

New York State Department of Health

REQUEST FOR PROPOSALS, RFP No.0509300249: To Conduct Monitoring Activities for Early Intervention and Other Programs and to Review Early Intervention Provider Applications

Bidders' Conference, September 24, 2007, 1 PM to 4 PM
Written Questions and Answers

RFP Reference	Question	Answer
1. Page 12 of 74 Section B	In the previous RFP a funding limit was presented. In the current RFP, the funding limit is not included. Did the funding limit change?	The Department will not be disclosing a funding limit for the re-issued RFP.
2. General	Why was the RFP reissued?	The Department exercised its right to reject all proposals in response to Request for Proposals, RFP No. 0509300249: "To Conduct Monitoring Activities for Early Intervention and Other Programs and to Review Early Intervention Provider Applications" issued December 4, 2006 and to modify and reissue the RFP. The instructions for the cost proposal and bid detail sheets were modified to address concerns.
3. General	Is it a mandatory requirement to be at the bidders' conference?	Please refer to page 56 and 57 of the RFP. The RFP states that "it is a non-mandatory Bidders' Conference". The bottom of page 57 states "only those prospective bidders participating in the Bidders' Conference will automatically receive the written answers to questions and any/all addenda to this RFP".

<p>4. Page 22 Section II B</p>	<p>The RFP indicates that the bidder should estimate 70% of the comprehensive provider reviews and approximately 55% of the focused reviews will result in a submission of a CAP.</p> <p>Similar to the estimated timing provided in the RFP for the onsite reviews, does DOH have an estimated level of effort to complete the required task for the CAPS incorporating the aforementioned percentages?</p>	<p>The time to review the CAP and develop a written CAP review response is estimated to be 1-3 hours per CAP, depending on its complexity and the number of findings addressed.</p>
<p>5. Page 22 Section II C</p>	<p>The RFP indicates that approximately 200 EI clinical record reviews will be conducted in a year. Can DOH provide an estimated level of effort to complete the clinical record reviews?</p>	<p>The time to review each clinical record for a child and complete any administrative requirements (reporting of data, writing of report) is estimated to be 5-8 hours per child record, depending on the record's complexity.</p>
<p>6. Pages 24 & 25 Sections d i and ii</p>	<p>Sections i and ii outline the contractor responsibility for making modifications as well as maintenance to the EI Data Application.</p> <p>(a) Can DOH provide additional information regarding the Application to the Bidders to effectively assess the resources needed as well as estimated cost to meet the modifications and maintenance requirements?</p> <p>(b) Is it possible for the DOH to provide a demo to the potential bidders?</p> <p>(c) Based upon DOH's experience with the existing contractors, can DOH provide an estimated (annual) level of effort?</p> <p>(d) Please indicate the platform or operating system of the application.</p>	<p>(a) Details are included in the document entitled "Data Collection and Reporting System Documentation" which have been included as an amendment to the RFP and will be posted on the DOH web site this week.</p> <p>(b) No.</p> <p>(c) It is estimated that up to 200 hours per year may be required for modifications and maintenance of the EI data application.</p> <p>(d) Details are included in a document entitled "Data Collection and Reporting System Documentation" which have been included as an amendment to the RFP and will be posted on the DOH Web site this week.</p>

<p>7. Pages 24 & 25 Sections d i and ii</p>	<p>We work with a vendor who has a robust EI monitoring tool that meets the requirements outlined in the RFP as well as provides other functionality. Is DOH open to other options? Can the vendors provide an alternative approach in addition to responding to the requirements outlined in the RFP?</p>	<p>No, the Department has a monitoring tool and has made necessary adjustments to it based on new or revised program requirements. The Department requires that the selected vendor complete modifications to the current application. Vendors may not propose an alternative approach.</p>
<p>8. Page 28 Top of page</p>	<p>The first paragraph on the page outlines an estimated level of effort to review the applications as well as the estimated number of applications.</p> <p>(a) Does the estimated number of applications include applications for reapproval?</p> <p>(b) Is estimated level of effort the same for approval and reapproval?</p>	<p>(a) Yes</p> <p>(b) Yes</p>
<p>9. Pages 30-32 Section c</p>	<p>Section c, Pages 30-32 outlines specific requirements for the personnel. A specific requirement highlighted is that certain personnel must live in the Capital District. We have personnel who live downstate that meet all of the requirements.</p> <p>Is DOH open to allowing the vendors to work out of other offices located throughout the area?</p>	<p>No, these personnel are the primary contacts with the Department for monitoring activities and will have frequent in-person meetings with Department staff.</p>
<p>10.</p>	<p>Is an office location in Albany still required of the contractor?</p>	<p>Yes, an office location in Albany is required. These personnel are the primary contacts with the Department for monitoring activities and will have frequent in-person meetings with Department staff.</p>
<p>11.</p>	<p>Can the Department provide a description of the hardware that is currently used for the software application?</p>	<p>Please see the document entitled “Data Collection and Reporting System Documentation” which have been included as an amendment to the RFP and will be posted on the DOH Web site this week.</p>

<p>12. Page 33 Section vi</p>	<p>On page 33, Section vi, the RFP describes the possibility that provider monitoring may be required. Can the specialist clinical consultants be employees rather than subcontractors? If subcontractors, must they be named at this time? Given the diversity of developmental services and providers, it seems likely that a variety of specialist clinical consultants could be needed over the term of the contract and a specific consultant specialty may not be envisioned at the time the proposal is submitted but needed at a later date. Will the contractor have the ability to recruit qualified consultants during the course of the contract to meet specific monitoring needs?</p>	<p>It appears that this question pertains to the clinical record review component of the RFP. Yes, the specialist clinical consultants can be either employees or subcontractors, as long as they meet the requirements outlined on page 33, section vi. The subcontractors do not need to be named at this time, but must be factored into the cost. The contractor will need to have the appropriate consultants employed, contracted and trained at the time the Department requires."</p>
<p>13.</p>	<p>Are the hours estimated to modify and maintain the application considered to be sufficient to conduct the activities required by the RFP?</p>	<p>Yes, it is anticipated that these estimates will be sufficient.</p>
<p>14. Page 48 Section IV.B.1.a.ii</p>	<p>Can the detailed timeline for implementation of the work activities be included in the attachments?</p>	<p>Yes.</p>
<p>15. Page 58 Section V.E.1.</p>	<p>The RFP indicates that "...Illustrations, resumes, letters of support and any other required attachments are not considered part of the proposal narrative." Based upon the above reference, may such illustrations include explanatory tables/flow diagrams as attachments to the narrative, when needed to describe the nature and scope of activities?</p>	<p>Yes.</p>

16.	The RFP provides an estimate of monitoring time for each provider type, for example, three (3) days for a municipality, and describes a monitoring team of two (2) individuals. Can we assume for proposal purposes that the level of effort for this provider type is six (6) person days or 48 hours? Is this time period only for onsite activities, or does it include preparation and post-site follow up? We understood from the previous procurement that travel time is not included and could not be estimated for proposal purposes. Is it possible at this time to provide additional information about travel costs?	Yes, six (6) person days is a correct interpretation. This time includes onsite activities only. It does not include preparation and post-site follow-up. This time period also does not include travel to and from the site.
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Answers to Questions posed at the Conference

<p>17. Page 52 Section IV.C. 1. & Attachment C-1 Bid Detail sheet</p>	<p>Please clarify if the level of effort requested in the cost proposal is sufficient to conduct the work scope as defined in the RFP? What if it turns out to be less?</p>	<p>The estimated numbers in the bid detail sheet are for pricing and evaluation purposes only. The selected bidder will be awarded a contract based upon the “price per type of review,” and the “price per hour” as indicated on the bid detail sheet.</p> <p>This price will be applied to the actual number of reviews and number of hours.</p> <p>If the actual work requires a level of effort that is substantially different from these estimates, the Department would have discussions with the contractor to resolve this difference.</p>
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Revised Attachment Z

Please note that Attachment Z of the RFP erroneously contained Form ST-220-CA (NYS Taxation and Finance Contractor Certification to Covered Agency Form) rather than the correct Form ST-220-TD (NYS Taxation and Finance Contractor Certification Form). The correct form, ST-220-TD is attached.

The difference in the forms is that Form ST-220-TD gets submitted directly to the NYS Department of Tax and Finance while ST-220-CA is submitted directly to the Department of Health certifying that contractor filed the TD form to the NYS Department of Tax and Finance