



*Delaware Health  
And Social Services*

---

**DIVISION OF MANAGEMENT SERVICES**

---

PROCUREMENT

DATE: September 13, 2017

HSS 17 040

**DELAWARE ENVIRONMENTAL PUBLIC HEALTH TRACKING NETWORK  
FOR  
DIVISION OF PUBLIC HEALTH**

Date Due: October 5, 2017  
11:00AM

ADDENDUM # 1

Please Note:

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

Responses to questions received by the deadline of August 31, 2017 and  
those asked at the pre-bid meeting September 7, 2017.

---

Kimberly Jones  
Purchasing Services Administrator  
(302) 255-9291

---

William Ingram  
(302) 744-4706

## RFP HSS 17 040

### DELAWARE ENVIRONMENTAL PUBLIC HEALTH TRACKING NETWORK

#### Questions received by the due date of August 31, 2017

1. Given that the bidder is able to meet the State's requirement that the vendor "Has experience in successfully creating a similar type of web portal for a similar user population", will you waive the requirement that the bidder must demonstrate "Successful implementation of the proposed solution in two or more sites similar to the solution being proposed for DHSS" for **custom (not COTs) solutions**?

*Answer: The Environmental Public Health Tracking Network is a vehicle for providing health related data to the public. Yes, the requirement can be waived if the bidder is able to provide evidence that they have successfully built an open data website that presents public sector data to a group of end users in machine-readable and people-friendly formats.*

*The bidder must have demonstrated they have provided users the tools to create their own graphs and charts, have created users access to Application Programming Interface (API)'s, and that data can be exported in machine readable formats (e.g., CSV, XML, JSON files) which can be read by a web browser, computer system, or computer program. We will not accept a solution that solely exports data in people-friendly formats like HTML, PDF, or DOC files.*

2. The RFP states that the bidder must demonstrate that they have "**experience in successfully creating a similar type of web portal for a similar user population.**" Would the State's definition of "similar web portal" include a web portal for a civic agency that provides a broad set of features to the public and various stakeholders, including meeting the needs of underrepresented communities?

*Answer: Yes.*

3. The RFP states the contractor project director must be on site "as-required." Can the state clarify how often they expect to need the contractor project director on site?

*Answer: While the majority of this project can be done remotely, there are times, specifically at start-up, when face-to-face contact may be necessitated. As a potential contracting vendor, propose your idea of the type of staff (role) and the points in the project where you believe face-to-face is appropriate.*

*If the vendor feels that all work can be completed accurately, expeditiously, and in a cost-effective manner using other communication methods, they can propose remote communication solutions to be used in place of face-to face interaction.*

4. Given that the RFP has only mentioned that the Contractor Project Director and Project Manager under the on-site requirement. Can you confirm that as long as those two key personnel are on-site, the rest of the contractor's team (designers and software developers) can work remotely, given that they are able to communicate with state team during your business hours?

*Answer: While we cannot provide a specific amount of time that the selected vendor would need to be on-site, we can state that there is the expectation that they sometimes be present. There may be phases of a project that will require staff presence; e.g., the initial launch of the project, when server work is required, for a portion of UAT, the actual launch of web portal, etc. As a potential contracting vendor, propose your idea of the points in the project where you think face-to-face is appropriate. If the vendor feels that all work can be completed accurately, expeditiously, and in a cost-effective manner using other communication methods, they can propose remote communication solutions to be used in place of face-to face interaction.*

5. We have found in the past that our team is most effective when our Project and Product Managers are based on site with our team, with regular visits to the client site. Will the State consider modifying the on-site requirement to permit a regularly visiting project director and manager?

*Answer: Yes.*

6. Can the State provide a list of circumstances under which a holdback of milestone payments would be invoked? (Section 1, Paragraph 2, Page 25)

*Answer: The use of a holdback is part of what is included in Appendix C of the RFP starting on page 92 and in Enclosure, page 116.*

*Sections 4.17.1 through 4.17.4 require a 20% holdback in the milestone payment. There is no list of certain circumstances where this would be done. It is an across the board holdback for each phase payment. If the milestone/phase payment schedule is modified that may not be true.*

*We are open to the suggestion for a different payment schedule which would apply to an arrangement negotiated with the successful bidder.*

7. The state lists system and technical requirements. Does the State have high level functional requirements that can be shared? (Section 4, Paragraph 1, Page 76)

*Answer: Please refer to the following link for Grantee Portal requirements:*

<https://ephtracking.cdc.gov/docs/GranteePortalRequirements.pdf>

*Please refer to this CDC Guide for additional high level documentation*

[https://www.cdc.gov/nceh/tracking/pdfs/How\\_To\\_Guide.pdf](https://www.cdc.gov/nceh/tracking/pdfs/How_To_Guide.pdf)

8. Can the State provide a list of interfaces? (Section 4.3, Paragraph 1, Page 77)

*Answer: There is not a list of the interfaces that are required. We envision possibly no more than four or 5 to start with, however the system needs to be built so that the State can add additional interfaces internally (i.e., scalable)..*

9. Can the State clarify which resources are required to be on site? (Section 4.6 and 4.6.1, Paragraph 2 and 1 respectively, Page 78)

*Answer: Offsite (In the USA & Canada as opposed to offshore) project work is permitted.*

***The State will permit offshore IT work with the provision that offshore resources are prohibited from logging into the State network and that State data cannot be transmitted, accessed, moved or stored offshore. The State is willing to permit offshore development with the above stipulation. Any offshoring arrangement will need to be approved by the DHSS ISO and by DTI prior to contract signature.***

10. Can the State provide current state architecture diagrams of systems involved? (Section 4.9.2, Paragraph 1, Page 80)

*Answer: The state currently uses Rhapsody as its interface for sharing data from various systems. Rhapsody is our primary method between interfacing files between applications. In addition to Rhapsody we also use Web Services, and Secure File Transfer Protocol (SFTP). We are amenable to other solutions such as ones that support API's. Since we consider this a new build the vendor must follow state standards.*

*DTI Standards: <http://dti.delaware.gov/information/standards-policies.shtml>*

11. Can the State provide information of current applicable data stores? (Section 4.10, Paragraph 1, Page 88)

*Answer: Many of the data that we will be looking at for this project come from various data stores as part of systems using SQLserver, Oracle, MSACCESS, or even Excel. The expectation is to be able to export the data from the source and to aggregate and import data into the proposed "portal solution". The data are most often relational, standardized, and easily exported.*

*Please review: <http://dti.delaware.gov/information/standards-policies.shtml>*

12. Where can the detailed reporting requirements be found? (Section 4.11, Paragraph 3, Page 88)

*Answer: The data portal must include the capability to create community profiles. See the following example:*

*<http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.CountyHealthSummary>*

*The solution MUST provide the capability in the portal to combine multiple appropriate data sources into a single graph, table, or chart and the network will use AVR tools that provide for analysis and display of information. For example, the user should be able to create a map of asthma hospitalization rates overlaid with air quality data (e.g., particulate matter levels).*

The portal should also give users the ability to define their queries. Please see the following example for the presentation of data that can be modified by the user through drop-down options.

<http://www.flhealthcharts.com/charts/DataViewer/InfantDeathViewer/InfantDeathViewer.aspx?indNumber=0053>

13. Will this review be done prior to proposal due date? If not, can data be shared prior? (Section 4.12, Paragraph 1, Page 88, 89)

*Answer: An architecture diagram will need to be submitted to be sure it meets the data center's requirements. If hardware needs to be procured for the solution then the state needs to be made aware of that for the project. The vendor should propose what the state needs to procure for a non-hosted solution.*

14. If it's a COTS solution, all development work on the application is custom. Can a formula be used that is based on customization as a percentage of out-of-the-box functionality? (Section 4.13, Paragraph 5, Page 89)

*Answer: This depends on what the bidder is considering customization and development work. We may view a customization as a configuration therefore changing the definition of development work more towards being a standard implementation effort. For example, the text that populates a "Drop Down" field would be considered configuration and not development. It is our view that Customization is something which prohibits the solution from being updated without the need of professional services or other type of additional costs due to the augmenting of the solution that is not standard with other products using the same solution.*

*The state does not view configuration of a COTS solution as customization. Customization of a COTS solution is changing, deleting or adding major functionality to workflow.*

*The following statement is included in the RFP (Section 4.13, Page 89):*

### **Degree of Customization**

If bidding a purely custom solution, please respond to this section as follows: **"Bidding a custom solution. Degree of customization is not relevant to this proposal."**

Otherwise, please comply with the following requirements.

In terms of degree of customization of COTS software or transfer of an existing custom solution, the State's interest is in cost containment by restricting the customization features applied to a proposed COTS or transfer solution. The State will waive ownership rights of customization features applied as part of this project if they are made part of the standard product, which in fact is the State's preference.

The basis for this degree of customization will be the maximum number of hours that the vendor is including in the total hours

for development for required customization features. Bidder will provide the following information in their technical proposal:

Total Development Hours = \_\_\_\_\_  
Total Customization Hours = \_\_\_\_\_  
Degree of Customization = \_\_\_\_\_

The Degree of Customization is computed as follows:

**Degree of Customization** =  
(Total Customization Hours / Total Development Hours) \* 100

where

**Total Customization Hours** = Total hours for all approved change requests (CR1 hours + CR2 hours + ...)

and

**Total Development Hours** = Total coding hours bid for this project

Bidder will bid a Degree of Customization that does not exceed 15%. This figure will serve to cap Total Customization Hours that will come out of the design process. If at any point during the design phase, this figure is projected to exceed 15%, contractor will inform the CCB and they will take action to either scale back or disapprove existing CRs to drive this figure back to or below 15%.

15. Just to clarify, can any of the 10 deliverable reviews to occur in parallel? (Section 4.17, Paragraph 2, Page 90)

*Answer: It depends. This is entirely situational, and we cannot say that this will or will not happen. In our opinion, this depends on the project management methodology the vendor wishes to use. We are not opposed to having deliverables occur in parallel.*

16. Can the State provide information on the groups and number of people in each group that will participate in UAT? (Section 4.18.5, Paragraph 1, Page 97)

*Answer: State will provide Stakeholders from each group that will be comprised of less than 12 people. We expect test scripts to be provided for internal stakeholders to be tested.*

17. Can the State provide a list of the DHSS systems (to include platform, database, etc.) as well as the data required from each? (Section 4.18.7, Paragraph 1, Page 98)

*Answer: Not at this time, and at the moment is beyond the scope of the area. During Joint Application Design (JAD) sessions discussions can be discussed on this topic.*

18. Can the State provide information on the groups and numbers of people in each group that will require training (both end user and technical)

*Answer: No more than 10 people will require training*

19. Vendor asked to verify that cost does not exceed cost cap. What is the cap? (Enclosure 5, Page 123)

*Answer: The project cap is \$72,500.00*

### **Questions asked at the pre-bid meeting September 7, 2017**

1. Where will the data be coming from?

*Answer: The state currently uses Rhapsody as its interface for sharing data from various systems. Rhapsody is our primary method between interfacing files between applications. In addition to Rhapsody we also use Web Services, and Secure File Transfer Protocol (SFTP). We are amenable to other solutions such as ones that support API's. Since we consider this a new build the vendor must follow state standards.*

*DTI Standards: <http://dti.delaware.gov/information/standards-policies.shtml>*

2. The data will be updated how often: Daily, weekly, Monthly?

*Answer: This can vary. The CDC requires a data set to be sent to them every 6 months. The frequency of updating for the portal can vary depending on the dataset. Data will NOT be updated on a daily or weekly basis but will instead be scheduled on a quarterly or bi-annual basis. The portal application will allow new datasets to be uploaded by DPH personnel.*

3. Will there be a master number for the number of citizens in the population counts within the data?

*Answer: No, there will not be a master number. Each dataset will have different population numbers. Some may not have them at all. It will vary by the dataset. For example, age-adjusted cancer rates will be presented by geographic divisions, such as census tract aggregations and may be overlaid with air quality measures such as ozone levels or particulate matter exceedance days.*

*In summary, the data will not include patient-level records. The massaging of the data to remove identifiers and create aggregate measures will be completed by Public Health staff.*

4. Is there any Personally Identifiable Information (PII) in the system?

*Answer: There will not be PII presented on the public facing website; however, it is possible that PII will be included in the raw data that must be securely stored while being aggregated. Furthermore, because*

*Delaware has only three counties, it is foreseeable that zip code-level data could be considered PII. This will need to be considered in the display of data at smaller geographic designations. Additionally, when possible depending on the dataset, we will want to have the ability to display data in pre-defined census tract aggregations*

5. Are you looking for a portal to display it? Or are you looking for a server to host it as well?

*Answer: The state of DE is trying to reduce its hardware and Infrastructure footprint. We are pursuing hosting solutions as possible factoring in cost, security, and availability. We ask you to refer to the DTI solutions standards.*

<http://dti.delaware.gov/information/standards-policies.shtml>

*We are not stipulating that it be a hosted solution or an in-house solution. Please propose the solution that you feel is the best. You may propose costs for a hosted and a non-hosted solution. This would-be part of your technical solution. If Vendor decides to require a solution using their own server/hosted solution then they can propose that. We are not wedded to having to use a State Server as part of the proposed solution.*

6. You are looking for the solution that we the vendor would host the site? How are you looking for it to be handled?

*Please also see response above.*

*Answer: This solution needs to be a link on the Delaware website that users can click or land on. The only limitations you have if you choose to host is that you need to meet DTI standards here:*

<http://dti.delaware.gov/information/standards-policies.shtml>

*For the purposes of the RFP, the vendor proposes the solution they feel works best to meet the specifications of the project. We only require that the citizen needs to come to the site and know they are coming to THE Environmental Public Health Tracking Network for the State of Delaware.*

*26 states have already done this and the CDC links to them. These other states are a good source to understand the overall idea of what Delaware is trying to accomplish.*

*Examples of what other states and cities that have met the CDC's requirements can be found here:*

<https://ephtracking.cdc.gov/showStateTracking>

7. Are there not COTS products out there for you?

*We have not seen a COTS solution that has been developed for the purposes of this project. If after understanding our needs you feel there is a COTS solution we are not aware of, you can pose that as a solution.*

*We did a review of many other states and even though 26 other states have an Environmental Public Health Tracking Network, each version of the tracking networks is different. From what we have seen,*

*we are not looking to duplicate those first generation solutions necessarily. We are looking for a solution that has grown from previous limitations. We are striving to have the best solution to meet the needs of Delaware, keeping in mind that sharing community-level data is more difficult due to our small size.*

8. In the requirements, there's really not functional requirements. Are the CDC requirements referenced?

*Answer: The CDC has a document library located here that has multiple reference points if a vendor wishes to review them: <https://ephtracking.cdc.gov/showLibrary.action>*

*DTI standards can be found here: <http://dti.delaware.gov/information/standards-policies.shtml>*

9. The RFP is referencing Phase 2? What is Phase 2?

*Answer: The phases the vendor is referencing are actually the boilerplate milestone payment points the State of Delaware has specified. (Section 4.17, Page 91) This is NOT related to scrums or tasks related to an activity. The vendor can propose different payment points based on their management style and implementation. This can be discussed as part of the contract negotiations.*

10. There is No offshore work? As long as they couldn't look at the data?

***Answer: The State will permit offshore IT work with the provision that offshore resources are prohibited from logging into the State network and that State data cannot be transmitted, accessed, moved or stored offshore. The State is willing to permit offshore development with the above stipulation. Any offshoring arrangement will need to be approved by the DHSS ISO and by DTI prior to contract signature. (Section 4.9.9, Page 88)***

*Offsite (In the USA & Canada as opposed to offshore) project work is permitted. (Section 4.9.8, Page 86)*

11. References needed for similar technology experience?

*Answer: We are looking to make sure we rule out vendors with no experience developing and implementing this type of solution. We will consider vendors that have created web portals used by the public or developed for a community. We want to see experience related to development similar to what is being asked in our requirements and what has been created for the other 26 Environmental Health Tracking Networks at <https://ephtracking.cdc.gov/showStateTracking>.*