



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: June 2, 2016

HSS 16 010

DELAWARE CONSOLIDATED CANNABIS CONTROL SYSTEM (DEC3S)
FOR
DIVISION OF PUBLIC HEALTH

Date Due: July 14, 2016
11:00AM

ADDENDUM # 2

Please Note:

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

Responses to questions received and addressed at the pre-bid meeting
June 2, 2016.

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Delaware Consolidated Cannabis Control System (DEC3S)

Questions & Answers

RFP #HSS 16 010

June 2, 2016

1. Can DHHS projections for the size and growth of the patient population? If yes, please provide the analysis. Additionally, how many Patient licenses have currently been issued and how many physicians and caregivers are registered to participate in the State?

Answer: There are approximately 1550 card holders, the program grows at about 115 patients per month with about 55 renewing patients per month. Physicians do not have to register with the Delaware program, they must be a Delaware licensed physician (MD or DO). There are 67 caregivers in the program, that number grows modestly at two or three per month.

2. We assume OMM is currently printing the identification cards, if not what department is?

Answer: Yes, the Office of Medical Marijuana prints the cards.

3. C. Scope of Services, Section 1.4.1 - Without the need for undue detail, can the state provide a short list of reports that would be considered established common reports?

Answer:

Patient Information:

Total state wide population of patients with demographics and county of residence;
Patient purchase profiles, (What was purchased when, where, how much purchased/spent)

Inventory Information:

Compassion center inventory tracking (seed to sale tracking) (strains, harvest dates, wet weights, dry weights, flower weights, shake weight) (destruction/waste reports) Sales data by product type; price and saleable inventory data; large purchase data Discounted and donated product reports; Transportation/delivery information Accounting reports

State Wide Aggregate Information:

Totals of products purchased throughout the state (by product type and by strain)

4. C. Scope of Services, Section 1.4.2 - There is mention of the Excel spreadsheet that serves as the current system. Does the State expect the current data in the Excel spreadsheet to be converted into the Dec3S system as part of this project?

Answer: If a clean conversion is possible, yes. If not possible the State will archive old data and start with new.

5. C. Scope of Services, Section 1.4.4 - Will the system be expected to interface with professional regulations license verification tool to verify active medical licenses of certifying physicians”?

Answer: Yes, if possible.

6. C. Scope of Services, Section 1.4.5 - Will the project team have access to the ID card printers that are currently in use? Is there an expectation that the State will replace these printers? Has the State picked the printers already?

Answer: OMM is interested in the bidder's suggestions on printers that work properly with selected software.

7. C. Scope of Services, Section 1.4.6 (last) - The Dec3S system will integrate with the seed-to-sale systems at that compassion centers and safety compliance facilities. Is there a documented interface for these systems? Can the State provide more details about the systems in use at these centers?

Answer: The current Compassion Center uses Biotrack-THC. The other centers have not been selected.

8. C. Scope of Services, Section 1.5.1 - Has the State already implemented the secure camera system with which Dec3S needs to interface? What technology does the State use? Is there a documented interface to this system?

Answer: The compassion center security monitoring will be done independent of this software package. The DEC3S will need to process and store patient ID pictures with the card data.

9. C. Scope of Services, Section 2.5.2 - What kind of data does the State expect to pull in from the compassion center systems? Will the compassion centers be expected to submit data in a pre-described format to Dec3S or will Dec3S be required to obtain this data directly from the compassion center systems?

Answer: The State wants a near real time information exchange to monitor patient purchases to prevent a patient from exceeding purchasing limits using multiple compassion centers.

10. C. Scope of Services, Section 2.5.2 - What expectations does the state have for point-of-sale functionality connecting to the new system? Will the new system need to maintain historical POS data in support of financial functions or interface to an accounting system?

Answer: Both, the State will need POS historical data and access to each Center's accounting data.

11. C. Scope of Services, Section 4a.5.1 - How is the physician involved in the application process in the current workflow?

Answer: Physician currently provides a written certification; the State is interested in technical solution options that can maximize productivity.

12. C. Scope of Services, Section 4d.6.1 - How will law enforcement officers register for access to the system?

Answer: Law Enforcement will not have access to DEC3S. Law Enforcement will continue to use DELJIS.

13. C. Scope of Services, Section 4e.6.1 - What data will be pulled from DELJIS or pushed to DELJIS? Is there an interface or manual process for obtaining this data currently?

Answer: OMM investigators are currently the interface with DELJIS. The State would like to push data to DELJIS to populate the cardholder information in DELJIS.

14. C. Scope of Services, Section 4h.7.1 - Is there a particular type of electronic signature required for the application?

Answer: The State is interested in using electronic signatures for MD certifications and approval chains.

15. Page 4, C. Scope of Services - Another current system that DEC3S could replace is a proprietary software system marketed by IDenticard™, called PremiSys™, that OMM uses to print the program identification cards for patients, caregivers, and compassion center agents. Will the PremiSys system for printing program identification cards be replaced?

Answer: Yes, the goal is to replace current card issuing system.

16. Page 5, C. Scope of Services - In addition to computer access to facility data, DEC3S will interface with a secure camera system that will allow video monitoring of the facilities by OMM staff. There is a currently established video monitoring system with the existing compassion center. Is this expected at only one Compassion center? We are assuming the camera system will be required at all compassion centers. Please clarify?

Answer: There is a secure video monitoring system currently in place for the one compassion center.

17. Page 6, C. Scope of Services - "Data Requirements: Applicant data – fields; Compassion Center grow data; Facility employees; System Users" - What exactly is expected from the Data requirements? Please elaborate, so that we can respond appropriately to these data requirements in our response.

Answer: We would like to see the data collected related to those areas.

18. Page 6, C. Scope of Services - "Performance Requirements: Ability to have multiple users logged concurrently" - How many concurrent users is the State expecting to be logged into the system?

Answer: From the State offices, 10 or less. If the compassion centers will require a log-in to connect, that is an additional number.

19. Page 6, 4. Requirements - Possible interface with DELJIS or data transfer to DELJIS. By interfacing with DELJIS, we would expect a response from the DELJIS system. Does the system provide capability to respond in a success/failure format?

Answer: That would be a question for DELJIS.

20. Page 7, 4. Requirements - All data downloadable to Excel and/or csv file - We're expecting only report data to be exported to Excel / CSV. Is our assumption correct?

Answer: The option of downloading to PDF is desirable.

21. Other Questions - Is there an expectation to manage the production of marijuana in the system at the Compassion center?

Answer: Manage the production, no. The State is interested in monitoring the production through individual bar code information on each plant and the weights of those plants.

22. Other Questions - What would be the typical workflow expectation from the Inventory and sales system?

Answer: When the compassion center updates their inventory software, the State system would be updated.

23. Other Questions - Is there any expectation from the inventory management system to capture patient data and if so does it have to be HIPAA compliant?

Answer: Yes, this system should track patients, caregivers, agents (employees) pediatric patients and responsible parties (pediatric patient's caregivers).

24. Page 67 – 4.4.2 – Are the diagrams and other trade secrets that are submitted as part of this RFP public record?

Answer: Please refer to Section B.11, pp 13-14, Confidentiality of Documents of this RFP for procedures to identify confidential information.

25. Page 67 – 4.4.2 – What marking convention should be used to protect proprietary documentation and trade secrets?

Answer: Please refer to Section B.11, pp 13-14, Confidentiality of Documents of this RFP for procedures to identify confidential information.

26. What specific data is required to be protected under HIPAA?

Answer: Data that would be defined by HIPAA as protected information.

27. Page 26 – Section J – Penalties – Will the State please confirm the maximum financial extent of the penalty?

Answer: The extent of penalties, if any, included in the final contract are not known at this time.

28. Page 26 – Section K -1 –Paragraph 2 – Will the State consider extending the Vendors written response period from five (5) days to thirty (30)?

Answer: No. The way this clause is written it says at least 5 days so it could be more than that.

29. Page 26 – Section K – 2 – In the event of termination for convenience will the Vendor expect to recover their consequential damages?

Answer: Per the cited section, Section IV.D.7.k.2, "...the Vendor shall be entitled to receive compensation for any satisfactory work completed on such documents and other materials, and which is usable to the State".

30. What is the anticipated size of the program?

Answer: The program estimates the upper limit of 4,500 to 4,700.

31. What is the implementation timeline?

Answer: The goal is to become operational when the new Compassion Centers open in late 2016 or early 2017.

32. How many Compassion Centers will be in the state?

Answer: There will be the initial 3 for a little while, until the patient population expands to the point where an additional center is required.

33. What is the renewal process for patients?

Answer: Renewals are very similar to the initial card application process, but take less time. Each patient will fill out the application and have a Physician certify the medical condition. Once submitted with all supporting documentation it will be reviewed and processed. The patient will maintain the same card number, but have the card re-issued with a new expiration date.

34. Who actually receives a card?

Answer:

There are several categories of cardholders:

Patients

Pediatric Patients (must be distinctive—currently has a yellow banner across card)

Responsible Parties (Caregiver for Pediatric Patient--up to 2 per pediatric patient)

Caregivers

Agents (Compassion Center and testing Center employees and Security Guards)

DPH Program Staff

35. What is Deljis

Answer: Delaware Justice Information System (Consolidated system used by Law Enforcement)

36. Can a patient get a card without actually coming into the office?

Answer: Currently the program has limited ability to issue a card for homebound patients. After a discussion with a Legislator, the program was asked to look for options to issue cards without a patient coming into the office.

37. Are you looking at reducing the amount of paper correspondence?

Answer: That is a desirable goal, currently all applications are paper and filed that way. The program would like the ability to receive applications electronically and forward them for the approval process.

However the program recognizes that many of our current patients do not have access to a computer or lack the basic skills to operate a computer application.

38. What are the sources of photos and what is the format?

Answer: When pulled from DELJIS, the pictures are in PNG format. The program camera and Identicard software use JPEG.

39. What other agencies will this system interface with?

Answer:

The Program references the Profession Regulations webpage to validate physician's licenses

The Program manually enters ID card data into DELJIS

May need to interface with the DHSS "Master Client Index" (MCI)

May need to interface with DHSS Vital Statistics death records

40. Do you want the compassion center to be compatible with this new system?

Answer: The Compassion Centers will need to be compatible and have the ability to push patient purchase data, inventory data and seed to sale tracking data to the State System. The Compassion Centers will also receive updated patient information from the State through the system.

41. Have you awarded contracts for the new compassion centers?

Answer: Currently First State Compassion Center is the only center under contract; it was signed on August 11, 2014 and is up for renewal. The Compassion Centers associated with RFP HSS 16 003 will be selected in June and contracts should be signed before the end of August.

42. When do you anticipate opening the new compassion centers?

Answer: Compassion Centers selected under HHS 16-003 will open in late 2016 or early 2017 depending on which bidder is selected.

43. Will the system be used to print new employee cards?

Answer: Yes, if possible. Also the DPH Program Staff cards.

44. What type of cards will be issued?

Answer:

There are several categories of cardholders:

- a. Patients
- b. Pediatric Patients (must be distinctive—currently has a yellow banner across card)
- c. Responsible Parties (Caregiver for Pediatric Patient--up to 2 per pediatric patient)
- d. Caregivers

- e. Agents (Compassion Center and testing Center employees and Security Guards)
- f. DPH Program Staff

The Program currently uses an Identocard system, but is interested in a comprehensive IT solution that would receive and store cardholder information and recall it to print cards that are difficult to counterfeit.

45. How many physicians are in the program?

Answer: There are currently 257 physicians who have certified patients. Physicians do not need to be "registered" with the program, any licensed physician in Delaware can certify patients for medical marijuana. Pediatric patients must have a pediatric specialist certify conditions.

46. Can patients see what physicians actually signed applications?

Answer: Currently the patient turns the physician certification in with their application, so they are able to see what it says. If the State goes to a paperless system, that aspect may change.

47. Would you want the new system to provide video surveillance?

Answer: That would not be an important aspect of the project, as the State has the authority and ability to monitor all video feeds already.

48. How would you like to have the proposals/fees submitted. Separate proposal for cloud based and on site?

Answer: The bidders should submit only one proposal per bidder. If they want to suggest more than one way to propose a solution, it should be in the same proposal but clearly distinguished from each other. The Program is very concerned about costs; the Program would like to see which is the most cost effective way to implement the system in the long term.

49. Will you have a state team maintaining the system over time?

Answer: That would depend of where it was hosted and the software licensing agreements. The program would be interested in cost effective ideas to maintain the system beyond the normal 3 year timeframe.

50. Is there any legislation/regulations up in the air that would affect these proposals

Answer: Not that the Program is aware of at this time. The software system needs to be flexible so minor changes in qualifying conditions or length of time a card is valid can be modified by the Program Staff.

51. Does the state anticipate reciprocity with any other states?

Answer: Not at this time, if the Federal Government changes its posture on medical marijuana programs later on, that may be revisited.

52. Do you want your current data converted to the new system?

Answer: If the data conversion was very clean and very affordable, as cost is a major factor. If it is not reasonably priced, the Program will use the old spreadsheet until all cardholders are in the new system and archive the old data.

53. How many people would require training on the new system?

Answer: The State would be interested in Super Users who would train other staff. Initially the training would be 8 to 10 Program staff.

54. How many compassion center employees will need training?

Answer: The Compassion Centers would need to answer that question for themselves, it is not known at this time.

55. Where would the training be conducted?

Answer: If the Testing, Safety and Compliance Center is operational, it would be held there. If not, each center would have to host a class for their personnel.

56. Where would the proposal meetings be conducted

Answer: That would be a compassion center decision.

57. Any preference about cloud based vs on site?

Answer: The Program is interested in the most economical solution in the short and long term.

58. Would you like the system to have a training environment like Deljis and also would consider train the trainer for future in house training needs?

Answer: Yes, a test environment and/or training environment would be desirable.

59. What is IAS?

Answer: IAS (Identity Authentication System) was an application that was used by IRM and system managers to approve user access. The new project that IRM is currently working on is Enterprise Identity and Access Management. It creates a work flow when a person requests access to a system that is managed by IRM.

60. System Design Architecture AR-SYSARCH-001 – Is a system developed on the Linux, Apache, MySQL, PHP (LAMP) stack acceptable for hosting the State data center? We are assuming that our system will not be hosted on the mainframe.

Answer: Please see State of Delaware Systems Architecture Standard (instructions above) and DHSS Information Technology Environment Standards http://www.dhss.delaware.gov/dhss/dms/irm/files/dhss_it_environment.pdf for more information.

61. System Design Architecture AR-SYSARCH-001 – Does the bidder need to purchase additional equipment for the data center or will the State provide the necessary equipment?

Answer: This will depend on where the application is hosted. It can be negotiated in the contract. However, if hosted at the BIGGS Data Center then State will have to purchase from preferred vendor.

62. System Design Architecture AR-SYSARCH-001 – Will the State purchase any and all necessary equipment from their contracted sources and seek reimbursement from the bidder? If yes, will a schedule of equipment cost be provided to the bidders prior to submission of the bid?

Answer: This will depend on where the application is hosted. It can be negotiated in the contract. However, if hosted at the BIGGS Data Center then State will have to purchase from preferred vendor.

63. Page 44 – Attachment 11 – Can the department please confirm that the particular goods or services purchased or acquired by DHSS includes, but is limited to, a software license developed solely for use in response to RFP HSS 16 010?

Answer: If the software solution is a vendor hosted solution then software license would be required as well as vendor support services. No other goods would be purchased.

64. Page 31 – Section 3 – Given the nature of the industry and the varying state requirements that ensure that no two systems are alike we request that Production Environment Requirements be waived if the Vendor can adequately demonstrate that the system uses proven components that are built to industry standards and are in use at more than three customers and in production for more than six months?

Answer: This is boilerplate and will not be waived. The vendor needs to show in their proposal that their proposed solution (or a version of proposed solution) has been successfully implemented more than for 3 customers in production for more than six months.

65. Is there a requirement that the system be designed in a responsive manner?

Answer: Not sure what is meant by responsive manner. If referring to a mobile version then not at this time.

66. If applicable can training sessions be held in a web based environment?

Answer: Initial training would be preferred on-site and instructor led. Future trainings may be conducted via web.

67. C. Scope of Services, Section 1.4.3 - Will the application process require a login (username and password) to be established for an applicant that they would then use to later log into the system, or will applications be submitted via public facing component of the new system?

Answer: The on-line application can be public facing. However, application needs to be stored in a "staging/pending" module for program manager to review and process for approval, denial or additional information needed.

68. Page 6, C. Scope of Services - Provide training to system users. Will this training need to be done on-site after System Implementation training?

Answer: On-site training post system implementation may be required depending on any system changes or issues. Separate costs should be included in proposal for on-site training versus web training. Should also define training versus user support.

69. Page 6, 4.Requirements - Any interface between a user and the automated system shall have a maximum response time of 2 seconds. The time taken by any system after a user has requested a report to be generated or bulk data to be processed varies depending on the amount and type of data that needs to be fetched / processed. Therefore, the maximum response time requirement of 2 seconds may not hold true for some user-system interactions of these kinds. Can this requirement be made more specific to exclude such variances?

Answer: Response time of 2 seconds would be expected when using the system to enter data and fetch basic data, for example retrieving a client application.

Longer response time is 5-10 seconds is acceptable when running reports. System should show indicator that data is being retrieve, for example a spinning icon or scrolling status bar.

70. Page 6, 4.Requirements - Interface with Master Client Index system via web services - Could you provide a background/details on the Master Client Index System that would require interface?

Answer: Master Client Index is a unique numeric id that is assigned to a person receiving services from the state. The interface is completed by web services to and from the applications. The application will also need to interface case status of Active/Open, Open Date, Inactive/Close, End date.

71. Other Questions - What type of adhoc reports are expected from the system? Is there a need to have Business Intelligence associated?

Answer: A list of canned reports can be provided at time of contract negotiation. Not sure what is meant by Business Intelligence. User should have the ability to pull data from any data field to generate an adhoc report. Some examples of adhoc requests are number of providers by county, number of applicants in a zip code, list of applicants that received product from a specific plant.

72. Other Questions - To what level does the data captured need to be audited in the inventory system (since there is a mention of the same)?

Answer: Each Compassion Center is responsible to conduct a monthly inventory and a comprehensive inventory every 24 months. The information from those inventories should be available to the State at all times.

73. Other Questions - What would be number of transaction expected on a daily basis (since the response time expected is 2 seconds)?

Answer: That is a difficult number to estimate as the program expects to top out at 4,500 patients, but that will take a few years to reach that level. Patient purchase habits have not been well established as the patient population changes constantly. Safe estimate of 100 to 200 purchases per day.

74. Other Questions - Is there any expectation for a Point of Sale system at the compassion center? If so, does it need to be web enabled (or a thick client application would suffice)?

Answer: Each Compassion Center will be responsible for their own POS system, but it must cleanly interface with this Statewide system. When a patient makes a purchase, the sale information needs to be pushed to the statewide system and patient purchase limits updated so if the patient decides to make an additional purchase from another Compassion Centers, the patient could not purchase more than they are authorized.