



*Delaware Health  
And Social Services*

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**DIVISION OF MANAGEMENT SERVICES**

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PROCUREMENT

DATE: November 12, 2015

HSS-15-046

Emergency Response Systems

for

Division of Services for Aging & Adults with Physical Disabilities

Date Due: December 16, 2015

By 11:00AM Local Time

ADDENDUM # 1 – Questions & Answers

**PLEASE NOTE:**

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

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Kieran Mohammed  
Procurement Administrator

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Franklin Jones  
Division Contact

Emergency Response Systems (ERS) – HSS-15-046  
Questions & Answers

1. Is the emergency response system (ERS) service provided statewide?  
Yes, the service must be available statewide.
2. Is there going to be only one provider that is awarded the contract? If not, how many providers will be chosen?  
This is yet to be determined, however historically the Division has chosen two (2) ERS providers for statewide coverage.
3. How many clients currently have ERS?  
As of 10/8/2015, there were 525 ERS clients statewide in Delaware. Most of this total resides in Delaware's New Castle and Sussex counties.
4. Who are the current provider(s) for the PERS? What are their prices for the monthly monitoring and for the installation? Do they charge for any other fees?  
To provide the names of the current contracted ERS providers would require a Freedom of Information Act (FOIA) request. This can be submitted at the following link:  
[http://dhss.delaware.gov/main/mailforms/dhss\\_foiaform.aspx](http://dhss.delaware.gov/main/mailforms/dhss_foiaform.aspx)  
As for rates, Delaware is currently paying an average of \$24 per month, per client for monthly monitoring ERS service as detailed in the program service specifications. No other fees are currently charged.
5. Can you provide Kieran Mohammed's e-mail address?  
[kieran.mohammed@state.de.us](mailto:kieran.mohammed@state.de.us)
6. Can providers bill for lost or broken equipment?  
Per 6.11 of the Program Service Specifications (Attachment B of RFP HSS-15-046), the provider may bill the client for lost or damaged equipment.
7. What languages would a provider expect from the clients?  
Providers should expect predominantly English and Spanish speaking clients; however there are currently a large population of Russian and Mandarin speaking clients within Delaware. In an event where the provider is unable to communicate with the client, they would contact the assigned DSAAPD Case Manager for clarification or assistance.
8. Can providers get a copy of a Service Referral Form (SRF)?  
It has been to this Addendum as Attachment A
9. Per page 19, Section S requires Delaware Sex Offenders Central Registry background checks for "vulnerable populations". Does DSAAPD consider the ERS service clients a "vulnerable population"?  
Yes, ERS service participants are considered a vulnerable population and thus Delaware Sex Offender background checks are required for this service. Vendors must conduct a Delaware Sex Offender Central Registry background check on all employees who will come into contact with ERS service participants by checking the following online registry: <https://desexoffender.dsp.delaware.gov/SexOffenderPublic/>

10. On Attachment 2 (Non-Collusion Statement), what is the Company Classification referring to?  
If your business has applied and been granted any of the four (4) types listed on the document, please circle the appropriate Yes/No.
11. On Attachment 2 (Non-Collusion Statement), it requests the State of Delaware License Number.  
This would be the State of Delaware business license number. If your agency does not currently have a license, you can mark "will initiate upon award".
12. Does the division inventory equipment on-site?  
No, the provider would hold all equipment until installation.
13. The Service Specifications speak to a Monthly Equipment Rental (section 3.1.1 of Appendix B). Can provider offer a pro-rated rate if the client starts or ends mid-month?  
Yes, please detail any pro-rated rates or the opportunity of pro-rated rates within your Budget Proposal section.
14. Under program staffing (page 10), it states "resumes of professional must be included". Can you clarify which staff would need resumes included?  
Professional staff would be detailed on your agency organizational chart with program oversight duties, not front line administration or installers.
15. Under 6.12, providers must inform DSAAPD of various changes to the client. Does DSAAPD inform the providers if any of those happen?  
Yes, the client's Case Manager will contact the provider if they know of changes to the client status concerning the client's active ERS service.
16. Page 21, Section aa, #2, it states "all material and equipment offered shall be new and unused". Does this mean that this is in effect for the ERS service?  
No, this section is part of a Department boilerplate, and DSAAPD allows ERS units to be re-allocated to clients with the assurance that the ERS equipment is clean and in good working order.
17. How do case managers track usage of the ERS service?  
The DSAAPD Case Managers perform both home visits and follow-up calls at which time they explain to the client of the importance of the ERS system. If a provider realizes that a client is not using the ERS service properly, they should contact the client's case manager to intervene in the situation.
18. Under 1.2 of the Service Specifications (Appendix B) it states: It is only operable within a limited range". Is this a requirement?  
No, and this will be removed from the Service Specifications. The revised Service Specifications will become Addendum #2 to this RFP and posted as such on the Delaware bid website.

**Attachment A: *Service Referral Form (SRF)***

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DELAWARE HEALTH AND SOCIAL SERVICES

Division of Services for Aging and Adults with Physical Disabilities

Division of Services for Aging and Adults with Physical Disabilities (DSAAPD)
Service Referral Form

Action
Transmittal to (agency name): Effective Date: mm/dd/yy
Purchase/Authorization Modification (see notes) Termination

Table with 3 columns: Service, Authorized Unit/Frequency, Comments. Rows include Adult Foster Care, Attendant Services, Emergency Response, Home Delivered Meals, Personal Care, Money Management, Respite, and Community Living Services.

Funding Source
Title 3-E Title 3-B SSBG State Other

Contribution
Requested Participant Contribution: \$ Hourly Weekly Monthly NA

Participant Information
Participant Name:
Participant MCI Number: Participant DOB:
Participant Phone Number:
Participant Address:

Notes

DSAAPD Contact Information
DSAAPD Case Manager: DSAAPD Phone No.: 1-800-223-9074
256 Chapman Road, Oxford Bldg., Suite 200, Newark, DE 19702; Fax:(302) 391-3501
18 North Walnut Street, Milford, DE 19963; Fax: (302) 422-1346
100 Sunnyside Road, Smyrna, DE 19977 Fax (302) 223-1301

Agency Representative: Please complete and return to the above DSAAPD office.
The participant has been enrolled effective (date):
The participant has not been accepted for the authorized service for the following reason(s):
Agency Representative:
Agency Representative Phone #:

REV. 10-8-15