General Questions

1. What is the current monthly cost to the State for these services?

   **Response:** The average monthly expenditure amount for the GUHH contract is $16,765.

2. Could you please make available by hard copy or an electronic copy of the current contract with the present vendor. Additionally, could you make available the present vendor’s and all other responders’ proposals for the last time this RFP was bid?

   **Response:** The current contract and/or past proposals may be requested under the Freedom of Information Law (FOIL). If you wish to access a record under the Freedom of Information Law (FOIL), you must make your request in writing via mail, fax or e-mail to:

   Records Access Office  
   New York State Department of Health  
   Corning Tower Room 2348  
   Albany, New York 12237-0044  
   FAX: (518) 486-9144  
   E-mail: foil@health.state.ny.us.

3. Other than standard re-bid requirements, are there any other reasons for releasing this RFP?

   **Response:** No.

Section B.1. Background – Growing Up Healthy Hotline

4. Will the current Hotline 800 and TDD/TTY telephone numbers be turned over to the new contractor?

   **Response:** Yes. The Department contracts for 800 and TDD/TTY numbers and services. Calls to these numbers will be directed to the successful bidder.
5. Who is the current contractor and how long have they been providing this service?

Response: The Association for the Blind and Visually Impaired (ABVI) is the current contractor. In 2005, ABVI acquired The Health Association, which held the GUHH contract since 1996.

6. The last paragraph on page 4 mentions a referral protocol. Is the protocol system-wide (i.e., one overarching standard protocol) or are there specific protocols for each program to which a referral might be made? Would the State provide an example of the referral protocol?

Response: Each program has a specific referral protocol, which is outlined by program managers in discussion with the vendor or through training of hotline staff. There are similarities among protocols such as a program description, advising callers of eligibility criteria for services, locations where callers may receive services and other contact information. Tele-counselors do not follow a script, but instead engage callers in a conversation in order to ascertain their needs and provide the appropriate information and referrals to meet those needs. Yes, an example of a referral protocol is provided (Attachment 1).

7. The RFP states that “Information is provided based on a written program summary and an information and referral protocol. No medical or other advisory type of information is provided by the Hotline tele-counselors.” Please provide more detail about what this means. Will the DOH initially supply these summaries and protocols for the contractor to update, or is it up to the contractor to develop them? Does this mean that tele-counselors can only respond to calls according to what is on the summaries and protocols?

Response: Tele-counselors receive guidance from each program on how to respond to callers. This may include on-site training, a description of the program, eligibility for services, how certain situations are to be handled, locations of agencies where callers may receive services, and contact information for the Department’s central and regional office staff. This can be done as written summaries, an information and referral protocol, or brochures and other program materials. Tele-counselors are required to respond using these materials so as to provide accurate and consistent information to callers. Medical advice or advisory information must not be provided by Hotline tele-counselors.
8. Are the tele-counselors required to stick to the information provided by the Department of Health?

**Response:** Yes. Tele-counselors are required to give consistent information to all callers using information and materials provided by the Department.

9. The Hotline currently has an information and referral database as developed by the incumbent vendor. This RFP requests that the potential new contractor develop and maintain a new database, which will be turned over to the DOH at the end of the contract term. Additionally, during the transition period, the DOH will provide an electronic copy of the information included in the database (as developed by the present vendor.) Shouldn’t the current database belong to the DOH, if so, couldn’t the “new” contractor receive a copy of the existing database? Or, work with the incumbent vendor (possibly paying a development fee) for access to the database?

**Response:** The referral database belongs to the Department and the successful bidder will receive an electronic copy. Using the referral database, the successful bidder is expected to develop and maintain an electronic information storage and retrieval system from which information can be readily accessed and used to respond to callers’ inquiries.

10. The RFP states that “DOH will provide the contractor with updates to the database related to DOH programs on a periodic basis.” What types of updates will the contractor be required to provide, and how often?

**Response:** Updates to the database are provided by staff associated with the respective programs. These may include updates to service locations and contact information, and are periodically provided in electronic format.

11. Will the current contractor’s software and database, or only the information contained in it, be turned over to the contractor selected through this procurement process?

**Response:** Only the information contained in the current database will be provided to the contractor selected through this process. The contractor is expected to integrate the database into a management system, which will permit ease of retrieval to respond to callers’ inquiries.

12. May we have a copy of the file layout for the existing referral resource directory? This would be very helpful in determining how much time will be needed for completing this portion of the conversion.

**Response:** A copy of the file layout for the existing resource directory is attached (Attachment 2).
13. “The contractor selected will be required to create and maintain a similar database. The software and content of this database will be turned over to DOH at the end of the contract period”. If our existing call center used a comprehensive call center software, for example by RelayHealth, we would have to import previous call data into our existing software. Can you provide example file formats for this data import?

**Response:** Yes, previous call data would have to be imported and an example of the file format can be provided.

14. At the end of the contract period, the document indicates that we would have to turn over the software and content to DOH. Would it be acceptable if a similar file export that included caller transactions and information on services and profile, and not the actual proprietary software product be turnover to the DOH?

**Response:** Yes.

15. The “GUH Hotline is to maintain a limited inventory of DOH publications.” Does the DOH supply the contractor with brochures, at a cost?

**Response:** DOH provides printed materials on various health topics to the contractor at no cost. DOH will provide an initial supply of materials and the contractor is responsible for notifying DOH when the inventory needs to be replenished.

16. What documents can be ordered? Can you provide us with samples of all documents that need to be mailed? Is the preferred method to direct them to the appropriate web site to review or download the information?

**Response:** Periodically, materials related to a media campaign may be available to callers and approximately one percent of callers receive a DOH publication in response to the inquiries. When appropriate, the preferred method is to mail materials to callers.

17. Previous call volumes are quoted. Can you also provide a break down of average calls per hour or provide information about the peak hours?

**Response:** Eighty-five percent of the total calls are received between 8am and 5pm, twelve percent between 5pm and 11pm and three percent between 11pm and 8am. Eighty-three percent of the calls are received during the week Monday through Friday and seventeen percent are received during weekends.
Section B.2. Background – Women, Infants and Children Electronic Mail

18. Will the required web domain and e-mail address need to be linked to existing DOH/WIC sites? As such, will the domain need to be similar in structure or name for continuity? If so, are there similar domain names available for use by a non-state or federally affiliated entity?

Response: It is expected that the successful bidder will develop the web domain and e-mail address, which will be used, and that the DOH will promote the e-mail address on media materials and via links on its web site. They do not need to be linked to the DOH/WIC sites and do not need to be similar in structure or name for purposes of continuity.

19. This paragraph indicates “the NYSDOH WIC Program receives approximately 100 inquiries from consumers per month via the USDA and the NYSDOH websites.” Would the Department please clarify its vision of how these e-mails would be forwarded to the contractor for response? Will an e-mail address be published at these websites, or can it be a link to a “contact form” online where the consumers can type in their inquiries?

Response: The Department intends to post links on its website that will link to the URL of the contractor to send e-mail inquiries. A link to the contractor’s site explaining how to e-mail inquiries or a contact form is preferred.

20. Will the web domain be part of the current DOH web site with the e-mails routed to us? If not, is it acceptable for a distinct web domain to be provided by us, yet when the user clicks on the domain, the complete URL name may include our facility web address? Or would you prefer that a new, distinct domain be registered by contractor for this purpose and turned over at the end of the grant cycle?

Response: No. The contractor should provide a distinct web domain. It is not necessary that the domain be turned over to the Department at the end of the contract term.

21. Will you be setting up a domain as GUH@health.state.ny.us which will automatically route the e-mails to the contractor’s domain, providing brand continuity for the GUH program in publications and advertising?

Response: No.

22. Who is responsible for the graphical design and ongoing maintenance of the web site?
**Response:** A separate web site does not need to be maintained. The contractor should be able to accept e-mails. If a separate web site is maintained for purposes of accepting e-mail inquiries, it will be maintained by the contractor with the approval of the Department.

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**Section C.1. Detailed Specifications – Eligible Bidders**

23. The RFP indicates numerous times that the bidder must be authorized to operate in New York State. Does this requirement still apply if the bidder intends to conduct all activities outside of New York State?

**Response:** Yes.

24. Section C.2.3 states No answering machines are to be used and section C.2.4 states interactive voice response can be used to transfer to a live attendant. Can the contractor front end the calls with a voicemail/call processing option which would then transfer to a live attendant?

**Response:** An interactive voice response unit with operator escape to live attendant may be used. However, at least ninety-four percent of calls must be picked up by a live attendant within 30 seconds.

25. Once the call is answered by a live attendant, can the caller be put on hold? If so, is there a limit to the amount of time that a caller can remain on hold?

**Response:** Callers cannot be put on hold.

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**Section C.2. Detailed Specifications – Performance Requirements**

26. Please clarify the P-6 grade of service. Is this a New York State Civil Service Employment Classification Code? If so, may we receive a copy of the job description and candidate requirements to identify our internal equivalent grade?

**Response:** “P-6 grade of service” refers to the percentage of callers that encounter a busy signal. During the busiest time, callers must get a live answer – not a busy signal – at least 94% of the time.
Section C.3  Detailed Specifications – Implementation and Administration

a. Staffing

27. As the contractor is expected to have the GUH Hotline and WIC e-mail components fully operational by July 1, 2008, including staffed by trained tele-counselors, will any advance payments (i.e., prior to the contract start date of July 1, 2008) be permitted? It appears that an implementation period should be included in the contract.

**Response:** Advance payments are not permitted for this contract. Bidders can factor costs associated with the start up, administration, implementation and oversight into the cost proposal. Please refer to pages 15 - 17 of the RFP.

28. What is the current staffing plan (i.e., number of FTEs by position) for the GUH Hotline?

**Response:** Payment is per completed calls and staffing levels are determined by the contractor. However, the successful bidder must ensure sufficient staff are available to meet performance, staffing and quality improvement requirements outlined in the RFP.

29. How much advanced notice is provided when DOH will run a Public Service Announcement or other marketing event?

**Response:** The Department’s Public Affairs Group conducts media campaigns on various programs throughout the year. Advance notice will be given when the hotline contractor manager is notified that campaigns using the hotline numbers are about to be initiated.

b. Database Development and Maintenance

30. Will the DOH identify the list of service providers for source data?

**Response:** Yes.

c. Call Intake Process

31. Do you permit anonymous caller? If so, is there a standard on the percentage of anonymous?

**Response:** All calls to the Hotline are confidential and callers are not required to give identifying information. However, the Hotline contractor is
required to document characteristics of callers including gender, language spoken, how the caller heard about the hotline and county of residence, along with the type of call, WIC, family planning etc. Based on the performance of the current contractor, the expectation is this information would be obtained in over ninety-five (95) percent of all completed calls.

32. Since “no medical or other advisory type of information is provided by the Hotline tele-counselors (page 4) for callers in crisis, may we refer the caller to speak with our telephone triage nurses contained in same call center using same database for documentation?

**Response:** No. The Growing Up Healthy Hotline is an information and referral hotline, which provides information about public health, health care, and other health and human services for women, teens, children and families based on an established protocol. No medical or other advisory information is provided by the Hotline tele-counselors, unless specifically requested to do so by the Department. Callers in crisis should be referred according to program protocol, if appropriate, directed to speak with their physician or assisted to obtain emergency services, if needed.

d. **E-Mail Response Process**

33. Will the contractor be required to enforce the highest level of security on all out-going emails? If yes, then for how long will the contractor be required to keep all transaction tracking information?

**Response:** Yes. E-mails containing personal information must be encrypted. Electronic copies must be kept long enough to meet the reporting requirements of the program (to generate statistical reports). Hard copies must be kept for 7 years.

34. Will the contractor be required to store in-coming and out-going email messages for more then 30 days?

**Response:** See response to question 33.

e. **Reporting**

35. What formats are acceptable for data transfer (excluding dBASE)? Are text files acceptable?
Response: Standard formats including MS Excel and Access files are acceptable with the approval of the Department. A text file is not an acceptable format.

36. Will phone calls and e-mails be included on the same report or would the State prefer separate reports?

Response: Phone calls and e-mails may be included in the same report. The successful bidder must be able to meet requests for separate reports of phone and e-mail inquiries.

37. The summary reports are to be submitted in a PDF format. For the accompanying file containing individual records, would a MS Word file suffice?

Response: The accompanying file must be submitted in a dBase format. An MS Word file is unacceptable. Refer to question 35.

38. The RFP states that the reports should be accompanied by dBASE files. Since Windows has become the standard operating system, would Access or Excel files be acceptable in place of dBASE files?

Response: Yes, with the approval of the Department.

39. This paragraph states that the resource directory must be available in hard copy. Other than the Department are there any other entities that would require a complete hard copy? If so, how many?

Response: The successful bidder should expect to make two copies of the resource directory available to the Department on an annual basis. In addition, the resource directory must be available as PDF and MS Word documents.

40. How much of this resource directory is provided by DOH versus the call center?

Response: The Department will make information in the current resource directory available to the successful bidder, who will establish a process to routinely update the database with information from programs and other sources.

41. The document indicates that marketing materials must be approved by DOH prior to their use. Otherwise there isn’t much mention of marketing. Is it expected that the contractor assumes a portion of the GUH marketing
Response: The successful bidder is not expected to assume any portion of hotline marketing. However, should materials developed by the contractor refer to Growing Up Healthy Hotline services, the Department reserves the right to approve those materials prior to their use.

42. “Contractor must submit all contract-prepared materials, including marketing materials, fact sheets, articles, etc., to the DOH for review and approval prior to their use.” Under which circumstances would the contractor need to develop, design, and print DOH publication materials?

Response: See response to question 41.

43. The RFP refers to contractor-prepared marketing material. Is the contractor expected to market the Hotline telephone numbers, the e-mail address, and/or any other aspects of the program? If so, what aspects? Earlier in the RFP (Section B.2., 5th paragraph on page 5, it indicates, in relation to the e-mail address, that “the Department will promote in publications, media, and other activities as appropriate.” Please explain.

Response: The contractor will not be expected to market the Growing Up Healthy Hotline, or to develop, design or print DOH publications. The Department’s Public Affairs Group conducts media campaigns on various programs throughout the year. The Department’s media campaigns may utilize the Growing Up Healthy Hotline and/or the WIC e-mail address as appropriate.

f. Quality Improvement

44. Do you have a preferred metric for staff effectiveness?

Response: The Bidder should assess the effectiveness of staff through on-going monitoring and performance evaluation. The Department will review the successful bidder’s effectiveness in meeting performance and implementation and administration requirements as a proxy for staff effectiveness.

45. Do you desire digital call recording as a method for quality review?

Response: Digital call recording is not a requirement. However, bidders may propose quality improvement options, which ensure the highest performance standards are maintained.
Section D - Proposal Requirements

46. This paragraph indicates that a cover letter should be included with the proposal. However, it does not seem to be included in the outline/proposal layout that follows. Should the cover letter be submitted as unnumbered pages before the cover page? If not, please explain where and how the cover letter should be submitted.

Response: A cover letter on the bidder’s letterhead and signed by an official authorized to bind the bidder to the provisions contained in the proposal should be included with the technical proposal. The cover letter does not need to be numbered. The cover letter serves as an introduction of the bidder’s organization to the Department of Health and should include a brief description of the bidder’s organization and its mission, and how the bidder’s proposal satisfies the Detailed Specifications and Proposal Requirements set forth in the RFP.

47. If a bidder is planning to subcontract, when should the subcontractor agreement be submitted to the DOH, i.e., with the proposal or after contract award?

Response: Clause O of the Appendix D, General Bid Specifications states that Subcontracting by the contractor shall not be permitted except by prior written approval and knowledge of the Department of Health. Page 12, Section C states "...Describe the background, experience and structure that qualify the bidder and if applicable, its subcontractor(s) to undertake the functions and activities required in this RFP (Subcontractor agreements will require prior DOH approval)."

To evaluate a proposal that contains a subcontract, it would be necessary to disclose the proposed subcontract in the Proposal to clearly describe the work that the subcontractor is hired to do, and to determine if the subcontractor is capable of doing it.

48. How much money has been allocated by the Department to fund this contract?

Response: The current amount allocated for this contract is $201,180 a year.
Section E - Administrative Information

49. Should the bid form be included with the cost proposal?

**Response:** Yes.

50. The DOH requests proof of financial ability in the form of audited financial statements, D&B reports, etc., be included with the proposal response. Will the DOH accept certified tax returns from small business concerns? This item also requests a “Department of State Registration”; please clarify. Are you seeking proof of that a vendor is registered to do business in the State of New York, as such, will you accept certification by the New York State Office of General Services? Or. Do you only require certification that a vendor is registered to do business in the state in which they are domiciled?

**Response:** The bidder must demonstrate financial ability and capability. If the Bidder has not had an audit, or had audited financial statements prepared, certified income tax returns and other documents may be submitted to prove financial stability. Department of State registration is defacto if a NYS corporation. An out-of-state corporation would need to get a Department of State registration to demonstrate authorization to conduct business in NYS. A certification from the NYS Office of General Services and registrations to conduct business from other States may be submitted, but a NYS Department of State Registration must also be submitted. See page 6 of the RFP.

Attachments

51. Would a GANTT or PERT chart be acceptable in lieu of Attachment 8?

**Response:** No, bidders are required to complete Attachment 8, Growing Up Healthy Hotline Work plan Worksheet.

52. If the answer to the above question is no, will the State please provide a more detailed explanation of how this document is to be completed along with a definition of what the column titled Methods of Evaluation should include?

**Response:** Column 1 of Attachment 8, Growing Up Healthy Hotline, provides 11 measurable objectives that address the Detailed Specifications and Proposal Requirements described in the RFP. In Column 2, Activities Related to Objectives, bidders should describe the activities to be completed in order to meet the stated objectives. In Column 3, Time Frame, the bidder should provide dates for completing each activity, and in
Column 4, Person(s) Responsible, bidders should identify the person responsible for ensuring that each activity is completed. In Column 5, Methods of Evaluation, bidders should describe how attainment of the stated objectives will be assessed.

53. Attachment 9. Please confirm that the name, signature, and date section at the bottom of the page is for the Department’s use.

**Response:** The lines for Reviewer’s Name, Reviewer’s Signature and Date, at the bottom of Attachment 9, Growing Up Healthy Hotline and Electronic Mail Component Cost Proposal, are for the Department’s use.

**Questions Asked During Bidders Conference Call**

54. Regarding interruption of hotline services, what happens if there is a bomb scare and staff have to leave the building? Do you expect the successful bidder to have a redundant alternate site that will immediately come on line?

**Response:** Page 7 of the RFP speaks to power outages and emergency plans in the event of a power failure. There is no specific requirement for system redundancy to address such a situation. However, bidders may propose redundant systems, which address different circumstances and guarantee uninterrupted operation of the hotline. In this scenario, where personal safety is the priority, a messaging system could alert callers to the hotline that an emergency situation is in affect and the hotline will resume services shortly.

55. Is there a set aside or preference for nonprofit or disadvantaged businesses?

**Response:** No.

56. If the telephone lines go down through no fault of the contractor, what would be required of the contractor?

**Response:** Page 7 of the RFP speaks to power outages and emergency plans in the event of a power failure. While there is no specific requirement for a redundant phone system, bidders may propose options, which guarantee uninterrupted operation of the hotline.

57. When will the RFP be rewarded and how much time will the vendor have to prepare for the July 1, 2008 deadline?

**Response:** Proposals are due September 21, 2007 and the review process requires approvals, which are internal and external to the
Department. The plan is to award the contract as soon as feasible in order to provide the successful bidder with sufficient time to implement the hotline by July 1, 2008.
Growing Up Healthy Hotline Referral Protocol Example

1) The caller asks the operator about the Orthodontia Program.

2) The operator asks the caller if they have Medicaid or PHCP

3) If the caller has Medicaid or PHCP, the operator asks them in what county they reside

4) The caller is provided with the names of 3 dentists or orthodontists as close to them as possible. This is done on a rotating basis. In other words, the first caller would get the names of dentists/orthodontists 1-3, the second caller would get the names of dentists/orthodontists 2-4, and so on.

5) If the operator can not provide the caller with the names of 3 dentists or orthodontists in their county, they then ask the caller what other nearby counties they might be willing to travel to for services

6) If the caller does not have Medicaid or PHCP, the operator explains to them that they need to meet the financial requirements to be eligible.

7) If the caller believes they are eligible, the operator provides them with the phone numbers for their local Department of Social Services coordinator and PHCP coordinator.

8) If the caller has private insurance, the operator tells the caller to access their provider handbook to learn which providers accept their insurance.
Information is organized and entered in the Growing Up Healthy Hotline information and referral database in the following manner:

**Agency Page**
- Name of program and location of main agency
- Address of site
- Phone numbers that apply
- Agency Director

**Agency Information**
- Program Description

**Site Page**
- Program and site name
- Site address
- Phone numbers that apply
- Site Director

**Site Narrative Page**
- Area Served
- Hours
- Program Description

**Service Group Page** (Service Group refers to a cluster of taxonomy terms, and relates to the services offered by the program, and to related services for which a caller may be eligible. Not collected for all listings in the database, but the following fields are available when needed):

  Documentation Requirements of Program
  - Birth Certificate
  - Personal ID
  - Proof of Income
  - Proof of Residency

  Eligibility Requirements of Program
  - No requirements
  - Income Guidelines
  - Program Description
  - Website
**Service Site Page** (This is a description of how the information is organized. Information is housed in Categories or Keywords.)

- **Service group name** (for example, for Service Group Name “Sexual Assault Prevention,” the accompanying taxonomy terms are Contraception/Emergency Contraception, Sexual Assault Hotlines, and Sexual Assault Prevention.)
- **List of sites**
- **Services for the site**
- **Areas served**
- **Matchlist phones** (Matchlist phones show up on the matchlist generated when a search is done on a specific service group name and geographic area.)