



**RETURN BIDS TO:
RETOURNER LES SOUMISSIONS À:**

PWGSC/TPSGC Acquisitions Bid
Receiving/Réception des Soumissions
126 Prince William Street/
126, rue Prince William
Suite 14B
Saint John
New Brunswick
E2L 2B6
Bid Fax: (506) 636-4376

**SOLICITATION AMENDMENT
MODIFICATION DE L'INVITATION**

The referenced document is hereby revised; unless otherwise indicated, all other terms and conditions of the Solicitation remain the same.

Ce document est par la présente révisé; sauf indication contraire, les modalités de l'invitation demeurent les mêmes.

Comments - Commentaires

All enquiries are to be submitted in writing to the Contracting Officer, Janine Donovan: Email - janine.donovan@pwgsc.gc.ca.

Vendor/Firm Name and Address

Raison sociale et adresse du fournisseur/de l'entrepreneur

Issuing Office - Bureau de distribution

Saint John, NB (STJ)
126 Prince William Street/
126, rue Prince William
Suite 14B
Saint John
New Bruns
E2L 2B6

Title - Sujet Rehabilitation Services	
Solicitation No. - N° de l'invitation 51019-184018/A	Amendment No. - N° modif. 009
Client Reference No. - N° de référence du client 51019-184018	Date 2019-11-27
GETS Reference No. - N° de référence de SEAG PW-\$STJ-002-4448	
File No. - N° de dossier STJ-8-41048 (002)	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2020-02-28	Time Zone Fuseau horaire Atlantic Daylight Saving Time ADT
F.O.B. - F.A.B. Plant-Usine: <input type="checkbox"/> Destination: <input checked="" type="checkbox"/> Other-Autre: <input type="checkbox"/>	
Address Enquiries to: - Adresser toutes questions à: Donovan (STJ), Janine E.	Buyer Id - Id de l'acheteur stj002
Telephone No. - N° de téléphone (506) 639-0215 ()	FAX No. - N° de FAX (506) 636-4376
Destination - of Goods, Services, and Construction: Destination - des biens, services et construction:	

Instructions: See Herein

Instructions: Voir aux présentes

Delivery Required - Livraison exigée	Delivery Offered - Livraison proposée
Vendor/Firm Name and Address Raison sociale et adresse du fournisseur/de l'entrepreneur	
Telephone No. - N° de téléphone Facsimile No. - N° de télécopieur	
Name and title of person authorized to sign on behalf of Vendor/Firm (type or print) Nom et titre de la personne autorisée à signer au nom du fournisseur/de l'entrepreneur (taper ou écrire en caractères d'imprimerie)	
Signature	Date

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Amd. No. - N° de la modif.

Buyer ID - Id de l'acheteur

51019-184018/A

009

STJ002

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CCC No./N° CCC - FMS No./N° VME

51019-184018

STJ-8-41048

This amendment to the Letter of Interest (LOI) is for the following:

- 1) To extend the closing date of the LOI to February 28, 2020.
- 2) To provide a list of 17 questions and supporting documents for industry's feedback.

We are requesting the following in relation to the responses:

- The feedback should be provided by December 13, 2019.
- The feedback should be limited to 35 pages.
- The feedback should be limited to responding to the questions only.
- The paper size should be - 216mm x 279mm (8.5" x 11").
- The minimum font size should 11 point Times or equal.

Responses may be provided by email to Janine.donovan@pwgsc-tpsgc.gc.ca or by mail to the address in the top right hand cover of the Letter of Interest Cover Page.

1. VAC's clients located across Canada require treatment in both official languages. VAC also serves clients who are living outside Canada, some in countries where neither English or French are official languages.
 - a. Explain your process for conducting assessments, implementing services, providing referrals, etc. in both French and English
 - b. Some clients reside internationally where assessments, treatment plans, progress reports and billing are provided in other languages. Describe how your organization would manage this requirement
2. VAC recognizes clients have individual needs. In your organization's experience:
 - a. What is the shortest, longest and average length of time clients participate in:
 - i. Vocational rehabilitation
 - ii. Medical rehabilitation
 - iii. Psycho-social rehabilitation
 - iv. Follow-up to ensure goals are maintained after plan has been completed
 - b. How do you monitor and ensure a client's length of time on the program is appropriate?
 - c. What action is taken if a client is having difficulty disengaging from the program when it is deemed to be appropriate?
3. Offering culturally relevant service delivery and treatment options is an area where VAC would like to improve. Rehabilitation services are often rooted in the medical model which may restrict approval for certain treatments/services. How does your organization offer evidence based treatment/services that may be specific to a client's culture? Please provide an example.

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4. VAC is committed to deliver inclusive services and is modernizing how sex and gender information is collected, analyzed and used. In addition VAC wants to ensure that sex and gender differences are taken into consideration when assessing needs, developing rehab goals, and identifying rehab services and interventions. Describe your organization's best practices with respect to information management and service delivery to serve all clients respectfully?
 5. Eligible VAC clients may be accessing medical or psycho-social treatment or benefits through other means (VAC Treatment Benefits, private insurance, provincial healthcare, etc.). These treatments could potentially impact or interfere with the goals of their Rehabilitation program. How would your organization address the following two scenarios where you believe the other treatments could limit program participation and success?
 - a. Clients taking medications that could impact their ability to fully participate and engage in their rehabilitation plan and/or may impact their suitability for a chosen career path
 - b. Clients receiving physio-therapy from another provider which could counteract their rehabilitation plan
 6. VAC currently reimburses eligible and approved clients for Cannabis for Medical purposes. Does your organization, or any of the health providers you sub-contract or partner with, have policies related to this treatment, or foresee this as a barrier to providing rehabilitation services? Please explain and identify how you would propose to address this.
 7. VAC clients participating in the Rehabilitation Program want to be engaged in the development of their plan, as well as monitoring and ongoing reporting of their progress against their goals. Please describe interactive, innovative, creative approaches your organization uses to actively engage clients.
 8. How do you determine what services (assessments and/or treatments) should be conducted in-person versus using technology? How do you determine when using technology is not the best approach and what action would you take?
 9. Describe what measurement tools your organization uses to:
 - a. Determine level of disability
 - b. Monitor client improvements and changes
 - c. Determine the impacts of the rehabilitation plan (i.e. measuring against client short-term and medium-term goals, and long-term outcomes)
 10. What is your organization's strategy for meaningful data utilization? Describe your best practices for gathering, analyzing and reporting on client data:
 - a. Internally for quality assurance

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- b. Externally with customers (program owners) collaboratively to develop reports and plans for program evaluation
11. Describe your organization's best practices related to:
- a. Service delivery audit plans to identify issues and develop corresponding action plans
- b. Client verification process to confirm services were rendered
12. Describe how your organization ensures that service standards (i.e. turnaround times) do not take precedence over the quality of service provided to the client?
13. Describe your organization's best business practices when implementing and administering a complex (large, national in scope, many locations etc.) contract?
14. Describe your organization's best business practices in systems integration and efficient sharing of information in real-time?
15. Describe how your organization manages third party claims processing? For example, an in-patient stay for addiction treatment, or tuition costs from a training institution.
16. How does your organization charge for the following services? Do not include your anticipated rates or travel expenses in your response.

Please indicate if you charge a fixed price, an hourly rate or another method for each of the following services* below:

- a. Contract costs
- b. Implementation phase
- c. Operational phase
- d. Close-out phase
- e. Claims processing
- f. Quality assurance
- g. Change management process (change requests, change orders etc.)
- h. Initial professional holistic assessment
- i. Rehab plan development
- j. Assessments (i.e. physician, psychiatric, occupational therapy, ergonomic, etc...)
- k. Testing (i.e. aptitude, interest, etc...)
- l. Analysis (i.e. labor market, transferrable skills, job site, etc...)
- m. Consults (i.e. in-patient, medical, psycho-social, etc...)
- n. Client progress reports
- o. Client final reports

*This is not an exhaustive list of potential services.

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17. Is there any important information related to this requirement that your organization feels would be relevant that has not previously been requested,

3) To offer the opportunity for interested participants to obtain a government security clearance

A security clearance will be required for award of this contract. If you would like to start that process in the event you are the successful bidder, please contact Janine Donovan to begin this process.

4) Provide an updated schedule for the procurement which is as follows:

- Further industry feedback requested: November to December 2019
- Anticipated Posting of Draft RFP – February 2020 or March 2020
- Anticipated Posting of Final RFP: May to June 2020

5) To correct an error from LOI Amendment No. 8

In Q1, remove the reference to “4717” and replace with “4714”.