



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: January 15, 2009

PSC #844

HIV-AIDS PREVENTION SERVICES

FOR

DIVISION OF PUBLIC HEALTH

Date Due: MARCH 31, 2009
11:00 AM

ADDENDUM # 1

Please Note:

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

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PROCUREMENT ADMINISTRATOR
(302) 255-9291

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**HIV /AIDS Prevention Services
RFP PSCO-844
Pre-bid Meeting January 15, 2009
Question and Answers**

Corrections:

- A. Page 14 Section III. B. - The first sentence should read “The use of subcontractors **will** be permitted for this project.”
- B. There is a change in the address for submitting your proposals. The street names have been changed. The new address is as follows:

Mrs. Sandra Skelley, Procurement Administrator
Division of Management Services
Delaware Health and Social Services
Main Administration Building
Sullivan Street
Second Floor, Room 259
1901 North duPont Highway
New Castle, DE 19720

Q1: Amount of money available and is it by County?

A1: The RFP includes 2 distinct service periods and 2 funding streams:

- Cooperative funding from SAMHSA/DSAMH that runs on a July 2009 –June 2010 FY. (~\$240,000 for contracted services)
- HIV Prevention funding from CDC that runs on a Jan-Dec 2010 calendar year. (~\$1,000,000 for contracted services)

Both funding streams experienced rescissions or flat funding for the last 5 grant years. We are likely to receive flat funding for grant year 2010. However, it is impossible to predict future funding given the changing administration, current economic factors, etc.

The funding is not allocated to counties in advance of proposals. However, CDC requires that the funding allocation mirrors the distribution of the epidemic to the extent possible. The 1005-1009 Comprehensive HIV Prevention Plan provides a complete picture of the epidemic.

It is advised that bidders consider the HIV prevention needs in their service areas and in the populations in which they have proven access and bid the most fiscally responsible program to meet those needs.

Q 2: Are there current contractors for this RFP and is DPH looking at changing this?

A2: The purpose of an RFP is to seek new proposals from potential providers. No providers are pre-selected for contract award. The bids will be evaluated by a large panel of reviewers in accord with the guidelines published in the RFP. DPH will award contracts to the bidders with the best proposals to meet HIV Prevention needs as informed by CDC HIV prevention grant requirements.

Q3: As stated in the Scope of Service section of the RFP, we can choose any combination of interventions and an individual budget must be drafted and submitted for each. What if we choose a DEBI from the CDC's compendium that includes more than one intervention as defined in the RFP but is considered only one intervention as defined as a DEBI. For example, if the DEBI includes, Outreach, Testing, and Individual Risk Reduction Counseling and all three are compiled as one "scope of service" and packaged as an effective intervention (DEBI), do we need to break it up into individual interventions as per the Division of Public Health's definitions and propose each activity individually and separately with its own budget?

A3: The terminology used by various stakeholders to describe programs, interventions, services, etc over the years has been highly changeable and often confusing. For the purposes of this RFP:

1. HIV Prevention Service will be a specific activity/client-based service (Outreach, HIV testing, connection to treatment, education, etc.)
2. HIV Prevention Intervention will be composed of one service – or - of several services that are to be used in concert within an ‘evidence-based intervention’ (DEBI, ‘Programs That Work’, etc.)
3. HIV Prevention Program will be an umbrella term for all HIV prevention activities – proposed under this RFP or funded otherwise but coordinating with interventions proposed under this RFP.

When proposing a clear identified and named evidence-based interventions, bidders are advised to propose the intervention as needed to maintain the integrity and effectiveness of the intervention. Please provide a copy of the proposed intervention or a web address to access the intervention protocol.

When proposing individual services not within a clearly defined and named evidence-based intervention, bidders are advised to provide budgets for each service.

Q4: Can you explain what is meant by item 1.g. on page 10?

A4: In this RFP, community education is defined as education provided to existing groups or entities in the community – PTA, Lion’s Club, Boy Scouts, etc. It does not include the formation of new groups strictly for the provisions of prevention intervention over time (such as Group Level Interventions).

Q5: Are there fund limitations relative to any of the services listed in the scope of work?

A5: Not specifically. The available funds will be awarded to best serve as many of the HIV prevention needs described in the 2005-2009 HIV Prevention Plan. The Plan prioritizes possible interventions. The highest priority services will be funded first and others funded as possible, but there are no pre-determined funding amounts established for each service listed.

Q6: Relative to the second bullet under item 6 on page 12, does Delaware receive HOPWA benefits?

A6: Yes. Delaware can access HOPWA. The bullet was provided simply as an example of the kinds of 'high-risk' conditions. CRCS services are primarily to assist clients to access resources to address the issues contributing to higher risk-not necessarily – but the CRCS service provider does not have to provide all of the other needed resources directly.

Q7: Can you explain the web-based electronic reporting systems mentioned in item 7 on page 13?

A7: A CDC provided system, called the Prevention Evaluation and Monitoring System (or PEMS) is accessed through a standard web-browser. An internet service provider (ISP) is required. The system is standardized and training will be provided to any successful bidder as needed. HIV Testing is recorded through a scannable form that is completed at the point of service and sent to DPH for entry into the database.

Q8: Is a listing of available cooperative agencies sufficient to meet the requirements of 4.d. on page 11?

A8: No. A specific referral process should be negotiated and documented for each service site.

Q9: How is past performance, as described on page 21, incorporated into the proposal evaluation process?

A9: Lack of past performance is not necessarily treated as a negative, but evidence of documented poor performance on similar projects, backed by DPH owned data or data of listed referrals, may preclude contract award.

Q10: Relative to item E.a. on page 15, is there an appeal process?

A10: The short answer is 'no'. Standard procedure requires several attempts to correct poor performance with improvement plans, technical assistance, and capacity building prior to the issue of a letter of termination. If a final letter of termination is issued, the 'appeals' process has already been exhausted.

Q11: Can we send future questions about the proposals to you [Jim Dickinson]?

A11: No. I am not permitted to answer any questions for a potential bidder after the pre-bid meeting. This is the time to ask all the questions you have.

Q11: Regarding Paragraph B.8. on of the sample contract boilerplate on page 37 and 38, this paragraph states in part “The contractor shall immediately notify the Department in writing of any change in the status of any accreditations, licenses or certifications in any jurisdiction in which they provide services or conduct business”. Does jurisdiction mean any jurisdiction or just Delaware?

A11: If the change in accreditations, licenses or certification pertains to a direct client or patient care person or facility such as a doctor or nurse or clinic or hospital, then we wan to know this for any jurisdiction. If the change is in a non-direct patient or client care situation, then we would want to know only if it was in Delaware.