

## QUESTIONS AND RESPONSES

### RFP NO. 061-LL10 – IN-SCHOOL NURSING SERVICES (REGISTERED NURSING AND LICENSED PRACTICAL NURSING)

1. Who is your current vendor?

RESPONSE: Maxim Healthcare Services

2. What are their respective rates?

RESPONSE: LPN = \$23.50/hr, RN = \$24.00/hr, and RT = \$12.00/hr.

3. Are there are any issues with your current vendor's services?

RESPONSE: This question does not pertain to the specifications listed in this RFP.

4. An affirmative action form is attached to the bid but I don't see it referenced anywhere in the bid doc – do we need to fill this out and attach it with the proposal?

RESPONSE: Yes, See Section IX. – Equal Employment Opportunity & M/WBE Participation.

5. The hours listed for both disciplines come out to approx. 85 nurses, do you require a resume/license/certificate for all those nurses?

RESPONSE: This RFP does not specify the number of nurses, however, a resume/license/certificate must be provided for nurses who will be providing services under the Agency's auspices.

6. From reading the RFP, we understand that there are approximately 5,000 hours of Registered Nursing hours and approximately 95,000 hours of Licensed Practical Nursing hours to be provided each year. Taking into consideration what happened with the Respiratory Therapy hours in the 008 bid, please assume a proposer was to now bid \$12.00/hour for Registered Nursing Services and \$24.00/hour for Licensed Practical Nursing Services on this new RFP. If throughout the course of the year that vendor has to reduce the number of Registered Nursing Services hours from 85,000 per year to a lower number of hours and replace those hours with Licensed Practical Nursing Services hours (at a higher rate), how low would the vendor be able to reduce that 85,000 hour figure and still be in compliance with the contract? (we are not attempting

to do this, however we think an answer to the question will bring fairness to the RFP process and at the same time prevent additional unnecessary costs to the school district by truly identifying the lowest cost provider.)

RESPONSE: This question does not pertain to the specifications listed in this RFP.

7. We understand that the summer program is much smaller. However, during the month of May 2011, approximately how many students were receiving one-on-one model services?

RESPONSE: During the month of May 2011, a total of 42 students were receiving in-school nursing/respiratory therapy services on a "continuous supervision" basis.

8. We have reviewed RFP# 061-LL10 In-School Nursing Services (Registered Nursing and Licensed Practical Nursing) and have several questions. Attachment A (Section I) of the RFP requests that proposers submit five (5) separate "Agency's Fees". The first and second fees requested are for "Registered Nursing Services" and "Licensed Practical Nursing Services". The third, fourth, and fifth requested fees are for "Prescribed Time Model", "Cluster Model", and "Constant Monitoring/Continuous Supervision Model". We have the following questions:

- a) If the intent of the RFP is to have one identical rate listed for all five categories, then the pricing structure makes sense. Is the intent of the RFP that the same price be listed on all five (5) lines? If yes, will all proposals that do not list the same rate for all five services be disqualified?

If the answer to question #1 is "No", and if our Registered Nursing Services fee is different from our Licensed Practical Nursing Services fee, then how should we list rates for the three models? For example, for the "Prescribed Time Model" should we list two rates on the same line -- \$RN rate / \$LPN rate?

- b) The RFP indicates that there is an estimated 85,000 hours of Registered Nursing and 95,000 hours of Licensed Practical Nursing. If the answer to question #1 is "No", then calculating the least expensive proposal may be dependent on how many of the total estimated 180,000 hours are broken down between the three models. How many of the 180,000 hours will be calculated at the Prescribed Time Model fee? How many of the 180,000 hours will be calculated at the Cluster Model fee? And how many of the 180,000 hours will be calculated at the Constant Monitoring/Continuous Supervision Model?

- c) In determining which is the lowest cost provider, will the five rates requested on Attachment A simply be averaged without multiplying them by a specific number or hours?
- d) We sent a request to the Public Records Request office to inquire how many hours have been billed at \$12.00 per hour over the last three years. According to the 2008 MDCPS Bid there was supposed to be an estimated 25,000 hours per year (75,000 hours over the last three years) of Respiratory Therapy provided by the selected vendor at \$12.00 per hour. However based on the response from the PRR office, it appears that only 2,018 of the estimated 75,000 hours were provided at \$12.00 per hour while the remaining 73,000 were provided by Licensed Practical Nurse services and/or Registered Nurse services which cost \$23.50 and \$24.00 respectively. Even at the less expensive \$23.50 per hour fee, it appears that the services may have cost MDCPS up to \$840,000 more than expected. By submitting a low \$12.00 per hour Respiratory Therapy rate, the vendor was able to lower their overall projected costs and win the bid even though the PRR reports that the county did not receive 75,000 hours worth of services at \$12.00 per hour. What safeguards are now in place to prevent a proposer from entering a low rate (\$1.00 or \$12.00 per hour for example) for Registered Nurse Services simply to give the appearance of a lower cost vendor, and then provide all the services by Licensed Practical Nurse Services at a higher rate?
- e) Registered Nurses hold a higher level of certification than Licensed Practical Nurses and as such are able to be employed and assigned as License Practical Nurses. Is a vendor allowed to submit a low rate (for example \$1.00 or \$12.00 per hour) for the Registered Nursing Services fee and then bill MDCPS the Licensed Practical Nursing fee (at \$23.50 per hour for example) if the vendor employs and assigns the Registered Nurses as Licensed Practical Nurses (we are asking this question not in an attempt to do it, but rather to prevent it and any "loopholes" that may potentially cost MDCPS more than it expects)?
- f) Due to a) the budget shortfall facing the school district, b) what happened with the 2008 Respiratory Therapy rate, and c) the fact that services can be provided by lower cost Licensed Practical Nurses rather than higher cost Registered Nurses, it seems that it would serve the school district's interest more to simply request one rate for all services such as a "Nursing Services fee". Then if the vendor could not employ sufficient Licensed Practical Nurses and needed to employ additional Registered nurses, at least the district would not have to incur additional costs. Rather, the additional cost would be incurred by the vendor. In order to keep costs to a minimum, was any

consideration made to request only one rate for all services? If not, is that still a possibility taking into consideration the school districts need to lower costs?

RESPONSE: PLEASE SEE REVISED ATTACHMENT A – AGENCY’S FEES AND CERTIFICATION OF HOURS OF SERVICE

Two additional questions not related to Attachment A:

- 1) Since this is an RFP (rather than a BID) are vendors still allowed to be present at the time the proposals are opened? If yes, will the proposals remain sealed until that time, or will they be opened prior to that time?

RESPONSE: Proposal Opening is a public meeting. No proposals are opened prior to the designated time.

- 2) When the evaluating committee meets to discuss the proposals, are vendors allowed to be present? If yes, do we need to sign up to be present?

RESPONSE: The Evaluation Committee meeting is a public meeting. Public attendees must sign-in at the meeting.

9. Please clarify attachment A Fee schedule. The RN and LPN Hourly fee would seem to be a duplicate to the constant monitoring fee. Services are currently delivered on a constant basis through RN and LPN fees. Does there need to be separate RN and LPN fees included in all the separate models?

RESPONSE: PLEASE SEE REVISED ATTACHMENT A – AGENCY’S FEES AND CERTIFICATION OF HOURS OF SERVICE

10. The contract is due to start the end of September though school starts the end of August – Assuming the school district is awarding the contract to one agency, how will this affect the current nurses working for the previous agency? Will the new agency be able to inherit them?

RESPONSE: This question does not pertain to the specifications listed in this RFP.

11. How will you respond to questions? (i.e. directly respond to email, post on website, mail, fax, etc)

RESPONSE: Post on the Procurement Website.

12. How many 1:1 / full time cases are you looking to cover next year?

RESPONSE: As of May 2011, a total of 42 students received “continuous monitoring” in-school nursing services; thus, the 2011-2012 school year should begin with approximately this amount of students receiving “continuous monitoring” in-school nursing services.

13. Attachment A - Prescribed Time Model, Cluster Model & Constant Monitoring: Should this be broken down for to reflect rates for both RN’s and LPN’s?

RESPONSE: PLEASE SEE REVISED ATTACHMENT A – AGENCY’S FEES AND CERTIFICATION OF HOURS OF SERVICE

14. What is the shortest / longest time period a Prescribed Time Model nurse could work?

RESPONSE: The Prescribed Time Model nurse works throughout the school day (school hours only); thus, the nurse would perhaps travel to different school sites to provide the in-school nursing services for a particular student (e.g., nebulizer treatment at a specified time as per the physician’s orders).

15. Will you please provide a copy of your current contract for In-School Nursing Services (RN & LPN). Also, if available, will you please provide the bid results for the previously issued bid. Any assistance you can offer would be appreciated.

RESPONSE: Bid results are on the Procurement Website under Bid No. 097-HH10.

16. Will the District be seeking to make multiple awards with a shortlist of vendors?

RESPONSE: It is the intent of the RFP to award to one agency.

17. Is a pre bid meeting scheduled?

RESPONSE: NO.

18. Are you looking for agencies to submit their company license to practice as a health care agency in Florida and / or licenses for all nurses who will be working on this project?

RESPONSE: YES.

19. Attachment B: What impact will this have on the evaluation of the RFP?

RESPONSE: The Evaluation Committee reviews all information submitted by proposers.

20. How many agencies are you using today?

RESPONSE: One

21. What is the average length of assignment?

RESPONSE: School year "bell to bell".

22. Does the assigned employee stay at the same school for their entire assignment or do they move to different locations.

RESPONSE: PLEASE SEE REVISED ATTACHMENT A – AGENCY'S FEES AND CERTIFICATION OF HOURS OF SERVICE

23. What is the current requisition process in place?

RESPONSE: This question does not pertain to the specifications listed in this RFP.

24. What can we expect for lead time for requisitions for per-diem vs. travel?

RESPONSE: This question does not pertain to the specifications listed in this RFP.

25. What timekeeping process/system will be utilized?

RESPONSE: Vendor's responsibility.

26. Will we be able to view the questions and responses submitted by other vendors?

RESPONSE: Yes.

27. What technology is used currently to manage this program internally?  
RESPONSE: None.
28. On the rate sheet, can we provide ranges or do we need a specific rate?  
RESPONSE: Specific rate.
29. What is entailed in the current orientation process for clinicians?  
RESPONSE: See Section V.
30. What scorecard criteria will be utilized to evaluate bidders?  
RESPONSE: No scorecards will be utilized. Consensus vote.
31. Can you explain the reason you are going out to bid again. What is some of the feedback that you have received from your previous suppliers?  
RESPONSE: This question does not pertain to the specifications listed in this RFP.
32. Can you tell us about your current program? What do you like about your current program? How much time every week is spent scheduling staff? What are your main challenges? If we could reduce the number of vendors you use to fill all shifts, how would that affect you?  
RESPONSE: This question does not pertain to the specifications listed in this RFP.
33. What is the spend annually that is projected? Can you provide details of usage by dollar, headcount and % volume for nursing spend?  
RESPONSE: This information can be obtained by a public information request through the Citizen Information Office.