



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: July 18, 2017

HSS-17-026

Health System Transformation Project Facilitation

for

DHSS/Office of the Secretary/Health Care Commission

Date Due: ~~July 28, 2017~~ August 4, 2017
By 11:00 AM Local Time

ADDENDUM #3- Q & A

PLEASE NOTE:

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

Kimberly Jones
Procurement Administrator

Helen Arthur
Director of Planning & Policy

**STATE OF DELAWARE
DELAWARE HEALTH CARE COMMISSION
REQUEST FOR PROPOSALS (RFP)
HSS-17-026
Health System Transformation Project Facilitation**

Proposed Schedule

Public Notice: 6/12/2017

RSVP for Pre-Bid Call: 7/5/2017

Pre-Bid Conference Call: 7/6/2017

Deadline for Questions: 6/26/2017

Response to Questions Posted by: 7/17/2017

Deadline for Receipt of Proposals: 8/4/2017

Estimated Notification of Award: 8/15/2017

DE RFP HHS-17-026 – Health System Transformation Project Facilitation - QUESTIONS

1. Question: I am writing with a question on RFP#HSS-17-026. Are there existing vendors on components A and C? If so, is it permissible to ask who?

Answer: There are no existing vendors for any of the components listed in the above referenced RFP. As indicated on page 4 of HSS-17-026, the state is seeking a firm to assist in overall project management support to the state and to provide specialized expertise in the necessary planning and the design, development and implementation specific health system transformation activities for the state.

2. Question: On behalf of [BIDDER], I wanted to express our intent to bid on the Professional Services for Health System Transformation Project Facilitation and Management Services opportunity. I have registered for the Pre-Bid Conference. Can you please let me know if we can have multiple team members call in? Can you also please confirm that our registration has been received?

Answer: Thank you for your interest in HSS-17-026. Your registration has been received in our system. You may have multiple team members dial in to the call; however, if it is possible to share a conference line that is the preference. We need to ensure there is adequate capacity for other organizations to dial in to the call.

3. Question: the RFP indicates that all questions are to be directed to you as the RFP Designated Contact. I have one time sensitive question, the instructions indicate a potential vendor **must** register for the Pre-bid conference call. [BIDDER] has registered, however there is no confirmation of registration. Given that a potential bidder is disqualified if they do not register, how can we confirm registration to ensure it was received?

Answer: Thank you for your inquiry and interest in this Request for the Proposal. People who register for the meeting using the online survey monkey link should receive an automatic message confirming the registration. Notwithstanding, your registration for the HSS-17-026 Mandatory Pre-bid Conference call has been received in the online survey monkey system. Consider this email your confirmation.

4. **Question:** Thank you for hosting the pre-bid meeting call last week for the Health System Transformation Project Facilitation, HSS17026-HSTPROJECT.

As a small certified women business enterprise in Delaware, we are very interested in teaming with a larger firm as a subcontractor on this work.

However, with close to 70 participants on the call last week it was difficult to catch each of the names and organizations.

Would it be possible, to share the attendee list for the call so we could look at partnering opportunities?

Thank You!

Answer: Thank you for your interest in doing business with the State of Delaware. The Attendance Sheet for HSS17026-HSTPROJECT, Health System Transformation Project Facilitation is available at http://bids.delaware.gov/bids_detail.asp?i=4505&DOT=N

5. **Question** - p. 5 - The Project Manager in Component A is the only identified role. Does the Agency have additional, specific roles or a specific number of vendor resources they are requesting for any of the components?

Answer: No, the HCC would like to understand bidders' perspectives and approaches relative to staffing needs. As noted on page 5, *"The Contractor must provide a Project Manager who will serve as the single point of contact with strong technical skills who can manage a multi-faceted team, including potentially members who may be either employees of the Contractor, or sub-contractors, or even separate Contractors chosen because of particularized expertise in one or more of the Components."*

6. **Question** – p. 9 - Does the Agency have a preference for one EMR vendor/tool to be used by all Behavioral Health providers or integrating multiple EMR solutions?

Answer: No, the HCC has no preference; however, EMR vendor/tool chosen must have interoperable capabilities with the DHIN system.

7. **Question** – p. 10 - Please clarify whether the required minimum offset of 20% for EMR Assistance then allows for a not-to-exceed amount of \$560,000 for vendor services of BHI program facilitation and management.

Answer: \$700,000 total budget for Component B with 20% proposed for EMR assistance means \$140,000 for EMR assistance and \$560,000 for vendor administration of the project.

Bidders should appropriately plan for the following project/budget periods for each component under the project:

Contract Period Year 1: August 15, 2017 through January 31, 2018

Contract Period Year 2: February 1, 2018 through January 31, 2019

Does the Agency have preferences on how to allocate the minimum of 20% reserved for EMR Assistance?

Answer: The HCC has no preference and would be interested in understanding bidder perspectives on what could be helpful/ needed under this Scope of Services.

8. **Question** - P. 12 - Can the Agency clarify as to the funding process and mechanisms for the Local Councils?

Answer: The HCC will enter into a state contract with the winning vendor for the project/Component area. The winning vendor will act as the fiscal agent for funding local councils. The HCC would be interested in understanding bidder perspectives on what the funding process & mechanism may be under this Scope of Services.

9. **Question** - P. 12-13 - Please clarify whether the required minimum offset of 75% for support of Neighborhoods through the mini-grant program then allows for a not-to-exceed amount of \$187,500 for vendor services of Healthy Neighborhoods program management.

Answer: \$750,000 total budget for Component C with 75% proposed for Healthy Neighborhoods means \$562,500 for healthy neighborhoods and \$187,500 for vendor administration of the project.

Bidders should appropriately plan for the following project/budget periods for each component under the project:

Contract Period Year 1: August 15, 2017 through January 31, 2018

Contract Period Year 2: February 1, 2018 through January 31, 2019

10. Does the Agency have preferences on how to allocate the minimum of 75% reserved for support of Neighborhoods through the mini-grant program?

Answer: The HCC has no preference of the structure and would be interested in understanding bidder perspectives on what could be helpful/ needed to accomplish this mini-grant program under this Scope of Services.

11. Question - P. 13 - Where should the proof of business licensure be placed in the proposal response? Should it be included in the Qualifications of Vendor section?

Answer: The HCC will not be prescriptive on how bidders format and present their proposals. The HCC recommends that the bidders approach is clearly defined (e.g. Table of Contents) for the Evaluation Team.

12. Question - P. 13 - Where should the Transmittal Letter be placed?

Answer: The HCC will not be prescriptive on how bidders format and present their proposals. The HCC recommends that the bidders approach is clearly defined (e.g. Table of Contents) for the Evaluation Team.

13. Question - P. 13 - Please clarify the placement of the attachments in the proposal response. If a specific section references an attachment (example: Section 5 mentions Attachment 10), is that where the attachment should be included? If an attachment is not referenced anywhere specifically, should it be placed in an appendix at the end of the proposal?

Answer: The HCC will not be prescriptive on how bidders format and present their proposals. The HCC recommends that the bidders approach is clearly defined (e.g. Table of Contents) for the Evaluation Team.

14. Question - P. 14 - Will the Agency permit scanned or emailed copies of reference letters to be included in the proposal, instead of hard copy originals?

Answer: Yes, that will be permitted.

If subcontractors are proposed, are they required to include at least 3 letters of their own?

Answer: No, subcontractors are not required to provide letters of recommendation.

15. Question - P. 14 - Please clarify the budget requirements. For example, if we are bidding on all three components, is it correct that we would submit a budget for August 2017 – January 2018, and another budget for February 2018 – January 2019; for each component – for a total of six (6) budgets?

Answer: Bidders should appropriately plan for the following project and budget periods, for each component applied, for the Health System Transformation Project:

RFP/Contract Year 1: August 15, 2017 through January 31, 2018

RFP/Contract Year 2: February 1, 2018 through January 31, 2019

16. Question - P. 14 - Please confirm that Bidders do not need to follow this template exactly, but can use this as a general guide to describe pricing and budget information.

Answer: Attachment 11 is a modifiable template.

17. Question - P. 26 - The shaded table lists three questions that must be included in the proposal response. Where should this information be placed?

Answer: The Health Care Commission will not be prescriptive how bidders chose to make this acknowledgement; however, a suggested location for this acknowledgement is within the budget narrative and justification (aka pricing file).

18. Question - P. 30 Does the Agency have any on-site work requirements. If so, is there a limit to the available workspace for any or all three components?

For any on-site project work, should the vendor assume work in Dover?

Answer: The HCC has no on-site work requirements. This is a statewide project and work will take place in all three counties- New Castle, Kent and Sussex.

19. Question - P. 53 - Attachment 9 states that this application is optional. But Attachment 9 is listed on page 42 as mandatory. Can the Agency please confirm this requirement as mandatory or optional? If mandatory, what specifically should be included in the proposal?

Answer: Attachment 9 is optional and does not influence the outcome of any award decision..

20. Question - P. 57 - Is the Agency expecting to see cost information included in the paper copies of the proposal submission?

Answer: For purposes of this RFP, the electronic pricing file is, in fact, the Budget and Budget Justification. This document can be submitted with the entire proposal together or separately. Either way is acceptable.

21. Question - Can you please let me know if we can have multiple team members call in? Can you also please confirm that our registration has been received?

Answer: Thank you for your interest in HSS-17-026. Your registration has been received in our system. You may have multiple team members dial in to the call; however, if it is possible to share a conference line that is the preference. We need to ensure there is adequate capacity for other organizations to dial in to the call.

22. Question - Are stipends, incentives (i.e. gift cards, giveaways) and food allowed in the budget for Healthy Neighborhood community engagement, programming and/or evaluation purposes?

Answer: No, these items are not permitted under this federal Cooperative Agreement grant.

23. Question - p.13- "IV. Detailed Budget and Budget Narrative"- Does the 10% max on indirect costs apply solely to the applicant agency's indirect costs, or does the indirect cost limit also apply to subcontractors charging indirect costs? Will the limit also apply to Healthy Neighborhood fiscal agents who are selected by the awarded vendor to receive a mini-grant? Is the indirect cost calculated across all components in total for which a vendor may submit an application?

Answer: According to the federal Notice of Grant Award under this Cooperative Agreement, indirect costs rate cannot exceed 10 percent. The indirect cost rates applies to the entire contract amount. This maximum indirect cost rate will also apply to subcontractors and healthy neighborhood fiscal agents.

24. Question - P. 13- "IV. Detailed Budget and Budget Narrative"- States that, 'The applicant must submit a separate annualized line item budget reflecting costs to be charged to any resulting contract for each Component of the project that the applicant is proposing to accomplish.' If a vendor is bidding on more than one component, can an overall total budget be submitted that breaks out an annualized line item budget for each component (i.e. Column 1- Component A; Column 2- Component B; Column 3- Component C, Column 4- Total)

Answer: Yes, that is acceptable. Please be sure to provide budgets for both project periods as outlined below:

RFP Year 1: August 15, 2017 through January 31, 2018

RFP Year 2: February 1, 2018 through January 31, 2019

25. Question - p. 13 – The RFP states that the max budget for Healthy Neighborhoods is \$750K thru 1/31/18. Do funds need to be expended by recipients in the mini-grant program by 1/31/18, or just obligated? If funds can be obligated, how long, beyond 1/31/18, will Healthy Neighborhood fiscal agents have to spend the obligated mini-grant funds? Will any unspent mini-grant 2017-2018 funds already awarded to HN grant recipients be subject to a carryover request to CMMI for approval for the recipients to continue to use the funds for implementation of planned and approved initiatives?

Answer: This answer applies to all components under this RFP: The HCC has the ability to request carryover funds for projects that are underway during the project period of August 15, 2017 through January 31, 2018. As such, contract funds do not need to be

expended by January 31, 2018. However, there is no guarantee* that CMMI will approve carryover. Having said that, it is strongly recommended that bidders provide a budget that clearly identifies service deliverables and timelines needed to achieve the objectives under the scope of services for a component area.

***IMPORTANT:** The State of Delaware anticipates, but cannot guarantee funding will be available from February 1, 2018 through January 31, 2019 for this project as funding is subject to the continued availability of federal funding via the State Innovation Model (SIM) Testing Cooperative Agreement Grant from the Center for Medicare and Medicaid Innovation (CMMI). In the event that CMMI does not appropriate or otherwise withdraws funds for this Program, the State of Delaware's obligations to all selected vendors under this RFP will cease and contractual agreements will be terminated.

26. Question - p.14- The stated project period is August 15, 2017 - January 31, 2018 with the possibility of extending the contract for additional periods through January 31, 2019. However, P.14 ("7. Budget and Budget Justification) states that the vendor will submit a line item budget and budget justification, for each contract year (through January 31, 2019). Can you clarify? Does this mean bidders should provide a 5 ½ month budget (8/15/17-1/31/18) followed by a one-year budget (2/1/18-1/31/19)?

Answer: Bidders should appropriately plan for the following project and budget periods, for each component applied, for the Health System Transformation Project:

RFP/Contract Year 1: August 15, 2017 through January 31, 2018

RFP/Contract Year 2: February 1, 2018 through January 31, 2019

Yes, contract year one should propose activities to be achieved during that period.

27. Question - p.55 - Attachment 11 ("Budget Summary Sheet") shows a mileage rate of \$.40/mile. Is this rate mandatory, or can a bidder submit their organizational policy showing that mileage is calculated based on the current federal mileage rate?

Answer: Attachment 11 is a sample and is a modifiable template.

28. Question - How are funds dispensed from CMMI/State to reimburse vendor/contractor's expenses?

Answer: Upon successful contract negotiations, the state will prepare a contract between the state and the winning vendor(s). The HCC will then submit an un-restriction request to CMMI to approve funding for the project. Once approved, vendors will provide invoicing, along with satisfactory progress reporting, to the state on a monthly or quarterly basis.

29. Question - Can funds be encumbered up front to dispense the mini-grants and cover expenses and facilitate the cash flow for small community based agencies participating in the HN -mini grant program?

Answer: Funds cannot be dispensed up front for mini-grants or any deliverables under this RFP.

30. Question - What is the electronic pricing file? How is this different from the budget? Should this be provided in hard copy and on disc?

Answer: For purposes of this RFP, the electronic pricing file is, in fact, the Budget and Budget Justification. This document can be submitted with the entire proposal together or separately. Both ways are acceptable.

31. Question - p. 13- States that proposals shall contain the following information, adhering to the order, as listed. Do you want required forms and attachments to precede the Title page and Table of Contents?

Answer: Preceding the Title Page and Table of Contents is an acceptable format.

32. Question - p.14- The RFP states that "Bidder shall list all contracts awarded to it or its predecessor firm(s) by the State of Delaware; during the last three years." Should this information be included in "Attachment 5 – Business References" following the non-state professional references?

Answer: Attachment 5 states if you have held a state contract within the last 5 years, please provide a *separate* list of the contracts. Attachment 5- Business references is a required document.

33. Question - p.30-31- For the ACA Safe Harbor Additional Fee, the RFP states that the Vendor shall identify both the Additional Fee to be charged and the basis of how the fee is applied (i.e. per employee, per invoice, etc.) and that the Additional Fee shall be separately scored in the proposal to ensure that neither prices charged nor the Additional Fee charged will have a detrimental effect when selecting vendor(s) for award. - How and where should bidders identify the additional fee in the application? If the Additional Fee is not applicable for the Vendor (no employees will obtain health coverage from the Primary Vendor), should this just be indicated in the proposal and where? Are primary vendors required to report any applicable fee if sub-contractors offer health coverage to persons employed by them for this program?

Answer: The Health Care Commission (HCC) will not be prescriptive where bidders choose to place this acknowledgement and/or additional fee; however, a suggested location for this acknowledgement is within the budget narrative and justification. Regarding subcontractor - the sub-contractor works for the prime, and has no relationship

with the State other than signing of Attachment 6 (State form) and Attachment 10 (Federal form).

- 34. Question** - If bidding on more than one component, how will the quality of work plan and approach for each component be evaluated? Will each component's work plan/approach be scored separately and then averaged within the 25 points out of the total 100 points for the entire evaluation score, for that specific evaluation criteria?

Answer: Proposals will be scored against listed Evaluation Criteria, with no preferences. Each component will be scored against listed evaluation criteria, with no preferences. Each component area will obtain a separate score that considers Criteria 2, 3 and 4 which will be averaged with the total score of 100. Please review the General Evaluation Requirements on page 15 and Page 25 for the proposal criteria weight to be used by the Evaluation Team.

- 35. Question** - p.14 -Can you clarify if SMART objectives for this component need to be specific to health outcomes of the four priority health areas to be addressed by Healthy Neighborhoods, or should SMART objectives be more specific to development, implementation, and acceleration of a Healthy Neighborhoods infrastructure to implement and evaluate a strategic plan that links community-based health initiatives with the delivery system?

Answer: The HCC is interested in understanding bidder perspectives on what may be the best approach to SMART objectives as each healthy neighborhood may be in various stages of progress. As such, it is suggested that SMART objectives be more specific to development, implementation, and acceleration of a Healthy Neighborhood infrastructure to implement and evaluate a strategic plan that links community-based health initiatives with the delivery system.

- 36. Question** - Are reference letters required for each sub-contractor working with the primary vendor?

Answer: Subcontractors are *not* required to provide letters of recommendation.

- 37. Question** - p. 26- There are three questions that require a mandatory response (Diversity and Inclusion criteria). Bidders must answer Yes/No questions. How and where should this table w/circled answers be included in the application? For question 3, if we have a written inclusion policy in place, where should we attach that in the application?

Answer: The Health Care Commission will not be prescriptive how bidders chose to make this acknowledgement; however, a suggested location for this acknowledgement is within the budget narrative and justification section of the proposal (aka pricing file).

- 38. Question** - To what extent should a proposal for this RFP explicitly address issues and coordination with payment reform efforts?

Answer: The HCC would be interested in understanding bidder perspectives on what could be helpful/ needed under this Scope of Services related to payment reform efforts. For more information bidders can also review the HCC's Global Health Care Benchmark website at <http://dhss.delaware.gov/dhcc/global.html>

39. Question - P. 4 - Will DHCC provide a list vendors and the components for which they plan to submit a bid? For example, if we are planning to bid on one component and as DHCC suggested, we would ideally like to collaborate with a vendor who holds expertise for the other two components.

Answer: The DHCC will not be able to provide a list of vendors and the components for which they plan to submit until after the Deadline for Receipt of Proposals. However, the pre-bid attendance list is posted on http://bids.delaware.gov/bids_detail.asp?i=4505&DOT=N

40. Question - P. 10 - Is the through date correct?

Answer: Bidders should appropriately plan for the following project and budget periods, for each component applied, for the Health System Transformation Project:

RFP/Contract Year 1: August 15, 2017 through January 31, 2018
RFP/Contract Year 2: February 1, 2018 through January 31, 2019

41. Question - P. 9 - What year is SIM Award Year 3?

Answer: The HCC is currently in SIM Award Year 3 which is from February 1, 2017 through January 31, 2018. This RFP HSS-17-026 project is being implemented in SIM Year 3. The HCC anticipates one additional SIM year (SIM Year 4) which is from February 1, 2017 through January 31, 2019.

42. Question - P. 20 - The pricing details required in Attachment 11, Budget Summary Sheet, contains very detail specific information of which some information would be confidential, like employee salaries and fringe benefit rates. Is the total price of the Vendor's bid the only information not considered confidential? Or will the full details of the Vendor's Budget Summary be released publically? If so, is the Vendor allowed to provide a summary sheet that includes price by year and in total for the bid that would be used to provide the publically released price information?

Answer: Attachment 11 is a modifiable template. Bidders should carefully review the following sections of the RFP - page 19 – Confidentiality of Documents and Page 20 – Price Not Confidential. Bidders should be certain to provide a level of detail that is consistent with the proposed work plan and demonstrates reasonable and sufficient costs to accomplish service delivery outlined in the proposal.

43. Question - P. 15 - How will this requirement/evaluation piece be scored? What are the questions asked to see if the vendor meets the requirement to receive the 5 points on this evaluation factor?

Answer: 1. Vendors must submit a separately identified ACA Safe Harbor additional fee in their proposal. 2. Vendor must clearly identify how the ACA Safe Harbor Fee is charged (ie. Frequency, including by invoice, by hour, by employee, etc.)

44. Question - P. 11 - Do you have any additional written materials regarding the mini-grant program? If so, please provide.

Answer: There are no additional written materials available.

45. Question - P. 11 - Did you have a similar mini-grant program for implementation of the Waive 1 Healthy Neighborhoods and Local Councils? If so, what types of requests were made for implementation activity, i.e. , hire staffing, conduct research, develop educational materials, etc. What policies were used to determine the appropriateness and amount of funding requested?

Answer: There have been no mini-grant programs established by the HCC. RFP HSS-17-026 is for a new scope of services.

46. Question - P. 11 - Please provider the metrics and requirements established by the Health Care Commission (HCC) and the Center for Medicare and Medicaid Innovation (CMMI) for the mini-grant program.

Answer: Metrics and/or requirements for the mini-grant program have not been established. The HCC is interested in understanding bidder perspectives on what would be helpful or needed to achieve the objectives stated in the Scope of Services.

47. Question - P. 8 - Has the pilot been developed through the efforts of the ongoing collaboration with the state and stakeholders or will it need to be developed as a part of Component B.

Answer: The expectation is that the winning vendor will implement a pilot program to achieve the objectives stated. There are Consensus papers listed on p. 8 of the RFP that outline various models, but the models have not been implemented. Bidders may also submit ideas of other methods, or alternative approaches in their proposals.

48. Question – p. 5 - Pre-empting the requirements of engaging the various stakeholders effectively during the start-up period of work, and the hand-off transition period at the conclusion of support, will be critical to maximize the best value of the vendor’s input. How does the State see this process working to help ensure established engagement

infrastructure is utilized to best effect, and that the vendor's intense but brief period of support has a positive (rather than a potential disruptive) impact on all these ongoing processes?

Answer: The HCC is interested in understanding bidder perspectives on what would be helpful or needed to achieve the objectives stated in the Scope of Services.

49. Question - p. 9 - The timeline of Component B is significantly longer than the RFP's 5 ½ months. What part (including which deliverables) of Component B does the State foresee to be supported for the purpose of this RFP?

Answer: Bidders should appropriately plan for the following project/budget periods for all components under this project:

Year 1: August 15, 2017 through January 31, 2018

Year 2: February 1, 2018 through January

Bidders are expected to develop any such deliverables and schedule based on the component areas outlined in the RFP. The HCC is interested in understanding bidder perspectives on what would be helpful or needed to achieve the objectives stated in the Scope of Services, including proposed timelines.

50. Question – p. 4 - For all three Components what if any project management resource will be provided to work alongside the vendor's proposed resource?

Answer: The winning bidder of Component A will serve as the project management resource to the Health Care Commission for the entire scope of the SIM initiative (as well as the one additional component required under the RFP). If more than one vendor is selected under this RFP, the vendors will be required to work collaboratively together to assist Delaware in achieving its objectives.

51. Question - p. 4 - What is the proposed governance and reporting structure for all three Components?

Answer: The winning vendor(s) under this RFP will have a contractual relationship with the Health Care Commission and is accountable to HCC for all reporting and deliverables for the contracted component(s) scope of work. If more than one vendor is selected under this RFP, the vendors will each be required to work collaboratively together to assist Delaware in achieving its objectives.

52. Question – p. 30 - Can you confirm that this engagement will not involve a temporary employee arrangement as described? Can you also confirm that these clauses will not be applicable for this contract?

Answer: The winning vendor(s) under this RFP will have a contractual relationship with the Health Care Commission.

53. Question – p. 38 - Section 8(aa) of the RFP entitled "Applicable Law" requires vendors to comply with all federal, state, and local laws applicable to its activities and obligations including (1) the laws of the State of Delaware. Can you be more specific as to which sections of the laws of the State of Delaware are applicable to this RFP?

Answer: The HCC cannot be more specific. All applicable laws –federal, state, and local – will apply to all services/activities under this RFP. Bidder(S) may also review Delaware’s Code Online at <http://delcode.delaware.gov/> .

54. Question – p. 55 - Attachment 11 (budget summary) requires a line item budget that includes fringe and indirect costs to be broken out separately. Our accounting system cannot support or substantiate indirect cost or other cost reimbursement information. Would the State be willing to accept a price per labor hour which incorporates the total fringe and indirect costs?

Answer: According to CMMI, to claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement. If the organization does not have an approved indirect cost rate agreement, costs normally identified as indirect costs (overhead costs) can be budgeted and identified as direct costs. Justification will be required during the CMMI funding un-restriction process for the project.

55. Question - P. 12 - In this context, does bi-weekly mean twice a week or every 2 weeks?

Answer: Bi weekly means every two weeks.

56. Question - P. 49 - Are at least 3 letters of reference to be included along with a minimum of three business references on attachment 5? Or, do you want a minimum of three business references?

Answer: Both are required. The Bidders Professional Reference Letters (Page 14 of the RFP) may come from the three business references (Attachment 5) or from other reference sources.

57. Question - P. 55 - Do you have a description of “indirect costs” and what it includes?

Answer: Indirect costs are essentially overhead costs. According to CMMI, to claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement. If the organization does not have an approved indirect cost rate agreement, costs normally identified as indirect costs (overhead costs) can be budgeted and identified as direct costs.

58. Question - P. 12 - Can you define the criteria for the needs assessment or do we create/use our own tool?

Answer: The expectation is that the bidder will define the criteria and tools for the needs assessment. The HCC will not be prescriptive on the method for the accomplishing the needs assessment and suggests that the tool used is credible.

59. Question - P. 14 - The proposed start date for year 1 is September 1, 2018? Has the same amount been budgeted for year 2 (February 1, 2018 through January 31, 2019) as for year 1 (through January 31, 2018)?

Answer: Bidders should appropriately plan for the following project and budget periods, for each component applied, for the Health System Transformation Project:

RFP/Contract Year 1: August 15, 2017 through January 31, 2018
RFP/Contract Year 2: February 1, 2018 through January 31, 2019

For the purposes of submitting a proposal, bidders can assume level funding for the 2nd year of the project. Level funding is the Maximum Budget stated in the RFP for each Component.

60. Question - P. 10 - In several sections, there are comments related to staff of DCHI working with neighborhoods. Will this continue through the implementation of this RFP?

From Healthy Neighborhoods Rollout Approach- Page 4- Ensure that each local Council is able to represent their community and engage with DCHI staff in program planning and implementation. Page 5- Paragraph 5- Paragraph 1- Once a community is established, DCHI will offer staff and resources to support planning, coordination, and funding. Page 11- References staffing needs and DCHI staff involvement in Wave 2 & 3 Implementation.

From Healthy Neighborhoods Operating Model- Page 7- Paragraph 1- Council members will be supported in their work by full-time DCHI staff.

Answer: The HCC would like to highlight for bidders page 3 of the RFP which states: *“In an effort to reduce duplication of effort, the selected vendor(s) will be encouraged to engage in these collaborative partnerships, as appropriate or requested by the State of Delaware.”* Additionally, page 12 of the RFP notes that *“The HCC strongly encourages applicants to collaborate and coordinate with existing local councils already formed in the state through the work of the Delaware Center for Health Innovation, a key stakeholder in the work of SIM.”*

The HCC would be interested in understanding bidder perspectives on what could be helpful/needed under this scope of services for Component C.

61. Question - P. 30 - Where can we find more information about this to clarify our responsibility?

Answer: Please review page 30-31 of the RFP for specific requirements of the ACA Safe Harbor. Bidders should acknowledge their approach to - and understanding of - the ACA Safe Harbor position of the State of Delaware. The State of Delaware does not consider vendors, contractors and/or subcontractors employees of the state and/or eligible for health benefits by the State of Delaware. The Health Care Commission will not be prescriptive how bidders chose to make this acknowledgement; however, a suggested location for this acknowledgement is within the budget narrative and justification. No further information is available at this time.

62. Question - Do bidders need to submit applications for at least 2 of the 3 components?

Answer: Page 5 of the RFP states that bidders applying for Component A must select, at a minimum, one additional Component (B and/or C) to implement. The HCC will entertain proposals for a single component for Components B and C. As stated in the RFP (p. 4), the preference is to contract with one single vendor that will have the capacity to implement all of the components, or through the compliment of subcontractors.

63. Question - Project time period:

- a. Do you want bidders to address both project periods from a work plan perspective and from a budgeting perspective; do you want bidders to submit 2 if we are to do both?

Answer: Bidders should appropriately plan for the following project and budget periods, for each component applied, for the Health System Transformation Project:

RFP/Contract Year 1: August 15, 2017 through January 31, 2018

RFP/Contract Year 2: February 1, 2018 through January 31, 2019

- b. The budget amount listed in the RFP is for first budget period of August 15, 2017 through January 31, 2018, and additional funds might be available if HCC receives them?

Answer: Yes, that is correct.

IMPORTANT: The State of Delaware anticipates, but cannot guarantee funding will be available from February 1, 2018 through January 31, 2019 for this project as funding is subject to the continued availability of federal funding via the State Innovation Model (SIM) Testing Cooperative Agreement Grant from the Center for Medicare and Medicaid Innovation (CMMI). In the event that CMMI does not appropriate or otherwise withdraws funds for this Program, the State of Delaware's obligations to all selected vendors under this RFP will cease and contractual agreements will be terminated.

64. Question - Can you confirm that vendors will not be allowed to submit a proposal for just a single project component?

Answer: The RFP states that bidders applying for component A must also select one other component to implement, so while we will entertain proposals from a single component, the winning bidder for component A will also be selected to implement one of the other components. Our preference is to contract with one single vendor that will have the capacity to implement all of the components, or through the compliment of subcontractors. So, we will consider proposals for each of the components individually, but the RFP states that our preference is to limit the number of vendors by selecting one that can bring the most components under one proposal.

65. Question - Clarification on the budget for the project period:

- a. You are looking for applications that will outline the scope of work and budget plan for the particular time period for August 15, 2017 through January 31, 2018. So, are you looking for a separate budget for the first 6-month project period and a separate budget for the following full year?

Answer: Bidders should appropriately plan for the following project and budget periods, for each component applied, for the Health System Transformation Project:

RFP/Contract Year 1: August 15, 2017 through January 31, 2018

RFP/Contract Year 2: February 1, 2018 through January 31, 2019

IMPORTANT: The State of Delaware anticipates, but cannot guarantee funding will be available from February 1, 2018 through January 31, 2019 for this project as funding is subject to the continued availability of federal funding via the State Innovation Model (SIM) Testing Cooperative Agreement Grant from the Center for Medicare and Medicaid Innovation (CMMI). In the event that CMMI does not appropriate or otherwise withdraws funds for this Program, the State of Delaware's obligations to all selected vendors under this RFP will cease and contractual agreements will be terminated

- b. The amount of funding for the 2nd year of the project period is an unknown at this time, but bidders are to include what they would project the budget would be for that full year of the project?

Answer: For the purposes of submitting a proposal, bidders can assume level funding for the 2nd year of the project. Level funding is the Maximum Budget stated in the RFP for each Component.

- c. The funding amount listed on the RFP is for the 1st project period, so would level funding for the full year project period be the same amount?

Answer: For the purposes of submitting a proposal, bidders can assume level funding for the 2nd year of the project. Level funding is the Maximum Budget stated in the RFP for each Component.

66. Question - Does level funding mean same cost basis but extended over twelve months, or the same number of dollars?

Answer: Level funding is the Maximum Budget stated in the RFP for each Component.

67. Question - For the budget for component C, where the RFP states \$750,000 is available, with 75% of the proposed budget used to support the Healthy Neighborhoods mini-grant program, is that 75% intended to support the mini-grant program as separate funding?

Answer: \$750,000 total budget for Component C with 75% proposed for Healthy Neighborhoods means \$562,500 for healthy neighborhoods and \$187,500 for vendor administration of the project.

68. Question – Indirect cost limits outlined for component C:

d. The RFP states that there is an indirect cost limit of 10%, so is that 10% of the \$750,000 or 10% etched out of the mini grant?

Answer: According to the federal Notice of Grant Award under this Cooperative Agreement, indirect costs rate cannot exceed 10 percent. The indirect cost rates applies to the entire contract amount. This maximum indirect cost rate will also apply to subcontractors and healthy neighborhood fiscal agents.

e. If bidders are not working from a federally approved indirect cost rate, do administrative costs and indirect costs need to be itemized on budget?

Answer: According to CMMI, to claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement. If the organization does not have an approved indirect cost rate agreement, costs normally identified as indirect costs (overhead costs) can be budgeted and identified as direct costs. Justification will be required during the CMMI funding un-restriction process for the project.

69. Question - Can you clarify what you mean by GSA rates?

Answer: GSA- General Services Administration. Please visit the GSA Home page at <https://www.gsa.gov/portal/category/100000> . For GSA Travel and Per Diem information please visit: <https://www.gsa.gov/portal/category/26429>

70. Question - In reference to component C, on page 11, the RFP states bidders must identify the fiscal agent.

f. Please clarify what you mean by identify a fiscal agent?

Answer: The HCC will enter into a state contract with the winning vendor for the project/Component area. The winning vendor will act as the fiscal agent for

funding local councils. In turn, each local council (aka Healthy Neighborhood) will also need to select a fiscal agent to accept funding on behalf of the healthy neighborhood in order to implement the stated activities taking place in the community.

- g. Is vendor responsible for making sure that grant funds are spent according to specific CMMI rules?

Answer: Vendors, in collaboration with the HCC, will be responsible for making sure CMMI rules are followed for the project.

71. Question - For component B, the RFP references 3 Behavioral Health Integration models that have been identified. Have pilots of these models been implemented, or just identified and not put in the field?

Answer: The expectation is that the winning vendor will implement a pilot program to achieve the objectives stated. There are Consensus papers listed on p. 8 of the RFP that outline various models, but the models have not been implemented. Bidders may also submit ideas of other methods, or alternative approaches in their proposals.