



*Delaware Health  
And Social Services*

---

**DIVISION OF MANAGEMENT SERVICES**

---

PROCUREMENT

DATE: September 15, 2010

HSS 10-096

Birth to Three Early Intervention System

for

Division of Management Services

Date Due: September 29, 2010  
By 11:00 EDT

ADDENDUM # 1

**PLEASE NOTE: Questions and Answers**

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

---

BRUCE KRUG  
PROCUREMENT ADMINISTRATOR  
(302) 255-9291

---

Susan Campbell (302) 255-9137

RFP Questions and Answers

Question:

- Section 4.12.B (page 14) refers to an Intake Form that is completed as part of the Central Intake process. Can you provide a sample of this form?



**DELAWARE HEALTH AND SOCIAL SERVICES**  
Division of Public Health

**REFERRAL TO \_\_\_\_\_** **Service Requested \_\_\_\_\_**

(please check box)  Prenatal  High Risk Infant  Child  Other

---

Date: \_\_\_\_\_ SS#: \_\_\_\_\_ Medicaid/ISIS \_\_\_\_\_

Client's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone #: \_\_\_\_\_

Client's Address: \_\_\_\_\_ Zip \_\_\_\_\_

County: \_\_\_\_\_ Sex:  Male  Female Race  AA  BL  CA  HS  OT  PA  UN

School District	Student ID#:	Primary Language
Mother's Name	Birth Date	MCI# SS#
Address	Phone #(H)	(W)
Father's Name	SS#	
Address (if different than client's)	Phone #(H)	(W)
Guardian/Foster Parent/Educational Surrogate Name		
Address	Phone	

Birth Weight	Current Weight	Gestation (weeks)	APGARS
--------------	----------------	-------------------	--------

Primary Physician	Phone #
Insurance/MCO	Insurance #
Parent Aware of Referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Transportation Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>REFERRING AGENCY/PERSON</b>	
Phone #	
Referral Taken By	Diagnosis
Referral Reasons: (ISIS DATA ENTRY USE ONLY)	
<input type="checkbox"/> Assistive Technology <input type="checkbox"/> Education <input type="checkbox"/> Financial <input type="checkbox"/> Immunizations <input type="checkbox"/> Nutrition <input type="checkbox"/> Respite Services <input type="checkbox"/> Speech/Hearing <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Environmental <input type="checkbox"/> First Born <input type="checkbox"/> Medical <input type="checkbox"/> Parenting <input type="checkbox"/> Smart Start Follow Up <input type="checkbox"/> Transportation <input type="checkbox"/> Developmental <input type="checkbox"/> Family Training <input type="checkbox"/> Genetic <input type="checkbox"/> Nursing <input type="checkbox"/> Prenatal <input type="checkbox"/> Social/Emotional <input type="checkbox"/> Vision	

ICD9S \_\_\_\_\_

**RECEIVING AGENCY ACTION** \_\_\_\_\_ **DATE** \_\_\_\_\_

History: \_\_\_\_\_

Electronic Version  Original  Second Copy  Third Copy

- Section 4.12.B (page 14) refers to a MDA (Multi-Disciplinary Assessment) that is completed to determine Part C eligibility. Can you provide a sample of the form(s) associated with a MDA?

The highlighted sections are pulled from database...

Child Development Watch  
18 N. Walnut Street  
Milford, De 19963  
(302) 424-7300



Child Development Watch  
2055 Limestone Road  
Suite 201  
Wilmington, De 19808  
(302) 995-8617

*Developmental Appointment Summary Report*

Name: \_\_\_\_\_ on (appt date): \_\_\_\_\_  
 ISIS #: \_\_\_\_\_ @ (time): \_\_\_\_\_  
 DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
 @ (Location): \_\_\_\_\_

Seeing:  
 CDS     SLP     MD w/ CDS & SLP     DN     MD w/ DN     MD Only

Obtained:  
 Consent     Insurance

Birth Weight \_\_\_\_\_ Weight \_\_\_\_\_ lbs    Length \_\_\_\_\_ in    Wt/Length \_\_\_\_\_ %    Head Circ: \_\_\_\_\_ inc

Developmental Assessment	Months	DD	NA	ND	PD	I	<b>Developmental Code Key</b> DD = Developmental Delay => 25% NA = Not Assessed ND = Not Developmentally Delayed PD = Partially Delayed <25% I = Inconclusive
Adaptive	_____ months	<input type="checkbox"/>					
Cognitive	_____ months	<input type="checkbox"/>					
Communication	_____ months	<input type="checkbox"/>					
Expressive	_____ months	<input type="checkbox"/>					
Receptive	_____ months	<input type="checkbox"/>					
Articulation	_____ months	<input type="checkbox"/>					
Physical	_____ months	<input type="checkbox"/>					
Fine	_____ months	<input type="checkbox"/>					
Gross	_____ months	<input type="checkbox"/>					
Social / Emotional	_____ months	<input type="checkbox"/>					

PLS(IV)     BS3     VAB     PEX     Other

**Eligibility**

Part C Eligible/ Assessment     Ineligible for Part C     Refused, But Part C Eligible  
 Part C Eligible/ Established Condition     Part B & C Eligible  
 Part C Eligible/ Clinical Judgment     Eligibility Not Determined

Date of Eligibility/Ineligibility: \_\_\_\_\_

ICD9 Codes: \_\_\_\_\_

Corrected age of child: \_\_\_\_\_

Staff Comments & Recommendations & Next Steps:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Service Coordinator: \_\_\_\_\_

3. Section 4.12.B (page 14) refers to an IFSP (Individualized Family Service Plan) that is completed by the service coordinator. Can you provide a sample of the form(s) associated with an IFSP?

The IFSP is made up of several pages and distinct sections and is saved as multiple documents. A copy will be made available on this site as a separate addendum.

4. Section 4.12.B (page 14) refers to a Referral that is made to an early intervention provider for intervention services. Can you provide a sample of the referral form?

The same referral form is used as provided in question 1 (above).

5. Section 4.12.B (page 14) refers to services that provided to a patient. Will the system simply track which services are being provided to a patient, or will it need to track additional details (e.g., detailed status, billing data, etc.)?

We currently track provider name, provider contact name, provider contact phone and fax numbers, service coordinator name, service coordinator phone and fax numbers, service type (PT, OT, Speech), service referral date, service start date, service end date, frequency and intensity of service (once a week for one hour), service status (pending), service location, and insurance information, and notes, all entered by Child Development Watch staff. Additional data needed include service delay reason and may also include individual therapy dates and notes entered by the provider. This information may change based on outcome of JAD sessions.

6. Section 4.12.B (page 15) refers to therapy and progress reports that are submitted by the providers. Will these be submitted via hardcopy or will the information be submitted electronically via the system? If the latter is preferred, can you provide a sample of the report format?

Reports are currently submitted in hardcopy and the format is unique to each service provider. Universal data elements include name of provider, service type, service location, service date, indication that service was delivered or if not then a reason is provided, goals, activities, and progress notes. However, the State is interested in reducing its paper use and is interested in suggestions on transmitting and storing this information electronically.

7. Section 4.12.B (page 15) refers to a transition meeting that occurs when a child is eligible for Part B services. Will the system simply track the occurrence of a transition meeting, or are there other details that will be necessary?

Data elements include but are not limited to name of school district, conference timeline start and end dates (transition conference must occur between 9 months and 90 days prior to child's third birthday), indication if child is Part B eligible, parent consent date, date child referred to district, actual conference date, reason if held outside timeline, and conference notes. It is important to track and manage timeframes for each child relative to their potential Part B eligibility. Adherence to this federal timeline must be managed.

8. Section 4.12.C (page 15) refers to a dashboard that will include, in part, a list of children with outstanding initial and/or exit child outcome ratings. How are these ratings determined? Is it a parameter that is entered into the system or a value that is calculated by the system based on other parameters for the patient?

Outcome ratings are determined manually by assessors who take multiple sources into account. Child's developmental status is evaluated upon initial referral to Child Development Watch and progress is evaluated annually and close to exit from the program. These ratings are entered manually into the database. Initial and final ratings are compared to determine the progress trajectory for each child. The value is calculated by the system and aggregate data is reported to the Office of Special Education Programs through the State's annual performance report.

9. Section 4.12.C (page 15) refers to a series of letters and labels that must be generated. Approximately how many letter templates will be required?

There are approximately 10 different letters that Child Development Watch staff currently use, including appointment reminders, follow-up letters, and close letters.

10. Section 4.12.C (page 15) refers to HELP sheets that must be generated. Are these pre-defined informational sheets that can be loaded into the system and then displayed/printed by any user, or will the contents of the sheets need to be customized for every patient?

HELP sheets are informational sheets for parents. They can be loaded into the system to be printed by any user and are not customized.

11. Section 4.12.E (page 16) refers to existing data migration with the Immunization program, Kids, WIC, CHCS, MMIS, and MCI. Can you elaborate on what information the current ISIS system exchanges with each program and how the exchange is currently accomplished?

ISIS currently only communicates with MCI (Master Client Index, a state identification process and application) and MMIS (Medicaid Management Information System); the communication is indirect with MMIS. The client must exist in the MCI application already, from which the following information is imported: name, date of birth, social security number, gender, race/ethnicity, MCI number, street address, city, state, zip code, and phone number.

ISIS's communication with MMIS is indirect and asynchronous. Presently, a mainframe job is run on MMIS, resulting in a data (text) file. This data file is used to reconcile informational differences between the two systems regarding KIDS, WIC, and Medicaid information through a manual process called "Flags", namely, the client-specific, one-character indicators for each system. The Medicaid information has an indicator and a start/end date interval associated with it.

ISIS also exports client/program information to the program's fiscal agent (which handles billing) via an extract file. This is done weekly and is currently known as the "MMIS Extract" in ISIS.

12. You say you also want to retain other functionality currently in their ISIS system - will you be prepared to share information on that solution so we can ensure we've covered everything in our response and pricing?

In summary, the ISIS application was designed to support Child Development Watch functions within the Birth to Three Early Intervention System. The ISIS application tracks and manages services for children from birth to age three and eligible for early intervention services in Delaware. Functionality that supports the management of at-risk children includes referrals, child and family data, assessment information, service delivery, and reporting. There is an expectation that the new application will include the current functionality as well as enhancements to be identified during JAD sessions.

The following screens support existing functionality:

- A Client Screen which contains demographic information and program participation indicators.
- An Address Screen which allows users to maintain a history of primary residence as well as additional address types pertinent to the child and the child's family (e.g. day care center). Includes School District information.
- An Appointment Scheduler is a component of the system which allows users to schedule children for clinic appointments. It depends on real-time data in the system to identify current bookings, openings, and alternative times and dates.
- A set of screens at the client level serve to collect medical information. A Medical Information Screen displays items such as birth weight, immunization status, gestation age, and a set of three APGAR scores. Summary information on a child's medical providers, hospitalizations, and ICD-9/Risk Factors is provided in table windows with the capability to add, view, and edit information on these items through their corresponding screens.
- A Medical Provider Screen allows the designation of child's pediatrician and other medical professionals involved with the child, including contact information and notes.
- A Hospitalization Screen was designed to record all child hospitalizations; however, the development of this screen was never completed.
- An ICD-9/Risk Factor Screen allows the user to add, view, and manage associated ICD-9/Risk Factors from a drop-down list and records the date identified, source, and program.
- A Program Screen identifies client referrals, screenings, assessments/evaluations, and plans. It identifies the assigned service coordinator; displays program open and close dates with closure reason; and displays eligibility status which is maintained on the Eligibility Screen.
- A Referral Screen at the program level identifies referral date and source information pertaining to referral to the program.
- An Assessment Screen at the program level identifies dates, assessment tools, and provides scoring templates associated with each tool.
- An Eligibility Screen, available at the program level, allows for maintenance of eligibility status, eligibility date, and reason. The screen is automatically invoked when the first instance of an ICD-9 associated with an established condition is entered or an MDA indicates a developmental delay of 25% or more in one or more categories. Once the child is determined eligible for the program, an immediate work list is triggered.
- A Plan Screen associated with the program, which allows maintenance information included on the child's Individualized Family Services Plan (IFSP), including plan start and end dates, signature date, most recent multidisciplinary assessment (MDA) date, plan status (open or closed), assigned service coordinator, and general notes. Menu

access provides the user with the ability to copy forward a plan with its relevant services. Only one IFSP can be open at a time. Summary information on services is displayed with the ability to edit and maintain the data located on Service Screens. Plan information cannot be entered if the child is not eligible for the associated program.

- Service Screens, associated with the plan, allow maintenance of service information. The following information is currently recorded for all services: service referral date, service start date, service end date, type of service, provider, provider contact/therapist, profession of individual providing service, service location, frequency and intensity of visits, and general notes.
- A Reports Screen provides the capacity to run standard reports with real-time data in the system.
- Administrative Screens are accessible by those individuals responsible for administrative functions. These screens include a Test/Tool Maintenance Screen, which allows for maintenance of assessment tools and scoring templates; a Translate Table, which provides a listing of all active and inactive data elements with their corresponding descriptors; and a Provider Maintenance Screen, which allows for service provider additions and updates.
- The system includes Event and Worklist functionality: specific events such as program referrals, service coordinator assignment, and eligibility changes are recorded on the Event List; case reminders and timelines/due dates are included on the Worklist.

13. You mention OSEP federal reporting requirements and that you'll share them with selected vendor - may we see those requirements before we bid or will a time and materials basis be fine?

It is assumed that the OSEP reporting requirements (below) will be included in the bid.

#### **Part C Application (Sections of Application)**

- Section IA – Submission Statement for Part C of IDEA
- Section IB – Conditional Approval for Current Grant Year (*If the State received conditional approval for the current grant year*)
- Section IIA – State Policies, Procedures, Methods, and Descriptions
- Section IIB – Assurances and Optional Assurances
- Section IIC – Certifications
- Section IID – Statement
- Section III – Description of Use of Part C Funds for the Lead Agency
- Section IVA – System of Payments / Use of Insurance / Program Income
- Section IVB – Restricted Indirect Cost Rate / Cost Allocation Plan Information
- Meet Part C's public participation requirements and provide evidence that the State has done so

**Information Collection 1820-0550:** Annual State Application Under Part C of the Individuals with Disabilities Education Act as Amended in 2004 (OMB No. 1820-0550 – Expires 08/31/2012)

NOTE: This application and supporting forms are available at:  
<http://www.ed.gov/fund/grant/apply/osep/2010apps.html>

#### **Part C Data Collections**

- **Table 1:** Report of Children Receiving Early Intervention Services in Accordance with Part C

- **Table 2:** Report of Program Settings Where Early Intervention Services are Provided to Children with Disabilities and Their Families in Accordance with Part C
- **Table 3:** Report on Infants and Toddlers Exiting Part C
- **Table 4:** Report of Dispute Resolution Under Part C of the Individuals with Disabilities Education Act

**Information Collection 1820-0557:** Table 1 – Report of Children Receiving Early Intervention Services in Accordance with Part C (OMB No. 1820-0557 – Expires 01/31/2013)

**Information Collection 1820-0557:** Table 2 – Report of Program Settings Where Early Intervention Services are Provided to Children with Disabilities and Their Families in Accordance with Part C (OMB No. 1820-0557 – Expires 01/31/2013)

**Information Collection 1820-0557:** Table 3 – Report on Infants and Toddlers Exiting Part C (OMB No. 1820-0557 – Expires 01/31/2013)

**Information Collection 1820-0678:** Table 4 – Report of Dispute Resolution Under Part C of the Individuals with Disabilities Education Act (OMB No. 1820-0678 – Expires 01/31/2013)

NOTE: Revised 2009-2010 forms can be downloaded from:

<http://www.ideadata.org/documents.asp>

### Part C State Performance Plan/Annual Performance Report

States must submit:

- 1) Baseline data, targets and, as needed, improvement activities for Indicator 3 (using the SPP template).
- 2) A description of where, on its Web site, a complete copy of the State's revised SPP, including any revisions, is available as well as where the State has reported to the public on the performance of each early intervention services (EIS) program in the State against the State's targets in its SPP.
- 3) The State's FFY 2008 Part C APR, which must contain actual target data from FFY 2008 and other responsive APR information for all Indicators 1, 2, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, and 14.
- 4) Information to address any deficiencies identified in OSEP's letter responding to the State's February 2, 2009 SPP/APR.

When completing the SPP and APR, Lead Agencies will need to use the following parts of Information Collections 1820-0578 and 1820-0678.

SPP Materials –

- SPP Instructions
- Part C Indicator/M Measurement Table with Instructions<sup>1</sup>
- SPP Template

APR Materials –

- APR Instructions
- Part C Indicator/M Measurement Table with Instructions
- APR Template

Annual Report Certification of the Interagency Coordinating Council Under Part C of

---

<sup>1</sup> Monitoring Priorities, indicators, and measurements included on the *Part C Indicator Measurement Table* are to be used to complete designated sections of the SPP and APR Templates. Templates containing monitoring priorities, indicators, and measurements can be found at <http://www.ed.gov/policy/speced/guid/idea/capr/index.html>

the Individuals with Disabilities Education Act (IDEA).

**Information Collection 1820-0578:** Part C State Performance Plan (SPP) and Annual Performance Report (APR) (OMB No: 1820-0578 – Expires 10/30/2012)

**Annual Reporting Certification of the Interagency Coordinating Council Under Part C of the Individuals with Disabilities Education Act (IDEA)**

NOTE: This collection and supporting forms are available at:  
<http://www.ed.gov/policy/speced/quid/idea/capr/index.html>

14. Likewise for interfaces – is the use of time and materials basis for costing interfaces ok?

It is assumed that interface work will be included in the bid.

15. Looks like a one year contract with options to renew for two more years. You've set a maximum budget of \$300k for 200 users. Is that budget just for the initial implementation and first year of support? Does it also include the reporting and interfaces?

Yes, the budget is for implementation and first year of support only, and yes, it includes the reporting and interfaces.

16. Are software companies with their primary place of business located outside of the US qualified to bid on this project, or is that considered "off shore"? All direct project work will be done within the US.

Yes. All work done on this project must be done within the constraints of off-site work or within the State of Delaware.

17. Section 1.2, page 7 states "Child Development Watch will provide a multidisciplinary evaluation to determine the child's level of development, at no cost to the families." What are the criteria of evaluation?

Eligibility Guidelines for Early Intervention Services in Delaware:

Part C

1. Established Condition  
Predetermined list of conditions that will most likely result in developmental delay
2. Significant Delay in one of five domains: Cognitive, Social/Emotional, Communication (receptive and expressive), Adaptive, Physical (fine and gross motor skills, etc.)
3. Clinical Judgment

WATCH

Biological risk for developmental delay such as low birth weight (greater than 1000 grams) and/or small for chronological age babies as determined by a neonatologist to be at high risk of developmental delay

Enhanced Watch and See

Delays in expressive language only

18. Section 3.3, page 13 states "On State business days, IRM applications, telecommunications and Help Desk staffs are onsite from 8:00 AM to 4:30 PM." Please provide information if help desk support needs to be provided by vendor or not? Does the state require onsite staff for Help Desk support or can helpdesk be provided from offsite location?

Help Desk support does not need to be supported by the vendor if the system is supported by the state. In the event a vendor supported an application, their help desk personnel do not need to be on-site.

19. Section 4.1.6, page 16 states "The contractor will provide second level support. This will be more system-specific and require application expertise." Our understanding is that third level support refers to fixing of defects and providing patches. Please explain if this understanding is same with state?

The fixing of defects and providing patches is considered maintenance that should be supported by the vendor.

20. Section 4.4, page 17 states "User authentication will be discussed with the selected vendor. Authentication of non-state users will be handled through the state standard Identity Access Management tool." Can the proposed solution authenticate the state users through "Identity Access Management" also or is it mandatory to create another mechanism for state users' authentication?

The State prefers users authenticate via IAS (DHSS security system for internet interfacing applications). Details are in the DHSS .Net manual. Exceptions will be considered and evaluated during the bid review process. Vendors must justify why the IAS solution is not an option if needed.

21. Section 4.7, page 18 states "Vendor will need to take into consideration the design of existing table structures and whether they may carry forward into the solution being proposed or may have to be re-engineered." Can state provide us with the required database design and data dictionary for design considerations?

This information will be shared with the selected vendor.

22. Section 4.12B, page 20 states "If eligible: referrals are made to early intervention providers for intervention services; currently done via fax or email but want system to be able to send electronically [add a screen enhancement to track these referrals]." Please specify that providers' information is maintained in case management solution or in a different system?

Provider information is maintained in case management solution

23. Section 4.12C, page 20, states "Provide current functionality of legacy system (ISIS)." Can the Division share some documentation that provides a brief overview of the business processes and features supported by ISIS?

Please refer to question 12 (above)

24. Section 4.12C, page 21, states "Create a user-specific dashboard to include lists of children on caseload." How is caseload distribution handled through the current system?

Cases are manually assigned to a triage unit who will manage the "case"

25. Section 4.12D, page 21, states "Technical platform needs to be the State of Delaware standard which is Microsoft.Net." Is State open to other technologies based solution like J2EE?

J2EE would be considered, however, preference will be given to .net solutions.

26. Section 4.12E, page 22, refers to "Data Exchange and Data Integration." There are multiple systems mentioned in this section for integration. Will state be supplying any documentation of these systems to Vendors before the bid to understand the complexities for architecture design?

Please refer to question 11 (above)

27. Section 4.12E, page 22, states "Extract files to HP/EDS – child eligibility and provider billing; DOE– child information per DOE specifications." Can you please provide more information about the data needed to be passed to these systems.

DOE (Department of Education) is an identified stakeholder and will receive data from the proposed system. The exact data elements have not been specified although it is expected this will be an extract. EDS extract includes data elements listed in question 11. Any needed additional information will be discussed in JAD sessions with the selected vendor.

28. Section 4.12H, page 22 states "The ISIS user community will eventually be 200+ statewide users who will be internet and intranet based." Is this the total user load? If yes, then what will be the concurrent user load state is expecting?

Yes, 200 this is the anticipated user count, however, fewer than 15 use the system simultaneously. We anticipate the concurrent user load to grow to approximately 50 users.

29. Section 4.13, page 23 states "Bidder will include reasonable federal timeframes in the project plan for those deliverables requiring federal review, comment and approval." Typically what would be the estimate time for Federal review, comment and approval?

Any identified federal approval will be discussed with the selected vendor and scheduled accordingly. It is not anticipated project deliverables will be affected.

30. Section 4.14.2, page 26, states "At a minimum, there will be three environments in Delaware. There will be an integration test environment, a User Acceptance Test (UAT) environment and a production environment. Development and other internal environments may be located offsite." Will the state provide hardware infrastructure or does it needs to be included in the cost?

The state will provide the hardware and infrastructure for the identified Delaware environments.

31. Is state open to using open source software for development?

Yes; however, the state prefers not to use open source solutions.

32. Is the system expected to track the day to day activities that are performed against the care plan?

Yes

33. Are child transition plans also recorded through the system; if yes, what details are captured in the transition plan?

Yes; see #7 above

34. Can you give us a functional and technical description of the current Birth to Three system(s) and its underlying architecture? Is the current system a COTs, ported, or custom built?

Please see question 12 (above) for functional overview; see questions 36, 54, 55, 57 for technical information; The current system is custom built.

35. What vendors if any developed the current system?

System was primarily developed in-house.

36. What platform and OS does the current system run?

Centura /Gupta ver.4.2 Database is SQL Server 2005/Microsoft Server 2003

37. What are its backend databases?

SQL Server 2005

38. Is there a list of external systems it must interface with?

Please see response to question 11 (above)

39. For each external system what is the status and type of interface for

- a. Web services
- b. API
- c. FTP
- d. Provide the IT component standards for DE

Please see response to question 11 (above)

40. Were ARRP stimulus funds used for this project?

NO. ARRA funds are being utilized.

41. Can you please provide a recent self assessment or formal audit response similar to the Office of Special Education 12-6-2006

Part C Verification Visit letters for all states and participating territories are publicly reported at <http://www2.ed.gov/fund/data/report/idea/partcvltr/index.html>

Regarding Delaware's November 2009 visit:

<http://www2.ed.gov/fund/data/report/idea/partcvltr/cvvltr09-de.pdf>

<http://www2.ed.gov/fund/data/report/idea/partcvltr/cvvenclure09-de.pdf>

42. Can you provide a copy of your IT standards document?

State of Delaware web standards can be found in the RFP, Appendix D, page 60. Additional documents were distributed via cd at the prebid meeting. Additional standards can also be found at <http://dti.delaware.gov/information/standards-policies.shtml>

43. In Section 4.12-H (pg. 16), it states that the ISIS user community will eventually be 200+ statewide users. Could you please provide the number of both total named users and concurrent users expected at the time of implementation?

Please refer to question 28

44. Can you please provide a Word version of the RFP? It will assist in the preparation of proposals.

A Word version of the RFP will not be provided as the State cannot then control the content of the RFP

45. What is the State's most recent December 1<sup>st</sup> child count?

840; however, that number is a snapshot of the number of children eligible on that single day and the system tracks approximately 3,000 throughout a fiscal year.

46. Section 4.5, Page 12 - Will you accept a solution that uses Oracle as database?

An Oracle database solution would be considered, however, preference will be given to a SQL database solution.

47. Section 4.5, Page 12 - Will you accept a system that has been developed using Microsoft VB.Net?

They can propose VB.Net, but the state would give preference to C#. Net solutions.

48. Section 4.5, Page 12 and Section 4.14.2, Page 21 - If the State will not accept a state-hosted solution with Oracle as the database and Microsoft VB.Net as the development tool, will the State accept a vendor-hosted solution, which uses Oracle as the database and Microsoft VB.Net as the development tool?

The state will consider this option

49. Section B, Page 14 - The RFP states that referrals are made to early intervention providers for intervention services; currently done via fax or email but want system to be able to send electronically. If a proposal provides dashboard functions within the proposed system that can notify providers of service assignments by the service coordinators will this satisfy this requirement?

Yes

50. Section C, Page 15 - What are the current ISIS functions that the new system must provide?

Will be made available with final distribution of answers

51. Section C, Page 15 - What are the data elements on the HELP sheets?

There are no data elements per se; these are tip sheets/handouts for parents and will not need to be customized

52. Will the State provide lists and/or examples of the current state and federal reports mentioned?

Annual Performance Reports and State Performance Plans can be accessed at:  
<http://www2.ed.gov/fund/data/report/idea/partcspap/index.html>

Information on the Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, Parts B and C can be accessed at:  
<http://www2.ed.gov/about/reports/annual/osep/2005/parts-b-c/index.html>

Specific state reports will be shared with the selected vendor

53. Section D, Page 15 – Could you explain the need for web-based electronic access to ISIS data in real time after the conversion from ISIS to new system? To what data will you need to have real-time access?

The proposed system will require real-time access to converted data. State will need to access all data.

54. Section E, Page 16 - Interconnect with Rhapsody – Does the State have any specifications on this requirement? Would you consider this a future improvement feature if you do not have detailed specifications, as it will be very difficult to estimate cost without this detail.

Regarding the interconnect with Rhapsody, the State does not have any particular specifications on this requirement. The State would consider this a future improvement.

55. Section E, Page 16 - HL7 Interface – Does the State have detailed specifications on this requirement? Would you consider this a future improvement feature if you do not have detailed specifications, as it will be very difficult to estimate cost without this detail?

Regarding the HL7 Interface, the State does not have any particular specifications on this requirement; however, the State currently does messaging using HL7 and could provide direction if needed. The State would consider this a future improvement.

- 56 Section E, Page 16 - Support existing data migration with Immunizations, Kids (DSCYF), WIC, CHCS, MMIS, and MCI via Batch Process – Does the State have detailed specifications on this requirement? Would you consider this a future improvement feature if you do not have detailed specifications, as it will be very difficult to estimate cost without this detail.

See 11 for the detailed specifications of the existing data migration. Additional detail would be provided to the selected vendor.

- 57 Section E, Page 16 - Provided real-time bi-directional interfaces for EMRs/EHRs – Does the state have detailed specifications on this requirement? Would you consider this a future improvement feature if you do not have detailed specifications, as it will be very difficult to estimate the cost without this detail?

The State does not have detailed specifications on real-time bi-directional interfaces for EMRs/EHRs. The State would consider this a future improvement.

- 58 Section E, Page 16 – Can the State provide examples or data elements for the report on Annual Grant Application?

Primary data elements support an aggregate to identify service utilization rates. See also question 13

59. In Section 4.14.2 it states that the infrastructure and platforms must be located on site. Is DHSS open to a hosted solution? By leveraging a remotely hosted web-based solution our software allows organizations to minimize their server expenses and IT maintenance – would applications that proposed a hosted solution be at a disadvantage?

The state would consider a hosted solution. However, the State would prefer to host the application.

60. As a SaaS model our agency maintains the ownership of source code while clients retain ownership of all data. Does this present a problem to the DHSS requirements?

No

61. Regarding sections 4.1.1 and 4.1.2—our implementation and project management staff actively work with key staff and subject matter experts throughout the process to ensure a smooth and thorough deployment. Project work is however conducted remotely through teleconference and webinar sessions. The RFP emphasized the necessity of the bidder organization to detail each item of work that would be conducted offsite. Is a threshold of project work that is expected to be conducted onsite vs. offsite?

It is expected that vendor staff be available at the discretion of the program. The ability for the vendor to meet this requirement will be evaluated during review.

62. Is there a desire to have the application multi-lingual?

The application need not be multilingual; however, it would be preferable for any correspondence and family information templates to be available in other languages and this will be considered in evaluating solutions.

63. Is there a preferred format in the "forms" that are used?

All of our current forms have been created in either Word or Excel but would be preferable for some forms to be saved as pdf. (Adobe) documents.

64. Can the Application run on VM - Virtualized Environment?

That would be preferable.

65. Will there need to be data conversion from the current application (ISIS) to the new application?

Yes

66. Could the CCD (Continuity of Care Document) be used for reference when assessing EMR functionality?

The Continuity of Care Document can be used for reference. However, it is expected that actual design specifications would be decided during scheduled JAD (Joint Application Development) sessions.

67. Can the proposed solution integrate with Outlook?

The proposed solution (to integrate with Outlook); would need to be identified to Delaware's Department of Technology and Information. It is not recommended that bids be dependent on integrating the proposed application with Outlook at this time.

68. How many Division trainers would be available?

Four to six

69. What external report writer is used?

Crystal Reports

70. Would vendor need access to the system to create ad-hoc reports?

It is expected that the state would create ad-hoc reports. However, if needed, the vendor could be provided access to create reports.

71. When is the anticipated completion date of the project?

September 30, 2011

72. Is data stored in a database?

Yes, SQL Server 2005

73. What is the data size?

There are currently 136,839 client records in the client table. The database size is about 1.7GB

74. What is the budget for ongoing maintenance?

This has not yet been established

75. Was there a 2 or 3 year option for additional support?

Yes, and that should be shown as an option line in your proposal

76. Are there any other limitations for remote work (i.e.-development)?

There was also a question whether there was a threshold of project work that's expected to be conducted onsite versus offsite. We understand that always there's going to be work that's done offsite such as development, communication, and meetings, but it's important that the vendor staff be available at the discretion of the program.

77. Any problems with virtualized environment?

We would not have any problems with use of VMWare in a blade server environment.

78. Are you converting all ISIS data to the new system? Will you be keeping ISIS online?

Yes, we are converting all data. Once in production, the current ISIS system will be removed.

-end