**COUNTY OF ALAMEDA**

**HEALTH CARE SERVICES AGENCY (HCSA)**

**ADDENDUM No. 3**

**For
RFP No. HCSA-900318**

**Social Health Information Exchange (SHIE) and Community Health Record (CHR)**

**for Alameda County Care Connect (AC Care Connect)**

**Specification Clarification/Modification and Recap of the Networking/Bidders Conferences**

**March 22, 2018 and March 23, 2018**

**Notice to Bidders**

This County of Alameda, HCSA Addendum has been electronically issued to potential bidders via e-mail based on the attached bidder sign-in sheets. This Addendum will also be posted on the General Services Agency (GSA) Contracting Opportunities website located at <http://www.acgov.org/gsa/purchasing/bid_content/ContractOpportunities.jsp>

Any changes made to the original RFP document are in **bold** print and highlighted, and deletions made have a ~~strike through~~.

**Modifications and Clarifications**

*Modifications to Section I.D. Bidder Minimum Qualifications (pg. 18):*

1. **Prime** Bidder shall be regularly ~~and continuously~~ engaged in the business of developing and delivering data exchange systems related to health care or human services for at least five (5) years.
2. **Prime** Bidder has demonstrated required knowledge of data structures and relationship of medical data (EHR), eligibility data, claims or cost data, lab and pharmacy data, and behavioral health related data. Please include in your Bid Response a customer testimonial, performance narrative from past project, published research or a combination of these to demonstrate this qualification.
3. **Prime Bidder or Subcontractor** shall be regularly and continuously engaged in the business of developing and delivering business intelligence and analytic systems related to health care or human services for at least five (5) years.
4. **Prime Bidder or Subcontractor** has demonstrated an ability and capacity to offer staff augmentation for the HCSA business intelligence team in a “hub and spoke” manner. In this model, HCSA BI team will be the manager/owner of the core pieces of the BI solution while the Bidder augmented team will be brought in for high value-added services including but not limited to developing predictive models for better population health management, forecasting hospitalization risks for higher utilizers of healthcare services, complex Key Performance Indicator (KPI) story-boards for different stakeholders and on-demand data science functions.
5. **Prime Bidder or Subcontractor** has demonstrated experience in building or integrating an Enterprise Master Patient Index (EMPI) with 80% or higher degree of accuracy via sophisticated matching procedures, including both deterministic and probabilistic matching.
6. **Prime Bidder** has demonstrated experience within the past 5 years of successfully scaling up a major project within a short time frame, with the administrative capacity and staff to rapidly train and support diverse users and stakeholder organizations in a feasible, scalable manner.
7. **Prime Bidder** has demonstrated experience in developing and training staff on critical functions like Data Stewardship, Master Data Management, Metadata Management and Data Quality Analysis.
8. **Prime Bidder** will possess all permits, licenses and professional credentials necessary to supply product and perform services as specified under this RFP.
9. **Prime Bidder** will meet the mandatory technical requirements as outlined in the Technical Questionnaire with a minimum score of 600 or more in Qualifying Points.

*Clarifications*

*If a prime bidder is a non-SLEB they cannot bid on the RFP without subcontracting 20% of the awarded amount to a SLEB vendor or vendors. The prime vendor can partner with multiple SLEBS to satisfy the requirement that bidders not meeting the definition of SLEB subcontract twenty percent (20%) of the total estimated bid amount in order to be considered for contract award. Subcontracting with a SLEB certified vendor will only allow a non-SLEB prime vendor to submit a bid response to this RFP but will not earn the prime vendor additional preference points in the evaluation. A SLEB vendor may submit a bid as a prime bidder as well as be included on a separate bid as a subcontractor.*

*All prime bidders must have attended the bidders conference to submit a bid response. Subcontractors do not have to have attended the bidders conference.*

**Bid/Contract Questions**

**Q1: What restrictions apply to where implementation teams are located, i.e. US, India, other?**

*A1: The County prefers the implementation team to be located in United States.*

**Q2:** **Will the County allow work to be delivered remotely inside and outside of the US?**

*A2: Please refer to A1.*

**Q3: Could you distribute the slides from the conference today?**

*A3: No transcription, slides, or recordings of the bidder’s conferences are available. Please refer directly to the RFP and addenda for content that was covered in the bidder’s conferences, available on the County’s procurement website:* [*https://www.acgov.org/gsa\_app/gsa/purchasing/bid\_content/contractingdetail.jsp?BID\_ID=1939*](https://www.acgov.org/gsa_app/gsa/purchasing/bid_content/contractingdetail.jsp?BID_ID=1939)

**Q3: Can you provide a list of meeting attendees with contact info?**

*A3: Addendum 1 was published on the County Procurement website on March 29th, 2018 and includes the complete list of meeting attendees and their contact information.* [*https://www.acgov.org/gsa\_app/gsa/purchasing/bid\_content/contractingdetail.jsp?BID\_ID=1939*](https://www.acgov.org/gsa_app/gsa/purchasing/bid_content/contractingdetail.jsp?BID_ID=1939)

**Q5:** **Does HCSA require that the entire RFP be returned as part of the proposal in addition Exhibit A?**

*A5: No, it is not required that the RFP boilerplate be returned as part of the bid response; however, all pages of the bid response packet (Exhibit A) must be submitted in total with all required documents attached. Please see Exhibit A Bid Response packet for required submission materials.*

**Q6: Does the response require “wet” ink signatures?**

*A6: The response does require wet ink signatures where applicable.*

**Q7: In reference to Specifications, Terms & Conditions, p. 39 Section R, item #3, please clarify if the electronic copy can be the same soft copy of the proposal before printing, instead of a scanned image of the hard copy? (We would insert scanned copies of signatures into the soft copy. Using the soft copy will ensure it is readable by the County without requiring the use of OCR to read a scanned image.)**

*A7: The electronic copy must be in a single file (PDF with OCR preferred) and shall be an* ***exact*** *scanned image of the original hard copy Exhibit A – Bid Response Packet, including additional required documentation. The file must be on disk or USB flash drive and enclosed with the sealed original hardcopy of the bid.*

**Q8: We understand that the physical submission should include tabs. Does the Government want to see the equivalent of a tab, such as an otherwise blank page labelled with the section number, as part of our electronic submission? (Specifications, Terms & Conditions, Exhibit A, p. 6)**

*A8: A blank page labeled with a section number as part of the electronic submission is helpful but not required.*

**Q9: On page 40, R-7, we read that although “only one bid response will be accepted from any one” organization, “several alternatives may be included in one response.” What does this mean?**

*A9: Only one bid response will be accepted from any one person, partnership, corporation, or other entity. “Several alternatives” refers to one prime bidder of any of the entities described and a combination of subcontractor(s) that may also be any of the entities described.*

**Q10: In Requirements Questionnaire, the Competency and Experience tab lists a 50-word maximum for the response column. It seems to be set to a 50-character limit. Can Bidders get an updated version that will allow 50 words?**

*A10: The Questionnaire has been updated on the County Procurement webpage to reflect an increased character limit on all required sections. Please limit your response to 250 characters.*

[*https://www.acgov.org/gsa\_app/gsa/purchasing/bid\_content/contractingdetail.jsp?BID\_ID=1939*](https://www.acgov.org/gsa_app/gsa/purchasing/bid_content/contractingdetail.jsp?BID_ID=1939)

**Q11: 1939\_0\_900318Questions.xlsx: The Competency and Experience sheet and the Service Levels sheet have a 50 character limit in the Response column. Should this be a 50 word limit or do you really mean a 50 character limit?**

*A11: Please refer to A10.*

**Q12: Are subcontractor qualifications and past performance counted toward compliance with the "Bidder Minimum Qualifications"? (Section 1.D, pg 18)**

*A12: Yes. Please refer to the Modifications and Clarifications section at the beginning of this document.*

**Q13: Do the Bidder Minimum Qualifications (Section D) apply to the vendor team or solely to the prime contractor? (Specifications, Terms & Conditions, p. 18)**

*A13: Please refer to the Modifications and Clarifications section at the beginning of this document.*

**Q14: Page 18, Bidders Minimum Qualification Section, #1, Can clarify what you mean by “continuously engaged in the business of developing and delivering data exchange systems related to health care or human services for at least five (5) years”?**

*A14: The County is seeking Bidders with meaningful experience in the business of data exchange systems within the industries of health care or human services. The prime bidder and its chosen partner(s) shall be involved in delivering data exchange systems or solutions related to health care for five years total (not ongoing or continuously as previously stated in the RFP). Prime Bidders shall demonstrate in their bid response at what capacity they performed the above related services.*

**Q15: Does the County want Bidders to address each requirement listed in D. Bidder Minimum Requirements? In which section of the response should this information be inserted?**

*A15: Please clearly address all bidder minimum qualifications in the Letter of Transmittal.*

**Q16: On page 18, I, D-2, there is a requirement that in our bid response, we must include “a customer testimonial, performance narrative from past project, published research or a combination of these to demonstrate” that we have “demonstrated required knowledge of data structures … [etc.].” Where does this fit in the Required Documentation and Submittals? Is this different from the References or Experience in and Ability to Collaborate with Multiple Stakeholders requirements?**

*A16: The customer testimonial, performance narrative from a past project, published research, or a combination of these in order to demonstrate the minimum qualification of required knowledge data structures and relationship of medical data (EHR), eligibility data, claims or cost data, lab and pharmacy data, and behavioral health related data should be included as an attachment to the Letter of Transmittal. This attachment does not count towards page limit guidelines.*

**Q17:** **What are the key success criteria of the initiative/project?**

*A17: Key success criteria is integrated into the Scope section of the RFP I.C. beginning on page 12.*

**Q18: Are there any non-functional requirements that can be shared?**

*A18: All the requirements known to date are stated in the RFP.*

**Q19: This section (1.C "Additional Information", pg 17 states "In the Exhibit A Bid Response Packet, Bidder will meet the mandatory technical requirements as outlined in Technical Questionnaire (See Exhibit A Bid Response Packet, page 7 Required Documentation and Submittals, Item 4) in order to be considered for full County Selection Committee Review (CSC) (See Section D. Bidder Minimum Qualifications below)." (emphasis added) Are these mandatory requirements all of the requirements of the Technical Questionnaire or does this mean a minimum score of 600 on the Technical Questionnaire?**

*A19: A minimum score of 600 is required to become eligible for County Selection Committee’s review. However, all questions should be answered. Scoring minimum of 600 points is the mandatory requirement to qualify.*

**Q20: In reference to Section R, item #7, please clarify how we may include several alternatives in one response. Would these alternatives have to fit within the page limits of the Required Documentation and Submittal instructions or would we be able to provide alternate versions of applicable sections, each with its own page limit? For example, could we provide multiple versions of item #9, “Description of Proposed Services”, each of which was 2-3 pages in length? (Specifications, Terms & Conditions, p. 39)**

*A20: The County expects bidders to comply with the page limits as outlined in Exhibit A, Required Documentation and Submittals.*

**Q21: On page 30, for the Deliverables and Reporting section, is it the County’s intention for the bidder to respond to each of the items listed in Figure J, Software Elements, as indicated by the statement “At a minimum, the Bidder will describe its methodology and approach for each deliverable in the Bid Response and deliver each milestone listed below during the contract term”? If so, would the County consider raising the page limit for this section? Is it also required to address each of the work products listed below Figure J?**

*A21: The County expects bidders to comply with the page limits as outlined in Exhibit A, Required Documentation and Submittals.*

**Q22: Is the proposed budget not to exceed $8M for the 18-month period the total budget for obtaining services, or does the $8M total also include costs for county or other administrative costs. If the budget does include all costs, including County costs, what is the budget for procuring services under this RFP? (Exhibit A, Bid Forms pg 5)**

*A22: The proposed budget for the RFP should not exceed $8M for the 18-month period of the contract. No County administrative costs need be included.*

**Q23: For Section L, item #1, what source should the Contractor use to determine the prevailing wage? (Specifications, Terms & Conditions, p. 32)**

*A23: To the extent it applies to any positions proposed in the bid response to this RFP, please refer to Section III.L.1. on page 32. In addition, please note that the final Standard Agreement terms and conditions will be negotiated with the selected bidder as described in Section III.M.9 on page 34.*

**Q24: Please confirm that the lowest responsive bidder's cost proposal will receive 15 points and that all other bidder's cost proposal will be scored based on the formula specified in the Evaluation Criteria and Weights in "E. Cost". (Section III Paragraph H, pg. 29)**

*A24: As stated in the Cost Criteria, an evaluation shall be made taking into account the lowest responsive bid using the formula provided; however the 15 points cited is a weight for this particular criteria. The total points earned will be dependent upon the result of the formula for a bidder plus an evaluation of the reasonableness and realism of the cost multiplied by 15. Please see also A120a for more information regarding lowest priced response.*

**Q25: Considering the detailed evaluation criteria, and the information requested by the solicitation, we would like to request the page limit for “Key Personnel “ be increased to 4 pages. This would provide us an opportunity to provide the necessary details required to assist the county with a proper and meaningful evaluation. (Specifications, Terms & Conditions, Exhibit A, p. 7; Item #6 “Key Personnel”)**

*A25: The County expects bidders to comply with the page limits as outlined in Exhibit A, Required Documentation and Submittals.*

**Q26: Considering the detailed evaluation criteria, and the information requested by the solicitation, we would like to request the page limit for “Experience in and Ability to Collaborate with Multiple Stakeholders section increased to 2 pages. This would provide us an opportunity to provide the necessary details required to assist the county with a proper and meaningful evaluation. (Specifications, Terms & Conditions, Exhibit A, p. 8; Item #8 “Experience in and Ability to Collaborate with Multiple Stakeholders”)**

*A26: The County expects bidders to comply with the page limits as outlined in Exhibit A, Required Documentation and Submittals.*

**Q27: Considering the detailed evaluation criteria, and the information requested by the solicitation, we would like to request the page limit for “Description of Proposed Services section be increased to 5 pages. This would provide us an opportunity to provide the necessary details required to assist the county with a proper and meaningful evaluation. (Specifications, Terms & Conditions, Exhibit A, p. 8; Item #9 “Description of Proposed Services”)**

*A27: The County expects bidders to comply with the page limits as outlined in Exhibit A, Required Documentation and Submittals.*

**Q28: Considering the detailed evaluation criteria, and the information requested by the solicitation, we would like to request the page limit for “Deliverables and Reports“ be increased to 2 pages. This would provide us an opportunity to provide the necessary details required to assist the county with a proper and meaningful evaluation. (Specifications, Terms & Conditions, Exhibit A, p. 8; Item #10 “Deliverables and Reports”)**

*A28: The County expects bidders to comply with the page limits as outlined in Exhibit A, Required Documentation and Submittals.*

**Q29: If so, will the County consider increasing these limits to enable bidders to provide a comprehensive and detailed response to the services and solution proposed? (Bid Response Packet, Bid Forms pg 7-8)**

*A29: The County expects bidders to comply with the page limits as outlined in Exhibit A, Required Documentation and Submittals.*

**Q30: Are the number of pages specified in Exhibit A, page 6, “Required Documentation and Submittals” for the following to be considered page limits to bidder responses?**

* **Bidder Company Profile (1 page)**
* **Key Personnel (2-3 pages)**
* **Capacity and Readiness (1-2 pages)**
* **Experience in and Ability to Collaborate with Multiple Stakeholders (1 page)**
* **Description of Proposed Services (2-3 pages)**
* **Deliverables and Reports (1 page)**
* **Budget Table and Narrative (2-3 pages)**

*A30: Yes, the number of pages specified are page limits.*

**Q31: What is the required documentation for personnel?**

*A31: See Exhibit A Required Documentation and Submittals, Item 6 (pages 7-8 of Exhibit A) for the required documentation for Key Personnel. The County expects to see these descriptions profile that includes relevant experience of the personnel for the specified role.*

**Q32: Section F., 6, of the RFP states that, “There shall not be more than two changes to the proposed team throughout the project …”; would a change of any team personnel from those listed in the proposal to the team that starts on the contract on day 1 constitute one of these two allowable changes?**

*A32: Upon approval, the County may permit a change in team personnel during the contract negotiation period if different from the original proposal. It should be noted that contract awards are based on bid responses as they are submitted; therefore, should a change in key personnel represent a significant deviation from the original response and represent a change in value or benefit to the County, the County may cease contract negotiations and cancel contract award.*

*Should there be an approved change in key personnel during contract negotiations, this will not count towards the two allowable personnel changes mentioned in the RFP. The concern the County has regarding any changes in key personnel is the continuity of relationships established by the team members with County’s Data Exchange Unit team as well as external stakeholder organizations.*

**Q33: Is “REQUIRED DOCUMENTATION AND SUBMITTALS” form required as part of the Exhibit A submission?**

*A33: All pages of the bid response packet (Exhibit A) must be submitted in total with all required documents attached.*

**Q34: Exhibit D requirements regarding training materials and plans (points 1 and 2) appear to be required only in the event that we win the contract. Am I correct in assuming that we do not need to include these in our bid? I ask out of caution because Exhibit D-3 (pg. 57) and D-6 (pg. 59) both include requirements not specified elsewhere in the RFP, including the Required Documentation and Submittals portion, that must be included in our bid response.**

*A34: Bidders are not required to submit any template deliverable document with their bid response. Once the award is made the County will work with the bidder to define those in more detail.*

**Q35: There is a reference in the RFP of not being able to override state law and awarding to the lowest responsible bidder.  Must an award go to the lowest responsible bidder?**

*A35:* *As stated in Section III. H Evaluation Criteria / Selection Committee of the RFP on page 26, “As a result of this RFP, the County intends to award a contract to the responsible bidder(s) whose response conforms to the RFP and whose bid presents the greatest value to the County, all evaluation criteria considered. The combined weight of the evaluation criteria is greater in importance than cost in determining the greatest value to the County. The goal is to award a contract to the bidder(s) that proposes the County the best quality as determined by the combined weight of the evaluation criteria. The County may award a contract of higher qualitative competence over the lowest priced response.”*

**Q36: Please define the lowest responsible bidder.**

*A36:* *See A35 above.*

**Q37: Will the evaluation period include onsite demonstrations?**

*A37: As stated in Section III.H. Evaluation Criteria / Selection Committee (p. 28 of the RFP), “The evaluation process may include a two-stage approach including an initial evaluation of the written proposal and preliminary scoring to develop a short list of bidders that will continue to the final stage of oral interview and reference checks.” Should oral interview take place, onsite or in-person demonstrations will be a part of the evaluation process.*

**Q38: Vendor Interviews are scheduled for May 29-June 1 according to the RFP. This was not mentioned during the bidders’ conference, can you confirm this is the still the intent, given the Memorial Holiday weekend? It’s also may coincide with ONC meetings. How many vendors will be down selected for demonstrations?**

*A38: Yes, vendor interviews are still scheduled to take place May 29 through June 1. After an initial evaluation of the written proposal and preliminary scoring, a short list of the three (3)-five (5) bidders receiving the highest preliminary scores and with at least 200 points will be invited to an oral interview.*

**Q39: How many vendors are you targeting for down selection?**

*A39: As stated in Section III.H. Evaluation Criteria / Selection Committee (p. 28 of the RFP), “If the two-stage approach is used, the three (3)-five (5) bidders receiving the highest preliminary scores and with at least 200 points will be invited to an oral interview.” Therefore, no more than 5 bidders will be invited back for the final round of presentation to the County Selection Committee.*

**Q40: Please clarify item #3 under Section J. Does this mean that vendors will be able to request and obtain other vendors’ proposals before the award is made? If so, does this include pricing information? (Specifications, Terms & Conditions, p. 32)**

*A40: Bid proposals will be made available for public view five (5) days prior to award of contract by the Board of Supervisors but not prior to the end of the contract negotiation period.*

**Q41: What contract type does the Government plan to award (i.e. Firm Fixed-Price, Time & Materials, or Cost)?**

*A41: The County will award a maximum award amount up to $8 million to complete the specifications described in Section III.M.9 of the RFP (pg. 34).*

**Q42: Is the program funded by the 1115 Waiver?**

*A42: Yes.*

**Q43: When is the pilot ending?**

*A43: The State funded Whole Person Care (WPC) pilot will end December 2020 but the County intends to develop a path for sustainability beyond that date.*

**Q44: How does the County think about sustainability outside original 18 month contract period?**

*A44: The current contract that may result from this RFP is for 18 months. All deliverables specified in the contract must be delivered under this term and within the specified budget not to exceed $8 million. The option to renew may be exercised by the County should funding be available and additional services be negotiated with the awarded Contractor.*

**Q45: Is Alameda County requiring price protection for post grant operations?  For what time period please?  1 year? 3 years? 5 years?**

*A45: The contract term is not to exceed 18 months. Any contract extension must comply with the terms specified by Section III.K.2 on page 32 of the RFP.*

**Q46: Are there any incumbents who are invited for this RFP?**

*A46: The County does not have any contracted incumbents who are invited for this RFP.*

**Q47:** **Has County engaged a 3rd party advisor to support this project/program?**

*A47: Yes.*

**Small, Local and Emerging Business (SLEB) Program**

**Q48: Can a prime vendor team with multiple SLEBs, as long as the total SLEB partnership meets 20% threshold?**

*A48: Yes, the prime vendor can partner with multiple SLEBS to satisfy the requirement that bidders not meeting the definition of SLEB subcontract twenty percent (20%) of the total estimated bid amount in order to be considered for contract award.*

**Q49: May we have multiple SLEBs to add up to the 20% of the overall budget?**

*A49: Yes, prime bidders may partner with multiple SLEBs to add up to 20% of the overall budget.*

**Q50: As an AC SLEB business can we partner with more than one Prime during the proposal phase. Since only one vendor will be selected -no conflict of interest will exist**

*A50: Yes.*

**Q51: Is SLEB requirement 20% of total price or effort?**

*A51: Bidders not meeting the definition of a SLEB (*[*http://acgov.org/auditor/sleb/overview.htm*](http://acgov.org/auditor/sleb/overview.htm)*) are required to subcontract with a SLEB for at least twenty percent (20%) of the total estimated bid amount.*

**Q52: Where is the SLEB requirement stated in the RFP document?**

*A52: Please refer to Section III.M.2 of the RFP for more information about SLEB requirements. That section also includes the following link to the County’s website for more information:* [*http://acgov.org/auditor/sleb/overview.htm*](http://acgov.org/auditor/sleb/overview.htm)

**Q53: Does a 501(c)3 partner qualify as a SLEB subcontractor?**

*A53:**Not necessarily. The partner must be SLEB certified through the County of Alameda.*

**Q54: Public requirement (exempt from SLEB); is it ok if we are a non-US based public company?**

*A54: The following entities are exempt from the Small and Emerging Local Business (SLEB) requirements and are not required to subcontract with a SLEB:*

* *non-profit community based organizations (CBO) that are providing services on behalf of the County directly to County clients/residents;*
* *non-profit churches or non-profit religious organizations (NPO);*
* *public schools; and universities; and*
* *government agencies*

*Public companies (whether U.S.-based or not) are not included as SLEB exempt entities.*

**Q55: Which SLEB(s) was involved?**

*A55: Not enough information to answer the question.*

**Q56: In my reading of the RFP, it appears that the prime bidder \*MUST\* be a Small or Emerging company that has an office within Alameda County. Is my reading correct?**

*A56: No, that is not correct. If the prime bidder is not a SLEB and is not a SLEB exempt entity, they must subcontract twenty percent (20%) of the total estimated bid amount to a SLEB certified vendor in order to be considered for contract award.*

**Q57:** **In Exhibit A, Requirement 10: will use of subcontractors certified as SLEB achieve 10% bid preference? Will use of subcontractors LOCAL to Alameda County achieve 5% bid preference?**

*A57: No. Subcontracting with a SLEB certified vendor will only allow a non-SLEB prime vendor to submit a bid response to this RFP but will not earn the prime vendor additional preference points.*

**Q58:** **Are there any SLEB vendors precluded from bidding on the procurement?**

*A58: No. Any prime bidder meeting minimum qualifications is eligible to submit a bid for this RFP.*

**Q59: We assume that a contractor receiving the 10% SLEB bid preference cannot also receive the 5% local bid preference. Is this assumption correct? (Specifications, Terms & Conditions, Exhibit A, p. 3)**

*A59: Bidders local to Alameda County may request 5% bid preference while SLEB certificated bidders may request an additional 5% bid preference for a total of 10%.*

**Q60: Does the bidder need to be listed in the SLEB supplier query system database to qualify to bid? (Specifications, Terms & Conditions, Exhibit A, p. 3) (http://www.acgov.org/sleb\_query\_app/gsa/sleb/query/slebresultlist.jsp?smEmInd=A)**

*A60: The bidder must be SLEB certified (i.e. have a valid SLEB Certification Number).*

**Q61: The solicitation says that the bidder, who is not a certified SLEB, is required to subcontract 20% of workshare to a certified SLEB. (Specifications, Terms & Conditions, Exhibit A, p. 3) Since this proposal includes both services and software license cost, and since the SLEB is expected to provide only services, we assume that the 20% workshare will be calculated against the services portion of the total cost, and will not include the software license cost. Please confirm that our understanding is correct. For example: Total proposed cost of $8 Million includes $5 million for services and $3 million for software license. In that case the minimum workshare allocated to SLEB subcontractor will be $1 million (20% of $5 million)**

*A61: No, that is not correct. Non-SLEB bidders must subcontract twenty percent (20%) of the total estimated bid amount (i.e. 20% of a total possible award amount of $8 million).*

**CHR (Phase 1, 2, and 3)**

**Q62: What other countries/models in California or the country are serving as a model for this RFP/project?**

*A62: There are many health exchange models, but none with the level of integrated supports for social determinants of health that the County is looking for, particularly with regards to housing. This is a unique opportunity for the vendor to provide a solution that integrates more than clinical information to present a picture of the whole patient. The County expects that the vendor will present a compelling solution that integrates social determinants like housing and social services from the beginning of the implementation.*

**Q63: The AC Care Connect is a significant effort and will require support and buy in from the stakeholders who will share data with the program. Has the County initiated dialogue with the stakeholders and does it have key functional champions identifiers who will work with the implementation vendor?**

*A63: We have started many conversations with stakeholders and are at various points in that conversation with many key functional champion identifiers.*

**Q64: We understand that there are champions at some of the sites, but that there are not champions at every participating site; further, the level of involvement/support by the champions varies. Is there a list of liaisons and champions at each of the stakeholder sites that can be shared with the awarded bidder?**

*A64: Yes, the awarded bidder will be informed of the initial stakeholder sites as well as future projected stakeholders. Refer to Exhibit E, List of Stakeholders of the RFP.*

**Q65: Cross-coordination between AC Care Connect Departments and key stakeholders and partners in the field, see Figure A, is very important to deliver a successful implementation. How does AC Care Connect manage and govern across these key stakeholders to support the prime contractor deliver on-promise?**

*A65: The County has been working with key Stakeholders for the last 18 months, securing contracts and data sharing agreements along the way. There is a Steering Committee that includes senior leadership from key stakeholders as well as a number of workgroups where stakeholders can collaborate and contribute their opinions on the best way to meet their contract goals for AC Care Connect. That being said, the County does not “govern” stakeholders and hopes that the value and confidence that the vendor provides to support stakeholder program goals will incentivize them to participate fully in the SHIE.*

**Q66: You mentioned being in the process of working with stakeholders to collaborate and share data, how is that coming along? How much do you anticipate relying on the vendor/partner to facilitate this?**

*A66: The County has spent a lot of time collaborating with stakeholders, securing data sharing agreements and exchanging data for the purpose of the pCHR. In the future, the County expects joint facilitation partnership between program and vendor leads which is critical to the pCHR implementation.*

**Q67: Who are current partners in the pilot?**

*A67: Current partners are Alameda Health System Complex Care Management Program, Lifelong Medical Trust Clinic, Alameda Alliance for Health, and East Bay Innovations, Inc. Anticipated partners for Phase 1 include Tri-City Health Center, Pathways to Wellness and Abode Services.*

**Q68: How many partners do you envision will be contributing or retrieving data from the central database?**

*A68: Please refer to Exhibit E List of Stakeholders of the RFP.*

**Q69: How many patients do you currently have in Care Connect? How many more do you anticipate would be added once the project is complete in the next 18 months?**

*A69: Currently there are approximately 21,000 to date who have been identified as eligible for Care Connect with approximately 2,100 enrolled.*

**Q70: What platforms are you already using?**

*A70: The County is currently using a web-based, off-the-shelf solution for its limited-use prototype CHR (pCHR).*

**Q71: is the pCHR custom developed or off-the-shelf?**

*A71: Please refer to A70 above.*

**Q72: Under “DEU Project Timeline” it states, “A Phase 1 (pilot) Prototype CHR (pCHR) is currently being executed with internal and external contracted resources.” What external contractors are currently involved with the Phase 1 pilot? Are these contractors eligible to bid on this solicitation? (Specifications, Terms & Conditions, p. 10)**

*A72: The County is currently using a vendor contracted through a community partner for the pCHR. Any prime bidder meeting minimum qualifications is eligible to submit a bid for this RFP.*

**Q73: Do you have a current vendor for pilot and who are they and what do they do?**

*A73: The County is currently using a vendor contracted through a community partner for the pCHR. The product is used as a limited implementation to test a CHR prototype.*

**Q74: Who is the pCHR vendor/partner?**

*A74: Please refer to A73 above.*

**Q75: Who is the pCHR vendor?**

*A75: Please refer to A73 above.*

**Q76: Which firm(s) implemented the pCHR?**

*A76: Please refer to A73 above.*

**Q77: Can County share the name of vendor selected for Phase 1 (pCHR)?**

*A77: Please refer to A73 above.*

**Q78: Which companies have participated in the Phase 1 pilot? (DEU Project Timeline, Page 10)**

*A78: Please refer to A73 above.*

**Q79: Will the vendors who participated in the Phase 1 pilot be precluded from bidding on this opportunity? (DEU Project Timeline, pg 10)**

*A79: No, any prime bidder meeting minimum qualifications is eligible to submit a bid for this RFP.*

**Q80: Is the contractor for Phase I SHIE and pCHR eligible to bid on this opportunity as a prime contractor?**

*A80: Any prime bidder meeting minimum qualifications is eligible to submit a bid for this RFP.*

**Q81: It appears that Collective Medical Technologies (CMT) is a participant in the Phase 1 pilot. How will CMT participate in Phase 2 and Phase 3 of the project?**

*A81: No vendor, group, or other entity has any known role at this time in subsequent phases of the project.*

**Q82: On Page 11 Figure E. Question- Given the importance of Phase 1 findings and the fact that a vendor has been selected to build this out, can the County share the name of this vendor? Does the County plan on including this vendor in the bid for phase 2?**

*A82: Please refer to A73 and A81.*

**Q83: Who is your EHR (Electronic Health Record) vendor?**

*A83: EHR vendors of interest to the County for the scope of this RFP are listed in the RFP Questionnaire “Technical Solution” tab (Current Integration Efforts Q95-Q100).*

**Q84: Are you currently using a Direct Mail Service?**

*A84: The County does not use Direct Message / Direct Mail service at this time.*

**Q85: How are you doing patient matching for homeless currently?**

*A85: The County is using an open source MPI tool to match data sets in the Data Warehouse.*

**Q86: What data sets have been identified as being needed by the pilot participants?**

*A86: The pilot is focused on a very limited, initial set of data for exchange: patient contact information and demographics, care team member composition and contact info, encounter data (ED, limited outpatient and inpatient) and initial, limited shared care plan information.*

**Q87: How is consent managed?**

*A87: Patient authorization, as required for sensitive datasets defined by Federal, State and Local regulations, is currently managed at stakeholder locations in a fragmented manner.*

**Q88: Have you already identified or classified data types you are looking for social determinants?**

*A88: Phase 1 goal of the SHIE and associated applications is to include Substance Use Disorder and housing data. Phase 2 will expand to include Criminal Justice and outreach and referral for Social Services like food insecurity, General Assistance, Medi-Cal Re-enrollment etc.*

**Q89: What distinguishes members that are targeted for Waves A, B and C (p. 11 of RFP)?**

*A89: Waves A, B and C members were chosen to represent health care partners (physical and behavioral health), housing, and health plan.*

**Q90: Does the current Phase 1 plan identify the facilities that are targeted for these waves?**

*A90: Yes.*

**Q91: Has a set of APIs (Application Programming Interface) been built into pCHR pilot?**

*A91: No API has been built into the pCHR pilot. Data comes as custom format flat files or HL7 ADT messages.*

**Q92: How much formal design research has been conducted (to assess user needs and evaluate pCHR end-user success)?**

*A92: A fair amount of design research was conducted at the beginning of the pCHR project as well as during rollout phases. Two focus group sessions were conducted prior to the pCHR implantation to identify top priority data for initial sharing. Focus group participants included a wide range of community partner representatives (hospitals, community clinics, social services, etc.). Post-implementation, end-user needs and feedback were assessed and collected to further refine technical and functional specifications in preparation for Phase 2 design and implementation. The County is currently engaged in Use Case Design Sessions to further focus the priorities for Phase 2 Implementation.*

**Q93: Phase 1 – pCHR learnings:**

1. **What data points are needed?**
2. **What insights were you able to derive?**

*A93: The learnings so far from the Phase 1 initiative were stated in the RFP in the background as well as the scope sections.*

**Q67: What was used for managing consent in Phase 1?**

*A67: Participants of Phase 1 and data elements exchanged in the pCHR were exceptions to State and Federal use and disclosure requirements. As a result, no consent management on the County’s part was necessary for Phase 1.*

**Q82: Will a sample of the current pCHR be provided or a data dictionary of current pCHR components?**

*A82: The County cannot provide that information at this time.*

**Q85: How is semantic interop handles in current pCHR mapping or context management?**

*A85: Data currently exchanged in the pCHR does not require a considerable (if any) amount of semantic interoperability/context management. However, it is expected that a significant amount of mapping and data dictionary development work will be necessary for Phase 2.*

**Q88: Can you talk/share a little more information regarding the learnings - strengths, challenges, surprises from the pCHR pilot?**

*A88: Please refer to A93.*

**Q90: Page 10 indicates that the Phase 1 functional and technical specifications will be made available to the awarded bidder. Is there an opportunity to share those specs during the procurement process?**

*A90: Please refer to A18.*

**Q91:** **Who is currently executing Phase 1? How will their learnings be made available to the selected vendor?**

*A91: The DEU in partnership with the contract pCHR vendor are currently executing Phase 1. Learnings will made available following contract execution.*

**Q92: Have all the sites and members that were part of the Phase 1 SHIE and pCHR agreed to be involved in Phase 2 SHIE and CHR?**

*A93: It is currently the expectation that all Phase 1 sites will also participate in Phase 2.*

**Q94: Access to data generated during the Phase 1 pilot will be essential for vendors who are not involved in that pilot to prepare a realistic estimate of the required timeline and resources to meet the requirement. Therefore, will the Alameda County Health Care Services Agency provide the following documents? (Specifications, Terms & Conditions, p. 10)**

* 1. **Interface Control Documents, Interface Agreements, and any other information documented regarding the systems and network locations we must interface with.**
	2. **Data schema for the Phase 1 Pilot application(s) and for each interfacing system.**
	3. **System requirements gathered as part of the Phase 1 process.**
	4. **Log of trouble tickets opened and resolved as part of Phase 1.**
	5. **Log of risks being tracked for Phase 1.**
	6. **Phase 1 test plans and test results.**

*A94: Interfaces used during Phase 1 are of two types: HL7 ADT messages and custom flat files. The County anticipates that the awarded bidder will have to revisit those during the solution development process. System requirements are already included in the RFP and the accompanied Questionnaire spreadsheet. The County doesn’t consider (d), (e) and (f) relevant for the bid response.*

**Q95: question: given current phase 1 pilot status does county feel comfortable that existing timeline (and member and site #s) are appropriate? *2019-2020; 20k + members; 50+ sites***

*A95: This target is part of the County’s AC Care Connect program goal. At this time, the County intends to meet this goal with the support of the services provided through this RFP scope.*

**Q96: Has the County selected either as part of whole initiative or as part of pCHR pilot an enterprise integration layer (e.g. enterprise service bus)?  As mentioned previously we offer a compelling, purpose-built solution however we can also work with integration technology of County’s choice.**

*A96: Currently, the County doesn’t have an enterprise service bus layer as a part of this or any other connected initiative.*

**Q97: Has the County selected a Data Warehouse as part of the pilot that is mandatory for next phase? If so can you name the technology?**

*A97: One of the departments within the County’s Healthcare Services Agency uses a data warehouse solution built on PostgreSQL. At this time the County is open to a proposal for a different scalable, easy to maintain data warehouse software that is not cost prohibitive (preferably MS SQL).*

**Q98: Has the County currently selected any Secure Messaging standards? (e.g. “Direct”)**

*A98: The County has not selected any secure messaging standards. Direct is an option, sharing structured record between users who are on the same platform is also an option. There needs to be a way for the users of the CHR to send a message to another user on the same platform with or without a patient record.*

**Q99: Has the County successfully deployed Consent2Share successfully?**

*A99: No, the County has not deployed the Consent2Share app. This shall be provided as part of the scope of work stated in the RFP.*

**Q100: Will Kaiser share data with the Care Connect?**

*A100: The County is engaging Kaiser in discussions to share data.*

**Q101: What is the County’s current data sharing policy for mental health (not SUD)?**

*A101: The County shares mental health information according to Federal and State regulations.*

**Q102: Does the County store SUD data electronically in an electronic system that is separate from mental health and clinical-general health?**

*A102: Yes.*

**Q103: How many providers are under contract to provide social services for clients of the County currently?**

*A103: The County doesn’t consider this a relevant question for the bid response.*

**Q104: What’s the size of the BI and S/W development team for the County?**

*A104: There is no existing software development team that is working on the AC Care Connect project. The current BI team has 12 members, 5 members are FTEs for AC Care Connect.*

**Scope Questions**

**Q105:** **Who is the executive sponsor of the project/program?**

*A105: The Medical Director of Alameda County Health Care Services Agency is the executive sponsor. Bidders shall be aware that contacting persons outside of Hanna Flores or staff sending out correspondence on her behalf are at risk of being disqualified from participating in this RFP process.*

**Q106: Are you looking at a particular Technology Stack or open for our proposed/recommended technology platform?**

*A106: The County is open to a solution for longer sustainability, robustness, scalability and the need to meet the different components.*

**Q107: Support for EHR – just EPIC or beyond?**

*A107: Many providers use many different systems and the County would like to connect with all of them. The current priority list for EHR systems are included in the questionnaire included with the RFP (Technical Solutions tab of the included workbook Q95-Q101).*

**Q108: Is the preference to have custom developed, or off-the-shelf software solutions?**

*A108: There’s no preference. The focus of the County Selection Committee will be on a solution that has the key components, is robust, and meets the timeline for implementation.*

**Q109: To what extend are human-centered design methodologies going to be/expected to be integrated into this platform?**

*A109: The County would welcome addition of human centered design approaches in the bid proposals.*

**Q110: The Data System given in page 16/17: Is that exhaustive or do you have any more additions?**

*A110: The Data Systems listed in the RFP as potential connection points are comprehensive. No further additions are anticipated at this time.*

**Q111: Do you anticipate establishing connections to more than 50 sites?**

*A111: The County anticipates robust implementation that will likely exceed 50 sites.*

**Q112: Which phase are you looking for any mobile consumer apps?**

*A112: The County is not looking for mobile consumer apps within the 18 months contract term described in the RFP. However, the bidder may include a description of these apps if available.*

**Q113: Are the predictive data science model for phase 2/3?**

*A113: A predictive data science model is a wish list item for the County and not a requirement for the 18 months contract terms stated in the RFP.*

**Q114: The reports/KPI’s and dashboards – are they going to be different for different practices?**

*A114: It is possible, but the County team will know more as the project progresses.*

**Q115: A recent neighboring County also issued an RFP which focused on social determinants, housing, County jail and other components of “Whole Person Centered ‘Care”. The short list for this RFP was limited to only two EHR vendors – neither w/any “interoperable” experience.**

1. **What makes Alameda different in their RFP pursuit?**
2. **Are you really looking to have a truly “interoperable” platform?**

*A115a: Alameda County’s Whole Person Care program model, vision, and targets are different from our neighboring Counties. The County cannot comment on procurement approaches taken by other Counties. To be clear, integrating social determinants of health in the first phase of implementation may be different than a sole focus on the clinical portion of the implementation.*

*A115b: The County released this RFP because County wants to have an interoperable platform as described in the RFP.*

**Q116: Section I.E, page 20: Who is responsible for licensing the Self Service BI Tool like Tableau/Qlik?**

*A116: The County intends for the proposal costs to cover the initial licensing cost for the self-service BI tool to increase adoption, but it would be decided based on the costs received.*

**Q117: Do all of the facilities listed in the RFP already have a DSA in place? If not, how many remain?**

*A117:  No, the County does not have all data sharing agreements (DSA) in place yet – this is a work in progress.*

**Q118: Would the County accept an approach to consent management that accomplishes the same objectives as the Consent2Share model, but does not necessarily use the Consent2Share software developed by SAMHSA (Substance Abuse and Mental Health Services Administration)?**

*A118: The County prefers Consent2Share app from SAMSHA based on the features and granularity that are available in the app. Any consent management app needs to have the ability for the patient to provide consent to one or more provider individually. Consent needs to have expiration dates. Data sharing (or not sharing) at the granular level shall be supported to meet the requirements of 42 CFR Part 2 current final rule. The app shall also support the ability of provider creating a consent on behalf of a patient (but signed off by the patient) as well as patient’s family members doing that on patient’s behalf. This is of course in conjunction to patient doing it herself. The app shall support the ability to rescind a consent at any time.*

*If a bidder can offer Consent2Share like functionalities without using Consent2Share that should be fine but the County will expect that these will be demonstrable and implementable in Phase 1.*

**Q119: Section I, C., page 14: It says “If during the contract term”. What about those solutions that start out as a cloud solution?**

*A119: If the solution starts out as cloud solution then the SLA terms are to be met from the very beginning.*

**Q120: Section I, C., page 16: Can bidders configure the dashboard on behalf of DEU’s BI Analysts, or do the BI Analysts expect to do the configuration from scratch starting with the dataset?**

*A120: This will be discussed during contracts negotiations based on the solution proposed.*

**Q121: Have descriptions been built for persona and the desired improvements to how they interact with AC Care Connect? (e.g. Fig. G AC Care Connect Consumer Profile)**

*A121: AC Care Connect website (*[*www.accareconnect.org*](http://www.accareconnect.org)*) contains some of that research on consumer profile and scenarios.*

**Q122: The solicitation states, “To facilitate a seamless user experience for stakeholders using the CHR data, interfaces will need to be developed and/or revamped by the Bidder for each participating organization including: hospitals (inpatient and ED), specialty mental health (SMH), primary care clinics, housing, HMIS, emergency medical services (EMS), substance use disorder (SUD), laboratory, pharmacy, the criminal justice system, referral management services and others.” For purposes of our proposal, can we use the table on pages 16-17 as the basis of estimate for developing/revamping these interfaces? (Specifications, Terms & Conditions, p. 13)**

*A122: Yes, the table has been provided for that purpose.*

**Q123: Can the Alameda County Health Care Services Agency provide approximate data size and frequency of each of the flat file interfaces? (Specifications, Terms & Conditions, p. 13)**

*A123: The approximate data size for each interface is 10-20 Megabytes. The County’s goal is to receive data from all community partners nightly. This may vary in the future.*

**Q124: The vendor software must conform to “health care industry specific standards” and “Alameda County standards and guidelines.” The solicitation mentions some of these standards and guidelines in multiple places. Can the Alameda County Health Care Services Agency provide a single list of all such standards so that vendors can be sure their proposals and solutions are compliant? (Specifications, Terms & Conditions, p. 14)**

*A124:* *The prime bidder (or their subcontractor) software (both off-the-shelf and custom developed, if any) must conform to local, state, and federal rules and regulations, including by way of example, those of HIPAA and 42 CFR Part 2 final rule (including the amendment that went into effect in 2018), and 45 CFR Parts 160 and 164 for security and privacy. During the 18 months period if any changes take place or new regulations affecting the scope of work get introduced, bidder shall incorporate such changes in the solution. The software solutions shall support data exchange standards like HL7 v2.x and 3.x, C-CDA, FHIR, EDI X12 message formats 270/271, 834, 837 and 278. Alameda County also exchanges various custom format flat files with non-healthcare organizations via secure FTP solution, which shall be supported as well. If the prime bidder staff has to work inside Alameda County’s network, then they shall follow the security policies and procedures as deemed applicable.*

**Q125: The vendor software “should conform to the data formats and security protocols of the County.” Please provide a list of the applicable data formats and security protocols followed by the County. (Specifications, Terms & Conditions, p. 14)**

*A125: This information has been provided in Section I.C. (pgs. 15-17).*

**Q126: The solicitation states that “Any software implementation plan which includes hosting within the Alameda County infrastructure or which passes data across the Alameda County network must be submitted for review and approval” (Specifications, Terms & Conditions, p. 15). Please provide a description of the existing Alameda County infrastructure. For example, does it have its own physical data center or server room?**

*A126: Alameda County’s Information Technology Division operates a proprietary data center in downtown Oakland.*

**Q127:The solicitation states that “Any software implementation plan which includes hosting within the Alameda County infrastructure or which passes data across the Alameda County network must be submitted for review and approval” What documentation must be submitted for review and approval? (Specifications, Terms & Conditions, p. 15)**

*A127: If the bidder’s solution needs to be hosted by the County, then the bidder must submit at a minimum the deployment architecture, the kind of servers to be procured, virtualization software required (if any), storage needs, security protocols already built-in to the solution, and the types of external access that will be required by the vendor staff to manage the apps and the servers. Depending on the solution, the County’s IT department could ask for other additional documentation.*

**Q128: The last sentence in the second paragraph states, “As part of this scope, Bidder will set up dedicated help desk support for all stakeholder users both during and after onboarding.” (Specifications, Terms & Conditions, p. 15) Does this requirement apply to all aspects of the application, irrespective of whether it is hosted on the cloud or on-premise?**

*A128: Yes, the bidder has to support the help desk function. If County’s IT department hosts the solution within County’s proprietary data center the bidder shall support the software and applications for the duration of the contract.*

**Q129: What does the program envision will be the method for communication between providers? Would this be secure direct email? A shared client record?**

*A129: Both methods to be supported. This is dependent upon the kind of organization that the County team will work with.*

**Q130: *In relation to Figure I page #18:* has the County selected a Source Data Mart provider as part of Pilot phase 1 aka “pCHR? If so is it mandatory to use this specific Data Mart provider?**

*A130: The County doesn’t have a source data mart provider. Those source data marts are to be built.*

**Q131: County requires fast delivery/tight deadlines. We have an established approach to implement the Alameda County SHIE/CHR. This includes a compelling community care coordination/collaboration platform for social determinants of health tracking; purpose-built health and social data warehouse and integration service bus—would the County be open to leveraging the full suite of components we can offer or must the selected vendor work with the existing pilot and associated technologies in place?**

*A131: Please refer to A81. The pCHR vendor is not contracted with the County. The intention of the RFP is to procure a complete solution.*

**Q132: Is the County willing to share additional document/content management functional requirements specs? We are trying to understand the extent and scope of document management requirements.**

*A132: At this time County doesn’t have any additional specifications to share. We anticipate that some of the document management requirements will evolve over time.*

**Q133: Section I.C, page 14: It says “If during the contract term”.   What about those solutions that start out as a cloud product/solution that is ready to go?**

*A133: Please refer to A119.*

**Q134: Section I.C, page 16: Is item 4 of Component 1 the same or different from Component 2?   Both refer to BI tools.**

*A134: Item 4* *“Dashboard, Reporting and Self-Service Business Intelligence tools” on page 15 and component 2 “Business Intelligence and Reporting” refer to the same need. In terms of software and reporting both refer to the same capability. However, for Component 2 there are additional needs in terms of building data feeds to RBA and Yellowfin as necessary. The County also wants to emphasize that it is not just providing the BI tool/app but associated training to build competencies within Healthcare Services Organizations of the County is in the scope of the RFP (p. 17).*

**Q135: Section I.C, page 16: Data feeds from SHIE to RBA Scorecard and Yellowfin. Can you share any details on the data formats and schedule?**

*A135: Currently no scorecard is generated using RBA Scorecard software tool. Data from some sources are fed into a data warehouse that resides inside County’s Behavioral Health Care Services (BHCS) Department. Reports and metrics that are required for reporting to State of California is done currently using a Yellowfin reporting tool that runs on the BHCS data warehouse. The awarded bidder and the AC Care Connect Data Exchange Unit team will work collaboratively to define the required data feed to the RBA scorecard tool and to the reporting tool offered in the solution.*

**Q136: Section I.C, page 16: Can bidders configure the dashboard on behalf of DEU’s BI Analysts, or do the BI Analysts expect to do the configuration from scratch starting with the dataset?**

*A136: It is expected that there would be a hybrid scenario. Partners interested in configuring the dataset from scratch should have that opportunity. It is expected that bidders would configure the dashboards on behalf of the BI Analysts generating performance reports for the AC Care Connect program.*

**Q137: Please describe the County’s approach to distributed care management and what that implies for workflow and task management?**

*A137: The County expects the case management activities within respective community partner organizations would happen following their own processes and inside their own software tools. A longitudinal view of different care management activities aka “shared care plan” would be available to all CHR users with the appropriate level of privileges once those case management data are aggregated. Some partner organization may choose to use the CHR to do some case management activity over time. There could be potential data entry inside the CHR care planning tool by a “lead” case manager to summarize different care plans into a single manageable description for everyone’s view.*

**Q138: Will the County do any centralized case management?**

*A138: At this point the County does not have any intentions to do so. However, the point of this project is to encourage and develop common and coordinated case management methods across many new and existing programs. Any key tools for encouraging this collaboration amongst case managers will be highly considered in the selection process.*

**Q139: Approximately, how many full time, concurrent users are anticipated?**

*A139: We anticipate about 100 concurrent users of the CHR and others apps when adopted by all participating community stakeholders. However, the system should be scalable for a higher number of concurrent users over time.*

**Q140: What is the initial size and anticipated growth of the targeted patient population?**

*A140: The Alameda County Care Connect program target is 20,000 patients by 2020.*

**Q141: Does the lab integration need to include discrete/rather than final summarization data for:**

* + **Specialty Lab**
	+ **Complex Microbiology**
	+ **Pathology/Cytology**
	+ **Genomics**

*A141: Discrete lab data will be required including appropriate code. There are no genomics data in the connected data sources at the moment.*

**Q142: What standard are you following for a definition of social determinant risk domain and subdomains ex) CDC, CMS, prepare?**

*A142: Many different definitions are used among key partners throughout Alameda County’s system of care. The County is currently working with stakeholders to define the minimum core components to leverage system-wide. The bidder should provide flexibility to work with a number of or hybrid of definitions.*

**Q143: On Page 6 In reference to the AC Care Connect Concept Map that describes the overall organization of the WPCP. Can the County share the backbone membership in terms of agencies and roles involved?**

*A143: The backbone organization includes functions to support the administrative and program development roles of the WPCP. The backbone organization is housed primarily in Health Care Services Agency.*

**Q144:** **In Exhibit B, #3: “Currently these FQHC’s manage their patients via eight (8) separately implemented instances of NextGen.” Are there plans to replace NextGen?**

*A144: The County does not believe this information is relevant to respond to this RFP. Health center organizations are independent entities and their plans are not shared with the public. Additionally, this solution should be flexible enough to work with changes in systems that will happen over the course of a typical HIE implementation.*

**Q145: Since the number of BI reports are not quantified, what would be the process of identifying the min-max number or reports? And what would be the process of change-order?**

*A145: Please refer to Exhibit D, Section 3 (pg. 57). The process for determining the anticipated min-max number of reports may be discussed during contract negotiations and will likely continue through the life of the project.*

**Q146: How many number of environments (Dev/Test/UAT/Prod) is expected both for software & business intelligence.**

*A146: The County would like to have four environments: Development / QA / Demo or Training / Production.*

**Q147:****What’s the expected data size for each environment (first 6 months and incremental every 6 months for each environment?**

*A147: Data size in production could be upward of 30 TB. Data size in other environments will depend on various factors.*

**Q148: What are the number of users expected to get on boarded both for Software & business intelligence?**

*A148: Estimated number of end users per participating entity can be between 20-30. This estimate includes providers, care team members and business intelligence analysts.*

**Q149: For planning and sizing purposes should maximum patient size be capped at 20,000 or encompass the entire population of Alameda County ~1.5 million?**

*A149: The maximum should be 1.5 million plus 10-20% to account for residents of other counties who use services within Alameda. Goal through 2020 is to enroll 20,000. However the system should be built to expand/scale up to include a larger population)*

**Q150: Is there community consensus on consent?  Have all participants agreed to consent and share the same way?**

*A150: All participants are agreeing to send and receive data under identical data sharing agreements. However, there is no common platform amongst the key participants. The County sees this an opportunity to build consensus. It is expected that the bidder will be a partner in developing a strong value proposition for a common platform.*

**Q151: Please provide County of Alameda data formats and security protocols.**

*A151: Please refer to Section I.C (pages 14-15) and Section I.F (page 23) of the RFP.*

**Q152: Has Kaiser agreed to share medical information directly? ADTs? Through eHealth Exchange?**

*A152: No.*

**Q153: Does Alameda County have an existing eMPI? Is there a requirement in this RFP for an eMPI?**

*A153: Please refer to Section I.C. (page 13). The County doesn’t have a EMPI (Enterprise Master Person Index) but is using an Open Source EMPI tool within the Data Warehouse.*

**Q154: Does Alameda County have an established/existing data governance framework with the identified trading partners and participants?**

*A154: Data governance is currently being established. At this time, data transmission and data sharing agreements are in place with participating community partners.*

**Q155: Long term are there plans or an openness to establishing a stand-alone HIE in the form of a 501c3?**

*A155: That is out of scope for this RFP.*

**Q156: Do all the healthcare providers listed in the RFP automatically report public health data to Alameda County? Electronic Lab Reporting? Syndromic Surveillance? Immunizations?**

*A156: The County does not consider this information relevant to the bid response.*

**Q157: Is there an openness to additional functionality not defined in the RFP utilizing the same infrastructure?  Examples would be POLST, SAFR, eConsults, etc.**

*A157: The solution should be flexible enough to support any additional functionality not currently defined in the RFP.*

**Q158: Regarding the Metadata Management Tool, please provide additional requirements for this tool beyond the request for a graphical tool? There are no specific requirements in the spreadsheet.**

*A158: The County is looking for a tool and process to document and maintain metadata information for this SHIE data warehouse / repository in a structured manner. The RFP is asking for a tool (could be part of the Database vendor’s tool) that can be used by the County staff to manage this effort.*

**Q159: Will the County reconsider and provide interested vendors with the "refined functional and technical specifications" resulting from Phase 1? Without these specifications, vendors cannot have a clear understanding of the scope of the development efforts involved, creating significant risk. (Section 1.B, pg. 10)**

*A159: County is currently bounded by constraints of an existing tool. Lessons and new specs learned during Phase 1 are what resulted in language related to scope that is included in the RFP.*

**Q160: For all participating entities, is there a requirement to share data? If so, is there an agreement in place that the County can share with prospective bidders?**

*A160: The County can’t share anything beyond what has been already described within the RFP. There is no mandatory requirement to share data for participating entities. The County and the participating entity together determine the need and benefits for data sharing.*

**Q161: Is there a specific Value-based payment model that the County plans to implement given the impact this would have on the quality measure data sets that will be sent by participating MCOs and trading partners?**

*A161: The County is engaged in contracts with both Managed Care Plans and housing service providers structured on a Per Member Per Month (PMPM) basis to enable flexibility for the right mix of services within a set bundle to be matched to a client and their needs. The County also leverages incentives for providers to promote improvements in quality measures that require data from Managed Care Plans as well as the providers themselves. Data from all these sources will be critical components for this work, among many others.*

**Q162: Please fill out the following table to the best of your ability.**

|  |  |
| --- | --- |
|  | **Volume:** |
| **Patients: Any patient for whom you plan to use in the proposed platform on a yearly basis.** | ***see answer 113*** |
| **Managed Lives: Subset of patients above for whom you will perform care management activities such as outreach, assessments, etc.**  | ***20,000*** |

*A162: See above.*

**Q163: Are there any other data aggregation sources you will be connecting to that are not listed in Figure H of your RFP? Examples include payers, EHR instances, third party systems, etc. If so, please add them in this table.**

|  |  |
| --- | --- |
| **Data Aggregation Source** | **Data type** |
| ***source #1*** | ***please provide*** |
| ***source #2*** | ***please provide*** |
| ***source #3*** | ***please provide*** |
| ***source #4*** | ***please provide*** |

*A163: At this time, the entities listed in Figure H have been identified as top priority data sources for the CHR/HIE. The County reserves the right to modify this list during the course of the project, as needed, but does not anticipate going beyond what is listed at this time.*

**Q164: To the best of your ability, can you please provide the maximum number of concurrent users that will be logged into the proposed platform?**

*A164: About 500 concurrent users are expected on the CHR app when adopted by all community partners. However, the system should support scalability in terms of concurrent user growth in the future.*

**Q165: Do all sites listed in the RFP already have a Data Sharing Agreement in place? If not, how many remain?**

*A165: No. The County currently has 7 Data Sharing Agreements in place, with 2 more pending signatures.*

**Q166: On Page 5: Data Sharing – At any time in the future will there be a patient portal component where patients can update their information?**

*A166: Yes. Patient engagement is a long-term goal of the County for this project. The County has not defined the scope of the patient portal component.*

**Q167: On Page 6: Partners providing data feeds – Are all data feeds from the various partners already defined?**

*A167: Data feeds from all partners are not defined yet. Community partners participating in the pCHR initiative have signed data sharing agreement with the County and data feeds from those organizations are defined.*

**Q168: On Page 8: SHIE and CHR – is there any existing HIE structure(s) in place currently?**

*A168: There is no existing HIE structure in place currently in the Alameda County.*

**Q169: On Page 13: EMPI – are they considering a master provider index as well as a master patient index?**

*A169: Yes, a master provider list (or index) will be required as part of the solution.*

**Q170: On Page 15: Consumer Enrollment – will this require bi-directional data exchange capabilities?**

*A170: Bi-directional data exchange capabilities will be required regardless of whether it is used for consumer enrollment process or not.*

**Q171: Section I.E, page 20: Who is responsible for licensing and paying for the Self Service BI Tool like Tableau/Qlik**

*A171: The cost of the Self Service BI Licensing tool should be included in the proposal pricing for the duration of the contract. The County hopes that over time as more value is created for the Community Stakeholder organizations they might pick up incremental licensing costs.*

**Q172: On Page 9 the DEU is broken down into 5 discrete subunits. On #2 Permissions Monitoring. Can the County share any progress of this effort- in the form of % complete toward end goal of harmonization?**

*A172: listed below are estimated completion percentages by permission category:*

|  |  |
| --- | --- |
| **Data Sharing Agreement** | **100% in final form – all entities sign same agreement** |
| **Data Sharing Agreement -Policies and Procedures** | **75% will be modified for non-health programs, and SUD** |
| **Notice of Privacy Practices for OHCAs** | **95%** |
| **Authorization/ROI** | **30%** |

**Q173: On Page 12 Figure F under Stakeholders. Given Phase 1 targets effort on time, will a comprehensive set of technical specifications and functional requirements specifications be ready for winning vendor? 2018-2019; 10,000+ members; 50+ sites**

*A173: Yes, this will be provided to the awarded bidder after the contract has been executed.*

**Q174: On Page 5: Medicaid Waiver – Can developed IP that is used for Medical processing, as part of the Medicaid Waiver, be used in other areas of California for Medical data processing?**

*A174: If a new IP is created in this project then the County of Alameda will own that IP as the project is fully funded by the County. But the County may consider discussion with the bidder (or its partners) involved in the new IP creation for subsequent licensing for other projects / clients. Please note that the final Standard Agreement terms and conditions will be negotiated with the selected bidder as described in Section III.M.9 on page 34. Terms and conditions specific to ownership are referenced in Section 11 the Standard Agreement template (a link to the template is provided here* [*http://www.acgov.org/gsa/purchasing/standardServicesAgreement.pdf*](http://www.acgov.org/gsa/purchasing/standardServicesAgreement.pdf) *and in Section III.M.9 on page 34).*

**Hosting Solutions**

**Q175:** **Does HCSA intend to host the solutions proposed in this RFP, (i.e. Phases 2 & 3), in C. Scope, Component 1: Software?**

*A175: HCSA prefers the solution to be hosted by the awarded bidder (or their partner) rather than being hosted internally.*

**Q176: What are the plans for the hosting of AC Care following the 18-month implementation period?**

*A176: The County intends for the vendor solution to support the AC Care Connect program through the end of the pilot program. Beyond 2020, the County expects this to be a long-term and self-sustaining solution.*

**Q177: On page 12, under scope it states: "All AC Care Connect DEU infrastructure, even when hosted by the vendor, will be owned by Alameda County Health Care Services Agency." How does this apply in the context of a cloud hosted solution, hosted in AWS for example? Does HCSA prefer a self-hosted solution?**

*A177: Infrastructure ownership should be interpreted as referring to the software infrastructure (database, interface engine and other components) including custom developed apps as described in the RFP. If the software is deployed on a public cloud hardware like AWS, then County staff shall have access to the virtual deployment environment including the database where all data from the County will be stored.*

**Q178: Under “Scope” it states, “All AC Care Connect DEU infrastructure, even when hosted by the vendor, will be owned by Alameda County Health Care Services Agency.” From reading other parts of the solicitation, it appears that “infrastructure” refers to data, software programs, etc. rather than to physical infrastructure. Is this correct? For example, if the resulting apps are hosted in the cloud, the Alameda County Health Care Services Agency would not own the servers and other hardware. However, Alameda County will still own the software programs. (Specifications, Terms & Conditions, p. 12)**

*A178: Please refer to A177.*

**Q179: What does it meant that AC Care Connect DEU “owns” the infrastructure (p.12 Scope) if the solution is hosted in AWS?**

*A179: Please refer to A177.*

**Q180: C. Scope: All AC Care Connect DEU infrastructure, even when hosted by the vendor, will be owned by Alameda County HCSA. What does “owned by” imply?**

*A180: Please refer to A177.*

**Q181: The RFP and presentation have both reinforced the County’s desire for a solution that can be owned by Alameda County, can you address expectations of the contractor as it pertains to third party technology, services, etc. that may not be “owned” by the contractor?**

*A181: Please refer to A177.*

**Q182: Section I.C, page 12:  What does ownership by DEU imply when in the context of a cloud hosted multi-tenant architecture?   We would like to understand requirements to ensure the ownership of all AC Care Connect DEU infrastructure is configured correctly.**

*A182: Please refer to A177.*

**Q183: Section I, C., page 12:**

1. **What does ownership by DEU imply when in the context of a cloud hosted multi-tenant architecture?**
2. **Suppose a vendor already has a lot of the functionality implemented in a multi-tenant system, and is willing to partner and grow the system. Is this a viable approach?**

*A183a: Please refer to A177.*

*A183b: It is not desirable, but the County Selection Committee would decide on that in conjunction with other criteria.*

**Q184:** **In I. Statement of Work, C. Scope, does ownership of AC Care Connect DEU infrastructure Ownership comes with the purchase of hardware and the purchase of a perpetual license to the software, is that what you seek? Please elaborate upon this requirement.**

*A184: Yes, that would be ideal. However, the County is willing to accept a solution that is hosted in a data center operated by the bidder or its sub-contractor / partner for this RFP.*

**Deliverables and Reports**

**Q185: What does the County use currently to draft and send reports to the State, and what information does the County need to report?**

*A185: The County uses various tools supported by their internal Data Services Team. More details on the required State reporting can be found on the* [*DHCS website*](http://www.dhcs.ca.gov/services/Pages/WholePersonCarePilots.aspx)*.*

**Q186: Have care outcomes been defined for the populations served by AC Care Connect?**

*A186: This is a work in progress. Some metrics have been defined as part of the State of California’s reporting requirements. Please refer to A185.*

**Q187: Would the County like to see sample Project Management Plan or other deliverables as part of the proposal?**

*A187: No, it’s not necessary to submit samples with the proposal.*

**Q188: Should a security and privacy plan be included?**

*A188: Yes – an initial draft may be included as part of the bid response.*

**Technical Questionnaire Questions**

**Q189: 1939\_0\_900318Questions.xlsx: Applications sheet: Item 42: Need more details on the RLS interface - To estimate the effort and timeline, it would help to have more details about the record locator service interface. Some details are available in Page 20 of RFP#HCSA-900318.docx. More details would be required about the technologies of the links themselves, like HTTP/FTP/etc.**

*A189: No additional information can be provided at this time. Bidders should assume both HTTP and FTP based access. This will be worked out during design session post award.*

**Q190: 1939\_0\_900318Questions.xlsx: Applications sheet: Item 42. Need more details on the RLS interface to help estimate the effort and timeline, it would help to have more details about the record locator service interface. Some details are available in Page 20 of RFP#HCSA-900318.docx. More details would be required about the technologies of the links themselves, like HTTP/FTP/etc.**

*A190: Please refer to A189.*

**Q191: 1939\_0\_900318Questions.xlsx: Technical Solution sheet: Item 122. What should the status be if the question is not applicable? In case of 122, ARW doesn’t use a data center. Should the Status be “Not Planned”?**

*A191: Yes.*

**Q192: 1939\_0\_900318Questions.xlsx: Technical Solution sheet: Item 131. If a file has records that are marked as sensitive then what is the expected behavior? Those records will not be loaded, but should the record also be deleted from the file, so that it is not archived?**

*A192: Sensitive records are to be loaded but flagged appropriately in the SHIE repository. Access to the sensitive record will be controlled by patient consent and authorization level of the user.*

**Q193: 1939\_0\_900318Questions.xlsx: Technical Solution sheet: Item 138. Since this question is only applicable to those vendors who host in their own cloud, do we leave the Experience Level blank?**

*A193: Select “No Experience.”*

**Q194: 1939\_0\_900318Questions.xlsx: Technical Solution sheet: Item 179. In a multi-tenant system it is not possible because of HIPAA constraints to give any customer access to the data stores, except through UI or via extracts. Would that render this item non-compliant?**

*A194: See answer to question A177.*

**Q195:** **Applications tab, #18: Is the desired ability one of identification or presentation?**

*A195: #18 refers to both identification of care manager and presentation of the information to other care managers.*

**Q196: Competency and Experience tab, #152-173: What is HCSA looking for when asking for “What is your experience with…?” Technical, functional, or client based responses?**

*A196: Ideally the bidder would speak to both its technical and functional experience with that type of data and reference client solutions as applicable.*

**Q197: 1939\_0\_900318Questions.xlsx: Applications sheet: Item 43. Need more details on customization of look and feel of the CHR UI. Background:  To estimate the effort and timeline, it would help to have more details about the customization of look and feel of the CHR UI. An example would be helpful.**

*A197: Customization is expected mostly in the content display based on appropriate level of authorization of the user. The user interface should be intuitive and streamlined to encourage maximal engagement from a breadth of busy care providers across sectors.*

**Q198: 1939\_0\_900318Questions.xlsx: Applications sheet: Item 56. Would need more details on the feedback portion.  What kind of feedback is the member providing here, and to whom? For instance, is the member providing feedback on a form, a health awareness program, a provider, or is it something else completely?**

*A198: The feedback is intended from the provider to the consumer. It is a low priority.*

**Q199: 1939\_0\_900318Questions.xlsx: Applications sheet: Item 62. Can we assume that these canned reports will be PDF?**

*A199: All reports should be exportable to a variety of formats including Excel, CSV, Text and PDF*

**Q200: 1939\_0\_900318Questions.xlsx: Technical Solution sheet: Item 78. Does registry refer to a data source, or is it based on a metrics computation within the product?**

*A200: This is a registry created within CHR built with patient cohorts.*

**Q201: 1939\_0\_900318Questions.xlsx: Technical Solution sheet: Item 84. Can we have some examples of desired “query-through” functionality?**

*A201: Standard HIE capability is referenced here. No further information on this can be shared at this time.*

**Q202: RFP#HCSA-900318: Item 7. Is there a template per project that you’d like us to use when describing our portfolio or should we use our own template?**

*A202: Bidders should use their own template.*

**Q203: 1939\_0\_900318Questions.xlsx: Technical Solution sheet: Item 180. In a multi-tenant system, vendor may access the data to resolve issues for other customers. Such details cannot be shared with DEU.**

*A203: See answer to Q177*

**Budget**

**Q204: Is the proposed budget not to exceed $8M for the 18-month period the total budget for obtaining services or does the $8M total also include costs for county or other administrative costs. If the budget does include all costs, including County costs, what is the budget for procuring services under this RFP? (Exhibit A, Bid Forms pg 5)**

*A204: The budget for procuring services under this RFP is up to $8M for the 18-month contract period.*

**Q205: Please confirm that the lowest responsive bidder's cost proposal will receive 15 points and that all other bidder's cost proposal will be scored based on the formula specified in the Evaluation Criteria and Weights in "E. Cost". (Section III Paragraph H, pg. 29)**

*A205: Proposals will be evaluated according to each Evaluation Criteria on a scale of zero to five points and weighted according to an assigned value (see the Evaluation Criteria table on pg. 28, 29 of Section III.H.). For the cost criterion, the zero to five score will be determined based on the formula specified in the Section III.H.E. Cost on page 29 – namely, the amount of the lowest responsive bid received will be divided by each bidder’s total cost. Each bid’s zero to five score will then be weighted by 15 points. The total score for each proposal is obtained by adding the scores for all Evaluation Criteria, according to their assigned weight.*

**206: Can you provide some details regarding the budget template included in the RFP, and explain what is the expectation from the vendor?**

1. **Is the budget template just a notional document or should the vendor follow the same line item?**
2. **How does the County interpret indirect cost? (e.g. is operating expense an indirect cost?)**

*A206a: The budget template is a sample document. Bidders are free to use their own template and use appropriate cost line items for break down.*

*A206b: Please see A210 below.*

**Q207: Should costs incurred by ITD for their parts of integration be factored into the bid?**

*A207: No*

**Q208: Is the given budget numbers negotiable?**

*A208: The budget beyond $8 million is not negotiable. The awarded amount will be determined in contract negotiations.*

**Q209: The solicitation states that “Sample template included here is an example budget. Bidders must provide their own comprehensive budget for the 18-month contract term”. Is the bidder expected to follow the same line items, as shown in the sample template? (Specifications, Terms & Conditions, Exhibit A, p. 5)**

*A209: Bidders are allowed to use their own budget templates that shows their software, hardware, professional services and other cost items that are to be applied to the overall cost. The template included in the RFP is only as an example.*

**Q210: Our accounting process uses two existing indirect rates - G&A and Overhead. These indirect rates use specific cost pools, such as Facility Expense, Office Supplies etc. However, the sample template shows these items under Operating Costs under Direct Cost section. (Specifications, Terms & Conditions, Exhibit A, p. 5) Does the County intend to include Operating Costs under Direct Costs? In that case what should the “Indirect Costs” line item include?**

*A210: Indirect costs are considered to be administrative overhead expenses such as administration and security costs not directly related to production. The County indirect costs rates for Fiscal Year 17-18 are capped at 11.18% of the total contract amount, though this is subject to change in Fiscal Year 18-19. Bidders should simply include an amount not to exceed 11.18% in their budget for now; should this change after July 1, 2018 (the beginning of Fiscal Year 18-19), the awarded bidder and County may adjust this figure during contract negotiations.*

**Q211: The sample budget template shows "Staff Benefits" as a direct cost. Our organization usually includes staff benefits (Fringe) as an indirect cost. Is it a requirement to include Staff Benefits (a percentage mark-up) under Direct Costs, or may we include that under Indirect Costs? (Specifications, Terms & Conditions, Exhibit A, p. 5)**

*A211: Staff benefits are a direct cost under personnel.*

**Q212: Please confirm that bidders may use their own budget format showing build-up of costs consistent with their typical pricing practice. If not, please provide a template, or clearly define what cost line items must be shown in the budget, and what costs must be included under each line item. (Specifications, Terms & Conditions, Exhibit A, p. 5)**

*A212: Please refer to A210 and A211.*

**Q213: Does the county intend to cap the Indirect Costs at 11.18%, as shown in the template? (Specifications, Terms & Conditions, Exhibit A, p. 5)**

*A213: Yes. Please refer to A210 for additional information.*

**Q214: The table on this page includes a row for Indirect Costs. Should bidders provide a breakdown of any such costs in the row above? (Specifications, Terms & Conditions, Exhibit A, p. 5)**

*A214: This is at the discretion of the bidder but is not necessary.*

**Q215: Should the proposed bidder budget show a Profit fee line item? (Specifications, Terms & Conditions, Exhibit A, p. 5)**

*A215: Bidders may show a profit fee line item at their discretion.*

**Q216: The solicitation states that the proposed budget should include “line item costs, including staffing, indirect costs, etc.” it is unclear what is meant by “etc;” Can the Government state all required line item costs which must be included in the budget? (Specifications, Terms & Conditions, Exhibit A, p. 5)**

*A216: Bidders should propose a reasonable and realistic budget to execute the scope of work described in the RFP.*

**Q217: Should the bidder submit the budget data in a spreadsheet? (Specifications, Terms & Conditions, Exhibit A, p. 5)**

*A217: Bidders should propose a reasonable and realistic budget using their own template to execute the scope of work described in the RFP.*

**Q218: The budget will include Software and services cost. The services cost will include labor hours, benefits, operating expense, indirect cost etc. whereas, the Software cost will include the COTS product license and support cost. Can the bidder submit assumptions along with each Software cost line item to explain how the license cost is calculated? Also, these license cost line items will be added separate from the services cost build up. Please confirm our understanding is accurate. (Specifications, Terms & Conditions, Exhibit A, p. 5)**

*A218: Yes.*

**Q219: May we purchase equipment like laptops, tablets or mobile devices for pilot participants through this budget?**

*A219: This stated maximum budget does not include laptop, tablets or mobile devices cost for the pilot participants. Those items are outside the maximum available budget amount of $8 million.*

**Q220: May we purchase meals and pay for meeting expenses for user engagement or community participation through this budget?**

*A220: This is at bidder’s discretion provided the bidder meets implementation goals and stays within budget.*

**Q221: If off-the-shelf software is proposed, how is the cost to be included in the bid form(s)?**

*A221: If bidder is proposing off-the-shelf solution, they need to ask specific questions that will help them to determine the cost of the solution. Off-the-shelf software shall be a line item in the proposed budget.*