



**STATE OF TENNESSEE
HEALTH FACILITIES COMMISSION**

**REQUEST FOR INFORMATION
FOR
NEONATAL INTENSIVE CARE CONSULTATIVE SERVICES**

**RFI # 31607-25502
MARCH 19, 2025**

1. STATEMENT OF PURPOSE:

The State of Tennessee, Health Facilities Commission, issues this Request for Information ("RFI") for the purpose of identifying board certified neonatologists with clinical, accreditation and regulatory experience to provide consultation in the development of survey processes, guides, and tools to support the designation of neonatal intensive care units, and to explore the associated costs for consultation in the development. We appreciate your input and participation in the process.

2. BACKGROUND:

The Health Facilities Commission (HFC) is the state agency charged with the licensing of health care facilities and services in the State of Tennessee. Effective December 1, 2025, Public Chapter 985 removes the Certificate of Need (CON) requirements for levels II, III, and IV Neonatal Intensive Care Units (NICU) and transitions the service into the licensure program with quality requirements, which will require the development of survey processes, guides, and tools to support designation of neonatal intensive care units.

Specifically, the neonatal consultant will:

- (a) review and provide guidance regarding final Neonatal Intensive Care Technical Advisory Group Recommendations in terms of its practicality, feasibility and operationalization into the licensure process. The following is a link to the NICU TAG recommendations:
https://www.tn.gov/content/dam/tn/hfc/documents/HFC-NICU-TAG_Recommendations.pdf
- (b) provide subject matter expert assistance in the development of the designation, verification, and re-verification program, and survey process, to include the following:
 - 1) Development of a list of site visit information and materials required to be provided by the NICU facility.
 - 2) Appropriate scope of verification survey guides and tools.
 - 3) Appropriate survey site visits agendas and scheduling timeframes by facility level.
 - 4) Appropriate priority considerations in the verification survey process including

evaluation of quality assurance programs / chart review, medical record review (clinical elements, volume and case type), staff credentialing review, call schedules and protocols, facility policies and procedures and operational performance improvement.

- 5) Appropriate composition of and roles of survey team members.
- 6) Development of verification report templates required from survey teams.
- 7) Feedback on state agency policies that are developed in relation to the NICU verification program.

The Tennessee Perinatal Regionalization System Guidelines are located at the following link:

<https://www.tn.gov/health/health-program-areas/fhw/perinatal-regionalization-program/publications.html>.

3. COMMUNICATIONS:

- 3.1. Please submit your response to this RFI to:

Monica A. Mayo, Esq. | Contracts Manager
State of Tennessee
Health Facilities Commission
Andrew Jackson State Office Bldg., 9th Floor
502 Deaderick Street, Nashville, TN 37243
Main: (615) 741-2364
Fax: (615) 741-9884
www.tn.gov/hfc
Monica.A.Mayo@tn.gov

- 3.2. Please feel free to contact the Health Facilities Commission with any questions regarding this RFI. The main point of contact will be:

Monica A. Mayo, Esq. | Contracts Manager
State of Tennessee
Health Facilities Commission
Andrew Jackson State Office Bldg., 9th Floor
502 Deaderick Street, Nashville, TN 37243
Main: (615) 741-2364
Fax: (615) 741-9884
www.tn.gov/hfc
Monica.A.Mayo@tn.gov

- 3.3. Please reference RFI # **31607-25502** with all communications to this RFI.

- 3.4. A Pre-Response Teleconference will be held at the time and date detailed in the RFI § 4, Schedule of Events, to answer any questions from potential respondents. Potential Respondents are encouraged to attend, but attendance is not mandatory. Details of the teleconference are as follows:

Meeting Name: HFC RFI Pre-Response Teleconference
Meeting ID: 216 996 360 689
Meeting passcode: sd3Tc6x4
Meeting Link: Microsoft Team Meeting: [HFC RFI Pre-Response Teleconference](#)

4. RFI SCHEDULE OF EVENTS:

EVENT		TIME (Central Time Zone)	DATE (all dates are State business days)
1.	RFI Issued		March 19, 2025
2.	Pre-Response Teleconference	1:00 pm	March 27, 2025
3.	RFI Response Deadline	2:00 pm	April 7, 2025

5. GENERAL INFORMATION:

- 5.1. Please note that responding to this RFI is not a prerequisite for responding to any future solicitations related to this project and a response to this RFI will not create any contract rights. Responses to this RFI will become property of the State.
- 5.2. The information gathered during this RFI is part of an ongoing procurement. In order to prevent an unfair advantage among potential respondents, the RFI responses will not be available until after the completion of evaluation of any responses, proposals, or bids resulting from a Request for Qualifications, Request for Proposals, Invitation to Bid or other procurement method. In the event that the state chooses not to go further in the procurement process and responses are never evaluated, the responses to the procurement including the responses to the RFI, will be considered confidential by the State.
- 5.3. The State will not pay for any costs associated with responding to this RFI.

6. INFORMATIONAL FORMS:

The State is requesting the following information from all interested parties. Please fill out the following forms:

RFI #31607-25502	
TECHNICAL INFORMATIONAL FORM	
1.	RESPONDENT LEGAL ENTITY NAME:
2.	RESPONDENT CONTACT PERSON: Name, Title: Address: Phone Number: Email:
3.	Please provide a summary of your experience providing similar scope of services, particularly any experience with the development of a NICU state verification system and the development of NICU survey tools.
4.	Please provide a sample of similar work product, or if similar work product is not available for production, a writing sample.
5.	Please provide a statement of your qualifications to perform the work, including identification of any licenses or certifications, and attach a copy of your current resume or curriculum vitae.
6.	Please identify whether you offer consultative services independently or through an organization.
7.	Please provide the names, phone numbers, and email addresses of individuals at up to three organizations or businesses who have been your client during the last eighteen months, who can be contacted as references.

COST INFORMATIONAL FORM	
1.	Describe what pricing units you typically utilize for similar services or goods (e.g., per hour, each, etc.):
2.	Estimated hours in the review of NICU Technical Advisory Group Recommendations: https://www.tn.gov/content/dam/tn/hfc/documents/HFC-NICU-TAG_Recommendations.pdf
3.	Estimated hours in providing subject matter expert assistance in the operationalization of a state NICU designation, verification, and re-verification program, and survey process (that includes survey tools), and estimated cost range for this engagement to aid the State's budget development. Please include your reasoning for the variance in the range, if applicable

ADDITIONAL CONSIDERATIONS	
1.	Please provide input on alternative approaches or additional things to consider that might benefit the State: