

Illinois Department of Public Health

COVID-19 Mobile Vaccine Delivery Assurance Program RFP

Attachment G: Proposal Specification Checklist Table

Proposal Specification Checklist Table: **Please indicate, utilizing the table below, the section and page number where the requested information is in your proposal. Respondent must complete this Proposal Specification Checklist Table provided as Attachment G to identify how their proposal meets the requirements of the solicitation.**

Mandatory Element	Where, in the vendor’s response, is their ability to meet these mandatory elements discussed?
Vendor must have existing mobile service delivery vehicles throughout the State of Illinois and indicate how many are available for deployment and their locations. (Sub-contracts are acceptable to ensure statewide capacity.)	Section Page(s)
Mandatory Element	Where, in the vendor’s response, is their ability to meet these mandatory elements discussed?
Vendor must have an electronic system already in place for scheduling, registration, administering, tracking, providing follow up, as well as reminding and securing an appointment for the second dose, with documentation of administration, for each client serviced. (Preference for use of EMTrack.)	Section Page(s)
Mandatory Element	Where, in the vendor’s response, is their ability to meet these mandatory elements discussed?
Vendor must have a method for reporting and tracking adverse events in VAERS.	Section Page(s)
Mandatory Element	Where, in the vendor’s response, is their ability to meet these mandatory elements discussed?
Vendor must have the ability to integrate with/transfer Electronic Medical Record (EMR) data to I-CARE.	Section Page(s)

<p>Mandatory Element</p> <p>Vendor must have the ability to report required vaccination data (approximately 20 data fields submitted via an HL7 message, including patient demographic information such as name, DOB, race, ethnicity, address, sex, occupation, etc. I-CARE is also able to capture and store detailed vaccine administration information such as CVX, lot number, vaccine expiration date, precautions and contraindications, and additional data requirements set forth by the CDC or the State, including race and ethnicity during the COVID-19 vaccination campaign) to the local, state, and federal jurisdictions every 24 hours.</p>	<p>Where, in the vendor’s response, is their ability to meet these mandatory elements discussed?</p>
<p>Mandatory Element</p> <p>Flexible hours of operation including evenings, nights, and/or weekends.</p>	<p>Section</p> <p>Page(s)</p>
<p>Mandatory Element</p> <p>Vendor must provide 3 references with complete contact information</p>	<p>Where, in the vendor’s response, is their ability to meet these mandatory elements discussed?</p> <p>Section</p> <p>Page(s)</p>
<p>Mandatory Element</p> <p>Quantify and describe vendor’s capacity for immunization services per week, i.e., how many sites/locations can vendor serve at one time, total number of immunizers and staff available to deploy statewide, maximum statewide throughput per week.</p>	<p>Section</p> <p>Page(s)</p>
<p>Mandatory Element</p> <p>Indicate minimum lead time necessary to mobilize a team.</p>	<p>Section</p> <p>Page(s)</p>

<u>Responsive Category</u> <i>Location in RFP</i>	<u>Program Specifications</u>	<u>Vendor's Proposal Page Reference</u>
REGISTRATIONS	Vendor must have an approved registration in I-CARE upon contract award.	Section Page(s)
	Vendor must be approved or have applied for approval by IDPH as a COVID-19 pandemic vaccination provider upon award.	Section Page(s)
PLANNING AND IMPLEMENTATION	Follow IDPH Guidance and Requirements	Section Page(s)
	Manage Vaccine and Supplies	Section Page(s)
	Establish vaccination site(s) hours, location and registration process	Section Page(s)
	Provide a safe environment for staff and patients	Section Page(s)
	Provide COVID-19 vaccination clinic staffing and oversight	Section Page(s)
	Counsel clients about COVID-19 vaccine before vaccination	Section Page(s)

<u>Responsive Category</u> <i>Location in RFP</i>	<u>Program Specifications</u>	<u>Vendor's Proposal Page Reference</u>
	Document Post-Administration of COVID-19 Vaccine	Section Page(s)
	Second Dose Vaccine Requirements	Section Page(s)
	Data Collection	Section Page(s)
	Data Reporting	Section Page(s)
	Establish and Implement Billing Processes and Assure no Out-of-Pocket Charges to Patients	Section Page(s)
EXPERIENCE	Vendor must minimally provide details of its seasonal flu immunization program or mobile immunization program that demonstrates its experience providing successful administration, project tracking and quality control services where immunization of a subset of or the entire population of a state was intended. Details of additional immunization programs that involve a vaccine that requires at least one additional dose within a specified timeframe are desirable.	Section Page(s)

<u>Responsive Category</u> <i>Location in RFP</i>	<u>Program Specifications</u>	<u>Vendor's Proposal Page Reference</u>
ADDITIONAL REQUIREMENTS	Vendor shall designate a Project Manager who shall be the primary contact person designated by vendor for oversight of the resulting agreement and communications related to same.	Section Page(s)
	Business Enterprise for Minorities, Women, and Persons with Disabilities Act Participation and Utilization Plan.	Section Page(s)
	Vendor must demonstrate that they will follow best practices related to vaccine administration.	Section Page(s)
	Vendor must accept that information provided regarding COVID-19 mass vaccination operations will evolve over time as IDPH guidance is updated.	Section Page(s)
	Vendor's current insurance coverage plan applicable to the proposed operations and continuing operational management of all proposed deliverables for this contract during the contract period. The insurance coverage must meet the State's standard contract terms.	Section Page(s)