



*Delaware Health
And Social Services*

**DIVISION OF PUBLIC HEALTH
PROCUREMENT**

**REQUEST FOR PROPOSAL HSS-26-038, ENHANCEMENT & MAINTENANCE
OF CANCER AND CHRONIC DISEASE DATA MANAGEMENT SYSTEM
FOR
DIVISION OF PUBLIC HEALTH**

June 15, 2026

TO: ALL OFFERORS
FROM: MAURICA SAMPSON
MANAGEMENT ANALYST III
SUBJECT: ADDENDUM #1 TO REQUEST FOR PROPOSAL HSS-26-038, ENHANCEMENT &
MAINTENANCE OF CANCER AND CHRONIC DISEASE DATA MANAGEMENT SYSTEM

The attached sheets hereby become a part of the above-mentioned solicitation. All other terms and conditions remain the same.

If you have any questions, please contact me at Maurica.Sampson@Delaware.gov.

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ADDENDUM #1

QUESTIONS & ANSWERS

The purpose of this addendum is to provide answers to written questions submitted in response to this solicitation.

Q1. Please confirm whether the State will entertain proposals that replace the existing CCDDMS with a cloud-hosted SaaS platform rather than assuming on-premise maintenance of the current C#.NET codebase.

Anything can be proposed and will be evaluated against all proposals. The intent is to enhance and update the current system but will review proposals for a replacement system. If the proposal is for a replacement system, then that proposed system would need to go through the state IT approval process which can take some time.

Q2. If a transition to a new platform is acceptable, what level of funding (if any) is allocated for data migration, user retraining, and parallel operations during the cut-over?

There is no funding available for migration, retraining, etc. Only funding for hosting, maintenance, and enhancements based on grant requirements and program needs.

Q3. Who is the current vendor responsible for hosting and maintaining the Screening for Life / CCDDMS application, and will the State provide transition support assets such as source code, database schema, and technical documentation to the incoming contractor?

The name of the current vendor is not relevant to this RFP as it does not provide information to support a bid.

We need to verify that the state owns the code and that the current vendor will assist in the transition if necessary.

Q4. Approximately how many named and concurrent users access CCDDMS today, and what are the peak daily transaction volumes for data entry and reporting?

There are more than 300 users with access to the current database although not everyone accesses it on a regular basis. Program hours are 8:00am until 4:30pm weekdays excluding holidays although the system is available 24 hours per day. Peak daily transaction volume occurs between 9:00am and 4:00pm Monday through Friday excluding holidays. Transaction volumes vary day to day between enrollment applications and reimbursement claims entry.

Q5. For the required data visualization dashboard, does the Division have a preferred BI/analytics stack or on-prem reporting tool that bidders must integrate with (e.g., Power BI Report Server, Tableau Server, Qlik)?

There is no preferred analytics tool that must be integrated although it the tool should be capable of analyzing the data and returning a visualization with no manual manipulation needed.

Q6. What are the primary challenges DPH is experiencing with the current CCDDMS/SFL solution that this procurement is intended to address?

There are no issues with the current database. It is state policy to go through the RFP process periodically to allow other vendors and opportunity to compete. This RFP is to meet those fiscal requirements and add additional services to integrate enhancements.

Q7. Can the State provide a current-state architecture diagram of the existing CCDDMS/SFL application?

This is not immediately available.

Q8. Will the selected vendor receive complete access to the existing source code, database schema, technical documentation, deployment scripts, and historical change logs upon contract award?

See Question/Answer 3 above.

Q9. Is there an incumbent vendor supporting the current CCDDMS platform? If so, what transition support will be required from the incumbent?

See Question/Answer 3 above.

Q10. What specific Smartsheet workspaces, forms, reports, and workflows are currently used by BCPC and BCD programs, and approximately how many active Smartsheet assets require integration or migration?

Smartsheets is currently utilized separately from the SFL database as a data collection tool for grant required performance measures. Data is entered into Smartsheets directly by contracted partners to track patient navigation of SFL and non-SFL clients, contracted partner outreach, client interactions, and vendor management. SFL client data for application status, screening rates, and reimbursement claims is transferred nightly to Smartsheets.

Q11. Can the State provide estimates for: Number of active client records, Historical records, Document storage volume, Annual transaction volume and Expected data growth?

The SFL program receives over 3,000 applications per year and approximately 5,000 reimbursement claim entries. The current storage volume is based on the vendor capability and the minimum state of Delaware IT requirement.

Q12. Could you please identify all external systems requiring integration?

State of Delaware Master Client Index (MCI), Smartsheet, Delaware Cancer Registry Linkage.

Q13. Are existing integrations based on HL7, FHIR, REST APIs, SFTP, Flat file exchanges or Other standards?

The current integrations are done with Web Services and Excel spreadsheets.

Q14. Does DPH prefer: Vendor-hosted SaaS, State-hosted solution or Cloud-hosted solution within State-approved environments? If cloud-hosted, are there preferred cloud providers?

DHSS IT prefers that the solution not be hosted on-premises at the state location but the other two are fine. It is not known by this RFP team if the state has a preferred cloud provider or allows cloud hosting.

Q15. How many dashboards, reports, and visualizations currently exist, and approximately how many new dashboards are anticipated during the contract term?

Currently, there are more than 30 dashboards, reports, and visualizations. Additional are anticipated, although the number is not yet determined but estimated to be more than ten.

Q16. Does DPH currently utilize any enterprise reporting tools, or should the contractor propose reporting technologies?

DHSS/DPH does utilize enterprise reporting tools, but vendors can also propose other tools.

Q17. Can you please provide estimated counts for: Internal users, External providers, Care coordinators, Program administrators and Read-only users?

There are approximately 20 internal users and approximately 300 external users. Not all external users access the database on a regular basis but have user credentials.

Q18. Can the State provide expected service level requirements for: Incident response, Resolution times, System availability and Maintenance windows?

Emails reporting an incident or requesting assistance should be acknowledged within two hours of receipt during program operating hours. Incidence resolution time varies based on the incident level with resolution expected within one business day.

Q19. Can the State provide an estimated annual spend, not-to-exceed value, or historical spend associated with the current CCDDMS support contract?

This contract will be supported by a combination of state and federal funding. The fiscal year 2027 state budget has not been released by the legislature or approved and signed by the Governor. Federal grant awards for fiscal year 2027 have not been announced. Total funding for this contract is not available until all funding sources are confirmed. Historical spend is not relevant as this RFP is for enhancements beyond the SOW of the historical contracts.

Q20. Does the State require an integrated document management repository, and if so, approximately how many documents are currently stored within the system?

The current system has internal document management and that would be necessary in any proposed system. Documents are uploaded and attached in each SFL client's database file.

Q21. Can DPH clarify the anticipated frequency of onsite meetings and onsite staff presence during implementation and ongoing support?

We anticipate during the support phase to meet bi-weekly, and it is usually through MS Teams and is not onsite. During the implementation phase, meetings would be as necessary and probably also through MS Teams unless onsite would be necessary for some reason.

Q22. Does DPH anticipate contractor-led end-user training, train-the-trainer sessions, or both?

It could be both depending on the functionality being trained.

Q23. Can DPH provide an estimate of the number of enhancement requests or system changes processed annually over the past three years?

This contract has had several planned enhancements over the past three years to integrate an electronic reimbursement claim entry process, update the enrollment application, integrate patient navigation data collection for reported irregular cancer screenings, implement a reminder system for follow-up, and enhancements to the report query and visualization of data functions.

Q24. Should bidders include anticipated enhancement and change request services within the proposed pricing, or will those services be authorized separately during contract performance?

Enhancements will be done separately after transition of the system to a new vendor.

Q25. Should bidders assume ongoing enhancement requests will be funded under: Fixed-price project tasks, Time-and-materials change requests or Annual enhancement pools?

Enhancement costs are currently based on time estimated in the contract to complete them and paid at a fixed hourly rate established in the contract. Vendors are free to propose a structure.

Q26. What is the current technology stack of the SFL/CCDDMS system — specifically the database schema version, C#.NET version, .NET framework version, and hosting configuration at Biggs Data Center?

The current system is .NET with a SQL Server database. The .NET framework version is 4.8. The database is currently hosted offsite and not at the Biggs Data Center.

Q27. What is the current volume of active records, concurrent users, and transaction throughput?

This would require verification with the current vendor which would be outside the RFP guidelines.

Q28. What documentation exists for the current system? The RFP explicitly warns that "documentation may be missing, incomplete, out of date or in error" — can DHSS quantify the coverage gaps?

The Data Dictionary and Technical Documentation documents provided by CDC are updated regularly. The current version may be out-of-date by the contract award date and will require updating or possible change based on new information.

Q29. What is the current state of the Smartsheet integration — is it live, in pilot, or still conceptual?

It is currently live.

Q30. The RFP describes the EMDF pharmacy claims reimbursement process and EDI/EPIC integration as new development. What is the current claims workflow and what data already exists for this program?

Currently, providers enter claims directly into the system through a process called Reimbursable Activity. The provider steps through a series of pages that only displays valid values to build a claim. We also have one vendor that is submitting claims electronically via data transfer from their EPIC system to the SFL database. EMDF pharmacy claims reimbursement will be a new process.

Q31. For the Spanish-language requirement: does DHSS have a translation vendor or do they expect the contractor to independently manage professional translation and all future updates?

The translation process for the database should be included in the proposal and can be completed by the state contracted translator or the selected vendor's translator and will include all future updates.

Q32. For patient navigation integration aligned with NBCCEDP: does DHSS have an existing navigation workflow or data model, or is this a greenfield design?

The patient navigation workflow is established but may be updated with the next CDC grant award.

Q33. What is the definition of "data dashboard" for each of the four programs (CDSMP, HHABPSM, EMDF, and CCDDMS)? Is there an existing mockup, wireframe, or comparable state example?

There is an existing dashboard for the SFL database. This dashboard contains all client information regarding enrollment, social service needs, health history, and cancer screenings provided at an SFL partner site. The other programs are not currently integrated into the SFL database. Those programs collect data using Microsoft Excel spreadsheets.

Q34. The CDC's WISEWOMAN program has its own federal Data Management System (wisewoman.cdc.gov). What is the expected relationship between Delaware's CCDDMS and the federal WISEWOMAN DMS? Does CCDDMS need to export to it, replace it locally, or run in parallel?

WISEWOMAN DMS is only used to verify MDE submission files and submit final MDE submission files to the CDC. CCDDMS is the system used to manage Delaware's WISEWOMAN clients and claims and creates the MDE files that we then verify and submit through WISEWOMAN DMS.

Q35. What are the expected hours of operation and SLA expectations for the help desk during regular operations and maintenance?

The Screening for Life program hours are 8:00 AM – 4:30 PM but the system is available anytime. Providers can enter data into the system at any time, but support is only available during business hours. As far as support from the vendor, we generally stick to program hours, but the vendor should be available for emergency situations.

Q36. Can DHSS clarify whether the on-site requirement at Biggs Data Center is full-time, five days a week, or flexible? The RFP says the Project Manager is "normally on-site" but doesn't define minimum hours.

There is no requirement for an on-site vendor PM. The current system is hosted off-site. The program hours are M-F 8:00 AM to 4:30 PM.

Q37. What is the anticipated total contract value and expected contract term length (initial period and number of renewal years)?

Vendors are free to propose their fee. State policy is to contract annually with one-year renewal periods for the length of the RFP period. This RFP is for fiscal year 2027 with DPH option to renew for additional state fiscal years.

Q38. Is the system currently hosted at Biggs Data Center (on-prem) or is it already in a cloud/remote environment?

The current system is hosted off-site and managed by the current vendor.

Q39. What is the current server configuration — number of servers, CPU, RAM, storage — for each environment (Prod, UAT, Dev)?

This information needs to be provided by the current vendor which would be outside RFP guidelines.

Q40. What is the database size? How many records, how much storage, and what is the growth rate year over year?

Information regarding the total number of records needs to be provided by the current vendor which would be outside RFP guidelines. Storage capacity meets or exceeds the state IT requirement. Historical growth rate year over year is not relevant as this RFP is for expanded services and programs not currently in the existing SFL database.

Q41. What is the current backup storage volume and retention policy?

Information regarding the current backup storage volume needs to be provided by the current vendor which would be outside RFP guidelines, but storage capacity meets or exceeds the state IT requirement. The program follows state record retention policy based on record type.

Q42. How many concurrent users does the system typically support at peak?

This information needs to be provided by the current vendor which would be outside RFP guidelines. All incident reports or service requests will come from DPH and not from individual users.

Q43. Are there any known performance problems with the current hosting setup that the new contractor should be aware of?

No

Q44. If the system is currently hosted at Biggs, is there an expectation that the new contractor migrates it to remote hosting as part of this contract, or do you envision the system continuing to be hosted at Biggs and transition later in the contract?

The system is currently hosted off-site and managed by the current vendor. It is not at Biggs.

Q45. If transitioning away from Biggs, is there data that needs to be migrated, certificates that need to transfer, integrations with other state systems that have network dependencies on the Biggs environment?

The system is not located at Biggs. It is currently hosted off-site and managed by the current vendor.

Q46. Are there any existing software licenses tied to the hosting environment (OS, SQL Server, IIS) that DHSS owns and would transfer to the new contractor, or does the contractor need to provide everything fresh?

DPH pays the current vendor for the costs of hosting hardware/software as part of the hosting services fee.

Q47. For the database layer, should bidders assume that preserving SQL Server compatibility is preferred for maintenance, reporting, stored procedures, integrations, and future enhancements? If so, will the State consider fully managed SQL Server-compatible database services as functionally equivalent to self-managed SQL Server infrastructure, provided compatibility, security, performance, backup, and disaster recovery requirements are met?

Yes, it is preferred. Yes, the state would consider SQL Server compatible dataset services.

Q48. For database operations, does the State prefer bidders to reduce contractor-managed infrastructure tasks such as operating system patching, database patching, backup automation, high availability configuration, and monitoring through managed platform services where available, or does the State require contractor-managed virtual machines and full operating system/database administration?

As cloud hosted application, the state expects the vendor to perform all of these duties/responsibilities (i.e. manage the SQL database(s) and server(s), including patching, updates, security).

Q49. Should bidders identify whether existing State or DHSS Windows Server and SQL Server licensing, enterprise agreements, or software assurance rights can be used to reduce hosting and operations costs? If such licensing exists, may bidders reflect those cost efficiencies in the pricing model?

The system is currently hosted off-site and the current vendor handles management of those licenses.

Q50. Can the State clarify the expected reporting architecture, including acceptable data latency, expected concurrent reporting users, ad hoc query needs, dashboard refresh frequency, and whether a separate reporting database, read replica, warehouse, or analytics environment is preferred?

Currently, all reporting is handled by the current vendor. There is not currently a reporting database. All reporting is done in the Production environment. There are very few reports run at any one time. There are reports for providers as well as the program staff but there is not a high volume. Bidding vendors are free to propose a solution.

Q51. For cloud-hosted environments, should bidders propose clear isolation between production, UAT, development, training, reporting, and disaster recovery using separate accounts/subscriptions, networks, access controls, and security policies? Please clarify the minimum required isolation model for environments that contain production or production-like data.

Yes, the state's expectation is that the environments are separate. Vendors can provide dashboards and/or documentation as evidence.

Q52. Can the State clarify when production data may be copied into UAT, training, development, or reporting environments, and when masking, de-identification, synthetic data, or production-equivalent security controls are required?

The Test environment is occasionally refreshed with Production data so the Test environment should be treated with the same controls as Production.

Q53. For encryption and key management, does the State have a preference for customer-managed keys, State-controlled key rotation, hardware security module-backed keys, contractor-managed keys, or cloud-provider-managed keys? Should bidders include key-access logging, separation of duties, and key-recovery procedures in the proposed architecture?

Please see DTI's Encryption Key Management Policy - <https://webfiles.dti.delaware.gov/pdfs/pp/EncryptionKeyManagementPolicy.pdf>

Q54. Should bidders design the hosted architecture so that database, storage, backup, and internal application components are not publicly exposed and are reachable only through private network paths, controlled ingress, firewalls, VPN/private connectivity, or equivalent security controls? Please clarify any required or preferred network access model for DHSS users, external providers, pharmacies, and contractor support staff.

The current system is a secure, web-facing application but bidding vendors are free to propose other solutions in their bid.

Q55. Can the State provide target RTO and RPO requirements for the production system, reporting environment, database, file storage, backups, and disaster recovery environment? Could you please also clarify backup retention expectations, disaster recovery test frequency, and whether cross-region recovery is expected?

Currently, the system is backed up every night and it would be expected that the system could be restored from the previous night's backup.

Q56. For cloud-hosted components, what compliance evidence should bidders provide to support State review? For example, should bidders include third-party audit reports, SOC reports, FedRAMP documentation, HIPAA/HITECH support materials, NIST control

mappings, penetration test summaries, shared-responsibility documentation, or cloud security posture reports?

Please see DTI's Information Security Policy -
<https://webfiles.dti.delaware.gov/pdfs/pp/DelawareInformationSecurityPolicy.pdf>

Q57. What are the State's expectations for operational monitoring, security logging, audit log retention, alerting, incident reporting, privileged access review, and evidence that support teams accessed State systems only for authorized purposes?

Please see DTI's Delaware Information Security Policy -
<https://webfiles.dti.delaware.gov/pdfs/pp/DelawareInformationSecurityPolicy.pdf>

Q58. For cloud-hosted infrastructure, should bidders provide ongoing cost transparency such as hosting cost categories, usage assumptions, environment-level cost breakdowns, budget alerts, and cost-optimization reporting during operations?

All proposed costs should be transparent and include the line costs per category.

Q59. For cloud-hosted infrastructure, should bidders provide ongoing cost transparency such as hosting cost categories, usage assumptions, environment-level cost breakdowns, budget alerts, and cost-optimization reporting during operations?

Duplicate of above question.

Q60. Can the State clarify whether the prohibition on storing or transferring non-public State of Delaware data outside the United States also prohibits offshore personnel from accessing systems, source code, databases, logs, tickets, screenshots, backups, PHI, or other non-public State data during development, monitoring, support, or help desk activities?

Primary Contractors and Subcontractors must declare in advance or as early as is known during an execution if offshore staff will be used for any tasks associated with the contract and must fully disclose the scope (number and location) and role of the offshore staff. This disclosure must specifically identify the components or subcomponents being worked on what portion(s) of the lifecycle are being performed. This requirement for advance notice before offshoring applies to the entire life cycle effort.

- A. The Data Steward must ensure that all aspects of the Administrative Safeguards and Technical Safeguards contained in the State of Delaware information Security Policy are followed and that the Primary Contractor understands their obligation to require the same of any Subcontractor.
- B. It is considered a best practice for the offshore to have access to only the Development Environment, which is accessible via offshore staff, must be ,asked/obfuscated sufficiently to reduce its data classification to the Public.

- C. Offshore staff must not have access to the production environment.
- D. Offshore staff must not have access to any State of Delaware confidential, secret or Top-Secret data as outlined in the State's Data Classification Policy.
- E. It is a requirement for the Primary Contractor's Domestic staff or State staff to be responsible for promotion of system changes into the Test and Production environments.

Q61. If bidders propose subcontractors, hosting partners, Smartsheet partners, cybersecurity partners, or development/support partners, will those entities be required to execute separate BAAs or other State-approved security/compliance agreements? Can the State please clarify what subcontractor disclosures, approvals, and compliance evidence are required?

All vendors, whether subcontractors, hosting partners, or other types of partners, are required to meet all state IT security and data management requirements. If subcontractors are paid by the vendor directly, they will fall under the vendor's BAA. If subcontractors are paid by the state, a separate contract and BAA will be required.

Q62. Can the State clarify the role of the current Smartsheet vendor during transition, including whether the selected contractor will receive full administrative access, workflow documentation, ownership rights, configuration details, historical data, forms, reports, dashboards, and support from the current vendor?

Smartsheets is currently used for data collection for patient navigation, health promotion advocates, Delaware Cancer Treatment Program enrollment, and vendor management. The current vendor may continue to be used or it can be proposed to integrate the service in the bid.

Q63. Can the State provide its required HIPAA security, privacy, breach notification, incident response, audit logging, and data retention policies that the contractor must follow during hosting, operations, enhancements, and support?

Please see DTI's Delaware Information Security Policy - <https://webfiles.dti.delaware.gov/pdfs/pp/DelawareInformationSecurityPolicy.pdf>
Vendors must follow NIST 800-53 and/or Pub1075 where applicable

Q64. The RFP mentions a Spanish-language version of the application at the login screen. Is the expectation for translation limited to the enrollment/login screen only, or does it extend to all user-facing application screens and reports?

The expectation is that any client viewed information will be translated into a Spanish-language version. This includes the enrollment application, missing information letter, welcome letter, and any cancer screening related communications. Case notes and billing information will not be translated.

Q65. What data visualization tool(s) are currently used or preferred by DHSS for dashboards (e.g., Power BI, Tableau, SSRS, or a custom in-app solution)? Does the agency have existing licenses for any BI/reporting platform?

There are many data visualization tools that can be used but this application is hosted offsite so licensing is done through the hosting vendor.

Q66. The contract states that the State may require holdback of contract monies until acceptable performance is demonstrated, up to 25%. Can the State clarify when a holdback would apply, whether it applies to all invoices or only specific implementation milestones, what percentage is anticipated, and what criteria will be used to release any withheld amounts?

This applies to acceptable performance of contract deliverables outlined in the scope of work. Holdback would apply to the service deliverable identified as not acceptable. Withheld amounts will not be released until the performance level meets the standard(s) identified in the contract.

Q67. Will holdback apply to recurring hosting, maintenance, support, licensing, or pass-through costs, or only to project deliverables subject to formal acceptance?

Holdbacks will apply to the deliverable identified as not acceptable. If the deliverable includes hosting, maintenance, support, and/or licensing, then they may be subject to holdback.

Q68. Can the State provide the anticipated budget range or maximum budget ceiling for the initial two-year contract term, including hosting, maintenance, enhancements, licensing, reporting, dashboard development, integrations, and support services?

The fiscal year 2027 budget has not been finalized by the state legislature. The state has not yet received a fiscal year 2027 federal notice of award. The budget range will depend on the funding made available to the program. Bidders should submit proposals aligned with the deliverables and scope of work outlined in the RFP and their costs associated with each.

Q69. Additionally, should vendors assume the same annual funding level for each optional renewal year, or will renewal-year budgets be determined separately based on available funding and future scope needs?

Optional renewal years are expected to be level funded unless additional hours or deliverables are requested by the state. Awarded vendor may request a contract increase due to higher hosting, licensing, software, or personnel charges but approval is not guaranteed.

Q70. Section II.B — Project Goals states that the awarded vendor will “provide turnkey system updates and sustainability services” for the Cancer and Chronic Disease Data Management System, formerly known as the Screening for Life database, and will securely host the database for the length of the contract. Appendix B also requires “hosting and real time support.” Question: Where is the Cancer and Chronic Disease Data Management System (CCDDMS) currently hosted, and what is the State’s expected future hosting model?

The current system is hosted offsite at a hosting facility and is managed by the current vendor maintaining the system.

Q71. Project Goals and Appendix B — Scope of Work and Technical Requirements require the vendor to provide system maintenance, technical support, hosting, Smartsheet support, reporting, dashboards, and system enhancements.

Question: Who is the current contractor responsible for CCDDMS/SFL/HCC maintenance, hosting, technical support, Smartsheet support, and system enhancements?

The name of the current vendor(s) is not relevant to the submission of bids for this RFP.

Q72. Section III.B.1 — Qualifications of Vendor asks vendors to describe available resources, and Appendix B — Scope of Work and Technical Requirements requires ongoing system maintenance, technical support, reporting, Smartsheet support, hosting, and enhancements. Question: What staffing level is currently used to maintain and support the system, including application development, database support, hosting/security, reporting, Smartsheet support, and user support?

The current staffing level is not the best measure to determine vendor qualifications based on the additional items included in this RFP beyond the current contract.

Q73. Section II.B — Project Goals requires the vendor to support system updates, reporting, data exports, dashboards, Smartsheet workflows, patient navigation, and claims-related functionality. Question: Could the State provide current operational volumes, including ticket volume, enhancement request volume, reporting request volume, user counts, provider counts, pharmacy counts, and program staff counts?

This specific information on service volume needs to be provided by the current vendor. All service requests will come from DPH and not from individual program users. During the current contract period, enhancements have been made to the enrollment process, claims entry process, patient navigation, and development of new reports. There are approximately 300 users with access to the database although they may not utilize the database on a regular basis.

Q74. Section II.B — Project Goals states that the database works with Smartsheet’s data collection tool and that the goal is to integrate these two data collection and management

tools. Question: What user groups currently access CCDDMS and Smartsheet, including DPH staff, providers, navigators, contractors, pharmacies, and external partners? Can the State please provide approximate user counts by role and program, if available?

Currently, DPH staff, contracted providers, health promotion advocates, and community organization staff access both the database and Smartsheet. There are approximately 300 individuals with user access credentials for the current database and less than 75 with user access to Smartsheet. These users may submit enrollment applications, verify service eligibility, submit claims, or enter data for patient navigation or vendor tracking.

Q75. Section II.B — Project Goals requires the awarded vendor to collaborate with the current Smartsheet vendor to transfer current data sheets and maintain the integrity of historical data collected under the current Smartsheet vendor contract.

Question: What historical data must be migrated, integrated, or preserved from CCDDMS, Smartsheet, and any legacy files or systems? Can the State please provide approximate data volumes, date ranges, file formats, number and size of records/files/sheets, how far back the data extends, and any requirements for incorporating older records, validation, reconciliation, or data quality review?

All data currently in the database and Smartsheet must be migrated, integrated, and preserved.

Information regarding data volume, file formats, number and size of records/files/sheets, etc. need to be provided by the current vendor.

The most recent migration of historical data occurred in 2017.

Q76. Section II.B — Project Goals and Appendix B — Scope of Work and Technical Requirements require the vendor to establish and manage a Smartsheet license and workflows for DCTP, WISEWOMAN, patient navigation, HPA data collection, practice transformation, B&C BARS reporting, and other clinic-level cancer screening information.

Question: What Smartsheet workflows, sheets, forms, dashboards, reports, automations, users, and historical data are in scope for this contract?

This may vary based on the individual proposals received but may include but not limited to the tracking of patient navigation for SFL and non-SFL clients, tracking of Delaware Cancer Treatment Program enrollment applications, tracking of health promotion advocate outreach and client contacts, practice transformation data such as screening rates vs. patients eligible for screening, etc. The proposal may include working with the current Smartsheet vendor to continue this data collection.

Q77. Section II.B — Project Goals requires the vendor to facilitate electronic submission of claims through EDI, EPIC, or other secure health information exchange platforms.

Appendix B also references pharmacy claim submission functionality and workflow development for EMDF.

Question: How does DPH currently receive claims, screening results, clinical documentation, and program data from providers, pharmacies, EMRs, EDI feeds, EPIC, secure file transfer, portals, manual uploads, or other mechanisms for each program in scope?

The program currently receives claims via functionality in the system that allow providers and labs to enter the data into the database for the services they have provided. There is also one lab that submits their claims electronically.

Q78. Section II.A — Background describes the programs supported by BCPC and BCD, including NBCCEDP/SFL, WISEWOMAN, CCCP, DCR/NPCR, HCC, DCTP, EMDF, HHA-BPSM, and SMP. Section II.B and Appendix B require monthly/ad hoc reporting, data quality assurance, and CDC compliance.

Question: What federal, CDC, and State reporting or data submission requirements must the system support for each program, including NBCCEDP/SFL, WISEWOMAN, CCCP, DCR/NPCR, HCC, DCTP, EMDF, HHA-BPSM, and SMP?

For both the NBCCEDP and WISEWOMAN program, CDC MDE data reporting and submission requirements must be met. NBCCEDP is required to submit B&C BARS and QPU data which details screening rates vs. clients eligible for screenings and demographic information. All state programs must meet program-level reporting requirements to collect performance metrics identified by each program. Those program specific elements will be identified by the start of the contract.

Q79. Section II.B — Project Goals states that, in the event of changes to the Delaware Cancer Registry and NPCR reporting process via CDC Registry Plus, the vendor “may also provide” DCR-related services. Appendix B describes this as an additional service that may be required but is not mandatory.

Question: Should Delaware Cancer Registry support be priced as an optional service, included in the base proposal, or described as vendor capacity only?

Yes, Delaware Cancer Registry support should be priced as an optional service if the bidder would like to be considered for this option.

Q80. Section V.C.1 (General Information) states the contract term is two (2) years with eight (8) optional one-year extensions but includes no mechanism for price adjustments.

Question: Given the potential ten-year total term and the RFP's requirement that prices remain "fixed and binding" through at least October 15, 2028, will the State agree to include

annual price escalation provisions or a mechanism for negotiating cost-of-living adjustments for extension years?

Bidders may submit annual price escalation provisions or mechanisms for negotiating cost-of-living adjustments or may propose them during the contract renewal process in future years. Additional funding is not guaranteed by the state but will be considered.

Q81. Section IV.B.5 (Proposal Expiration Date) requires prices to remain "fixed and binding on the bidder at least through October 15, 2028" and reserves the right to "ask for an extension of time if needed."

Question: What is the maximum duration for which the State may extend this price hold, and will the Vendor be permitted to decline such an extension without forfeiting its proposal?

Bidders responding to this RFP must agree to the terms in the RFP to be considered for an award. The state will consider annual contract increase proposals during the contract negotiation process, but approval is not guaranteed. State funding is provided on an annual state fiscal year basis as is the federal grant award. Approved contract increases are based on availability of funding for future annual renewals.

Q82. Section V.C.8 states the State "reserves the right to extend this contract on a month-to-month basis for a period of up to three months after the term of the full contract has been completed."

Question: Will the State confirm that the Vendor's consent is required for such extensions, and will the pricing during this extension period be subject to negotiation?

Yes, the state will inform the vendor and request confirmation for any such extension. It is expected that a short-term contract extension will be executed at the period contract rate but the state will consider a negotiation of pricing based on services to be performed during the extension period.

Q83. Section V.G.36(n) states the State "reserves the right to add terms and conditions during the contract negotiations." Question: Will the State identify the categories or nature of additional terms and conditions it may seek to add? This open-ended reservation makes it difficult for Bidders to assess the full scope of contractual risk at the time of proposal submission.

This is standard state contract language. This may include limits to the number of staffing included on the contract, changes to state IT requirements arising after publication of the RFP, etc. All items would be discussed with the vendor during the contract negotiation process.

Q84. Section V.G.21 (Vendor Activity) prohibits any activity from being "executed in an offshore facility" and requires attestation that "no activity will take place outside of the

United States." Question: Does this restriction apply to incidental support activities (e.g., after-hours monitoring or help desk overflow) or only to substantive development and data processing? Does this prohibition extend to cloud infrastructure that may route through international nodes?

Primary Contractors and Subcontractors must declare in advance or as early as is known during an execution if offshore staff will be used for any tasks associated with the contract and must fully disclose the scope (number and location) and role of the offshore staff. This disclosure must specifically identify the components or subcomponents being worked on what portion(s) of the lifecycle are being performed. This requirement for advance notice before offshoring applies to the entire life cycle effort.

- A. The Data Steward must ensure that all aspects of the Administrative Safeguards and Technical Safeguards contained in the State of Delaware information Security Policy are followed and that the Primary Contractor understands their obligation to require the same of any Subcontractor.
- B. It is considered a best practice for the offshore to have access to only the Development Environment, which is accessible via offshore staff, must be ,asked/obfuscated sufficiently to reduce its data classification to the Public.
- C. Offshore staff must not have access to the production environment.
- D. Offshore staff must not have access to any State of Delaware confidential, secret or Top-Secret data as outlined in the State's Data Classification Policy.

Q85. Is the goal a one-way feed, bi-directional sync, or full migration onto a single platform? Does "integration" extend to downstream systems (EHRs, state reporting systems, federal grant portals), or stop at the front-end database and Smartsheet?

No information is currently shared with other state reporting systems or external EHRs. MDE data is exported to CDC. A nightly download is completed to transfer client and claims data to Smartsheet.

Q86. Are all five named programs (Chronic Disease Self-Management, Healthy Behavior Support Service, WISEWOMAN, Emergency Medical Diabetes Fund, and the cancer programs under DCC) in scope at launch, or phased? Are there other BCPC/BCD data sources (registries, claims feeds, lab data) the bidder should plan to ingest?

Currently, chronic disease self-management, healthy behavior support services, and EMDF data are not integrated into the database. These programs currently use other platforms such as vendor dashboard reports or Excel spreadsheets to collect, track, and monitor data and client participation. The current database currently supports the Screening for Life and Health Care Connection program enrollment, Screening for Life claims, and cancer screening information. This includes reports and some visualization. CDC can add or

remove authorized programs for the WISEWOMAN program or NBCCEDP. If they do, then we would need to adjust the system to accommodate.

Q87. What specific equity metrics, stratifications (race, income, geography, SVI), or frameworks does DPH expect the solution to support? Is there an existing equity dashboard or standard the solution must align with?

Data on equity metrics is not collected or reported separately. The SFL enrollment process collects demographic data for all applicants and there is currently a report query for that information which can be sorted by timeframe requested.

Q88. What are the concrete deliverables (platform build, dashboards, reports, training, ongoing O&M)? How will DPH measure success – data accuracy thresholds, report turnaround time, user adoption, or specific Quadruple Aim KPIs?

The expectation is not to build a new system but to provide maintenance and enhancement of the existing system. Bidders may propose a new system, but it is not required. Success will be measured by seamless transition and integration of new program dashboards and accuracy of program outcomes reports.

Q89. What is the budget range and contract term (base plus option years)? Are there mandatory technology constraints (state-approved cloud, HIPAA/FedRAMP, in-state hosting, Section 508 accessibility), required certifications, or incumbent systems the solution must coexist with?

The initial contract period is state fiscal year 2027 and 2028. The state may opt to renew the contract annually for up to eight additional fiscal years. The budget should be proposed by the bidder in the proposal based on the scope of work identified in the RFP. The awarded vendor must follow DTI IT requirements that can be found in the DTI Information Security Policy - <https://webfiles.dti.delaware.gov/pdfs/pp/DelawareInformationSecurityPolicy.pdf>, and DTI Encryption Key Management Policy - <https://webfiles.dti.delaware.gov/pdfs/pp/EncryptionKeyManagementPolicy.pdf>. Vendors must follow NIST 800-53 and /or Pub1075 where applicable.

Q90. Please identify the complete set of documents and forms required at proposal submission. Should vendors submit only the items listed in the RFP Appendix A Minimum Mandatory Submission Requirements, or must vendors also submit the additional files, forms, and exhibits identified in the standalone Technical Requirements Appendix B,

including Exhibits B, D, F, G, H, and J? [RFP; Technical Requirements Appendix B (RFP p. 49; App. B pp. 34–43)].

Vendors should submit all documents identified as mandatory in the RFP. Submission of all requested documents provides more detail to the state regarding proposals and vendor ability to perform requested activities.

Q91. Please confirm the preferred proposal organization and order of contents. Should the Technical Proposal follow the labeled sections in Technical Requirements Appendix B Section 6.2, with the Business Proposal following Section 6.3, while also addressing the evaluation criteria in RFP Section III and including the required Appendix A forms? [RFP; Technical Requirements Appendix B (RFP pp. 9–10 and p. 49; App. B pp. 35–39)].

This is outlined in the required documents section of the RFP announcement.

Q92. Please clarify whether vendors must submit both: (1) the high-level draft baseline project plan described in Technical Requirements Appendix B Section 6.2.4 and (2) a completed Appendix E workplan. Or may a single integrated workplan and schedule satisfy both requirements if it includes all required information?

[Technical Requirements Appendix B; Appendix E (App. B pp. 35–36; App. E p. 2)]

Prefer that you submit both.

The high-level draft baseline project plan defines the “what” and “why.” It sets the foundational constraints (budget, major milestones, and deliverables) that require formal change control to alter. The workplan defines the “how” and “who.” It breaks down high-level phases into daily or weekly tasks, individual work packages, and resource assignments.

Q93. Section 6.2.4 states that the high-level project plan must be created in Microsoft Project format and converted to PDF for upload. Should vendors upload both the native mpp file and the PDF version, or is the PDF version sufficient at proposal submission?

[Technical Requirements Appendix B (p. 36)]

PDF version is acceptable.

Q94. Please clarify which pricing forms control. Should vendors complete the separately issued Appendix F Project Cost Proposal, the Project Cost Forms included as Exhibit E to the Technical Requirements Appendix B, or both sets of forms?

[RFP; Appendix F; Technical Requirements Appendix B; Exhibit E (RFP p. 55; App. F pp. 1–3; App. B pp. 39 and 55–61)]

Yes, bidders should complete both sets of forms.

Q95. The RFP Appendix F page refers vendors to Appendix B Proposal Requirement 5, Budget and Budget Narrative, for cost-submission instructions. Please provide the

required content, format, and placement for the Budget Narrative and clarify whether it should be submitted within the Business Proposal or as a separate attachment.

[See RFP (p. 55)]

Q96. Please confirm the required start date for hosting and real-time support. The RFP identifies an estimated project start date of October 15, 2026, while Appendix B states that hosting and real-time support are required from June 1, 2026 through the end of the RFP period. [See RFP (pp. 3 and 50)]

The estimated performance period for year one is estimated to begin on October 15, 2026. The end of year one will follow the state fiscal year of June 30, 2025. Year two will follow state fiscal year dates of July 1, 2027, through June 30, 2028. Appendix B incorrectly identifies June 1, 2026 as the start date.

Q97. Please clarify the proposal and pricing expectations for the Delaware Cancer Registry services described as additional services that may be required but are not mandatory. Should vendors provide a capabilities narrative only, a separately priced optional scope, or hourly rates for future Project Change Request work? [See RFP (pp. 8 and 50–51)]

Vendors should provide a capabilities narrative at this time but may include a separately priced optional scope or hourly rate for future project change request work. If Delaware Cancer Registry services are included in the contract in future years, the cost will be negotiated based on scope of work requirements.

Q98. Please describe the expected transition from the current Smartsheet vendor, including the inventory of existing sheets, workflows, landing pages, licenses, historical data, and integrations to be transferred. Will the State facilitate incumbent cooperation and access to transition materials? [See RFP (p. 8)]

The bidder may propose to work with the current Smartsheet vendor to continue the current process or may propose to integrate the Smartsheet data collection into the workflow. To integrate Smartsheet data collection into the new workflow, it will involve converting reports from Smartsheet to reports internal to the CCDDMS system. Historical data from 2021 to present will need to be copied to include patient navigation sheets, health promotion advocate outreach data, patient level data, and vendor reported data. If the vendor proposes to integrate Smartsheets, the vendor will need to obtain the Smartsheet license.

Q99. Please define the required on-site staffing level and duration. Must the Contractor Project Director and Project Manager be physically on site in New Castle throughout the implementation phase on a full-time basis, or may vendors propose a hybrid approach

with specified on-site cadence? Does any on-site requirement continue during Operations and Support? [\[Technical Requirements Appendix B \(pp. 8–9\)\]](#)

[There is no requirement for the vendor to be on-site. There may be times when it is necessary to be on site for meetings, but this has not been very often with the current vendor.](#)

Q100. Please confirm the positions for which named resumes are required at proposal submission and whether the Exhibit D Key Position Resume format is mandatory. May vendors include supplemental resumes or CVs, and are there page limits for resume materials? [\[Technical Requirements Appendix B; Exhibit D \(App. B pp. 8–10 and p. 53\)\]](#)

[Named resumes are required for all individuals filling current positions identified in the proposal.](#)

Q101. Please clarify whether vendors must submit both Appendix C Attachment 6 Business References and Exhibit H Contractor Project Experience forms. May the same projects and contacts be used for both requirements, and how many completed Exhibit H project-experience forms are required for the prime contractor and each proposed subcontractor?

[\[Appendix C Vendor Forms; Technical Requirements Appendix B; Exhibit H \(Appendix C Attachment 6; App. B pp. 37–38 and p. 67\)\]](#)

Q102. Please confirm the subcontractor documentation required at proposal submission. Is one completed and jointly signed Appendix C Attachment 7 required for each proposed subcontractor? Are any additional subcontractor forms, business references, resumes, licenses, or certifications required at proposal submission rather than after award?

[\[Appendix C Vendor Forms; Technical Requirements Appendix B \(Appendix C Attachment 7; App. B p. 16\)\]](#)

Q103. RFP Appendix D describes the Professional Services Agreement, Business Associate Agreement, and DTI Terms and Conditions as sample placeholders for contract negotiation, while Technical Requirements Appendix B Section 4.4.5 instructs vendors to review and sign the DTI Terms and Conditions as applicable. Please identify which agreement documents, if any, must be completed, signed, and uploaded with the proposal.

[\[RFP Appendix D; Technical Requirements Appendix B \(RFP p. 53; App. B pp. 14–16\)\]](#)

Q104. Please identify where vendors should state the ACA Safe Harbor Additional Fee and its basis of application. If the fee is not applicable or is zero, should the vendor state \$0.00

and provide an explanation in the Business Proposal or pricing form? [RFP; Appendix F; Technical Requirements Appendix B Exhibit E

(RFP pp. 20 and 25–26; App. F pp. 1–3; App. B p. 56)]

Q105. Does the State anticipate requesting oral presentations or system demonstrations? If so, will the State provide anticipated timing, presentation length, required topics, demonstration scenarios, and any requirements for a live demonstration environment or sample data?

[RFP (pp. 21–22)] This RFP does not request a new system, but maintenance and enhancement of the existing database. Bidders may submit a proposal for a new system. If a new system is selected, then a system demonstration may be requested after the contract award date.

Q106. To support a realistic workplan and cost estimate, will the State provide current-state materials such as architecture diagrams, application and codebase documentation, hosting details, user counts, data volumes, report inventory, interface inventory, service-level expectations, open enhancement backlog, and current Smartsheet license and workflow inventory?

[RFP; Technical Requirements Appendix B (RFP pp. 7–9; App. B pp. 2–3 and 19–24)] and see Q3 above.

Q107. Please describe the anticipated transition-in period and incumbent knowledge-transfer process for the existing CCDDMS. Will the selected vendor receive access to source code, documentation, data dictionaries, ticket history, configuration information, and incumbent staff for knowledge-transfer sessions before assuming maintenance responsibility?

[RFP; Technical Requirements Appendix B (RFP pp. 7–9; App. B pp. 20–24)]

The selected vendor will receive access to all documentation and code after selection and will then be responsible for providing hosting, standing up in the existing or new environment and then providing maintenance. This is contingent in making sure that we can get all of the code and documentation from the current vendor. We already have some of the documentation from them but to make sure we get whatever we need to ensure a smooth transition (if a different vendor is selected).

Q108. Please confirm whether the completed crosswalk should map only the numbered requirements in Technical Requirements Appendix B Section 4, or whether vendors should also provide a crosswalk for the mandatory requirements in the main RFP Scope of Services and Appendix B Bidder Requirements summary. [Technical Requirements Appendix B; Exhibit G (App. B pp. 37 and 65)]

The crosswalk should include all requirements.

Q109. The RFP asks for completed and signed copies of the Non-Collusion Agreement and Subcontractor Information forms; however, that file is to be uploaded in Euna as an Excel document, and the file is locked for editing. Is the typed name considered a signature, or should a signed, PDF copy of these forms be included separately. If so, in what section should these be included or otherwise uploaded?

[RFP; Appendix A (RFP pp. 49)]

Q110. As a Firm Fixed Price contract is contemplated in which the contractor assumes the maximum risk and responsibility for all costs and resulting profit or loss, and as Firm Fixed-Price contracts are not adjusted based on the contractor's actual cost experience, can the State clarify the extent to which actual incurred costs (direct, indirect, or otherwise) would be subject to audit scrutiny or disallowance? Or would such audits focus on invoice alignment with awarded Fixed Price deliverable/milestone payment amounts?

[See RFP (RFP pp. 35)]

Vendors must submit monthly invoices for all work performed including line-item associated costs. Invoices are reviewed monthly for alignment with the contracted scope of work and approved costs.

Q111. Would the State allow the selected vendor to use of an umbrella policy to supplement and satisfy liability coverage limits, assuming the combination of primary and umbrella liability coverage equals or exceeds the minimum liability insurance requirements?

[RFP (RFP pp. 27-29)]

Q112. The RFP requires vendors to identify an ACA Safe Harbor Additional Fee and the basis on which it will be applied, and the fee is separately scored. Please confirm whether this requirement applies to vendors proposing project-based professional services rather than temporary staffing services. If applicable, please confirm that this would be a separate fee assessed by the Vendor to the State of Delaware when an assigned Vendor employee elects health coverage through the Vendor. Please also clarify where the fee should be entered in the Appendix F Project Cost Proposal, as the current template does not appear to include a designated field, and whether a Vendor may state "\$0" or "Not Applicable," with an explanation, if it does not anticipate assigning personnel for whom such a fee would apply.

[See RFP (25–26)]

Q113. As the General Contract Terms include an "Independent Contractors" clause, whereby the parties confirm no employment relationship is established by way of this agreement with the State, may vendors elect to include no ACA fee in their proposal, and

offer to provide the State with evidence of employee health insurance coverage, as needed, to satisfy ACA requirements?"

[\[See RFP \(25–27\)\]](#)