

STATE OF ALASKA

Department of Health

Division of Name Public Health



Healthcare-Associated Infections (HAI) Subject Matter Expert Consultant

RFP 2025-1600-0304

Amendment # 1

April 9, 2025

This amendment is being issued to answer questions submitted by potential offerors, to provide additional important information and extends the deadline for submission.

Offerors must use Submittal Form A – Offeror Information to acknowledge this amendment.

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Questions submitted by potential offerors and answers from the State:

Question 1: Does the State request any budget justification detail in addition to the Excel budget workbook Cost Proposal tab provided with the RFP document package?

Answer: *Offerors are only required to submit Submittal Form G – Cost Proposal per the instructions at time proposals are due.*

Question 2: May the offeror submit resumes for key project team staff identified in the proposal?

Answer: *Offerors may not submit resumes.*

Question 3: Is there an expectation of on-site technical assistance to fulfill the requirements of the SOW?

Answer: *Yes, when necessary onsite technical assistance (ad hoc outbreak guidance) will be necessary and provided should a facility encounter an outbreak requiring onsite observations/consultations to address the issue.*

Question 4: May all services described in the SOW be provided remotely?

Answer: *Per SEC 3.07 – Location of Work – The location of work is to be performed, completed, and managed by the contractor. The State will not provide workspace for this contract. The contractor must provide its own workspace.*

Question 5: Page 8, Sec. 3.03 of the RFP describes an 18-month project timeline with a one-year optional renewal. However, the Budget Excel workbook requires costs broken down by “Year 1 and Year 2”. Would the state please clarify the exact length of the Year 1 and Year 2 project timeline?

Answer: *The contract terms are as stated in Section 3.03 – Contract Term and Work Schedule. See change 2 below for update to the Cost Proposal.*

Question 6: The RFP Deliverables #2 states the winning bidder will “Conduct targeted outreach of prescribers to address antibiotic prescribing antibiotics, using IQVIA and / or Medicaid claim data. The contractor will perform outreach within one month of contract execution and perform antibiotic stewardship modules as requested by HAI IP Consultant and Program Manager.” Would the state clarify what they mean by “perform” antibiotic stewardship modules and confirm whether these modules already exist or will need to be developed?

Answer: Modules already exist but may need to be augmented to fit the needs of our program. You can refer to module 10 found here: <https://www.cdc.gov/healthcare-associated-infections/php/toolkit/icar.html>

Question 7: We seek clarification regarding RFP Section 3.08, which states that subcontractors are not allowed. We anticipate collaborating with another agency and we will be able to provide on-site service (if needed) through consultants from other agencies. *Please clarify whether the awardee is permitted to engage another organization through a consultant agreement, rather than a subcontract, to support project activities?*

Answer: Per SEC 3.08 – Subcontractors, subcontractors will not be allowed. No other organizations are permitted to perform service on this contract.

Question 8: The RFP estimates a budget “of between \$200,000 - \$300,000” ...and that “anything over \$200,000 will require approval from the Project Director. **Proposals priced at more than this amount** will not be considered non-responsive, however, the State expects offerors to be as competitive as possible with their cost proposal”. **Could the State clarify which amount is referenced in the bolded and underlined sentence? Is it the \$200,000 threshold requiring approval, or the \$300,000 upper limit of the estimated budget range?**

Answer: The cost proposal amount is for evaluation purposes only and may not exceed \$200,000. The State may add funds to the contract if additional hours are needed for ad-hoc services via contract amendment. See changes 1.a and 1.f.

Question 9: The deliverables item #2 states that the successful bidder will “conduct targeted outreach of prescribers to address antibiotic prescribing antibiotics, using IQVIA and / or Medicaid claim data.” **Could the state clarify the expected source of this data? Specifically, will it be provided by the state, or is the successful bidder responsible for securing access?**

Answer: Access will be provided by the State to the selected contractor.

Question 10: The Column D cells are protected/locked in the excel at 250 hours each for Year One and Year Two – was this intentional, or will an unlocked version be provided?

Answer: Per the instructions of the Cost Proposal. Offerors must enter the hourly cost for each Contract Term. Hours worked are estimates for evaluation purposes only. These cells will remain locked to ensure that all offerors are providing a cost for the same number of hours.

Question 11: We'd like additional information on how "high-volume prescribers" are being defined for the purpose of this project. Do you have a specific number of the high-volume prescribers in the state who are to be included in the project?

Answer: *This will be based off the whatever data set the offeror/vendor (in collaboration with DPH program staff) identifies as the best option for developing this criterion. As mentioned in RFP and previous questions, we are leaning towards most likely purchasing an IQVIA data set for this endeavor. High volume prescribers would be those who, based upon analysis of the data, are prescribing antibiotics at higher rates than their peers and/or have been identified as not following current best practices pertaining to antibiotic stewardship.*

Question 12: What is the average number of MDRO, non-MDRO HAI outbreaks in facilities in the state? Will it be the responsibility of the funder to provide this data to the offeror or is it the responsibility of the offeror to gain access to the data as part of the project?

Answer: *AK is a low incidence rate jurisdiction for MDROs. The past couple years we have had 3-4 MDRO cases that required a response at a healthcare facility, but very few actually resulted in what would be considered an outbreak at the facility. It will be the responsibility of DPH's HAI program to provide access to the needed data for this activity.*

Changes to the RFP

Change 1: RFP 2025-0600-0304 has been removed and replaced on the Online Public Notice (OPN) website and is amended as follows:

- a) Section 1. Introduction & Instructions, Sec. 1.02 Budget has been updated.
 - b) Section 1. Introduction & Instructions, Sec. 1.03 Deadline for Receipt of Proposals has been updated.
 - c) Section 1. Introduction & Instructions, Sec. 1.11 RFP Schedule has been updated.
 - d) Section 3. Scope of Work and Contract Information, Sec. 3.02 Deliverable #3 has been updated.
 - e) Section 3. Scope of Work and Contract Information, Sec. 3.07 Location of Work has been updated.
 - f) Section 3. Scope of Work and Contract Information, Sec 3.13 – Anticipated Amendments has been added.
 - g) Section 7. Attachments, Sec. 7.01 Attachments has been updated.
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Change 2: Attachment 1 – Cost Proposal has been removed and replaced on OPN.

End of Amendment #1