



## **Baby Bonus Guaranteed Income Payment Distribution Vendor RFP**

### **Responses to Questions Submitted from the Public**

**10/18/24**

#### **Questions and Answers**

1. Is the distribution vendor expected to implement/run the program or will First5 staff, or an implementing partner, run the program?

A1: The distribution vendor will not be expected to implement/run the program, only to manage the payment disbursement component. F5SMC and implementing partners will manage the coordination and implementation of the overall program. The distribution vendor will have a direct contract with F5SMC.

2. Are payments expected to be unique to the enrollment of the participant or can this be "cohort" based? For example, Maria enrolls today and is expected to receive her first payment within 48 hrs (unique), or Maria enrolls today and will be part of the group who will receive their first payment on Nov. 1? In other words, are there enrollment cut off dates to make set payments for everyone?

A2: The preferred scenario would be unique enrollment, but cohort-based enrollment may be considered. Under Desired Task and Activities, we have listed "Ensure participants receive their first disbursement within two weeks of enrollment".

3. Are payments for participants monthly or twice a month?

A3: Monthly

4. Do you have an estimate of the number of individuals without a SSN or ITIN?

A4: We do not have an estimate at this time, but would anticipate that it is less than half of the total number of participants.

5. Is it an immediate disqualification if the vendor only deposits into the products they are providing?



A5: No, that is not a disqualification. In the Project Approach please be sure to describe these products and what options participants have to transfer money to other accounts if they wish.

6. To confirm, the "enrollment" period only runs over an 18 mo period?

A6: This is an estimate. We will enroll birthing parents until we reach the maximum number of participants we can fund. Based on birth trends and estimates on how many will enroll or decline, we are anticipating it may take around 18 months.

7. Do families receive retroactive pay to ensure they receive the total amount allotted to the full program *or* only from point of enrollment through the completion date? In other words, does everyone get the full 36 months or is time bound?

A7: Each participant will receive 36 months of payments from the time they enroll. Thus, the total implementation window for the project is about 4.5 years.

8. What happens if you do not get the total expected number of 700 program participants?

A8: We will enroll birthing parents until we reach the maximum number of participants we can fund. Based on birth trends and estimates on how many will enroll or decline, we are anticipating it may take around 18 months, but it's possible it may take longer.

9. Regarding the fee proposal, do you have a cap or any guidance you can share? We're trying to better gauge the capacity we need to budget for as we prepare our proposal.

A9: We do not have guidance on the fee proposal, as we understand that fees will vary based on the services proposed. Please note that we are evaluating the project approach, firm qualifications, team qualifications, and fee proposal together. Our selection is not simply based on the lowest fee proposed.

10. For staffing, do we need to have a local project manager identified by the time we submit a proposal, or would submitting a draft job description be sufficient? As we don't currently operate in San Mateo, we want to ensure we have enough lead time to source a strong local candidate.



A10: It is important for us to understand your project team and reporting structure. If you do not have a local manager hired, it would be critical to understand who would hire and train this individual and ensure their success. We would also need to understand how your firm will be able to manage the program if there are delays in hiring for this role. Our expectation would be that firms have the staffing and infrastructure needed to deliver the Desired Tasks & Activities. That may look different for each firm, and we rely on your expertise to propose what is needed.

11. Given that we're not currently based or operating in San Mateo, what expectations does your team have for the local capacity and infrastructure we should build to successfully execute this project?

A11: Our expectation would be that firms have the staffing and infrastructure needed to deliver the Desired Tasks & Activities. That may look different for each firm, and we rely on your expertise to propose what is needed.

12. Would F5SMC sign an NDA? This will allow us to share the most accurate information.

A12: F5SMC will review all submitted documents by proposers after the close of the RFP and will not be reviewing or commenting on submitted documents prior to that point. Please note that F5SMC is a public agency subject to the California Public Records Act.

13. Under the Desired Tasks and Activities, section B, point b, it notes that the contractor will enroll participants upon referral by F5SMC and partners. Is enrollment here into the program overall, or just the financial component? Will the referrals be actual participants already enrolled in the program? Who is the entity that is vetting and enrolling clients?

A13: This refers to enrollment into the financial component only. Our other implementing partners, Lucile Packard Children's Hospital and Health Plan of San Mateo, will be responsible for enrolling participants into the program overall.

14. Is funding to operate and manage the program over five years secured? Where is the funding coming from?

A14: Yes, the funding for the cash gifts and program management for a minimum number of participants is secured. It is a mix of private and public contributions.

15. On section E, point b, it notes collecting program participant data. Is this data from program application? Or are you envisioning survey data as well?

A15: This refers primarily to any data that is collected in order to distribute payments to participants, and any data collected on usage of payments. It may or may not include survey data, depending on what is proposed in the Project Approach.

16. In the sample contract, under the “Indemnity” section, it states, “any sanctions, penalties, or claims of damages resulting from the Contractor’s failure to comply with the requirements set forth in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all Federal regulations promulgated thereunder, as amended...” Does that mean the Contractor is required to obtain HIPAA compliance?

A16: The sample contract shared is a general template only and may be amended in contract negotiations with the selected vendor. We do not anticipate the payment distribution vendor will have access to protected health information where HIPAA would apply.

17. In the Desired Tasks and Activities section of the solicitation, specifically in subsection C (Payment Method and Distribution), it says, "make tracking of payments available to participants." Could you please elaborate on what information you want to be made available to participants? An example would be helpful.

A17: We would like participants to be able to have access to information such as when their monthly deposit is made, how much money is left in their card/account, and when the next payment is scheduled.

18. Would F5SMC consider expanding the page limitation on Item #3 Project Approach (page 9) to allow for a more complete explanation of our product and services?

A18: We are firm in the current page limit for the Project Approach: up to 5 pages of text, up to 4 additional pages for images. Please note that some proposers will be invited to interview and can share additional explanation of product and services at that time.



19. The RFP states, "Staff should be trained on racial equity, cultural competence, trauma-informed care, working with diverse populations, and any other related principle/practice necessary to serving clients under the agreement." Are there specific requirements for this training, such as a certain number of required training hours?

A19: There are no specific requirements for training hours. It is important to us that staff have training and ongoing support to interact appropriately and respectfully with participants and partner agency staff. We recognize this can be achieved in different ways.

20. What data will you have available to share to properly identify recipients? For example, will SSN, ITIN, passport number, matricular card or another government-issued document (foreign or domestic) be available?

A20: Participants in the Baby Bonus program will be enrolled in Medi-Cal. Forms of identification that are accepted for Medi-Cal enrollment include California Driver's License or identification card, US citizenship status (e.g. US passport or naturalization certificate), immigration status (e.g. foreign passport, LPR card, or INS document), Social Security Number, school identification card, marriage record, work badge, and Church membership or baptism/confirmation record.