

REQUEST FOR PROPOSALS # 2022-023
Psychiatric Support Services
RESPONSE ADDENDUM #1
February 3, 2022

CLARIFICATIONS

- The provider of the psychiatric support services will need to have their own office or work space.
- Any language exceptions you may have needs to be specified in your submission

QUESTIONS

Q1: How many providers are you looking to staff for your University?

A1: Previous providers have had 3 providers seeing students

Q2: How many of the Universities would these providers be staffing? Growing up in Maine, I know the locations are from each other.

A2: The University of Southern Maine students.

Q3: Is there a budget for this?

A3: Yes there is a budget for the required services

Q4: Can a locum's agency bid or is this for temporary services?

A4: This contract is looking for continuity, locum's agencies will not be ideal. This is not for temporary services

Q5: On page 7 it states that rate adjustments must be mutually agreed upon and only allowed on the anniversary of each contract year. However, on page 11 (1.2.7) it says prices are firm for the entire term of the agreement. Can you clarify which is correct?

A5: Price negotiation is allowed at each renewal and must be agreed upon by both parties.

Q6: Can we add a permanent placement fee to our cost sheet?

A6: You can include additional explanation of costs and list assumptions that could influence the cost of change request pricing.

Q7: Can you provide an Excel version of the cost sheet?

A7: Sure. An Excel version will be provided

Q8: Are rate ranges acceptable?

A8: No

Q9: Do we have to submit a signed version of the master agreement with our response?

A9: No

Q10: Do you want an all-inclusive rate?

A10: Yes and include additional explanation of the rate if necessary. See Appendix C, Exhibit 1 (Table 2)

Q11: Locum tenens physicians are Independent Contractors and as such are not employees. Therefore, Worker's Compensation insurance would not be applicable. Will you waive these requirements for physicians?

A11: Please provide exception to this language in your proposal and risk management will review it and provide you with an answer.

Q12: Will you consider \$1M per occurrence/\$3M aggregate insurance limits?

A12: Please provide exception to this language in your proposal and risk management will review it and provide you with an answer.

Q13: What is the expected time for the completion of credentialing for an accepted candidate?

A13: March 10th, 2022 but is subject to change. See section 1.3.1. *Timeline of key Events*, section 2.2

Q14: Are background screenings required? Will the facility be handling this requirement or are you expecting the vendor to complete?

A14: We would expect the vendor to complete this

Q15: How many positions are you looking to fill? Can you provide a breakdown by position? Will it include all campus locations?

A15: Previous provider has used three clinicians.

Q16: What is the current and/or estimated caseload?

A16: The Contractor shall reserve appointments for at least 95 individual students and provide up to at least 499 total visits during the annual 12 months period. See *Section 1.1.4 Specifications/ Scope of Work*. The consulting group primarily sees commuter and some residential students. Commuter students might be living in adjacent towns in Maine. Residential students who find it more convenient to see an off site provider might choose to see the consulting group.

Q17: How many patients per day would you estimate the provider would see?

A17: That depends on numbers of referrals made. Referrals can wax and wane depending on the time in the semester and the demand. Previous provider did their own scheduling.

Q18: What is the contract term? How many potential annual renewals?

A18: One year with two potential annual renewals. See *appendix D, 2. Term*

Q19: Since the duties of the Contractor and the Provider are separate and distinct, especially as Contractor does not itself provide medical services, it is important that Providers not be incorporated into the definition of Contractor—can this be reworded?

A19: Please provide in your submission any language exception that you would like to be considered.

Q20: Our locums staffing services contracts are “best efforts” and it is company policy not to enter into any contracts in which the vendor is subject to damages for failure to deliver the service. Would you be willing to delete this clause in a potential contract?

A20: Provide your language exception and during evaluation General Counsel will review and provide you with an answer.

Q21: Can language changes be made? (indemnification, insurance, venue, etc)?

A21: You can provide your language exceptions and they will be reviewed.

Q22: If awarded, should there be contract terms we are unable to accept, is there a penalty for not signing a contract? Example: monetary damages.

A22: You need to provide your contract terms exceptions with your proposal, and they will be evaluated while looking into the contract of services. See Section 2,1 Evaluation Criteria

Q23: By submitting a response, are we automatically agreeing to a contract and its terms? Or if there are terms & conditions we cannot agree to; can we decline the contract if awarded?

A23: You need to provide your contract terms exceptions with your proposal, and they will be evaluated while looking into the contract of services. See Section 2,1 Evaluation Criteria

Q24: If we have exceptions to the Terms and Conditions on the RFP, should we include in our proposal?

A24: Yes, you should include your language exceptions.

Q25: As a locum tenens agency, our providers are considered independent contractors and not employees, can this wording be amended?

A25: You can provide your language exceptions and they will be reviewed.

Q26: What was last year's spend for these services for this contract?

A26: \$76,771.97 for 446 visits

Q27: Are candidates required with our proposal?

A27: Yes

Q28: What are the current challenges/obstacles in meeting its staffing and recruitment goals for these positions? If a contract for the proposed services is in place, what areas of improvement over the existing contract would you like to see?

A28: An obstacle can occur when a provider leaves or no longer wants to be part of the contract and may put some pressure on the other providers to increase their numbers. In addition we would discourage providers rotating in and out of the contract. Continuity has been a benefit to quality of care.

Q29: Are there penalties incurred if unable to fill any of the openings?

A29: Any openings would need to be filled by the contractor in order to provide psychiatric support services to the students.

Q30: Is there an incumbent and current contract for this service? If so, can you please provide the vendor name and current contract rate?

A30: Charles Mitchell M.D is the incumbent. \$76,771.97 for 446 visits

Q31: Will you allow multiple physicians to fill the need or are you requiring that one physician fulfill the need?

A31: Yes there could be a mix of physicians and psychiatric nurse practitioners

Q32: What is the estimated time frame of notice before a need becomes available?

A32: Ideally we would like our students to be seen within two weeks unless there is an urgent need.

Q33: Is Telepsychiatry an option for coverage? If so, do you have your own platform/service provider?

A33: Our current vendor provides teletherapy and inperson services from their offices using their own platforms.

Q34: We need to confirm that locum staffing agencies can bid on this RFP and not perm employees

A34: This contract is looking for continuity, locum's agencies will not be ideal. This is not for temporary services

Q35: Would it be okay with multiple providers to cover the needs throughout the universities?

A35: We would prefer to have a small group of providers that our counseling and health team come to know and work closely with for quality of care.

Q36: Would this be for FT or PT providers?

A36: That's up to the vendor to decide in meeting the number of slots require

Q37: Are there certain hours/ locations/ dates that will be needed specifically?

A37: The vendor can see students according to their own schedule needs, students often go home over holiday breaks and summers so the numbers tend to decrease during these times.

Q38: Can this be done remotely via telemedicine?

A38: Students are given a choice of teletherapy or in person. Many of our student have chosen teletherapy due to the convenience

Q39: Would the providers need to be "on- call"? if so, what would the call schedule be?

A39: The vendor needs to provide back up for their clients if they go into crisis.

Q40: Page 6, 1.1.4 Specifications/Scope of Work, The RFP is written as parent company being the Contractor – and therefore we are considered the psychiatric provider. We are an and we will be providing psychiatric providers only. These providers will be performing the medical services. This language would need to be updated.

A40: Any language exception that you may have, needs to be mentioned in your proposal.

Q41: UNIVERSITY OF MAINE SYSTEM MASTER AGREEMENT, Page 25, 1.Specifications of Work, we would need to add highlighted language after word "agrees". "The Contractor agrees to source, screen and present potential psychiatric service provider".

A41: Any language exception that you may have, needs to be mentioned in your proposal.