

**RFP for Emergency Medical Sheltering Services #EV00007905**  
**Prospective Applicant Q&A**

# Question	Response
<p><b>1 Can we use out-of-State staff?</b> We will be utilizing staff local to Boston, but would also bring staff from out of the region/state to assist. This is due to the shortage of all medical staff in all metropolitan areas around the country related to COVID-19. There are rural healthcare (medical and behavioral health) providers, peer recovery coaches, social workers, etc that are currently not working as a result of various behavioral health in-patient centers closing from COVID-19 and we would intend to utilize some of these folks best equipped to help in Boston.</p>	<p>Yes.</p>
<p><b>2 Are there any blocked off temporary housing arrangements in nearby hotels or dormitories that these temporary medical staff can stay, free of rent?</b></p>	<p>We will work hard to arrange this if it is needed.</p>
<p><b>3 If awarded this contract, how quickly would funds be made available?</b> Mobilizing and launching a program in this timeframe is an unprecedented push. We are confident we can assist, however it will be critical to have funds immediately to do so. We would immediately begin planning, recruiting, assembling the appropriate workforce, developing operations protocol and strategy and then implementing which will require an immediate spend and our organization is already assisting a number of initiatives with capital and liquidity.</p>	<p>The City can work with the selected respondent on a payment schedule that makes the most sense for a successful program including an up front deposit or payment for start-up costs associated with the program.</p>
<p><b>4 Will the City assist us with navigating any licensure and regulatory matters for opening an emergency shelter / hospital?</b> I.e. has the City already made provisions to allow this project to get open and help without a long rigorous staff credentialing process, need to obtain a behavioral health license for the new facility, etc.</p>	<p>Yes, the City will assist with any licensure and regulatory matters.</p>
<p><b>5 Did someone from the City say that the additional services such as security, food service, etc. could be provided and contracted directly by the City?</b> I heard someone say that a particular service could be offered and that the applying agency could offer to assist but not required. Just couldn't hear what service(s).</p>	<p>If the partner(s) selected through this RFP does not propose to provide security, janitorial, and food service, the City will enter into separate partnerships to provide those services to the facility and those housed there.</p>
<p><b>6 Is this City more concerned about the quality of services to be provided and the level of sophistication on the implementing team or is cost the primary focus?</b>  The nature and timing of this project will obviously bring about more cost than under normal circumstances, as it will likely include adding significant hazard pay, relocation money, benefits, insurance, legal services, etc. We would utilize volunteer services whenever possible and try to keep costs down as much as possible but don't want to do so to the detriment of the speed and quality of operations to be opened and provided unless required by the City.</p>	<p>The City will choose the partner who will deliver the most value for the people of Boston, when considering both the Operating Proposal and the Price Proposal. When considering the Operating Proposals, the City will favor those respondents who have:</p> <ul style="list-style-type: none"> <li>• Extensive experience providing similar services (i.e. healthcare and/or sheltering services) to similar numbers of individuals in the Boston area;</li> <li>• A plan that clearly addresses all the needs outlined in the Scope of Work</li> <li>• The capacity to implement that plan by mid-April as planned</li> </ul> <p>Note that the population intended to be served has tested positive for COVID and needs monitoring, but does not have serious symptoms requiring hospitalization.</p>
<p><b>7 Does the City already have folks that they know want to be staff in some of these positions that are available to do so, or will they look to us for all staffing?</b></p>	<p>The City would anticipate the operating partner to identify and fill available staff positions. If the organization has anticipated gaps which they would need to fill through outside sources, we encourage organizations to seek partnerships with other partners or individuals outside your current staff to fill those gaps.</p>
<p><b>8 How many agencies are applying for this?</b> Would you feel it would be better if we connected with some of them to talk about a collaborative approach to tackling this effort?</p>	<p>We can't share this information until the RFP closes, but the City can connect partners and facilitate collaborations as needed after the proposal submission deadline.</p>
<p><b>9 Could you help us understand how the services you're looking for at the convention center would be different from respite COVID treatment space within the BMC East Newton Pavillion?</b></p>	<p>This facility is designed to augment the additional beds being provided across the city, including those at East Newton Pavillion.</p>

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<b>10</b> Could you clarify if the RFP is seeking a shelter provider, or alternatively, a healthcare provider located within the city's temporary shelter? I see the language around security, cleaning, and food service. Would the city be staffing the shelter piece?	The City is seeking a partner who can provide basic medical care to an unsheltered population or individuals for whom it is not feasible to return home. While there are additional considerations for providing care to individuals with unstable housing, the main focus of this RFP is to identify a partner who can provide basic support and medical care to COVID-19 positive individuals.
<b>11</b> Are you looking to start smaller (ex. 160 beds) and scale up to 500, or start with 500 beds immediately?	This would depend on the case load bed need at the moment, however assuming that not all beds are needed immediately, it would be possible to open as a phased approach with fewer beds and scale up as necessary