

## **Answers to Questions Submitted in Response to DPH RFP Log#: 2018-0903**

Date of release 2/13/18

Please note that questions have been paraphrased for clarity.

### **Question 1 (received on 10/27/17 at 4:50 p.m.):**

Is it expected that proposals will come from the larger institution and not the separate sections such as endocrinology or genetics?

#### **Answer:**

Yes.

### **Question 2 (received on 10/27/17 at 5:02 p.m.)**

Was this RFP sent to all hospitals?

#### **Answer:**

This RFP was distributed through the Connecticut Newborn Screening Genetic Advisory Committee (GAC) email distribution list. GAC membership includes representatives from all Connecticut birth hospitals and programs currently receiving newborn screening referrals from the CT Newborn Screening Program. In addition, the RFP was emailed to the Connecticut Hospital Association (CHA) with a request to forward a copy of the RFP to all CHA members. Legal notices were published in the Connecticut Post, Hartford Courant, New Haven Register, New London Day and Waterbury Republican. The RFP was also published on the State of Connecticut Department of Administrative Services and Department of Public Health websites.

### **Question 3 (received 10/30/17 at 11:02 a.m.)**

Will there be only one center going forward to handle all of this? Is this different from the current system or in addition to the current system?

#### **Answer:**

This is a completely new RFP with the total award given to a single treatment center/program. That program will make the determination of how to provide the necessary services. The selected program is expected to subcontract and collaborate with other medical centers and specialty groups as needed. This allows the treatment center more autonomy in determining program design, staffing needs and diagnostic/treatment protocols. This replaces the current system.

**Question 4** (received on 11/7/17 at 9:03 a.m.):

Will the State Department of Public Health continue to do the tracking and notification of potential positive screening tests?

**Answer:**

The State Department of Public Health, Newborn Screening Program will continue in its current role.

**Question 5** (received on 11/7/17 at 3:29 p.m.)

Can a school of medicine apply for the grant or does the RFP have to come from a hospital?

**Answer:**

All medical facilities and programs operating in the State of Connecticut are eligible to submit an RFP; this includes schools of medicine.

**Question 6** (received on 11/15/17 at 1:40 p.m.)

Is overhead capped at a certain amount?

**Answer:**

The Department of Public Health seeks to maximize the services available to support program objectives, not to support facility infrastructure or overall operational needs. As such, a respondent's submitted administrative and general (A&G) rates along with the justification for the same shall be a factor in the evaluation of submitted cost proposals. However, no A&G rate exceeding 15% of direct expenses shall be considered.

**Question 7** (received on 12/21/17 at 7:40 a.m.)

The RFP has been interpreted by some to mean that the state would prefer services were provided by hospitals versus medical schools. Is this correct?

**Answer:**

The Connecticut Department of Public Health and the CT Newborn Screening Program will give equal consideration to proposals submitted by schools of medicine and hospitals alike, and is not biased in any way for or against schools of medicine or hospitals (or any other medical facility/program). We received and responded to a similar question on 11/29/17, as part of the formal RFP process. This excerpt is from our formal response: Question 5 (received on 11/7/17 at 3:29 p.m.). Can a school of medicine apply for the grant or does the RFP have to come from a hospital? Answer: All medical facilities and programs operating in the State of Connecticut are eligible to submit an RFP; this includes schools of medicine.

**Question 8** (received on 2/9/2018 at 11:29 a.m.)

The application says, “attach resumes and job descriptions for all professional staff in proposal appendix”; can this be their NIH style biosketches?

**Answer:**

Yes, NIH style biosketches are acceptable.

**Question 9** (received on 2/11/18 @ 3:47 p.m.)

The executive summary is its own page - does this count towards the main proposal section of 13 pages?

**Answer:**

The cover page, table of contents, executive summary, and forms in Section V do not count towards the main proposal page limit of 13 pages.

**Question 10** (received on 2/11/18 @ 3:47 p.m.)

The main proposal component section, page 9 of the RFP, refers to a 10 page limit; page 18 of the RFP refers to 13 pages. Which is correct?

**Answer:**

The main proposal page limit on page 9 was incorrectly stated as a 10 page limit. The page limit for the main proposal is 13 pages.

**Question 11** (received on 2/11/18 @ 3:47 p.m.)

Page 9 refers to a narrative after the executive summary, which narrative does this refer to?

**Answer:**

The narrative refers to the main proposal narrative.

**Question 12** (received on 2/12/18 @ 9:04 p.m.)

The main proposal is limited to 13 pages; is this 13 pages double sided or 13 pages single sided?

**Answer:**

The main proposal is limited to 13 pages, single sided. The entire proposal should be submitted printed double sided.

**Question 13** (received on 2/10/18 @ 9:12 p.m.)

Will the Budget Summary 1 Form (page 28 of the RFP) include all 3 years of the budget or do you want a budget summary form for each year?

**Answer:**

If the budget varies significantly from year to year, then a separate budget form should be submitted for each year.

**Question 14** (received on 2/10/18 @ 9:12 p.m.)

If the budget is to be separated by year, may we add 2 additional positions to the form (changing from 5 positions to 7 positions)?

**Answer:**

You may add lines to the budget, subcontractor and staffing forms (section V) as needed.

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