



*Delaware Health
And Social Services*

HEALTH CARE COMMISSION

PROCUREMENT

DATE: February 26, 2016

HSS-16-014

**Health Professional Consortium Facilitation and Curriculum Development and
Implementation**

FOR

Department of Health Social Services, Health Care Commission

Date Due: March 18, 2016
11:00AM

ADDENDUM # 1

Please Note:

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

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HSS-16-014
HEALTH PROFESSIONAL CONSORTIUM FACILITATION AND CURRICULUM
DEVELOPMENT AND IMPLEMENTATION

QUESTIONS & ANSWERS

- 1) Does a vendor have to do both part A and B, are those separate bids or is the state only accepting one combined bid?

There are two (2) components within this RFP and bidders may bid on one or both components (see page 6). If a bidder bids on both components, two separate proposals outlining the scope of work and contractor responsibilities for each component are required. Page 24 of the RFP denotes the separate criteria weighting for each component area.

- 2) What is the vision for the health care workforce learning and re-learning curriculum?

A strengthening of workforce competencies is required within the broad areas of care coordination, interdisciplinary teamwork, and the ability to leverage information technology to improve health outcomes while decreasing costs. Delaware aims to address these and other competencies via design and implementation of an evidence-based Health Care Workforce Learning and Re-Learning Curriculum. The new curricula will effectively prepare the existing and emerging health care workforce to practice in Delaware's newly-transformed health care delivery system.

- 3) Who will be the recipients of the training?

Initially, the audience of the curriculum should include any member of the primary care team with primary responsibility for coordinating clinical care. The HCC envisions expansion over time to include other members of the health care team, as well as the potential for the learning components designed for patients (e.g., how to maximize care visits, tips for asking care-based questions, when to seek specialist care). Participation should be available to team members of any practice receiving practice transformation support and be aligned with primary care practice transformation activities as recommended by DCHI.

- 4) What is the connection between Component A – Health Professional Consortium Facilitation, and Component B – Curriculum Development and Implementation?

The purpose of the *Component A* scope of work within this RFP is to establish infrastructure to support the Graduate Health Professional Education Consortium (herein referred to as Consortium). Specifically, this request seeks proposals to facilitate the start-up and governance activities of the Consortium. The Consortium will foster the development or expansion of existing innovative teaching programs that provide interdisciplinary training opportunities, support the principles of team-based care, and foster new service delivery models such as:

- Patient-Centered Care
- Integration of physical and behavioral health services

- Integrated use of health information technology for clinical care and professional development.

The purpose of the *Component B* scope of work within this RFP is to select a bidder to aid in the development and implementation of a learning and re-learning curriculum for Delaware's health care workforce. The new curricula developed by the bidder will prepare the current and emerging health workforce to practice within the Delaware's newly-transformed system of care. The statewide Health Care Workforce Learning and Re-Learning Curriculum will enhance competencies required of Delaware's current and emerging health workforce in the critical areas of care coordination, interdisciplinary teamwork, and efficiency of operational processes.

- 5) Will the Consortium members be required to participate in the training? Will there will be built-in incentives?

No, Consortium members will not be required to participate in the training.

- 6) Would the successful bidder be able to offer the developed curriculum in other states?

All materials and products developed under the executed contract by the successful bidder/vendor are the sole and exclusive property of the State of Delaware. The vendor will seek written permission to use any product(s) created under the contract. Additionally, CMS shall have a royalty-free, nonexclusive and irrevocable license to reproduce, publish, or otherwise use and authorize others to use the items for Federal government purposes.

- 7) Does this scope of work include a train-the-trainer model?

The HCC would be interested in understanding bidder perspectives on what could be helpful/needed under this scope of work. The HCC would consider a train-the-trainer model under *Component B*.

- 8) Would the successful bidder, and the Consortium, report to the Health Care Commission (HCC) or the Delaware Center for Health Innovation (DCHI)?

The successful bidder will report to the HCC. The winning bidder may also be required to submit periodic updates to the DCHI as appropriate and requested by the HCC.

- 9) What is the goal in terms of the percentage of the workforce that is to be reached by this training?

The HCC anticipates working with the bidder to finalize the curriculum by the end of calendar year 2016. The projected goal is 50% of providers will be participating by the end of calendar year 2017 and 75% of providers participating by the end of calendar year 2018.

- 10) Are bidders responsible for evaluating progress against the SIM grant?

The successful bidder will be responsible for providing status reports and progress updates to the HCC, its State-led Evaluator and may be asked to provide similar updates to CMS. The HCC is responsible for reporting progress against the SIM grant to our federal partners at the Center for Medicare and Medicaid Services (CMS).

11) Consortium-specific, pages 6 and 8 of the RFP. Can the State define what it means by Mental/Behavioral Health Service integration?

The HCC will use the definition for mental/behavioral health service integration provided by the DCHI in its consensus paper on the [Integration of Behavioral Health and Primary Care](#). The DCHI broadly defined behavioral health as the state of mental and emotional wellbeing. Behavioral health conditions include mental illness, substance abuse, the impact of stress on chronic illness, and unhealthy behaviors. The full Consensus paper can be viewed at the following link: <http://www.dehealthinnovation.org/Content/Documents/DCHI/DCHI-Consensus-Paper-Behavioral-Health-Primary-Care-Integration.pdf>

12) Should bidders identify in their work plan if the prime contractor or subcontractor is responsible for a certain task and/or deliverable?

Yes, bidders should identify the specific tasks and/or deliverables in their work plan as relative to the primary winning bidder or their subcontractor(s). The primary bidder contracted with the HCC is responsible for the successful completion of any/all work of its subcontractor.

13) Can you provide clarification on the dates for the work plan and budget?

Funding for this project is contingent upon the availability of federal funding. Please see below for a breakdown of the annual federal grant funding periods.

Year 2: February 1, 2016 through January 31, 2017
Year 3: February 1, 2017 through January 31, 2018
Year 4: February 1, 2018 through January 31, 2019

The proposed RFP work plan and budget dates are:

Year 1: April 2016 through January 31, 2017
Year 2: February 1, 2017 through January 31, 2018
Year 3: February 1, 2018 through January 31, 2019

14) Should bidders follow the Federal or State fiscal year calendar when developing their budget?

Bidders should follow to the proposed work plan and budget. The proposed RFP work plan and budget dates are:

Year 1: April 2016 through January 31, 2017
Year 2: February 1, 2017 through January 31, 2018
Year 3: February 1, 2018 through January 31, 2019

15) What is the electronic pricing file mentioned on page 16 of the RFP?

The electronic pricing file mentioned on page 16 of the RFP is the bidder's cost proposal, or proposed budget. The RFP requires this information to be included as a separate file but submitted within the proposal.

16) Should indirect costs be limited to a certain amount of the bidder's proposed budget?

Indirect costs cannot account for more than 10% of a bidder's proposed budget.

17) What is the desired length of the proposal?

The HCC desires that proposals be prepared in a straightforward and concise manner. The HCC's interest is in the quality and responsiveness of the proposal. There is no requirement defining the length of a proposal.

18) Is Attachment 12 – Budget Summary Sheet, an example?

Yes, Attachment 12 – Budget Summary Sheet, is an example. Bidders are not required to submit an identical Budget Summary Sheet in their electronic pricing file.

19) Can the winning bidder(s) rely on the State for meeting space?

The State will work with the winning bidder(s) to supply meeting space; however, consistent use or availability of State meeting space is not guaranteed.