Request for Qualification 30-200508
Overview

Iris Cooper, OPCG
June 26, 2020
Agenda

• Background and Timeline
• Outcomes to Date and Next Steps
• Request for Qualification (RFQ)
• Qualification Criteria
• How to Respond to the RFQ
• Other Items of Note
• Task Orders
Background

• On May 29, 2020, the Department released a Request for Qualification (RFQ) to support the Department’s effort in combatting COVID 19 specifically seeking qualified vendors in the following areas:
  – High-throughput Testing
  – Directed/Mobile Testing
  – Contact Tracing
  – Reserve Laboratory Capacity

• DHHS is seeking to establish a qualified pool of vendors in the above areas

• Preference in awarding Task Orders will be given to those vendors in the qualified vendor pool who can
  – Meet the service delivery requirements
  – Are minority owned or partner with minority owned subcontractors
  – Have a racially and ethnically diverse workforce
  – Have demonstrated cultural and linguistic competency to engage with historically underserved communities
## Procurement Timeline

<table>
<thead>
<tr>
<th>KEY ACTIVITY</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Posting of RFQ</td>
<td>May 29, 2020</td>
</tr>
<tr>
<td>Submit written questions to DHHS</td>
<td>June 4, 2020 2:00PM ET</td>
</tr>
<tr>
<td>DHHS Posting of responses to questions</td>
<td>June 5, 2020</td>
</tr>
<tr>
<td>Submit Response to RFQ</td>
<td>June 12, 2020 2:00PM ET</td>
</tr>
<tr>
<td>Complete Evaluation of Offeror Applications</td>
<td>June 17, 2020</td>
</tr>
<tr>
<td>Notify Qualified Offerors</td>
<td>June 19, 2020</td>
</tr>
<tr>
<td>Task Order Issuance</td>
<td>As needed</td>
</tr>
<tr>
<td>Posting of RFQ- Round 2</td>
<td>June 17, 2020</td>
</tr>
<tr>
<td>Submit Responses to RFQ – Round 2</td>
<td>July 1, 2020 2:00PM ET</td>
</tr>
</tbody>
</table>
Outcomes to Date

• In response to the RFQ, DHHS received 227 questions from Vendors
• Responses were posted via Addendum 2 (available as attachment for RFQ 30-200508-1)
• DHHS received 52 applications/proposals from Vendors
• A tabulation/listing of all Vendors who responded was posted to the State’s Interactive Purchasing System (IPS)
• An internal evaluation team reviewed all responsive proposals
• DHHS qualified Vendors for the areas as follows
  – High-Throughput Testing/Directed/Mobile Testing Lab Reserve Capacity 7 Vendors
  – Contact Tracing 20 Vendors
  – 14 of the qualified vendors are minority owned businesses
• A listing of all Vendors qualified was posted to IPS on 19 June 2020
Next Steps

• Interested Vendors will be able to apply for consideration on the following dates
  – 1 July
  – 1 August
  – 1 September
  – 1 October

• Questions can be submitted to DHHS 15 days prior to the Submission date, i.e. 15 June if you plan to submit 1 July, or 15 July if you plan to submit 1 August

• DHHS will post Questions and Answers to IPS prior to each submission date

• DHHS strongly recommends you review the Questions & Answers already posted
The RFQ

• Responses to the RFQ do NOT create a binding contract
• The RFQ serves to qualify vendors for the respective Service Areas
• DHHS will issue Task Orders (as the need arises) to qualified vendors either on a competitive or sole source basis
• Detailed requirements, deliverables and pricing will be managed at the Task Order Level
• Once a Vendor is qualified for a specific service area, the Vendor need not apply again unless the Vendor wishes to apply for an additional service area
Qualification Criteria

• Ability to rapidly hire qualified and trained staff who can demonstrate racial, ethnic, cultural and linguistical competencies which reflect the communities the Offeror might serve

• Experience with the type of services specified in the RFQ including the handling of disease specimens

• Prior performance with similar work

• Prior experience working in North Carolina. There is a strong preference for North Carolina-based or headquartered organizations.

• Proven capacity to deliver the project requirements on time and on budget

• Minority owned business or have a racially, ethnically, culturally and linguistically diverse workforce

• Performed similar scope of work in underrepresented communities/Historically Marginalized Populations

• Laboratory must be CLIA-certified or CAP accredited

• HIPAA compliance
How to Respond

• Cover Letter

• Title Page: Include the company name, address, phone number and authorized representative along with the Request for Qualification Number.

• Completed and signed version of EXECUTION PAGES, along with the body of the RFQ, and signed receipt pages of any addenda released in conjunction with this RFQ (if required to be returned).

• ATTACHMENT A: INSTRUCTIONS TO OFFERORS

• ATTACHMENT B: NORTH CAROLINA GENERAL CONTRACT TERMS AND CONDITIONS

• Completed and signed version of ATTACHMENT D: LOCATION OF WORKERS UTILIZED BY OFFEROR

• Completed and signed version of ATTACHMENT E: CERTIFICATION OF FINANCIAL CONDITION
How to Respond (continued)

• Completed version of ATTACHMENT G: QUALIFICATION STATEMENT FORM

• Complete Attachments G-1 Qualification Questions for Viral Testing (High Throughput and/or Directed/Mobile), G-2 Qualification Questions for Antibody Testing (High Throughput and/or Directed/Mobile), G-3 Qualification Questions for Contact Tracing, and/or G-4 Qualification Questions for Laboratory Reserve Capacity as applicable for the components Offeror is seeking qualification;

• Completed version of ATTACHMENT H: KEY PERSONNEL INFORMATION

• Completed and signed version of ATTACHMENT I: CERTIFICATIONS

• Completed and signed version of ATTACHMENT J: BUSINESS ASSOCIATE ADDENDUM

• Historically Underutilized Businesses
How to Respond (continued)

• SEPARATE DOCUMENT (NOT INCLUDED IN THE RESPONSE ITSELF): If necessary, a list of Offeror issues or proposed alternative language concerning State Terms and Conditions (see Section 2.2 NOTICE TO OFFERORS REGARDING TERMS AND CONDITIONS for additional information).

• Completed version of attachment K: Supplemental Offeror Information – Historically Underutilized Businesses

• NOTE:
  − It is critical that you follow the submission instructions in Section 2.5 and 2.4 Response Submittal
  − Incomplete submissions will be disqualified and not considered/evaluated
Other Items of Note

• Section 3.2, **CONFIDENTIALITY AND PROHIBITED COMMUNICATIONS DURING EVALUATION**
  − Except as initiated by the Department, During the evaluation period (date of responses opened until qualification notice is issued) Offerors are prohibited from having any communication with any person inside or outside the using agency or issuing agency

• Read the RFQ, all attachments and all Addenda in their entirety

• Where signatures are required, ensure you submit the signed document

• Addenda generally will require a signature to acknowledge receipt and must be included with the submission of the application

• Read each Task Order request in its entirety

• It is the Offeror’s responsibility to review all documentation and provide a complete response

• Adhere to the timelines – if a submission is due at 2pm – it means 2pm
Task Orders

• Section 3.2, CONFIDENTIALITY AND PROHIBITED COMMUNICATIONS DURING EVALUATION
  − During the evaluation period (date of responses opened until qualification notice is issued) Offers are prohibited from having any communication with any person inside or outside the using agency or issuing agency

• Read the RFQ, all attachments and all Addenda in their entirety

• Read each Task Order request in its entirety

• It is the offeror’s responsibility to review all documentation and provide a complete response

• Much of the required information in this RFQ is required by Statute so we cannot waive these clauses or certifications
Task Orders for Contact Tracing may require the following:

- Adhering to and implementing contact tracing practices defined by the Local Health Departments and DHHS.

- Securely logging and documenting of the contact’s personal information and health data (i.e. input to NC EDSS platform or Microsoft testing and contact tracing platform).

- Follow-up on leads of contacts via telephone and/or in person and conducting contact interviews.

- Referring for COVID-19 testing as appropriate.

- Hiring individuals with cultural or linguistic capabilities in proportion to the percent population of the COVID-19 diagnosis within the communities which are impacted by COVID-19.

- Participating in and coordinating the training of staff in for example, HIPAA, understanding contact tracing principles and best practices, system or technologies needed to trace and track potential contacts.
Contact Tracing (continued)

• Identifying social service and community resources or supports a contact may need while in isolation or quarantine and coordinating or providing information regarding local options and next steps for COVID-19 patients; vendors may be asked to specifically assist in securing those needed and appropriate resources when necessary, including referrals to non-congregate isolation shelter options in coordination with the county.

• Directing, as appropriate, Cases or Contacts for COVID-19 testing or other clinical services which the Case or the Contact may need.

• Document all call or contact information according to standard operating procedures.

• In some cases, the Offeror may be requested to provide digital phone software and licenses to enable the Contact Tracers, and Case Investigators, to perform remote telephonic contact tracing, for in-bound and out-bound calls.

• In some cases, staff may need to provide their own equipment (e.g. laptops, tablets).
Testing & Laboratory Reserve

Task Orders for Testing and Laboratory Reserve Capacity may include:

• Testing volume & laboratory reserve: While the capacity to test depends on the need, DHHS seeks Offerors who have the capability to deploy “high throughput” testing sites (MINIMUM of 100 tests/day per site with a minimum deployment of 10 sites simultaneously across the state (1000 tests per day)). The Offeror must provide these tests in addition to existing testing capacity and these tests cannot replace current laboratory projected capacity.

• Directed or mobility capability: DHHS seeks Offerors who have the capability to rapidly deploy to specific locations to meet the rapidly evolving and changing testing needs of DHHS and communities. Offerors must be able to provide testing services (at a MINIMUM 50 tests per day) by specific location as directed by DHHS based on need, by community, county, region.

• Understanding and addressing the needs of historically marginalized populations: To combat COVID-19, DHHS seeks Offerors who can overcome historical and contemporary social and economic constraints to reduce the infection rates of North Carolina, especially in those communities who face disproportionate infection rates.

• Coordination with community organizations: DHHS seeks Offerors that operate within, have existing relationships with or can rapidly develop partnerships with entities in communities who face disproportionate infection rates.
− Coordination with the public, safety-net health care providers, and clinical health systems: DHHS seeks testing Offerors that can closely coordinate with the existing health care infrastructure in the communities it serves, including Local Health Departments, Health Systems, medical homes and Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs).

− Utilization of DHHS and Local Health Department (LHD) technical and data infrastructure: DHHS seeks those testing Offerors who are supportive of and have the ability to utilize the existing DHHS data and technical platforms - including using DHHS and LHD training and Microsoft testing and contact tracing platform.
Questions?