



**DISTRICT OF COLUMBIA DEPARTMENT OF MENTAL HEALTH  
CONTRACTS AND PROCUREMENT SERVICES**

FEBRUARY 25, 2013

**REQUEST FOR QUOTATIONS AMENDMENT NUMBER TWO (2) FOR:**

**SOLICITATION NUMBER RM-13-RFP-083-BY4-SDS  
RESPIRATORY CARE SERVICES**

**TO ALL PROSPECTIVE OFFERORS**

<b>Question No.</b>	<b>RFP Section</b>	<b>Question/Comment</b>
1		Will the respiratory staff have an area (office) for staff personal items, office material, computer, printer etc
DMH RESPONSE: The Respiratory Staff shall have area(workstation)with computer, printer, office supplies and space for personal items		
2		Does the facility currently use Electronic Medical Records? If yes, shall the forms and assessments need to be uploaded into the EMR, who shall be responsible for assisting with the data entry and form completion
DMH RESPONSE: Saint Elizabeths Hospital currently uses an Electronic Medical Record. The individual therapist shall be oriented to the use of the EMR and all the appropriate features to facilitate completion of assigned duties (including form use, etc.)		
3		The RFP states (Respiratory Coverage estimated at 2 hours per day)-will you require a therapist "on call" to the facility for emergencies—i.e.; patient assessments, discharge planning, therapy to be administered, disaster team participation
DMH RESPONSE: A Therapist is not required to be here "On Call" Patient assessments are based on ordered consultations and discharge planning is done sufficiently ahead of time so that an "On Call" assessment is never required by the Hospital.		
4		1.) My company is currently obtaining all of the necessary licenses and business registrations required for the RFP. My concern is that all of the paperwork may not be complete by the RFP due date <b><u>we are in the process</u></b> , are we still eligible to propose providing everything is complete prior to project start-up?  2.) When is the anticipated date of project start-up
DMH RESPONSE:  1) The requirements of this RFP is that all necessary Licenses and Business Registrations must be current and complete at the time of your submission to this RFP.  2) The anticipated project startup date is March 17, 2013		

5	B.5	<b>CLIN 0001 Aerosol Treatment:</b> Is this a quote for the disposable equipment or equipment plus therapist time?
DMH RESPONSE: CLIN 0001 is a request for a quote comprising the disposable equipment and therapist time.		
6	B.5	<b>CLINS 0003 through 0012 -</b> Is this a quote for the disposable equipment or equipment plus therapist time?
DMH RESPONSE:  CLIN 0003 through CLIN 0012 is a request for a quote comprising the disposable equipment and therapist time.		
7	B.5	<b>CLIN 0013 -</b> Do you need to purchase 48 CPAP machines? Rent 48 Machines (cost is per diem)?, or provide 48 nasal masks?
DMH RESPONSE:  There is no need to purchase 48 CPAP machines. Those purchases are made for individual patients based on need at the time of examination.		
8	B.5	<b>CLIN 0016 Oxygen Concentrator per day PRN -</b> Is this a request for per diem rental of oxygen concentrators? What liter flow is requested, 5 or 10 l/m
DMH RESPONSE:  This represents a per diem use of Oxygen Concentrators. Liter flow requested is up to 5 liters.		
9	B.5	<b>CLIN 0017 Pulmo Aide per Day -</b> Is this a request for per diem rental of Pulmo Aide nebulizer machines? Rental, plus time to complete?
DMH RESPONSE:  This is a request for per diem rental of Pulmo Aide Nebulizer Machines; the Hospital does not have this equipment. Rental plus time to complete.		
10	B.5	<b>CLINS 0019 Through 0024 –</b> Are these rental requests for the equipment, plus therapist time?
DMH RESPONSE:  These services must be provided by contractor and should include Therapist time		
11	B.5	<b>CLIN 0025 -</b> Does the facility have a complete PFT machine? If not one will need to be leased-which can be quoted if requested
DMH RESPONSE:  The Hospital does not have complete PFT machine. These studies are obtained off campus currently.		

12	B.5	<b>CLIN 0027 - Does the facility have an airway management box? If not, one will need to be quoted, with restocking pricing as well.</b>
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DMH RESPONSE:

The Hospital does not have an Air Management box.

13	B.5	<b>Many items on this RFP need to be setup as initial and subsequent. May I submit our quote on a separate sheet to better encompass the proper scope?</b>
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DMH RESPONSE:

There is a need and requirement to provide Pricing on the Schedule B Pricing Sheet. This is a Request for Proposal and as such you may submit supportive information with explanations as to how the billing shall be submitted.

**ALL OTHER TERMS AND CONDITIONS OF THE REQUEST FOR PROPOSALS REMAIN UNCHANGED.**

Only one copy of this amendment is being sent to prospective Offerors. Offerors shall sign below and attach a signed copy of this amendment to each proposal to be submitted to the place specified for receipt of Proposals. Proposals shall be mailed or delivered in accordance with the instructions provided in the original RFP. In the event your Proposal has been previously deposited with the Department of Mental Health, Contracts and Procurement Services (DMH/CPS), submit this signed Amendment in a sealed envelope, identified on the outside by the RFP number and submission date. This signed Amendment must be included with your submission in response to this RFP.

Failure to acknowledge receipt of Amendment Two (2) for Solicitation Number **RM-13-RFP-083-BY4-SDS** may be cause for rejection of any quote submitted in response to the subject IFB.

Signed:

  
 Samuel J. Feinberg, CPPO, CPPB  
 Director, Contracts and Procurement  
 Agency Chief Contracting Officer

Amendment Number Two (2) is hereby acknowledged and is considered a part of the proposal for Solicitation Number **RM-13-RFP-083-BY4-SDS**.

\_\_\_\_\_  
 Signature of Authorized Representative

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Title of Authorized Representative

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 Print or Type Name of Bidder