



STATE OF TENNESSEE  
 TENNESSEE STATE VETERANS' HOMES BOARD

**REQUEST FOR PROPOSALS # 32399-00317-EO  
 AMENDMENT # ONE  
 FOR RESPIRATORY CARE SERVICES**

**DATE: June 13, 2016**

**RFI # 32399-00317-EO IS AMENDED AS FOLLOWS:**

1. **This RFI Schedule of Events updates and confirms scheduled RFI dates. Any event, time, or date containing revised or new text is highlighted.**

EVENT	TIME (central time zone)	DATE	
1. RFP Issued		May 26, 2016	Confirmed
2. Disability Accommodation Request Deadline	2:00 p.m.	June 1, 2016	Confirmed
3. Notice of Intent to Respond Deadline	2:00 p.m.	June 2, 2016	Confirmed
4. Written "Questions & Comments" Deadline	2:00 p.m.	June 7, 2016	Confirmed
5. State Response to Written "Questions & Comments"		June 13, 2016	Updated
6. Response Deadline	2:00 p.m.	June 20, 2016	Updated
7. State Completion of Technical Response Evaluations		June 23, 2016	Updated
8. State Opening & Scoring of Cost Proposals	2:00 p.m.	June 24, 2016	Updated
9. State Notice of Intent to Award Released <u>and</u> RFP Files Opened for Public Inspection	2:00 p.m.	June 27, 2016	Updated
10. End of Open File Period		July 5, 2016	Updated
11. State sends contract to Contractor for signature		July 6, 2016	Updated
12. Contractor Signature Deadline	2:00 p.m.	July 13, 2016	Updated

2. **State responses to questions and comments in the table below amend and clarify this RFP.**

Any restatement of RFP text in the Question/Comment column shall NOT be construed as a change in the actual wording of the RFP document.

QUESTION / COMMENT	STATE RESPONSE
<p>1. Is this project currently under contract? What is the name of the agency that is currently providing Respiratory Therapists Services for this contract?</p>	<p>This is a new service to be offered at the Tennessee State Veterans' Homes ("TSVHs"). There is no current contract and no contractor currently providing these services.</p>
<p>2. What is the current hourly rate, if under contract?</p>	<p>None.</p>
<p>3. How many hours per week are currently billed for these services?</p>	<p>None.</p>
<p>4. Are these full-time positions? In regards to the facilities listed located below, how many hours of respiratory care per week is the Agency requesting, per facility:</p> <p>a. Humboldt _____ Hours/Week?</p> <p>b. Knoxville _____ Hours/Week?</p> <p>c. Murfreesboro _____ Hours/Week?</p> <p>d. Clarksville _____ Hours/Week?</p> <p>Will there be set weekly hours for the respiratory therapists in each of the four facilities?</p>	<p>This is a new service to be offered at the TSVHs and the State does not guarantee that it will request any specific number of hours of services. However, the State anticipates that the hours requested by the TSVHs would be approximately 10 - 15 hours per week per facility at the outset and that hours would fluctuate thereafter depending on demand for respiratory care services at each TSVH facility. As an independent contractor, the Contractor will set the weekly hours for the respiratory therapists based on its determination of how to allocate its workforce to best satisfy contractual requirements.</p>
<p>5. Are you wanting therapists for each facility or will therapists be required to travel?</p>	<p>The State wishes to offer respiratory care services at all of the long-term care facilities operated by the Tennessee State Veterans' Homes Board. The State would expect such services to be provided as needed and requested by the TSVHs. As an independent contractor, the Contractor will determine how best to allocate its workforce to satisfy these and any other contractual requirements.</p>
<p>6. Will the facilities require staffing on "facility recognized" holidays? Do the facilities anticipate having a respiratory therapist "On Call", for after-hours needs? If so, will "on call" be required for any hours the therapist is not present in the facility?</p>	<p>The need for staffing on holidays and on-call after hours will depend on the acuity of and demand for respiratory care services. The RFP will be amended to reflect this requirement.</p>

QUESTION / COMMENT	STATE RESPONSE
7.It is noted in the RFP that \$180,000.00 has been allotted to the RFP, is this per facility? Are the funds guaranteed?	No. The maximum liability is a facility-wide estimate. The funds are not guaranteed.
<p>8. Does each facility have a pulmonary function lab?</p> <p>a. If not, is the facility requesting basic spirometry, completed at the bedside?</p> <p>b. Do the respective facilities have pulmonary function testing equipment, and/or a bedside spirometry system?</p> <p>c. If the equipment is not available presently, will the facility procure the equipment?</p>	<p>No.</p> <p>Yes, if ordered by the physician.</p> <p>No.</p> <p>Yes.</p>
<p>9. Does each facility have a blood gas lab?</p> <p>a. If yes, who is responsible for the maintenance, quality assurance, and inter-reliability to maintain CLIA compliance?</p> <p>b. If no, is the bidder responsible for assisting with the procurement, setup and ongoing maintenance of the equipment?</p> <p>c. If the facilities do not have labs, are the respiratory therapists drawing the blood gases and they are being sent to an outside lab for analysis? Will the therapist be expected to transport this specimen to the lab?</p>	<p>No.</p> <p>No.</p> <p>The respiratory therapists will draw any blood gases ordered by the physician. The blood will then be sent to an outside lab for analysis via courier.</p>
<p>10. Do any of the aforementioned facilities currently house ventilator dependent residents?</p> <p>a. If yes, is this RFP requesting staffing for these units?</p> <p>b. If no, is a ventilator program a potential future endeavor for any of the facilities?</p>	<p>No.</p> <p>Yes.</p>
<p>11. RFP Attachment 6.1 states that “if the signatory is not the Respondent (if an individual) or the Respondent’s company president or Chief Executive Officer, this document <u>must</u> attach evidence showing the individual’s authority to bind the Respondent.”</p> <p>What type of evidence will be needed to authorize individual signing document?</p>	<p>This question requires submission of a written document by an agent of the Respondent authorized to delegate the authority to bind the Respondent company.</p>
<p>12.With regard to RFP Attachment 6.4., is there an electronic option for the reference questionnaire in order to comply with response deadline? Or could the reference questionnaire be emailed to respondents and their responses emailed to state contact for RFP?</p>	<p>No, there is no electronic option. The State requires a paper copy of the questionnaire signed, dated and in a sealed envelope submitted with the Respondent’s proposal as set out in the RFP instructions. How that is accomplished is up to the Respondent.</p>
<p>13. Pro forma contract Section A.2.f. provides that “respiratory care</p>	<p>Although some potential</p>

QUESTION / COMMENT	STATE RESPONSE
<p>services” shall include, but not be limited to, the following:</p> <ul style="list-style-type: none"> <li>i. Respiratory Specialty Program Development, Staffing and Management</li> <li>ii. TSVH Staff Education</li> <li>iii. Resident Education</li> <li>iv. Resident Assessment, Diagnostic Evaluation, and Care Planning</li> <li>v. Maintain Artificial Airways</li> <li>vi. Therapeutic Use and Monitoring of Oxygen Equipment</li> <li>vii. Bronchial Hygiene Therapy</li> <li>viii. Pulmonary Function Test</li> <li>ix. Blood Gas Analysis</li> <li>x. Breathing Retraining</li> <li>xi. TSVH Marketing Support <ul style="list-style-type: none"> <li>(a) off-site resident assessment prior to admission</li> <li>(b) Brochure Development</li> </ul> </li> </ul> <p>Pulmonary function tests are usually done in a hospital setting. Please explain if this is an error or describe in more detail the service that would be required in the long term care setting.</p> <p>Blood gas analysis is not a test typically done in the long term care setting. They are usually done in hospitals. The Contractor would be able to draw and collect blood. The blood would need to be couriered to a hospital for analysis. Please explain in more detail the service that would be required.</p> <p>Will the therapist be compensated for the mileage incurred traveling to off sites for marketing and pre-resident assessments at the applicable IRS mileage reimbursement rate? What is the radius for off-site resident assessment prior to admission?</p>	<p>respondents offer pulmonary function tests and blood gas analysis as a mobile service, apparently not all do, so the State has decided to remove pulmonary function tests and blood gas analysis (but not blood gas drawing) from the list of services and to concentrate, at least initially, on basic respiratory care services. The State will also use TSVH nursing staff to perform off-site resident assessments prior to admission. See also response to question 9.c. above. Should the State determine that there is a need to contract for these services, the State may decide to release a new RFP after the initial term of this contract.</p>
<p>14. RFP Attachment 6.2. – Section B provides as follows:</p> <p><u>Business Relationships.</u> Provide a listing of the Respondent's current contracts with business enterprises owned by minorities, women, Tennessee service-disabled veterans and small business enterprises. Please include the following information:</p> <ul style="list-style-type: none"> <li>(i) contract description;</li> <li>(ii) contractor name and ownership characteristics (<i>i.e.</i>, ethnicity, gender, Tennessee service- disabled);</li> <li>(iii) contractor contact name and telephone number.</li> </ul> <p>Would a national relationship with service disabled veterans small business, founded outside of Tennessee but provides services inside of Tennessee be of interest?</p>	<p>The question requests information concerning current contracts with business enterprises owned by minorities, women, Tennessee service-disabled veterans and small business enterprises. Only information satisfying these parameters should be provided.</p>
<p>15.. Pro forma contract Section C.5.a. Invoice Requirements provides as follows:</p> <ul style="list-style-type: none"> <li>a. Each invoice, on Contractor’s letterhead, shall clearly and accurately detail all of the following information (calculations must be extended and totaled correctly): <ul style="list-style-type: none"> <li>(1) Invoice number (assigned by the Contractor);</li> <li>(2) Invoice date;</li> <li>(3) Contract number (assigned by the State);</li> <li>(4) Customer account name: Tennessee State Veterans’</li> </ul> </li> </ul>	

QUESTION / COMMENT	STATE RESPONSE
<p>Homes Board;</p> <p>(5) Customer account number (assigned by the Contractor to the above-referenced Customer);</p> <p>(6) Contractor name;</p> <p>(7) Contractor Tennessee Edison registration ID number;</p> <p>(8) Contractor contact for invoice questions (name, phone, or email);</p> <p>(9) Contractor remittance address;</p> <p>(10) Description of delivered goods or services provided and invoiced, including identifying information as applicable;</p> <p>(11) Number of delivered or completed units, increments, hours, or days as applicable, of each good or service invoiced;</p> <p>(12) Applicable payment methodology (as stipulated in Section C.3.) of each good or service invoiced;</p> <p>(13) Amount due for each compensable unit of good or service; and</p> <p>(14) Total amount due for the invoice period.</p> <p>Could you please elaborate on invoicing? Would the Contractor have to submit a wide area work flow? It is a billing invoice system that some government owned facilities use and it requires vendors to bill invoices to this database.</p>	<p>No. Pro forma contract Section C.5. provides for invoices to be submitted to <a href="mailto:invoices@tsvh.org">invoices@tsvh.org</a></p>
<p>16. We did not have enough time to have legal review prior to the questions deadline. If awarded the contract, will modification of contract upon legal review be allowed?</p>	<p>See RFP Sections 5.3.4. and 5.3.5.</p>

3. **Delete Pro forma contract Section A.2.f. in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):**

- f. "Respiratory care services" shall include, but not be limited to, the following:
  - i. Respiratory Specialty Program Development, Staffing and Management
  - ii. TSVH Staff Education
  - iii. Resident Education
  - iv. Resident Assessment, Diagnostic Evaluation, and Care Planning
  - v. Maintain Artificial Airways
  - vi. Therapeutic Use and Monitoring of Oxygen Equipment
  - vii. Bronchial Hygiene Therapy
  - viii. Blood Gas Drawing
  - ix. Breathing Retraining
  - x. TSVH Marketing Support and Brochure Development

4. **Insert, as Pro forma contract Section A.2.g., the following new text (any sentence or paragraph containing revised or new text is highlighted):**

- g. "On call respiratory care services" shall mean respiratory care services requested by the TSVH that the respiratory care practitioner is called to the TSVH to perform on weekends, holidays, and between 5:00 p.m. and 6:00 a.m. on weekdays.

5. **Delete RFP Attachment 6.3. in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):**

**COST PROPOSAL & SCORING GUIDE**

**NOTICE: THIS COST PROPOSAL MUST BE COMPLETED EXACTLY AS REQUIRED**

**COST PROPOSAL SCHEDULE**— The Cost Proposal, detailed below, shall indicate the proposed price for goods or services defined in the Scope of Services of the RFP Attachment 6.6., *Pro Forma* Contract and for the entire contract period. The Cost Proposal shall remain valid for at least one hundred twenty (120) days subsequent to the date of the Cost Proposal opening and thereafter in accordance with any contract resulting from this RFP. All monetary amounts shall be in U.S. currency and limited to two (2) places to the right of the decimal point.

**NOTICE:** The Evaluation Factor associated with each cost item is for evaluation purposes only. The evaluation factors do NOT and should NOT be construed as any type of volume guarantee or minimum purchase quantity. The evaluation factors shall NOT create rights, interests, or claims of entitlement in the Respondent.

Notwithstanding the cost items herein, pursuant to the second paragraph of the *Pro Forma* Contract section C.1. (refer to RFP Attachment 6.6.), "The State is under no obligation to request work from the Contractor in any specific dollar amounts or to request any work at all from the Contractor during any period of this Contract."

This Cost Proposal must be signed, in the space below, by an individual empowered to bind the Respondent to the provisions of this RFP and any contract awarded pursuant to it. If said individual is not the *President* or *Chief Executive Officer*, this document must attach evidence showing the individual's authority to legally bind the Respondent.

<b>RESPONDENT SIGNATURE:</b>			
<b>PRINTED NAME &amp; TITLE:</b>			
<b>DATE:</b>			
<b>RESPONDENT LEGAL ENTITY NAME:</b>			
<b>Cost Item Description</b>	<b>Proposed Cost</b>	<b>Evaluation Factor</b>	<b>Evaluation Cost (cost x factor)</b>
1. Respiratory Care Services per Hour – as specified in <i>pro forma</i> contract section A.2. through A.7.	\$ _____ /Hour	1	
2. On Call Respiratory Care Services per Hour – as specified in <i>pro forma</i> contract section A.2.g.	\$ _____ /Hour	1	
<b>EVALUATION COST AMOUNT</b> (sum of evaluation costs above):			
The RFP Coordinator will use this sum and the formula below to calculate the Cost Proposal Score. Numbers rounded to two (2) places to the right of the decimal point will be standard for calculations.			

$\frac{\text{lowest evaluation cost amount from all proposals}}{\text{evaluation cost amount being evaluated}} \times 30$ <p style="text-align: center;">(maximum section score)</p>	=	<b>SCORE:</b>	
<i>State Use – RFP Coordinator Signature, Printed Name &amp; Date:</i>			

**6. Delete Pro forma contract Section A.2.f. in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):**

C.3. Payment Methodology. The Contractor shall be compensated based on the payment methodology for goods or services authorized by the State in a total amount as set forth in Section C.1.

- a. The Contractor's compensation shall be contingent upon the satisfactory provision of goods or services as set forth in Section A.
- b. The Contractor shall be compensated based upon the following payment methodology:

Service Description	Amount (per compensable increment)
1. Respiratory Care Services per Hour– as specified in <i>pro forma</i> contract sections A.2 through A.7.	<b>\$ Amount / Hour</b>
2. On Call Respiratory Care Services per Hour – as specified in <i>pro forma</i> contract section A.2.g.	<b>\$ Amount / Hour</b>

7. **RFP Amendment Effective Date.** The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.