

**REQUEST FOR BIDS
for
FLEX Network Program**

I. INTRODUCTION

The purpose of this Request For Bids (RFB) is to solicit bid proposals which will enable the Iowa Department of Public Health, hereafter known as the Department, to select the most qualified applicant to provide development, improvement, or expansion of network activities for Iowa's Critical Access Hospitals.

The project period shall be from May 3, 2010 to August 31, 2010.

The Department expects the contract period to be from May 3, 2010 to August 31, 2010. This is a one-time, short-term project, and the Department will not be renewing the contract for additional terms.

The issuance of this RFB in no way constitutes a commitment by the Department to award a contract.

II. SCOPE OF SERVICES

This RFB serves to provide funds that will develop, improve or expand network activities for Iowa's Critical Access Hospitals. Projects must focus on the Critical Access Hospitals within the network.

The FLEX program is seeking network projects that will produce a measurable outcome, are innovative, collaborative, and shows cooperation for expanding access to healthcare, implementing health information technology, improving patient care, and assuring quality health care services in rural Iowa.

Projects may include, but not be limited to:

- Health information technology or telehealth and telemedicine,
- Patient safety or quality improvement
- Workforce recruitment and retention

III. ADMINISTRATIVE MATTERS

The dates set forth below are for informational planning purposes only. The Department reserves the right to change any of these dates:

March 4, 2010	Post/Submit RFB to potential Applicants
March 19, 2010	Written Questions Due
March 24, 2010	Department Responses to written Questions Issued
April 9, 2010	Bid Proposals due
April 23, 2010	Select successful Applicant

Network Hospitals within Iowa, Minnesota, Nebraska, Wisconsin, and South Dakota that have a network agreement with one or more Iowa Critical Access Hospitals are eligible to submit bid proposals in accordance with this RFB. Applicant is required to maintain and provide to the Department, upon application, a current and valid email account for electronic communications with the Department.

Applicants may apply for up to \$25,700 for the total contract period. The Department anticipates issuing one award. Actual total awards and individual contract funding levels may vary from that listed or funding may be withdrawn completely, depending on availability of funding.

Bid proposals should include the Applicant's plan for accomplishing the work set forth in the Scope of Services and should include sufficient information regarding the Applicant's ability to perform the services sought to enable the Department to make a judgment about the Applicant's ability to perform the work identified in the Scope of Services

Applicants interested in providing these services should submit one (1) original and three (3) copies of their bid proposals by no later than **4:00 p.m. (local time) on April 9, 2010** to:

Stacey Hewitt, Contract Administrator
Iowa Department of Public Health
Lucas Office Building – 6th Floor
321 East Twelfth Street
Des Moines, Iowa 50319 - 0075

Bid proposals received after the stated due date and time will be rejected, returned to the applicant, and not reviewed by the Department.

Electronic mail and faxed copies of the application will not be accepted. Applicants who choose to mail bid proposals must allow ample mail delivery time to ensure timely receipt of their bid proposal by the Department. Postmarking by the due date will not substitute for actual receipt of the bid proposal by the Department. It is the applicant's responsibility to ensure that the bid proposal is date and time stamped as received by the Department prior to the deadline.

Any information submitted separately from the bid proposal will not be considered in the review process.

From the date of issuance of this RFB until announcement of the successful Applicant, Bidders may contact only Stacey Hewitt regarding this procurement.

Written questions related to the interpretation of this RFB and the procurement process must be submitted to:

Stacey Hewitt, Contract Administrator
Iowa Department of Public Health
Lucas State Office Building
Des Moines, Iowa 50319-0075
electronic mail at shewitt@idph.state.ia.us
facsimile at (515) 281-3789

Written responses to all questions received will be posted on the IDPH Web page with this procurement document. Oral questions will not be accepted. If an Applicant or someone acting on an Applicant's behalf attempts to discuss this RFB orally or in writing with any members of the evaluation committee, or any employee or elected official of the State of Iowa, other than Stacey Hewitt, the Applicant may be disqualified.

The Department reserves the right to reject any or all bid proposals, in whole or in part, to advertise for new bid proposals, to abandon the need for such services, and to cancel this RFB at any time prior to the execution of the written contract.

All information submitted by the Applicant will be treated by the Department as a public record unless the Applicant properly requests that the information be treated as confidential information in accordance with the public records laws of the State of Iowa at the time its proposal is submitted.

By submitting a bid proposal, the Applicant agrees that the Department may copy the bid proposal for purposes of facilitating the evaluation of the bid proposal or to respond to requests for public records and represents that such copying will not violate the rights of any third party.

The successful and unsuccessful bidders will be notified electronically via email from the IDPH contract administrator. A letter in PDF format will be emailed to the recipient email addresses listed on the bid cover page (Attachment A). The Department is not responsible for delayed receipts of notifications due to misspelled or invalid email addresses the applicant lists on the cover page. Recipients shall accept the provision of a read receipt to the Department upon opening the email.

Negotiation and execution of contract with the successful Applicant shall be completed no later than April 30, 2010. If the apparent successful Applicant fails to negotiate and deliver an executed contract by that date, the Department may, in its sole discretion, cancel the award and award the contract to the next highest ranked Applicant.

IV. APPLICATION REQUIREMENTS

Applicants should clearly describe and include the following items in their bid proposals:

1. **Project Abstract** – Brief one-page description of need, project goals, name and location of the Critical Access Hospitals involved in the project, and expected outcomes.

2. **Project Narrative** - Clearly describe and provide details for the following:

A. Goals

Applicants should clearly describe the purpose of the project, including how the project will develop, improve or expand network activities for Iowa Critical Access Hospitals such as, but not limited to: health information technology or telehealth and telemedicine, patient safety or quality improvement, and workforce recruitment and retention

B. Objectives and Action Steps

Applicants should clearly describe the actions steps and/or methods, strategies, and techniques that will be used to accomplish the project. Objectives need to be measurable in regard to timeliness, completeness, accuracy, and reliability. The action steps should describe the specific activities that will take place or are required to achieve the goals.

C. Timeline

Applicants should include a timeline that outlines the months when each activity will take place beginning May 3, 2010 through August 31, 2010.

D. Outcomes

Applicants should clearly describe the expected results for each objective, including the desired benefits or changes for the hospitals, targeted population and/or area to be addressed or served.

E. Evaluation

Applicants should clearly describe how the project will be evaluated, tracked, and/or measured for effectiveness. Evaluation methods may include, but are not limited to: community, patient, or staff surveys, interviews, data collection, benchmarking, comparisons, or other tracking and documentation methods.

F. Subcontractor Information

Applicants should identify the name and address of the subcontractor, the purpose for using a sub-contractor, and include a copy of the sub-contract as an attachment in the appendix with the submitted application.

G. Sustainability

Applicants should describe how the project will be continued or maintained in the future. If applicable, explain how the project may be replicated to assist other networks and Critical Access Hospitals.

H. Additional Information

Applicants may include any additional information as attachments in the appendix that will assist the reviewers in understanding the project. (e.g. maps, charts, graphs, statistics, or other data)

3. **Key Personnel** – A brief two-four paragraph summary should be included for all key personnel that will be involved in the project. Applicants should include the name, title, e-mail address, phone number, and duties related to the project for all key personnel.

4. **Required documents:**

- A. **Cover Page:** Identifies the applicant's legal name, federal identification number, and key contact information for the project. Complete required form-**Attachment A** following these instructions:
- Applicant (Network Hospital) - Provide the legal name of the applicant entity. This must be the entity associated with the Federal Identification (ID) number per the Internal Revenue Service (IRS). If the entity operates under another name as a "d/b/a" (doing business as), please include that in the legal name.
 - IRS # - Provide the applicants federal identification number.
 - Applicant Address, Telephone and FAX – Provide the information as requested.
 - Hospital Administrator Name– Provide the name of the person who has overall responsibility and authority for administering the program in which the entity is applying for the funds.
 - Hospital Administrator Email- Provide the email address of the hospital administrator.
 - Project Director Name – Provide the name of the individual with direct day-to-day responsibility for this program and the person that the department can contact concerning the proposal.
 - Project Director Email – Provide the email address of the program director.
 - Project Director Telephone – Provide the telephone number of the program director.
 - Total Funds Requested – Indicate the total amount of funds requested, not to exceed the amounts outlined in Section II – Administrative Matters.
 - Conditions/Signature – The person authorized to obligate the entity must sign and date in non-black ink to certify that the applicant is in agreement with the conditions listed.
- B. **Minority Impact Statement:** Identifies the applicant's potential impact of the project's proposed programs or policies on minority groups. Complete required form – **Attachment B** following these instructions:
- Applicants must independently complete the "Minority Impact Statement" form by checking the box that most accurately reflects the proposed project programs or policies impact on minority persons.
 - Describe the rationale or evidence for your choice in a brief narrative, as well as identifying the specific minority groups in which there is a positive or negative impact (if applicable) on the checklist.
 - Sign the form and return it with the proposal or application.

C. **Budget** - A budget must be included in the bid proposal detailing the costs of the project. The applicant will submit a line item budget of anticipated direct project costs for the period of May 3, 2010 to August 31, 2010. The budget shall include only the line item categories listed below. See below under section D for information about what costs to include within each line item. The applicant shall complete required form **Attachment C** identifying proposed expenditures:

- Salary/Fringe
- Contractual/subcontracts
- Equipment
- Other
- Administrative or Indirect Costs

D. **Budget Narrative** - The budget narrative should be included as a separate attachment/appendix and placed in the application directly following the budget form (**Attachment C**).

- The budget narrative should follow the order of the budget form: salary/fringe, equipment, contracts, other, indirect, and in-kind.
- Applicants should clearly describe how the expenses relate to the project and how the grant funds will be used to accomplish the project.
- Provide details that will explain and justify how each expense was calculated and how it is related to the grant project.
- Include any quotes from vendors, subcontractors, or other information that will assist the reviewers in understanding the proposed expenses in the appendices.

Salary/Benefits:

- List all staff directly funded, wholly or partially with these funds. Employee's name (if current staff), credentials, and position title must be listed. The budget narrative justification must include the total annual salary and fringe benefits paid to the employee, as well as the total annual salary and fringe benefits charged to this project.
- Includes costs for project personnel that directly relate to and are required to complete the project.
- Salary/fringe should be minimal and not include time related to regular job duties, administrative or secretarial duties, or job duties for projects that are ongoing or have been previously planned or implemented by the hospital.

Contractual/subcontracts:

- The applicant is permitted to subcontract for the performance of certain services. If services performed for any activities outlined in this RFB are to be subcontracted, the applicant must include in the budget narrative a description of the subcontractor(s), scope of work to be performed by each subcontractor, subcontractor qualifications, and estimated dollar amount of each subcontract.
- NOTE: Expenses to be paid to a subcontractor must be outlined in an agreement, contract or MOU/MOA. If the contract will be >\$2000, it must be reviewed and approved by THE DEPARTMENT prior to execution. A copy of any subcontractor agreements or proposals should be included with the application as an appendix.

Equipment:

- List any equipment anticipated to be purchased with these funds.
- Equipment is defined as any **single item** (excludes hardware and software) with a cost or value of \$5,000 or more and with an anticipated useful life of one year or more. **If the item does not meet this definition, it should be included in “other” costs.**
- Explain the type, purpose, and how the cost was determined for the equipment in the budget narrative

Other:

- All other anticipated expenses using funds must be listed on the line item budget and justified in the budget narrative.
- This category includes, but is not limited to: project supplies, printing, communication, rent and utilities, training, information technology-related expenses, hardware, software, travel, etc.
- This will include any equipment costs not meeting the above definition for equipment.
- All travel-related expenses, if applicable, are reimbursed at current state of Iowa rates for mileage, meals, and lodging. Current rates are: \$0.39 per mile, \$8.00 breakfast, \$12.00 lunch, \$23.00 dinner, and \$75.00 plus tax for lodging.
- Some out-of-state travel expense rates may exceed the listed reimbursement rates ONLY with prior DEPARTMENT approval. Out-of-state maximum allowable amounts for meals are available upon request.
- Construction and electrical materials that would not be considered information technology expenses are not covered as part of the grant.
- NOTE: The Health and Human Services (HHS) Act requires that to the greatest extent practicable, all equipment and products purchased with funds made available under this award should be American-made.

Administrative Costs or Federally Approved Indirect Rate

- If the applicant plans to charge administrative or indirect costs, this must be identified in the application and explained in the budget narrative.
- If the applicant charges indirect costs, a copy of the current, signed federally approved indirect cost rate agreement must be submitted with the application materials.
- Contractors may charge an Indirect Rate in accordance with their federally approved Indirect Cost Rate Agreement.
- THE DEPARTMENT reserves the right to negotiate the application of the Indirect Rate per individual contract.
- In the absence of a federally approved Indirect Cost Rate Agreement, the contractor may charge an Administrative Cost not to exceed a maximum rate of 15% of the total contractual amount.
- Administrative costs are those that are incurred for common or joint objectives, and therefore cannot be identified readily and specifically with a sponsored program, but are nevertheless necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation and administrative salaries are generally treated as indirect costs.
- The contractor shall maintain documentation to support the administrative cost allocation. THE DEPARTMENT reserves the right to request the documentation at any time.

V. EVALUATION CRITERIA

An evaluation committee made of up employees of the Department will review bid proposals. The committee will consider all information provided in the bid proposal when making its recommendation and may consider relevant information from other sources. The Department may also consider geographical distribution, budget information and any other information received pursuant to the procurement process. The evaluation committee will award the contract to the responsible Applicant submitting the best bid proposal. The lowest priced bid proposal is not necessarily the best bid proposal. The evaluation committee's selection will be subject to the final approval of the Department.

The bid proposals will be evaluated and a recommendation will be made using the following criteria, which are listed in no particular order:

Scoring of Proposals

A maximum of 100 points may be awarded to each proposal. A minimum average score of **60 or greater** is required for the application to be considered for funding.

Accepted proposals will be evaluated based on the following criteria:

- A. All parts of each section are included and addressed.
- B. Descriptions and detail are clear, organized and understandable.
- C. Descriptions are responsive to the purpose of the RFB.
- D. The overall ability of the applicant, as judged by the evaluation committee, to successfully complete the project within the proposed schedule. This judgment will be based upon factors such as budget, project management plan and availability of staff.

Points will be assigned for each item listed as follows:

- 5 Applicant's proposal or capability is exceptional and exceeds expectations for this criterion.
- 4 Applicant's proposal or capability is superior and slightly exceeds expectations for this criterion.
- 3 Applicant's proposal or capability is satisfactory and meets expectations for this criterion.
- 2 Applicant's proposal or capability is unsatisfactory and contains numerous deficiencies for this criterion.
- 1 Applicant's proposal or capability is not acceptable or applicable for this criterion.

The maximum points to be awarded for each proposal section are as follows:

<u>Proposal Component</u>	<u>Weight</u>	<u>Potential Maximum</u>
<u>Score</u>		
Cover Page	Required	Required
Minority Impact Statement	Required	Required
Project Abstract	3	15
Project Narrative	8	40
Key Personnel	4	20
Budget & Budget Narrative	5	25

VI. CONTRACTUAL TERMS

- a. The Contract, which the Department expects to award as a result of this RFB, shall be based upon the proposal submitted by the successful Applicant and this RFB. The Contract between the Department and the successful Applicant shall be a combination of the scope of services, terms and conditions of the RFB, the proposal of the Applicant, and all written clarifications or changes made in accordance with the provisions herein. The Department reserves the right to either award a Contract without further negotiation with the successful Applicant or to negotiate Contract terms with the selected Applicant if the best interests of the Department would be served by negotiation.
- b. Any contract awarded by the Department shall include specific contract provisions and the general conditions effective October 1, 2009 as posted on the department Web site at www.idph.state.ia.us under *Grants, Bids and Proposals* link. Contract terms contained in the general conditions are not intended to be a complete listing of all contract terms, but are provided only to enable applicants to better evaluate the costs associated with the RFB and the potential resulting contract.
- c. The Department expects Contractors to link with the local board of health when providing services supported by Department funding. In particular, Contractors are expected to assist the local board of health in carrying out the three core functions of public health as defined in 641 IAC 77.3 (137): assessment, policy development and assurance. Examples of linking with the board of health include, but are not limited to:
 - Provide environmental and/or health data to the local board of health for the purposes of, and provide assistance in, assessing and analyzing the health status of the community.
 - Submit reports to the local board of health on the effectiveness, accessibility, and quality of services provided.
 - Include the local board of health in establishing policies and plans associated with the services provided. This can be accomplished by establishing a liaison between the Contractor and the board of health or by attending regular meetings of the board of health.
 - Educate the local board of health about the services provided and work with the board to identify target populations in need of the services provided.
 - Be active in the Community Health Needs Assessment and Health Improvement Plan process.
 - Provide the board of health expert input on the services provided and how those services relate to; the health priorities of the community, and health improvement plans to address those priorities.

The Contractor is expected to provide documentation of linkage efforts if requested by the Department.

- d. Results of the review process or changes in federal or state law may require additions or changes in final contract conditions requirements.

VII. APPEAL OF THE AWARD DECISION

Applicants may appeal the award decision by filing a written appeal to the Iowa Department of Public Health within 10 working days of receipt of award decision in accordance with Iowa Administrative Code 641, Rule 176.8. Appeals shall be submitted in writing, return receipt requested, to Stacey Hewitt , Contract Administrator, Division of Administration and Professional Licensure, Iowa Department of Public Health, Lucas State Office Building, Des Moines, Iowa 50319-0075. Appeals must clearly and fully identify all issues being contested and demonstrate what procedures in this proposal were not followed.

In the event of an appeal, the Department will continue working with the selected Applicant pending the outcome of the appeal.