

**Maternal and Infant Health Center of Excellence
Request for Proposals
RFP No. 15318
Questions and Responses**

1. Is it expected that the bidder will respond in detail by describing its approach to Items A-N beginning on Page 41 through page 48 of the RFP? If yes, must it be done within the 15-page limit?

Response: See Amendment #2.

2. As stated on page 24, is Section II.B of the RFP a misprint? Should it refer to Section III.2.B instead?

Response: See Amendment #2.

3. Do “appendices” refer to the required Attachments?

Response: See Amendment #2.

4. Page 48 of the RFP requests that a Project manager “...have a presence at the NYSDOH.” Is this a requirement for a full-time person to be stationed at NYSDOH offices or is a project manager located in Albany and available for consultation sufficient?

Response: See Amendment #2.

5. On page 19, Training and Technical Assistance, item viii states that technical assistance is to be provided on site as needed. How much on site consultation should be included in the bid?

Response: See Amendment #2.

6. A full time project director is required under Part 1. Is it allowable for that person to be on the project for slightly less than full time – e.g., 90%?

Response: See Amendment #2.

QUESTIONS FOR BOTH PARTS 1 AND 2

BIDDING ORGANIZATIONS

7. Can the contact information for the attendees to the bidders’ conference be provided?

Response: Yes. A list of bidder's conference participants is included at the end of this document.

8. For proposals submitted in response to both Part 1 and Part 2, where the Part 2 deliverables would be fulfilled through a subcontract, will the bidder for Part 1 be selected independent of the bidder for Part 2?

Response: Yes. While a bidder can submit proposals for both parts of the RFP, two separate proposals must be submitted, and they will be reviewed, scored and awarded separately.

9. May organizations submitting proposals for both Parts 1 and 2 share activities across both parts, or must all organizational responsibilities and budgets be strictly separate?

Response: A vendor submitting proposals for both Parts 1 and 2 could share responsibilities for meeting deliverables in each Part. The technical and cost proposals for each part would still be submitted and reviewed separately. The price for doing work in each Part must be submitted in each cost proposal.

10. Can multiple organizations across the state collaborate to fulfill the Part 1 performance requirements?

Response: Yes, multiple organizations can collaborate to fulfill the requirements under Part 1 of this RFP. However, a lead organization must be identified in the proposal. The department will contract with the lead organization, which will be responsible for the services and deliverables outlined in the RFP and for administering all subcontractual arrangements.

11. Is it acceptable for the COE in Part 1 to subcontract with a data vendor to fulfill the performance requirements under Management of Data Collection and Analysis? Can the data vendor also be the bidder for Part 2?

Response: Yes, the COE can subcontract with a data vendor to fulfill data management-related deliverables under Part 1. The data vendor can be a subcontractor to the COE to fulfill deliverables under Part 2. This data vendor may also choose to submit a proposal of it's own for Part 2 of this RFP.

FUNDING AMOUNT

12. What is the total amount of funding available under this RFP?

Response: As indicated in paragraph 3 on page 6 of the RFP, the maximum amount of funding available to meet all deliverables for Parts 1 and 2 of the RFP is \$750,000 per year for 5 years. Continuation of the contract is contingent on satisfactory performance and subject to the availability of continued funding.

13. What percentage of the funding is federal?

Response: Approximately 47% of the annual funding amount is federal.

COMMUNITY HEALTH WORKERS (CHW)

14. What is the typical educational level of a CHW?

Response: There are no mandatory education requirements for CHWs, who are paraprofessionals indigenous to the communities they serve. CHWs must be able to complete documentation and forms, and assist and educate clients. CHWs connect and communicate with clients on a personal level, in the languages commonly spoken in the communities in which they reside. Attachment 13 of the Maternal and Infant Health Initiative Request for Applications, which is referenced in the RFP, provides additional information about CHWs.

15. What are the typical duties of the CHW?

Response: Typical duties of a CHW include: identify and assist individuals and families to access needed preventive and primary health care; provide assistance and/or referrals to obtain support services; conduct basic health assessments, assist families to identify needs and provide basic health information; provide advocacy, support and follow up; and conduct home visits.

PERFORMANCE REQUIREMENTS - GENERAL

16. Can you provide the list of MIHI grantees as referenced in the introduction on page 6 of the RFP?

Response: Yes. A list of MIHI grantees is included at the end of this document.

17. The RFP front loads a lot of deliverables in the first year. Can a bidder propose to alter the schedule of deliverables? Will there be an opportunity for the COE to work with DOH in the first 1-2 months of the contract to review deliverables as written and suggest some modifications to the timelines proposed, given the need to hire staff, get input from grantees, etc.?

Response: Bidders cannot propose an alternate schedule of deliverables in response to this RFP. Once selected, the contractor can propose modifications to the timelines for completion of deliverables. However, it will be up to the Department to determine whether the proposed changes to the schedule of deliverables is acceptable. Since the payment schedule is deliverable based, any change to the timing of completion of deliverables will affect the vendor's ability to voucher for payment for those services.

PROPOSAL REQUIREMENTS

18. Resumes are requested specifically. Are CVs allowed? Are resumes preferred?

Response: Either CVs or resumes are acceptable and will not count towards your proposal page limit.

19. Are references included in the page limits?

Response: No, references are considered attachments.

20. Should the Part 1 Technical Proposal be paginated separately from the Part 1 Cost Proposal? Should the Part 2 Technical and Cost Proposals also be separately paginated?

Response: Yes. Per Proposal Format requirements on page 22 of the RFP for Part 1 and page 50 for Part 2, the Technical and Costs proposals consist of two distinct sections, which are to be packaged, labeled and sealed separately. As such, each proposal should be paginated separately.

21. If we plan to subcontract with a vendor for Part 2, should the vendor submit a separate set of Attachments: 4, 5, 6, and or 7, or do we resubmit the same documents as the Bidder for Part 2? (Even when we have identified a sub-contractor with whom we propose to work?) Should we require the sub-contractor to fill out those forms and submit their certifications to us, the prime bidder?

Response: In a subcontractual arrangement, attachments 4-7 are to be completed by the lead bidder, who will be responsible for ensuring the services and deliverables of the RFP are completed. Organizations bidding on Parts 1 and 2 of the RFP must submit separate proposals, including all required attachments, for each Part.

22. Other than the organizational chart and resumes, are other attachments, such as samples of prior work or proposed curricula, allowed as part of the technical proposal?

Response: Bidders can include supporting documents as attachments, but must respond to all requirements of the RFP in the proposal narrative and within the page limits.

COST PROPOSAL

23. Will our Federally (DHHS) Negotiated Indirect Rate (Facilities and Administration /overhead) be used if awarded, or will a cap be imposed on our Facilities and Administration rate? What indirect rate should be used in putting together a budget?

Response: This will be a price-based contract, where the bidder proposes the total price for each deliverable that includes **all costs** associated with fulfilling the requirements for the operation of the Center of Excellence under Part 1 or with the implementation and maintenance of the MIHI DMIS under Part 2 of the RFP on the respective Cost Proposal Bid Detail Sheets. The contractor will not be reimbursed in excess of the costs represented on the Cost Proposal Bid Detail Sheets for each deliverable.

24. We are required to use our federal indirect rate unless the funder specifies otherwise. Is there a cap on indirect costs?

Response: This is not a cost-reimbursable contract. The winning bidder will be paid the price submitted in their proposal.

25. Column C in the Cost Proposal Bid Detail Sheet Parts 1 and 2 (Attachments 10 and 15) requires a Price per Unit to be given. Is budget detail (% staff effort, travel, other, etc.) for that price per unit required and is there a suggested format? Where/how should subcontractors and other expenses that are not listed in the Cost Proposal Bid Detail Sheets be shown?

Response: No. The Cost Proposal Bid Detail Sheets must contain the bidder's total price for provision of all deliverables under Parts 1 and 2 of the RFP. No additional budget details will be used or are required to be provided when calculating the Part 1 or Part 2 Total Bids in Attachments 10 and 15.

26. There are unit and cumulative costs in the Parts 1 and 2 Cost Proposal Bid Detail Sheets. Where are the annual costs presented?

Response: The annual costs are not presented. The bidder should use the Parts 1 and/or 2 Cost Proposal Bid Detail Sheets, as appropriate, to provide the total price for each deliverable.

27. Would a budgetary price range be acceptable until the detailed specifications for the new DMIS system are completed by the COE in Part 1?

Response: No.

28. Attachments 8 and 12, the Key Staff forms for Parts 1 and 2, respectively, ask for the % FTE Dedicated during Implementation and During Ongoing Operations. Please specify when those periods begin and end.

Response: Please refer to the Cost Proposal Bid Detail Sheets (Attachments 10 and 15) and the Schedule and Terms of Payment (Attachment 11), which outline the timing of implementation and ongoing operations, or management, of each deliverable for both Parts 1 and 2 of the RFP.

ATTACHMENT 25, APPENDIX D

29. Attachment 25, Appendix D, General Specifications, Section C describes consequences if the project work is not performed “to the satisfaction of the Department.” Similarly, Sections G and Q – Sufficiency of Personnel and Equipment require that the work be performed to the satisfaction of the Department. Does satisfactory refer to substantive or scientific outcome, or to the completion of the tasks delineated in the statement of project work?

Response: Under these sections of the standard contract, satisfactory performance pertains to the contractors' ability to complete the deliverables outlined in Parts 1 and 2 of this RFP to the satisfaction of the New York State Department of Health.

30. Section C states that if the work is not performed to the satisfaction of the Department, the Department may arrange for the work to be completed by another party and that the contractor may be liable for any costs in excess of the contract amount. Is there any limit to the amount of the contractor's liability?

Response: The Department has the right to stop work if the contractor is unable or incapable of performing work to the satisfaction of the Department. The contractor would be liable for all costs required for satisfactory completion of the deliverables.

31. Section L provides that the contract is a “Work for Hire” and that the Department will own certain software developed under the contract. Would it be possible to modify this provision to grant the Department a license to use any such software and to permit the contractor own what it develops?

Response: The Department will maintain ownership of deliverables, including software, which it pays a contractor to develop. The Department will consider negotiating a perpetual, royalty-free license to use existing proprietary software from a vendor, modified to meet DOH's needs.

32. Does Section M – Technology Purchases Notification apply to this project?

Response: Yes.

33. Section Q – Sufficiency of Personnel and Equipment provides that the Department may require the contractor to make additional expenditures in order to ensure “satisfactory” performance “at no additional cost to the State.” Is there a limit to the liability that the contractor is assuming under this provision?

Response: The contractor would be liable for all additional personnel and equipment costs required to provide the services outlined in the specifications for Parts 1 and 2 of this RFP.

34. Is the decision of the State Comptroller under Section T.2 – Provisions Upon Default subject to appeal?

Response: No.

35. Section Y.2 – Confidentiality Clauses provides generally that NYS owns all materials developed in course of performing the project and shall have a license to use such materials. The license provision is consistent with universities’ treatment of intellectual property developed during the course of a sponsored program, but the ownership provisions are not consistent with policy or general practice. Would you consider revising the ownership provision to give the entity that develops intellectual property ownership rights and to provide that NYS will have the license, which ensures that NYS is able to fully benefit from any intellectual property, as described in Section Y.2?

Response: The Department requires ownership of deliverables, including intellectual property, which it pays a contractor to develop. The Department will consider a perpetual, royalty-free license to intellectual property developed with this funding.

ATTACHMENT 25, APPENDIX H

36. Does the business associate attachment under HIPAA (Appendix H of the standard contract language) apply to Part 1 as well? Will Part 1 work involve the kind of personal identifiable information that would fall under HIPAA?

Response: Yes. Completion of deliverables under Part 1 could potentially require access to personal identifiable information. For example, research and analytical responsibilities might involve the use of client-specific data where it would be prudent to have a business associate agreement in place.

QUESTIONS FOR PART 1

PERFORMANCE REQUIREMENTS – RESOURCE FOR EVIDENCE-BASED AND BEST PRACTICE STRATEGIES

37. What is custom research? Who determines what custom research is conducted? How should this be built into the bid?

Response: Research will involve literature reviews, data analysis and surveillance projects to be conducted by the Research Associate and/or other COE staff under the direction of the Data Analysis, Research and Surveillance Unit manager in the Bureau of Maternal and Child Health (BMCH). The price should include staff time and any other projected costs involved in conducting these projects and presenting and disseminating results.

38. Is the COE to identify what the grantees are to modify based on evidence-based literature, or is the grantee to identify the areas that need improvement/modification, i.e. adopt evidence-based strategy?

Response: With support from the COE and NYSDOH, the grantees identify the areas for improvement in their communities and target populations using their annual needs assessments. The COE will support grantees in selecting appropriate strategies for their improvement plans based on literature reviews, performance measure outcomes, and evaluation results. This information might result in the COE recommending to NYSDOH certain strategies that might be discontinued if they are not proven to be effective.

39. Page 18 of the RFP, Resources for Evidence-based and Best Practice Strategies, item ii states a web site must be developed and maintained to include resources, best practices and relevant research. This should include six original reports or publications each year. However, on Attachment 10, the Part 1 Cost Proposal Bid Detail Sheet, Deliverable C shows the postings of original reports or publications are only required in Years 2-5. Does this requirement begin in Year 2?

Response: Per Deliverable B on the Cost Proposal Bid Detail Sheet – Part 1, during Year 1 the COE will develop the public web site, which will be operational by the end of Year 1. Under Deliverable C, the 6 original reports/publications annually will begin to be posted in Year 2 after the web site is operational.

40. Page 18 of the RFP, Resources for Evidence-based and Best Practice Strategies, item ii states the COE will develop and maintain a web site for professionals and other interested parties. Is this web site to be restricted, i.e. require a login, or is it to be broadly available and unrestricted?

Response: Sections of this web site should be broadly available to interested parties seeking general knowledge and information on topics posted to the site. Other sections of the web site should be restricted to NYSDOH and OCFS staff, and MIECHV and MICHC grantees. Access to specific sections of the web site will be determined in consultation with NYSODH.

41. Other than the project director, who is expected to attend the 8 annual meetings in Albany referenced under C. Implementation and Administration, iii Staffing Requirements on page 21 of the RFP?

Response: The project director and other key staff, who are relevant to the aspect(s) of the project on the agenda for the meetings, should be available for approximately 8 annual meetings in Albany. For example, if upcoming training sessions and needs will be discussed, staff responsible for assessing training needs and conducting trainings should attend.

PERFORMANCE REQUIREMENTS – TRAINING AND TECHNICAL ASSISTANCE

42. What is the minimum length of in-person or webinar trainings?

Response: The time allocated to in-person and webinar trainings must be commensurate to that required for proper presentation of the material to the target audience, with sufficient time allowed for discussion, interaction and questions, as appropriate.

43. On page 18, Training and Technical Assistance, item vi refers to the inclusion of web-based introductory training for new CHWs on topics to be developed jointly with the NYSDOH. What are the anticipated topics for the introductory CHW training?

Response: Introductory training will include maternal and child health topics intended to increase the knowledge of CHWs working with women and families throughout the life course. Topics on health during the life course (preconception, prenatal, postpartum and interconception periods), as well as topics identified by the COE in collaboration with NYSDOH will be included.

44. Do all in-person trainings need to include the cost of ASL interpreters, or should those costs only be included for the conference?

Response: For purposes of this bid, the need for SL interpreters for trainings or grantee meetings is not anticipated.

45. Other than the MIHI grantees/staff and NYS DOH staff, who else is eligible to attend the two-day meeting?

Response: Four to five staff from OCFS will also attend the meeting.

PERFORMANCE REQUIREMENTS – EVALUATION OF THE MATERNAL AND INFANT HEALTH INITIATIVE

46. Is the COE expected to evaluate MICHC and MIECHV separately or is an overall evaluation of the MIHI, which incorporates both components, required?

Response: As stated on page 13 of the RFP, the COE will develop evaluation plans for MICHC and MIECHV initiatives. The COE will also work with NYSDOH to design and implement a comprehensive evaluation plan of the MIHI.

47. Who will summarize the needs assessment data submitted via the template to be developed? Who are the end users of the needs assessment data?

Response: The COE will develop a template for an annual needs assessment to be used by MICHC grantees to identify community-level, regional and statewide needs and strengths related to each MICHC performance standard. MICHC grantees are the end users of the needs assessment data, as this information will inform activities and strategies, and the grantees will summarize the data collected using the template.

48. Referring to page 5, Figure 1 of Attachment 2, the MIECHV CQI plan, other than processing the data, what other role will the COE be expected to have in the MIECHV CQI activities?

Response: Figure 1 in Attachment 2 reflects the CQI roles and responsibilities of MIECHV partners before the COE is established. Per the Cost Proposal Bid Detail Sheet – Part 1, the COE is expected to review the existing MIECHV CQI plan (Attachment 2) and provide recommendations to NYSDOH for the final CQI plan within the first 6 months of Year 1 (Deliverable N). Starting in Month 7 of Year 1, and continuing into Years 2-5, the COE will assist NYSDOH in implementing the final CQI plan for the MIECHV initiative, meeting all federal requirements (Deliverable O). This will include processing data, producing data reports, providing technical assistance and support to MIECHV grantees in implementing improvement projects, and facilitating collaborative learning.

49. Referring to pages 2, 7 and 8 of Attachment 2, the MIECHV CQI plan, do the raw data include identifiers that will allow for linkage to other data sets such as the birth certificate?

Response: Linking to birth certificate data in the context of CQI is not reasonable or anticipated. The data used for CQI activities will come from each model's management information system (MIS), and possibly from temporary ad hoc data collection for process measures as needed to support improvement projects.

50. Referring to page 7 of Attachment 2, the MIECHV CQI plan, are the processes described in the process map figure fully in place and operational? If not, what steps are not in place? When will steps that are not in place be established?

Response: Yes, the current process for collecting, analyzing and reporting MIECHV-required data as outlined in the Process Map on Page 7 of Attachment 2 of the RFP is in place. The process has been used for the past 2 reporting cycles. The process depicted on Page 8 reflects the proposed process to be used once the COE has been established.

PERFORMANCE REQUIREMENTS – MANAGEMENT OF DATA COLLECTION AND ANALYSIS

51. Are there data sharing agreements in place with all programs to provide data to the COE?

Response: Access to CHW data from MICHC grantees will be covered through the COE's contract with NYSDOH. Access to raw data from NFP-NSO will be covered by DOH's service agreement with NFP-NSO, with the COE operating as a contractor of the Department. Access to HFNY client data is still pending, and is anticipated to be established through an MOU between NYSDOH and OCFS.

52. Is NYSDOH currently receiving the raw data feed from NFP-NSO? If not what is the timeline for that to start? Do the raw data include individual client level data or aggregate data or both?

Response: Yes, per a service agreement with NFP-NSO, NYSDOH receives client-level data on a monthly basis. The data must be further processed by NYSDOH to develop aggregate data for MIECHV Benchmark reporting. The COE will have access to this data as an agent of the Department as stated in the service agreement with NFP-NSO.

53. Is NYSDOH currently receiving client-level data from HFNY? If not what is the timeline for that to start?

Response: No. The timeline for receipt of client-level data will be negotiated between NYSDOH, OCFS, and the HFNY program data vendor.

54. Are all the data elements for federally-required MIECHV reporting (i.e., HV Form1 and HV Form2) included in the raw data feed from NFP-NSO and from HFNY? Are other fields also included in the raw data fields?

Response: Almost all of the data elements are collected by NFP-NSO to satisfy the MIECHV reports. Those data elements not collected by NFP-NSO's data system are collected by MIECHV-funded NFP programs via supplemental questions, which are added to data collection forms, entered into an Excel spreadsheet and submitted to DOH for processing. Currently, the data elements required to report annually for MIECHV are collected by HFNY and their data vendor, SUNY Center for Human Services Research (CHSR). CHSR produces an aggregate report of the MIECHV-funded HFNY programs for DOH annually.

55. What client level data will be provided by the MIECHV (HFNY/NFP) grantees?

Response: The data feed from NFP-NSO includes the entire NFP MIS. This includes all data collected by the program's data collection forms, not just data relevant to the MIECHV reporting. A data feed from the HFNY program has not yet been established, so the client level data included has yet to be determined. At a minimum, it is expected to address the federally-mandated MIECHV reporting.

56. Can you clarify the timeframe for conversion of the CHW DMIS and implementation of the web-based application? Is the conversion to occur within the first six months? Is this followed by a six or twelve month timeframe for the implementation of the web-based system?

Response: Per Section IV.2.B.x.n (pages 48-50) of the RFP, the transition and operational responsibility of the MIHI DMIS will occur in 3 phases: Phase I, assessment of current environment and system design, will occur in the first 6 calendar months of the Part 2 contract; Phase II, system development, testing, and implementation, will begin after Phase I is complete and will last 6 calendar months; Phase III, full system management, maintenance and support, will begin after Phase II is complete and will last for the remainder of the contract. Under this timeline, the conversion, testing and full implementation of the web-based application should be completed by 12 months. This timeline is also outlined in the Part 2 Bid Detail Sheet (Attachment 15) as Deliverables A-C, and in the Schedule and Terms of Payment (Attachment 11).

PERFORMANCE REQUIREMENTS – SUPPORT FOR DATA ANALYSIS AND SURVEILLANCE

57. In Attachment 2 New York State MIECHV Continuous Quality Improvement Plan, Page 7 Attachment 1: Process Map, does part of the research associate’s responsibility include completion of the MIH COE data processing (raw data, sample ID etc.) as described here?

Response: Yes.

58. Can the research associate be in Albany 1-2 days/week remotely or is their physical presence required?

Response: The research associate will work in close collaboration with the Data Analysis, Research and Surveillance Unit manager in Bureau of Maternal and Child Health and will have access to confidential data on-site. This person is required to have an on-site presence in Albany to accomplish these tasks.

QUESTIONS FOR PART 2

PERFORMANCE REQUIREMENTS

59. What is the anticipated level of integration of NFP and HFNY data in the new web-based system?

Response: NFP and HFNY grantees will only submit program-level data into the web-based system to respond to the performance measures developed by the COE in consultation with NYSDOH to address the MIECHV five performance standards. NFP and HFNY client-level data from their respective MISs will be submitted to the Part 2 vendor for inclusion in the deduplicated longitudinal data file only and for assisting with processing client-level data to prepare for developing MIECHV benchmark reports. Under the COE in Part 1, the Research Associate will be responsible for producing and finalizing the mandatory MIECHV reporting (Attachment 1).

60. The successful bidder for Part 2 will also be required to develop and analyze a deduplicated longitudinal data file that compiles client-level data from MICHC and MIECHV grantees. Elsewhere in the document Part 1 grantee is responsible for analyses. What analyses are referred to on Page 26? How are these analyses different from those required by the Part 1 contractor?

Response: Under Part 1, the COE will conduct literature reviews and other research and analysis projects, determined in consultation with NYSDOH and the Data Analysis, Research and Surveillance Unit manager. The Part 2 vendor’s responsibilities will include the development of a deduplicated longitudinal file, which will be comprised of linked client-level MICHC and MIECHV data. Analyses by the Part 2 vendor will pertain to the development of that data file only. Any detailed analyses of the deduplicated longitudinal data file will be conducted by the

Research Associate hired by the Part 1 vendor, and will include identifying clients participating in multiple home visiting programs and use of the data file for broader research questions regarding utilization of maternal and infant health services and systems.

61. As represented in Figure 4: COE and Data Vendor Roles and Requirements on page 27 of the RFP, data from NFP, HFNY and Vital Records will not be directed back into those systems, as indicated by the unidirectional arrows in the diagram. Is that correct?

Response: Yes, that is correct. Data from NFP, HFNY and administrative data sets, such as Vital Records, will be used to develop a deduplicated longitudinal file and to support broad research questions regarding utilization of services and health systems. The data will not be returned to the NFP, HFNY, or Vital Records systems for any purpose.

PART 2 TECHNICAL SPECIFICATIONS

62. Can you provide an approximate number of users expected to utilize the MIHI Data Management Information System?

Response: Approximately 200 users from the MICHC and MIECHV grantee sites. MICHC grantees, including CHW supervisors and CHWs, would use the system for data entry, reports and other functions. MIECHV grantees would only be submitting and viewing program-level data to respond to the performance measures. DOH, OCFS, NFP-NSO and COE staff would also be users of the system.

63. Under Part 1, the COE is required to assume management of the CHW DMIS. NYSDOH currently provides management and support for that system. Can NYSDOH staff currently supporting that system be available to potential bidders prior to proposal submission for discussions about the size and scope of the current system of management and support? If they are forbidden to speak with potential applicants, can DOH provide some written guidance so that applicants can fairly plan and budget this deliverable?

Response: No. Materials relevant to the current system have been included in the RFP as Attachment 3 to provide guidance in planning management of the CHW DMIS and determining associated costs.

64. Is it permissible to use an outside vendor to host the live application? Is leasing server space to ensure the highest levels of data security an acceptable budget item?

Response: Using an outside vendor to host the live application and leasing server space to meet the deliverables are acceptable. The bidder is responsible for the implementation and operation of all aspects of the deliverables. The bidder is responsible for their subcontractors' compliance with all security and other requirements to ensure data are managed in a secure manner that adheres to HIPAA confidentiality requirements.

65. Must we use a tape backup system, or is a cloud-based system that meets all HIPAA and other regulations acceptable?

Response: A cloud-based system solution that adheres to the strictest HIPAA confidentiality requirements and highest systems security regulations is acceptable. Specific and detailed descriptions of how storage media meet these criteria must be provided.

66. Section x.d. Data Interfaces and Loading states, “The MIHI application will support data exchanges to and from grantees and other partners, and with administrative datasets. The vendor will assist with the processing of HFNY and NFP data exchange files for the development of MIECHV benchmark reports and integration with MIHI data to develop deduplicated, longitudinal data files.” Can additional details concerning how the chosen vendor will receive the HFNY client data from OCFS and the frequency with which that needs to happen be provided?

Response: Aggregate data (numerators and denominators) for each of 35 measures referenced in Attachment 1.1 are currently provided to the NYSDOH for the 5 MIECHV-funded HFNY sites for use in the annual benchmark reports. Aggregate demographic and service utilization data for the 5 HFNY sites is also provided to the NYSDOH for use in the HV Form 1 report (Attachment 1.2). Data use agreements are currently under development with OCFS for receiving client-level information on an at least annual basis.

67. Will historical data be imported from current systems? If so, how many years’ worth of information and roughly how many records are anticipated?

Response: No historical CHWP or MIECHV client-level data will be imported into the web-based system. Historical aggregate MIECHV data from the past two annual report submissions might be integrated into the web-based system to monitor MIECHV grantees’ progress towards improving Performance Standard 4, which pertains to the MIECHV Benchmarks. This includes numerators and denominators for 35 measures for up to 10 sites. Historical MIECHV client-level data will eventually be incorporated into the deduplicated longitudinal data file only.

68. Section iv. a states, “At the end of the contract period, the NYSDOH reserves the right to migrate the system, application code, database schema, and data, to its own central computer or to that of a new contractor. In this event, the NYSDOH requires the contractor to turn over files and proprietary and nonproprietary system software (e.g., application code) developed for this system.” Our company provides our software as a Software-as-a-Service (SAAS) model. We anticipate meeting all of the requirements without developing any new application code under this agreement. We could turn over all reports, the database and data, however, we have invested nearly 700,000 man hours in the development of the current source code. We would be willing to place the source code in escrow, but it could harm our business to be required to turn over the entire source code developed to-date. Can you clarify the intent of the request?

Response: The intent of the request is to ensure the Department maintains ownership of and rights to all products developed with State and Federal funds, and that those products continue to be available for their purposes for which they were procured in the event the relationship with the successful bidder is terminated.

69. If awarded the contract, will the data collected be available to use for the purpose(s) of publishing, conducting additional analyses and/or research? What data use restrictions should be expected?

Response: It is possible for publication but this is subject to the prior review and approval of the NYSDOH.

70. Can the current MIECHV Benchmarks for federal reporting be used or adapted for MICHC performance measures?

Response: The MIECHV Benchmarks can be used as a guide for developing the MICHC performance measures. The MICHC and MIECHV performance measures for measuring progress in meeting the required Performance Standards will be developed by the COE in consultation with the Department and grantees.

71. Is there an intent to modify the current federal performance benchmarks for MIECHV programs?

Response: No, the MIECHV Benchmark Data Collection Plan developed by NYSDOH was approved by the federal funding organization, Health Resources and Services Administration, in April 2012. It cannot be altered.

Registrants for Bidder's Conference

Organization	Contact Name	Email
Bronfenbrenner Center for Translational Research, Cornell University	John Eckenrode	jje1@cornell.edu
Center for Human Services Research, SUNY Albany	Susan Ehrhard-Dietzel	sdietzel@albany.edu
Children's Health and Research Foundation, Inc./ Lower Hudson Valley Perinatal Network	Cheryl Hunter-Grant	hunter-grantc@lhvpn.net
Cicatelli Associates, Inc	Sarah Silliman	ssilliman@caiglobal.org
Cora Group, Inc.	M.A. Castle	mac615@aol.com
Information Builders	Randy Stevens	randy_stevens@ibi.com
Maria Fareri Children's Hospital at Westchester Medical	Heather Brumberg	heather_brumberg@nymc.edu
PeerPlace Networks, LLC	Todd Baitsholts	tbaitsholts@peerplace.com
Prudent IT Services, LLC	Ravi Tetambe	ravi@itprudent.com
Social Solutions	Andy Hicks	ahick@socialsolutions.com
The Leading Niche	Zembaba Ayalew	Zembaba.Ayalew@theleadingniche.com
University of Rochester	Jennifer Carlson	jennifer.carlson@rochester.edu

Maternal and Infant Health Initiative Grantees

Maternal and Infant Community Health Collaboratives

Organization	County(ies) Served
Albany County Health Department	Albany
Buffalo Prenatal Perinatal Network Inc	Erie
CAMBA Inc	Kings
Chautauqua County Health Department	Chautauqua
Children's Health and Research Foundation Inc	Rockland, Westchester
Community Health Center of Richmond Inc.	Richmond
Livingston County Department of Health	Livingston
Maternal Infant Services Network	Ulster, Sullivan
Mohawk Valley Perinatal Network	Oneida, Herkimer
Mother and Babies Perinatal Network of SCNY Inc	Broome, Chemung, Chenago,Cortland,Tioga
North Country Prenatal/Perinatal Council Inc	Jefferson, St Lawrence
Northern Manhattan Perinatal Partnership Inc	New York
Onondaga County Health Department	Onondaga
Orange County Health Department	Orange
Perinatal Network of Monroe County	Monroe
Public Health Solutions	Queens
Reach CNY Inc.	Oswego
Suffolk County Department of Health	Suffolk
The Institute for Family Health	Dutchess
Urban Health Plan	Bronx
Western NY Public Health Alliance	Alleghany,Cattarragus, Genesee,Orleans and Wyoming
Wyckoff Heights Medical Center	Kings

Maternal, Infant and Early Childhood Home Visiting

Organization	County Served	Home Visiting Model
Bronx Lebanon Hospital	Bronx	HFNY
Buffalo Prenatal – Perinatal Network	Erie	HFNY
CAMBA, Inc.	Kings	HFNY
Catholic Guardian Society and Home Bureau	Bronx	HFNY
Monroe County Dep’t of Public Health	Monroe	NFP
Morris Heights Health Center	Bronx	HFNY
New York City Dep’t of Health and Mental Hygiene	Bronx	NFP
Onondaga County Health Department	Onondaga	NFP
SCO Family of Services	Kings	NFP
Visiting Nurse Service of New York	Nassau	NFP