

Illinois Department of Public Health
 COVID-19 Vaccine Delivery Assurance Program
 Request for Proposals
 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 located in your proposal. Respondent must complete this Proposal Specification Checklist Table provided below to identify how their proposal meets the requirements of the solicitation.	
<u>Mandatory Element</u> Vendor must have existing locations throughout the State of Illinois, where vaccination of patients can occur.	Where, in the vendor’s response, is their ability to meet these mandatory elements discussed?
	Section Page(s)
<u>Mandatory Element</u> Vendor must have a 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.	Where, in the vendor’s response, is their ability to meet these mandatory elements discussed?
	Section Page(s)
<u>Mandatory Element</u> Vendor must have a method for reporting and tracking adverse events in VAERS.	Where, in the vendor’s response, is their ability to meet these mandatory elements discussed?
	Section Page(s)
<u>Mandatory Element</u> Vendor must have the ability to integrate with/transfer Electronic Medical Record (EMR) data to I-CARE.	Where, in the vendor’s response, is their ability to meet these mandatory elements discussed?
	Section Page(s)
<u>Mandatory Element</u> 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	Where, in the vendor’s response, is their ability to meet these mandatory elements discussed?
	Section Page(s)

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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.		
Mandatory Element Vendor must provide 3 references with complete contact information		Where, in the vendor’s response, is their ability to meet these mandatory elements discussed?
		Section Page(s)
<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 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	Subcontract with local pharmacies in areas where they do not have a corporate presence.	Section Page(s)
	Remain in direct communication with IDPH appointee on a weekly basis.	Section Page(s)
	Follow evolving IDPH guidance.	Section Page(s)

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	Follow the most recent version of the Illinois COVID-19 Mass Vaccination Plan.	Section Page(s)
	Collaborate with the LHD to ensure vaccination priorities are aligned with the State response. This includes following the protocol for prioritization of clients receiving vaccine based on specified criteria and phase of mass vaccination campaign.	Section Page(s)
	Have the ability to secure sufficient quantities of vaccine-associated supplies (e.g., syringes, needles, personal protective equipment) in a timely manner and maintain a steady supply stream.	Section Page(s)
	Have the ability to ensure equipment and systems are in place to ensure dictated cold chain integrity storage of vaccine depending on vaccination type. CDC guidelines shall be adhered to, as well as any and all information provided by the vaccine manufacturer in the vaccine insert (e.g., Pfizer to minus 80c, Moderna to minus 20c) upon execution of the contract.	Section Page(s)
	Adhere to all applicable Centers for Medicare and	Section

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	Medicaid (CMS) COVID-19 requirements.	Page(s)
	Schedule, staff, and coordinate vendor-operated pre-existing locations in the State.	Section Page(s)
	Provide immunization services at third party locations as designated by the State or as requested by said third parties. Immunization services may be required at facilities housing persons with special needs. Vendor shall ensure that its staff are appropriately trained and qualified to administer vaccines in all circumstances.	
	Ensure adequate staffing of healthcare providers licensed or authorized by law in the State of Illinois with a Scope of Practice/approved Expanded Scope of Practice to deliver the vaccines, including surge staffing for vendor-operated pre-existing locations in the State.	Section Page(s)
	Schedule and coordinate vaccination dates at vendor's pharmacies.	Section Page(s)
	Demonstrate their understanding of COVID-19 mass vaccination planning and operations needs in Illinois and their ability to effectively provide planning, logistical	Section Page(s)

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	operations, quality control, staffing, tools, and resources necessary for success.	
EXPERIENCE	Vendor must minimally provide details of its seasonal flu 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)
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)

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	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.	Section Page(s)
	Proposed Pricing. Vendor’s proposed pricing shall be inclusive of all costs including but not limited to salaries, supplies, equipment, PPE, travel (e.g., transportation, lodging, meals), facility, and system costs. Prevailing wages apply.	Separate Attachment
	Inclusion of Proposal Specification Checklist Table	Separate attachment
GENERAL INFORMATION	Complete contact information of vendor to include name of vendor, vendor’s address and contact person, including work phone, cell phone, and e-mail address	Section Page(s)