

Attachment D
TECHNICAL PROPOSAL PACKET
RFP # 710-25-010

RESPONSE SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:			
Address:			
City:		State:	
		Zip Code:	
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit		
Minority and Women Owned Designation*:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American		
	AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>		
PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for solicitation related matters.</i>			
Contact Person:		Title:	
Phone:		Alternate Phone:	
Email:			
CONFIRMATION OF REDACTED COPY			
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Solicitation Terms and Conditions for additional information.</i>			
COMBINED CERTIFICATIONS FORM			
Prospective Contractor has included, in this submission packet, the signed Attachment G-Combined Certifications for Contracting with the State of Arkansas.			

An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Solicitation* may cause the Prospective Contractor's response to be rejected.

Authorized Signature: _____ Title: _____

Printed/Typed Name: _____ Date: _____

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

☐ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

STATEMENT OF ATTESTATION

Prospective Contractor certifies that person(s) or organization does not currently hold a contract with the Arkansas Department of Human Services that would be covered by these services. Prospective Contractor certifies that the person(s) or organization is free from actual or perceived conflicts of interest as required by Section 2.3 of the RFP and Attachment M-Organizational or Personal Conflict of Interest.

STATEMENT OF ACKNOWLEDGEMENT

Prospective Contractor will not be eligible to bid on future solicitations covered by services set out in this solicitation and shall remain free of any actual or perceived conflict of interest for as long as they hold a contract established from this solicitation.

By signature below, Prospective Contractor agrees that the above statements are true and accurate to the best of my knowledge.

Authorized Signature:

Printed/Typed Name: _____ **Date:** _____

SECTIONS 1 – 5: VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, Prospective Contractor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____

Printed/Typed Name: _____ Date: _____

INFORMATION FOR EVALUATION

- *Provide a response to each section, addressing the item/questions listed. With the exception of the request for company information and experience, each of the sections below corresponds to a section (or sections) in the RFP or Attachment. Please see the RFP or Attachment section number listed at the beginning of each section header below for more information on the context of each question. The prospective Contractor may expand the space under each item/question to provide a complete response.*
- *In addition to this section, the Prospective Contractor must also fill out Attachment G - Requirements Traceability Matrix. Responses in these attachments be factored into the respective section's evaluation and RAW Score.*
- **Do not** include additional information if not pertinent to the itemized request.
- *Each response should demonstrate a comprehensive understanding of Arkansas' Pharmacy program and delivery system.*

INFORMATION FOR EVALUATION

INSTRUCTIONS:

Please reply to the below questions in a separate document, referencing each Section Title (and number), and question number as applicable. In total for the sections below, the Respondent shall provide a summary narrative no longer than fifty (50) pages in length, including graphics and tables, using an 11-point font that describes how they will conduct Security and Privacy Control Assessments (SCAs) for the AME modules outlined in the RFP. The precise allocation of pages across sections (i.e., the number of pages to spend on each Section) is left to the Respondent.

To the extent that this RFP requests Draft Plans, Resumes, or other artifacts, these may be attached as exhibits and not counted toward the page limits. However, please provide a clear reference to where these attached exhibits may be located.

Respondents are encouraged to review the related sections of the RFP and Attachment A – Key Personnel and take the DHS business needs and corresponding functions into consideration.

IFE Subsection	Maximum RAW Score Available
E.1 RFP Section 2.4 Company and Staff Information and Experience. <i>Please note, as this section is holistic, the State may consider information provided elsewhere in a Respondent's proposal when scoring this Section including without limitation Attachment N – Client History Form.</i>	10 Points
1. The Contractor must have acceptable privacy and security experience. Describe your company and all subcontractors and their roles on this Project. Please confirm whether your subcontractors have, or do not have, signed agreements or letters of intent.	5 Points
2. Describe your experience on similar projects for similar clients. Demonstrate your experience in conducting Security and Privacy Control Assessments (SCAs) for multiple AME Module Systems in a timely and cost-efficient manner. <ul style="list-style-type: none"> i. Describe three large impartial and independent assessments for health and human services projects completed or substantially completed of comparable size, scope, and complexity to the Project identified in this RFP within the last 5 years. ii. Demonstrate proven experience using NIST, HIPAA, and MARS-E methodologies and other State and Federal privacy and security standards. 	5 Points
E.2 RFP Section 2.7 Project Governance and Management	25 Points
1. Describe your project management methodology, tools, and techniques that will be used to support the project. Describe policies and procedures employed to ensure the timely completion of tasks to a level of quality expected of a professional firm.	5 Points
2. Discuss your experience with collaborating with the Project Governance Body and the State's PMO, including how you will incorporate feedback and direction. Describe how you will work cooperatively and effectively with the AME PMO and AME Module Vendors	5 Points
3. Describe your approach to managing the project documentation. This should include, at a minimum, a discussion regarding the repository that will be used to store and share project documentation and the approach to ensuring project team members use the repository, maintaining documents, document security, repository back-up, and transition of ownership at the end of the Contract period.	5 Points
4. Discuss your deliverable development, submission, quality assurance, and review process, including your standard timelines for deliverable reviews within the draft Project Management Plan and Project Schedule.	5 Points
5. Provide a draft SCA Project Management Plan, Project Schedule, and Project Status Report template to be used for AME module assessments.	5 Points
E.3 RFP Sections 2.10 Required Vendor Activities and Deliverables	60 Points
1. Describe your understanding of 45 CFR 164.522(b), NIST SP 800-53 Rev. 5, MARS-E 2.2 (or the latest version), ARC-AMPE.	5 Points
2. Describe your proposed security and privacy assessment methodology for each AME Module System.	5 Points

3.	Describe your plan for conducting vulnerability scans, configuration scans, penetration testing, interviews, control assessments, and artifact reviews.	5 Points
4.	Describe the resources required to complete the security and privacy assessments, including team composition necessary to complete full security assessments and partial security assessments.	5 Points
5.	Describe team composition for the various scales of penetration testing described in the SOW.	5 Points
6.	Describe the necessary hardware, software, and tools required for each assessment.	5 Points
7.	Provide a single redacted example of each from a previous Medicaid project: <ul style="list-style-type: none"> • Security Assessment Plan • Security Assessment Workbook • Security Assessment Report • Penetration Testing Detailed Report • Plan of Action & Milestones Document • Gap Analysis 	5 Points
8.	Describe your approach to assessing Medicaid modules for industry, local, and federal regulations regarding the privacy and security of data and systems.	5 Points
9.	If applicable, describe how your approach to security assessments and penetration testing exceeds the requirements defined by the SOW, and describe the benefits of doing so.	5 Points
10.	Provide an example of an Artifact Review Report utilized for other projects.	5 Points
11.	Provide an example and explanation of guidance and suggested recommendation(s) given to a client from an Artifact Review Report.	5 Points
12.	Provide a detailed example where the bidder conducted SCAs for a Medicaid client and there was a critical finding with high impact. In this example, detail how you successfully advised and helped mitigate the finding. Include lessons learned and how they will be leveraged in this engagement.	5 Points
E.4 Attachment A Key Personnel		20 Points
1.	Provide a list and description of key personnel that will be performing the services rendered by this Contract. Please refer to Attachment A.	5 Points
2.	For each Key Person proposed in Attachment A, please furnish a Key Personnel Profile Summary as outlined in Attachment A.	5 Points
3.	Describe your plan to replace key personnel throughout the duration of the Contract within the timeframes specified in RFP.	5 Points
4.	Describe your process and methodology for retaining personnel and ensuring that Key Personnel are consistently engaged on this Engagement. Please also discuss steps you have/will take to minimize staff turnover.	5 Points