



*Delaware Health  
And Social Services*

---

**DIVISION OF MANAGEMENT SERVICES**

---

PROCUREMENT

DATE: August 26, 2008

PSC #829

LABORATORY SCIENTISTS TO PERFORM MOLECULAR,  
MICROBIOLOGICAL AND CHEMICAL ANALYSIS AT THE  
DELAWARE PUBLIC HEALTH LAB

FOR

DIVISION OF PUBLIC HEALTH

Date Due: SEPTEMBER 30, 2008  
11:00 AM

ADDENDUM # 1

Please Note:

THE ATTACHED SHEETS HEREBY BECOME A PART OF  
THE ABOVE MENTIONED BID.

---

SANDRA S. SKELLEY, CPPO  
PROCUREMENT ADMINISTRATOR  
(302) 255-9291

---

Dr. Jane Getchell (302) 223-1520

**LABORATORY SCIENTISTS TO PERFORM MOLECULAR, MICROBIOLOGICAL  
AND CHEMICAL ANALYSIS AT THE DELAWARE PUBLIC HEALTH LAB  
RFP PSCO-829  
Pre-bid Meeting August 26, 2008  
Question and Answers**

1. Do you have an estimate of the total number of positions to be filled for this RFP?

Answer: Currently there is one Microbiologist position with the possibility of additional positions depending on grant funding.

2. Can you provide an estimate of the anticipated annual expenditure by DHSS for this RFP?

Answer: Current funding is approximately \$68,000 for a Microbiologist; once again this depends on the funding from grants.

3. Who will make up the technical review panel?

Answer: Laboratory supervisors and staff from the Delaware Public Health Laboratory and Bill Ingram from Support Services

4. What input will technical users have in the decision making process?

Answer: Laboratory supervisors and staff on the review panel will also be users and will provide input.

5. Are you seeking a staffing provider or an onsite management company?

Answer: A staffing provider

6. What are the top 5 driving decisions for choosing to initiate this RFP?

Answer: The Food Emergency Response Network has funded an additional contract position

7. What criteria were used to invite bidders to participate? What services or how many services/vendors are being invited to respond to the RFP?

Answer: An internet search was done for technical staffing companies. Those that attended the pre-bid meeting are those who are eligible to bid on this RFP.

8. What is your ideal structure for this program?

Answer: Technical staff will be provided day to day management at the laboratory by the laboratory staff, overall management of the provided staff will be by the vendor.

9. How many contract placements are anticipated during the 36 month term? What is the expected length of each contract placement?

Answer: Currently there is one contract placement, with the possibility of more depending on future grant funding. The expected length is for the timeframe of the contract unless the Delaware Public Health Lab is not satisfied with the personnel supplied.

10. How many direct hire placements are anticipated during the 36 month term?

Answer: Due to the State of Delaware hiring freeze this is an unknown.

11. Will we receive job descriptions for the roles?

Answer: This was supplied in the specifications. The current available contract position will be working on food validation protocols.

12. Could this contract be extended beyond the Dover location of DE Public Health?

Answer: The position is at the Delaware Public Health Laboratory in Smyrna only.

13. Could the contract be extended to include state laboratory services outside of DE Public Health?

Answer: No

14. After the conclusion of the 36 month contract under what circumstances would the contract be extended (optional 36 month renewal)?

Answer: Renewal of grant funding and satisfied with the vendor.

15. If renewed is a bidding process required?

Answer: The contract is for 3 years with three one year potential renewals. During this period a bidding process is not required.

16. Is there a limit on the number of renewals that a bidder may receive?

Answer: Yes, three.

17. Where can we obtain copies of Policy Memorandum #46, 29 Del. Code Chapter 58, and 19 Del. Code Section 708 and 11 Del. Code Section 8563 and 8564?

Answer: PM 46 – Attached to this document

Title 29, Chapter 58, Section 5805(d) -  
<http://delcode.delaware.gov/title29/c058/sc01/index.shtml#TopOfPage>

Title 19, Chapter 7, Section 708 -  
<http://delcode.delaware.gov/title19/c007/sc01/index.shtml#TopOfPage>

Title 11, Chapter 85, Section 8563 and 8564 -  
<http://delcode.delaware.gov/title11/c085/sc05/index.shtml#TopOfPage>

18. If off site travel is required, will the contractor be expected to drive? Will they be expected to use their own vehicle?

Answer: There may be travel required and yes they will need to use their own vehicle and will be reimbursed for travel expenses including mileage

19. Can a vendor bid on only one of the positions requested in the RFP?

Answer: No, we want one contract in place that covers all positions that may be required at the Laboratory.

20. Is the grant performance based?

Answer: All our grants are performance based

21. It is difficult to give a bid without a price range. Can you provide one?

Answer: We do not know the price range for all the positions as it is grant dependent. The general estimate for a Microbiologist is \$68,000.

22. What is the estimated work time?

Answer: 8:00 am till 4:30 weekdays, 5 days per week. 37.5 hours per week.

23. How do we submit resumes on staff for a position that starts in the future, since the current staff may not be available then?

Answer: The resumes submitted will be guidance for us to use to base the experience of the staff that you will provide.

24. What type of positions/work will be included in this contract?

Answer: The grants that we receive funding for include Bio terrorism, Chemical terrorism, Food Emergency Response Network, Emerging Infectious Diseases and Sexually Transmitted Diseases. The positions include molecular biologists, chemists and microbiologists.



DELAWARE HEALTH AND SOCIAL SERVICES

State of Delaware  
Department of Health and Social Services

3/11/05

**POLICY MEMORANDUM NUMBER: 46 (Replaces 5/5/97) REVISED 3/11/05**

**Subject: STANDARDIZED REPORTING AND INVESTIGATION OF SUSPECTED ABUSE, NEGLECT, MISTREATMENT, FINANCIAL EXPLOITATION AND SIGNIFICANT INJURY OF RESIDENTS/CLIENTS RECEIVING SERVICES IN RESIDENTIAL FACILITIES OPERATED BY OR FOR DHSS**

I. PURPOSE

- a. To protect the right of residents/clients of Delaware Health and Social Services (DHSS) facilities to be free from abuse, neglect, mistreatment, financial exploitation or significant injury.
- b. To require that each Division that has, or contracts for the operation of, residential facilities establish standardized written procedures for the reporting, investigation and follow up of all incidents involving suspected resident/client abuse, neglect, mistreatment, financial exploitation, or significant injury.
- c. To require that all DHSS residential facilities comply with The Patient Abuse Law (Title 16, Chapter 11, section 1131, et seq.) and Title 29, Chapter 79, sections 7970 and 7971 (Attachments I and II); and that all Medicaid and/or Medicare certified long term care facilities and Intermediate Care Facilities for Mental Retardation (ICF/MR) comply with the federal regulations (42 CFR) and State Operations Manual for such facilities.
- d. To require that all DHSS residential facilities comply with all applicable state and federal statutes, rules and regulations pertaining to suspected abuse, neglect, mistreatment, financial exploitation, or significant injury.

## II. SCOPE

- a. This policy applies to anyone receiving services in any residential facility operated by or for any DHSS Division, excluding any facilities/programs in which the only DHSS contract is with the DHSS Division of Social Services Medicaid Program.
- b. This policy is not intended to replace additional obligations under federal and/or state laws, rules and regulations.

## III. DEFINITIONS

- a. Abuse shall mean:
  1. Physical abuse the unnecessary infliction of pain or injury to a resident or client. This includes, but is not limited to, hitting, kicking, pinching, slapping, pulling hair or any sexual molestation. When any act constituting physical abuse has been proven, the infliction of pain shall be assumed.
  2. Emotional abuse - This includes, but is not limited to, ridiculing or demeaning a resident or client, cursing or making derogatory remarks towards a resident or client, or threatening to inflict physical or emotional harm to a resident or client.
- b. Neglect shall mean:
  1. Lack of attention to the physical needs of the resident or client including, but not limited to, toileting, bathing, meals, and safety.
  2. Failure to report client or resident health problems or changes in health problems or changes in health condition to an immediate supervisor or nurse.
  3. Failure to carry out a prescribed treatment plan for a resident or client.
  4. A knowing failure to provide adequate staffing (where required) which results in a medical emergency to any patient or resident where there has been documented history of at least 2 prior cited instances of such inadequate staffing within the past 2 years in violation of minimum maintenance of staffing levels as required by statute or regulations promulgated by the department, all so as to evidence a willful pattern of such neglect. (Reference 16 DE Code, §1161-1169)
- c. Mistreatment shall mean the inappropriate use of medications, isolation, or physical or chemical restraints on or of a resident or client.
- d. Financial exploitation shall mean the illegal or improper use or abuse of a client's or resident's resources or financial rights by another person, whether for profit or other advantage.
- e. Significant Injury is one which is life threatening or causes severe disfigurement or significant impairment of bodily organ(s) or functions which cannot be justified on the basis of medical diagnosis or through internal investigation.
- f. Residential Facility shall include any facility operated by or for DHSS which provides supervised residential services, including Long Term Care

licensed facilities, group homes, foster homes, and community living arrangements.

- g. Long Term Care Facility is any facility operated by or for DHSS which provides long term care residential services and the Delaware Psychiatric Center.
- h. High managerial agent is an officer of a facility or any other agent in a position of comparable authority with respect to the formulation of the policy of the facility or the supervision in a managerial capacity of subordinate employees.

#### IV. RESPONSIBILITIES

- a. The Director, or his/her designee of each Division within the scope of this policy, is hereby designated as an official DHSS designee under the State Mandatory Patient Abuse Reporting Law.
- b. Each Division will develop written procedures consistent with the standards contained in this policy and which will be activated immediately upon discovery of any suspected abuse, neglect, mistreatment, financial exploitation or significant injury of or to a client of a residential or long-term care facility. These procedures must clearly outline the reporting chain from the witness to the Division Director, and other appropriate parties, to require the expedient relay of information within the required time frames.
- c. These standardized procedures shall also apply when the preliminary inquiry suggests that the significant injury, suspected abuse, neglect, mistreatment or financial exploitation may have been caused by a staff member of the residential facility, whether on or off the grounds of the residential facility. Suspicion of facility/program negligence (including inadequate supervision resulting in client-client altercations) and incidents involving abuse by persons who are not staff members of the residential facility shall also be reported.
- d. The standardized procedures shall be approved by the appropriate Division Director prior to implementation. The Division Director or designee shall forward a copy of the approved procedures to the Chief Policy Advisor, Office of the Secretary, and other appropriate agencies.
- e. Each Division will require that the standards established in this policy are incorporated in all residential operational procedures and all residential contracts. Each Division shall require that all residents and providers of these programs be informed of their specific rights and responsibilities as defined in the Division's written procedures.
- f. Each Division shall require that all levels of management understand their responsibilities and obligations for taking and documenting appropriate corrective action.
- g. Each Division shall require appropriate training of all staff and contract providers in the PM 46 policy and procedures. Such training shall also include the laws prohibiting intimidation of witnesses and victims (11 Del. C., sections 3532 through 3534) and tampering with a witness or physical evidence (11 Del. C., sections 1261 through 1263 and section 1269).

- h. Each Division shall develop quality assurance/improvement mechanisms to monitor and oversee the implementation of the PM 46 policy and procedures.
- i. Each Division must ensure that all employees of, or contractors for, residential facilities shall fully cooperate with PM 46 investigations.

V. STANDARDS/PROCEDURES

Standard and consistent implementation of this Department policy is required. Each Division's written procedures shall include the following:

- a. Employee(s) of the residential facility, or anyone who provides services to residents/clients of the facility, who have reasonable cause to believe that a resident/client has been abused, mistreated, neglected, subjected to financial exploitation, or has received a significant injury shall:
  - 1. Take actions to assure that the residents/client(s) will receive all necessary medical attention immediately.
  - 2. Take actions to protect the residents/client(s) from further harm.
  - 3. Report immediately to the Division of Long Term Care Residents Protection (if the incident occurred in a long term care facility or if the client was a resident of a long term care facility); and to the Department of Services for Children, Youth and Their Families/Division of Family Services (if the client is a minor, as required under 16 Del. C., section 903). It is essential that the reporting person ensure that the report be made to the appropriate division designee immediately.
  - 4. Report immediately to the facility/program director and the Division's designated recipient(s) of PM 46 reports.
  - 5. Follow up the verbal report with a written initial incident report to the persons/ agencies named in (a) 3 and (a) 4 (above) within 48 hours.
- b. In addition to the above named persons, any other person may make a report to a staff person of the facility or to the Division director or his/her designee. Such a report shall trigger activities under V(a), items 1 through 5.
- c. Each written initial report of suspected abuse, neglect, mistreatment, financial exploitation, or significant injury (completed by the reporting employee) must include:
  - 1. The name and gender of the resident or client.
  - 2. The age of the resident or client, if known.
  - 3. Name and address of the reporter and where the reporter can be contacted.
  - 4. Any information relative to the nature and extent of the abuse, neglect, mistreatment, financial exploitation or significant injury.
  - 5. The circumstances under which the reporter became aware of the abuse, neglect, mistreatment, financial exploitation or significant injury.

6. The action taken, if any, to treat or otherwise assist the resident or client.
  7. Any other information that the reporter believes to be relevant in establishing the cause of such abuse, neglect, mistreatment, financial exploitation or significant injury.
  8. A statement relative to the reporter's opinion of the perceived cause of the abuse, neglect, mistreatment, financial exploitation or significant injury (whether a staff member or facility program negligence).
- d. The Division's designated recipient of PM 46 reports shall report all allegations of abuse, neglect, mistreatment, financial exploitation and significant injury, to the Office of the Secretary; the Office of the Attorney General/Medicaid Fraud Control Unit (for Medicaid and/or Medicare certified long term care facilities); the appropriate state licensing agency for the program, if applicable; and the Division Director or designee, within 24 hours of receiving notification of such.
  - e. In instances where there is immediate danger to the health or safety of a resident/client from further abuse, mistreatment or neglect; if criminal action is suspected; or if a resident/client has died because of suspected abuse, mistreatment, neglect or significant injury, the Division Director or his/her designee shall immediately notify the appropriate police agency. The Division of Long Term Care Residents Protection, and the Office of the Secretary, shall be notified if the police were contacted. Further, the Division Director or his/her designee shall notify the Office of the Attorney General/Medicaid Fraud Control Unit, the Office of the Secretary, and the Chief Medical Examiner, if a resident/client has died because of suspected abuse, mistreatment, neglect, significant injury, or as a result of any cause identified by 29 Del. C., section 4706.
  - f. The Division Director or his/her designee shall review the initial incident report and initiate an investigation into the allegations contained in the report. The investigation, with a written report, shall be made within 24 hours, if the Division has reasonable cause to believe that the resident's/client's health or safety is in immediate danger from further abuse, neglect or mistreatment. Otherwise, the investigation and written Investigative Report, up to and including the Division Director's or designee's signed review of the report, shall be made to the Division of Long Term Care Residents Protection (DLTCRP) within 10 days. This timeframe may be extended by DLTCRP if extenuating facts warrant a longer time to complete the investigation. If the facility is a Medicaid-Medicare certified long-term care facility, or an ICF/MR facility, the report of suspected abuse, neglect, mistreatment, financial exploitation or significant injury shall be sent to the appropriate authorities, as required in the respective regulations under 42 CFR, within 5 working days of the incident.
  - g. The investigative process shall be confidential and not subject to disclosure both pursuant to 24 Del. C., section 1768 and because it is

privileged under the governmental privilege for investigative files. Each Investigative Report shall be labeled as confidential and privileged, pursuant to 24 Del. C., section 1768. Each investigation shall include the following:

1. A visit to the facility or other site of incident.
  2. A private interview with the resident or client allegedly abused, neglected, mistreated, whose finances were exploited or whose injury was significant.
  3. Interviews with witnesses and other appropriate individuals.
  4. A determination of the nature, extent and cause of injuries, or in the case of exploited finances, the nature and value of the property.
  5. The identity of the person or persons responsible.
  6. All other pertinent facts.
  7. An evaluation of the potential risk of any physical or emotional injury to any other resident or client of that facility, if appropriate.
- h. A written report (Investigative Report) containing the information identified in V (g) shall be completed within the time frames identified in V (f) and shall include a summary of the facts resulting from the investigation. (Attachment 3)
- i. The Investigative Report shall be sent to the facility director and to the Division Director or designee. The Facility Director and the Division Director or designee shall review the report. If the incident is serious, the Division Director must review the incident with the Department Secretary prior to the completion of the report. The Facility Director and the Division Director or designee shall indicate in writing their concurrence or non concurrence with the report. If the facts show that there is a reasonable cause to believe that a resident/client has died as a result of the abuse, neglect, mistreatment, or significant injury, the Division Director or designee shall immediately report the matter to the Office of the Attorney General/Medicaid Fraud Control Unit, the Division of Long Term Care Residents Protection, and the Office of the Secretary.
- j. All Investigative Reports shall be forwarded by the reporting division, forthwith, to the Division of Long Term Care Residents Protection. The Division of Long Term Care Residents Protection shall complete the investigation by making a determination of findings and documenting their conclusions.
- k. If a determination is made at the Division level (upon consultation with the Division of Management Services, Human Resources office) that discipline is appropriate, the Investigative Report shall be forwarded to the Human Resources office. Human Resources shall determine the appropriate level of discipline, forward their recommendations to the Office of the Secretary and to the originating division for implementation, and proceed as appropriate.
- l. The Office of the Secretary shall be informed by the Division of Long Term Care Residents Protection, in writing, of the results of the investigation,

including the findings and recommendations, within 5 days following the completion of the investigation.

- m. The Division Director or designee shall notify the appropriate licensing or registration board, if the incident involved a licensed or registered professional, and the appropriate state or federal agency, including the appropriate state licensing agency of the program, if applicable, upon a finding of: 1) abuse, mistreatment, neglect, financial exploitation, or significant injury; 2) failure to report such instances by a licensed or registered professional; or 3) failure by a member of a board of directors or high managerial agent to promptly take corrective action.
- n. The Division Director or designee shall notify the employee, resident/client, the guardian of the resident/client, if applicable, and the incident reporter of the results of the facility-based case resolution, unless otherwise prohibited by law. They shall also advise the parties of the fact that there is a further level of review that will occur through the Division of Long Term Care Residents Protection and/or the Office of the Attorney General/Medicaid Fraud Control Unit.
- o. The Division of Long Term Care Residents Protection shall, at the conclusion of their review of the case, notify the DHSS employee (or the agency director for contract providers), the resident/client, or the guardian of the resident/client, if applicable, and the originating Division Director or designee, of the substantiated or unsubstantiated status of the case, unless otherwise prohibited by law. The Division of Long Term Care Residents Protection shall also notify the Office of the Attorney General/Medicaid Fraud Control Unit of all substantiated cases.

#### VI. IMPLEMENTATION

- a. This policy shall be effective immediately (upon the completion of mandatory departmental training).
- b. In carrying out this policy, all parties must protect the confidentiality of records and persons involved in the case, and may not disclose any Investigative Report except in accordance with this policy.

#### VII. EXHIBITS

- a. Attachment 1 - Delaware Code, Title 16, Chapter 11, Sections 1131-1140.
- b. Attachment 2 - Delaware Code, Title 29, Chapter 79, Sections 7970-7971.
- c. Attachment 3 - Investigative Report form

Vincent P. Meconi  
Vincent P. Meconi, Secretary

