



**HOWARD COUNTY, MARYLAND  
OFFICE OF PURCHASING**

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**ADDENDUM NO. 1**

April 15, 2016

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**Request for Proposals No. 22-2016  
Health Management Database  
Opening Date: April 27, 2016 Time: 11:00 a.m.**

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This addendum is hereby made a part of **Request for Proposals No. 22-2016**. Please note the following change and attachment as a result of the pre-proposal conference on April 7, 2016, and submit the proposal accordingly.

**Changes/Clarifications/Information/Questions**

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Delete Section E, Paragraph 2.1.4.9, in its entirety.

See the attached pre-proposal conference sign-in sheet.

1. **Question:** Since the original agreement period is for 1 year and renewable for 4 years in one year increments does that mean the contract value is for the 1 year and then renewable at that schedule for each subsequent year renewed?  
**Answer:** The Estimated Contract Value \$100,000 – 250,000, Section D, Paragraph 10, of the solicitation is the estimate for the first year of the contract.
2. **Question:** Will the bulk of the work be performed at your location or at our office location and delivered?  
**Answer:** The bulk of the work can be performed at the Contractor's location and delivered.
3. **Question:** It sounds like the solicitation seeks a cloud based solution, is this true?  
**Answer:** No. The County will accept either a locally installed solution or cloud based.
4. **Question:** Are there any claims processing or is this more of a membership database that monitors access to services available?  
**Answer:** There will be no claims processing. Users of the system (and the database) will be skilled providers at partner organizations/agencies.
5. **Question:** Can personal experience for a small company just starting out be in lieu of corporate experience?  
**Answer:** Please refer to the solicitation: Section D, Paragraph 5, Contractor's Qualifications.
6. **Question:** The Howard County (211) CRM is based on what platform, (ie. Oracle, Sibel)?  
**Answer:** MSSQL (Microsoft CRM + MSSQL). However, the applicant's solution does not have to be MSSQL. The Contractor's solution may use anything that supports ODBC connectivity.
7. **Question:** Does the (211) synced to the CRM with referrals?  
**Answer:** Unknown at this time, 211 is offered by the County Office of Citizen Services.
8. **Question:** Can you provide the Howard County HHS- Matrix Screening Criteria for CBO's?  
**Answer:** Categories for social determinants of health are: employment, food insecurity, housing, access to care, transportation, education, and health which are the validated risk-assessment screening questions that we desire.
9. **Question:** Does a Service Disabled Veteran Owned Small Business Qualify for the "DBE" Designation?

**Answer:** Contractors are not required to be certified as a Disabled Business, Minority Business, or a Women Owned Business to submit a proposal to the County. Please contact our Equal Business Opportunity Coordinator, Mahesh Sabnani at 410-313-3694 or [msabnani@howardcountymd.gov](mailto:msabnani@howardcountymd.gov), with additional questions.

10. **Question:** RFP Section D - 3.1.1 – Please clarify who (the vendor, Howard County Health Dept., other) will update the support resources.

**Answer:** The Contractor will need to have a system to update resources. In addition to this, partner organizations/agencies may also update their own information.

11. **Question:** RFP Section D - 3.1.2 – Would you provide a sample listing of the CBO’s that will be involved in this pilot project?

**Answer:** Key organizational drivers will be the County Health Department, County Government and Howard County General Hospital. A list of community-based organizations (“CBO/s”) have been developed, which is estimated at 6-10.

12. **Question:** RFP Section D - 3.1.6 – Does the County intend to pay for any software licenses for the CBO’s involved in this pilot project?

**Answer:** The County will explore options that will remove any barriers to participating in this project for CBOs.

13. **Question:** RFP Section D – 3.1.7 – What are the County’s policy and standards with allowing partners such as CBO’s access to a County IT application? Is multi-factor authentication required?

**Answer:** If the application houses medical data (such as first name, last name and the inquired medical service) then multifactor authentication shall be used.

14. **Question:** RFP Section D - 3.2 – Would the County please define which assessment methods are preferred and/or acceptable as a validated risk-stratification tool?

**Answer:** We can provide category areas but we will consider risk-stratifications with each proposal. Categories for social determinants of health are: employment, food insecurity, housing, access to care, transportation, education, and health which are the validated risk-assessment screening questions that we desire.

15. **Question:** Would the County further describe metrics that would be useful for the users of this system?

**Answer:** No additional information is currently available as discussions on this have just begun.

16. **Question:** RFP Section D - 3.7 – Would the County please clarify and describe the “rating system for user”?

**Answer:** The trained providers with access to the software application will have the ability to self-report their perception of an agency to which they referred a client, give a 1-5 star-rating, much like a “customer review” on Amazon, Zagat, YELP. This self-report may be based upon their own interaction or a client’s feedback about an interaction with the agency.

17. **Question:** RFP Section D - 4.5 – Would the County please clarify experience working in the state of Maryland is a preference or a requirement.

**Answer:** The County desires experience in the state of Maryland.

18. **Question:** RFP Section D - 10 – Would the County please clarify that the estimated contract value is for 12 months. Also, if any funds from fiscal year 2016 will be used.

**Answer:** The Estimated Contract Value \$100,000 – 250,000, Section D, Paragraph 10, of the solicitation is the estimate for the first year of the contract. Funds from fiscal year 2016 will be utilized.

19. **Question:** RFP Section F Price Proposal Page – Please clarify if the County requires pricing in the exact format as shown in the “Price Proposal Page”, page 23 of the RFP, or if the vendor can list deliverables and pricing associated with their proposal.

**Answer:** The County requires pricing only on the items listed on the Price Page, Section F, of the solicitation.

20. **Question:** RFP Section F - 2.1.4.9 - Please clarify the vendor’s responsibility for the following “and, describes the Contractor’s understanding of the pedestrian needs and pedestrian facility conditions in the County, the challenges of retrofitting existing suburban development and providing integrated pedestrian networks for new suburban development and increasingly urban redevelopment in select activity centers.”

**Answer:** Section E, Paragraph 2.1.4.9, is now deleted in its entirety.

21. **Question:** Section D, 3.1.6: Enables CBOs to access and update their own resource information 24 hours a day, 7 days a week (“24/7”) and 3.1.7 Enables user to enter new resource 24/7 with mechanism for sustained updates. Would these 1.1.6 and 1.1.7 include access from both the web site and mobile software application?  
**Answer:** At minimum, access shall be possible from the Internet, whether access is obtained on a desktop, smartphone, iPad, or tablet product.
22. **Question:** Section D, 3.2 Assessment and Referral Platform shall include: 3.2.1 Validated risk-stratification tool for client-centered support needs. Built-in chronic disease risk assessment tools (e.g., for pre/diabetes or pre/hypertension) and social support needs assessment tool (e.g., housing, food, transportation, mental health, etc.) Risk-stratification questionnaires and their associated results can be collected and analyzed within the platform. Will Howard County provide the validated risk-stratification information for chronic disease and social support needs assessment to include in the tool?  
**Answer:** The County will consider risk-stratifications with each proposal.
23. **Question:** Section D, 3.2 Assessment and Referral Platform shall include: 3.2.1 Validated risk-stratification tool for client-centered support needs. Built-in chronic disease risk assessment tools (e.g., for pre/diabetes or pre/hypertension) and social support needs assessment tool (e.g., housing, food, transportation, mental health, etc.) Risk-stratification questionnaires and their associated results can be collected and analyzed within the platform. Which assessment method(s) will be used to analyze the risk-stratification information? Adjusted Clinical Groups (ACG), Hierarchical Condition Categories (HCC), Elder Risk Assessment (ERA), Chronic Comorbidity Counts (CCC), MN Tiering, Charlson Comorbidity Measure.  
**Answer:** The County has not decided yet, but will be considering this with each proposal.
24. **Question:** 3.5 In addition to English, the solution must be multi-lingual, specifically Spanish and Korean. Do both the web site and mobile software application need to be multi-lingual or just the mobile software application?  
**Answer:** Primarily the website shall be multi-lingual, minimally in Spanish and Korean.
25. **Question:** 3.9 HIPPA/HITECH compliant data exchange, were applicable. HI-TRUST certification approved. Can you elaborate more on the HI-TRUST certification approved. Does the architecture/tools that are being used to build the Health Management Database be currently HI-TRUST certified prior to contract award or is the HI-TRUST certification to be implemented during development in order for certification to be achieved at completion of the system?  
**Answer:** This can be implemented during development. But it shall be certified by the time the platform goes live.
26. **Question:** There is an absence of limitation of liability language which is often included in commercial arrangements for system implementations as well as reflected in other counties’ IT services contracts. Will the County consider a reasonable liability cap if reasonable exclusions are also accommodated?  
**Answer:** There is no limit of liability.
27. **Question:** There are multiple sections in the RFP containing indemnification obligations that do not provide a legal fault (i.e., negligence) standard as a “trigger” for the Contractor’s indemnification obligations to the County. (See RFP p. 6, Section 18 of the Purchase Order Terms and Conditions and p.32, Section 13.1 of sample Agreement). Will the County be willing to accept a legal fault standard for indemnification obligations (other than IP indemnification obligations) imposed on the Contractor awarded the work?  
**Answer:** Please refer to Section E, Paragraph 5, of the solicitation, “If the Contractor cannot meet the terms, conditions and/or specifications of the solicitation, the Contractor must furnish a statement on company letterhead giving a complete description of any exceptions to the terms, conditions, and specifications. Failure to furnish the statement means that the Contractor agrees to all terms, conditions and specifications. Exceptions taken do not obligate the County to change the terms, conditions and/or specifications. Exceptions to the terms and/or conditions and/or to the County’s standard Agreement may be sufficient cause for rejection of the proposal.”
28. **Question:** It is unclear from the language in the RFP and its underlying terms and conditions whether the County is seeking to acquire IP ownership rights of the proposed web based management tool that most closely meets the needs of the County. In lieu of acquiring IP ownership rights, will the County be willing to enter into a broad license agreement with the Contractor for the web based management

tool, including entering into separate, direct licensing agreements with any third party vendors whose IP is incorporated into the final integrated solution proposed by the Contractor? (See RFP p. 5, Section 13 of Purchase Order Terms and Conditions; p. 31, Section 3.5 of the sample Agreement; and p. 33, Section 20 of sample Agreement).

**Answer:** Please refer to Section E, Paragraph 5, of the solicitation.

29. **Question:** In lieu of the requirement that the County be specifically named as an additional insured on the required insurance policies, will the County be willing to accept additional insured status via a blanket endorsement? (See RFP pp. 15-16, Section 14.5 of Specifications). We also request that the County eliminate the additional insured endorsement requirement for the workers' compensation and employers' liability coverage, as this does not conform to industry practice. (See RFP pp. 15-16, Sections 14.3 and 14.5 of Specifications). We also request the County limit the documents requested to evidence proof of the required insurance coverage to industry standard ACORD Certificates of Insurance, as most insurance policies contain confidentiality provisions prohibiting disclosure of the policy or any parts thereof, including the declaration page. (See RFP pp. 15-16, Section 15.4 and p. 32, Section 8 of sample Agreement).

**Answer:** Please refer to Section E, Paragraph 5, of the solicitation.

30. **Question:** Does the County anticipate use of Federal funds? (See RFP p. 33, Section 19 of sample Agreement).

**Answer:** No.

31. **Question:** Other Departments in the County are currently engaged with similar systems such as Coordinated Services for Homeless Services, the Provider Information Network, and the required use of Service Point and the Impending AHC Initiative. How is the Health Management Database going to intersect with these existing networks?

**Answer:** In the pilot phase of the program, the County has not considered interfacing with other databases due to the complexities of porting fields and possible additional costs & business agreements; however, the County may be interested in interfaces after the pilot year and as it determines next steps of the initiative. If a proposal includes a process of integration, this will be considered in the selection process.

32. **Question:** Item No. 3.1.5 states: "Resources on the database platform shall span the County, and the neighboring Maryland jurisdictions surrounding the City of Baltimore and Washington, D.C." Often grant funding for CBOs is required to give priority to residents of the funding county. How does the Department expect that this database will interact with other non-Howard county referral services?

**Answer:** No. The County is part of a large and fluid metropolitan area where our residents seek services inside and outside Howard County and providers have sites inside and outside the county.

33. **Question:** The County has had an opportunity to receive a demonstration of the product provided by one of the participants in the Bidders' Conference. Will other potential vendors have an opportunity to provide a demonstration to the county?

**Answer:** Yes. The County will view demonstrations of products similar to what is being requested in the RFP, by Contractors who advance to the final stage of the review process.

34. **Question:** Will the Health Management Database use a county-wide coordinated screening tool for eligibility or will end users be required to complete secondary screening post-referral from the Health Management Database?

**Answer:** This has not been determined yet. However, participating organizations/agencies may need to conduct two screenings.

35. **Question:** Has the County completed requirements definition? If so, is a requirements document available for review? What other documents will the county provide to the contractor?

**Answer:** No. None at this time.

36. **Question:** What is the decision making and approval structure within the county for the project?

**Answer:** Please refer to the solicitation: Section D, Paragraph 16, "Evaluation of Offers".

37. **Question:** The RFP calls for 24X7 availability. Will the County provide the necessary infrastructure including system software (web/ application servers, identity management, database software etc.) Is the infrastructure in a county data center or outsourced (cloud/ managed data center)? Can the technical specifications/ architecture be provided prior to submission of proposal?

**Answer:** Contractor shall provide infrastructure for the software application.

38. **Question:** Will the County provide development and test environments (Servers, development/ test tools and software, database software, work stations etc.) to the contractor to develop, test and

maintain the software? Can the technical specifications/ architecture be provided prior to submission of proposal?

**Answer:** Not at this time.

39. **Question:** Does the County have a preferred technical architecture/ technical reference architecture (web, database, middleware, development standards, etc.) for the system?

**Answer:** No, the Contractor shall provide the software application.

40. **Question:** What are the expected Deliverables for the project (Requirements Documentation, Design, Test Plans, User Manuals etc.) and per what standards/ formats?

**Answer:** Please refer to the solicitation.

41. **Question:** The project has been classified as \$ 100,000 to \$250,000. Does this also include items 3 thru 6 in Section F (The pricing proposal page in Section F)? Which items were included in the indicated cost estimate?

**Answer:** Yes, all items on the Price Page, Section F, were included in the Estimated Annual Contract Value.

42. **Question:** Are there currently any customer survey documents used by the County for risk stratification?

**Answer:** Not specific and comprehensive of the risk-stratification screening that the County desires for this initiative.

43. **Question:** Will each CBO be required to enter into an agreement with the County?

**Answer:** This is undetermined at this time.

44. **Question:** Will the County provide/require a vetting process for each CBO?

**Answer:** The County will determine and invite all participating CBOs to the project.

45. **Question:** How many administrative staff from the County will be using the system?

**Answer:** Estimated at 10-20.

46. **Question:** Given the system will be available to all residents of Howard County, what is the anticipated number of simultaneous citizens using the system?

**Answer:** The current vision of the system is such that it will not be accessed by residents but by trained professionals at participating organizations / agencies.

47. **Question:** Will the County provide an extension to the proposal due date to allow vendors additional time to develop proposals?

**Answer:** No.

48. **Question:** Section 3.2.2. What is meant by “bi-directional” tracking of referrals? Please identify each of the envisioned “directions” and describe any associated functionality.

**Answer:** Bi-directional refers to being able to track referrals from the initiating agency as well as the receiving agency.

49. **Question:** Please clarify the definitions for the following terms, as used in the RFP: a. Client, b. User, c. CBO (provide examples and a sense of scope of services covered) d. End User.

**Answer:** a. Client (a person seeking services at an organization / agency); b. User (trained professionals at service organizations/agencies participating in this project); c. CBO (can be a either an organization in the resource database OR a participating organization/agency in this project); d. End User (ultimately, the benefactor of this system will be the clients, but administratively can also be the User).

50. **Question:** Section 3.2.1. Please clarify what is meant by a “validated risk stratification tool.” Also, please explain how resulting stratification should ideally effect system operations.

**Answer:** A validated risk-stratification tool uses patient-level screening questions that are known to be peer-reviewed and clinically-validated to follow an algorithm of subsequent questions that further define an individualized risk score in the category. The risk score will then prompt the resources in the category of risk which can support the patient and help create a personalized resource referral listing. Risk categories for social determinants of health include: employment, food insecurity, housing, access to care, transportation, education, and health which are the validated risk-assessment screening questions that we desire.

51. **Question:** Section 3.2.1. Would it be sufficient to simply determine whether a client has ever been diagnosed with particular conditions (e.g. pre-diabetes, diabetes, pre-hypertension, hypertension), or is the preference for assessing the risk factors that may ultimately lead to those conditions (ex. sedentary lifestyle, high sodium intake, etc.)?
- Answer:** The County is not diagnosing disease. We hope to reliably link clients to area resources to improve their individualized social deficits that negatively impact their health, regardless of their specific disease. Risk categories for social determinants of health include: employment, food insecurity, housing, access to care, transportation, education, and general health.
52. **Question:** Section 3.2.4. The RFP requires the system to support care coordination between users, CBOs, and clients. Please describe the scope of functionality that is presently envisioned in this regard. If possible, please provide some example scenarios of the extent of coordination that would be desired.
- Answer:** The software shall allow User1 to electronically refer a client to CBO1 in the software application-identifying the specific client (by name or unique ID number, etc.) and including reason for referral. Then CBO1 should notify User1 when the client accesses/completes enrollment, bidirectional acknowledgement of referral and referral completed. Additionally, the County would like to see data where CBO1 completed client referral but also referred to CBO2 and CBO3. Data for that unique client would show referrals and referral completions to User1, CBO1, CBO2, and CBO3. Possible scenario: Howard County Health Department (“HCHD”) refers a Mr. Smith to Healthy Howard (“HH”) for insurance enrollment. HH sees the Mr. Smith 2 days later and sends a message to HCHD in the software application stating Mr. Smith is enrolling in Medical Assistance. HH also notes that Mr. Smith may be eligible for food stamps and refers him to Department of Social Services (“DSS”), he also needs transportation assistance so he is referred to NeighborRide (“NR”). When accessing the software application, HCHD, HH, DSS, and NR all see that Mr. Smith was referred (date/time) to each agency, he was seen at HH (date/time), but has not been seen at DSS or NR yet.
53. **Question:** Section 3.2.5.1. The RFP requires the resulting system to support reporting of client progress. Please clarify the following: a. Who will need to have access to the reports? b. What is the scope of “progress” information that will be available in the report?
- Answer:** Users designated as “Administrators” at HCHD and at each CBO would need access to reports (estimated 10-20 Administrators). Progress can include #clients enrolled in the applications by HCHD and each CBO, #referrals to/from each CBO, #completed referrals to/from each CBO. It would also include technology reports of usage issues, hardware, software, user issues and solutions. “Progress” data should also provide evidence for proof of concept and return on investment.
54. **Question:** Section 3.2.5.1. The RFP requires the resulting system to support reporting of client progress. Please clarify the following: a. Who will need to have access to the reports? b. What is the scope of “progress” information that should be available in the report? c. How is it envisioned that the progress data will be gathered (ex. manual entry vs. automated updating through integration with third party system)?
- Answer:** See previous answer. Automated data updating would be preferred.
55. **Question:** Is there an expectation that the system will be able to track or have access to consolidated health records for an individual?
- Answer:** No.
56. **Question:** Please describe any integrations that are presently being envisioned with respect to third party systems and/or third party data.
- Answer:** This has not been determined at this time.
57. **Question:** Section 3.5. Please confirm that it will be sufficient to accommodate multi-lingual functionality, and furthermore confirm that actual translation of content will remain beyond the scope of the contract.
- Answer:** In addition to English the product must be multi-lingual, specifically Spanish and Korean.
58. **Question:** It is assumed that some functionality will be accomplished within the system, and that clients would likely eventually need to be passed-off to third party resources (ex. system used by a treatment center). Please clarify the following: a. What is the point at which the pass-off to other systems is anticipated? b. What would need to be accomplished before the pass-off? c. What would need to be accomplished after the pass-off?

- Answer:** CBO's in each category of social determinants of health will be included users in this pilot initiative. CBO's outside of the pilot users may be informed of the initiative and may participate through phone or paper. Considerations of these instances will be determined as the pilot progresses.
59. **Question:** Section 3.8. Please describe the required scope of texting functionality? Please describe some typical scenarios where texting functionality would be desirable.
- Answer:** Texting resources to clients/client support persons; confirming appointments with clients; considerations of further uses of texting will be determined as the pilot progresses.
60. **Question:** Section 3.8. What is the scope of email/newsletter functionality that is desired? Please describe some typical scenarios where email functionality might be needed/required.
- Answer:** Emailing resources to clients/client support persons, confirming appointments with clients, emailing CBO designees that a referral has been sent/a referral client has accessed services. Considerations of further uses of emailing will be determined as the pilot progresses.
61. **Question:** Section 3.9. There is a requirement for HIPAA/HI-TECH data exchange with HI-TRUST certification. Please describe some of the scenarios where this type of exchange might be required.
- Answer:** This product largely addresses the ability to send and receive feedback on qualified referrals. Therefore the amount of patient specific information collected will dictate the need for HIPAA / HI-TECT Standards.
62. **Question:** Section 3.13. There is a requirement for data visualization. Please describe any standard visual reports that might be required.
- Answer:** Clients enrolled in the applications by HCHD and each CBO, referrals to/from each CBO, completed referrals to/from each CBO. It would also include technology reports of usage issues, hardware, software, and user issues and solutions. "Progress" data should also provide evidence for proof of concept and return on investment.
63. **Question:** Section 3.13. The RFP indicates that "end users" will be able to access reports/graphs. What is meant by "end user" in this context? Who are the end users, and what types of report data should they be able to access?
- Answer:** In this context, End Users are administrators of the program including the Howard County Health Department. Reports will include summary of various metrics.
64. **Question:** Section 4.5. The RFP indicates that bidders should ideally have experience working with health care institutions in the State of Maryland. Please confirm that similar background with health care institutions other state will be fully acceptable and treated as equally relevant and valid.
- Answer:** Working in Maryland and with healthcare institutions in Maryland are a preference not a requirement.
65. **Question:** Sections 4.4. and 9. The RFP indicates that the contract will be for a period of one year, plus four option periods (up to five years). However, the RFP also makes reference to implementing a "pilot test." Is there a possibility of a pilot test occurring for less than a one-year period, and if so, how should any relevant adjustments to pricing and fees be articulated (since price page only seems to account for one-year scenario)?
- Answer:** The pilot year is planned for one-year.
66. **Question:** Sections 1.1, 2, 3.1.1, 3.2.2. The explanation of product functionality under section 3 seems to clearly address the notion of a database of existing resources (i.e., available services). Section 3 also clearly indicates that usage of available services will need to be tracked (i.e., services that are actually used). However, sections 1.1 and 2 also address the notion of a tool that can accommodate a "gap analysis" and "need assessment." How does the County envision data about "need" being gathered, vs. data about service usage? Please describe any necessary functionality in this regard.
- Answer:** The software application and its usage will provide the data to provide an estimated-gap of resources, access to care, and utilization of resources in the County. Further analysis of software application data will be conducted by HCHD.
67. **Question:** Section 1.2. The RFP seems to include a requirement for tracking the "success" of referrals. How is "success" defined in this context? What operations, functionality, and/or integration will need to be supported in order to determine "success?"
- Answer:** "success of referral" indicates a client was referred to a CBO and completed access to and/or enrollment for services with that CBO. The software should allow User1 to electronically refer a client to CBO1 in the software application-identifying the specific client (by name or unique ID

number, etc.) and including reason for referral. Then CBO1 should notify User1 when the client accesses/completes enrollment...bidirectional acknowledgement of referral and referral completed. Additionally, we are hoping that we can see data where CBO1 completed client referral but also referred to CBO2 and CBO3. Data for that unique client would show referrals and referral completions to User1, CBO1, CBO2, and CBO3. Possible scenario: HCHD refers a Mr. Smith to HH for insurance enrollment. HH sees the Mr. Smith 2 days later and sends a message to HCHD in the software application stating Mr. Smith is enrolling in Medical Assistance. HH also notes that Mr. Smith may be eligible for food stamps and refers him to DSS, he also needs transportation assistance so refers to NeighborRide (NR). When accessing the software application, HCHD, HH, DSS, and NR all see that Mr. Smith was referred (date/time) to each agency, he was seen at HH (date/time), but has not been seen at DSS or NR yet.

68. **Question:** Section 2. Please describe the nature of the “client-specific interview data.” What is meant by this expression?

**Answer:** Client-specific interview data will be obtained from the validated risk-assessment screening questions and some further personalizations entered by a trained software application user. Example: Mrs. Smith is 57 years old, lives alone, rents apartment (housing), no transportation, uses son for rides or bus system(transportation), has access to food and working kitchen (food insecurity), income \$16-19,000 annually, receives husbands SSI, not working(employment), has health insurance and PCP for COPD, arthritis, smoker and trying to quit (health), completed HS and some college (education).

69. **Question:** Please clarify the scope of client profile data that will be necessary within the system. (ex. Name, contact information, and what else?)

**Answer:** This has not yet been determined. At minimum a client name will need to be collected.

70. **Question:** The RFP makes reference to tracking “referrals” between organizations. Please confirm that these are not akin to official health care referrals, as may be required by an insurance agency.

**Answer:** Referrals are to community resources in the categories for social determinants of health, including: employment, food insecurity, housing, access to care, transportation, education, and health.

71. **Question:** Does the County have any means to assist in outreach to CBO’s in order to ensure the most comprehensive listing of CBO’s?

**Answer:** The County will facilitate this as much as possible through existing communication and partner networks.

72. **Question:** Should CBO’s be able to self-register for the platform and create their own listing? If not, please describe any necessary workflow that will be associated with CBO registration.

**Answer:** That would be an option for consideration, but will then need a CBO template in the software application and technical assistance.

73. **Question:** The Price Proposal calls for Participating Partner Coordination Support (Section F, Price Proposal Page). What does the agency anticipate this would involve? Will the vendor be responsible for regular CBO outreach and listing updates, or just handling exceptions? What activities does the County imagine is included in “referral coordination”?

**Answer:** Yes, regular CBO outreach to confirm listing updates. Referral coordination: The software should allow User1 to electronically refer a client to CBO1 in the software application-identifying the specific client (by name or unique ID number, etc.) and including reason for referral. Then CBO1 should notify User1 when the client accesses/completes enrollment...bidirectional acknowledgement of referral and referral completed. Additionally, we are hoping that we can see data where CBO1 completed client referral but also referred to CBO2 and CBO3. Data for that unique client would show referrals and referral completions to User1, CBO1, CBO2, and CBO3. Possible scenario: HCHD refers a Mr. Smith to HH for insurance enrollment. HH sees the Mr. Smith 2 days later and sends a message to HCHD in the software application stating Mr. Smith is enrolling in Medical Assistance. HH also notes that Mr. Smith may be eligible for food stamps and refers him to DSS, he also needs transportation assistance so he is referred to NeighborRide (NR). When accessing the software application, HCHD, HH, DSS, and NR all see that Mr. Smith was referred (date/time) to each agency, he was seen at HH (date/time), but has not been seen at DSS or NR yet. Data to demonstrate referral coordination can include #clients enrolled in the applications by HCHD and each CBO, #referrals to/from each CBO, #completed referrals to/from each CBO. It would also include

technology reports of usage issues, hardware, software, and user issues and solutions. Data should also provide evidence for proof of concept and return on investment.

74. **Question:** Are there established chronic disease risk assessment models that the agency would like to replicate? E.g. Your Disease Risk, from Siteman Cancer Center.

<http://www.yourdiseaserisk.siteman.wustl.edu/YDRDefault.aspx?ScreenControl=YDRGeneral&ScreenName=YDRHome.htm>

**Answer:** All proposed risk assessment models will be considered.

75. **Question:** How broad should the risk assessment be? Please provide a list of all “risks” that are considered within the scope of the evaluation?

**Answer:** We are not diagnosing disease. We hope to reliably link clients to area resources to improve their individualized social deficits that negatively impact their health, regardless of their specific disease. Risk categories for social determinants of health include: employment, food insecurity, housing, access to care, transportation, education, and health which are the validated risk-assessment screening questions that we desire. A validated risk-stratification tool should use patient-level screening questions that are known to be peer-reviewed and clinically-validated to follow an algorithm of subsequent questions that further define an individualized risk score in the category. The risk score will then prompt the resources in the category of risk which can support the patient and help create a personalized resource referral listing.

76. **Question:** Is it an expectation that all functionality in Section 3 be present at launch, or could they be built out over time?

**Answer:** It is not expected for all functionality to be present at the start of the contract. It is expected that there will be a period of development once the contract formally begins.

77. **Question:** How has the estimated contract value been determined?

**Answer:** The value was determined based upon one-time available funding.

78. **Question:** After reviewing the SOW and planned budget, it would be very difficult to come up with competitive rates for this amount of work and stay within budget. Is there any possibility of an increase in budget?

**Answer:** The initial budget is based on one-time available funding. There is the possibility for additional funding in subsequent years. The availability of funds beyond the first year has not been finalized.

All other specifications, terms and conditions remain the same.

Please acknowledge addenda by signing below and returning with the proposal. Failure to acknowledge this addendum may be cause for rejection of the proposal.

**ADDENDUM RECEIVED BY:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Title

*SJL*

# Pre-Proposal Conference

## RFP-22-2016 Health Management Database

April 7, 2016 at 1:30 p.m.

Fourth Floor, Room No. 401

IT IS IMPORTANT TO COMPLETE THE GRAY AREAS OF THIS FORM AS IT WILL ASSIST HOWARD COUNTY'S ONGOING EFFORTS TO OBTAIN MBE/DBE/WBE PARTICIPATION.

PRINTED NAME OF REPRESENTATIVE	COMPANY NAME	IS YOUR COMPANY EBO/MBE CERTIFIED?	TELEPHONE & FAX NUMBER	E-MAIL ADDRESS	INTERESTED IN BEING A SUB-CONTRACTOR? CHECK HERE
OLU HASSAN	KORAK HEALTHSOURCE GROUP	✓	410 856 1212 202 552 0222 FAX 302 250 4763	ohassan@korak.com	✓
IRINA VISHNEVETSKY	VERSATECH	✓	443 804 2802	irina@versatechinc.com	✓
LARRY WOLTER	LIVANTA LLC	✓	240 712 4510	LWOLTER@LIVANTA.COM	✓
Manik Bhat	Healthify	✓	937-903-8545	manik@healthify.us	✓
JEFF TAYLOR	GREEN BEACON SOLUTIONS	No	703-328-1252	jtaylor@greenbeacon.com	✓
AKINTOYE SHOETAN	Magnificus Corp	Yes	202-484-6242 202-484-6243	ashoetan@magnificuscorp.com	✓
Kelly Johnson	RSM US LLP	No	410-570-6219	Kelly.johnson@rsmus.com	
Marion Sarah Haas	FEI Systems	No	443 270 5119	marion.haas@feisystems.com	
Chris White	FEI Systems	No	443 270 5124	chris.white@feisystems.com	
STEPHEN MARTIN	FEI SYSTEMS	No	301-693-4761	STEPHEN.MARTIN@FEISYSTEMS.COM	
Ronald E. Scott	MS Technologies	Yes	301-367-3214	RONALD.E.SCOTT@MSTECHNOLOGIES.COM	✓
JOHN CHENS	WILLIAMS CONSULTING LLC	Yes	240-476-3049	jchens@williamsconsultingllc.com	✓
Raul Medrano	AQUAS, Inc	Yes	301-654-4000	rmedrano@aquasinc.com	✓
Haudita G	AP Vendores	Yes	301-760-7276	bids@apvit.com	

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Theresa Boyle	AP Ventures	yes	443-542-9188	tboyle@apvrit.com	
Yaphet Talley	Planet Technology	NO	410-733-4333	ytalley@go-planet.com	yes
RAJAN NATARAJAN	TechnoGen Inc.	YES	301-801-3157	Rnatarajan@Technogeninc.com	YES
Laurie Benzings	Interlypse Inc	NO	443 459 4600	Laurie.Benzings@interlypse.com	yes or prime
Don Linnell	ZenLogic, LLC	NO	410-707-7477	dlinnell@zenlogic.com	YES
Phillip DeLeonibus	TechnoGen, inc.	Yes	(443) 924-9188	pdeleonibus@TechnoGenInc.com	yes
Jan Hauck	Uvanta	NO	443-812-1612 Cell	jhauck@uvanta.com	
Allison Hartrick	ITnova	Yes	443-906-6072	ahartrick@itnovaconsulting.com	Yes
Q.C. Jones	TMI Solutions	Yes	301-352-8471	qcjones@tmi-solutions.com	Yes
Antigone Vickery	HCo Health Dpt	—	410-313-5839	avickery@howardcountymd.gov	n/a
ELIZABETH MENACHERY	HCHD	—	410-313-7226	emenachery@howardcountymd.gov	n/a