RFP ADDENDUM
RFP-18 Rev. 11/17/16
Prev. Rev. 3/13/14

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STATE OF CONNECTICUT
DEPARTMENT OF ADMINISTRATIVE SERVICES

PROCUREMENT DIVISION
450 Columbus Boulevard, Hartford, CT 06103

RFP NO.:
20PSX0089

Proposal Due Date:
9 July 2020

Date Addendum Issued:
6 July 2020

RFP ADDENDUM #3

DESCRIPTION:

Answers to Questions Received

Question:
Coordinating a response amongst many providers and agencies to cover a FEMA region in the course of ten days (which includes a major holiday) will be challenging. Would the state consider extending the deadline for a response?

Answer:
We understand that this is a tight timeline but the RFP due date is July 9, 2020 at 2:00 pm Eastern Time. Please refer to the Proposal Schedule for further information.

Question:
The RFP solicitation is open to qualified non-profit human service agencies. Does this include not-for-profit healthcare providers?

Answer:
Not-for-profit healthcare providers that meet the qualifications and experience described in the RFP are eligible to apply.

Question:
The RFP notes that applications can cover one region or multiple regions for a twelve month period beginning on or after July 15, 2020. Can an applicant propose to cover a portion of a FEMA region or an area that covers portions of two adjoining regions?

Answer:
An applicant would need to cover the entirety of the DEMHS region or regions that it proposes to cover either directly, or indirectly through the use of subcontractors. An application must cover the entire region.

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Question:
Will the state award more than one host organization in a FEMA region if the organizations have distinct, non-overlapping service areas?

Answer:
The intent is to award one host organization per region. Organizations can and are encouraged to partner to cover an entire region, however, a responsive application must cover an entire region(s).

Question:
Will the state please provide a list of all of the ESF6 Mass Care Working Groups that have been formed in each of the five FEMA regions, their participants, and the towns or municipalities that each serves?

Answer:
Each of the five DEMHS regions has an ESF6 Mass Care Working Group. The towns covered by each region are identified on the DEMHS map located in the RFP document. The list of participants is fluid, depending on the type of response needed. The groups are currently recruiting members to respond to the COVID-19 pandemic, and welcome any and all organizations who are interested in planning for or responding to mass care related issues within the specific region.

Question:
If an applicant has an existing collaborative that currently supports the coordination of access to community services and supports to address SDOH needs, can we propose that this collaborative serve as the ESF6 Mass Care Working Group?

Answer:
Each DEMHS Region already has a structure in place. Any modifications to this structure should be decided locally, in conjunction with the DEMHS Regional Coordinator.

Question:
Does DSS have a suggested minimum credential or qualifications for the Community Resource Coordinators?

Answer:
DSS does not have a minimum credential. The successful host organization will need to ramp up quickly and respond to needs through the coordination of local resources. We will allow the host organization to establish qualifications that will successfully fulfill these contract expectations.

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Question:
Providers are currently using Community Health Workers to perform these resource coordination functions, including for COVID-19 infected patients that were identified via community testing. Is it permissible for applicants to propose the use of CHWs to function as CRCs?

Answer:
Yes, the use of CHWs to perform resource coordination functions is permissible.

Question:
What are the caseload projections for Community Resource Coordinators that correspond to the table of minimum and target FTEs?

Answer:
The caseload projections were built on the assumption that there would be a wide variation in the level of need, and that each Community Resource Coordinator would be able to work with 50 people a week.

Question:
Alternatively, can CHWs be used to expand the caseload capacity of a CRC, e.g., by having each CRC paired with several CHWs that manage a large aggregate caseload under the supervision of the CRC?

Answer: Yes, this is permissible.

Question:
The RFP notes that the host organization may be required to identify and coordinate the availability of local/regional Community Health Workers if the contact tracers are unable to reach Cases and/or Contacts through the telephone so that the CHW can engage the individual in person. Is this function unrelated to the function of the Community Resource Coordinators? Could this service be requested by contact tracers for individuals who have not otherwise been referred for coordination of resources to address SDOH needs?

Answer:
Yes. There may be occasions when the contact tracers are unable to reach the person to conduct contact tracing. They might ask that a CHW reach out and both conduct contact tracing and provide resource coordination as needed.

Question:
How comprehensive is the screen that contact tracers will use to identify individuals with SDOH needs? Can you share the screening questions?

Answer:
The contact tracers are currently using a very basic screening which asks whether the individual can safely and effectively self-isolate or self-quarantine, with further prompts for 1) difficulty isolating in current housing, 2) need to care for children, older adults, or individuals with a disability, 3) ability to see a doctor or other healthcare services, 4) ability to get food, 5) feeling safe at home.

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Question:
How will the information regarding SDOH needs in the ContaCT system be conveyed to the Community Resource Coordinators? Will Community Resource Coordinators have access to ContaCT to review unmet needs self-reported by individuals and/or identified by contact tracers?

Answer:
The vendor responsible for the overall contact tracing effort will coordinate the exchange of information and will work out protocols, including the protocols for accessing information in ContaCT, whether directly or through referral.

Question:
Is it anticipated that additional screening will be required by Community Resource Coordinators when they first engage with the client to confirm the needs thus far identified and to identify additional needs before addressing those needs?

Answer:
Yes.

Question:
If Community Resource Coordinators or one of the partner organizations has a technology platform in place to facilitate screening and closed loop referral tracking is the state open to automating a connection with ContaCT to enable the notification of successful engagement and resolution of basic support needs?

Answer:
The vendor responsible for the overall contact tracing effort will provide the technology platform and the protocols. The host organizations will need to adopt these protocols.

Question:
What are the documentation requirements with respect to the case management functions performed by Community Resource Coordinators or their CHW extenders?

Answer:
The protocols, including the required documentation elements, will be developed by the vendor for the overall contact tracing effort and shared with the selected applicant(s).

Question:
Please specify expenses that are allowable vs non-allowable?

Answer:
Please present the budget that you believe you need to coordinate resources for individuals who may have barriers to meeting the recommendation to self-quarantine or self-isolate. Include any assumptions. An approved budget will be developed as part of the contract negotiation process.

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Question:
Is the cost of CHW support an allowable expense as an adjunct to the Community Resource Coordinators?

Answer:
See response to Question 19.

Question:
Are applicants permitted to requesting funding to offset the cost of technology screening and referral technology platform such as network management or license fees to facilitate screening and referral tracking?

Answer:
We anticipate that the technology platform will be developed or provided by the vendor for the overall contact tracing effort. No costs for a technology platform or license fee should be included in the proposed budget**.**

Question:
Can two organizations partner to cover a region? If so, should forms, such as the statement of qualifications, vendor profile, and vendor W9, be completed by both organizations, or just the lead?

Answer:
The intent is to award one host organization per region. While organizations can and are encouraged to partner, a single organization should present the application as the proposed Contractor with partnering organizations identified as subcontractors.

Question:
Is there an expectation for Community Resource Coordinators will be available 7 days/week?

Answer:
Yes.

Question:
Who is the true target population for this intervention, i.e. is it anyone who needs to self-isolate or is it primarily low-income households?

Answer:
The target population is anyone who needs assistance in order to safely and effectively follow the public health guidelines for self-quarantine or self-isolation. Individuals from low-income households may face additional barriers.