

April 29, 2027

TO: ALL OFFERORS
FROM: Emily Brown
Management Analyst II • DPH
SUBJECT: ADDENDUM TO HSS-26-043 - Newborn Hearing Screening Data Collection

ADDENDUM #1 – QUESTIONS & ANSWERS

THE ATTACHED ADDEDNUM HEREBY BECOMES A PART OF THE ABOVE SOLICITATION.

All other terms and conditions remain the same.

If you have any questions, please contact me at Emily.Brown@delaware.gov.

Q1. Vendor Question: Alternative Platform Acceptability (Appendix B, Items A, D, K, L)

Appendix B references "eSP™" (a trademarked product of a specific vendor) by name in multiple scope requirements (Items A, D, K, and L). Is the Division open to proposals from vendors offering an alternative EHDl data collection and case management platform that meets all stated functional requirements? Or does the scope of work require the use of the eSP™ system specifically? If alternative platforms are acceptable, would the scope include migration of historical data from the current OZ system to the new platform?

A1. Program Response

The Division will consider proposals from vendors offering an alternative EHDl data collection and case management platform, provided that the proposed solution meets all functional requirements outlined in Appendix B (Items A, D, K, L).

If an alternative platform is proposed, the scope of work includes migration of historical data from the current newborn screening system to ensure continuity, data integrity, and seamless operations across connected hospitals. Vendors should provide a detailed plan demonstrating how all required functionality will be maintained and how historical data will be accurately migrated to the new platform.

Proposals will be evaluated based on their ability to meet these functional requirements, support hospital integrations, and effectively manage data migration.

Q2. Vendor Question: Early Intervention Tracking Scope (Appendix B, Item G)

Appendix B Item G states the vendor shall "enhance efforts in tracking infant that are referred to EI services." Does this mean tracking that a referral to Early Intervention was made and confirmed as received, or does the scope extend to tracking EI enrollment, eligibility determination, IFSP development, and service delivery outcomes? This distinction significantly affects the solution scope and pricing.

A2. Program Response

Referral information to Early Intervention (EI) services will be entered by the staff responsible for the case. The system's role is to capture, store, and report this data accurately, including verification that the referral was made and received. The system should provide the necessary functionality to track referral status, generate alerts or reminders for follow-up, and produce reports to support timely interventions, but it is not responsible for performing EI enrollment, eligibility determination, or IFSP development, as those remain outside the system's scope.

Q3. Budget Range and Pricing Structure (Section V.C.2, Section V.G.14)

Is there an estimated budget range or not-to-exceed amount for this contract? The RFP references both SaaS subscription licensing (Section V.C.2) and milestone-based payment with potential holdback (Section V.G.14). Should vendors propose pricing as a monthly or annual SaaS subscription, a one-time implementation fee, or a combination?

A3. Program Response

The Division does not provide an estimated budget range or a not-to-exceed amount for this contract. Vendors should propose pricing that reflects the full cost of delivering the required solution, including both ongoing SaaS subscription/licensing and any implementation or project-based fees. Vendors should provide sufficient detail to demonstrate transparency, cost reasonableness and alignment with the proposed scope and deliverables.

Q4. Vendor Question: Data Transition Obligations (Appendix B, Item B)

If the Division selects a vendor offering a different platform than the current system, will the incumbent vendor be contractually required to provide a complete data export in a standard format (e.g., CSV, HL7, FHIR) to facilitate transition? What historical data retention requirements apply?

A4. Program Response

If the Division selects a vendor offering a platform other than the current system, the incumbent vendor will be required to provide a complete data set to be migrated/imported into the replacement system. The Division requires that all historical EHDI data maintained in the current system be preserved and made available for migration. Vendors proposing alternative platforms should include a detailed plan for migrating historical data while ensuring data integrity, security and accessibility throughout the transition. The format will likely not be HL7, but a set of relations database tables in a text format (e.g. CSV).

Q5. Vendor Question: Scope of Work and Technical Requirements Calls for Vendor-Specific Product Name

Appendix B - Scope of Work and Technical Requirements calls for an information management system named "e-screener plus (eSP)". Would our submission be considered if our information management system meets the other requirements specified but is not specifically named "e-screener plus (eSP)"?

A5. Program Response

The Division currently utilizes a newborn screening information management system integrated with the hospital network. Vendors may propose equivalent systems that meet all functional and technical requirements outlined in Appendix B, use of the current platform is not required.

Q6. Vendor Question: Information Management System Hosting

Will hosting the information management system be handled by the applicant or is the Delaware state DOH interested in hosting the system itself?

A6. Program Response

The Delaware Division of Public Health will require the vendor to be responsible to host, operate, and maintain the system they propose. No vendor system will be hosted by the state.

Q7. Vendor Question: HL7 linking

Appendix B - Scope of Work and Technical Requirements calls for the applicant's information management system to "Provide and receive data to the newborn screening program in an HL7 format". Are these HL7 data links with other systems already established with the state DOH's current system, or will applicants be expected to establish HL7 links for the first time as part of their deployment if selected?

A7. Program Response

Birth facilities can currently produce HL7 from their Electronic Health Record (EHR) systems. The vendor is responsible for defining the HL7 content requirements and providing connectivity for hospitals to transmit HL7 messages. The state doesn't provide the infrastructure to receive and redirect HL7 messages from hospitals to the selected vendor.

Q8. Vendor Question: What is meant by "Assess the current state of facilities?"

Appendix B, Item B on p.45 in the document titled HSS26043-NHSDC_rfp refers to "Assess the current state of facilities?" What is meant by this? Can we please get some details around this expectation.

A8. Program Response

"Assess the current state of facilities" refers to evaluating participating hospitals and birthing facilities to understand their readiness and current processes related to newborn screening activities. The purpose of this is to identify gaps, training needs, and opportunities for process improvement to support effective implementation and ongoing use of the system and program requirements. The vendor will evaluate current workflows, system usage and overall readiness to identify gaps, training needs, and opportunities for improvement.

Q9. Vendor Question: What is meant by "Support the direct enhancement of DPH database?"

Appendix B, Item E on p. 45 of the document titled HSS26043-NHSDC_rfp refers to "Support the direct enhancement of DPH database". Can you please provide details around what direct enhancement refers to?

A9. Program Response

"Support the direct enhancement of the DPH database" refers to assisting the Delaware Division of Public Health in improving or upgrading the newborn screening database to better meet program needs. This may include configuring new functionalities, optimizing workflows, improving data reporting and integration, or implementing enhancements that increase efficiency, accuracy,

and usability of the system. Vendors are expected to work collaboratively with DPH staff to ensure these enhancements align with program requirements and existing infrastructure.

Q10. Vendor Question: What is meant by "Enhance efforts in tracking infants that are referred to EI services?"

Appendix B, Item G on p. 45 of the document titled HSS26043-NHSDC_rfp refers to "Enhance efforts in tracking infant that are referred to EI services". What type of enhancements is this referring to

A10. Program Response

The "enhancement" related to improving the tracking and follow-up of infants referred to Early Intervention (EI) services. This may include system updates or workflow improvements that allow more accurate and timely recording of referrals, automated notifications of reminders for follow-up, improved reporting and monitoring outcomes, identifying gaps or delays in service delivery. The goal is to strengthen the ability of the system and program staff to ensure that referred infants receive appropriate evaluations and interventions in a timely manner.

Q11. Vendor Question: What kind of report is expected in Item I?

Appendix B, Item I on p.45 of the document titled HSS26043-NHSDC_rfp refers to a report that is to be provided on the 10th day of each month. What does this report include (data points, format, etc.)

A11. Program Response

The monthly report due by the 10th is intended to accompany the vendor's itemized invoice. It should clearly summarize the services outlined in the scope of work to allow the EHDI Coordinator to review both the service summary and the associated costs in a single submission. This approach ensures transparency.

Q12. Vendor Question: Confirmation of no State employees listed as references

Attachment 6 Business References in the document titled HSS26043-NHSDC_AppC says not to list state employees as references. We are assuming that this means Delaware State employees and not employees of other state programs. Is this accurate?

A12. Program Response

Yes, that assumption is correct. The instruction does not list state employees as references refers specifically to employees of the State of Delaware. References may include individuals from other states programs, private organizations, or other non-Delaware state entities, provided they can speak to the vendor's relevant experience and performance.

Q13. Vendor Question: Does the state have a preferred cost proposal template to utilize as part of the submission?

We did not see any templates for the cost proposal. Is there a preferred template you would like us to use for the pricing proposal?

A13. Program Response

No Cost/Pricing workbook was provided. As noted in Appendix A.3, "Please submit your itemized pricing/cost based on information noted in Appendix B for the Budget/Cost."