



State of California—Health and Human Services Agency
Department of Health Care Services

DAVID MAXWELL-JOLLY
Director

ARNOLD SCHWARZENEGGER
Governor

July 29, 2010

Notice to Non-IT Service Contractors

You are invited to review and respond to the attached Request for Application (RFA) entitled, "High Risk Infant Follow-Up (HRIF) Quality of Care Initiative (QCI)" for RFA Number 10-007. In submitting your response, please comply with the instructions herein. The services required are delineated in the Scope of Work. Please read the enclosed document carefully.

A contract will be award to one organization to provide the requirements of the HRIF QCI for the term of September 1, 2010 through June 30, 2013. By submitting a bid, your firm agrees to the terms and conditions stated in this RFA.

I. Response Due Date

The California Department of Health Care Services' (DHCS) Children's Medical Services (CMS) Branch must receive RFA responses no later than **4:00 p.m.** on August 5, 2010. Refer to the attached RFA for detailed submission instructions.

II. Questions

Potential Applicants with questions about this RFA or in need of clarifying information about the services sought are advised to contact CMS according to the instructions in the RFA section entitled, "Questions".

To comply with state procurement requirements, potential Applicants that opt not to submit an offer may be contacted by CMS to learn why a response was not submitted. CMS looks forward to receiving your offer in response to our service needs.

Sincerely,

A handwritten signature in blue ink that reads 'Louis R. Rico'.

Louis R. Rico, Acting Chief
Children's Medical Services Branch
Department of Health Care Services

Attachment



Request for Application CMS 10-007

HIGH RISK INFANT FOLLOW-UP QUALITY OF CARE INITIATIVE

Department of Health Care Services
Systems of Care Division/Children's Medical Service Branch
MS 8100
1515 K Street, Suite 400
P.O. Box number 997413
Sacramento, CA 95899-7413

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ATTACHMENT

Attachment A
Attachment B
Attachment C

ATTACHMENT NAME

Scope of Work
Bid
Payee Data Record

EXHIBITS

Exhibit A
Exhibit B

Exhibit C
Exhibit D(F)
Exhibit E
Exhibit F
Exhibit G
Exhibit H

EXHIBIT NAME

Budget Detail and Payment Provisions
General Terms and Conditions
<http://www.ols.dgs.ca.gov/Standard+Language/default.htm>
Contract Information Form
Special Terms and Conditions
Additional Provisions
Contractor's Release
Travel Reimbursement Information
HIPAA Business Associate Addendum

EXHIBITS**EXHIBIT NAME**

Exhibit I Contractor's Certification Clauses

ATTACHMENT #**ATTACHMENT NAME**

Attachment 1 Bid
Attachment 2 Certification of Agreement Checklist
Attachment 3 Payee Data Record
Attachment 4 Proposal
Attachment 5 Statement of Work
Attachment 6 Staff Resumes

A. RFA Purpose and Service Overview

The California Department of Health Care Services (DHCS), Children's Medical Services (CMS) Branch, is inviting offers from contractors that are able to provide and maintain the infrastructure and implement the High Risk Infant Follow-Up (HRIF) Quality of Care Initiative (QCI) which has been developed by the California Perinatal Quality of Care Collaborative (CPQCC). Request For Application (RFA) responses must address all of the services described in the RFA section entitled, "Scope of Work" (SOW). Bids should not exceed the total funding limit(s) specified herein.

B. Period of Performance

The resulting contract will be for 34 months. DHCS anticipates the contract term to be from September 1, 2010 through June 30, 2013. The agreement term may change if DHCS makes a selection earlier than expected or if DHCS cannot execute the agreement in a timely manner due to unforeseen delays.

The resulting contract will be of no force or effect until it is approved by the Department of Health Care Services Contract Management Unit. The Contractor is hereby advised not to commence performance until all approvals have been obtained and a copy of the fully executed contract is transmitted to the Contractor.

DHCS reserves the right to exercise its option to extend the term of the resulting contract and any affected performance dates as needed to complete the work. If an extension option is exercised the period of performance will be changed by a written amendment to the contract.

C. Funding Limits

Funding for the services sought via this RFA is anticipated to be limited to the following amounts:

- A. \$550,000 for the budget period of 09/01/10 through 06/30/11
- B. \$550,000 for the budget period of 07/01/11 through 06/30/12
- C. \$550,000 for the budget period of 07/01/12 through 06/30/13
- D. \$1,650,000 for the entire service period.

The total cost offered should not exceed this amount.

DHCS reserves the right to review and consider offers exceeding the amount specified herein provided the total offer does not exceed \$250,000.

D. Key Action Dates

Below is the tentative time line for this procurement. All dates are approximate and may be changed if needed to allow for unanticipated delays or if DHCS needs additional time for response review, comparison, and contract execution.

Event	Date / Time (If applicable)
RFA released	07/29/2010
Questions due	08/03/2010 4:00 p.m.

Event	Date / Time (If applicable)
Offers due	08/05/2010 4:00 p.m.
Anticipated award date	08/12/2010
Proposed contract start date subject to Contract Management Unit approval	09/01/2010

E. Questions

Direct questions about the services or about the instructions herein to DHCS as indicated below.

Failure to report a known or suspected problem with this RFA or failure to seek clarification and/or correction of this RFA may result in an inaccurate or rejected bid or unanticipated work.

1. What to include in an inquiry

- a. Applicant's name, name of Applicant's firm, mailing address, area code, telephone number, fax number, and email address.
- b. A description of the subject or issue in question or discrepancy found.
- c. RFA section, page number or other information useful in identifying the specific problem or issue in question.
- d. Remedy sought, if any.

2. Question deadline

Inquiries and questions will be not accepted after **4:00 p.m. on August 3, 2010.**

3. How to submit questions

Direct questions and inquiries to DHCS using one of the following methods:

Email Inquiries to:
Kimie.Kagawa@dhcs.ca.gov

DHCS will respond directly to each person or firm submitting an inquiry. If a question and response is determined to be of value to other potential applicants, DHCS will transmit the question(s) and response(s) to the other firms on the Applicants List. At its discretion, DHCS may contact an inquirer to seek clarification of any question or inquiry received. At its discretion, DHCS may entertain questions received after the question deadline.

F. Reasonable Accommodations

For individuals with disabilities, the Department will provide assistive services such as reading or writing assistance, and conversion of the Request for Application, questions/answers, RFA Addenda, or other Administrative Notices into Braille, large print, audiocassette, or computer disk. To request copies of written materials in an alternate format, please call the number below to arrange for reasonable accommodations.

Rachel Luxemberg
 Children’s Medical Services Branch
 Program telephone number (916) 327-1400
 (TTY) California Relay telephone number 1-800-735-2929

NOTE: The range of assistive services available may be limited if requestors cannot allow ten or more State working days prior to date the alternate format material or assistance is needed.

G. Scope of Work

1. Performance Overview -

Contractor agrees to provide to the Department of Health Care Services (DHCS) the services described herein Attachment A.

2. Service Location -

The services shall be performed at the Contractor’s organization.

3. Service Hours -

The services shall be provided during normal Contractor working hours, Monday through Friday, excluding national holidays.

4. Project Representatives -

A. The project representatives during the term of this agreement will be:

<p>Department of Health Care Services Contract Manager: Kimie Kagawa, MD Telephone: (916) 327-2665 Fax: (916) 327-1119 Email: Kimie.Kagawa@dhcs.ca.gov</p>	<p>Contractor’s Name [To Be Determined] [Name of Contractor’s Contract Manager] [TBD] Telephone: (XXX) XXX-XXXX [TBD] Fax: (XXX) XXX-XXXX [TBD] Email: [TBD]</p>
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B. Direct all inquiries to:

<p>Department of Health Care Services Children’s Medical Services Branch Attention: Kimie Kagawa, MD MS Code 8100 1515 K Street, Suite 400 P.O. Box 997413 Sacramento, CA 95899-7413</p> <p>Telephone: (916) 327-2665 Fax: (916) 327-1119 Email: Kimie.Kagawa@dhcs.ca.gov</p>	<p>Contractor’s Name [TBD] Section or Unit Name, if applicable [TBD] Name: [TBD] Street address [TBD] P.O. Box Number, if applicable [TBD] City, State Zip Code [TBD]</p> <p>Telephone: [TBD] Fax: [TBD] Email:[TBD]</p>
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C. Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this agreement.

5. Services to be Performed -

See Attachment A: Scope of Work (SOW)

H. Applicant Requirements

By submitting a bid and proposal, each applicant certifies that it meets the following requirements.

1. Experience

a. Mandatory experience

Responding firms are to possess at least two consecutive years of experience of the type(s) listed below. All experience should have occurred within the past five years. Applicants should have had prior experience in:

The responsibilities and deliverables outlined in the SOW.

2. Staffing Requirements

Applicants must have trained and experienced personnel or labor resources with appropriate knowledge, skills and abilities to direct, supervise and perform all services outlined in the Scope of Work in a timely and efficient manner.

3. Transportation and other resources

Applicant must have adequate transportation resources; materials, supplies and/or equipment to effectively perform all services outlined in the SOW.

4. Past business history

All applicants must have a past record of sound business integrity and a history of providing efficient and timely service to prior clients and customers, including State agencies, if applicable.

5. Compliance with contract Terms and Conditions

Applicants must certify their willingness to comply with all terms and conditions contained and/or identified in the RFA section entitled, "Contract Terms and Conditions", including those terms in any referenced exhibits.

I. RFA Response Requirements

This RFA, the Applicant's response, bid, and the identified additional terms and conditions (i.e., exhibits) incorporated by reference will be made part of the resulting contract and procurement contract file.

Responses are to contain all requested information and data and conform to the format described in this RFA. It is the Applicant's responsibility to provide all necessary information for DHCS to evaluate the response, verify requested information and determine the Applicant's ability to perform the tasks and activities defined in the SOW.

If staff offered by the selected contractor leave the contractor's firm or are otherwise unable to participate in the resulting contract, they must be replaced with comparably qualified staff capable of performing the activities and tasks outlined in the Applicant's Statement of Work. All replacement staff are subject to approval by DHCS.

J. State's Rights

1. If deemed necessary by DHCS, DHCS may collect additional applicant documentation, signatures, missing items, or omitted information during the response review process. DHCS will advise the Applicant orally, by fax, email, or in writing of any documentation that is required and the submission time line. Failure to submit the required documentation by the date and time indicated may cause DHCS to deem a response nonresponsive and eliminate it from further consideration.
2. The submission of a response to this RFA does not obligate DHCS to make a contract award.
3. DHCS reserves the right to amend the resulting contract for time and/or quantity as deemed necessary to complete the project provided the extension does not cause the resulting contract to exceed allowable contract delegation limits.
4. DHCS reserves the right to deem incomplete responses non-responsive to the RFA requirements.
5. DHCS reserves the right to modify or cancel the RFA process at any time.
6. The following occurrences **may** cause DHCS to reject a response from further consideration. Failure of an applicant to:
 - a. Meet the stated applicant requirements by the submission deadline.
 - b. Failure to comply with a request to submit additional documentation in a timely manner.
 - c. Be willing and able to comply with all performance requirements, terms, conditions and/or exhibits that will appear in the resulting contract.

K. Response Forms / Assembly Instructions

Complete and return **two copies** of each item listed in this section. When completing the attachments, follow the instructions in this section and the instructions appearing on each attachment. Unless otherwise indicated, do not submit supplemental information or other materials that DHCS has not requested. DHCS may choose to set aside or disregard any such material that is submitted.

A person authorized to bind the Applicant must sign each RFA attachment that requires a signature. All signatures must be in ink and preferably be in a color other than black.

After completing, developing, and/or signing (as applicable) the items identified below, assemble them in the order shown.

Required Documentation	Instructions
Bid (Attachment 1)	Complete the bid form entirely. Initial any changes/corrections made on this form.
Certification of Agreement Checklist (Attachment 2)	Check each item with "Yes" or "N/A", as applicable, and sign the form. If necessary, explain your firm's responses.
Payee Data Record (Attachment 3)	Complete and return this form <u>only</u> if responding firm has not previously entered into a contract with DHCS. If uncertain, complete and return the form.

Required Documentation	Instructions
Proposal (Attachment 4)	<p>Each proposal must include the following:</p> <ol style="list-style-type: none"> 1. Describe in the Applicant's own words the understanding of DHCS needs. 2. Describe how this project will be integrated into the Applicant's current obligations and workload. 3. Describe the Applicant's overall expertise and capabilities. Focus on those services previously performed that are similar in nature, scope, complexity or related to those described in the Scope of Work. 4. Describe the proposed staffing plan. Indicate position or classification titles/levels, number of positions, reporting relationships of working staff to the Project Manager or supervisory personnel. Describe the major responsibilities that will be assigned to key personnel. Specifically address the Project Manager's role and how work quality and timeliness will be addressed. Identify any known or proposed consultants or subcontractor staff that will be used. Place resumes in the Staff Resume section.
Statement of Work (Attachment 5)	<p>Include a Statement of Work and work plan identifying:</p> <ol style="list-style-type: none"> 1. Briefly, explain or describe the overall approach and/or methods that will be used to accomplish the scope of work. 2. If applicable, explain why the particular approaches and methods that are proposed were chosen. 3. If applicable, explain what is unique, creative, or innovative about the proposed approaches and/or methods. 4. If any major complications or delays are envisioned at any stage of performance, describe those complications or delays and include a proposed strategy for overcoming those issues. 5. If, for any reason, the Statement of Work does not wholly address each Scope of Work (SOW) requirement, fully explain each omission. 6. Identify the assumptions made in developing the Statement of Work. 7. If applicable, identify any additional Contractor and/or State responsibilities included in the Statement of Work that were omitted from DHCS' Scope of Work. 8. Identify the specific tasks/activities and functions to be performed in the order they are likely to occur. 9. Indicate who will have primary responsibility for performing each major task/activity or function. 10. Include a proposed performance time line for each major task/activity or function.
Staff Resumes (Attachment 6)	<p>A resume for each person that will play a key role in performing and/or managing the services including subcontractor staff and independent consultants (if any). Each person's resume should not exceed two pages in length and should not contain personal information.</p>

L. Submission of RFA Responses

1. Submission instructions

- a) Assemble two copies of all required attachments and documentation together.
- b) Fax, mail, or arrange for hand delivery of the bid and proposal package to the Department of Health Care Services’ Children’s Medical Services Branch.
- c) Regardless of postmark or method of delivery, DHCS must receive the bid and proposal package by **4:00 p.m. on August 5** at the address shown below. DHCS will not consider late price quotation packages.
- d) Label the bid envelope or fax cover sheet as shown below and arrange for delivery of the price quotation package to DHCS using one of the following methods:

FAX	Mail or Hand Delivery
<p>RFA HRIF QCI Department of Health Care Services Attention: Kimie Kagawa, MD Children’s Medical Services Branch Fax Number: (916) 327-1119</p>	<p>RFA HRIF QCI Attn: Kimie Kagawa, MD Department of Health Care Services Children’s Medical Services Branch MS Code 8100 1515 K Street, Suite 400 Sacramento, CA 95814</p>
Electronic Mail	
<p>Kimie.Kagawa@dhcs.ca.gov</p>	

- e) Applicants submitting responses by fax must call Kimie Kagawa, MD at (916) 327-2665 to confirm receipt of all faxed pages.
- f) Delivery warning
 - 1) DHCS’ internal processing of U.S. mail may add up to 48 hours to the delivery time. If the response is mailed, consider using certified or registered mail and request a receipt upon delivery.
 - 2) For hand deliveries, allow sufficient time to locate on street metered parking and to sign-in at the security desk.

2. Proof of timely receipt

- a) To be timely, DHCS must receive responses in the manner and at the stated place of delivery no later than **4:00 p.m.** on the submission due date.
- b) Untimely responses will be deemed nonresponsive.

M. Offer Review / Selection Criteria

1. Shortly after the submission deadline, DHCS will review each response received and determine which responses are timely and complete. All responses should be complete upon receipt.
2. Each offer for services will be reviewed and scored on the following criteria:

Selection Criteria	Points
Applicant Capability – understanding of DHCS's need, project integration, overall capabilities, experience performing comparable services, etc.	15
Statement of Work – adequacy of time lines; soundness and comprehensiveness of methods and approaches, likelihood of proposed procedures and methods to achieve desired results; adequacy of detailed work plan to identify specified tasks, activities, functions, deliverables, etc.	35
Staffing plan and resumes – adequacy of labor allocation, numbers of staff, assigned responsibilities, adequacy of staff experience, qualifications and capabilities, etc.	10
Cost Considerations $\frac{\text{Lowest Offered Cost}}{\text{Other Offer's Total Cost}} \times \text{Cost points available}$	40
Grand Total	100

3. In evaluating RFA responses and assigning points, raters may consider issues including, but not limited to, the extent to which a response:
 - a) Is lacking information, lacking depth or breadth or lacking significant facts and/or details, and/or
 - b) Is fully developed, comprehensive and has few if any weaknesses, defects or deficiencies, and/or
 - c) Clearly demonstrates the Applicant's understanding of DHCS' needs, the services sought, and/or the contractor's responsibilities, and/or
 - d) Illustrates the Applicant's capability to perform all services and meet all SOW and performance requirements, and/or
 - e) Will contribute to the achievement of DHCS' goals and objectives if implemented, and/or
 - f) Demonstrates the Applicant's capacity, capability and/or commitment to exceed regular service needs (i.e., enhanced features, approaches, or methods; creative or innovative business solutions)

N. Bid Mistakes

Bids should not exceed the stated amount of available funding indicated in the cover letter of this procurement.

If prior to contract award, award confirmation, or contract signing, an applicant discovers a mistake in their bid that renders the applicant unable or unwilling to perform all services for the price/rates offered, the applicant must immediately notify DHCS and submit a written request to withdraw its RFA response. Withdrawal instructions will be supplied upon request.

O. Contract Award

1. Award of the contract, if awarded, will be to the eligible applicant that DHCS believes can best meet its needs. DHCS intends to select the Applicant earning highest total score.

Consideration may be given to each Applicant's past experience, qualifications, personnel resources, and management capabilities.

2. DHCS will verbally notify the chosen firm of its selection and will follow-up the verbal notice in writing via fax or email. DHCS will fax or email a notice of award to each firm that submits a price quotation in response to this procurement.

P. Award Objections

California law does not provide a protest or appeal process against award decisions made through an informal selection method. Applicants submitting a response to this RFA may not protest or appeal the award. The Department's award decision shall be final.

Q. Disposition of Materials Following Award

All materials submitted in response to this RFA will become the property of the DHCS and, as such, are subject to the Public Records Act (GC Section 6250, et seq.). DHCS will disregard any language purporting to render all or portions of any response and price offer confidential.

Following DHCS' award decision, DHCS will notify the intended awardee and will share the name of the intended awardee to any that inquires. Following contract approval, all materials submitted in response to this RFA and all documents used in the award process shall be available for review, inspection, and copying during normal business hours.

R. Inspecting or Obtaining Copies of Offers and/or Response Materials

Persons wishing to inspect or obtain copies of any response, bid offer, or RFA related materials may submit a written request to DHCS via email, U.S Postal Service, or personal delivery at the address identified below. The requestor must specifically identify and/or describe the items they wish to receive copies of and indicate the number of copies requested. Electronic copies may not be available.

DHCS reserves the right to impose a charge of **ten cents** per page for all requested copies. If a copying/mailing fee is imposed, the requestor will be required to submit a check covering the copying and/or mailing costs to DHCS at the address noted below. DHCS will attempt to fulfill all copy requests as promptly as possible. Submit copy requests as follows:

U.S. Postal Service:	Courier or Hand Delivery:
Request for Copies RFA HRIF QCI Attn: Kimie Kagawa, MD Department of Health Care Services Children's Medical Services Branch MS Code 8100 P.O. Box 997413 Sacramento, CA 95899-7413	Request for Copies RFA HRIF QCI Attn: Kimie Kagawa, MD Department of Health Care Services Children's Medical Services Branch MS Code 8100 1515 K Street, Suite 400 Sacramento, CA 95814
Email: Kimie.Kagawa@dhcs.ca.gov	

S. Agency Terms and Conditions

1. Loss Leader Clause

It is unlawful for any person engaged in business within this state (California) to sell or use any article or product as a "loss leader" as defined in Section 17030 of the Business and Professions Code.

2. Other Terms and Conditions

The winning Applicant will be awarded a contract that cites DHCS' Scope of Work, the Applicant's Statement of Work, the Applicant's bid offer or rate sheet, the RFA, and the exhibits identified below.

T. RFA Attachments and Exhibits

ATTACHMENT	ATTACHMENT NAME
Attachment A	Scope of Work
Attachment B	Bid
Attachment C	Payee Data Record

EXHIBIT LABEL	EXHIBIT NAME
Exhibit A	Budget Detail and Payment Provisions
Exhibit B	General Terms and Conditions http://www.ols.dgs.ca.gov/Standard+Language/default.htm
Exhibit C	Contract Information Form
Exhibit D(F)	Special Terms and Conditions
Exhibit E	Additional Provisions
Exhibit F	Contractor's Release
Exhibit G	Travel Reimbursement Information
Exhibit H	HIPAA Business Associate Addendum
Exhibit I	Contractor's Certification Clauses

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