

March 10, 2026

TO: ALL OFFERORS

FROM: Rick Williamson
Management Analyst III

SUBJECT: ADDENDUM #1 – HSS 26-064 SCHOOL-BASED HEALTH CENTERS
EXPANSION INITIATIVE: KENT AND SUSSEX COUNTIES

ADDENDUM #1

THE ATTACHED SHEETS HEREBY BECOME APART OF THE ABOVE-MENTIONED SOLICITATION.

1. Addendum to RFP – RESPONSES TO VENDOR QUESTIONS

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All other terms and conditions remain the same.

If you have any questions, please contact me at INSERT PHONE NUMBER AND EMAIL ADDRESS.

Public Q&A

Funding for Technical Infrastructure

Vendor, Feb 25, 2026 3:39 PM EST, Not Public - Pending

Could an organization be funded that would work with schools and providers to implement a technology platform that would:

- a. Collect consents
- b. Support early identification and management of acute and chronic health conditions that may
- c. affect student well-being and academic performance.
- d. Promote preventive care and healthy behaviors through age-appropriate screenings,
- e. counseling, and health education.
- f. Use data and performance monitoring to assess service utilization, outcomes, and
- g. opportunities for continuous quality improvement.
- h. Coordinate care with students' primary care providers to support continuity of services across
- i. school-based and community-based settings.
- j. Support students and families without an established primary care provider in identifying and
- k. connecting to a medical home or primary care provider.
- l. Establish referral pathways for specialty care and follow-up services when needs exceed
- m. the scope of the SBHC.
- n. Facilitate communication and information-sharing, as appropriate to ensure students
- o. receive consistent and coordinated care.
- p. Implement operational and billing models that support long-term sustainability, including
- q. Medicaid reimbursement for eligible services.
- r. Integrate SBHCs into school and district support systems to promote ongoing utilization,
- s. coordination, and institutional sustainability.
- t. Secure and maintain medical sponsorship and partnerships to support clinical oversight,
- u. integration, and financial viability.

PROGRAM response:

No, As described in Appendix B, this RFP requires the awarded vendor(s) to establish staff, operate, and sustain comprehensive school-based health centers that deliver integrated physical, behavioral, and preventive health services within school settings. A proposal limited to a technology platform would not meet the scope of services.

1. Existing Sites

Vendor, Feb 27, 2026 1:32 PM EST, Not Public - Pending

The RFP says 1 Seaford Elementary SBHC exists, is this Frederick Douglass? Does this mean West Seaford, Blades and Seaford Central are considered new allowing the application to include these buildings?

PROGRAM response:

Proposals should focus on establishing new SBHC sites that are not currently operating. Schools that do not currently have an SBHC in place may be included in a proposal.

2. Indirect Costs

Vendor, Feb 27, 2026 1:33 PM EST, Not Public - Pending

Is there a cap on Indirect Costs?

PROGRAM response:

Administrative costs are expected to be reasonable and aligned with the overall budget structure for this initiative. Vendors should propose budgets that clearly justify administrative and indirect cost levels in relation to the scope of work. Final determinations regarding budget allowability and applicable requirements will be addressed during contract negotiations and implementation planning.

3. Timeline

Vendor, Feb 27, 2026 1:33 PM EST, Not Public - Pending

Do all 4 SBHCs have to be open in the 1st year or can they be phased in overtime throughout the implementation timeline?

PROGRAM response:

No. As stated in Appendix B (pg. 52), the RFP requires a minimum of four SBHCs to be established and operational by Year 4. Vendors may propose a phased implementation approach for the SBHC site(s), provided that the proposal clearly outlines the timeline for establishing each site and demonstrates the capacity to implement them within the project period.

4. RFP Contingency

Vendor, Feb 27, 2026 1:35 PM EST, Not Public - Pending

Do you have a better chance of securing the award if you apply for 4 SBHCs vs 1 SBHC site?

PROGRAM response:

No. Proposing a greater number of SBHC sites does not increase the likelihood of receiving an award. Proposals will be evaluated based on the criteria outlined in Section IV.C.2 of the RFP.

5. Budget Allocation

Vendor, Feb 27, 2026 1:38 PM EST, Not Public - Pending

Is the \$195,000 split between the 4 schools in year 1 or will only 1 SBHC be awarded in year 1? If so, what is the budget allocation for the subsequent years?

PROGRAM response:

The budget represents the total funding available for SBHC implementation in Year 1 and is not a set amount per site. One or more SBHCs may be awarded in Year 1. Funding for subsequent years will be determined based on available RHTP funds and program needs; therefore, specific budget allocations for future years are not available at this time.

6. Future Budget

Vendor, Feb 27, 2026 1:39 PM EST, Not Public - Pending

Is there a potential for more funding for years 2 – 5?

PROGRAM response:

Funding for years 2-5 is contingent upon the availability of RHTP funds and program needs. Specific funding amounts for those years have not been determined at this time.

7. School District Role

Vendor, Feb 27, 2026 1:40 PM EST, Not Public - Pending

What role will the school district play in the vendor choice?

PROGRAM response:

The Delaware Division of Public Health will make award decisions in accordance with the evaluation criteria set forth in the RFP. School districts do not have a formal role in vendor selection. However, vendors are expected to demonstrate a strong plan for coordination and partnership with the school district(s) they propose to serve.

8. Scope of proposal

Vendor, Feb 27, 2026 1:47 PM EST, Not Public - Pending

The RFP references establishing SBHCs in both elementary and middle schools. Is it permissible for a vendor to propose only for middle or elementary schools without affecting evaluation?

PROGRAM response:

Yes, proposals can include establishing SBHCs in elementary schools, middle schools, or a combination of both. Proposals will be evaluated based on the criteria outlined in the RFP and the vendor's ability to effectively implement and operate services at the proposed site(s).

9. Single or multiple proposals

Vendor, Feb 27, 2026 1:49 PM EST, Not Public - Pending

Can a single vendor submit multiple proposals for different districts or school levels (e.g., middle schools in one district, elementary schools in another), provided the vendor is the primary contractor in each proposal, or should these be consolidated into a single proposal?

PROGRAM response:

As stated in Section IV.B.12.c of the RFP, a primary vendor may not participate in more than one proposal. Vendors should submit one proposal. If proposing to serve multiple districts or school levels, these should be included within a single proposal.

10. Scope of services

Vendor, Feb 27, 2026 1:50 PM EST, Not Public - Pending

Would the State allow a proposal focused on a mental health-enhanced model for middle schools, emphasizing behavioral health staffing, programming, and outcomes, while still meeting the minimum mandatory scope of services outlined in Appendix B?

PROGRAM response:

Yes, vendors may propose a model that places additional emphasis on behavioral health services, provided the proposal continues to meet the minimum mandatory scope of services

outline in Appendix B. Proposals should demonstrate how the proposed model responds to the needs of the school(s) to be served and supports the delivery of comprehensive SBHC services.

11. Question for Clarification

Vendor, Feb 27, 2026 2:42 PM EST, Not Public - Pending

RFP Section: Appendix B - Scope of Work & Technical Requirements

#8 Sustainability & Program Optimization

“Implement operational and billing strategies, including Medicaid reimbursement for eligible services, to support long-term SBHC sustainability.”

RFP Page: 51

Question for Clarification:

Regarding the requirement to ‘implement operational and billing strategies, including Medicaid reimbursement for eligible services, to support long term SBHC sustainability,’ please clarify whether the contracted vendor will be required to (a) enroll as a Medicaid provider and directly bill Medicaid for eligible services, or (b) support operational processes while the contracting agency conducts all Medicaid billing under its own credentials. Additionally, please specify the expected roles and responsibilities for documentation, coding, claims submission, and Medicaid compliance.

PROGRAM response:

Yes, the vendor is required to enroll as a Medicaid provider, as reimbursement will support program sustainability. Information regarding DMMA roles and responsibilities, as well as contact information for further clarification, is available at:

<https://medicaid.dhss.delaware.gov/provider/Home/tabid/135/Default.aspx>.

12. School Based Health Centers

Vendor, Feb 27, 2026 3:09 PM EST, Not Public - Pending

- a. Have the targeted elementary and middle schools already been identified? If so, which ones are they?
- b. Do the schools realize that they need to provide a suitable space for the center?
- c. If the schools need to create space to accommodate a school-based health center, will the costs of construction, furniture and equipment be eligible for funding under the grant.
- d. What is the financial appropriation for each center?...or is the amount of funding for a school-based health center dependent on the budget that a proposer submits as part of their proposal.

PROGRAM response:

- a) No, specific schools have not been identified. Proposals may include elementary or middle schools located in Kent or Sussex Counties.
- b) Proposals should demonstrate coordination with the school(s) where services are proposed. As described in the RFP under “Community Engagement and School Partnerships,” vendors should engage with the school(s) as partners in the planning and implementation of the SBHC, including discussion of the availability of appropriate space to support the center’s operation.
- c) Costs associated with establishing space for a SBHC, such as furniture, equipment, and certain minor renovations, may be proposed in the budget if they are necessary to support SBHC operations and align with program goals. However, funds may not be used for new construction, building expansion, or major capital improvements. Minor

renovations or alterations may be allowable with appropriate justification and prior approval, consistent with federal requirements. Vendors should clearly describe and justify any proposed infrastructure or equipment costs in their budget and budget narrative.

- d) The RFP does not establish a fixed funding amount per SBHC. Vendors should propose a budget that reflects the scope of services, staffing, and implementation needs for the site(s) included in their proposal. Proposed budgets will be reviewed as part of the overall evaluation to ensure they are reasonable, justified, and aligned with the available funding and project goals.

13. Tech subcontractor model

Vendor, Feb 27, 2026 3:36 PM EST, Not Public - Pending

Will DPH accept a proposal where the prime clinical operator names a technology subcontractor responsible for digital enrollment/consent, referral tracking (closed-loop), and dashboards/reporting?

PROGRAM response:

Yes, vendors may include subcontractors as part of their proposal. As described in Section IV.B.13 of the RFP, the use of subcontractors must be clearly described in the proposal, and any major subcontractors must be identified by name. The prime contractor will remain fully responsible for overall contract performance, including the work of any subcontractors.

14. Reporting data elements

Vendor, Feb 27, 2026 3:37 PM EST, Not Public - Pending

What are the required reporting data elements (fields) for quarterly and annual reports (encounters, preventive services, behavioral health, referrals, follow-up documentation, payer mix/billing, and equity cuts)?

PROGRAM response:

Specific reporting elements are still in development and will be provided to the awarded vendor(s) at the start of the project.

15. Referral completion definition

Vendor, Feb 27, 2026 3:37 PM EST, Not Public - Pending

How does DPH define a “completed referral” for the 65% referral completion target?

PROGRAM response:

For the purposes of this RFP, a “completed referral” refers to a referral in which the student successfully connects with the referred service, and the outcome of the referral is confirmed and documented. This may include confirmation that the student received the referred service or that the referral was otherwise resolved through follow-up.

16. Referral completion definition

Vendor, Feb 27, 2026 3:37 PM EST, Not Public - Pending

What constitutes acceptable documentation for the “100% referral follow-up attempts/outcomes documented” requirement?

PROGRAM response:

DPH does not prescribe a specific documentation format. However, documentation should clearly demonstrate that referral follow-up was attempted and that the outcome of the referral was recorded. Vendors should maintain sufficient records to show that reasonable efforts were made to facilitate and track referrals and to document the resulting outcome.

17. DHIN coordination (technical expectations)

Vendor, Feb 27, 2026 3:37 PM EST, Not Public - Pending

What specific DHIN connectivity is expected (interfaces, standards, timelines)?

PROGRAM response:

The RFP does not specify a required DHIN connectivity standard. However, vendors should describe their proposed technology and data systems, including electronic medical records, reporting systems, and DHIN connectivity capacity (e.g. HL7 interfaces, Ability to send/report immunizations, labs, and encounter data to the state via DHIN, Participation agreements and DHIN testing before go-live., as applicable, etc.), as applicable.

18. DHIN coordination (technical expectations)

Vendor, Feb 27, 2026 3:38 PM EST, Not Public - Pending

Is FHIR/HL7 exchange required, or are secure exports acceptable initially?

PROGRAM response:

The RFP does not specify a required interoperability standard such as FHIR or HL7. However, vendors should describe their proposed technology and data systems, including electronic medical records, reporting systems, and DHIN connectivity, as applicable.

19. SBHC recognition process

Vendor, Feb 27, 2026 3:38 PM EST, Not Public - Pending

For "Delaware-recognized SBHC status" applications, does DPH have a required data set or template that the vendor must support?

PROGRAM response:

The specific requirements and terms related to applications for Delaware-recognized SBHC status will be provided by DPH at a later stage. These requirements will be established in coordination with the selected vendor (s) following contract award.

20. Clinical Staffing and Prescriptive Authority

Vendor, Feb 27, 2026 4:12 PM EST, Not Public - Pending

Are there minimum staffing requirements or ratios that must be met at each SBHC?

PROGRAM response:

The RFP does not establish specific minimum staffing ratios for SBHCs. Vendors should propose a staffing model that demonstrates the capacity to deliver the full scope of required services and meet the needs of the students served. Proposed staffing plans should reflect appropriate clinical and operational support to ensure effective SBHC operations and compliance with applicable state laws, regulations, and professional licensure requirements.

21. Clinical Staffing and Prescriptive Authority

Vendor, Feb 27, 2026 4:13 PM EST, Not Public - Pending

Is an onsite provider with prescriptive authority required, or is remote supervisory coverage acceptable?

PROGRAM response:

The RFP does not require that a provider with prescriptive authority be physically onsite at all times. However, the organizational and clinical structure of the SBHC must ensure appropriate supervision of staff and the delivery of services within each provider's scope of practice. The SBHC must also designate an individual with overall responsibility for management of the

center, consistent with applicable Delaware regulations and professional licensure requirements.

22. Clinical Staffing and Prescriptive Authority

Vendor, Feb 27, 2026 4:13 PM EST, Not Public - Pending

Are there specific licensure requirements for behavioral health providers within SBHCs?

PROGRAM response:

Behavioral health services provided within SBHCs must be delivered by professionals who hold the appropriate Delaware licensure or certification for their discipline. In accordance with Delaware law, SBHCs may provide mental health and substance use disorder assessments, crisis intervention, counseling, treatment, and referrals to a continuum of behavioral health services. All behavioral health providers must practice within their scope of licensure and in compliance with applicable state laws and regulations governing SBHC operations.

23. Scope of Clinical Services

Vendor, Feb 27, 2026 4:13 PM EST, Not Public - Pending

What level of behavioral health services is expected (screening only, short-term counseling, ongoing therapy, psychiatric services)?

PROGRAM response:

SBHCs are expected to provide behavioral health services consistent with the scope described in Delaware law and the RFP. At a minimum, this includes behavioral health screening, assessment, short-term counseling or brief interventions, crisis intervention, and referral to appropriate community-based services when needs exceed the scope of the SBHC. SBHCs should also support coordination and follow-up with external providers, including specialty behavioral health services, as appropriate. Vendors should describe in their proposal how behavioral health services will be delivered and coordinated to meet student needs.

Questions from the Pre-bid Meeting on 3/12/2026 @ 11 AM EDT

24. The \$195,000 that's being awarded, just for clarification, is that just the first year for one or all four schools, if awarded through the RFP? Will we may or may not get that in the years later if not renewed?

The initial 195 is for the first year and the first year begins. The contract is scheduled to begin July 1st and the first year of the grant period ends October 30th. So, we're looking at a shortened timeline and then there are increased funds in subsequent years.

Or is that 195 per?

Year 1 funding represents the total funding available for initial SBHC implementation during a shortened first project period and is not a set amount per site. One or more sites may be supported depending on the proposals received. Funding in subsequent years is expected to increase but will be contingent upon the availability of Rural Health Transformation Program funds and program needs. Vendors should propose a reasonable budget aligned with the scope of services and number of sites included in their proposal.

25. Are you only looking at 4 schools total? So, I mean could you guys potentially give? Like two schools to one vendor and two to another or divvy it up depending or are you looking to give to one vendor only?

The RFP anticipates establishing a minimum of four SBHC sites over the project period. DPH is not limited to awarding a single vendor. Awards may be made to one or multiple vendors depending on the proposals received and each vendor's demonstrated capacity to implement and sustain the proposed services.

26. When it comes to our budgets, do you just want the budget for like the first year? Do you want us to propose the budget for years one through?

However long that we would be having this grant.

Vendors should submit a detailed budget for the initial project year and high-level budget projections for the full five-year project period. Funding for future years will be contingent upon the availability of Rural Health Transformation Program funds and program needs. Vendors should ensure that proposed budgets reflect anticipated implementation timelines and sustainability planning for the proposed services.

27. In the proposal we just did for renewal of our own districts back in January, but you know in the technical proposal they are asking about our qualifications and staffing. Do you want job descriptions and resumes of like current employees that would be helping to establish these future School Wellness Centers?

And is there any particular information that we required from your standpoint to present to the school boards?

Yes, vendors should include job descriptions and resumes for key staff who will support implementation and operation of the proposed SBHC site(s), along with any additional information that demonstrates organizational qualifications and capacity. Proposals should also include sufficient detail regarding the proposed services and implementation approach to support coordination and engagement with school districts and school boards.

Is there anything that we have to put in, that's a requirement from your standpoint. I know obviously we would give a menu of services and things like that, but is there anything from your standpoint that you would require us to tell them?

Vendors should ensure that proposals include all information required under the RFP, including a clear description of the proposed scope of services, implementation approach, and organizational capacity.

28. The question with the boards, do they have to be like in our just recent RFP have a letter of that they agree to these services or? Just that we presented to them and they're willing?

Vendors should demonstrate coordination and engagement with the school district(s) where services are proposed. While a formal letter of support or approval is not required at the time of proposal submission, vendors are encouraged to include documentation of district or school board engagement, such as letters of support or evidence of discussions, to demonstrate readiness to implement SBHC services consistent with the proposed scope of work and applicable requirements.

29. I have a follow-up question about the indirect cost rate response that you provided. It's my understanding from the CMS, NOFO and Delaware's. Application that Delaware that the state's administrative expenses cannot exceed the designated threshold, but in the budget narrative, in Delaware's budget narrative. The vendor contracts are separate from that administrative cost, so.

It's not clear to me that that requirement flows down to the sub recipients. Could you clarify whether that's something that Delaware's decided to? Require of vendors or whether you're interpreting it as a CMS requirement that all implementation, whether it's directly by the state or by subrecipients. The indirect cost can't exceed that threshold.

Administrative costs are expected to be reasonable and aligned with the overall budget structure for this initiative. Vendors should propose budgets that clearly justify administrative and indirect cost levels in relation to the scope of work. Final determinations regarding budget allowability and applicable requirements will be addressed during contract negotiations and implementation planning.

30. Sustainability. You have not identified the four schools that would be the recipients of these school-based Wellness centers, is that correct?

Is it the expectation that the vendor would? How would the vendors go about determining what schools would be subject to bidding if you've not identified it?

Specific schools have not been pre-identified. Vendors should propose the school site(s) they intend to serve within Kent or Sussex Counties and demonstrate coordination with the school district(s), assessment of community need, and readiness to implement SBHC services at the proposed location(s).

31. So that's a small universe. So how can we specifically look at high needs schools or in specific in that region or how what are you looking at that the vendor to identify a school?

Vendors may propose any middle or elementary school in Kent or Sussex County. Proposals must demonstrate community readiness, including partnerships with the school, school board, and district, and show evidence of need.

32. My second question under that is sustainability. How important is the sustainability narrative in this when they're number one, how important is sustainability narrative in this in terms?

Sustainability is an important consideration for this initiative. Vendors should describe their approach to supporting the ongoing operation of SBHC services, including strategies related to partnerships, reimbursement, and long-term service delivery. Proposals will be evaluated based on the criteria outlined in the RFP.

33. Once someone is awarded the contract--my question derives from making any kind of plan for opening centers or staffing models if the vendor were to have difficulty with, let's say, being able to staff it with qualified folks because of being in a health care desert.

If anybody wants to entertain that, if not, I understand basically if you just have trouble with the model that you are putting forth the success of all of the elements.

Certain criteria will be met knowing that this is an area where some of it could be difficult or some change could happen. I imagine if that would be something that DPH would be working out with a vendor if they were having difficulty with the model that they have proposed.

Vendors are expected to propose feasible implementation and staffing models that demonstrate the capacity to deliver the required services. SBHCs must provide services consistent with the minimum scope defined in Delaware law and applicable regulations. Vendors will be responsible for meeting contractual requirements and performance expectations for the services proposed.

34. There is a lot of requirements for the sole vendor, so a few subcontractors must be packaged together. Does DPH have plans to ease some of these requirements across RFP for sole vendors?

It seems like there's a lot of different kind of braided components that maybe a healthcare provider or somebody's going to have to provide here. And just looking kind of across the RFPs that are out in Delaware for rural health transformation, it feels like a lot of tech or data components are very similar in nature, so my question is more of a mechanic of the overall rural health transformation and DPHS plans to maybe help some vendors across RFPs with some of the requirements. So if there's a requirement for connectivity with DIN or close with referral tracking or other like outcomes reporting requirements, like it just feels like a place that DPH could help kind of ease some of those requirements for sole vendors instead of them going out and kind of packaging a bunch of different solutions together to help meet those requirements and just seeing if DPH has any plans to like unify efforts and help ease you know the many and minimum requirements for sole healthcare providers or FQHCS or community partners that are going to apply for these RFPs.

The RFP outlines the requirements necessary to support implementation, reporting, and coordination of SBHC services under this initiative. Vendors may propose partnerships or subcontracting arrangements, as appropriate, to meet these requirements. While the State continues to coordinate Rural Health Transformation activities across initiatives, vendors remain responsible for proposing comprehensive and feasible approaches that address the scope of work and applicable performance expectations described in the RFP.

35. I was checking the state again, the Bonfire website, and I saw there's the Rural Health Extension RFP, but there's another RFP due the same day for another um establishing another Wellness Center. I mean is that an another RFP due or is this piggybacking on the expansion as well?

No, this solicitation is separate from all other RFPs that may be posted. Vendors should review the requirements of each RFP individually and submit proposals in accordance with the specific scope, timelines, and instructions outlined.

36. Is this project expected to operate during all school hours?

The RFP does not prescribe specific operating hours. However, SBHCs services are expected to be available during regular school hours to support student access to care. Vendors should propose an operational schedule that reflects the needs of the school(s) served and demonstrates the capacity to effectively implement and sustain services consistent with the required scope of work.