HSS-20-041A Comprehensive Care Coordination Platform - Questions and Answers

General bid question for CONTRACT NUMBER HSS-20-041A

Questions from Bonfire

1. Q: Consulting services for an IAPD for funding were previously contracted by DHSS. We assume that a bidder involved in those consulting services is able to respond to this separate RFP for a Comprehensive Care Coordination Platform as a subcontractor. Please confirm.
A: There is no issue with existing or past service providers contracted with DHSS applying for the RFP.

2. Q: Section 4.22.8, How many different departments do you anticipate needing training?
A: DSAMH will be adopting a train the trainer model. Therefore, training will need to occur at the DSAMH organization level and they in turn will lead the training program for all organizations using the platform. DSAMH will take the lead in training the following groups:
   - 30 community providers
   - 4 healthcare systems (EDs)
   - 4 IMDs
   - Numerous state entities

3. Q: Section 4.22.8, How many people within those departments to you anticipate needing training? And how many different and distinct “roles”?
A: DSAMH will be adopting a train the trainer model. Therefore, training will need to occur at the DSAMH organization level and they in turn will lead the training program for all organizations using the platform. Program administration for the DTRN Care Coordination platform will be under the DSAMH Informatics team, which includes 4 staff members dedicated to the project.

4. Q: Section 4.22.8, How has DHSS successfully trained staff in the past?
A: Training for this area of work is lead by the DSAMH Informatics team. In the past, training occurs in person and webinar.

5. Q: Section 4.22.8, Is Section 508 compliance required for training?
A: Yes. Training will need to occur at the DSAMH organization level and they in turn will lead the training program for all organizations using the platform.
6. Q: Section 4.22.8, If live, face to face training is determined to be a necessity, are there training rooms/computers available for staff?  
A: Yes. Training will need to occur at the DSAMH organization level and they in turn will lead the training program for all organizations using the platform.

7. Q: Section 4.22.8.1, Change management is only mentioned in relation to training users on the old vs. the new. Are there other components of change management that you feel are necessary or does the state have that covered internally?  
A: State has change management covered internally.

8. Q: Can you provide additional details on intended users? Is it possible to break that down by user role and to get estimates on the number of users by role? Do you envision groups of users whose access would be limited to reporting?  
A:  
- Social workers, case managers, psychiatrist, psychologist, general medical doctors, police, front desk staff, peer support, etc. These roles all work in Behavioral Health settings, Acute care facilities within health systems, Emergency Rooms, Primary Care, Housing (eg transitional, sober, integrated, etc.) and state facilities that provide support to behavioral health clients.  
- Not possible to provide estimates by role at this point,  
- There will be users that will only need a reporting capability and the ability to analyze the data extract from the system.

9. Q: Does the state have any standards that have been established for encrypting data in transit outside a VPN tunnel, for example a public API?  
A: Yes – see https://webfiles.dti.delaware.gov/pdfs/pp/SecureFileTransport.pdf. Also, please make sure the CSA and/or DUA are signed.

10. Q: The RFP mentions being able to leverage the DHIN and its data and capabilities. There is no mention of ENS – the Encounter Notification System (ENS) is a system built by DHIN to report to a participant in real time when one of its patients has an encounter at any hospital in Delaware. Can we the bidder leverage DHIN to jumpstart the alerting requirements of the RFP?  
A: DSAMH is actively working to put a contract in place with DHIN, with ENS involvement as well. Care coordination platform should leverage DHIN.

11. Q: Does the state have existing standards for querying patients and retrieving documents?  
A: The state has a link about secure web development. There is a portion in there about retrieving documents. In addition, querying patients would be a function of general web application development. Therefore, all other aspects around retrieving data should follow this standard.  
In addition to the above link, all providers are expected to follow the standards for Release of Information (ROI) and HIPAA requirements.

12. Q: Does the state have a preferred timetable for phasing out OpenBeds? How many care coordinators are using the current system? Can we get counts by program of clients referred through the platform?
   A:  
   - 600-700 referrals by month currently
   - There are no plans to phase out OpenBeds. Any new system will need to work with OpenBeds to integrate the referral portion of the platform. For Delaware providers that are not using OpenBeds, each vendor applicant will be evaluated concerning their eReferral service and the capability to provide this service outside of OpenBeds.

13. Q: Does the state have a preferred timeline for completion of the implementation?
   A: Phased approach. Needs to be determined.

14. Q: Does the state have a preferred roll out methodology, for example prioritization of implementation for specific data, functionality, client groups or program groups?
   A: Yes, there is a prioritization by program. Once vendor is selected, we will discuss the feasibility of current prioritization and will work with vendor to develop a realistic plan.

15. Q: Does the state have a preferred analytics platform?
   A: State is contracted to use Microsoft PowerBI but does have access to Tableau.

16. Q: The RFP does not specifically address how access to client data should be permitted across various provider organizations. Should the system be managing consents at a granular level (provider to provider) or will the state be implementing a generalized consent to be used across all providers that would enable data sharing? If the latter is true, would individual clients/patients have the option to opt out of having their data shared by the Platform? Can you please provide additional information regarding the states desired outcome as it relates to data sharing and patient / client consent?
   A:  
   - The State is seeking the platform to manage consent of the users and the client data shared within the application. We are seeking a platform that can manage the consent in compliance of both HIPAA and 42 CRF Part 2. Manage consent at a level that is approved by HIPAA, 42 CRF Part 2 and any other federal requirements that may apply.
   - Desired outcome is to help better connection to treatment, identify gaps in the care system for DSAMH to focus on strategically, and to incorporate SDOH referrals in the treatment process.

17. Q: Does the state currently have a standardized assessment tool or other processes to collect information related to social determinants of health for service recipients?
A:
- Yes, tools exist, but work can be done to help with standardization.
- No, there does not exist a standardized assessment tool but there are ad hoc loose processes employed for data collection and referral for SDOH.

18. Q: The RFP lists an "Appendix B-1 – Key Outcome Indicators" in the list of appendices but we are unable to locate the document. Please direct us to where this document can be found.
   A: This is an error.

The following attachments and appendixes shall be considered part of the solicitation:

- **Attachments:**
  1) Attachment 1 – No Proposal Reply Form
  2) Attachment 2 – Non-Collusion Statement
  3) Attachment 3 – Exceptions
  4) Attachment 4 – Confidentiality and Proprietary Information
  5) Attachment 5 – Business References
  6) Attachment 6 – Subcontractor Information Form
  7) Attachment 7 – Monthly Usage Report
  8) Attachment 8 – Subcontracting (2nd Tier Spend) Report
  9) Attachment 9 – List of Contracts in the State of Delaware Form
 10) Attachment 10 – Office of Supplier Diversity Application

- **Appendices:**
  11) Appendix A – Minimum Response Requirements
  12) Appendix B – Scope of Work / Technical Requirements
  13) Appendix B-1 – Key Outcome Indicators
  14) Appendix C – Division of Substance Abuse & Mental Health (DSAMH) Policies
  15) Appendix D – Business Proposal Requirements
  16) Appendix D-1 – Budget Workbook Instructions
  17) Appendix D-2 – Budget Workbook
  18) Appendix D-3 – RFP Financial Survey
  19) Appendix E – Divisional Requirements
  20) Appendix F – Professional Services Agreement
  21) Appendix G – Behavioral Services

19. Q: Appx. B, 4.22.7, Paragraphs 1 and 3, This first sentence of the first paragraph states, "Legacy data conversion is a requirement under this contract." while the third paragraph states, "Legacy data conversion is not a requirement under this contract." Please clarify if legacy data conversion is or is not a requirement under this contract.
   A: Legacy data conversion is a requirement to create client/data baseline.

20. Q: Appx. B, 4.10, The RFP text states, "Contractor will be expected to address the following requirements in their proposal in detail. Emphasis is on the limited availability of DHSS staff for the project and the expectation that the contractor
express in detail their understanding of their responsibilities for each of these tasks. Contractor is expected to have primary responsibility for each of these project tasks. DHSS versus contractor responsibilities must be delineated.” This is the full text of this section. Please clarify the requirements contractors are expected to address in this section as it does not appear as if specific project tasks have been outlined.

A: Expectation is for the contractor to provide project staff to support client management, interface analyst, system architect and project management resources. These individuals would work alongside DHSS staff assigned to the project. Subject matter experts in the field of behavioral health are preferred.

21. Q: Due to the current travel constraints occurring because of the pandemic, is the State willing to allow us to have key staff conduct business remotely or off-site, with the assumption that the quality and quantity of work will not be compromised?
A: Yes, off-site is acceptable as long as quality and quantity of work is not compromised.

22. Q: Appx. B, 4.4.11, Please confirm that the information requested in Section 4.4.11 Offsite project work is limited to the key staff directly assigned to the Comprehensive Care Coordination Platform project. There are several support organizations which work across multiple clients and, therefore, would not have the specific staff detailed due to dependency upon the type of issue being worked on.
A: Confirmed

23. Q: Appx. B, 4.22.8.1, Is there a set number of users in each of these classifications? We typically propose a Train the Trainer model in order to provide the most cost-effective approach for organizations.
A: No set number of users in each classification. State is requesting a “Train the Trainer” model approach for this initiative.

24. Q: Appx. B, 4.18, DTRN is referenced as the Referral Management system leveraged currently and the bidder should be able to interoperate with DTRN. Later in this section it states 'Bidders should propose solutions that perform the treatment referral functions of DTRN as well as establish interoperability with the existing DTRN platform for a limited period of time'. Please elaborate what "a limited period of time" references in this section. Is the long-term plan to sunset the current leveraged system (DTRN)? If so, please clarify the timing and requirements of a new referral management system.
A: There are no plans to phase out OpenBeds. Any new system will need to work with OpenBeds to integrate the referral portion of the platform. For Delaware providers that are not using OpenBeds, each vendor applicant will be evaluated concerning their eReferral service and the capability to provide this service outside of OpenBeds.

25. Q: Please provide clarification around staffing and staff requirements for the technical project. Is the vendor required or not required to provide actual care managers or care coordinators?
A: Vendor is not required to provide actual care managers or care coordinators. Staffing requirements are specific to project support.

26. Q: There are two cost forms as well as two different sets of instructions for the Business Proposal included in the RFP. Bonfire contains Appx D1-Budget Workbook Instructions, Appx D2 - Budget Workbook, and Appx D3 - Financial Survey while RFP HSS-20-041A, section 6.3 contains detailed instructions for the order and contents of the Business Proposal, including the completion of Exhibit E Project Cost Forms. There is some duplication between the information requested in the instructions and forms but they are not the same. Are both pricing forms to be returned and which instructions for the Business Proposal are to be followed - either Appx D_Business Proposal Requirements from Bonfire or HSS-20-041A, Appx B, 6.3 Business Proposal Contents, pg 114?
A: Bidders are required to submit D-1 as well as D-3. The areas of the RFP which reference the budget requirements is simply for reference as to what is to be included in Appendix D-1, Budget Workbook.

27. Q: In addition to SUD and OUD, what are the high-volume behavioral health conditions in the population?
A: Severely and Persistently Mentally Ill (SPMI) and Severely Mentally Ill (SMI)

28. Q: What languages should the platform support?
A: English/Spanish

29. Q: Does the population typically have access to email and SMS?
A: Yes

30. Q: What is the anticipated size of the population that will be served by the platform? A: TBD The state of Delaware total population is approximately 950,000 residents. The current client base for DSAMH is approximately 40,000 residents.

31. Q: HSS-20-041A, Appx D-3 Financial Survey – We have not seen this form before and are wondering if it is a required part of the submission as some of the information requested, such as Name of Applicant Agency and the signatory in the signature block, seems as if it might be more of an evaluation sheet than something to be completed by vendors. As a publicly-traded company, our records related to our financial practices are readily available in our SEC filings and some information requested is considered to be confidential. Is providing a link to our SEC filings appropriate in lieu of completing this form?
A: We would prefer all organizations, even publicly-traded, submit information in the format provided in the RFP.

32. Q: It is unclear if the State is solely seeking to secure a technology platform for care coordination. There are numerous comments and large sections of this RFP that appear to indicate the State is seeking community providers of care coordination services as well as a technology platform. A few examples are: Pricing Criteria where costs cannot exceed published provider rates. B.8. Ability
to leverage other public-private partnerships and any in-kind funding sources to complement the proposed model? Appendix B A.5. Is this section referencing the training of Bidder’s staff or how Bidder would be training Delaware staff on the use of the technology platform? Appendix B B.3 This section appears to again reference staff that the Bidder would be providing to perform the care coordination services and not a reference to a technology platform. Appendix B Section C This again references the bidder providing staff, beds and service areas and that the bidder has existing technology to manage the care coordination efforts.

A: The purpose of this application is to secure a Technology platform for the purpose of facilitating the coordination of care for Delaware residents with Behavioral Health disorders. The platform will be used by providers of care, supporting services, and data analysts within the state.

33. Q: Project Overview Section 4 B. Expertise 8. specifically, 8.b. Detail level invoicing and 8.c. Compliance with future claims submission.
A: N/A, no question provided.

34. Q: The entirely of Appendix D-1 Budget Workbook Appendix D-3. Appendix E 2 Sec IV. C. 3. Criteria Weight - Is the expectation that the bidder provides a narrative response to each of the Criteria listed in the Criteria Table?
A: See Appendix D-1 for instructions. The expectation is you detail your responses for applicable line items.

35. Q: Appendix B A.10 Please clarify this statement. Is the expectation that the bidder who is providing the technology platform establish partnerships with current community providers or state agencies to provide the staff to utilize the proposed platform?
A: All vendors will work through DSAMH to access or engage with existing partnerships with community providers or other state agencies. No independent relationships a part from DSAMH should be established.

36. Q: Appendix B Scope of Work seems to solely reference the bidder to be providing staff, beds and capacity and deliver the care coordination services. Appendix B Technical Requirements seems to solely reference the bidder supplying a technology platform. Again, is the State seeking services for care coordination or a technology platform.
A: The purpose of this application is to secure a Technology platform for the purpose of facilitating the coordination of care for Delaware residents with Behavioral Health disorders. The platform will be used by providers of care, supporting services, and data analysts within the state.

37. Q: Technical Requirements Appendix B. - 1. Project Overview Section 4. Contractor Responsibilities/Project Requirements – Sections A. Experience and Reputation and Section B. Expertise - these sections are a duplicate of the previous section Appendix B Scope of Work A. We assume this is an error but please confirm.
A: This was not done in error; it was repeated deliberately to ensure the understanding of the requirements within the RFP response would encompass these elements.
38. Q: Technical Requirements Appendix B. - 1. Project Overview Section 4 B. Expertise 8. What is meant by 8.b. Detail level invoicing and 8.c. Compliance with future claims submission. It does not appear the State is seeking a platform that will be used for billing payors. 
A: Correct. Platform is not for billing payors.

39. Q: Exhibit (h) Section I Deliverable Acceptance Request. Please confirm this is the sample form that will be used once the selected vendor contracts with the State to complete the sign-off of project deliverables and thus no information is needed at this time. 
A: Yes

40. Q: Appendix B Section G. Pricing: The State explicitly requested pricing is to be submitted separately and not within the technical proposal. Should the vendor respond this section is N/A and refer to the pricing table submission. 
A: The pricing is to be submitted in a separate document using Appendix D.2 Excel workbook.

41. Q: 4.4.1 Authorizations. If the solution is cloud-hosted, does the requirement to fill out DTI’s AUP still apply? 
A: Yes

42. Q: Does the State have Supplier Diversity goals for the selected vendor such as a percentage target of total contract? 
A: Supplier Diversity is encouraged but not required.

43. Q: Can the State please provide the total # of users anticipated for the technology platform and a breakdown of the expected user role types? 
A: 
- A: Social workers, case managers, psychiatrist, psychologist, general medical doctors, police, front desk staff, peer support, etc. These roles all work in Behavioral Health settings, Acute care facilities within health systems, Emergency Rooms, Primary Care, Housing (eg transitional, sober, integrated, etc.) and state facilities that provide support to behavioral health clients.
- Not possible to provide estimates by role at this point,
- There will be users that will only need a reporting capability and the ability to analyze the data extract from the system.

44. Q: Can the State provide the number of facilities and facility types that will be using the platform? 
A: Social workers, case managers, psychiatrist, psychologist, general medical doctors, police, front desk staff, peer support, etc. These roles all work in Behavioral Health settings, Acute care facilities within health systems, Emergency Rooms, Primary Care, Housing (eg transitional, sober, integrated, etc.) and state facilities that provide support to behavioral health clients.
45. Q: Can you please provide the budget for this bid?  
   A: Not at this time. We are looking for the best effort pricing based on the outline provided in the RFP.

46. Q: Will the Department grant a 2-week extension for proposal submission? The additional time will allow us to best address answers to questions posted by the 29th.  

47. Q: How does the State see Coordinated Care coexisting with an ERP platform?  
   A: At this time, there are no plans to incorporate integration of ERP functions or platforms within the Care Coordination project work.

48. Q: Would the State prefer planning and budgeting, ERP (Financials) and coordinated care on one platform?  
   A: At this time, there are no plans to incorporate integration of ERP functions or platforms within the Care Coordination project work.

49. Q: If so, would financials (ERP) and coordinated care be the first phase and planning and budgeting be the second phase?  
   A: N/A

50. Q: Has the Department identified a budget or budget range for the Comprehensive Care Coordination Platform? If yes, can the Department please share the budget?  
   A: Not at this time. We are looking for the best effort pricing based on the outline provided in the RFP.

51. Q: What is the existing ERP Solution the Department is using today? Is the intent for the Comprehensive Care Coordination Platform to integrate with this solution or adopt a new one?  
   A: At this time, there are no plans to incorporate integration of ERP functions or platforms within the Care Coordination project work.

52. Q: Is the vendor required to provide in-person clinicians and staff for any of the professional services?  
   A: The purpose of this application is to secure a Technology platform for the purpose of facilitating the coordination of care for Delaware residents with Behavioral Health disorders. The platform will be used by providers of care, supporting services, and data analysts within the state. These types of professionals on your team to assist us with system design and implementation are welcome but are not required.

53. Q: Please elaborate on the required reporting to the state agencies.  
   A: Required reporting will be determined by Federal grants, quality measures developed for START initiative and risk stratification for the coordination of care.

54. Q: Please explain the format and the process for reporting.
55. Q: What certifications are required for reporting, if any?
   A: No certifications are required for reporting.

56. Q: What quality measures do you require to monitor the improvement of care coordination? (i.e. HEDIS, MIPS, Custom, etc.)
   A: Quality measures will be developed in coordination with HISD and the START initiative to monitor the improvement of care coordination.

57. Q: What success metrics will be used to track the success of the comprehensive care coordination platform?
   A: DSAMH’s START initiative will work to create metrics that will be used to track the success of the comprehensive care coordination platform in concert with the HISD bureau.

58. Q: Is the project manager expected to work on-site during the COVID-19 pandemic?
   A: This is not a requirement at this time.

59. Q: Please explain the role of Documentation Specialists as mentioned in Appendix B. 2. Appendix B. A.7.: “Staff Qualification and experience”. Do the staff need to have experience with in-person care of patients/clients?
   A: Position not mandatory for this project.

60. Q: Please specify all the data sources that the solution is expected to integrate with i.e. - EHRs, HIEs, etc.
   A: Systems where we are looking for the Care Coordination platform to integrate with include but are not limited to the following: EHRs, Case Management systems, HIEs, Referral Management systems, etc.

61. Q: Which EHRs will vendors be expected to integrate with? What type of access will be provided to vendors (i.e. Database access, CCDA feeds, flat files, etc.)
   A: EHRs are not known but will include acute care EMRs to Behavioral Health focused EMRs. The data exchanged will include ADT, CDA, ADT, HL7, Flat files, and other discrete data.

62. Q: Please elaborate on claims data as to what format will claims data be provided in.
   A: TBD based on the accessibility of the data from the state health exchange.

63. Q: How many claims feed will vendors be expected to integrate with? What are the formats of those claims feeds (CCLF files, Commercial payer flat files)?
   A: Our expected source of the claims data will be the Delaware state exchange DHIN.
64. Q: What is the preferred format of responses to the questions in the proposal? Should the responses appear under each question statement? Please let us know if you have another preferred format for our responses.
   A: All responses to questions should be submitted using the Bonfire platform at https://dhss.bonfirehub.com.

65. Q: What is the estimated number of users that will need user accounts on the platform?
   A: We are unable to estimate the number of users at this point. Our focus is on social workers, case managers, psychiatrist, psychologist, general medical doctors, police, front desk staff, peer support, etc. All roles that treat or support Behavioral Health clients within the state.

66. Q: How many of these users will be care managers/providers/coordinators who will be managing clients'/patients' needs?
   A: We are unable to estimate the number of users at this point. Our focus is on social workers, case managers, psychiatrist, psychologist, general medical doctors, police, front desk staff, peer support, etc. All roles that treat or support Behavioral Health clients within the state.

67. Q: How many patients/lives are expected to be managed through the platform?
   A: The state of Delaware total population is approximately 950,000 residents. The current client base for DSAMH is approximately 40,000 residents.

68. Q: What provider-derived performance measures are referred to in Section 4B 8e?
   A: Each year quality measures are created by DSAMH and providers. We are looking for a platform that will enable us to set and track quality outcomes for our initiatives.

69. Q: Please explain your current system/workflows for providing comprehensive care coordination.
   A: Current system is a paper process.

70. Q: What are the major pain points of Delaware DHSS in providing comprehensive care coordination to its patients/clients?
   A: Paper process that provide limited visibility to the clients overall care and treatment as they move through the system.

71. Q: The RFP states that the Care Coordination Platform is part of an overarching initiative to consolidate various systems. Do you currently utilize a specific Care Coordination Platform? If yes, who is the platform vendor? Are there other systems, for example the DTRN system, that will also be consolidated and the functionality provided by the new platform? Are there any other solutions that you anticipate consolidating into the Care Coordination Platform?
   A: There is no existing solution. There is a referral platform that the RFP has outlined the expectation for integration with the system.
72. Q: Will the new Care Coordination Platform replace DSAMH’s current EMR (electronic medical record) system either in whole or in part based on the level of functionality available within the new platform?
   A: No, the expectation is the platform will connect with multiple EMRs to be able to exchange the data with multiple providers. The platform is for all Behavioral Health providers located within the state and is not just limited to providers employed by DSAMH.

73. Q: Can you provide specifics about the bidirectional interfaces with DHIN and DTRN? Do you anticipate the DTRN interface being just a one-time conversion or ongoing?
   A: Our eReferral platform is just one system we are looking to integrate. Per the RFP there are other systems where we are looking for the Care Coordination platform to integrate with include but are not limited to the following: EHRs, Case Management systems, HIEs, Referral Management systems, etc.

74. Q: For the alerts on Emergency Department and Hospital visits, can we leverage the DHIN interface and for arrests the CRISP Interface, or is there some other means you anticipate pulling in that data?
   A: Yes, but there are more systems not connected with the HIE that we will need derive alerts.

75. Q: How many staff will be logging into the platform who are state employees? How many logging in who are contracted providers (external to the state)?
   A: The majority of the users will be in the community providers.

76. Q: How many prescribers do you have?
   A: N/A

77. Q: How many named users will need access to secure direct messaging?
   A: We are unable to estimate the number of users at this point. Our focus is on social workers, case managers, psychiatrist, psychologist, general medical doctors, police, front desk staff, peer support, etc. All roles that treat or support Behavioral Health clients within the state.

78. Q: How many named users will need offline/disconnected access? For example, do you have users who provide community-based services, and who will need access to the platform, but often find that Wi-Fi connections are slow, spotty, or completely unavailable?
   A: Yes.

79. Q: Does DSAMH have a desired go-live date for the new platform? When should the project begin?
   A: We will establish realistic timeframes when a vendor is selected.

80. Q: Does DSAMH have a desired implementation timeframe from contract signing to go-live such as 9 months or 12 months?
   A: We will establish realistic timeframes when a vendor is selected.
81. Q: Please confirm that bidders are not required to submit copies of their Delaware licensure and/or certification as a part of their proposal responses.

A: Prior to the execution of an award document, the successful Bidder shall either furnish the Agency with proof of State of Delaware Business Licensure or initiate the process of application where required.

82. Q: Please confirm that bidders are not required to submit proof of insurance and the amount of insurance as a part of their proposal responses.

A: Proof of insurance and amount of insurance shall be furnished to the Agency prior to the start of the contract period and shall be no less than as identified in the bid solicitation, Section V, Item 8, subsection g (insurance).

83. Q: We have reviewed the Confidentiality of Documents section of the RFP and Attachment 4 Confidential Information Form. Please confirm that the file containing the confidential information should be submitted electronically via Bonfire Hub and not in hardcopy format (per the references to an ‘envelope’).

A: The Confidential Information Form (Attachment 4) must be submitted electronically through Bonfire portal ONLY.

84. Q: Technical Response Requirements D. Soundness of Approach: Question number 2 asks for simulations of bidder’s platforms based on specific scenarios. Please confirm that there is no specific page limit for this section. Do you have a specific workflow that bidders should follow, including screen captures of the platform?

A: No page limit.

85. Q: Technical Response Requirements E. Sustainability: This section indicates that there is a one (1)-page limit. Please confirm that the one-page limit only refers to bidder’s responses to question number.

A: Responses should be limited to one (1) page for the question in this criterion, excluding Appendix C and attached letters of support

86. Q: Describe the plan for long-term sustainability of the proposed model.

A: We will discuss the sustainability of the initiative once a vendor is selected.

87. Q: What is your anticipated implementation timeline? When do you intend for the project to go live?

A: We will establish realistic timeframes when a vendor is selected.

88. Q: What is the intended budget for the project? Can you provide us with any assumptions?

A: We are looking for the best effort pricing based on the outline provided in the RFP.

89. Q: Can you provide clarity on geographic service area?

A: State of Delaware
90. Q: How many actual users do you anticipate in each year of the contract? Who are the intended users of the platform? Will users only be employees of DHSS/DSAMH? Or is the system intended to be available for use more broadly? Can you provide examples of how these users are anticipated to interact with the Platform (e.g., will users be accessing it while providing care to members of the community in a clinical setting, while providing counseling or care management, for administrative purposes only, etc?)

A: We are unable to estimate the number of users at this point. Our focus is on social workers, case managers, psychiatrist, psychologist, general medical doctors, police, front desk staff, peer support, etc. All roles that treat or support Behavioral Health clients within the state and is not just limited to providers employed by DSAMH.

91. Q: What is the contract term?

A: The term of the contract between the successful Bidder and the State shall be for three (3) years with two (2) optional extensions for a period of one (1) year for each extension.

92. Q: ADTs - Is it possible to get these via an HIE?

A: Yes, but there are more systems not connected with the HIE that we will need access to their data.

93. Q: Admin/Claims Data - What data sets should we expect to receive? Is the data coming from a source that is already aggregating multiple data sources? Or, will we need to integrate with multiple sources?

A: Vendor will need to integrate with multiple sources.

94. Q: What is your expectation around Risk Stratification? What are you trying to solve? Could you walk us through the story of how you see this fitting into your organization? Do you have a metric in mind to judge accuracy of risk stratification?

A: We are looking for a solution that can identify and predict which patients are or likely to be at high risk then prioritize the management of their care in order to control outcomes. For example, clients can be grouped in high, moderate and low risk groups so care teams can prioritize the needs of behavioral health population.

95. Q: What are your expectations around member matching? Are there metrics that you have in mind already for determining the accuracy of Member Matching/Client Identification?

A: Should work in concert with the Master Client Index system which has member matching/client identification processes.

96. Q: Could there be a phased approach? Focus on Care Coordination for the initial phase and then working iteratively with Delaware Stakeholders in order to address other data needs?

A: Yes. We will establish realistic timeframes and scope when a vendor is selected.
97. Q: In section 4B.8, subsection c on page 75, states the following: “Compliance with future claims submissions and billing to be created by DSAMH.” a. What does “future claims submissions” refer to? b. Is there an implication that there will be requirements that are deferred for definition at a later date?
   A: The intent here is to be able to integrate claims data with clinical data within the platform. These requirements are not priority for the initial phase but can be addressed with the vendor of choice during future phases of the project.

98. Could you please clarify the planned use for data received from PMP?
   A: Data received from PMP should help in the coordination of client care for referrals and/or treatment.

99. Q: Could you please clarify the planned use for data received from DELJIS?
   A: Data received from DELJIS should help in the coordination of client care for referrals and/or treatment.

100. Q: Could you please clarify the planned use for data received from LEISS?
    A: Data received from LEISS should help in the coordination of client care for referrals and/or treatment.

101. Q: How do we best align the Technical Response Requirements sections on pages 55-59 of the RFP with the required sections listed on page 110 of the RFP, section 6.2 Technical Proposal Contents?
    A: As stated in section 6.2 the technical proposal shall consist of the content listed in the section, utilizing Appendix B on pg. 55 – 59.

102. Q: What is the estimated number of providers participating in the State’s HIE that would receive the eReferrals for coordinating care?
    A: Many of the Behavioral Health providers that will use this platform are not connected with the DHIN. However, the health systems are. We anticipate that there will be more Behavioral Health providers using the care coordination platform than system participants. We are unable to estimate the number of users at this point. Our focus is on social workers, case managers, psychiatrist, psychologist, general medical doctors, police, front desk staff, peer support, etc. All roles that treat or support Behavioral Health clients within the state.

103. Q: What is the estimated number of users accessing the care coordination platform?
    A: We are unable to estimate the number of users at this point. Our focus is on social workers, case managers, psychiatrist, psychologist, general medical doctors, police, front desk staff, peer support, etc. All roles that treat or support Behavioral Health clients within the state.

104. Q: What is the estimated number of participating organizations that would be receiving referrals in addition to the question 1 above?
    A: We are unable to estimate the number of users at this point. Our focus is on social workers, case managers, psychiatrist, psychologist, general medical doctors, police, front
desk staff, peer support, etc. All roles that treat or support Behavioral Health clients within the state.

105. **Q:** What is the estimated number of users if in addition to question 2 above?
   **A:** We are unable to estimate the number of users at this point. Our focus is on social workers, case managers, psychiatrist, psychologist, general medical doctors, police, front desk staff, peer support, etc. All roles that treat or support Behavioral Health clients within the state.

106. **Q:** What is the estimated number of patients in the population eligible for care coordination as outlined in the RFP?
   **A:** The state of Delaware total population is approximately 950,000 residents. The current client base for DSAMH is approximately 40,000 residents.

**Questions by Email**

107. **Q:** I would like to ask for an assistance in obtaining information if there is a set approximate budget estimate for this engagement below?
   **A:** We are looking for the best effort pricing based on the outline provided in the RFP.

108. **Q:** Can you please provide the budget for the Comprehensive Care Coordination Platform bid?
   **A:** We are looking for the best effort pricing based on the outline provided in the RFP.

109. **Q:** It seems rather large in scope and was wondering if there is a budget range already identified so we have a point of reference. If it is something outlined in the state budget or elsewhere please let me know.
   **A:** We are looking for the best effort pricing based on the outline provided in the RFP.

110. **Q:** Separately, has a mandatory Prebid meeting been set as of yet? I don’t see one but I might not be looking in the right places.
    **A:** A mandatory pre-bid meeting has not been established for this Request for Proposal.

111. **Q:** How many users will access the platform, both administrative and providers that will be logging into the application?
    **A:** We are unable to estimate the number of users at this point. Our focus is on social workers, case managers, psychiatrist, psychologist, general medical doctors, police, front desk staff, peer support, etc. All roles that treat or support Behavioral Health clients within the state.

112. **Q:** How many clients will you be servicing using the platform?
    **A:** The state of Delaware total population is approximately 950,000 residents. The current client base for DSAMH is approximately 40,000 residents.

113. **Q:** How many hospitals, or other outside entities will you want automated interfaces with? I.e – emergency room visits, hospital stays, arrests, etc.
114. Q: How many providers will need an automated interface with their EHR, or do anticipate providers using direct messaging to send data from their systems to the care coordination platform?
A: Survey to be completed before planning and implementation.

115. Q: Does DHSS have a preference for the solution to be DHSS hosted at the Biggs Data Center or remote hosted on the cloud by the vendor?
A: A cloud solution is preferred.

116. Q: If the solution is to be cloud-hosted by the vendor, does DHSS have a preference for Amazon, Microsoft or another government cloud service?
A: No. However, bidder should provide justification for the platform proposed.

117. Q: Regarding the community/private partnerships, can you please clarify or provide examples of what qualifies as a community partnership? Also, are community partnerships required with partners in Delaware or can they be outside of Delaware?
A: Examples of community partnerships are contracted community providers and participants of the DSAMH START Initiative. Community partnerships should start in Delaware, but outside of Delaware can exist as well.

118. Q: Will DHSS please provide forms required with submission in an editable format such as Word, Excel, etc. in lieu of PDF?

119. Q: Does DHSS have a desired timeline for implementation of the platform?
A: We will establish realistic timeframes when a vendor is selected.

120. Q: Is there an anticipated budget for this project?
A: We are looking for the best effort pricing based on the outline provided in the RFP.

121. Considering the geographical constraint of personally reviewing the document, I request you to provide us the following details before we buy the document:
   - List of Items, Schedule of Requirements, Scope of Work, Terms of Reference, Bill of Materials required.
     A: Available on the Bonfire platform at https://dhss.bonfirehub.com
   - Q: Soft Copy of the Tender Document through email.
     A: Available on the Bonfire platform at https://dhss.bonfirehub.com
   - Q: Names of countries that will be eligible to participate in this tender.
     A: Selected business require a Delaware business license for contract development.
   - Q: Information about the Tendering Procedure and Guidelines
     A: We are looking for the best effort pricing based on the outline provided in the RFP.
- Q: Estimated Budget for this Purchase
  A: We are looking for the best effort pricing based on the outline provided in the RFP.

- Q: Any Extension of Bidding Deadline?

- Q: Any Addendum or Pre Bid meeting Minutes?

122. Q: It is unclear if the State is solely seeking to secure a technology platform for care coordination. There are numerous comments and large sections of this RFP that appear to indicate the State is seeking community providers of care coordination services as well as a technology platform. A few examples are:

- Pricing Criteria where costs cannot exceed published provider rates.

- B.8. Ability to leverage other public-private partnerships and any in-kind funding sources to complement the proposed model?

- Appendix B A.5. Is this section referencing the training of Bidder's staff or how Bidder would be training Delaware staff on the use of the technology platform?

- Appendix B B.3 This section appears to again reference staff that the Bidder would be providing to perform the care coordination services and not a reference to a technology platform.

- Appendix B Section C This again references the bidder providing staff, beds and service areas and that the bidder has existing technology to manage the care coordination efforts.

- 1. Project Overview Section 4 B. Expertise 8. specifically 8.b. Detail level invoicing and 8.c. Compliance with future claims submission.

- The entirely of Appendix D-1 Budget Workbook

- Appendix D-3

- Appendix E

A: The purpose of this application is to secure a Technology platform for the purpose of facilitating the coordination of care for Delaware residents with Behavioral Health disorders. The platform will be used by providers of care, supporting services, and data analysts within the state.