



**New Hampshire Department of Health and Human Services
COVID-19 Testing and Vaccination Services**

**OFFICIAL RESPONSES TO VENDOR QUESTIONS
RFA-2023-DPHS-05-COVID**

No.	Question	Answer
1.	Section 1. Purpose and Overview, Subsection 1.4. Background, Paragraph 1.4.1. Can the mobile and/or homebased vaccinations be provided for under 5-year- old patients?	Yes.
2.	Section 2. Statement of Work, Subsection 2.1. Scope of Services – COVID-19 Mobile Testing & Vaccination Clinics, Paragraph 2.1.1.1.2. Can the selected vendor utilize CLIA- waived Polymerase Chain Reaction (PCR) tests?	Yes.
3.	Section 2. Statement of Work, Subsection 2.1. Scope of Services – COVID-19 Mobile Testing & Vaccination Clinics, Paragraph 2.1.1.1.2.	Yes.



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No.	Question	Answer
	Can the selected vendor utilize saliva-based collection Polymerase Chain Reaction (PCR) tests?	
4.	Section 2. Statement of Work, Subsection 2.1. Scope of Services – COVID-19 Mobile Testing & Vaccination Clinics. Will the selected vendor be expected to provide surge capacity to support mass testing and/or vaccination sites?	No.
5.	Section 2. Statement of Work, Subsection 2.1, Scope of Services – COVID-19 Mobile Testing & Vaccination Clinics, Paragraph 2.1.1 How many mobile clinics will be deployed per day?	See Addendum #1.
6.	Section 2. Statement of Work, Subsection 2.1, Scope of Services – COVID-19 Mobile Testing & Vaccination Clinics, Paragraph 2.1.1 How many vaccinations per mobile clinic per day are anticipated?	See Addendum #1.



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No.	Question	Answer
7.	Section 2. Statement of Work, Subsection 2.2. Statement of Work – Homebased COVID-19 Services, Paragraph 2.2.1. Which vaccines will the selected vendor be administering?	All COVID-19 vaccine brands that are provided by the Federal government will be provided to the selected applicant.
8.	Section 2. Statement of Work, Subsection 2.1, Scope of Services – COVID-19 Mobile Testing & Vaccination Clinics, Paragraph 2.1.1.2. How many PCR and/or antigen tests per mobile clinic per day are anticipated?	See Addendum #1
9.	Section 2. Statement of Work, Subsection 2.1. Scope of Services – COVID-19 Mobile Testing & Vaccination Clinics, Paragraph 2.1.2. What are the vehicle requirements?	See Paragraph 2.1.2.
10.	Section 2. Statement of Work, Subsection 2.1, Scope of Services – COVID-19 Mobile Testing & Vaccination Clinics, Paragraph 2.1.7.	See Addendum #1.



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No.	Question	Answer
	How many mobile clinics will be deployed per week?	
11.	<p>Section 2. Statement of Work, Subsection 2.2. Statement of Work – Homebased COVID-19 Services, Subsection 2.2.1.</p> <p>How many hours per day and days per week are homebased services needed?</p>	See Addendum #1.
12.	<p>Section 2. Statement of Work, Subsection 2.2. Statement of Work – Homebased COVID-19 Services, Paragraph 2.2.5.</p> <p>Does the selected vendor need to supply syringes?</p>	Yes.
13.	<p>Section 2. Statement of Work, Subsection 2.2. Statement of Work – Homebased COVID-19 Services, Paragraph 2.2.5.</p> <p>How will the vendor be receiving the vaccine doses?</p>	Doses will be direct shipped from the distributor to the selected applicant. The Department also has a limited number of doses that could be used in emergency scenarios; the logistical arrangements for these emergency doses will be made on a case-by-case basis.
14.	<p>Section 2. Statement of Work, Subsection 2.2. Statement of Work –</p>	<p>a) Yes. b) Yes.</p>



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No.	Question	Answer
	<p>Homebased COVID-19 Services, Paragraph 2.2.5.</p> <p>a) Will we need to store vaccines overnight? b) Will we be responsible for maintaining the cold chain?</p>	
15.	<p>Section 2. Statement of Work, Subsection 2.2. Statement of Work – Homebased COVID-19 Services, Paragraph 2.2.6.</p> <p>Does staff providing telehealth support need to be located within the State of New Hampshire?</p>	See Addendum #1.
16.	<p>Section 2. Statement of Work, Subsection 2.3. Statement of Work – Applicable to Subsections 2.1. and 2.2., Paragraph 2.3.2.</p> <p>Is the selected vendor required to report negative test results to the state?</p>	Yes.
17.	<p>Section 2. Statement of Work, Subsection 2.3. Statement of Work – Applicable to Subsections 2.1. and 2.2.</p>	Please see Subsection 2.3.40.



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	<p>Paragraph 2.3.40. Communication and outreach.</p> <p>What communication methods are needed for community outreach?</p>	
18.	<p>Section 2. Statement of Work, Subsection 2.2. Statement of Work – Homebased COVID-19 Services, Subsection 2.2.44.</p> <p>How will the homebased services team(s) assigned work be determined?</p>	<p>The selected vendor will utilize the coordination center as outlined in 2.3.44.</p>
19.	<p>Section 2. Statement of Work, Subsection 2.5. Compensation.</p> <p>Is the Department’s intent to compensate for each vaccination and test(s)?</p>	<p>Please see Subsection 2.5.</p>
20.	<p>Section 2. Statement of Work, Subsection 2.5. Compensation.</p> <p>Is the Department requesting 3 mobile teams and 1 additional homebased services team but only 3 vehicles?</p>	<p>Three (3) mobile teams and one (1) additional homebased service team for a total of four (4) vehicles.</p>



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21.	Section 2. Statement of Work, Subsection 2.5. Compensation, Paragraph 2.5. What is the total price limitation?	See Addendum #1.
22.	Section 2. Statement of Work, Subsection 2.5. Compensation. Will the selected vendor have to bill insurance?	The vendor will bill the Department directly –no insurance will be billed.
23.	General Question Where will services be provided?	Statewide, as directed by the Department. The focus will be on areas which currently have a low vaccine uptake and areas without sufficient vaccine access.
24.	General Question What are the contingencies for incimate weather?	Clinics and home-based appointments must remain open unless directed by the Department, cancelled by the host community location, or the homebased vaccine recipient.
25.	General Question Is the Department interested in also offering flu vaccines?	No.
26.	General Question	Yes, see below:



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	Is there an incumbent vendor(s) for these services?	https://sos.nh.gov/media/pbchgiox/023-gc-agenda-03232022.pdf https://sos.nh.gov/media/nk3pz3wr/039-gc-agenda-122221.pdf
27.	General Question - Appendix A – P-37 Standard Exhibits; Exhibit J; Form A, Question 4. “The names and compensation of the five most highly compensated officers in your business or organization are as follows” Is provision of this information mandatory?	This is dependent upon the answers of Exhibit J, Questions 2 and 3.