**STATE OF MAINE**

**Department of Health and Human Services**

*Maine Center for Disease Control and Prevention*



**RFQ# 2020066**

**Rapid COVID-19 Testing Services**

|  |  |
| --- | --- |
| **RFQ**  **Coordinator** | **Name:** Debra Downer **Title:** Deputy Director, DHHS Contract Management  **Contact Information:** [debra.downer@maine.gov](mailto:debra.downer@maine.gov) |
| **Quote**  **Submission** | **Submission Deadline:** October 26, 2020, no later than 2:00 p.m., local time  *Quotes must be submitted electronically to the RFQ Coordinator at:* [debra.downer@maine.gov](mailto:debra.downer@maine.gov) |

PUBLIC NOTICE

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**State of Maine**

**Department of Health and Human Services**

**RFQ# 2020066**

**Rapid COVID-19 Testing Services**

The State of Maine is seeking quotes for rapid testing services to provide expanded testing for COVID-19.

A copy of the RFQ can be obtained at: <https://www.maine.gov/dafs/bbm/procurementservices/vendors/grants>

Quotes must be submitted to the RFQ Coordinator, Debra Downer via e-mail, at: [debra.downer@maine.gov](mailto:debra.downer@maine.gov). Proposal submissions must be received no later than 2:00 p.m., local time, on October 26, 2020.

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**State of Maine - Department of Health and Human Services**

*Maine Center for Disease Control and Prevention*

## RFQ# 2020066

## Rapid COVID-19 Testing Services

# **PART I INTRODUCTION**

## Purpose

The Department of Health and Human Services (Department) is seeking rapid testing services to provide expanded testing for COVID-19, as defined in this Request for Quote (RFQ) document. This document provides instructions for submitting quotes, the procedure and criteria by which the awarded Respondent will be selected and the contractual terms which will govern the relationship between the State of Maine (State) and the awarded Respondent.

## General Provisions

1. From the time the RFQ is issued until award notification is made, all contact with the State regarding the RFQ must be made through the RFQ Coordinator. No other person/ State employee is empowered to make binding statements regarding the RFQ. Violation of this provision may lead to disqualification from the bidding process, at the State’s discretion.
2. Issuance of the RFQ does not commit the Department to issue an award or to pay expenses incurred by a Respondent in the preparation of a response to the RFQ.
3. Following announcement of an award decision, all submissions in response to this RFQ will be public records, available for public inspection pursuant to the State of Maine Freedom of Access Act (FOAA) ([1 M.R.S. §§ 401](http://www.mainelegislature.org/legis/statutes/1/title1sec401.html) et seq.).
4. All applicable laws, whether or not herein contained, are included by this reference. It is the Respondent’s responsibility to determine the applicability and requirements of any such laws and to abide by them.
5. **Eligibility**

All interested parties who either have, or are willing and able to obtain, a CLIA license or a CLIA waiver (per site/location) are invited to submit a quote to this RFQ.

1. **Contract Term**

The Department is seeking quote(s) to provide rapid COVID-19 testing services for the anticipated period defined in the table below. Please note that the dates below are estimates and may be adjusted, as necessary, in order to comply with all procedural requirements associated the contracting process. The actual contract start date will be established by a completed and approved contract.

The term of the anticipated contract, resulting from this RFQ, is defined as follows:

|  |  |  |
| --- | --- | --- |
| **Period** | **Start Date** | **End Date** |
| Period of Performance | 11/1/2020 | 3/31/2021 |

1. **Number of Awards**

The Department anticipates making one (1) award as a result of this RFQ process. The Department reserves the right to make multiple awards based on the need.

## PART II SCOPE OF SERVICES TO BE PROVIDED

The Department of Health and Human Services (Department) is seeking quotes to provide rapid COVID-19 testing services, including use of BinaxNOW COVID-19 Ag Card, for expanded testing of COVID-19 across the State (“testing”).

1. **Specific Requirements**
   1. Have, or be able to obtain and maintain, a CLIA license or a CLIA Certificate of Waiver for each testing site/location.
   2. Administer tests using the BinaxNOW COVID-19 Ag Cards to be provided by the Department, or other rapid COVID-19 testing devices as directed by the Department.
   3. Provide all other necessary supplies, including but not limited to, all necessary and appropriate personal protective equipment (PPE) to ensure safe testing.
   4. Perform and/or oversee testing for SARS-CoV-2, the virus that causes COVID-19, in high-volume following Federal and Maine Center for Disease Control (Maine CDC) guidelines for testing and infection control procedures, ensuring that testing is administered by trained medical personnel or trained operators who are proficient in performing the requested testing.
2. Have facilities, sites, and/or other locations across the State that facilitate broad access to testing for the majority of individuals in Maine.
   1. Broad access shall comprise of at least twenty-five (25) sites/locations Statewide or other ability to reach the majority of individuals within a reasonable drive (sixty (60) miles or less), or as otherwise approved by the Department.
   2. The awarded Respondent may partner and/or subcontract with other organizations in order to facilitate broad access to testing sites and locations.
3. Adhere to additional written guidance provided by the Department, as needed, specifying who may be eligible for testing, how to report positive and negative results from such testing, use of a Maine CDC-approved online portal or quote for submitting result data (such as Research Electronic Data Capture (REDCap), advice to give individuals who may test positive, and other operational and clinical procedures.
4. Receive up to and perhaps exceeding three hundred thousand (300,000) testing devices from the Department on an agreed upon schedule, subject to receipt by the Department from the Federal Government.
   1. The kits must be stored at 2-30°C.
   2. The BinaxNOW COVID-19 Ag Card kit is stable until the expiration date marked on the outer packaging and containers.
   3. All test components must be at room temperature before use.
5. Ensure that no claims for reimbursement are submitted to the individual’s health insurance carrier for testing services, and that no individual is billed for testing provided under the contract resulting from this RFQ, unless pursuant to written prior approval from the Department.
   1. The Department does not anticipate allowing reimbursement for testing services outside of the awarded contract.
6. Ensure the operating model of each site/location includes:
   1. Maintenance and operation of a telephone and/or an online system to schedule individual appointments and collect information.
      1. At each site/location entrance prominently post a contact information for appointment scheduling; and/or
      2. Provide a website for appointment scheduling.
   2. Offer testing services at a minimum, Monday through Friday, 8:00 a.m. to 5:00 p.m.
   3. Provide extended hours, either Saturday, Sunday and/or weekday evenings, to accommodate individuals who are unable to obtain a test during the regular site/location hours.

## PART IV QUOTE SUBMISSION REQUIRMENTS

* 1. **Quotes Due:** Quotes must be received no later than 2:00 p.m. local time, on the date listed on the cover page of the RFQ. E-mails containing original quote submissions, or any additional or revised quote files, received after the 2:00 p.m. deadline will be rejected without exception.
     1. Respondents are to insert the following into the subject line of their e-mail quote submission: **“RFQ# 2020066 Quote Submission – [Respondent’s Name]”**

1. **Quote Format and Contents** 
   1. **Quote Cover Page**

Respondents must complete **Appendix A** (Quote Cover Page). It is critical that the cover page show the specific information requested, including Respondent address(es) and other details listed. The Quote Cover Page must be dated and signed by a person authorized to enter into contracts on behalf of the Respondent.

* 1. **Debarment, Performance and Non-Collusion Certification**

Respondents must complete **Appendix B** (Debarment, Performance and Non-Collusion Certification Form). The Debarment, Performance and Non-Collusion Certification Form must be dated and signed by a person authorized to enter into contracts on behalf of the Respondent.

* 1. **Eligibility Requirements**

Respondents must provide documentation to demonstrate meeting eligibility requirements stated in PART I, C. of the RFQ. This documentation includes (per site/location):

1. A CLIA license; and/or
2. CLIA Certificate of Waiver; and/or
3. Proof of a CLIA quote submission.

Respondents must provide a response to the question in **Appendix C**, including supporting documentation.

1. **Cost Proposal**

Respondents must fill out **Appendix D** (Cost Proposal), following the instructions detailed here and in the form. Failure to provide the requested information will result in the exclusion of the quote from consideration.

The maximum per capita rate per test administered will be twenty-five dollars ($25.00). Respondents are encouraged to propose a competitive price per test cost. Any Respondent who provides a cost greater than the twenty-five dollars ($25.00) will not be considered for award.

## PART V QUOTE EVALUATION AND SELECTION

1. **Evaluation and Award Selection**

The evaluation and award of the submitted quotes shall be accomplished as detailed below:

* + 1. State of Maine RFQ documents are evaluated on a Best Value basis.
    2. The award will be determined based on those Respondents who 1) Meet the eligibility criteria, 2) Meet the capacity needs criteria and 3) Provide the lowest quote per test. Quotes, for comparison and award purposes, will not be allowed for Respondents who do not meet requirements 1 & 2 above.
    3. The State reserves the right to not make an award to the lowest quote Respondent when that Respondent has had documented poor performance and/or a contract terminated for poor performance or not renewed within the last five (5) years.
    4. At the discretion of the Department, if a Respondent’s submission is deemed to not conform to the specifications listed in the RFQ, or otherwise not conform to the requirements of the RFQ, then that Respondent’s submission may not be considered for the award.
    5. The Department’s subject matter experts will judge the merits of the quotes received in accordance with the eligibility criteria defined in the RFQ.

1. **Negotiations**
   1. The Department reserves the right to negotiate with the awarded Respondent to finalize a contract at the same rate and services as presented in the selected quote. Such negotiations may not significantly vary the content, nature or requirements of the quote or the RFQ to an extent that may affect the cost of services requested. The Department reserves the right to terminate negotiations with a selected Respondent who submits a proposed contract significantly different from the quote submitted in response to the RFQ.
   2. In the event that an acceptable contract cannot be negotiated with the highest ranked Respondent, the Department may withdraw its award and negotiate with the next-highest ranked Respondent, and so on, until an acceptable contract has been finalized. Alternatively, the Department may cancel the RFQ, at its sole discretion.

# **PART VI CONTRACT ADMINISTRATION AND CONDITIONS**

## Contract Document

* + - 1. The awarded Respondent will be required to execute a contract in the form of a State of Maine contract with appropriate riders as determined by the issuing department.

Forms and contract documents commonly used by the Department can be found on the Department’s [Division of Contract Management website](https://www.maine.gov/dhhs/about/financial-management/contract-management).

* + - 1. Allocation of funds is final upon successful negotiation and execution of the contract, subject to the review and approval of the State Procurement Review Committee. Contracts are not considered fully executed and valid until approved by the State Procurement Review Committee and funds are encumbered.
      2. The State recognizes that the actual contract effective date depends upon completion of the RFQ process, date of Notice of Contract Award(s), length of contract negotiation, and preparation and approval by the State Procurement Review Committee.
      3. In providing services and performing under the contract, the awarded Respondent (s) shall act as an independent provider and not as an agent of the State of Maine.

## Standard State Contract Provisions

Contract Administration

Following the award, a Contract Administrator from the Department will be appointed to assist with the development and administration of the contract and to act as administrator during the entire contract period. Department staff will be available after the award to consult with the awarded Respondent in the finalization of the contract.

* + - 1. Payments and Other Provisions

The State anticipates paying the awarded Respondent on the basis of net thirty (30) payment terms, upon the receipt of an accurate and acceptable invoice. An invoice will be considered accurate and acceptable if it contains a reference to the State of Maine contract number, contains correct pricing information relative to the contract, and provides any required supporting documents, as applicable, and any other specific and agreed-upon requirements listed within the contract that results from this RFQ.

Payment will be based upon accurate and timely reporting of administered tests and will be reconciled with the number of tests provided to the awarded Respondent by the Department.

**APPENDIX A**

**State of Maine - Department of Health and Human Services**

*Maine Center for Disease Control and Prevention*

## RFQ# 2020066

## Rapid COVID-19 Testing Services

**QUOTE - COVER PAGE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Respondent’s Organization Name:** | |  | | | |
| **Chief Executive - Name/Title:** | |  | | | |
| **Tel:** |  | | | **E-mail:** |  |
| **Headquarters Street Address:** | |  | | | |
| **Headquarters City/State/Zip:** | |  | | | |
| ***(Provide information requested below if different from above)*** | | | | | |
| **Lead Point of Contact for Quote - Name/Title:** | | |  | | |
| **Tel:** |  | | | **E-mail:** |  |
| **Headquarters Street Address:** | |  | | | |
| **Headquarters City/State/Zip:** | |  | | | |

* No personnel currently employed by the Department or any other State agency participated, either directly or indirectly, in any activities relating to the preparation of the Respondent’s quote.
* No attempt has been made, or will be made, by the Respondent to induce any other person or firm to submit or not to submit a quote.
* The above-named organization is the legal entity entering into the resulting agreement with the Department should they be awarded a contract.
* The undersigned is authorized to enter contractual obligations on behalf of the above-named organization.

To the best of my knowledge, all information provided in the enclosed quote, both programmatic and financial, is complete and accurate at the time of submission.

|  |  |
| --- | --- |
| **Name (Print):** | **Title:** |
| **Authorized Signature:** | **Date:** |

**APPENDIX B**

**State of Maine - Department of Health and Human Services**

*Maine Center for Disease Control and Prevention*

## RFQ# 2020066

## Rapid COVID-19 Testing Services

**DEBARMENT, PERFORMANCE and NON-COLLUSION CERTIFICATION**

|  |  |
| --- | --- |
| **Respondent’s Organization Name:** |  |

By signing this document, I certify to the best of my knowledge and belief that the aforementioned organization, its principals and any subcontractors named in this quote:

1. Are not presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from bidding or working on contracts issued by any governmental agency.
2. Have not within three years of submitting the quote for this contract been convicted of or had a civil judgment rendered against them for:
   1. Fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state or local government transaction or contract.
   2. Violating Federal or State antitrust statutes or committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
   3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
   4. Have not within a three (3) year period preceding this quote had one or more federal, state or local government transactions terminated for cause or default.
3. Have not entered into a prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies, equipment, or services and this quote is in all respects fair and without collusion or fraud. The above-mentioned entities understand and agree that collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards.

|  |  |
| --- | --- |
| **Organization Name:** | |
| **Name (Print):** | **Title:** |
| **Authorized Signature:** | **Date:** |

**APPENDIX C**

**State of Maine - Department of Health and Human Services**

*Maine Center for Disease Control and Prevention*

## RFQ# 2020066

## Rapid COVID-19 Testing Services

|  |  |
| --- | --- |
| 1. **Does the Respondent have the capacity to meet the Department’s need for State-wide access to rapid testing site/locations as outlined in Part II, Section A.5?**   Provide a listing of these sites and locations. Also indicate those that will be subcontracted and the subcontracting organization: | Yes  No |

**APPENDIX D**

**State of Maine - Department of Health and Human Services**

*Maine Center for Disease Control and Prevention*

## RFQ# 2020066

## Rapid COVID-19 Testing Services

**COST PROPOSAL**

|  |  |
| --- | --- |
| **Respondent’s Organization Name:** |  |
| **Proposed Cost per Test:** | **$** |

The Respondent must complete and submit the proposed cost per test for the entire period of performance as described in this RFQ and in the Respondent’s quote.

The maximum per capita rate per test administered will be twenty-five dollars ($25.00). Respondents are encouraged to propose a competitive price per test cost. Any Respondent who provides a cost greater than the twenty-five dollars ($25.00) will not be considered for award.