



OFFICIAL RESPONSES TO VENDOR QUESTIONS
RFP-2020-DPHS-08-SYRIN

No.	Question	Answer
1.	<p>Section 3. Statement of Work, Subsection 3.2. Scope of Services, Part 3.2.4, Subparts 3.2.4.4. and 3.2.4.5.</p> <p>If funded by other sources, are the excluded items/activities permissible? (i.e., If a selected Vendor is providing HIV and HCV testing with test kits from other sources, can their time be covered under the contract?)</p>	<p>Selected Vendor(s) must maintain meticulous income and expenditure reports to ensure clear division of funding sources, and make them available to the Department upon request. Specifically, expenditures must demonstrate federal funds provided for this program do <u>not</u> include the purchases or activities in 3.2.3 of the RFP.</p> <p>The example presented would be permissible only if the HIV and HCV testing kits were not purchased with funds from this award.</p>
2.	<p>Section 3. Statement of Work, Subsection 3.2. Scope of Services, Part 3.2.6</p> <p>A best practice in harm reduction programs is to allow client anonymity. Although a program may request contact information to help clients connect to services through a referral, many are not comfortable providing identifiable information. Although we develop unique IDs to track unduplicated clients, we do not want to be required to collect identifiable contact and medical information as it could run counter to a low-barrier, low-threshold, anonymous environment that is crucial to the successful engagement of individuals who use drugs. With each referral, we plan to offer navigation and linkage services including support with scheduling and transportation.</p>	<ul style="list-style-type: none"> a) Selected Vendor(s) may propose additional or complimentary performance measures but must meet the Performance Measures in Subsection 3.4 of the RFP. b) Selected Vendor(s) must confirm linkage by supporting the patient from referral to the client's receipt of service. Self-report from the client is not sufficient. Linkage to service allows the SSP to build relationships with other programs. c) Absence from program would not be considered successful linkage to a referral.



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	<ul style="list-style-type: none"> a) Would it be sufficient to measure 90% of clients requesting support with linkage to services receive support connecting? b) What does “received linkage” mean? Is self-report by the client sufficient? c) For those clients who successfully engage with substance use treatment from a referral, ideally we would not see them back at the SSP. Can program absence > 30 days after a referral be considered a successful linkage? 	
3.	<p>Section 3. Statement of Work, Subsection 3.2. Scope of Services, Part 3.2.10.</p> <p>The current unique identifier system implemented at many SSPs is not considered HIPAA information given combination of data used in generating the identifier.</p> <ul style="list-style-type: none"> a) Does the department intend to require HIPAA compliant record keeping or only if records kept include HIPAA identifiers? b) Is this necessary if only non-medical services are offered? c) If no billable medical services are required, are medical records on each patient/recipient of services required? d) Would the Department consider modifying terminology from ‘medical records’ to ‘client records’ to clarify that traditional medical records are not required? 	<ul style="list-style-type: none"> a) Only for those “related to all protected health information.” b) For all information “related to all protected health information.” c) Medical records must be maintained if any medical services are provided. d) Medical records must be maintained if any medical services are provided.



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4.	<p>Section 3. Statement of Work, Subsection 3.5. Compliance, Parts 3.5.2. and 3.5.3.</p> <p>Where can information and security requirements as set by the Department be located?</p>	<p>See RFP Appendix A P-37 General Provisions and Standard Exhibits, Exhibit I Health Insurance Portability and Accountability Act Business Associate Agreement and Exhibit K DHHS Information Security Requirements.</p>
5.	<p>Section 3. Statement of Work, Subsection 3.5. Compliance, Part 3.5.4. Credits and Copyright Ownership</p> <p>a) If materials are produced prior to the grant or with other funds, will these resources be exempt from the credits and copyright policy?</p> <p>b) Do contractors need to seek Department permission for any resource provided to clients?</p> <p>c) Regarding 3.5.4.4, can additional copies for distribution be made without express written approval when supply runs out?</p>	<p>a) Yes.</p> <p>b) Yes.</p> <p>c) Yes.</p>
6.	<p>Section 3 Statement of Work, Subsection 3.6 Contract Monitoring Provisions, Part 3.6.5. Statement of Vendor’s Financial Condition</p> <p>Are financial statements, not certified by a CPA, acceptable for organizations who have been in existence for less than 5 years or have historical income under a certain financial benchmarks?</p>	<p>Yes. Please see RFP Section 3 Statement of Work, Subsection 3.6 Contract Monitoring Provisions, Part 3.6.5. Statement of Vendor’s Financial Condition, Subpart 3.6.5.5.</p>
7.	<p>Section 6 Proposal Process, Subsection 6.9. Collaborative Proposals:</p> <p>a) Can a single collaborative proposal propose services on behalf of multiple harm</p>	<p>a) Yes.</p> <p>b) Collaborative proposals are encouraged. See RFP Section 1. Introduction, Subsection 1.1. Purpose and Overview, 2nd paragraph.</p>

**New Hampshire Department of Health and Human Services
Harm Reduction Services within Syringe Service Programs**



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	<p>reduction programs and towns?</p> <p>b) Is it preferred that harm reduction programs propose separately or collectively?</p> <p>c) If a proposal encompasses multiple cities and towns and another proposal covers an overlapping town or towns in the same area, is there an opportunity for Bidders to revise their scope of work/coverage area?</p>	<p>c) No. See RFP Section 1. Introduction, Subsection 1.1. Purpose and Overview, 2nd paragraph and Section 4. Finance, Subsection 4.1. Financial Standards, Part 4.1.2.</p>
8.	<p>Appendix A – P-37 General Provisions and Standard Exhibits, P-37, Section 10. DATA/ ACCESS/CONFIDENTIALITY/ PRESERVATION:</p> <p>Can selected Vendors report data gathered related to services received in the aggregate instead of individual level data to protect client anonymity?</p>	<p>Please see RFP Section 3 Scope of Work, Subsection 3.3 Reporting Requirements. Aggregate data is preferable whenever possible.</p>
9.	<p>General Question:</p> <p>Given the burden of response on all community agencies due to COVID-19, can the submission deadline be extended?</p>	<p>The proposal submission deadline was extended through April 16, 2020, 3:00 PM. Please see Addendum #2 (03/24/20) posted to the Department website.</p>