

SUD Prevention and Mental Health Promotion Online Reporting System

RFP No. 2020HCA11

Amendment No. #3

Date Issued: 10/12/2020

To: RFP Bidders

From: Danielle Mortenson, RFP Coordinator

Purpose: This document contains:

- 1) The answers to questions submitted by bidders on August 29, 2020, per Section 1.2 Estimate Schedule of Procurement Activities and during the Bidder's Pre-Proposal Conference held on October 5, 2020.
- 2) RFP 2020HCA11 Section 3.9.1 Deliverable Cost Table
- 3) Replace Section 3.4.3.3.a. Program Manager: Education
- 4) Amended Exhibit E (posted separately)
- 5) Amended Exhibit F (posted separately)

This amendment hereby modifies and is attached to RFP No. 2020HCA11. All other terms, conditions, and specifications remain unchanged.

The above referenced solicitation is amended as follows:

1) Q&A

RFP - 2020HCA11 - SUD Px MHP			
#	Section	Bidder Questions	HCA Answers
1	Section 1.2	Do you anticipate extending the bid due date?	At this time HCA is not considering extending the proposal due date. However, per RFP Section 1.2 HCA reserves the right in its sole discretion to revise the Estimated Schedule of Procurement Activities. If HCA does revise the Proposal Due date it will be communicated in an amendment to the RFP.
2	Section 4	What additional details are you willing to provide, if any, beyond what is stated in bid documents concerning how you will identify the winning bid?	In Section 4, Evaluation and Contract Award, details how the winning bidder will be identified.
3	General	Was this bid posted to the nationwide free bid notification website at www.mygovwatch.com/free ?	No.
4	General	Other than your own website, where was this bid posted?	OMWBE, WEBS and Athena Forum
5	General	Whether companies from outside USA can apply for this? (like, from India or Canada)	Bidders will need to be licensed to do business in the State of Washington.

6	General	Whether we need to come over there for meetings?	In the current environment, these meetings are being hosted virtually. However, this may change depending on the needs of HCA and in-person meetings may be necessary.
7	General	Can we perform the tasks (related to RFP) outside USA?	Yes
8	Section 2.1	Can we submit the proposals via email?	Per Section 2.4, Submission of Proposals, states that proposals must be submitted electronically as an attachment to an e-mail to the RFP Coordinator at the e-mail address listed in Section 2.1.
9	Section 1.5	I unfortunately could not locate section 1.55 therefore wanted to confirm whether that was suppose to be 1.5. Assuming it was, can you confirm the level of detail you'd like prospective bidders to submit as part of the letter of intent submission.	1.55 is a typo and should be 1.5. The level of detail bidder should respond, is one that will accurately provide a descriptive answer to the question.
10	Exhibit F	Could you please provide additional context for this question in Exhibit F? "Bidders must provide a comprehensive level description of investigative leads for State algorithms development."	This question is irrelevant to our work, and should be repurposed for Prevention work. The concept of investigative leads does not align with Prevention. This will be addressed in amendment 3.
11	Exhibit E & F	We develop custom systems for our clients. Therefore, for the yes/no responses for the Functional and Technical proposals, should a bidder answer the question based on what the system could do if the contract were awarded or the current capabilities of the system?	Yes
12	Exhibit E	Functional Proposal, Question 1 states "Responses should be a maximum of 3 pages." Is this 3 pages total for a through g or 3 pages for each response for a total of 21 pages?	The three page total is a through g and not for each response.
13	Exhibit E	Exhibit E, page 4 states "date of birth city." Should this be "birth city" or "date of birth"?	This is in reference to the date of birth.
14	Exhibit E	Exhibit E makes a number of references to case files and case information. Does a "case" refer to a client or student? If not, please clarify.	This question is irrelevant to our work, and should be REMOVED from Exhibit. The concept of case does not align with Prevention. This will be addressed in amendment 3.
15	Exhibit E	Exhibit E 2 o states "o) Ability for each Work Unit to develop a "prioritization table", which can be edited by an administrator within each Work Unit, to assign each case a priority level? The case priority should change as the table is edited. Could you further define "Work Unit"?	This question is irrelevant to our work, and should be REMOVED from Exhibit. The concept of case does not align with Prevention. This will be addressed in amendment 3.
16	Exhibit E	If "case" refers to a client or student, then we assume data related to the case would be considered "Category 3" level data that needs to be encrypted and controlled. Should individual-level information related to a case be allowed to be exported from the system? In Exhibit E, 2k enquires about the "Ability to extract and transfer documents and case information in a compacted file to other systems." Does the system need to be capable of exporting individual-level, Personally Identifiable Information? And if so, does that data need to be protected in some way?	Yes, the system needs to be capable of exporting individual-level, personally identifiable information. This data is Category Three data. The data needs to be protected in transit and at rest as well as be encrypted.
17	Exhibit E	Related to the reference to algorithms and cases, could you clarify language in Exhibit E: 2r) "Ability to provide status report of algorithm cases and dollar amounts in review and the current status?" 2s) "Ability to link cases to other relevant algorithms and audits, as well as other relevant information within the case?"	This question is irrelevant to our work, and should be REMOVED from Exhibit. The concept of investigative leads does not align with Prevention. This will be addressed in amendment 3.
18	Section 3.9	3.9 states "The bidder is to submit a fully detailed budget including staff costs and any expenses necessary to accomplish the tasks and to produce the deliverables under the contract." Should this detail be in addition to the Deliverable Cost Table (where it looks like only totals are required) and the O&M Cost Table?	This detail should be in addition to the Deliverable Cost Table.
19	Section 3.9	The Deliverables do not appear to include the actual development - only costs for project management, testing, training, data migration, and documents related to configuration. Where do bidders put development costs for customization/development efforts?	This would become a subcategory within configuration services.

20	Section 2.9.3	2.9.3- Software License Cost: Does this refer to a licensing fee that the bidder would charge HCA for the use of the proposed software or does this refer to fees that would be incurred by the bidder and passed on to HCA for software integrated into the system (e.g. mailgun, uptimerobot, Flareapp.io)?	If the solution is a third party solution or software as a service, then it would be the HCA charged cost, however if the proposed solution is developed, and the solution is developed on HCA's behalf then the license cost would be any third party integrated app, or development tool licenses
21	Section 3.9	Please confirm that the Deliverable Cost Table should include all of the costs for startup through June 30, 2021 (maximum \$225,000) and O&M Cost Table includes total annual costs (maximum \$200,000) for Year 1 (July 1, 2021- June 30, 2022), Year 2 (July 1, 2022- June 30, 2023) and so on.	Yes, the Deliverable Cost Table should include all of the costs for startup through June 30, 2021 and O&M includes total annual costs.
22	Section 2.12	On page 20 of the RFP, a list is provided of the items that must be included in the proposal contents. On that list is "J. Draft Sample Contract". What are we supposed to do with this? Are we expected to fill out any fields relevant to us as if we were the apparent successful bidder and submit that document?	Per Section 2.12, Bidders must include a copy of the Draft Contract with their proposals that includes redline edits documenting the changes they propose be made if selected as an ASB. If the Bidder fails to identify an objection to any particular term or condition, the term or condition will be deemed agreed to by the Bidder.
23	Section 1.7	Compared to a Commercial-Off-The-Shelf (COTS) solution, a custom-built solution will require a higher upfront effort, followed by no license fees in future years. Is there an opportunity to balance the project budget so more is available in the first year, to support a custom-built solution?	HCA understands that there may be more initial costs in first year for customization and/or building. The expectation by HCA is that bidders budget proposals stay within the outlined budget maximums per period.
24	Section 1.7	If bids come in higher are you willing to ask for more budget? The budget seems to be very specific. How was the budget developed? Your current system is called Minerva. Is this the internal name of the project, your vendor name, vendor's product name or something else? Who is the current provider? How many lives are covered by DBHR for SUD?	At this time, we are unable to get an increase in budget for this project. The budget was reviewed through SMEs and with review of our current system budget. Minerva is the name of our product that we use internally. The current provider is JSI Inc. Our system currently includes data for over 40,000 unduplicated participants.
25	Section 1.4	Could you share a demonstration of the current system (live or recorded)?	No.
26	Section 1.4	Could you share the data dictionary of the current system?	No.
27	Section 1.4	Could you describe the user roles of the current system?	Some of the user roles are as follows: <u>Prog Admin User:</u> Create Entities Create user accounts Create Funding Sources <u>State-level User Responsibilities:</u> Approve Program Profiles Review System Performance <u>Provider-level User:</u> Enter Data Review Reports Enter scheduled quarterly and annual reports Review other system reports as required
28	Exhibit F	What programming languages are compatible with HCA's IT development environment? (Exhibit F, page 3)	HCA develops using .NET Core, while we do have other languages this app will be required to use .NET
29	General	Are single spaced pages in the proposal allowed, or does everything need to be double spaced?	This is at the discretion of each Bidder, unless stated otherwise within the RFP.
30	Exhibit E	Please clarify whether the page limits for Exhibit E are for each question (1,2,...) or each question part (1a, 1b,...)? In other words, are the 3 pages for questions 1a-1g or 3 pages for 1a, 3 pages for 1b, etc.?	The page limits are based on the questions and inclusive of the question parts. There are three pages allowed for questions 1a-1g. An amendment will follow to clarify this.
31	Exhibit E	Given that logic models can vary widely in terms of the number of columns and their titles, are HCA contractors required to use HCA's logic model framework shown in Exhibit E with the same 6 (and no additional) columns with the column headings shown? Does the solution need to accommodate any deviations contractors make to the logic model framework?	It may but it is not required to allow for deviation by users.
32		Do you expect to have all desired functionality completed by the go-live date (July 1, 2021 go-live date), or do you anticipate additional releases?	We aim to have all desired functionality completed and tested by the Go-Live date. Additionally releases for ongoing enhancements may occur between May- Sep.

33	Section 1.9	The go-live date is July 1, 2021. Does training of users need to occur before that date? Or by when?	Training of users by the ASB will occur before that date and potentially thereafter.
34	Section 3.3.6	Requirement 3.3.6 requires Bidders to provide a Disaster Recovery Plan. Please confirm this document is not included in the page limit and can be included as an appendix to the response.	This can be included as an appendix as is not subject to the page limit.
35	Section 3	Per Section 3.0 PROPOSAL CONTENTS, there is only one response document required, and the Cost Proposal is to be placed between the Technical Proposal (Attachment F) and the Diverse Business Inclusion Plan (Exhibit B). However, the instructions in 3.9 state "Bidders are to submit their Cost Proposal in a separate document from their Written Proposal and Executive Order 18-03 document." Please confirm if Bidders should submit their Cost Proposal as a separate document, or if it should be included in the main response.	Bidders should submit their response to Section 3.9, Cost Proposal is a separate document. It should not be included in the main response.
36	Section 3.5	Section 3.5 Additional Vendor Information is marked as Mandatory Requirements, however it is not listed in the required outline contained in section 3.0 PROPOSAL CONTENTS. Please clarify if vendors are required to provide responses to section 3.5. If so, please confirm where these responses should be placed within the response.	Yes, Bidders are required to submit responses to Section 3.5. Please place it after Section 3.4.
37	Exhibit E & F	(Exhibit E & F) Please clarify that the questions requiring a Yes/No answer only are not subject to page limits.	Questions requesting a "Yes/No" response do not have maximum page limits.
38	Exhibit F	Exhibit F, Section 3, Question 1: Please confirm questions "a)" and "b)" are limited to one page total for both.	The page limit is 1 page for question "a)" and 1 page for "b)".
39	Exhibit E	Exhibit E, Section 1, Question 1: The instructions for Question 1 state, "Please provide a response to each of the following. Responses should be a maximum of 3 pages." Please clarify if each of the sub questions listed ("a)", "b)", etc.) have a maximum 3 page limit, or if the combined response for all 7 questions is limited at 3 pages.	Section 1, Question 1 subpart a-g combined are subject to a maximum three page response.
40	Exhibit F	Exhibit F, Section 1, Question 1, requires Bidders to "...provide a comprehensive level description of investigative leads for State algorithms development." Please provide additional detail regarding the algorithms HCA would like to implement regarding its populations, evidence or research based strategies, or particular outcomes within the Prevention community.	Question has been re-worded.
41	Section 1.4	Could HCA please describe the data collection, database management, and reporting platform for the treatment system, and for any other HCA systems that interaction may be desired?	State agency staff and contractors/providers enter and import data into the current prevention system. The data is disseminated into multiple tables that can be exported from the system into excel files. These excel files are imported by state agency staff into a state agency owned SQL database. The current prevention also has canned system reports. These reports are run on an ad hoc request. There are also other requests for the data that state staff fulfill by using the state agency owned SQL database where the prevention system datasets are loaded into. The Health Care Authority is also in the middle of building a Enterprise Data Warehouse where ideally we would like to have connectivity with the prevention system to automatically ingest the data needed for program and reporting purposes.
42	General	How does HCA envision use of prevention data in the treatment system and vice-versa?	The relationship between data gathered from both systems is constantly evolving. An example of a current use of the data gathered from the Treatment System would be that it assists in a more global effort of determining target populations as well as in supporting legislative asks.
43	General	Could HCA please describe anticipated interoperability requirements with any federal systems of interest?	At this point, we do not anticipate any technical interoperability however system generated reports are expected to have the ability to be entered into federal systems with ease.

44	Section 1.4	Page 6, 1.4 Objectives and Scope of Work, paragraph 1: "expand capabilities, increase interoperability between existing systems, and integration with disparate entities or sources of prevention service data." Q: How will these requirements be covered in the contract from SOW and budgetary perspectives?	This will be addressed within the resulting contract's statement of work.
45	Section 1.4	Page 7, 1.4.1.2 "If a commercially-available software product is selected it is either hosted by the vendor in the cloud or hosted by HCA via Amazon Web Services (AWS)." Q: Our solution is hosted but we do license our software to customers for local hosting and management. Does HCA have any plans to host and manage the selected solution if the vendor provides that option?	HCA has the capacity to host. We are open to this as a solution as long as it meets our business needs.
46	Section 1.4	Page 8, 1.4.2.2 "The ASB will ensure that the requested functionalities detailed in Exhibit E are completed in accordance with project scope, schedule, and budget." Q – What is HCA's expectation in regards to requested functionalities in Exhibit E that the ASB indicated that are not offered in their solution?	HCA will explore that opportunity with the ASB during contract negotiations.
47	Section 1.4	Page 9, 1.4.2.4 "The ASB will provide data conversion and migration and must identify, cleanse, convert and migrate HCA specified data." Q – We have concerns about the open-ended nature of this requirement. Is this requirement limited to the conversion and migration of data from the incumbent system?	Data will be provided from the incumbent system in a complete and accurate manner. HCA and the incumbent contractor will work together to develop a data migration plan to include a full list of data elements requirement migration and additional migration methodology as well as release date. The incumbent contractor will provide extracts of all historical data from the current Minerva system, including the incumbent contractors technical documentation and other artefacts that demonstrate that extracted data is complete and accurate. HCA will then review all data and accept extracted data as complete and accurate. The incumbent contractor will provide technical support to the ASB to help them understand historical data as needed. The incumbent contractor will provide a data dictionary with a complete list of all export tables and fields in each table with data and field descriptions.
48	Section 1.4	Page 9, 1.4.2.5 "The ASB will provide training services to support HCA's implementation of the proposed solution; including, formal knowledge transfer and training sessions on the components and processes needed to fully support the proposed system." Q - With what frequency does HCA anticipate conducting Advanced Training, and for Administration and Operations training?	HCA's preference is to have regular, reoccurring trainings for our users potentially on a quarterly basis which would be cohosted by HCA and the vendor. The vendor would be expected to provide a run through of the system for users. For admin users, a semiannual training is expected and a annual training is expected for prog admin. These expectation are all to occur on a yearly basis over the life of the contract.
49	Section 3.3.4	Page 22, 3.3.4 "The Bidder must integrate the proposed solution with Washington's mandated authentication solutions that allow external users to access via single sign on (SSO) multiple online government services with the use of a unique single self-generated user-id and password. These services are known as Secure Access Washington (SAW)." Q – Will our proposal be deemed non-responsive if we can't comply with this requirement? Q – Will funding be made available to implement an enhancement to our system to meet this requirement?	The bidder would not be deemed non-responsive, however, they must provide a work-plan that outlines a strategy to implement the mandated authentication solution within twelve months of contracted work. HCA expects that the bidders budget proposals incorporate all anticipated needs by the bidder and HCA.
50	Section 3.3.5	Page 22, 3.3.5 "The proposed solution must meet WCAG 2.0 compliance guidelines." Q – Will our proposal be deemed non-responsive if we can't comply with this requirement? Q – Will funding be made available to implement an enhancement to our system to meet this requirement?	The bidder would not be deemed non-responsive, however, they must provide a work-plan that outlines a strategy to implement the mandated authentication solution within twelve months of contracted work. HCA expects that the bidders budget proposals incorporate all anticipated needs by the bidder and HCA.
51	Section 3.3.7	Page 22, 3.3.7 "If requested by HCA, the Bidder must participate with HCA in the state process for conducting a security review or security design review." Q – Will funding be made available to support this review or should we budget for this activity in our proposal?	Additional funding will not be secured to support this.

52	Section 3.4.3.3.	Page 23, 3.4.3.3.a, "...must possess a Project Management Professional (PMP) certification from PMI." Q - Will lack of that certification for the Project Manager result in bidder disqualification? If not, how much would lack of that certification be weighted in section 3.4.3.3? Can successful project management experience be substituted?	Bidders would not be disqualified if they are unable to provide a response or partial response to 3.4.3.3.a. The maximum available points for this section is 45 points and will be scored as to the manner described in Section 4.1
53	Exhibit E, Section 2	Functional requirements, section 2, pre/post test question a – "Ability to document and administer pre and post-test to individuals? (Maximum available points: 3) Q – Is there an expectation that individuals will log directly into the system to complete surveys?	The bidders proposal should describe how a participant would take an e-survey and how the result would be automatically integrated with the system. HCA does not require that each participant would need to login to take survey however the survey results would need to be able to link to their participant profile in the system.
54	Exhibit E, Section 2	Functional requirements, section 2, pre/post test question c – Ability to document and administer pre and post-test by aggregate group? Q – Is there an expectation that the system will administer surveys for aggregate groups (i.e. not surveys to individuals that collectively constitute an aggregate group?)	Yes
55	Exhibit E, Section 2	Functional requirements, section 2, pre/post test question e – Ability to submit surveys electronically with unique identifiers? Q – Submit surveys where? Do you mean create surveys in the system?	No, this is in reference to submitting completed surveys that will feed into the database. (see response to Q53)
56	Exhibit E, Section 2	Functional requirements, section 2, pre/post test question f – "Ability to correspond with participants of a program with the ability to provide system feedback of the results?" Q – Is there an expectation that the system would somehow directly support corresponding with participants of a program? Q – Can you provide examples of feedback from the correspondents that would be captured in the system?	The expectation is that the system communicates (i.e. pop or screen instructions) to the user or participant entering pre/post that the entry has accepted or not. For example "Your survey has been completed".
57	Exhibit E, Section 2	Functional requirements, section 2, pre/post test question i – Ability to mark portions of a case file as confidential or hide case information from some users. This includes limiting access by user type, section and/or user? Q – Can you elaborate on the notion of a case file? Is there an expectation that the system will function as a case management system? If so, please provide more detailed requirements if available.	This question is irrelevant to our work, and should be REMOVED. The concept of investigative leads does not align with Prevention. This will be addressed in amendment 3.
58	Exhibit E, Section 2	Functional requirements, section 2, pre/post test question n - Ability to reject referral and return the case to the sender? Q – Is there an expectation that the system will include referral management capabilities (i.e. create, send, receive, update and manage referrals)?	AMEND: No this is in reference to the ability for a user to reject submission of a specific set of data and return it to the sender such as submission of a program plan or budget.
59	Exhibit E, Section 2	Functional requirements, section 2, pre/post test question p - Ability for each analyst to initiate a future alert that will be sent via email on a specified date? Q – Please explain "analyst", "future alerts" and who those alerts would be sent to.	Analyst- DBHR Px staff and Px providers that use this system; future alerts- alerts for survey completion, data entry completion, or other items; these alerts would be sent to participants as well as Px Providers
60	Exhibit E, Section 2	Functional requirements, section 2, pre/post test question q - Ability to capture audit and review information electronically to produce a monthly, quarterly and annually report? Q – Please explain what audit and review information refers to.	REMOVED from Exhibit
61	Exhibit E, Section 2	Functional requirements, section 2, pre/post test question q - Ability to provide status report of algorithm cases and dollar amounts in review and the current status? Q – Please explain what "algorithm cases" refers and "dollar amounts in review" refers to.	REMOVED from Exhibit
62	Exhibit E, Section 2	Functional requirements, section 2, pre/post test question r - Ability to link cases to other relevant algorithms and audits, as well as other relevant information within the case? Q – Please explain "other relevant algorithms and audits".	REMOVED from Exhibit - Other relevant algorithms and audits refers to relevant reports and information drawn that can be linked.

63	Exhibit E, Section 2	Functional requirements, section 2, funds tracking question d - Ability to have built in billing system? Q – Please provide any requirements that are available for the billing system.	HCA would like the ability to have contractors submit for review and approval through the system invoices and related reports to the state. Including ability to verify person submitting and attachments. Also include ability for state to review and reject or accept report and send back to contractor through the system. The system is not expected to process payments.
64	Exhibit E, Section 3	Functional requirements, section 3, service data entry, individual data and coalition data, question d - Ability to collect other 1:1 type programming? Q – Please elaborate on “other 1:1 type programming”.	1:1 type program are program in which there is 1 staff person delivering services to 1 participant such as mentoring. Please see the attached link about 1:1 type reporting which describes the intent with regards to this question: https://www.theathenaforum.org/MKB .
65	Exhibit E, Section 3	Functional requirements, section 3, service data entry, environmental strategies, question b - Ability to document number of Elected Officials Reached? Q – Is there an expectation that the system will manage lists of elected officials?	No, this is not an expectation.
66	Exhibit E, Section 3	Functional requirements, section 3, service data entry, environmental strategies, question d - Ability to demonstrate connectivity to additional statewide information dissemination campaigns being measured within system? Q – Please elaborate on “demonstrate connectivity”.	"Demonstrate connectivity" is referring to the ability of a system to incorporate data from other statewide information dissemination campaigns seamlessly.
67	Exhibit E, Section 3	Functional requirements, section 3, service data entry, environmental strategies, question d - Ability to upload data into system to be seamlessly integrated as if entered manually? Q – Please describe the type of data to be uploaded into the system.	HCA would like at a minimum the following types of data to be able to be uploaded: participant information, program attendance for Individual, population, and aggregate level data, survey data, program service data, organizational information, and budget.
68	Exhibit F, Section 1	Section 1 Technical module, Q1 - Bidders must provide a comprehensive level description of investigative leads for State algorithms development. Please include in the Bidder's response the Bidder's experience with generating cost savings through the utilization of algorithms. Include unique or innovative features, advantages and benefits to HCA. Q – Please explain this requirement in relation to the provision, hosting, management and operation of the system.	This question is irrelevant to our work, and has been REMOVED from Exhibit. The concept of investigative leads does not align with Prevention. This will be addressed in amendment 3.
69	Exhibit F, Section 1	Section 1 Technical module, Q2, Administrative, questions k-o ask about the “ability” to provide certain functionality including... k) Ability to export of all data tables and view based user permissions? l) Ability to create dashboard views based on role and permissions? m) Ability to upload/download files to/from a given user's account as attachments (related to a step of the program approval process or program action plan)? n) Ability to control what types of files can be uploaded? o) Ability to limit the size of uploaded files? Q - Our system has this functionality but would require some level of customization and/or configuration to meet the specific needs of the customer. How will that be incorporated into planning and budget?	Bidders will be responsible for incorporating this into the overall cost in anticipation of it's need.
70	Exhibit F, Section 1	Section 1 Technical module, Q2, front end, a - Follow HCA development standards? Q – Please provide reference document for these standards.	These will be clarified in an amendment. They are normal .NET industry standard SDLC.
71	Exhibit F, Section 1	Section 1 Technical module, Q2, front end, b - Is coded in a language/technology that is compatible with HCA's IT development environment? Q – Please provide technical specifications of HCA's IT development environment.	Please refer to Back-end requirements: aMVC 5 b. JQuery c. Javascript d. Bootstrap e. HTML5 f. CSS3 g. .NET 4.X/.NET Core h. SQL Server 2016
72	Exhibit F, Section 1	Section 1 Technical module, Q2, front end, c - Able to run on technology platforms supported by HCA? Q – Please provide technical specifications of HCA's supported technology platforms.	We are a Microsoft shop, that also uses AWS.
73	Exhibit F, Section 2	Section 2 Reports module, Q1a - Ability for authorized users to define and upload form templates without having to write code? Q – What is meant by the term “form”? A data entry form (i.e. survey), a report, or something else?	Form is a data entry, and the system must allow the users to change questions without coding. If there is a third party tool that integrates this feature that is allowed.

74	Section 1.4.1	1.4.1 #3 references integrating seamlessly with the current data management system. What data will continue to be entered into the current data management system, or will all data be entered in the new system and the data will only be integrated into the current data management system or a combination?	All data from incumbent system will be integrated into the new system after full transition between systems.
75	Section 1.4.1	1.4.1 #3 What system/backend is the current data management system?	Currently it is owned by a proprietor, and we only get data downloads.
76	Section 1.2	Will HCA consider extending the proposal due date in order to provide vendors time to incorporate information obtained during the Pre-Proposal Conference scheduled on October 5, 2020?	At this time HCA is not considering extending the proposal due date. However, per RFP Section 1.2 HCA reserves the right in its sole direction to revise the Estimated Schedule of Procurement Activities. If HCA does revise the Proposal Due date it will be communicated in an amendment to the RFP.
77	Section 1.4	Is the 500+ users identified within the third bullet internal to HCA, external, or a mix? Can you identify who your users are and if they all have the same level of access permissions?	The users are both internal and external to HCA. Users will have a variety of different access permissions.
78	Section 1.4	In looking at your MIS solution diagram how many source applications do you have that support data collection?	The Minerva system would be a stand alone system and system of record for the prevention data. It does not automatically integrate with other systems. The ingestion feature would include manual entry and a data upload.
79	Section 1.4	Please describe the current MIS solution performance requirements.	Maintain a minimum number of user accounts: 1000 organization accounts and sub-organization accounts that will have 5-10 authorized users accessing the system. During peak use times this number will reach 200 concurrent users
80	Section 1.4 & 3.9	Please confirm the number of deliverables assigned to the implementation and startup phase budgeted at \$225,000. The body of the RFP (Sections 1.4.2.1–1.4.2.5) shows 43 deliverables and the Deliverable Cost Table (Section 3.9.1) shows 33 deliverables.	HCA is unsure where the bidder is indicating the disparity. Please follow the deliverables in 3.9.1 which has been amended to be consistent with 1.4.2.
81	Section 1.4	Can you expand on the amount of data that will need to be converted as well as how clean the data is during data conversion/migration?	All data and the data tables from the current prevention system ideally would be migrated to the new prevention system. The current data does have data quality issues that need to be cleaned regularly for reporting purposes. We do work continuously with staff entering the data and the system vendor to improve the quality of the data in the system.
82	Section 1.7	Are the licensing costs included in the defined \$225,000 implementation and startup phase costs and/or the \$200,000 annual budget defined in the RFP or are these separate?	The licensing costs are included in the defined \$225,000 implementation and startup costs.
83	Section 1.4	Please explain more about the sources on how data from various system will be collected?	Data will be manually entered by various groups such as providers, HCA staff, and the program administrator.
84	Exhibit F	Technical Proposal Requirements Section 1, question 1- Bidders must provide a comprehensive level description of investigative leads for State algorithms development. Please include in the Bidder's response the Bidder's experience with generating cost savings through utilization of algorithms. Include unique or innovative features, advantages and benefits to HCA. Q- Please elaborate on "investigative leads" and "State algorithms development" in the context of a prevention MIS.	This question is irrelevant to our work, and should be repurposed for Prevention work. The concept of investigative leads does not align with Prevention. This has been removed.
85	Section 1.4	The understanding is that users will not be entering data. Instead there will be multiple internal external system that will feed the data management system? If you can explain more about format, data transmission process etc..	Users enter system data.
86	Section 3.5	Section 3.5 in the RFP is not included in the proposal contents outlined. Where should we include this proposal?	After Section 3.4

87	Section 1.7	I have concerns about the maintenance and operations recurring budget and the plans for evolving the capabilities of the system. Are you saying that enhancements to evolve the system (e.g. interop requirements) must be covered within the \$200k annual recurring budget?	Yes, budget should include designated set aside funds for all enhancements to evolve the system within the \$200,000 budget.
88	Section 1.7	With the potential for data sharing integrations, how many systems would report into the system?	At this time, system integrations are not a requirement however, this is something that HCA has future interest in.
89	Section 3.5.3.a	For 3.5.3.a do contracts with ESDs count as state of WA co	Yes
90	Section 3.4.2 and Section 3.5.1	Can you add some color on the experience requirement differences between 3.4.2 & 3.5.1 please.	3.4.2 refers to the bidders experience with their product and their services whereas 3.5.1 refers to the bidders business experiences with their customers.
91	Section 2.2	Is the intent of this Q&A for us to ask you the questions we s	Yes along with additional questions that you may have.
92	Exhibit E	In several functional requirements, the term "case" or "case file" is used (2u, 2o, etc.). Is new MIS expected to provide case management?	No.
93	Section 1.2	Sorry if you said this in the beginning, but when will the written Q&A responses by made available?	They will be posted online on October 12, 2020.
94	Section 1.4	Are there interfaces with federal programs? Are those interfaces with federal programs well documented? How many such systems do we expect to interface with?	Currently, there are not interfaces with federal programs.
95	Section 1.4	You just mentioned your desire to build a "data warehouse" and wanting the data from proposed system to feed into it. Do you have any preferences or file format requirements for getting data into that system (ex. csv file, XML, web service)	Yes, HCA's data warehouse can ingest multiple file formats. The most common file format that HCA deals with is csv.
96	Section 1.4	Regarding Section 1.4, bullet 4, would HCA be interested in enhanced reporting solutions that could: 1) Create data sets, automate SAS analytic processing, and port results directly to Tableau, reducing staff workload preparing the periodic updates? How much time does HCA staff spend analyzing and producing data that upload to Tableau? 2) Would expert-level SAS programming expertise add value to a proposal?	We will consider any solution that you feel meets the requirements. SAS and Tableau are already part of HCA's technology portfolio, and we do have some expertise in the agency on both technologies.
97	Section 1.7	Do the current budgetary estimates take into account any potential 3rd party software or hardware?	Yes, bidders will be responsible for incorporating this into the overall budget.
98	Section 1.4	Can you offer one or two aspects of the existing system you are highly satisfied with and also one or two significant areas of desired improvement?	Not at this time.
99	Section 1.2	Will you consider an extension to the due date for the proposal (currently October 20, 2020).	Not at this time.
100	Section 1.4	You mentioned that there would be uploads of data into the system. Can you provide the data points that are being uploaded today? Thank you	Current system allows for uploads of participant data including but not limited to: first and last name, date of birth, current zip code, address, state, and various demographic data
101	Section 1.7	Are the licensing costs included in the \$225,000 implementation and startup phase costs and/or the \$200,000 annual budget defined in the RFP or are these separate?	Bidders will need to include any and all costs for the system including licensing costs within the budget allocations for implementation and start up (\$225K) and/or annual (\$200K) based on the proposed solution and related costs..
102	Exhibit E and Exhibit F	For the yes/no responses for the Functional and Technical proposals, should a bidder answer the question based on what the system could do (how it could be customized) if the contract were awarded or the current capabilities of the proposed system?	HCA expected bidders to answer with what abilities their system has.
103	Exhibit F	Regarding Exhibit F; Section 4 Project Approach, can you confirm you are looking for "project outcomes" meaning against SLA's etc. and not clinical/non-clinical outcomes.	The expectation by HCA is that the project outcomes will orient around the ASBs work and not clinical/non-clinical outcomes.
104	Section 1.2	What is the process for requesting 2 weeks extension to proposed due date? This webinar helped with clarification and we will require time to put forward a proposal.	There currently is not a process for requesting an extension. However, should it be deemed necessary for an extension, an amendment will be posted on WEBS, Athena Forum or OMWBE showing the updated due date.

105	Section 1.4	Can a proposal include optional, modular, or add-on components that HCA could choose to acquire or not depending on need or interest?	HCA's preference is an all-inclusive solution.
106	Section 1.4	By any chance are you guys setup to show us a demo of the	Not at this time.
107	Section 3.4.3.3	Can experience be used in place of PMP certification for the Project Manager?	This section has been amended within amendment 2 to indicate that candidate can have the current PMP or five years of experience in project management.
108	Exhibit E and Exhibit F	Theoretically, a custom built solution can do anything you want it to do. Is it OK to just say yes to 100% of the yes/no questions?	As long as the proposed solution can do due all items asked, then yes.
109	Exhibit E	3. Functional Proposal, Question 1 sates "Responses should be a maximum of 3 pages," Is this 3 pages total for a through g or 3 pages for each response for a total of 21 pages?	The maximum pages is 3 pages for Question 1a through 1g.
110	Section 1.4	Can you talk to the data migration process and how much and what data needs to be migrated?	The data is currently in a SQL database and files. Once the new system is defined and the data elements as well as the data definitions, there will be a mapping session where we figure out what data maps to the new system. This data will then be imported based on this mapping. We know that there may be some data elements that won't map, these will stay in its original location and not be imported. The data we receive is roughly 27 files per month and contains data such as staff, entities, surveys, and some financial information. The size of all this data is about 25,000 KB per month.
111	Section 1.4	Will there be a data migration needed for this project? If so, what are the data elements and for how many years worth of data?	The data is currently in a SQL database and files. Once the new system is defined and the data elements as well as the data definitions, there will be a mapping session where we figure out what data maps to the new system. This data will then be imported based on this mapping. We know that there may be some data elements that won't map, these will stay in its original location and not be imported. The data we receive is roughly 27 files per month and contains data such as staff, entities, surveys, and some financial information. The size of all this data is about 25,000 KB per month.
112	Section 1.7	Is it expected that all of the deliverables listed in the RFP are included in the \$225,000 budget? Does this budget also include four full-time project members (e.g. Project Manager, Developer, BA, Tester)?	The expectation of HCA is that all deliverables listed in the RFP are included in the budget.
113	Section 1.4	Data migration follow: There is a lot of unknown risk and effort that you're asking vendors to price in. A more definite list of elements, etc.. Would be helpful to give you the best price.	Noted. HCA is unable to offer an adjustment to this term in the RFP at this time.
114	Exhibit E and Exhibit F	If one responds Y to a functional or technical requirement, but qualifies it with certain limitations or concerns, does the marking of Y commit the bidder to meet the full criteria if they become ASB, or will those concerns be open to negotiation.	By responding "yes" to a criteria will commit the bidder to meet that criteria. Do not respond with a "yes" if you are unable to meet that criteria.
115	Section 1.7	RFP says no migration required. Is the migration part of the allocated budget or will be separate.	HCA expects contracts to incorporate all costs into the preliminary budgets.
116	General	Is there expected to be any other RFPs associated with this?	No
117	Section 1.4	Are there for example, professional devices, data migration ect.?	HCA does not have professional devices, however, we do have data migration needs.
118	General	Could you describe the HCA staff/positions who will be working with vendor?	Sarah Mariani is the Section Manager for DBHR Px. Lauren Bendall is the contract manager. There are a handful of other staff that will rotate visibility during the project period such as staff who will assist with HCA data analytics, HCA IT and security
119	General	Will a list of vendor participants on this call be made available to assist with potential partnering?	No. However, after the ASB has been announced, you can submit a public disclosure request for that information.

120	Exhibit E	Functional req 2d asks for a "built in billing system". Can you expand on that expectation? Who would be billed?	HCA would like the ability to have contractors submit for review and approval thru the system invoices and related reports to the state. Including ability to verify person submitting and attachments. Also include ability for state to review and reject or accept report and send back to contractor through the system. The system is not expected to process payments.
120	Section 1.4	It says: If there is a transition between HCA and current contractor, the current contractor will work towards migrating data out of the current system and will work together with HCA and the new contractor to ensure a smooth transition of data and services. It says - the current contractor will work towards migrating.	Noted. HCA is unable to offer an adjustment to this term in the RFP at this time.
121	Section 1.4	Assuming we were willing to license our solution to HCA, what is the likelihood that HCA would be willing to host and manage the system in their environment? The question is that - RFP says the current vendor will migrate the data, the new vendor will only assist.	HCA has the capacity to host. We are open to this as a solution as long as it meets our business needs.

2) Amended Section 3.9.1

Deliverable Cost Table	
Deliverable	Estimated Cost
Project Management Services (Must include the following:)	\$
• Implementation Plan	
• Go/No-Go Checklist	
• Warranty Plan	
• Transition Plan	
• Project Status Report (bi-weekly)	
• Project Schedule (inclusive of weekly updates)	
• Project Budget and Spending Plan Reporting	
• Organizational Change Management (OCM) Plan	
• Project Management Plan (e.g., Risk Management Plan, Communication Plan)	
• Software Quality Assurance Management Plan	
• Resource Management Plan; including State and Vendor staff	
• Project Logs (i.e., Decisions, Risks, Issues, Action Items)	
• Requirements Elaboration	
• Requirements Traceability Matrix	
Configuration Services (Must include the following:)	\$
• Functional Specification Document(s)	
• Design Document(s)	
• System Documentation (include reference architecture model)	
• Configuration Management Plan	

Deliverable Cost Table	
Testing Services (Must include the following:)	\$
• Master Test Plan	
• Test Environment(s)	
• Test Cases, Test Scripts and/or User Stories	
• Test Results Report(s)	
Data Conversion and Migration (Must include the following:)	\$
• Data Conversion Plan that covers identification of data sources, the scope of data to be converted, development of extract, transformation and load routines	
• Data Validation and Reconciliation Strategy	
• Data Dictionary	
• Data backups throughout the conversion and migration process	
• Data Mapping Document	
• Validation reports to show progress in the data analysis and test data conversion	
• Data migration issues log	
Training Services (Must include the following:)	\$
• Training Plan(s)	
• Training Environment(s)	
• Training Material (e.g., classroom and online tutorial)	
• Training Summary Report	
• User Guides	
Total Cost	\$

3) Section 3.4.3.3.a. Program Manager:

Education: Bachelor's degree from an accredited college or university with a major in Computer Science, Information Systems, Engineering, Business, or a related scientific or technical discipline. Candidates must possess a Project Management Professional (PMP) certification from PMI or must have at least five (5) years' experience in project management.