

April 1, 2026

TO: ALL OFFERORS
FROM: Rick Williamson
Management Analyst III
SUBJECT: ADDENDUM TO INVITATION TO BID – HSS 26-065 RURAL LIBRARY-BASED
HEALTH ACCESS

ADDENDUM #2

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 Ricky.Williamson@delaware.gov.

VENDOR QUESTIONS

RFP HSS-26-065: RURAL LIBRARY-BASED HEALTH ACCESS

Date: 3/31/26

Q1. Can they identify/share qualifying geographic areas of the state?

A1. Qualifying geographic areas are rural communities located in Kent County and Sussex County. Delaware is using the Health Resources and Services Administration (HRSA) Federal Office of Rural Health Policy definition of rural.

Q2. Can the project include more than nine libraries? 10? or more?

A2. The RFP is scoped to nine library locations. Please refer to RFP Goal 1 and Appendix B (Section 8 and Outcomes with Metrics).

Q3. Given that these telehealth sites may be utilized by sick or symptomatic individuals, are there specific Department of Public Health infection control protocols the vendor must adhere to regarding the sanitization of the physical spaces and hardware between patient visits?

A3. The RFP does not prescribe specific infection control protocols for telehealth spaces. Vendors are requested to describe their proposed approach to maintaining safe and sanitary environments for telehealth services in accordance with applicable public health guidance and standard operational practices.

Q4. Who owns the data collected through telehealth sessions conducted in libraries?

A4. DPH will retain ownership of programmatic data generated through this initiative. Clinical information disclosed during telehealth sessions will be maintained by the healthcare provider or telehealth platform in accordance with applicable federal and state privacy laws, including HIPAA.

Q5. Are navigators expected to be certified application counselors (CACs) for Medicaid/ACA enrollment?

A5. The RFP does not prescribe specific certification requirements for navigators. Vendors are requested to provide a detailed description of their proposed staffing model and qualifications necessary to fulfill the requirements described in the RFP.

Q6. What qualifies as an “access event” towards the 35% utilization metric?

A6. An access event is a documented instance in which a rural resident engages with a health-related service facilitated through a participating library, either in person or via technology provided at the library, resulting in receipt of health information, screening, consultation, or connection to care, etc. Vendors should describe their proposed approach

to tracking and documenting utilization consistent with the requirements described in the RFP.

Q7. The goal to reach 35% of the rural population and facilitate 6,000 completed telehealth visits. Is this expected to be achieved by the end of Year 1 of the contract?

A7. The award will be one year with four optional one-year extensions, with funding for subsequent years contingent upon vendor performance and the availability of federal funding. The metrics described in the RFP are intended to be achieved over the full five-year project period. Vendors should propose their approach for all five years.

Q8. Are these cumulative targets intended to be met over the full 5-year potential lifespan of the contract (Base Year + 4 Option Years)?

A8. Yes, the metrics described in the RFP are cumulative targets intended to be achieved over the full five-year potential lifespan of the project.

Q9. How is this measured? Self-attested / derived / duration?

A9. Vendors are requested to describe their proposed approach to tracking utilization and service delivery consistent with the requirements described in the RFP.

Q10. Are vendors required to use specific reporting platforms?

A10. The RFP does not prescribe a specific reporting platform. Vendors are requested to describe their proposed approach to data collection, reporting, and performance tracking consistent with the requirements described in the RFP.

Q11. Does the state expect vendors to implement their own data tracking and reporting platform, or will there be a standardized state reporting system vendors should integrate with?

A11. The RFP does not prescribe a specific reporting platform. Vendors are requested to describe their proposed approach to data collection, reporting, and performance tracking consistent with the requirements described in the RFP.

Q12. Will libraries provide space and baseline infrastructure (private rooms, broadband), or must vendors fund upgrades?

A12. Proposals should demonstrate coordination with the libraries where services are proposed. Vendors should engage libraries as partners in the planning and implementation of services, including discussion of the availability of appropriate space and infrastructure.

Q13. Regarding the requirement to 'Support extended operating hours at nine rural libraries,' does the state expect the vendor's budget to cover the facility overhead costs (e.g., library staff overtime, utilities, security) for these extended hours, or is

the vendor only responsible for staffing the telehealth and navigation hubs during those periods?

A13. Vendors should propose a budget and approach that supports the implementation of services consistent with the requirements described in the RFP.

Q14. Coordinate on-site or virtual legal assistance and workforce referrals: What is the scope of legal assistance?

A14. Vendors are requested to describe their proposed approach to coordinating legal assistance consistent with the requirements described in the RFP.

Q15. Is the vendor expected to directly employ or subcontract legal counsel and workforce coaches, or is the expectation strictly to provide navigation and referral services to existing

A15. The RFP does not prescribe a specific staffing or service delivery model for legal assistance or workforce support. Vendors are requested to describe their proposed approach to coordinating these services consistent with the requirements described in the RFP.

Q16. state/community legal and workforce agencies?

A16. The RFP does not prescribe a specific staffing or service delivery model for legal assistance or workforce support. Vendors are requested to describe their proposed approach to coordinating these services consistent with the requirements described in the RFP.

Q17. Is the required part-time licensed social worker expected to rotate physically on-site across all nine library locations, or can their social services support and crisis response be provided virtually to patrons via the established telehealth hubs?

A17. The RFP does not prescribe a specific service delivery model for the licensed social worker. Vendors are requested to describe their proposed approach to providing social services support and crisis response consistent with the requirements described in the RFP.

Q18. In the event a patron experiences an acute medical emergency or severe behavioral health crisis while utilizing the telehealth hub, who holds the primary legal 'duty of care'—the vendor's on-site navigator, the library staff, or the remote telehealth clinician? Will the State issue standardized emergency escalation protocols for these library settings?

A18. The RFP does not prescribe specific emergency response protocols or assign legal duty of care among participating entities. Vendors should ensure that services are delivered in accordance with applicable laws, professional standards, and organizational policies.

Q19. Does the state envision digital navigation services being primarily staff-assisted within the libraries, or would there be support for a digital self-service

platform that allows residents to independently search resources or track referrals or help with enrollment steps?

A19. The RFP does not prescribe a specific service delivery model for digital navigation services. Vendors are requested to describe their proposed approach to delivering digital navigation support consistent with the requirements described in the RFP.

Q20. Who defines outcomes-can the vendor define them? If vendor is required to use a different referral system, will the vendor get access to the data to track services and outcomes?

A20. Outcomes are defined in the RFP under the “Outcomes with Metrics” section (beginning on pg. 50). Vendors should propose their approach to tracking services and reporting outcomes consistent with the requirements described in the RFP.

Q21. Is integration with DHIN required or encouraged?

A21. The RFP does not prescribe integration with DHIN. Vendors should propose their approach to data sharing and coordination consistent with the requirements described in the RFP.

Q22. Coordinate referrals to healthcare and community providers: Is this using an existing referral system like UniteUs or FindHelp? Or can vendor provide its own?

A22. The RFP does not prescribe a specific referral platform. Vendors should describe their proposed approach to coordinating referrals to healthcare and community providers consistent with the requirements described in the RFP.

Q23. Health Navigation and Benefits Enrollment: Is the vendor supposed to provide a platform to do so? Does the platform need to do eligibility verification? If not, who does eligibility verification?

A23. The RFP does not prescribe a specific platform for health navigation or benefits enrollment, nor does it require a particular eligibility verification system. Vendors should describe their proposed approach to providing these services consistent with the requirements described in the RFP.

Q24. Are there minimum equipment standards required for telehealth stations?

A24. The RFP does not prescribe specific equipment standards for telehealth stations. Vendors should describe their proposed approach to providing the technology and equipment necessary to support telehealth services consistent with the requirements described in the RFP.

Q25. How will we access PCP and provider schedules and EMRs to assist with scheduling visits?

A25. The RFP does not prescribe specific systems for accessing provider schedules or EMRs. Vendors should describe their proposed approach to facilitating scheduling and coordination with healthcare providers consistent with the requirements described in the RFP.

Q26. Do the patients need to connect with their PCP via telehealth or is a provider on-call sufficient?

A26. The RFP does not prescribe a specific clinical care model. Vendors should describe their proposed approach to facilitating telehealth services with appropriate healthcare providers consistent with the requirements described in the RFP.

Q27. MAT facilities need to have strict protocols for handling, storing, and dispensing medications (e.g., methadone). Is that the expectation at the library? Or is library serving as a triage point?

A27. The RFP does not require libraries to dispense or store medications. Vendors should describe their proposed approach to facilitating telehealth services and coordinating care with appropriate healthcare providers consistent with the requirements described in the RFP.

Q28. Are we connecting to existing provider telehealth systems? If the provider does not have an existing platform, do we connect them with a preferred system to participate?

A28. The RFP does not prescribe a specific telehealth platform or system. Vendors should describe their proposed approach to facilitating telehealth services and coordinating with healthcare providers consistent with the requirements described in the RFP

Q29. Does the state expect the successful vendor to own/operate a telehealth clinical provider network or is the expectation to facilitate telehealth access and navigation within an existing network?

A29. The RFP does not prescribe a preferred telehealth service delivery model. Vendors should describe their proposed approach to facilitating telehealth services and coordinating with healthcare providers consistent with the requirements described in the RFP

Q30. Does the State prefer working with a vendor that has both the technology and provider network for the telehealth visits? Or a telehealth platform to connect community members with their already established providers (PCPs, specialists, etc.)?

A30. The RFP does not prescribe a preferred telehealth service delivery model. Vendors should describe their proposed approach to facilitating telehealth services and coordinating with healthcare providers consistent with the requirements described in the RFP

Q31. What are the extended working hours? Weekends? Nights?

A31. The RFP does not prescribe specific extended operating hours. Vendors should describe their proposed approach to supporting extended service hours consistent with the requirements described in the RFP.

Q32. Because the state is already offering kiosks and these services at some libraries, would we use the existing partners for the booths, provider networks, behavioral health telehealth services, etc.? Or is the state looking for the vendor to recommend options for these?

A32. The RFP does not prescribe specific partners or service providers. Vendors should describe their proposed approach to partnerships and service delivery consistent with the requirements described in the RFP.

Q33. Please clarify whether the State's intent is for this initiative to provide episodic telehealth access and initial assessment services, or ongoing longitudinal primary care management.

A33. The intent of the initiative is to facilitate access to healthcare services through telehealth and navigation support within library settings. The RFP does not require vendors to provide ongoing primary care management.

Q34. Does the State expect vendors to assume responsibility for active chronic disease management and/or post-hospital discharge follow-up as part of this program?

A34. The RFP includes delivery of education related to chronic disease management. The RFP does not require vendors to provide clinical chronic disease management or post-hospital discharge follow-up.

Q35. What level of behavioral health services is expected under this contract, including medication management, counseling access, crisis response, and medication-assisted treatment support?

A35. The RFP does not prescribe a specific scope of behavioral health clinical services. Vendors should describe their proposed approach to facilitating access to behavioral health services consistent with the requirements described in the RFP.

Q36. Are there any Delaware-specific requirements regarding tele-prescribing, controlled substances, or medication handling that vendors must incorporate? Is electronic prescribing to community pharmacies sufficient?

A36. Vendors are responsible for ensuring that any telehealth services, prescribing practices, or medication-related activities comply with all applicable federal and Delaware laws and regulations. The RFP does not establish additional state-specific requirements.

Q37. What are the State's expectations regarding service availability, including same-day access, minimum weekly hours, evening or weekend coverage, or continuous access requirements?

A37. The RFP does not prescribe specific requirements to access or availability. Vendors should describe their proposed approach to service availability consistent with the requirements described in the RFP.

Q38. Does the State have projected encounter volumes, utilization targets, or minimum service expectations that vendors should use for planning purposes?

A38. The RFP includes program outcomes and metrics under the “Outcomes with Metrics” section. Vendors should propose their approach to service delivery and utilization consistent with the requirements described in the RFP.

Q39. Does the State have specific requirements regarding how care navigation, enrollment support, and referral coordination services must be structured or delivered within participating libraries?

A39. The RFP does not prescribe a specific service delivery structure. Vendors should describe their proposed approach consistent with the requirements described in the RFP.

Q40. What data integration, reporting frequency, performance metrics, and health information exchange requirements must vendors meet under this initiative?

A40. Please refer to Appendix B of the RFP (e.g., Data Collection and Reporting and Reporting and Communication Requirements sections). Vendors should describe their proposed approach consistent with the requirements described in the RFP.

Q41. What are the State’s expectations regarding site space availability, connectivity standards, cybersecurity requirements, and vendor responsibility for technology infrastructure?

A41. Any applicable Delaware Department of Technology and Information (DTI) requirements will be addressed with the selected vendor during contract negotiations and implementation planning.

Q42. What are the State’s expectations for financial sustainability beyond the initial contract term, and what performance benchmarks will determine continuation or renewal of the program?

A42. The RFP requires vendors to develop a sustainability strategy as part of their proposal. The contract will be awarded for one year with four optional one-year extensions. Continuation of the program will be contingent upon vendor performance and the availability of federal funding.

Q43. Please clarify in which proposal sections to include each of the required forms.

A43. The Bonfire system will clearly identify “slots” where each required form/document should be downloaded.

Q44. Is the funding for this proposal allocated through the Rural Health Transportation Program?

A44. Funding for this initiative is provided through the Rural Health Transformation Program (RHTP), a federally funded program administered by the State of Delaware.

Q45. If multiple vendors are awarded across components or geographies, does DPH anticipate designating or supporting a statewide coordinating framework to ensure standardized data reporting, referral governance, and performance alignment across vendors?

A45. The RFP outlines data reporting and performance requirements applicable to the selected vendor(s). Any coordination or implementation structure will be addressed following contract award as part of implementation planning.

Q46. To ensure the desired clinical integration between Component A (Mobile) and Component B (Hubs), does DPH have a preference for vendors who propose a unified clinical governance and shared infrastructure model over independent component operators?

A46. This RFP does not include multiple components. Vendors should propose their approach to delivering the services described in the RFP.

Q47. Is DPH open to a centralized telehealth backbone supporting both mobile units and hubs (including specialty consults and after-hours coverage), provided integration with DHIN and partner systems is maintained?

A47. This RFP does not include mobile units. Vendors should propose their approach to delivering the services and requirements outlined in the RFP.

Q48. Given that DPH identifies Remote Patient Monitoring (RPM) as a potential revenue stream for long-term sustainability, will DPH provide specific clinical protocols or minimum functional requirements for RPM tools intended for chronic disease and maternal health management?

A48. Remote patient monitoring is not included in the scope of this RFP. Vendors should propose their approach to delivering the services described in the RFP.

Q49. Does DPH envision supporting or facilitating a centralized referral tracking infrastructure across components, or should vendors assume responsibility for building independent closed-loop systems?

A49. The RFP does not include multiple components. Vendors should propose their approach to coordinating referrals and tracking services consistent with the requirements described in the RFP.

Q50. Does DPH anticipate full operational cost recovery through reimbursement within the initial contract year, or is a phased sustainability ramp over the base and option years acceptable as patient volumes mature?

A50. The RFP does not require full operational cost recovery within the first contract year. Vendors may propose a phased implementation approach with a clearly outlined timeline for achieving program goals.

Q51. Question: Will DPH accept proposals where the Prime operator names subcontractors for (a) navigation/benefits support workflows, (b) closed-loop referral tracking and reporting, and/or (c) dashboarding/analytics, while the Prime retains responsibility for on-site library operations and staffing?

A51. Please refer to RFP.Section IV.B.12 & RFP.Section IV.B.13. Use of subcontractors must be clearly explained in the proposal, and major subcontractors must be identified by name. The prime vendor shall be wholly responsible for the entire contract performance whether or not subcontractors are used.

Q52. Is DPH requiring a specific telehealth platform/or may the Prime propose a telehealth solution as long as it meets privacy, accessibility, and reporting requirements?

A52. This RFP does not prescribe a specific telehealth platform.

Q53. Are there required credentials/licensure for roles like “telehealth specialist,” “community health specialist,” and “digital navigator”? Do background check requirements apply for staff working in library settings?

A53. The RFP does not prescribe specific credentials or licensure requirements for these roles. Vendors should ensure that staff meet any applicable licensure, certification, and background check requirements consistent with federal and state laws and regulations.

Q54. How does DPH define a “completed referral” and what documentation is required for referral follow-up (minimum outreach attempts, required data fields, acceptable evidence)?

A54. The RFP does not prescribe a specific definition of a completed referral or documentation standards for referral follow-up. Vendors should describe their proposed approach to tracking referrals and follow-up activities consistent with the requirements described in the RFP.

Q55. Are there required reporting templates for the Monthly Usage Report (Attachment 8) and quarterly/annual reports? If not, what minimum data elements are required (telehealth visits, navigation assists, referrals, time-to-service, equity cuts, partner performance)?

A55. Once a bidder is awarded, DPH will go through the Monthly Usage Report (Attachment 8) and Subcontracting Quarterly Report (Attachment 9), and when the reports are to be submitted.

Q56. Are the current kiosks owned by the state and available for use in our approach?

A56. Vendors should describe their proposed approach to furnishing, installing, and maintaining any required telehealth equipment and technology necessary to meet the requirements outlined in the Scope of Work.

Q57. Are there any expectations from the State to show alignment or integration with the existing contract/RFP, or any of the other couple of active RFPs that are out on the portal? Such as the Diabetes Wellness program or one of the other community HUBS RFPs?

A57. The RFP does not require formal alignment or integration with other active State contracts or RFP initiatives. However, vendors should note that “Integration with existing DPH initiatives” is a scored evaluation criterion (see RFP Section IV.C.2), and proposals will be assessed on whether they build on current state efforts, avoid duplication, and complement ongoing programs.