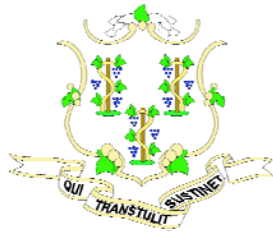




Connecticut Department of Public Health Contracts and Grants Management Section



**Jewel Mullen, M.D., M.P.H., M.P.A
Commissioner**

Plan for Procurement of Health and Human Services Based on State Fiscal Year 2012 Contracting Activities

February 15th, 2012

Contact Information:

Phone: (860) 509-7704

Bruce R. Wallen, Chief, Contracts and Grants Management Section

Plan Purpose

Background and Benefit

The Department of Public Health (Department) is charged with protecting and improving the health and wellbeing of Connecticut's residents. The Department does not have the staffing, physical structures, or expertise required to provide all healthcare services required by Connecticut's residents. The Department therefore meets the objectives of its mission through regulation and licensing of private health care practitioners and providers. To extend the Department's reach into local communities throughout the state, the Commissioner has authority over local health directors. He/she is required to assist and advise local health departments (LHDs) in the performance of their duties and may require the enforcement of any law, regulation or ordinance relating to public health. Funding is provided by the Department to LHDs to conduct the full array of public health activities to improve and protect the health of people in their local jurisdictions.

To ensure that uninsured, underinsured, or underserved individuals have full access to quality healthcare services, the Department contracts with various subsets of private facilities/providers and municipalities for provision of direct medical and health services to these clients. The contracts established for provision of such services are called Purchase of Service Agreements (POS). The Department also establishes Personal Service Agreements (PSA), which are contracts for the provision of services to the Department or to support non-client services.

In 2005 the Connecticut Attorney General (AG) was asked by the Secretary of the Office of Policy and Management (OPM) for a formal opinion regarding the difference between POS and PSA contracts and the applicability of Conn. Gen. Stat. §4-212, et seq to POS contracts. Conn. Gen. Stat. §4-212, et seq requires competitive procurement of contracted services.

The Attorney General's formal opinion indicated that there is no legal distinction between a PSA and a POS, even though the Office of Policy and Management (OPM) may choose to establish certain administrative procedures treating these types of agreements differently. They are both valid vehicles for entering into binding State contracts. Additionally, the opinion stated that POS contracts, like PSA contracts are subject to the competitive procurement provisions of Conn. Gen. Stat. §4-212 et seq.

Based on that opinion, the Department is required by OPM to publish this plan every three years which describes its competitive procurement process for POS contracts issued by the Department. This plan is intended to present in an open and transparent manner the Department's intentions and timeframes for competitive procurement/re-procurement of required services.

Competitive procurements initiated by the Department are administered in accordance with guidelines issued by OPM and the Department of Administrative Services (DAS). Contracting opportunities are posted on the DAS Procurement Portal and advertised in appropriate newspapers. For each procurement, a review committee comprised of individuals knowledgeable about the services being procured is convened. Evaluation criteria appropriate to the requested services and Department needs are established prior to issuance of the solicitation and all submitted proposals are evaluated based on those criteria. While cost is a factor in determining the award of a contract other criteria such as the following may be considered also as conditions warrant:

- Contractors demonstrated ability to provide the requested services
- Contractors past performance on similar contracts
- Quality of service
- Availability of service

- Staff to patient ratio
- Quality control mechanisms

The review committee determines weighting of the selected criteria based on the needs of the target population and the services being procured. Cost may not be the most determining factor in award of the contract.

When incorporated into the Department's work process, the Procurement Plan allows time and labor intensive Request for Proposal (RFP) processes to be scheduled and staggered, minimizing periodic work surges. The Plan also benefits the Department's service providers by allowing them to anticipate and plan ahead for re-competition as a scheduled activity rather than as a reactive process. Scheduling such a labor intensive activity into normal operations allows a more consistent focus on the provider's core mission of health service delivery to individuals. Additionally, knowing that a service is subject to periodic re-competition, and because significant weight is placed on provider performance during the review process, current providers should maintain a focus on acceptable performance and enhanced client outcomes. Such client focused provision of health services supports the Department's mission to improve the health of Connecticut's residents.

Exemptions from Competition

For the 2012 SFY, the Department has in place approximately 270 POS contracts for the provision of services to the public. A majority of these contracts provide medical and/or counseling services to uninsured, underinsured or underserved populations. Because of unique requirements associated with provision of health services, such as licensing requirements, continuity of care, publicly supported physical sites, and the statutory relationship between the Department and municipal health departments, competitive procurement is not always possible.

The Plan identifies services that will be non-competitively procured because the services warrant exemption from competition or competition is not possible/desirable. Such identification allows qualifying service providers to become stable and to invest funds for expansion or upgrade of physical structures and equipment without fear of losing critical funding. Equipment and facility modernization supports enhanced health service provision to Connecticut's residents through increased service volume and use of state of the art diagnostic equipment and treatment areas.

When considering whether competitive procurement can be waived for a particular service the Department refers to some standard exemptions. Following are standard criteria for requesting exemptions/waivers from competitive procurement:

- The contract is for core life services for vulnerable clients
- Continuity of care outweighs the need to competitively bid
- Competing providers are not available in a geographic area of need
- Contracts are being issued to all, or most, providers in the system which meet Department or state license requirements, are highly regulated, and inspected
- The state has invested a significant amount of bond money in real estate for a program and the contractor has provided lien and/or lease guarantees the would require repayment
- The contractor has been identified in legislation, by the governor, or by the approved state budget process
- There are zoning or site implications that make competition problematic
- The state is contracting with municipalities or other governmental entities
- Emergency services are needed
- RFP costs exceed the value of the contracted services

There are two major exemption areas that commonly apply to contracts issued by the Department and included in the Procurement Schedule. These exemptions result from meeting one or more of the exemption criteria listed above:

- Grants made to Federally Qualified Health Centers (FQHC) - FQHCs were established in the 1960s as part of the federal government's "War on Poverty." The founders saw quality, personalized medical care as a right of all people and established a policy that no patient would be turned away, regardless of ability to pay. FQHCs are part of the public health infrastructure for Connecticut and have taken on the role that was historically played by public health departments with regard to immunizations, STD testing, health education and dental care. Connecticut's FQHCs are the state's largest primary care delivery system for the uninsured and underserved population. For more than forty years, these health centers have provided services to those with little or no ability to pay for health care.

Federally qualified health centers do not compete with each other. Each health center establishes its own "catchment area" and its federal grants are contingent on its maintenance of "collaborative relationships with other health care providers in the catchment area of the center". See 42 USC 254b(j)(3). See also, 42 CFR Part 51c.

A formal opinion from the Connecticut Attorney General in 2004 stated that FQHCs, do not compete with each other, thereby exempting contracts with these service providers from the requirements of Conn. Gen. Stat. § 4-212 et seq for the purpose of contracts earmarked for such institutions. Thirteen of the contracts the Department considers exempt are to distribute funds to Connecticut's FQHCs to help fund healthcare services they perform.

- Grants made to Connecticut municipal health authorities - Connecticut's Local Health Departments and/or Local Health Districts act as an extension of the Department for the provision and monitoring of health services in Connecticut. Per legislation, the municipal health authorities "shall enforce or assist in the enforcement of the Public Health Code and such regulations as may be adopted by the commissioner of Public Health". The planning, monitoring, regulatory, oversight and other services provided by Local Health Departments/Districts in their respective communities are essential to the Department's ability to meet its statewide planning, oversight and regulatory goals and critical to protecting the health and wellbeing of Connecticut residents.

Performance Monitoring

The Department must ensure that adequate and appropriate health care services are provided to clients obtaining contracted services. While Competitive procurement encourages service providers to maintain a high level of performance, one may ask about those services that are procured non-competitively. A review of the listed exemption criteria and how they apply to the Department's contracts reveals that those services are typically provided by entities that are licensed by the Department and highly regulated, or by entities having their operational and performance characteristics established through law, statute, or regulation. Such providers are subject to legislative and/or congressional review resulting in a high level of accountability.

Despite these considerations, the Department employs ongoing performance monitoring activities, regardless of how a contract was awarded, to ensure that services are being provided in accordance with contractual and operation requirements. All POS contracts include observable and documentable service deliverables, outcomes, and substantiated measures of achievement. Periodic reporting required by the contracts includes submission by the service provider of Program Reports that include the status of compliance with all contract deliverables, outcomes,

and measures. These reports are reviewed by Department staff upon receipt to verify compliance with contract terms and conditions.

As an additional measure of monitoring, Department staff visit provider sites to audit service volumes, client records, service and financial contract compliance, and record keeping effectiveness. For certain high cost or sensitive services, the Department employs independent evaluators via contract to monitor, review, and report on the quality and effectiveness of service provision. Whether a contract is competitive or not these monitoring activities play a significant role in the decision to maintain service with a current provider or to solicit, through appropriate means, a replacement provider. Individual contracts are even subject to cancellation mid-term if performance requirements are not met.

Procurement Process

Organizational Structure

Contracts and Grants Management Section (CGMS)

CGMS is a unit within the Department's Administration Branch responsible for all administrative processing of contracts for the Department. The CGMS is separate from the Fiscal Office but works in conjunction with that office as well as the Department's Program Sections to perform the financial responsibilities of contract establishment and monitoring. The administrative responsibilities of CGMS include:

- Overseeing and managing the Request for Proposal (RFP) process for the Department and providing guidance or assistance needed to ensure compliance with state RFP standards
- Contract initiation in response to Program Section requests
- Securing necessary approvals required to enter into contracts with external entities
- Developing legally sufficient contract language, deliverables, services, budgets, and contract Terms and Conditions
- Assembly of final contracts including all required certifications and attestations
- Execution of contracts by obtaining required signatures of all involved parties
- Distribution of contract documents
- Contract payment processing
- Contract financial monitoring
- Contract amendment, termination, or renewal processing

Program Sections

Program Sections are divisions within the Department, located in various areas, responsible for administration of responsibilities associated with provision of all services and activities related to funded activities of the Department. Program Sections are staffed with individuals having medical, clinical, administrative, or support backgrounds appropriate for the services supported by that Program Section. Program staff, in conjunction with and with guidance from, CGMS:

- Apply for and receive external funding (Grants)
- Maintain and oversee service level budgets
- Allocate funds to appropriate services
- Develop and release RFPs
- Request initiation of contracts, amendments and/or contract budget revisions
- Negotiate services/budgets with service providers
- Monitor service provision
- Reviews periodic reports and deliverables

- Approve provider payments

Fiscal Office

The Department's Fiscal Office, independent and separate from both CGMS and the Program Sections, provides overall financial support for all activities of the Department, including financial accounting, accounts payable, accounts receivable, and purchasing. The Fiscal Office is responsible for the following in support of contracting activities:

- Maintaining account budget information
- Reviewing requested contract request to ensure adherence with the approved budget and funds availability
- Entry of payment requests into the state financial system, generating contract purchase orders and releasing contract payments
- Providing a final review of contract financial report submission to ensure compliance with all reporting requirements and that funds are being expended appropriately
- Determining refund amounts corresponding to unspent contract funds
- Reviewing independent audits of provider financial statements to verify financial information agrees with provider reported data.
- Submission of Grant financial reports as required

Procurement Flow

A typical contractual procurement will follow the following flow of steps with the indicated Department Sections having primary responsibility for completion:

<u>Step</u>	<u>Program Section</u>	<u>CGMS</u>	<u>Fiscal Office</u>
1.	Funding is applied for or received?		
2.	Request for RFP submitted to CGMS		
3.		RFP Approval Request submitted to Fiscal Office	
4.			Request reconciled against fund and approved
5.		RFP approval request to OPM completed and submitted	
6.		Program notified of OPM approval	
7.	Service requirements reviewed and deliverables established		
8.	Number and term of associated contracts determined		
9.	Funding is allocated to the service		
10.		RFP template, procedures, and guidance provided to Program	
11.	RFP created, published, advertised, released		
12.	RFP responses evaluated and award(s) made		
13.	Funding allocated to contract(s) as per award		
14.	Contract initiation requested		
15.		Contract request(s) submitted to Fiscal Office for approval	

<u>Step</u>	<u>Program Section</u>	<u>CGMS</u>	<u>Fiscal Office</u>
16.			Contract amount is verified against grant fund and RFP request, contractual obligation is recorded in the fund budget and contract approved
17.	Services and budgets negotiated with providers		
18.	Draft contract deliverables, services, budget reporting requirements, and payment information submitted to CGMS for review and contract generation		
19.		Contract language and budgets reviewed, modified, and formatted as required	
20.		Contract assembled along with all supporting forms, documentation, and certifications	
21.		Final contract sent to Program to review	
22.	Program reviews and authorizes issuance of contract		
23.		Contract sent electronically to provider with a cover letter, instructions, and a check sheet for return of documents	
24.		Follow-up with provider as necessary until contract is returned	
25.		Contract received, logged, reviewed for completeness and inclusion of all required certifications/affidavits	
26.		AG approval checklist generated and contract prepared/routed to Commissioner for signature	
27.		Signed contract received from Commissioner, logged, and forwarded to OAG for review/approval	
28.		Contract received back from AG with approval, logged, and scanned	
29.		Electronic copy of fully executed contract provided to provider, Program, and Fiscal Office (Accounts Payable)	
30.		Contract entered into CORE-CT	
31.		Initial contract payment request processed and submitted to Fiscal Office	
32.			Payment information reviewed, purchase order created, and payment information entered into CORE-CT
33.			Approves and releases payment

<u>Step</u>	<u>Program Section</u>	<u>CGMS</u>	<u>Fiscal Office</u>
34.	Receives provider program and financial performance, reviews for compliance with contract requirements and forwards to CGMS for review		
35.		Reviews financial reports, request corrections if necessary, and forwards to Fiscal Office for financial audit	
36.			Performs detailed financial audit of provider financial reports and, if acceptable, authorizes related payment and returns reports to CGMS
37.		Contract payment request processed and submitted to Fiscal Office	
38.			Payment information reviewed, purchase order created, and payment information entered into CORE-CT
39.			Approves and releases payment

Note: after Step # 39 the process returns to Step # 34 and repeatedly cycles through again to Step # 39 until all required reports have been received, all payments have been made, and contract is closed.

Barriers

The procurement process as illustrated is challenging because there is no central responsibility for the entire process resulting in similar if not identical reviews and approvals in various operational sections and within different chains of command. This creates an opportunity for uninformed decisions to disrupt or delay processing based on arbitrary requirements or procedures that do not reflect the needs of the contract process nor the Department's need to provide service, and could undesirably impact the provider.

To address this situation the Department has reorganized the way it manages the contract process. Interdisciplinary work teams have been assembled to work on assigned contract groups. Each team is staffed with representatives from the Program, CGMS, and the Fiscal Office. All steps associated with contract planning, imitation, assembly, execution, payment processing, report reviewing, and performance monitoring are conducted by the team rather than by individuals. The team approach supports simultaneous processing of contract tasks rather than sequential processing with hand-offs, and the resultant delays and/or re-work situations incumbent with the prior organizational arrangement.

Dedicated, and fully equipped, workspace has been set-aside to allow the team to be fully productive when assembled. Access is provided to all office, computer, and telecommunications equipment needed for any of the tasks the team may encounter. Helpful teambuilding activities are conducted with team members prior to their assignment to a team. The teambuilding activities focus on helping members learn how to recognize the strengths of their team mates and to fully utilize and build on those strengths to create a work unit that is stronger and more effective. Due to representation from the multiple work units involved in contract processing, the teams as a whole are more empowered to make decisions that expedite processing.

Planning Approach

The Chief of CGMS initiated and coordinated development of this Procurement Plan. Input was solicited from all operating sections of the Department prior to beginning the process. The Program Sections with the largest volume of contract activity actively participated in the development of data used in the Procurement Schedule of this Plan by reviewing all existing contract service groups, reviewing the need for services, and verifying the goals those services achieve. Previous competitive procurement cycles were reviewed and future re-procurement targets, along with the re-procurement frequency, were verified or established where needed. Most importantly, staff reviewed the basis for existing waivers from competitive procurement to ensure they continue to be valid and necessary.

Data was collected and/or developed over a period of six weeks and was then reviewed by Program Supervisors within the affected Program Sections. Section Managers performed an additional follow-up review. The Office of the Commissioner was kept informed of the process and status during the development process and the document was reviewed and approved by that Office prior to submission.

Procurement Schedule

The table in this section summarizes the Departments re-competition schedule for POS contracts. Information in this table represents the principles discussed throughout this Procurement Plan and does not incorporate any unusual exceptions or circumstances. Where competition is listed as “Waived”, that assessment is based on qualifications for exemptions as stated in this Plan and as were considered valid and under the Department’s previously approved Plan.

Department of Public Health		PROCUREMENT SCHEDULE For SFY 2013, 2014, 2015			
<i>(a) Program/Service Name</i>	<i>(b) Last RFP (SFY, Qtr)</i>	<i>(c) \$ Amount (Total)</i>	<i>(d) Contracts (Number)</i>	<i>(e) Next RFP (SFY, Qtr)</i>	<i>(f) RFP Cycle (In Years)</i>
Affordable Care Act – Home Visit	None	\$1,203,286	4	Waiver	
Case Management for Pregnant Women	2008, 2 nd	\$438,216	3	2013, 2 nd	5
Child Sexual Abuse	None	\$252,936	2	Waiver	
Community Health Centers	None	\$4,824,749	13	Waiver	
Connecticut Breast & Cervical Cancer Early Detection Program	2009, 2 nd	\$3,295,736	14	2012, 1 st	5
Connecticut Comprehensive Cancer Control	2011, 3 rd	\$735,214	8	2015, ?	5
Comprehensive State-based Tobacco Use Prevention and Control Program	2012, 2 nd	\$5,850,773	22	2015, ?	5
Family Planning	None	\$1,625,688	1	Waiver	
Genetics	None	\$298,317	1	Waiver	
Hartford Healthy Start	None	\$683,497	5	Waiver	

<i>(a)</i> <i>Program/Service Name</i>	<i>(b)</i> <i>Last RFP (SFY, Qtr)</i>	<i>(c)</i> <i>\$ Amount (Total)</i>	<i>(d)</i> <i>Contracts (Number)</i>	<i>(e)</i> <i>Next RFP (SFY, Qtr)</i>	<i>(f)</i> <i>RFP Cycle (In Years)</i>
Heart Disease & Stroke Prevention	2010, 4 th	\$240,000	5	Waiver	
HIV/AIDS Health Care & Spprt Srvc.	2011, 2 nd	\$4,154,625	27	2014, 2 nd	3
HIV Prevention Program	2008, 4 th	\$6,342,630	38	2012, 3 rd	3
Immunization Program	None	\$1,879,430	23	Waiver	
Lead Poisoning Prevention & Cntrl	None	\$178,500	5	Waiver	
Maternal & Child Health Information & Referral Services (Infoline)	None	\$216,003	1	Waiver	
Preventive Health & HS Block Grant	None	\$469,433	45	Waiver	
Rape Crisis & Prevention Svcs	None	\$957,675	1	Waiver	
School Based Health Centers	2009, 1 st	\$10,316,150	22	Waiver	
Sickle Cell Program	2007, 2 nd	\$335,129	2	Waiver	
STD Control Program	None	\$368,907	10	Waiver	
Supplemental Nutrition Program for Women, Infants & Children	2008, 2 nd	\$11,089,342	14	2012, 3 rd	5
TB Treatment & Prevention Program	None	\$204,143	5	Waiver	
Unintentional Injury Prevention	None	\$50,000	1	Waiver	
Waterbury Health Access Program	None	\$244,000	1	Waiver	
Well Integrated Screening & Evaluation for Women Across the Nation	2009, 2 nd	\$250,000	9	2013, 1 st	5

Planning Factors

Several important factors were considered when determining when and how to re-compete individual contract or service groups. The Department's plan for competitive procurement of human services must meet operational requirements as well as be in accordance with existing legislation (including PA 07-195), regulations, and policies. Contract planning for human services must consider the primacy of the client. Re-bidding of contracts should not take priority over continuity of care for potentially vulnerable populations and should minimize disruption of services. RFP issuance must also be carefully coordinated for multi-funded programs to ensure that programs remain fully operational during the process.

Development of re-bidding schedules should take into consideration the last RFP date and the impact of re-bidding on contracts that may be in place through other state agencies, in an effort to minimize the administrative burden on providers. It also must consider the performance history of current providers. Contracts held by the best performing providers and those that have been recently bid or re-bid are good candidates to be renewed, or extended by amendment, without competition and re-bid at a future date to establish a reasonable re-bidding cycle.

Due to the extra administrative burden created by the RFP process, efficiencies must be introduced into the re-competition schedule. The Department currently issues multi-year contracts with a maximum term of five years to reduce the frequency and administrative burden of re-bidding. The longer term also allows incorporation of a more staggered RFP issuance schedule and facilitates:

- A reduction in paperwork
- Stabilized services and provider relationships
- Long-term program and performance targets

Guidelines for Competitive Procurement

The Department considers the following principles to be sound guidance regarding a competitive procurement process:

- Primacy of client, minimal disruption of services, adequate protection in policies and procedures to ensure necessary continuity of care
- Compliance with existing statutes, regulations and policies, including P.A. 07-195
- Evaluation to include items such as community history, experience with the client population, past performance, etc., to insure that award is based on best value rather than lowest cost
- Establishment of multi-year, long-term contracts with options for renewal to ensure a stable yet dynamic purchasing process
- Agency procurement policies and procedures conform to OPM guidelines
- All eligible providers have an equal opportunity to compete – no RFP requirements that specify any feature that unnecessarily discriminates, either directly or indirectly, against potential providers
- With all other things being equal current providers should not be given priority consideration
- Inter-agency communication should take place to share procurement information and expertise
- Public and timely notification of procurement opportunities must be provided
- Providers cannot assist in development of an RFP

Communication Protocol

The procurement plan is a critical document for any Department Program Section that engages in contracting activities as a tool to ensure that procurement initiatives proceed in accordance with the guidelines and schedules identified in the plan. It is also an important tool for use by the Department's administrative sections to monitor contracting activities of the Department. Any activities not conforming to the guidelines and schedule of the Procurement Plan should be identified and corrective actions explored, if the plan is still valid. If policy and/or procedural changes have rendered the plan invalid, a formal amendment to the Plan should be considered for submission.

The CGMS oversees all RFP activities covered under the Procurement Plan, in addition to normal contracting activities, and provides guidance to Department Program Sections desiring to issue an RFP. In addition to printed instructions, checklists and guidance, CGMS works directly with Program Section staff to ensure that all RFP procedures are adhered to. This includes providing guidance needed to comply with communication protocols and restrictions concerning bidder inquiries and questions, to ensure that the RFP process is not compromised.

The final Procurement Plan will be distributed electronically to all Agency employees with a special notification to Section Chiefs that the plan be made available to all individuals engaged in contracting activities. The plan's role as a guidance document will be highlighted in that communication to stress the role it plays in managing the competitive procurement activities of the Department.

External distribution of the Plan to key stakeholders will be accomplished by posting the final Procurement Plan to the Department's website. Any outside questions concerning the Procurement Plan should be directed to the Agencies official Procurement Plan contract Person:

Bruce R. Wallen, Chief
Contracts and Grants Management Section
Department of Public Health
(860) 509-7704

Inquiries can be made by phone to the above number or a request for information can be submitted via the Departments website using the "Contact Us" section or by direct e-mail message to webmaster.dph@ct.gov.

Implementation and Oversight

Within the Department there are five separate oversight processes to insure that contracting follows approved processes. The CGMS within the Department oversees all RFP processing and the majority of contract processing for the Agency. This ensures conformance with all established requirements prior to and during RFP issuance/award and/or contract execution.

Before a contract or an RFP can be processed, the request must be approved by administrative staff within the issuing Program Section, the CGMS, the accounting staff within the Department's Fiscal Office, and by Fiscal Administration. Before a contract can be executed, an additional review and approval is required by the Department's CGMS Chief. The Department believes these multiple internal reviews are adequate to insure compliance with State policies.

OPM, as the agency that approves all contracts over \$50,000 and all waivers from competitive bidding for contracts over \$20,000 provides an additional statewide level of oversight and contracting control for the Department and all other Executive Branch agencies. The Department continues to apply to OPM for waivers from competitive procurement when the criteria for granting exemptions are met and all such requests are referenced to the Department's approved Procurement Plan.

Additional Considerations

In the process of adopting requirements of the Procurement Plan it is important to be cognizant of factors that may impact providers and the State. This is especially true when contracting with providers that hold contracts for multiple services and/or with multiple State agencies. Following are examples of items that require consideration when re-competing contracts.

- An individual contract could adversely impact the financial viability of a provider agency or the State's cost for other services. Administrative costs are allocated to various contracts that the provider holds. Loss of one or more contracts may result in costs being redistributed among remaining contracts or being absorbed by the provider.
- Communication between State agencies and between the State and providers can be important. Collaboration should take place when issuing bid requests for similar services by different agencies. There is potential that individual program costs could be reduced

by timing contract implementation to coincide with services initiated by another State agency, thereby more effectively utilizing a provider's capacity.

- It is important that the notification system ensure that current providers don't miss an opportunity to re-compete for existing contracts.
- Requests for bid must allow an adequate time for response by providers. Too short a timeframe may prevent a provider from assembling a comprehensive qualifying response.
- The satisfaction of the customer, or client-base, should be considered as part of the evaluation process for re-competition of existing contracts.
- Cost of services may not be the most important consideration when evaluating bid proposals to determine the highest ranked qualified contractors.