of revising the FPAR tables. When posting the answer to this question, I will include a draft list of the data that is being sought and indicate which categories are new.

Table Number	Captured data	Status
Table 1	Unduplicated Number of Family Planning Users by Age and (Biological) Sex	No Change Proposed
Table 2	Unduplicated Number of Female Family Planning Users by Race and Ethnicity	No Change Proposed
Table 3	Unduplicated Number of Male Family Planning Users by Race and Ethnicity	No Change Proposed
Table 4	Unduplicated Number of Family Planning Users by Sex and Income Level	Revised
Table 5A	Unduplicated Number of Female Family Planning Users by Income Level and Insurance Status	Revised- Income crosstab for Females
Table 5B	Unduplicated Number of Male Family Planning Users by Income Level and Insurance Status	Revised- Income crosstab for Males
Usual Source of Care Table	Unduplicated Number of Family Planning Users with a Usual or Regular Source of Medical Care	NEW
Table 6	Unduplicated Number of Family Planning Users by English Proficiency Status	Revised- Special Population: Limited English Proficient (LEP)
Childbearing Intentions Table	Unduplicated Number of Family Planning by Future Childbearing Intentions	NEW
Table 7A	Unduplicated Number of Female Family Planning Users by Primary Method and Age	Revised
Table 7B	Unduplicated Number of Female Family Planning Users that Use Male or Female Condoms in addition to a Contraceptive	NEW
Table 8	Unduplicated Number of Male Family Planning Users by Primary Method and Age	Revised

Table 9	Unduplicated Number of Female Users that Obtained a Pap Test During the Reporting Period and in the Past Three Years	Revised
Table 10	Unduplicated Number of Female Users that Obtained a Clinical Breast Exam during the Reporting Period and in the Past Three Years	Revised
Table 11	Unduplicated Number of Family Planning Users Tested, Treated, and Re-Tested for Chlamydia (CT) Infection, by Age and Sex	Revised
GC Table	Unduplicated Number of Family Planning Users Tested, Treated, and Re-Tested for Gonorrhea, by Age and Sex	NEW
HIV Testing Table	Unduplicated Number of Family Planning Users Tested for HIV and that Tested Positive for HIV and were Referred for Care, by Sex	NEW
Preconception and Preventive Health Care Table–Blood Pressure	Unduplicated Number of Family Planning Users by Blood Pressure Status	NEW
Preconception and Preventive Health Care Table – Body Mass Index	Unduplicated Number of Family Planning Users by Weight Status	NEW
Preconception and Preventive Health Care Table – Tobacco Use	Unduplicated Number of Family Planning Users by Tobacco Use Status	NEW
Table 13A	Clinician Staffing by Type	Revised
Table 13B	Family Planning Encounters by Type	Revised
Table 14	Revenue Report	Revised

11. Q: Should a 5 year budget be included in each organizations bid?

A. Yes

12. Q: Can the budget be based on the organizations financial year?

A. Yes

13. Q: What is this "Monthly Usage Budget" that is being requested; is it new?
- A. It is a relatively new requirement that was not requested during the last RFP process but has been in existence for at least three years. It is a mandatory State Office of Management and Budget (OMB) requirement. The "Monthly Usage Budget" form that was presented during the meeting and included in the RFP gives OMB a clear presentation of how monies are being spent, and is used for aiding in transparency.
14. Q: The consent forms that are included in RFP Number (HSS 13 051), are they only samples? Can each organization develop its own?
- A. Yes, they are only samples.
- B. Yes, each organization can develop its own.
15. Q: Can the RFP be delivered in person?
- A. Yes, just ensure that all proposals have the RFP Number **(HSS 13 051)** on the outside envelope. If this number is omitted your proposal will immediately be rejected. All submissions must be delivered to the address below. RFP Packages must be delivered to

PROCUREMENT ADMINISTRATOR
DELAWARE HEALTH AND SOCIAL SERVICES
PROCUREMENT BRANCH
MAIN ADMIN BLD, SULLIVAN STREET
2ND FLOOR –ROOM #257
1901 NORTH DUPONT HIGHWAY
HERMAN M. HOLLOWAY SR. HEALTH AND
SOCIAL SERVICES CAMPUS
NEW CASTLE, DELAWARE 19720
PHONE:(302) 255-9290

Please make sure it is upstairs in the procurement office by the deadline, not at the front desk. Everyone entering the building must now be escorted to the procurement office, so allot for that time also.

16. Q: How much funding can we request?
- A. Awards are based on unduplicated client counts. Providers are reimbursed a predetermined reimbursement rate based on the number of clients that are serviced. Until another cost analysis is done, the following rates apply. (The amount awarded to each contract provider at the beginning of each contract year is *usually* determined by past Title X client activity.)

Current reimbursement rates:

Client Type	Reimbursement Rate
• Unduplicated adolescent female clients (\leq 19 years old)	\$90.00
• Unduplicated adult females ($>$ 19 years old)	\$90.00
• Males	\$45.00

17. Q: Is there reimbursement for Long Acting Reversible Contraception (LARCS) methods and are there separate reimbursement rates for administration and removal of these LARCS?

A. Yes, there are reimbursement rates for LARCS. The following reflects current reimbursement rates and may be subject to future cost analysis. Adjustment of invoices where an uninsured client with income at, or below 250% FPL can be made and are included in the table below.

Current reimbursement rates:

LARC	Service Provided	Reimbursement Rate
IUD	Insertion year	\$275.00
	Year 2	\$275.00
	Removal year*	\$275.00
	Method switch to IUD during same year**	\$185.00 where \$90 has been invoiced during that year
	Switching from Nexplanon to IUD	\$0.00 Where \$335 has been invoiced during that year
Hormonal Implant	Insertion year	\$335
	Subsequent years	\$70
	Removal year	\$105
	Removal and Reinsertion (same visit)	\$335
	Method switch to Nexplanon	\$245 where \$90 has been invoiced (not IUD)
	Method switch to Nexplanon	\$60 where \$275 has been invoiced

* If IUD removal occurs during year one or two and provider has already been reimbursed \$275 for IUD insertion or visit, then \$275 cannot be invoiced again.