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| |  |  |  | | --- | --- | --- | |  | | | | Text  Description automatically generated |  | **ROY COOPER** • Governor  **KODY H. KINSLEY** • Secretary  **CHARLES E. INGOLD** • Assistant Secretary  **KEN DAHLIN** • Director | |  |  |  | |  |

**Solicitation Addendum**

|  |  |
| --- | --- |
| **Solicitation Number:** | 30-25104-DDS |
| **Solicitation Description:** | Medical/Psychological Consultant Advisors |
| **Solicitation Opening Date and Time:** | October 28, 2024  2:00 PM EST |
| **Addendum Number:** | 1 |
| **Addendum Date:** | October 21, 2024 |
| **Contract Specialist or Purchasing Agent:** | Kerry Blevins  Kerry.Blevins@dhhs.nc.gov |

1. Return one properly executed copy of this addendum with bid response or prior to the Bid Opening Date/Time listed above. Failure to return the signed executed Addendum shall render the vendors entire proposal non-responsive.
2. The Bid Opening will be held on 10/28/24 at 2PM EST at the following link:

<https://teams.microsoft.com/l/meetup-join/19%3ameeting_MjZiNmRiYTEtYTJkYi00YmE0LTg5ZGMtMGViOTNlYzhjYWVi%40thread.v2/0?context=%7b%22Tid%22%3a%227a7681dc-b9d0-449a-85c3-ecc26cd7ed19%22%2c%22Oid%22%3a%22ecefbfe8-af2b-4c05-bf53-7ab5d13c0d24%22%7d>

**Microsoft Teams** [Need help?](https://aka.ms/JoinTeamsMeeting?omkt=en-US)

[**Join the meeting now**](https://teams.microsoft.com/l/meetup-join/19%3ameeting_MjZiNmRiYTEtYTJkYi00YmE0LTg5ZGMtMGViOTNlYzhjYWVi%40thread.v2/0?context=%7b%22Tid%22%3a%227a7681dc-b9d0-449a-85c3-ecc26cd7ed19%22%2c%22Oid%22%3a%22ecefbfe8-af2b-4c05-bf53-7ab5d13c0d24%22%7d)

Meeting ID: 269 633 786 002

Passcode: QMZnof

**Dial in by phone**

[+1 984-204-1487,,343502208#](tel:+19842041487,,343502208) United States, Raleigh

[Find a local number](https://dialin.teams.microsoft.com/c102d528-0544-4660-b869-294e85047e28?id=343502208)

Phone conference ID: 343 502 208#

**Join on a video conferencing device**

Tenant key: ncgov@m.webex.com

Video ID: 115 151 807 8

1. Following are questions received about the solicitation and the State’s answers to the questions.

| **Question #** | **Solicitation Section** | **Vendor Question** | **Agency Response** |
| --- | --- | --- | --- |
| 1 |  | Are there any performance-based penalties? | Yes, if the performance expectations are not met, notice will be given and at least a two-week time period will be provided to improve and if no improvement we will conclude the service contract with that provider. |
| 2 |  | How many vendors does NC DDS expect to award a contract? | Up to 6 |
| 3 |  | Please clarify how needs for contractors will be distributed to vendors post-award, if this is a multi-vendor award? | Contractors will work directly with a DDS point of contact for work distribution. |
| 4 |  | Please provide name of all incumbent providers and their pricing for the services outlined in the RFP. | There is no incumbent as this is a new requirement. |
| 5 |  | Please can NC DDS provide the following information around usage: a. Historical usage by labor category b. Contracted staff hours by year c. Total spend by year d. Current budget for this program e. Anticipated volume of contract staff f. Typical workday hours for each labor category g. Average length of assignment | This is the first time we have used this approach. There is no historical information to provide. |
| 6 |  | How can the new vendor enhance customer satisfaction? | The new vendor can enhance customer satisfaction by meeting or exceeding the performance metrics. |
| 7 |  | Is the state willing to entertain revision/exceptions requests? | We will consider what is submitted. |
| 8 |  | Will the extent of revisions/exceptions requested adversely impact the likelihood of proposal selection? | We would need to know what is requested to determine if it would have an adverse impact. |
| 9 |  | What is the term/length contemplated for vendors to provide services? | This initial contract would be for one year. |
| 10 |  | What managerial structure will be in place relative to staff assigned to state facilities? | Staff will only be assigned to the NC Disability Determination Services and will be assigned a point of contact at this site. |
| 11 |  | Is the state willing to allow for rate/pricing adjustments in the face of unexpected market forces? | No |
| 12 |  | Will the state consider a price increase if services are extended for the additional 1 year term? | Yes |
| 13 |  | Can the state please provide a sample contract for review? | The IFB solicitation document will act as the contract. Awarded contracts may be requested via the FOIA process. |
| 14 |  | May the state please provide the required insurance coverage for 1099 contracted staff? | In work with the NC Disability Determination Services, staff are not required to have insurance coverage, this is an administrative program. They are not practicing or engaging in medical care for disability applicants in this work. |
| 15 |  | Please clarify regarding how information we designate as "trade secret/proprietary information" would be treated by the state? | We will keep confidential any information provided to the state. We would not take action on any information prior to contacting the vendor providing the trade secret/proprietary information with agreement on a plan to move forward. |
| 16 |  | Will the providers staffed under this contract be required to act in a leadership capacity? a.     Is there a higher clinical authority to whom these staff will report? b.     If so, what is that individuals clinical background/degree of training? | No |
| 17 |  | What is the anticipated number of FTEs expected under this contract? | Up to 6 |
| 18 |  | What EMR system is DDS currently utilizing? | DDS does not utilize EMR but rather works within an SSA specific system. |
| 19 | Section 5.1 item 4 | As an agency, we do not have the ability or insight into the program to track a quality rating. Will DDS monitor this with the provider directly? | Yes |
| 20 |  | Given quality metrics outlined in this solicitation, our impression is this IFB is targeted toward providers directly, or provider groups with the ability to monitor quality metrics requiring direct access to patient files. Are staffing firms without these types of capabilities eligible to respond? | Yes, the DDS will monitor quality and provide information to the vendor. |
| 21 |  | Can the state please clarify how situations are handled when a provide completes a case, but follow-up work or review is required? Is this time eligible for billing? | These situations would be related to a quality return on a case moved forward to closure. Therefore, they would not be eligible for billing as it is associated with the case moved forward to closure. This is a pay per case structure, not billable time structure. There is a low number of cases requiring follow up work, estimated at less than 5% of cases. |
| 22 | Section 5.1. #9 | Will the vendor(s) have access on a weekly basis to the reports to verify information? If vendors are to pay based on completeness of reports, how will they know what is approved? Can this information be provided on a weekly basis? | Yes, it can be provided weekly. |
| 23 |  | Are the training hours required to be completed in-person, or remote? If both, please provide anticipated ratio. | Training is required in person |
| 24 |  | Is a temporary medical staffing agency allowed to bid? | Yes |
| 25 |  | Will State of North Carolina be providing any and all psychological testing materials or is that the responsibility of the Vendor? | There are no testing materials required as any psychologist will not administer testing. They would be reviewing testing performed by someone else. |
| 26 |  | Where can we locate the below Attachments for this opportunity? The below documents are not included in the bid document or on the website http://eprocurement.nc.gov/.  a. Completed and signed version of ATTACHMENT D: HUB SUPPLEMENTAL VENDOR INFORMATION  b. Completed and signed version of ATTACHMENT E: CUSTOMER REFERENCE FORM  c. Completed and signed version of ATTACHMENT F: LOCATION OF WORKERS UTILIZED BY VENDOR  d. Completed and signed version of ATTACHMENT G: CERTIFICATION OF FINANCIAL CONDITION | All attachments to the solicitation document are included in the Sourcing Tool. Vendors can download, complete, and upload the completed templates by clicking on References. Questions or issues related to using the Sourcing Tool itself can be directed to the North Carolina eProcurement Help Desk at 888-211-7440, Option 2. Help Desk representatives are available Monday through Friday from 7:30 AM ET to 5:00 PM ET. |
| 27 |  | Is there a HUB goal for this opportunity, and if so, are we required to provide evidence of due diligence to be eligible to bid? | Vendors are required to complete Attachment D 'HUB Supplemental Vendor Information.' Pursuant to G.S. 143B-1361(a), 143-48 and 143-128.4, the State invites and encourages participation in this procurement process by businesses owned by minorities, women, the disable, disabled business enterprises, and non-profit work centers for the blind and severely disabled. This includes utilizing individual(s) from these categories as subcontractors to perform the functions required in this Solicitation. |
| 28 |  | Where can we locate the Terms and Conditions for this bid? | The Terms and Conditions are available as Attachment C via the Sourcing Tool. "North Carolina General Terms and Conditions 11.2023" |
| 29 |  | Would the state consider an hourly rate employee compared to the proposed per completed document rate structure? | No |
| 30 |  | Will the state pay for the required testing materials for evaluations, if required? | Not applicable as this is an administrative role, there is not direct care/evaluation of applicants. |
| 31 |  | What is the DDS' Telework Office Procedure? How do providers meet those criteria? | The criteria is met by meeting the performance criteria in the IFB. |
| 32 |  | What if providers do not meet the average of 1.5 cases per hour? | We will give them at least two weeks to improve and if there is not improvement, we would conclude work with the provider. |
| 33 |  | How is the quality rating determined for case reviews? | Peer Review Internal Quality Assurance, Supervisor Reviews and Federal Quality Reviewers |
| 34 |  | How frequently are DDS meetings in-person? | After the initial training time period of 60 days; 1-2x/month |
| 35 |  | Are any travel costs reimbursed? | No |

**Failure to acknowledge receipt of this addendum may result in rejection of the response.**

Check ONE of the following options:

Bid has not been mailed. Any changes resulting from this addendum are included in our bid response.

Bid has been mailed. No changes resulted from this addendum.

Bid has been mailed. Changes resulting from this addendum are as follows:

**Execute Addendum:**

|  |  |
| --- | --- |
| **Offeror:** |  |
| **Authorized Signature:** |  |
| **Name and Titled (Typed):** |  |
| **Date:** |  |