


SOLICITATION, OFFER, AND AWARD				1. Caption District of Columbia Access System (DCAS)				Page of Pages		
				1		173				
2. Contract Number		3. Solicitation Number CW16474		4. Type of Solicitation <input type="checkbox"/> Sealed Bid (IFB) <input checked="" type="checkbox"/> Sealed Proposals (RFP) <input type="checkbox"/> Sole Source <input type="checkbox"/> Emergency		5. Date Issued 7/12/2012		6. Type of Market <input type="checkbox"/> Open <input type="checkbox"/> Set Aside <input checked="" type="checkbox"/> Open Market with Set-Aside		
7. Issued By Office of Contracting and Procurement 441 - 4th Street, N.W., Suite 700 South Washington, D.C. 20001				8. Address Offer to: Office of Contracting and Procurement 441 - 4th Street, N.W., Suite 700 South Washington, D.C. 20001						
NOTE: In sealed bid solicitations "offer" or "offeror" means "bid or "bidder"										
SOLICITATION										
9. Offers furnishing the supplies or services in the Schedule will via <u>electronic format via the on-line solicitation software I</u> <div style="display: flex; justify-content: space-around;"> <u>2:00 p.m.</u> local time <u>August 09, 2012</u> </div> <div style="display: flex; justify-content: space-around;"> (Hour) (Date) </div> CAUTION: Late submission, Modifications and Withdrawals: See 27 DCMR chapters 15 & 16 as applicable. All offers are subject to all terms & conditions contained in solicitation.										
10. For Information Contact		A. Name John R. Dean		B. Telephone (Area Code) 202 (Number) 724-4014 (Ext)		C. E-mail Address john.dean2@dc.gov				
11. Table of Contents										
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12. In conjunction with the above, the undersigned agrees, if this offer is accepted within <u>120</u> calendar days from the receipt of offers specified above, to furnish any or all items upon which prices are offered at the price set opposite each item, delivered at the designated point(s), within the time specified herein.										
13. Discount for Prompt Payment		10 Calendar days %		20 Calendar days %		30 Calendar days %		____ Calendar days %		
14. Acknowledgement of Amendments (The offeror acknowledges receipt of amendments to the SOLICITATION):			Amendment Number		Date		Amendment Number		Date	
15A. Name and Address of Offeror						16. Name and Title of Person Authorized to Sign Offer/Contract				
15B. Telephone			<input type="checkbox"/> 15 C. Check if remittance address is different from above – Refer to section G			17. Signature		18. Award Date		
(Area Code)	(Number)	(Ext)								
AWARD (TO BE COMPLETED BY GOVERNMENT)										
19. Accepted as to Items Numbered			20. Amount		21. Accounting and Appropriation					
2. Name of contracting Officer (Type or Print)			23. Signature of Contracting Officer (district of Columbia)				24. Award Date			
Government of the District of Columbia						Office of Contracting & Procurement				

SECTION B

SUPPLIES OR SERVICE AND PRICE/COST

- B.1** The District of Columbia Office of Contracting and Procurement, on behalf of The District of Columbia's Department of Human Services and the District of Columbia's Department of Health Care Finance (the "District") is seeking a Contractor to provide and implement the District of Columbia Access System (DCAS). DCAS will be a state-of-the-art health and human services solution, providing the District's Health Benefit Exchange (HBX), a new integrated eligibility system for Medicaid, private health insurance and other programs with new case management capabilities that span programs and agencies.
- B.2** The District contemplates award of a fixed price contract. Offerors must provide additional details on any hardware and software costs listed below that are associated with their proposed solution in Attachment J.16 – Hardware/Software Detail.
- B.3 PRICE SCHEDULE**

BASE YEAR (Date of Award through September 30, 2013)

Contract Line Item No.	Task Order	Description	Total Price
1	TO 1	Hardware/Software for Task Order 1	\$
2	TO 1	DEL 001 - Project Management Plan for Release 1	\$
3	TO 1	DEL 002 - Project Schedule and Updates	\$
4	TO 1	DEL 003 - Monthly Project Status Reports	\$
5	TO 1	DEL 004 - Release Plan	\$
6	TO 1	DEL 005 - Change Management Plan	\$
7	TO 1	DEL 006 - Implementation Plan	\$
8	TO 1	DEL 007 - Privacy Impact Assessment	\$
9	TO 1	DEL 008 - Requirements Documentation	\$
10	TO 1	DEL 009 - Contingency/ Recovery Plan	\$
11	TO 2	Hardware/Software for Task Order 2	\$
12	TO 2	DEL 002 - Project Schedule and Updates	\$
13	TO 2	DEL 003 - Monthly Project Status Reports	\$
14	TO 2	DEL 010 - Contingency/ Recovery Plan	\$
15	TO 2	DEL 011 - System Design Document	\$
16	TO 2	DEL 012 - Service Level Agreements (SLA)	\$

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Contract Line Item No.	Task Order	Description	Total Price
17	TO 2	DEL 013 - Interface Control Document	\$
18	TO 2	DEL 014 - Database Design Document	\$
19	TO 2	DEL 015 - Data Management Plan	\$
20	TO 2	DEL 016 - Physical Data Model	\$
21	TO 2	DEL 017 - Data Conversion Plan	\$
22	TO 2	DEL 018 - Information Security Risk Assessment	\$
23	TO 2	DEL 019 - System Security Plan	\$
24	TO 2	DEL 020 - System of Record Notice (SORN)	\$
25	TO 2	DEL 021 - Test Plan	\$
26	TO 2	DEL 022 - Technical Architecture Diagrams	\$
27	TO 2	DEL 023 - Logical Data Model	\$
28	TO 2	DEL 024 - Requirements Documentation	\$
29	TO 2	DEL 025 - Business Rules Logic	\$
30	TO 3	Hardware/Software for Task Order 3	\$
31	TO 3	DEL 002 - Project Schedule and Updates	\$
32	TO 3	DEL 003 - Monthly Project Status Reports	\$
33	TO 3	DEL 026 - System Design Document	\$
34	TO 3	DEL 027 - Business Rules Logic	\$
35	TO 3	DEL 028 - Interface Control Document	\$
36	TO 3	DEL 029 - Database Design Document	\$
37	TO 3	DEL 030 - Data Management Plan	\$
38	TO 3	DEL 031 - Physical Data Model	\$
39	TO 3	DEL 032 - Data Conversion Plan	\$
40	TO 3	DEL 033 - Implementation Plan	\$
41	TO 3	DEL 034 - Service Level Agreements (SLA)	\$
42	TO 3	DEL 035 - Test Plan	\$
43	TO 3	DEL 036 - User Manuals	\$
44	TO 3	DEL 037 - Operation & Maintenance Manual	\$
45	TO 3	DEL 038 - Training Plan	\$

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Contract Line Item No.	Task Order	Description	Total Price
46	TO 3	DEL 039 - Data Use/ Data Exchange/ Interconnection Security Agreement	\$
47	TO 3	DEL 040 - Business Product	\$
48	TO 3	DEL 041 - Training Materials	\$
49	TO 3	DEL 042 - Test Reports	\$
50	TO 3	DEL 043 - Information Security Risk Assessment	\$
51	TO 3	DEL 044 - System Security Plan	\$
52	TO 3	DEL 045 - Automated Code Review Results	\$
53	TO 3	DEL 046 - Test Reports	\$
54	TO 3	DEL 047 - User Manuals	\$
55	TO 3	DEL 048 - Operation & Maintenance Manual	\$
56	TO 3	DEL 049 - Training Plan	\$
57	TO 3	DEL 050 - Training Materials	\$
58	TO 3	DEL 051 - Data Use/ Data Exchange/ Interconnection Security Agreement	\$
59	TO 3	DEL 052 - System of Record Notice (SORN)	\$
60	TO 3	DEL 053 - Business Product	\$
61	TO 3	DEL 054 - Project Completion Report	\$
62	TO 3	DEL 055 - Privacy Impact Assessment	\$
63	TO 3	DEL 056 - Plan Of Action and Milestones (POA&M)	\$
64	TO 3	DEL 057 - Authority to Operate	\$
65	TO 4	Hardware/Software for Task Order 4	\$
66	TO 4	DEL 058 - Project Management Plan for Release 2	\$
67	TO 4	DEL 002 - Project Schedule and Updates	\$
68	TO 4	DEL 003 - Monthly Project Status Reports	\$
69	TO 4	DEL 059 - Release Plan (Update)	\$
70	TO 4	DEL 060 - Change Management Plan (Update)	\$
71	TO 4	DEL 061 - Implementation Plan (Update)	\$
72	TO 4	DEL 062 - Privacy Impact Assessment (Update)	\$
73	TO 4	DEL 063 - Requirements Documentation (Update)	\$

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Contract Line Item No.	Task Order	Description	Total Price
74	TO 4	DEL 064 - Contingency/ Recovery Plan (Update)	\$
75	TO 4	DEL 065 - Contingency/ Recovery Plan (Update)	\$
76	TO 4	DEL 066 - System Design Document (Update)	\$
77	TO 4	DEL 067 - Interface Control Document (Update)	\$
78	TO 4	DEL 068 - Database Design Document (Update)	\$
79	TO 4	DEL 069 - Data Management Plan (Update)	\$
80	TO 4	DEL 070 - Physical Data Model (Update)	\$
81	TO 4	DEL 071 - Data Conversion Plan (Update)	\$
82	TO 4	DEL 072 - Information Security Risk Assessment (Update)	\$
83	TO 4	DEL 073 - System Security Plan (Update)	\$
84	TO 4	DEL 074 - System of Record Notice (SORN) (Update)	\$
85	TO 4	DEL 075 - Test Plan (Update)	\$
86	TO 4	DEL 076 - Technical Architecture Diagrams (Update)	\$
87	TO 4	DEL 077 - Logical Data Model (Update)	\$
88	TO 4	DEL 078 - Requirements Documentation (Update)	\$
89	TO 4	DEL 079 - Business Rules Logic (Update)	\$

OPTION YEAR 1 (October 1, 2013 through September 30, 2014)

Contract Line Item No.	Task Order	Deliverable	Total Price
90	TO 4	DEL 080 - System Design Document (Update)	\$
91	TO 4	DEL 081 - Business Rules Logic (Update)	\$
92	TO 4	DEL 082 - Interface Control Document (Update)	\$
93	TO 4	DEL 083 - Database Design Document (Update)	\$
94	TO 4	DEL 084 - Data Management Plan (Update)	\$
95	TO 4	DEL 085 - Physical Data Model (Update)	\$
96	TO 4	DEL 086 - Data Conversion Plan (Update)	\$
97	TO 4	DEL 087 - Test Plan (Update)	\$
98	TO 4	DEL 088 - Implementation Plan (Update)	\$

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Contract Line Item No.	Task Order	Deliverable	Total Price
99	TO 4	DEL 089 - User Manuals (Update)	\$
100	TO 4	DEL 090 - Operation & Maintenance Manual (Update)	\$
101	TO 4	DEL 091 - Training Plan (Update)	\$
102	TO 4	DEL 092 - Data Use/ Data Exchange/Interconnection Security Agreement (Update)	\$
103	TO 4	DEL 093 - Business Product (Update)	\$
104	TO 4	DEL 094 - Training Materials (Update)	\$
105	TO 4	DEL 095 - Test Reports (Update)	\$
106	TO 4	DEL 096 - Information Security Risk Assessment (Update)	\$
107	TO 4	DEL 097 - System Security Plan (Update)	\$
108	TO 4	DEL 098 - Automated Code Review Results	\$
109	TO 4	DEL 099 - Test Reports (Update)	\$
110	TO 4	DEL 100 - User Manuals (Update)	\$
111	TO 4	DEL 101 - Operation & Maintenance Manual (Update)	\$
112	TO 4	DEL 102 - Training Plan (Update)	\$
113	TO 4	DEL 103 - Training Materials (Update)	\$
114	TO 4	DEL 104 - Data Use/ Data Exchange/ Interconnection Security Agreement (Update)	\$
115	TO 4	DEL 105 - System of Record Notice (SORN)	\$
116	TO 4	DEL 106 - Business Product (Update)	\$
117	TO 4	DEL 107 - Project Completion Report (Update)	\$
118	TO 4	DEL 108 - Privacy Impact Assessment (Update)	\$
119	TO 4	DEL 109 - Plan Of Action and Milestones (POA&M) (Update)	\$
120	TO 5	Hardware/Software for Task Order 5	\$
121	TO 5	DEL 110 - Project Management Plan for Release 3	\$
122	TO 5	DEL 002 - Project Schedule and Updates	\$
123	TO 5	DEL 003 - Monthly Project Status Reports	\$
124	TO 5	DEL 111 - Release Plan (Update)	\$

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Contract Line Item No.	Task Order	Deliverable	Total Price
125	TO 5	DEL 112 - Change Management Plan (Update)	\$
126	TO 5	DEL 113 - Implementation Plan (Update)	\$
127	TO 5	DEL 114 - Privacy Impact Assessment (Update)	\$
128	TO 5	DEL 115 - Requirements Documentation (Update)	\$
129	TO 5	DEL 116 - Contingency/ Recovery Plan (Update)	\$

OPTION YEAR 2 (October 1, 2014 through September 30, 2015)

Contract Line Item No.	Task Order	Deliverable	Total Price
130	TO 5	DEL 117 - Contingency/ Recovery Plan (Update)	\$
131	TO 5	DEL 118 - System Design Document (Update)	\$
132	TO 5	DEL 119 - Interface Control Document (Update)	\$
133	TO 5	DEL 120 - Database Design Document (Update)	\$
134	TO 5	DEL 121 - Data Management Plan (Update)	\$
135	TO 5	DEL 122 - Physical Data Model (Update)	\$
136	TO 5	DEL 123 - Data Conversion Plan (Update)	\$
137	TO 5	DEL 124 - Information Security Risk Assessment (Update)	\$
138	TO 5	DEL 125 - System Security Plan (Update)	\$
139	TO 5	DEL 126 - System of Record Notice (SORN) (Update)	\$
140	TO 5	DEL 127 - Test Plan (Update)	\$
141	TO 5	DEL 128 - Technical Architecture Diagrams (Update)	\$
142	TO 5	DEL 129 - Logical Data Model (Update)	\$
143	TO 5	DEL 130 - Requirements Documentation (Update)	\$
144	TO 5	DEL 131 - Business Rules Logic (Update)	\$
145	TO 5	DEL 132 - System Design Document (Update)	\$
146	TO 5	DEL 133 - Business Rules Logic (Update)	\$
147	TO 5	DEL 134 - Interface Control Document (Update)	\$
148	TO 5	DEL 135 - Database Design Document (Update)	\$

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Contract Line Item No.	Task Order	Deliverable	Total Price
149	TO 5	DEL 136 - Data Management Plan (Update)	\$
150	TO 5	DEL 137 - Physical Data Model (Update)	\$
151	TO 5	DEL 138 - Data Conversion Plan (Update)	\$
152	TO 5	DEL 139 - Test Plan (Update)	\$
153	TO 5	DEL 140 - Implementation Plan (Update)	\$
154	TO 5	DEL 141 - User Manuals (Update)	\$
155	TO 5	DEL 142 - Operation & Maintenance Manual (Update)	\$
156	TO 5	DEL 143 - Training Plan (Update)	\$
157	TO 5	DEL 144 - Data Use/ Data Exchange/ Interconnection Security Agreement (Update)	\$
158	TO 5	DEL 145 - Business Product (Update)	\$
159	TO 5	DEL 146 - Training Materials (Update)	\$
160	TO 5	DEL 147 - Test Reports (Update)	\$
161	TO 5	DEL 148 - Information Security Risk Assessment (Update)	\$
162	TO 5	DEL 149 - System Security Plan (Update)	\$
163	TO 5	DEL 150 - Automated Code Review Results	\$
164	TO 5	DEL 151 - Test Reports (Update)	\$
165	TO 5	DEL 152 - User Manuals (Update)	\$
166	TO 5	DEL 153 - Operation & Maintenance Manual (Update)	\$
167	TO 5	DEL 154 - Training Plan (Update)	\$
168	TO 5	DEL 155 - Training Materials (Update)	\$
169	TO 5	DEL 156 - Data Use/ Data Exchange/ Interconnection Security Agreement (Update)	\$
170	TO 5	DEL 157 - System of Record Notice (SORN) (Update)	\$
171	TO 5	DEL 158 - Business Product (Update)	\$
172	TO 5	DEL 159 - Project Completion Report (Update)	\$
173	TO 5	DEL 160 - Privacy Impact Assessment (Update)	\$
174	TO 5	DEL 161 - Plan Of Action and Milestones (POA&M) (Update)	\$

OPTION YEAR 3 (October 1, 2015 through September 30, 2016)

Contract Line Item No.	Task Order	Deliverable	Total Price
175	TO 6	Hardware/Software for Task Order 5	\$
176	TO 6	DEL 162 - Monthly Warranty Status Report	\$

B.4 An Offeror responding to this solicitation must submit with its proposal, a notarized statement detailing any subcontracting plan required by law. Proposals responding to this RFP shall be deemed nonresponsive and shall be rejected if the Offeror fails to submit a subcontracting plan that is required by law. For contracts in excess of \$250,000, at least 35% of the dollar volume of the contract shall be subcontracted in accordance with section H.9.1.

SECTION C

SPECIFICATIONS/ STATEMENT OF WORK

C.1 SCOPE

The District of Columbia's Department of Human Services and the District of Columbia's Department of Health Care Finance (the "District") is seeking a Contractor to design, develop and deploy software functionality to meet the requirements of the Affordable Care Act and related human services programs, to provide implementation and support services and to maintain the live production system.

C.1.2.1 The Offeror shall propose a Commercial Off-The-Shelf (COTS) system that can be configured or enhanced to meet the DCAS requirements defined in this RFP. The District may also consider a transfer system from another state government, as long as the solution has COTS-like features like the ability to make a number of system updates via configuration rather than programming. The District may also consider coordinating with, or facilitating another state or territory on the DCAS system. C.1.2.3 It is important to note that this Solicitation reflects current knowledge. Federal guidance regarding Health Benefit Exchange (HBX) establishment and functionality is still pending. Offerors must be prepared to adapt and respond to changes that arise from federal updates, future regulations, and associated policy decisions on behalf of the District. Such changes shall not be considered a change in the overall scope of work.

C.1.3 DEFINITIONS

C.1.3.1 **Automated Client Eligibility Determination System (ACEDS)** is the Health and Human Service program information technology system used for determining eligibility.

C.1.3.2 **Affordable Care Act (ACA)** is the comprehensive health care reform law enacted in March 2010. The law was enacted in two parts: The Patient Protection and Affordable Care Act was signed into law on March 23, 2010 and was amended by the Health Care and Education Reconciliation Act on March 30, 2010. The name "Affordable Care Act" is used to refer to the final, amended version of the law. These laws include provisions for the establishment of state-based Health Insurance Exchanges.

C.1.3.3 **Adverse Selection** describes a situation where individuals with higher health risks buy more insurance which results in a pool of insurance owners where there are not enough healthy people to cover the medical claims of the high risk individuals.

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- C.1.3.4** **Assister** is an individual who provides services to the public by assisting with the eligibility determination and/or enrollment. This user group includes Navigators, Agents/Brokers, community outreach representatives, and other authorized representatives.
- C.1.3.5** **Benefits** are the health care items or services covered under a health insurance plan. Covered benefits and excluded services are defined in the health insurance plan's coverage documents. In Medicaid or CHIP, covered benefits and excluded services are defined in state program rules.
- C.1.3.6** **Health Benefit Package** is the detailed outline of covered services, benefit limitations, deductibles, co-pays and other co-insurance aspects associated with a health insurance policy.
- C.1.3.7** **Call Center** is a telephone system that allows the District's Exchange entity to receive calls and provide telephone customer service to individuals attempting to purchase insurance through the Exchange.
- C.1.3.8** **Center of Consumer Information and Insurance Oversight (CCIIO)** is the office within the U.S. Department of Health and Human Services dedicated to helping the Department implement many of the provisions of the Affordable Care Act that address private health insurance including ensuring compliance with the new insurance market rules, such as the prohibition on rescissions and on pre-existing condition exclusions for children that take effect this year. The CCIIO will oversee the new medical loss ratio rules and will assist states in reviewing insurance rates. It will provide guidance and oversight for the state-based insurance exchanges. It will also administer the temporary high-risk pool program and the early retiree reinsurance program, and compile and maintain data for an internet portal providing information on insurance options.
- C.1.3.9** **Centers for Medicare & Medicaid Services (CMS)**, previously known as the **Health Care Financing Administration (HCFA)**, is a federal agency within the United States Department of Health and Human Services (DHHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the State Children's Health Insurance Program (SCHIP), and health insurance portability standards. In addition to these programs, CMS has other responsibilities, including the administrative simplification standards from the Health Insurance Portability and Accountability Act of 1996 (HIPAA), quality standards in long-term care facilities (more commonly referred to as nursing homes) through its survey and certification process, and clinical laboratory quality standards under the Clinical Laboratory Improvement Amendments.
- C.1.3.10** **Children's Health Insurance Program (CHIP)** The Children's Health Insurance Program is jointly financed by the federal and state governments and is

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administered by the States. Within broad federal guidelines, each State determines the design of its program, eligibility groups, benefit packages, payment levels for coverage, and administrative and operating procedures. CHIP provides a capped amount of funds to States on a matching basis. Federal payments under title XXI to States are based on State expenditures under approved plans effective on or after October 1, 1997.

- C.1.3.11** **Commercial Off-the-Shelf (COTS)** is a software package or solution that is both commercial and sold in substantial quantities in the commercial marketplace. For purposes of the RFP, a COTS solution is a product that can be licensed, utilized and is commercially available from a third party.
- C.1.3.12** **Contact Center** is a central point in an enterprise from which all customer interactions managed. The contact center typically includes one or more online call centers but may include other types of customer contact as well, including e-mail, postal mail, Web site inquiries and chats, and first tier customer service for online activities. The DCAS contact center will be part of the enterprise's overall customer relationship management (CRM).
- C.1.3.13** **DC HealthCare Alliance** (Alliance) is a DC-funded program that provides community-based health care and medical services to DC residents ineligible for Medicaid with household incomes at or below 200 percent of the federal poverty level. The Program was established by the Health Care Privatization Amendment Act of 2001, effective July 12, 2001 (D.C. Law 14-18; D.C. Official Code § 7-1401 *et seq*).
- C.1.3.14** **Department of Health Care Finance (DHCF)** is the District of Columbia Government agency responsible for administering publicly-financed medical assistance benefits, including Medicaid services under Title XIX, the Children's Health Insurance Program, the Immigrant Children's Health Program, and the DC HealthCare Alliance.
- C.1.3.15** **Department of Human Services (DHS)** is the District agency responsible for eligibility determination for a number of public benefit programs, including Medicaid, the DC Healthcare Alliance, Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Child Care Subsidy, Burial Assistance, Emergency Rental Assistance, Interim Disability Assistance, Refugee Cash Assistance, Homeless Services, Adult Protective Services, Teen Parenting Program, Strong Families, and other programs focused on case management.
- C.1.3.16** **Department of Insurance, Securities and Banking (DISB)** is the District agency responsible for regulating financial-service businesses in the District by administering DC's insurance, securities and banking laws, rules and regulations.

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DISB's primary goal is to ensure residents of the District of Columbia have access to a wide choice of insurance, securities and banking products and services, and residents are treated fairly by the companies and individuals that provide these services.

- C.1.3.17 District of Columbia (District)** refers to the Government of the District of Columbia.
- C.1.3.18 District of Columbia Access Project (DCAP)** is the initiative to build a new Health Care and Human Services Solution for Washington, DC. The mission of the DCAP is to connect District residents to affordable health care and human service benefits.
- C.1.3.19 District of Columbia Access System (DCAS)** is the information technology (IT) component of DCAP. It will be a new, integrated, MITA-compliant, web-based computer system that will enable ACA compliance and improve access and administration for health and human services programs.
- C.1.3.20 Employer-Sponsored (ESI) or Group Insurance** refers to insurance which is issued to a group of usually no less than three individuals, such as an employer, credit union, or trade association, and which provides coverage for individuals and sometimes their dependents.
- C.1.3.21 Essential Health Benefits (EHB)** a set of health care service categories that must be covered by certain plans, starting in 2014. These include doctor office visits, hospitalizations, and prescriptions. Insurance policies must cover these benefits to be certified and offered in Exchanges, and all Medicaid State plans must cover these services by 2014. Starting with plan years or policy years that begin on or after September 23, 2010, health plans can no longer impose a lifetime dollar limit on spending for these services and all plans, except grandfathered individual health insurance policies, must phase out annual dollar spending limits for these services by 2014.
- C.1.3.22 Exchange Authority** is a new quasi-governmental organization responsible for operating the District's Health Benefit Exchange.
- C.1.3.23 Exchange Planning Grant** refers to the State Planning and Establishment Grant for the Affordable Care Act's Exchanges, awarded by the U.S. Department of Health and Human Services.
- C.1.3.24 Food and Nutrition Service (FNS)** formerly known as the Food and Consumer Service administers the nutrition assistance programs of the U.S. Department of Agriculture.

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- C.1.3.25 Federal Poverty Level (FPL)** a measure of income level issued annually by the Department of Health and Human Services. Federal poverty levels are used to determine eligibility for certain programs and benefits.
- C.1.3.26 Federal Data Hub** is the common connection point for data verification with federal agencies (e.g. Social Security Administration, Department of Homeland Security, and Department of Health and Human Services) used by the DCAS to determine eligibility for certain programs and benefits.
- C.1.3.27 Health Care Reform and Innovation Administration** is the Administration within the Department of Health Care Finance, Office of Medicaid, with the primary responsibility for design, implementation, and management oversight of the requirements of the Affordable Care Act and the DC Health Insurance Exchange. The Health Care Innovation and Reform Administration is responsible for identifying, validating, and disseminating information about new care models and payment approaches to serve Medicaid beneficiaries seeking to enhance the quality of health and health care and reducing cost through improvement. Creates and tests new models in clinical care, integrated care and community health, and creates and tests innovating payment and service delivery models, building collaborative learning networks to facilitate the collection and analysis of innovation, as well as the implementation of effective practices, and developing necessary technology to support this activity.
- C.1.3.28 HRIC IT Workgroup** A cross agency working group including DHCF, DHS, DISB and the DC Office of the Chief Technology Officer (OCTO) to develop the technical approach to implementing the HBX and the new eligibility system at DHS and until a consolidated PMO is instituted. Act as the cross-agency Program Management Office (PMO) for the multiple upcoming IT projects developing a common schedule, identifying and tracking risks and issues, escalating items that require further attention, and reporting on progress to the HRIC.
- C.1.3.29 Health Benefit Exchange (HBX)** is a new transparent and competitive insurance marketplace where individuals and small businesses can buy affordable and qualified health benefit plans. Exchanges will offer a choice of health plans that meet certain benefits and cost standards.
- C.1.3.30 Internal Revenue Service (IRS)** is the federal agency responsible for administering and enforcing the Treasury Department's revenue laws, through the assessment and collection of taxes, determination of pension plan qualification, and related activities.
- C.1.3.31 Mayor's Health Reform Implementation Committee (HRIC)** refers to the District's committee, established through Mayoral Executive Order on May 14, 2010, responsible for implementing health reform in the District. The HRIC is

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chaired by the Director of the Department of Health Care Finance (DHCF) and co-vice chaired by the Department of Insurance, Securities and Banking (DISB) and the Director of the Department of Health (DOH). The Directors of the Department of Human Services, the Department of Mental Health (DMH), and the Department on Disability Services serve as additional members.

- C.1.3.32** **Medicaid** is a state-administered health insurance program for low-income families and children, pregnant women, the elderly, people with disabilities, and in some states, other adults. The federal government provides a portion of the funding for Medicaid and sets guidelines for the program. States also have choices in how they design their program, so Medicaid varies state by state and may have a different name in other state.
- C.1.3.33** **Medicaid Management Information System (MMIS)** refers to a system operated by the District's Fiscal Agent that supports the operation of the Medicaid program. MMIS includes the following types of sub-systems or files: recipient eligibility, Medicaid provider, claims processing, pricing, SURS (Surveillance and Utilization Review Sub-system), Management and Administrative Reporting Subsystem (MARS) , and encounter processing.
- C.1.3.34** **Medicare** is a federal health insurance program for people who are age 65 or older and certain younger people with disabilities. It also covers people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD).The program provides protection with an acute care focus under four parts: (1) Part A covers inpatient hospital services, post-hospital care in skilled nursing facilities and care in patients' homes; (2) Part B covers primarily physician and other outpatient services; (3) Part C covers Managed Care; and (4) Part D covers prescription drug coverage.
- C.1.3.35** **Medicaid Information Technology Architecture (MITA)** is an initiative of the Center for Medicaid & State Operations (CMSO) intended to foster integrated business and IT transformation across the Medicaid enterprise to improve the administration of the Medicaid program. MITA is a national framework intended to support improved systems development and health care management for the United States Medicaid enterprise.
- C.1.3.36** **Minimum Essential Coverage** is a type of coverage an individual needs to have to meet the individual responsibility requirement under the Affordable Care Act. This includes individual market policies, job-based coverage, Medicare, Medicaid, CHIP, TRICARE and certain other coverage
- C.1.3.37** **Navigator** is a specific type of Assister who has completed a certification process defined by the District and receives compensation for assisting qualified individuals, employers or employees with enrolling in a Qualified Health Plan.

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- C.1.3.38 Non-Group Insurance** refers to commercial insurance policies purchased by individuals or families not affiliated with any group.
- C.1.3.39 Office of Chief Technology Officer (OCTO)** - refers to the District central information technology agency that defines policies, maintains all District private wide area network and telecommunication as well as data centers
- C.1.3.40 Office of Health Care Ombudsman and Bill of Rights (OHCOBR)** - The Health Care Ombudsman Program was established by the Council of the District of Columbia to provide assistance to uninsured consumers regarding matters pertaining to their health care coverage. The mission of the OHCOBR is to ensure the safety and well-being of District consumers through advocacy, education and community outreach.
- C.1.3.41 Passive Certification** refers to the process for certifying qualified health plans for inclusion in an Exchange, whereby an Exchange establishes benchmark criteria and certifies all plans that meet that standard.
- C.1.3.42 Pre-Existing Condition Insurance Plan (PCIP)** A new program created by the Affordable Care Act that will provide a health coverage option for individuals who have been uninsured for at least six months, have a pre-existing condition, and have been denied coverage (or offered insurance without coverage of the pre-existing condition) by a private insurance company. This program will provide coverage until 2014 when these individuals will have access to affordable health insurance choices through a Health Insurance Exchange.
- C.1.3.43 Qualified Health Plan (QHP)** Under the Affordable Care Act, starting in 2014, an insurance plan that is certified by an Exchange, provides essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meets other requirements. A qualified health plan will have a certification by each Exchange in which it is sold.
- C.1.3.44 Quasi-Government Agency** is an agency or instrumentality of the District of Columbia Government with an independent governing body. (See “**Exchange Authority**”)
- C.1.3.45 Software as a Service (SaaS)** is software that is developed and hosted by an Offeror and accessed by the end user via the internet.
- C.1.3.46 Social Security Administration (SSA)** is the US government agency that provides economic assistance to persons faced with unemployment, disability, or agedness, financed by assessment of employers and employees.

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- C.1.3.47** **Stakeholder** is an individual or entity with a vested interest in any or all of the policy decisions related to the implementation of a Health Insurance Exchange in the District of Columbia.
- C.1.3.48** **Supplemental Nutrition Assistance Program (SNAP)**, formerly the Food Stamp Program, is the cornerstone of USDA's nutrition assistance, began in its modern form in 1961, but it had its origins in the Food Stamp Plan to help the needy in the 1930's.
- C.1.3.49** **U.S. Department of Agriculture (USDA)** is the United State federal department that administers responsible for developing and executing U.S. federal government policy on farming, agriculture, and food.
- C.1.3.50** **U.S. Department of Health and Human Services (HHS)** is the United States federal department that administers all federal programs dealing with health and welfare, including Medicaid and Health Insurance Exchanges.
- C.1.3.51** **US Department of Homeland Security** is the US government agency devoted to keeping the US safe from natural and man-made disaster. It includes agencies for citizenship and immigration services, customs and border protection, emergency response and recovery (FEMA), and science and technology research.
- C.1.4** **DCAS VISION**
- C.1.4.1** The vision of DCAS is to provide a new eligibility and enrollment platform for health care and human services programs, including an insurance marketplace, integrated financial and plan management functionality, and enhanced case management capabilities. DCAS will facilitate seamless access to health care and human service benefits to all District residents, regardless of income. This improved access will be supported by multiple customer service functions, such as a Contact Center available to all users and stakeholders.
- C.1.4.2** The District will procure an Offeror to develop and implement DCAS with architectural and design principles that are compliant with ACA and other federal and District requirements.
- C.1.4.3** DCAS will also provide horizontal program integration so that consumers can apply for health insurance and/or public benefits, including Medicaid, Children's Health Insurance Program (CHIP), Supplemental Assistance Nutrition Program (SNAP), Temporary Assistance to Needy Families (TANF) and other health and human service benefit programs.
- C.1.4.4** The objectives of the DCAP include:

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- Offer District residents a one stop portal to access health and human services benefits
- Create an insurance marketplace for individuals and employees
- Replace the District's aging eligibility determination and enrollment platform with a modernized, rules-based engine
- Integrate with federal and state data hubs to support real-time verification
- Design, build and implement core system functionality for new plan management and financial management processes
- Re-design, expand and integrate Medicaid and human services case management functionality
- Design and implement a robust, consumer-friendly, web-portal presentation layer
- Integrate both current and new, consumer contact center operational and technical infrastructures
- Design oversight and governance rules, guidelines and policies

C.1.4.5 DCAS will have three separate releases. Release I will be completed by October 1, 2013 with all required ACA functionality. Releases II and III (October 1, 2014 and September 1, 2015, respectively) will expand existing functionality for other Federal and local health and human services programs. Further detail on the DCAS release approach is provided in Section C.2.6 of this solicitation.

C.2 BACKGROUND

C.2.1 LEGISLATION

C.2.1.1 On March 23, 2010, President Barack Obama signed the Affordable Care Act (ACA) into law, which puts into place comprehensive health insurance reforms that will hold insurance companies more accountable, lower health care costs, guarantee more health care choices, and enhance the quality of health care for all Americans. The law is intended to provide greater access to quality affordable healthcare for all Americans. The ACA creates new competitive health insurance markets—including the establishment of Health Insurance Exchanges—that will provide millions of Americans and small businesses access to affordable coverage. While ACA provides states with significant latitude in how reform is ultimately implemented, it also sets forth expectations around consumer-mediated enrollment processes, systems architecture and security, coordination amongst Medicaid, and other health and human services programs and health benefits exchange plans. An exchange must meet federal certification requirements by January 1, 2013, and be capable of providing open enrollment services by October 1, 2013. Exchanges in each state must be fully operational by January 1, 2014.

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C.2.1.2 On January 17, 2012, Mayor Vincent C. Gray signed the Health Benefits Exchange Authority Establishment Act of 2011. This legislation establishes the Exchange Authority (“Authority”), defines the Authority governance structure, specifies the Authority finance structure, and specifies the Authority duties and powers. Also, under this legislation, the District established its own HBX to be governed by the Authority. The District is preliminarily referring to its HBX as the DCAS – the technical solution being developed and implemented as one of the primary objectives of the District of Columbia Access Project (DCAP).

C.2.2 DISTRICT AGENCIES INVOLVED

C.2.2.1 The Department of Health Care Finance (DHCF – formerly the Medical Assistance Administration under the Department of Health), was established on February 27, 2008 under the Department of Health Care Finance Act of 2007. DHCF is the District’s Medicaid agency and has legal authority to administer the District’s state-wide Medicaid program. It provides health care services to low-income children, adults, the elderly and persons with disabilities. Over 200,000 District residents (nearly one third of the total population) receive health care services administered by DHCF. The agency is also responsible for the implementation of certain components within the Health Information Technology for Economic and Clinical Health Act (HITECH) under the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5, key components of PPACA, Pub. L. 111-148 and Mayor’s Order 2011-106.

C.2.2.2 The Department of Human Services (DHS), under an agreement with DHCF, is responsible for processing and making eligibility determinations for Medicaid, as well as other health and human services benefit programs. District residents must present themselves in person at one of five Service Centers in the District, at field stations in hospitals, and/or other agency offices where their information is manually entered into the Automated Client Eligibility Determination System (ACEDS) -- a mainframe-based system implemented in 1992. ACEDS is the primary system that will be replaced by the DCAS. This new, integrated system will make it easier for individuals and families to stay connected to a range of resources and programs that provide needed benefits and services and shift between programs as needed (i.e. between Medicaid and the DCAS). The integration of data and technology into a common platform promotes a more effective deployment of resources and increases accountability.

C.2.2.3 Mayor Gray established the HRIC (Health Reform Implementation Committee) to guide implementation of the ACA in the District, including DCAP. This Executive Committee is comprised of the heads of six health and human services agencies: DHCF chairs the HRIC with the Department of Insurance, Securities and Banking and the Department of Health serving as co-chairs, Department of Human Services (DHS), Department of Mental Health (DMH), Department of

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Disability Services (DDS) and serves as the lead agency in city-wide committees focused on policy, planning and communications. The HRIC ensures communication and coordinates implementation efforts among agencies and provides recommendations to the Mayor when needed. In addition, all HRIC meetings are open to government and external stakeholders.

C.2.3 PROJECT GOVERNANCE

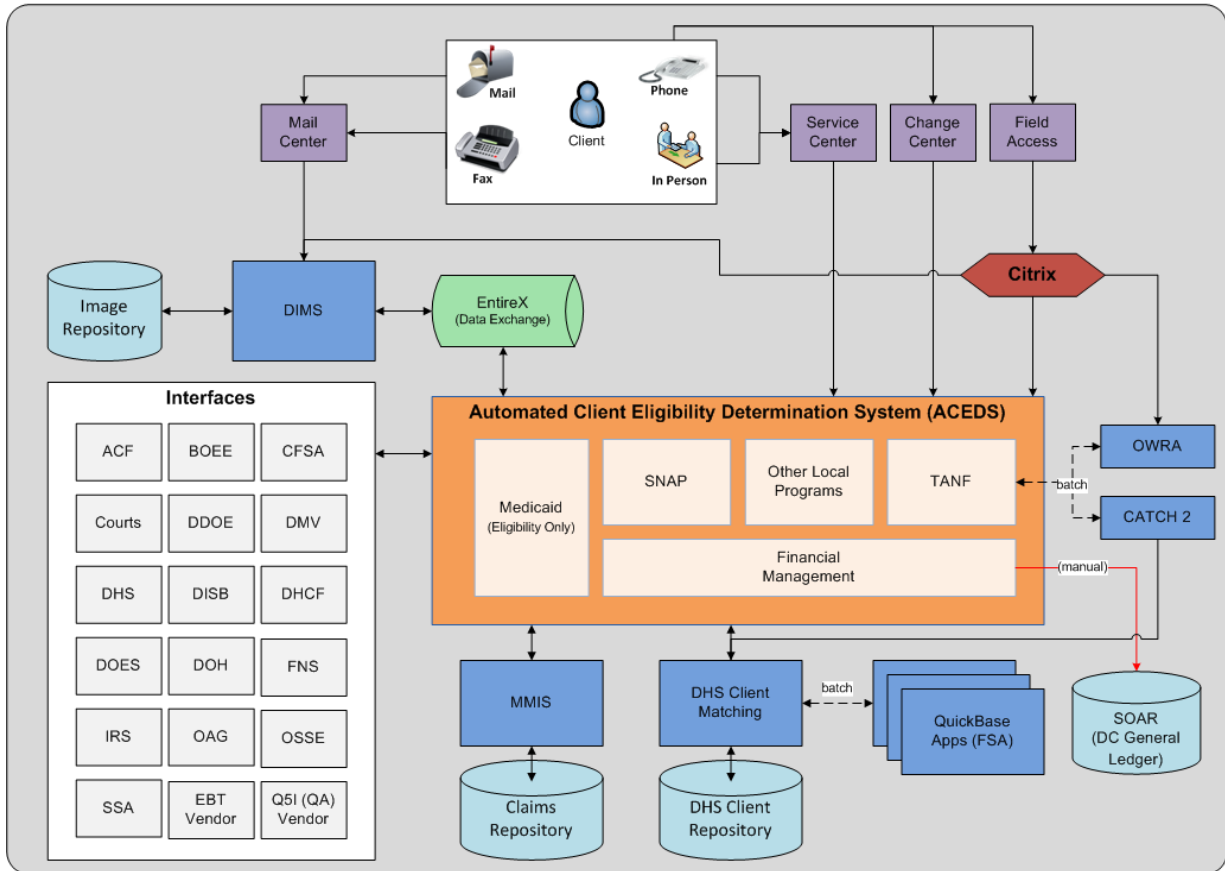
C.2.3.1 The HRIC also includes the following six subcommittees that hold monthly public meetings: Insurance, Medicaid Eligibility and Enrollment, Health Services Delivery System, Communications, Exchange Operations, and Exchange Information Technology. These subcommittees focus on various aspects of the District's exchange planning and implementation efforts. Subcommittee work and recommendations are reported to the full HRIC monthly. Subcommittees have also formed work groups to focus on specific issues, such as plan management and eligibility and enrollment in the exchange. In some cases, these work groups are used to engage outside stakeholders, while other groups consist of District staff working on a particular issue.

C.2.3.2 To coordinate HRIC exchange-related efforts among subcommittees and District staff in multiple agencies, the Health Care Reform and Innovation Administration (HCRIA) within DHCF holds weekly health insurance exchange work group meetings. HCRIA also administers the Exchange Planning and Level 1 Establishment grants for the District. Through the work group, exchange project and grant information is shared with the entire project team. HCRIA has also organized the Project Management Office (PMO) that is overseeing and coordinating IT aspects of DCAP.

C.2.4 CURRENT ENVIRONMENT

C.2.4.1 The following section provides a high level overview of the current information technology environment in the District of Columbia and a brief description of the applications used to provide access to health and human services programs. (See Attachment J.24 Current and Future Vision Graphics)

Existing DC Health and Human Services Environment



C.2.4.2 Automated Client Eligibility Determination System (ACEDS) is the legacy mainframe eligibility system that was implemented in 1992, and is the primary system that will be replaced by DCAS.

C.2.4.2.1 ACEDS is a mainframe application residing on an IBM Z9 Business Class Server Model M03 with the ZOS, release 1.9 operating system. There are 6 logical partitions (LPARS) assigned to the ACEDS. They are Development, Installation, Test, Training, Aqua (a copy of production) and Production. There are approximately 250 on-line programs with an estimated 1.1 million lines of code written in a mixture of COBOL and COBOL II using CICS 3.2. The batch processing and managerial reports for the ACEDS comprise over 7,000 application programs with about 2.3 million lines of code written Natural 4.2.3 using ADABAS database 8.1.3 file structure. Users access the application from PCs running Windows XP using the District private Wide Area Network. The terminal emulator software is BlueZone.

C.2.4.2.2 The District has two Data Centers that host servers and mainframes. The Data Centers are operated by OCTO. The primary site for the District is located in Reston, Virginia and the secondary site is in Washington, DC. The primary site utilizes:

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- IBM Model 2098-N03
- Prod LPARs
- OS12 and OS16 run Software AG products
- 2 Dev/Test LPAR
- 456 MIPS/57 MSUs
- IPL once a quarter – and Daylight Saving Time
- z/OS 1.9 currently used in Production
- z/OS 1.11 in Development
- z/OS 1.11 to be implemented in October
- CICS TS v3.2 is used as TP Monitor in Production

C.2.4.2.3 Currently, ACEDS supports range of functions from eligibility determination to case tracking for over major programs listed below, as well as a number of smaller locally administered subprograms. Below is a listing of the programs supported by the existing ACEDS platform:

- Medicaid (eligibility determinations and renewals only)
- Supplemental Nutrition Assistance Program (SNAP) and Food Stamp Employment and Training Program
- Temporary Assistance for Needy Families (TANF) and TANF Employment Program
- TANF Diversion (one-time payment in lieu of ongoing benefits)
- Refugee Cash and Medical Assistance
- Program on Work, Employment and Responsibility (POWER)
- Refugee Cash and Medical Assistance
- DC Healthcare Alliance
- Interim Disability Assistance (IDA)
- General Assistance for Children
- Immigrant Children Health Care
- Burial Assistance
- Repatriate Program

C.2.4.2.4 Within ACEDS there are a number of interfaces that support the current eligibility determination and enrollment, case management, and financial management functions. A sample of these interfaces is listed below – refer to Attachment J.10 – Reports Notices and Interfaces Inventory for the complete list of existing and potential interfaces.

- SSI/State Data Exchange (SDX)
- Beneficiary and Earnings Data Exchange (BENDEX)
- Beneficiary Earnings Exchange Record System (BEERS)
- SSN Validation
- Department of Employment Services (DOES)

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- Unemployment Insurance Benefits (UIB)
- Special Benefit Data
- Internal Revenue Service (IRS) – Unearned Income
- Interstate Data Exchange
- Buy-In Program (Buy-In Data)
- District of Motor Vehicles (DMV)
- Child Support (IV-D)
- New Hire Information (NEHI)

C.2.4.3 Document Imaging Management System (DIMS) is the recently-deployed IBM FileNet-based application for scanning inbound documents, indexing and storing scanned images in a repository, and triggering associated workflow for follow-up. DIMS consists of a custom web-application and stand-alone applications built on FileNet P8 platform including Content Manager, Business Process Management and Capture Products as well as Oracle as the back-end database. The District envisions that DIMS will interface with DCAS and continue to be used for scanning and indexing. The application uses a modern architecture that supports current imaging standards. It is expected that DIMS can facilitate integration with DCAS through FileNet-based web services and APIs.

C.2.4.3.1 DIMS is designed and developed to be used by the Department of Human Services (DHS) to electronically store the documents received from the clients applying for eligibility programs, and other documents such as reports. DIMS is an IBM FileNet P8 based Electronic Content Management (ECM) System that stores documents as images in a repository. The documents stored in the repository can be searched and retrieved from multiple DHS offices spread across the District of Columbia.

C.2.4.3.2 The imaging system uses the following IBM FileNet P8 components:

- IBM FileNet Capture Professional 5.2
- IBM FileNet P8 Content Manager 4.5
- Application Engine (FileNet Workplace web application)
- Content Engine
- Process Engine

C.2.4.3.3 DIMS is developed using Microsoft Visual Basic.Net, JEE IBM FileNet P8 Application Engine and Capture Professional. The following are details about the Software environment for Production:

- Operating System Windows 2008 64 bit
- Internet Explorer
- Oracle Database Server 11G R2
- Active Directory Windows 2003 R2
- Microsoft.Net Framework 3.0

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- JRE\JVM 5.0
- WebSphere Application Server 6.1.0.17
- IBM FileNet P8 Process Engine 4.5.0
- IBM FileNet P8 Application Engine 4.0.2
- IBM FileNet P8 Content Engine 4.5.0
- IBM FileNet Capture Professional 5.2

C.2.4.3.4 Existing DC FileNet licenses for workflow development and deployment should be used if the Offeror is proposing FileNet as the workflow engine. If the Offeror proposes an alternative to the FileNet workflow management capability, an explanation as to the benefits of the proposed solution should be included in the Offeror's response.

C.2.4.4 **MMIS** is the Medicaid Management Information System administered by the Department of Healthcare Finance. The District's MMIS processes Medicaid claims but does not perform eligibility determinations. Eligibility and enrollment information is provided daily to the MMIS by the existing ACEDS platform. It is envisioned that DCAS will interface directly with the MMIS when ACEDS is retired as part of the Release 2 implementation of DCAS. MMIS also houses CaseNet, a case management tool that may be replaced by DCAS.

C.2.4.4.1 The MMIS mainframe is a large scale IBM multiple seven central processing unit (CPU) 390 Sysplex architecture processing complex with CPUs located at the ACS secure data center in Pittsburgh, PA. The mainframe system utilizes:

- IBM z/OS 1.9 operating System
- IBM DB2 Relational Database Management System (RDBMS)
- IBM CICS
- IBM Anynet
- IBM TCP/IP for MVS
- IBM MQ Series
- IBM WebSphere DataStorage TX
- ACS CICS Messaging Framework

C.2.4.4.2 The District of Columbia MMIS CICS and batch components are primarily COBOL programs. Additional DB2 stored procedure components are IBM DB2 SQL programs.

C.2.4.5 **CATCH 2** is the Case Management System currently used by TANF employment vendors serving DHS customers who have work participation requirements. The system allows service providers to log in and report job placements, work hours, and other activities required by the customer's Individual Responsibility Plan (IRP) for TANF. CATCH 2, currently a bi-directional data exchange with

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ACEDS, is expected to be retired as Provider Management functions are deployed in DCAS Release 2.

- C.2.4.6 Online Work Readiness Assessment (OWRA)** is a public facing web-based resource used to ensure that TANF participants are prepared to seek and/or maintain employment or work activities in accordance with federal guidelines. OWRA is divided into four stages that coincide with the four modules of the tool: (1) the initial interview with TANF participants using the tool's four modules; (2) the development of a tool-based assessment worksheet; (3) an analysis of OWRA data; and (4) the incorporation of OWRA data into individual self-sufficiency planning activities. Each stage is unique and fits into the desired outcome of preparing a TANF participant for self-sufficiency. OWRA, currently a bi-directional data exchange with ACEDS, is expected to be retired as TANF functionality is deployed in DCAS Release 2.
- C.2.4.7 Intuit QuickBase** is an online database software that allows for quick custom web-based data solutions or sharable database applications without programming. The DHS connects to QuickBase using QuNect (ODBC) on SQL Server for FSA processes. QuickBase, currently a bi-directional data exchange with ACEDS, is expected to be retired as local programs are deployed in DCAS Release 3.
- C.2.4.8 State Based System (SBS)** is a web-based system used to license and renew agents, brokers and insurance companies. SBS is currently utilized by the Department of Insurance Securities and Banking (DISB) when interfacing with insurance companies. The SBS service offering has expanded over time to include consumer complaints, enforcement, and online continuing education for resident agents and brokers. DISB currently uses 9 of the 21 services available.
- C.2.4.9 System for Electronic Rate and Form Filing (SERFF)** is currently utilized by the Department of Insurance Securities and Banking to provide an interface for insurance companies to submit rate and form filings for review and approval by Insurance Examiners via the system. This paperless process for reviewing and approving filings provides for electronic communication between submitter and reviewer if necessary. It is anticipated that an enhanced SERFF interface maybe used to support certain Plan Management functions in the future.
- C.2.4.10 Existing Support** - The District has a few publicly available websites, hotlines and local offices that support a range of public service functions including:
- C.2.4.11 Department of Human Services** operates the current health and human services consolidated eligibility and enrollment systems and process through several support channels including Service Centers, an information-only website, and a "change center" hotline. The five Service Centers allow District residents to apply in-person (via appoint mentor walk-in) for Medicaid, SNAP, TANF and other

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federal and local programs. Through the website, District residents can obtain information and download applications for some programs, but applications cannot be submitted electronically (<http://dhs.dc.gov/>). Finally, DHS also operates a basic hotline number where program beneficiaries can make general inquiries and report changes in circumstance.

C.2.4.12 Office of the Ombudsman was established in 2009 to counsel and provide assistance to uninsured District of Columbia residents and individuals insured by health benefits plans in the District of Columbia regarding matters pertaining to their health care. The office of the Ombudsman operates a hotline for consumers to use to for assistance, which will be integrated into the future DCAS Contact Center. Currently, the website allows the downloading and printing of information and forms, but documentation cannot be submitted electronically (<http://ombudsman.dc.gov/>).

C.2.4.13 DISB Complaint Line is a hotline for reporting and following up on insurance carrier related complaints. This hotline will be integrated into the future DCAS Contact Center.

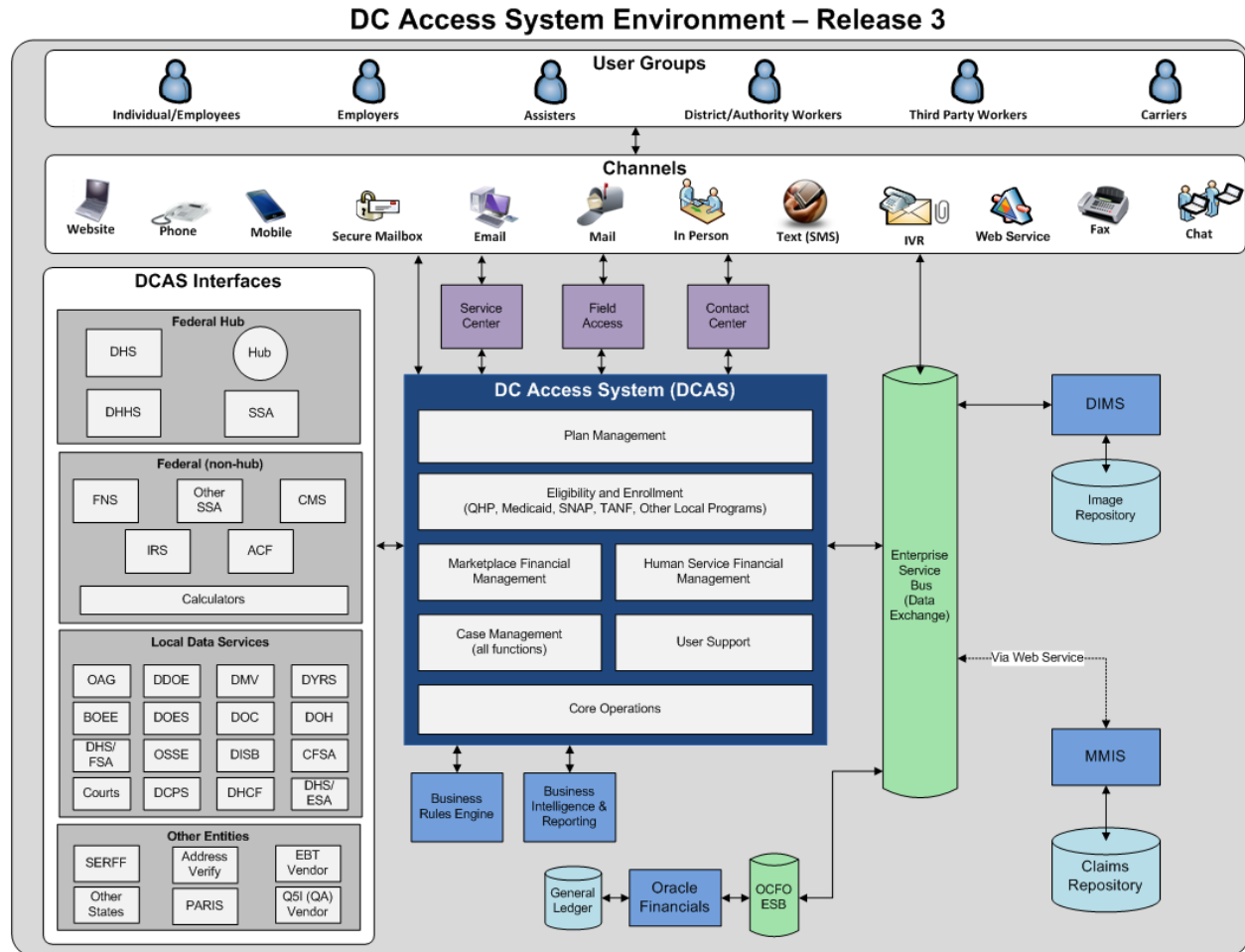
C.2.4.14 311 is a toll-free number, website, and mobile application that allows people in the District of Columbia to request assistance with city services and information. It is anticipated that the DCAS Contact Center and 311 will need to interface in order to best service District Residents (311.dc.gov).

C.2.4.15 User Community: The current D.C. user community for the aforementioned systems includes the following users:

- Health Providers/Recipients – access the MMIS web portal to query claims-related information or assess recipient eligibility
- Authorized vendor partners – access the MMIS web portal to carry out specific business functions (e.g. prior authorization)
- State workers – District government employees use the ACEDS system which currently supports approximately 1,200 on-line users accessing the system through mainframe RACF security structure. Authorized staff utilize the system to determine eligibility and provide benefits to more than 200,000 residents of the District. Most users have “read only” access and use ACEDS to verify individual and case data as well as receipt of benefits. Similarly, but in smaller quantities, D.C. state government employees access the MMIS to query recipient, claim, or provider-related information. With few exceptions, user privilege is limited to “read only”
- Human Services vendors – use CATCH 2 to report TANF work participation and perform other case management functions

C.2.5 FUTURE ENVIRONMENT

C.2.5.1 The following graphic represents the District’s vision of DCAS after all releases are complete. (See Attachment J.24 Current and Future Vision Graphics)



C.2.5.2 The vision of the DCAS is to ensure every District resident has access to affordable health care and necessary human services benefits. DCAS will provide a seamless customer experience for all health and human services consumers in the District, allowing for a more effective and efficient coordination of health care and human services for District residents.

C.2.5.3 The District of Columbia has decided to take a phased approach for the implementation of DCAS. Release 1 will be completed prior to October 1, 2013, and will include all functionality required by the ACA. In order to reduce complexity in Release 1, non-mandated functionality (such as eligibility and enrollment for Non-MAGI Medicaid cases) has been deferred to Release 2. That release will be completed a year later, and will allow ACEDS to be retired by implementing the remaining federal and local programs it administers (such as

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TANF and Food Stamps). The second release will leverage core functionality created in the first release, such as the rules engine, workflow, and overall technical architecture. Release 3 will be completed 11 months after Release 2, deploying additional locally funded programs and allowing DCAS to be a true integrated Health and Human Services system. Each release is described in further detail in Section C.2.6.

C.2.5.4 The District expects the Offeror to design, develop, test, and deliver a fully integrated, automated DCAS system that provides a best in class consumer experience and delivery of services through a Web Portal format that:

C.2.5.4.1 Accommodates different consumers' access needs and facilitates and simplifies the end-to-end process to attain and maintain health coverage.

- Takes advantage of the consumer experience and framework defined by the UX2014 Project.
- Presents content in a format that is culturally sensitive, navigation that is straightforward, and simple tools or methods to enable consumers to provide and obtain information.
- Is presented in multiple languages, including English, Spanish, and Amharic for portal presentation. Links to customer assistance from the portal, (toll-free number or IVR assistance), along with applications and notices will be required in at least six other languages (based on population thresholds). It is expected that updates made in to content occur simultaneously across all languages.
- Enables access for persons with disabilities and TTY services for the hearing impaired and meets all Americans with Disabilities Act (ADA) requirements.
- Provides a mechanism for obtaining feedback regarding accessibility improvements, general comments, and other recommendations.

C.2.5.4.2 Enables customers and those acting on behalf of customers, access and manage personal consumer accounts via the DCAS Web Portal using role-based security.

C.2.5.4.3 Utilizes the “no wrong door” service System that provides consistent consumer experiences for all entry points and enables customer service by phone, online access, or in-office to:

- Allow individuals who wish to create an account to apply for and manage coverage easily.
- Submit applications for health benefits coverage for enrollment and subsequent renewal with reduced consumer burden.
- Provide subsequent information on how to disenroll, renew, transition between coverage programs, update case information (as required), or appeal an eligibility determination.

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- Allow application processing across affordability programs for those families with members eligible for or enrolled in different programs.
- Provide opportunities for Users to browse anonymously to assess their options.
- Provide seamless and timely transition between health programs with no gaps in service.
- Support consumers in making informed choices, including employees of small businesses in the SHOP exchange.
- Provide the ability to shop and compare health plan options and select the plan that best meets their situation, (e.g., among Qualified Health Plans in the Exchange or among plans available based on Medicare eligibility).

C.2.5.4.4 Provides ease of administration for small employers via the SHOP Functionality.

C.2.5.4.5 Contains the Business Rules and technical capabilities to determine online, real-time eligibility for QHPs Subsidies/Credits, QHP Non- subsidized, and Medicaid MAGI and non-MAGI based eligibility.

C.2.5.4.6 Contains the Business Rules and technical capabilities to determine online, real-time eligibility for other federal and local Health and Human Service programs

C.2.5.4.7 Promotes transparency and accountability through compliance with federal guidelines and consistency of application of rules.

C.2.5.4.8 Leverages existing Systems (where appropriate) and is built on an architecture that is scalable, flexible, modular, and dynamic.

C.2.5.4.9 Is built on a single, comprehensive, and integrated Security and Privacy Framework that implements multiple federal and District security and privacy policies and protects consumer information.

C.2.5.4.10 Enables administrative management (e.g., record retention, secure destruction, and storage, etc.) and case management tasks.

C.2.5.4.11 Implements the automated System statewide, which includes:

- Developing a District wide strategy for deploying DCAS with minimal business disruption.
- Conducting Organizational Change Management to prepare DCAS User groups and facilitate its Implementation.
- Developing and delivering System training to all business and technical Users of DCAS.

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C.2.5.5 The District expects Offerors to proactively monitor other State exchange developments and Implementations and to describe ways in which to incorporate public domain Software in their proposed solutions to this solicitation. This expectation extends beyond the proposal process into the contract period. The District is interested in continuous recommendations on ways in which to leverage other States' efforts and resulting cost savings. Correspondingly, the Offeror must permit the District to post DCAS development related artifacts to the CMS Collaborative Application Lifecycle Tool (CALT). The District does not intend to share proprietary code and wireframes.

C.2.5.6 The District has created several technical blueprints to illustrate the vision of DCAS. Please see Attachment J.11 – Solution Graphics to review these reference graphics.

C.2.5.7 The table below outlines the District's projected enrollments in health insurance coverage.

Program	Current	FY2014	FY2016	2018
Medicaid	220,000	223,312	226,675	230,087
Individual QHP	N/A	38,500	39,750	38,500
SHOP QHP	N/A	18,250	17,250	16,250

C.2.5.8 The table below is the District's anticipated average monthly count of beneficiaries of some of the District health and human service programs. It is important to note that beneficiaries may be double counted as they may qualify for one or more program.

Program	Current	FY2014	FY2016	FY2018
TANF Beneficiaries	44,074	44,738	45,411	46,095
TANF Employment Program	2,400	2,436	2,473	2,510
SNAP/Food Stamp Beneficiaries	140,494	142,609	144,756	146,936
SSI Beneficiaries	26,832	27,236	27,646	28,062
General Assistance to Children Cases	310	315	319	324
Interim Disability Assistance	712	723	734	745

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Program on Work, Employment and Responsibility	544	552	561	569
Refugee Cash and Medical Assistance	105	107	108	110
DC Healthcare Alliance	20,758	21,071	21,388	21,710
Immigrant Children Health Care	2,695	2,736	2,777	2,819

C.2.5.9 The Offeror may propose to reuse/leverage existing components of the current environment or propose replacements where the Offeror believes there is a more compelling value proposition to the District for doing so. It is expected that the Offeror will carefully analyze the current environment and address gaps with the future environment needs when proposing a system solution during design.

C.2.5.10 OCTO has procured an Oracle-based enterprise service bus (ESB) for inter-agency data transfer and sharing. The schedule for implementation of the new ESB has not been finalized as of the release of this RFP. Therefore, Offerors must propose an alternative plan for implementing inter-agency local interfaces (as listed in Appendix J). By the time the Design phase of DCAS begins, the OCTO schedule for its new ESB implementation may be better understood, and may be incorporated into the DCAS architecture for enabling local data services interfaces.

C.2.6 RELEASE APPROACH

C.2.6.1 This section describes the high-level approach currently planned for the DCAS release schedule. Responding Offerors may propose an alternative schedule, with explanation and justification for deviations from the approach described below.

C.2.6.2 The following guiding principles have been used to develop this approach:

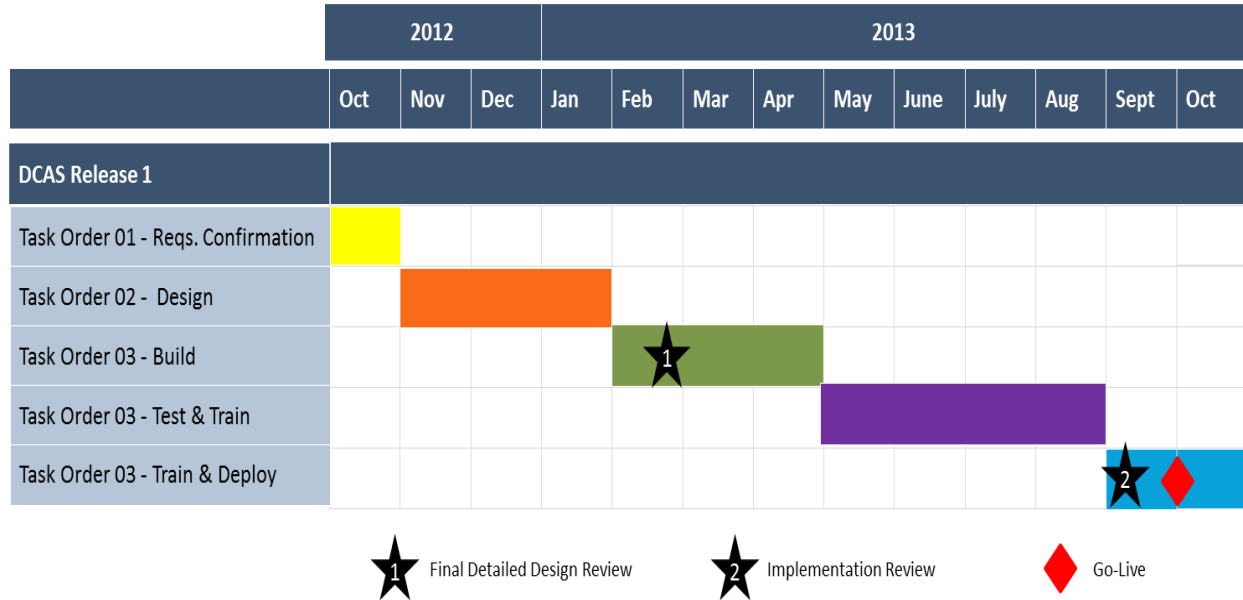
- Reduce risk and time required for Release 1 by moving functionality to Release 2 when feasible
- Reduce data conversion from ACEDS to DCAS during Release 1 and develop a new MMIS interface by maintaining ACEDS as the Medicaid system of record until Release 2
- Minimize overall project risk by reducing overlap between releases as much as possible
- Retire ACEDS as soon as feasible (Release 2) to avoid multiple modifications to that system
- Deploy dependent programs in the same release (for example, if a locally funded program's eligibility is based on TANF eligibility, deploy it at the same time as TANF). The following programs are dependent upon an eligibility determination for Medicaid, Food Stamps, or TANF and are therefore part of Release 2:

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- POWER
- IDA
- DC Healthcare Alliance
- Allow extensive testing time for releases with a large number of inter-dependent programs being deployed at once (Release 2)

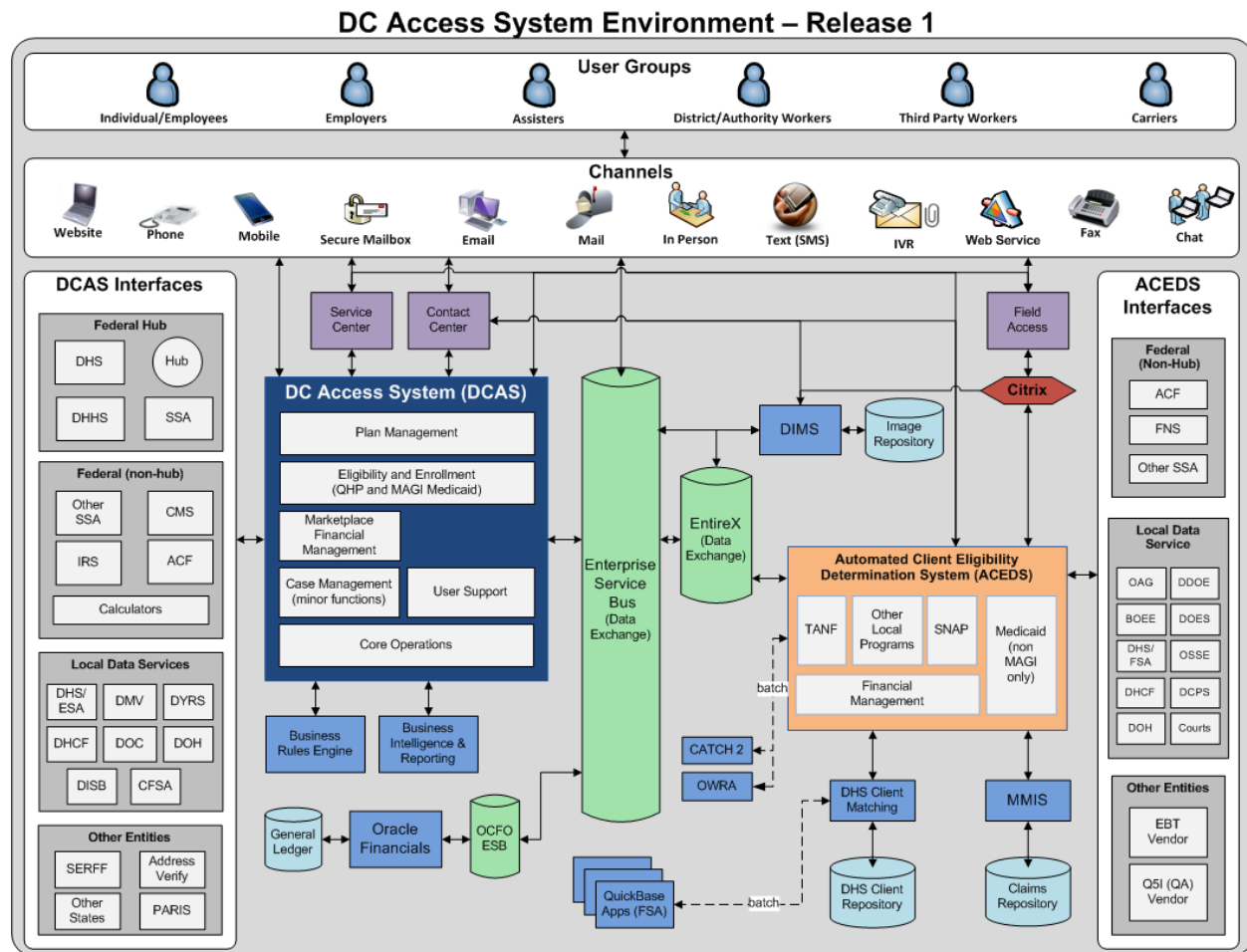
C.2.6.3 RELEASE 1

C. 2.6.3.1 The District's timeline for Release 1 implementation effort is reflected below



C. 2.6.3.2 The implementation effort in Release 1 should result in an environment similar to the graphic below.

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C.2.6.3.3 The District realizes that the first release of DCAS must meet the standards, security requirements, and timelines established in the ACA. Accordingly, the first release will be focused on core HBX functionality, MAGI-based Medicaid eligibility and enrollment, Individual QHP eligibility and enrollment, and the Small Business Health Options Program (SHOP). Release 1 will also include shared functions such as the new web portal and integrated eligibility and verification system, integration with the Federal Data Hub, new call center functions, and the new reporting capability. The first release will include a real-time interface with ACEDS, allowing current enrollment verification and transmission of new cases to the ACEDS database.

C.2.6.3.4 By maintaining ACEDS as the Medicaid system of record during Release 1, data conversion for existing cases can be delayed until Release 2. This will also allow the current interface between ACEDS and the MMIS to be re-used until Release 2, further reducing Release 1 complexity.

C.2.6.3.5 Since Medicaid applicants using the new web portal will not yet know what they are eligible for, the Release 1 version of DCAS must be able to accept all Medicaid applications and route them appropriately if non-MAGI. Applicant's

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deemed eligible under MAGI rules for MCO coverage, will select their MCO via the District's existing offline process. In Release 2, all MCO elections will be made via the Exchange Marketplace. DCAS must be able to store and display individual MCO selections beginning in Release 1.

C.2.6.3.6 Content and functionality to be included in Release 1 includes:

- Federally Funded ACA required products:
 - Medicaid (MAGI only)
 - Basic Health Plan (potentially)
 - Consumers purchasing subsidized commercial plans
 - Consumers purchasing unsubsidized commercial plans
 - Employees enrolling in small business plans (SHOP)
- New Functionality:
 - Customer Portal
 - Employer/Carrier functions
 - Verification (Federal Data Hub integration and Local Interfaces)
 - Eligibility & Enrollment
 - Plan Management
 - QHP/Medicaid Financial Management (Marketplace)
 - Contact Center (includes call center and other customer service functions)
 - Consumer Marketing
 - Integration with DIMS for imaging
 - "Basic" Case Management (Coordinated Care & Journaling)
- Implementation Activities:
 - Temporary bi-directional interface with ACEDS to check current Medicaid enrollment and avoid duplicate member/case data
 - Temporary interface to transmit new Medicaid cases to ACEDS, so they can be passed to the MMIS (using the existing ACEDS-to-MMIS interface)
 - Ability to refer new non-MAGI case to ACEDS based on information collected in the Release 1 so that non-MAGI eligibility can be determined in the legacy system during Release 1

C.2.6.3.7 ACEDS is an entirely consolidated system of eligibility determinations for all the programs identified above. Given that the District intends to transition the functionality of ACEDS to DCAS over a 2 year period, significant integration between the two systems will be required. Department of Human Services (DHS) currently handles all changes to ACEDS with in-house developers skilled in COBOL, Natural and ADABASE tools.

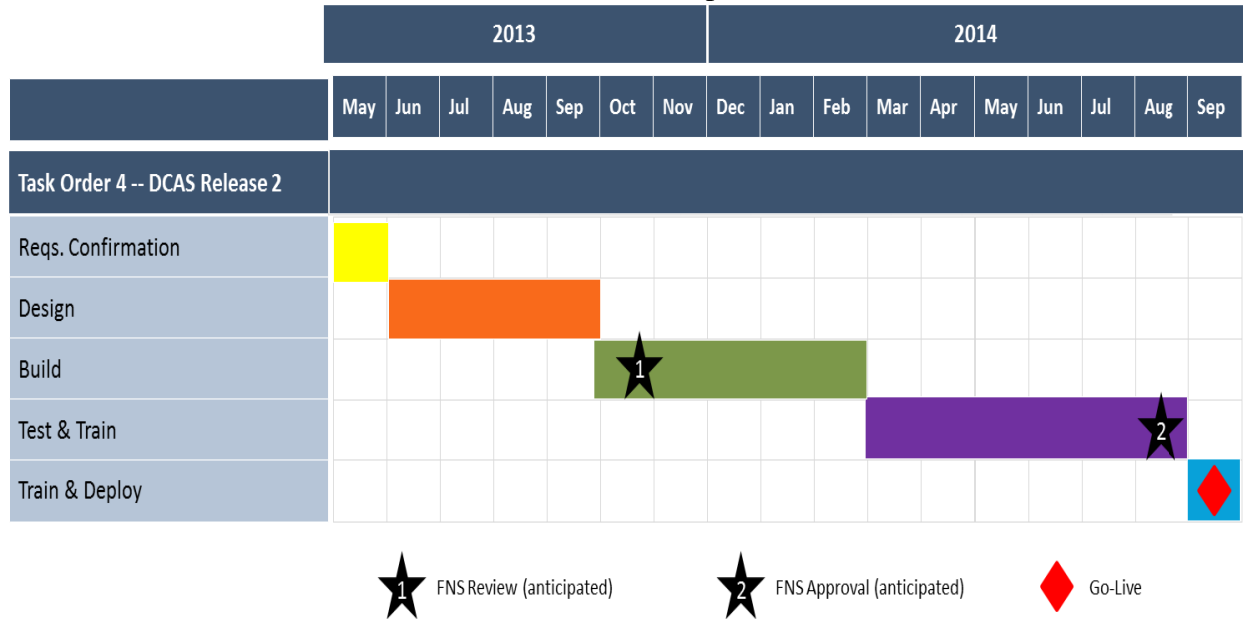
C.2.6.3.8 DHS is currently using EntireX for Windows to establish web service connectivity with ACEDS where programs developed in Natural are converted to XML for bi-directional data exchange. For the purposes of system integration,

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the Offeror is expected to build all components up to and including non-mainframe programming required to utilize EntireX. Any solution proposed other than EntireX must include a description of similarities and differences between EntireX and the proposed solution. It is expected that the Offeror will evaluate the current EntireX implementation to ensure scalability for anticipated DCAS user volumes.

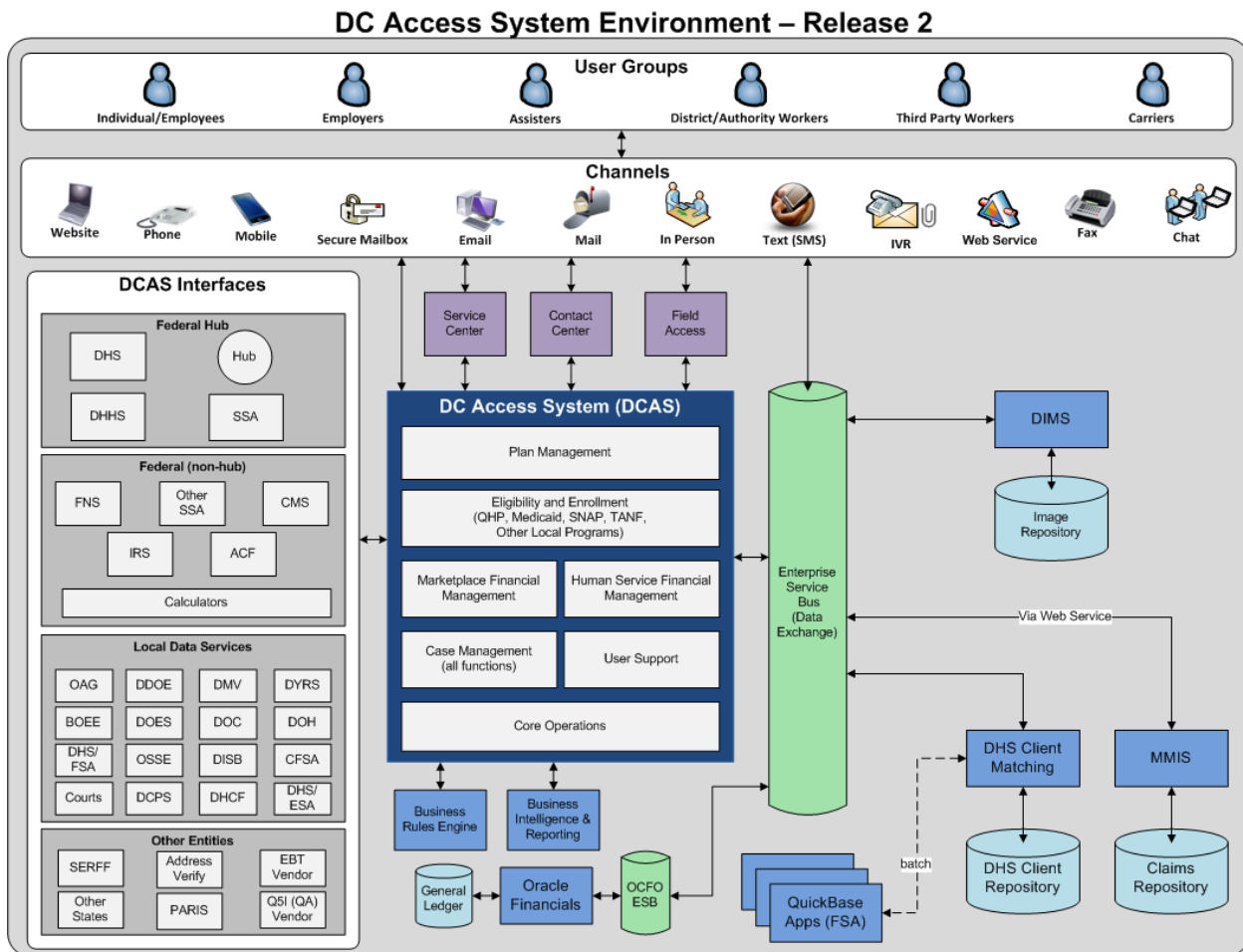
C.2.6.4 RELEASE 2

C. 2.6.4.1 The District's timeline for Release 2 implementation effort is reflected below



C. 2.6.4.2 The implementation effort in Release 2 should result in an environment similar to the graphic below.

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C.2.6.4.3 Leveraging the common components built for online application and eligibility determinations in Release 1 of DCAS, Release 2 will include the Medicaid Non-MAGI population and the migration of a number of Human Services programs. Individuals and families involved in these programs require additional Case Management capabilities, which will also be deployed as part of Release 2. This release will migrate all programs administered on ACEDS to DCAS, which will allow ACEDS to be retired. As such, Release 2 must include the new MMIS interface and data conversion for all ACEDS-based programs.

C.2.6.4.4 DCAS components built for Release 1 will be extended to embrace the business processes, workflows, and rules that govern Release 2 programs. When Release 2 is deployed, individuals using the common application will have the option to apply for additional government assistance programs by answering additional program specific questions.

C.2.6.4.5 Release 2 will be expanding on the MITA components in Release I to implement the National Human Service Interoperability Architecture (NHSIA). NHSIA is developed by the federal Administration for Child and Families to support common eligibility and information sharing across programs, agencies, and

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departments; improved efficiency and effectiveness in delivery of human services; improved detection and prevention of fraud; and better outcomes for children and families. The framework called National Human Service Interoperability Architecture (NHSIA) is leveraging MITA and other federal projects to share information and reuse IT capabilities. Further information on the framework can be found at <http://www.acf.hhs.gov/interop/toolkit.pdf>

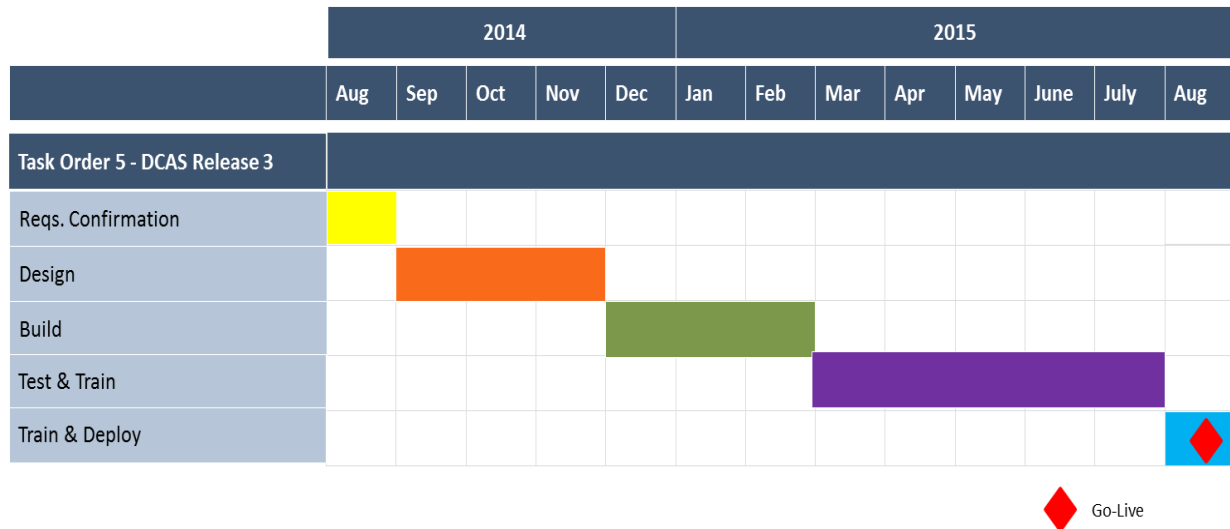
C.2.6.4.6 Content and functionality to be included in Release 2 includes:

- Federally Funded Programs:
 - Remaining Medicaid (Non-MAGI)
 - Supplemental Nutrition Assistance Program (SNAP, also known as Food Stamps) including Employment and Training Program and Disaster Food Stamps (separate application process)
 - Temporary Assistance for Needy Families (TANF) including TANF Employment Program
 - TANF Diversion (one-time payment in lieu of ongoing benefits)
 - Refugee Cash and Medical Assistance
 - Repatriation Program
- Locally Funded Programs:
 - Program on Work, Employment and Responsibility (POWER)
 - Interim Disability Assistance (IDA)
 - General Assistance for Children
 - Immigrant Children Health Care
 - DC Healthcare Alliance
 - Burial Assistance
 - Homeless “Intake” (capturing needs for entry by DHS/FSA staff)
- New Functionality
 - “Full” Case Management (all remaining functions)
 - Human Services Financial Management
 - New interface to MMIS
- Implementation Activities
 - Data Conversion for all remaining ACEDS-based programs
 - ACEDS Retirement

C.2.6.5 **RELEASE 3**

C. 2.6.5.1 The District’s timeline for Release 3 implementation effort is reflected below

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C.2.6.5.2 The implementation effort in Release 3 should result in an environment similar to the graphic presented in Section 2.5 Future Environment.

C.2.6.5.3 Release 3 will add eligibility determination functions essential to the District's remaining social services programs. Many of these programs are currently operated using QuickBase applications and other ad-hoc tools (MS Access, MS Excel, etc.). By deploying these programs as part of DCAS, the District will have a true integrated health and human services system that allows coordination of care across multiple programs and agencies.

C.2.6.5.4 Content and functionality to be included in Release 3 includes:

- Federally Funded Programs (not currently administered by DHS)
 - Women, Infants, and Children (WIC)
 - Subsidized Child Care
- Locally Funded Programs
 - Homeless Services Program
 - Strong Families Program
 - Adult Protective Services
 - Family Violence Prevention Services
 - Teen Parent Assessment Program
 - Refugee Resettlement Services
 - Parent and Adolescent Support Services
 - Emergency Rental Assistance Program
 - Low Income Home Energy Assistance Program (LIHEAP)
- New Functionality (none anticipated)
- Implementation Activities
 - Data Conversion from DHS QuickBase applications

C.3 REQUIREMENTS-SERVICES

C.3.1 The following sections describe the services to be performed by the Offeror as they design, build, test, and deploy DCAS. The scope of the Offeror’s work includes more than just system implementation, as additional activities are required to support the Districts’ certification, maintain the system, and enable a successful transition to a District maintenance organization. The activities described below align to the price schedule in Section B.3.

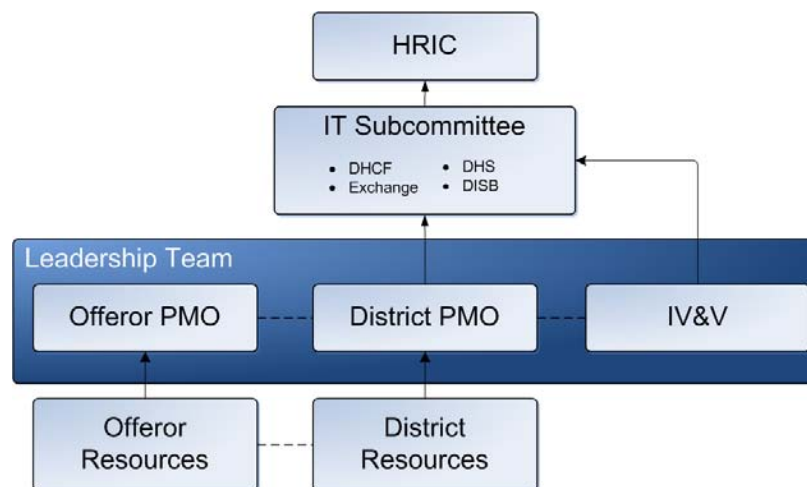
C.3.2 MOBILIZE TEAM

C.3.2.1 Upon award of the contract, the selected Offeror will begin the staffing process for the initial stages of the project. It is understood that Offeror resources will “ramp up” as the project moves forward, and that a smaller team may be on the ground day one. The Staff Plan must account for resource needs at each stage of the project, starting with Requirements Confirmation and ending with Transition (in which maintenance and operations are transferred to District staff). A draft Staff Plan must be submitted as part of the response to this RFP.

C.3.2.2 As part of this solicitation response, the Offeror shall identify dedicated and forward-looking individuals who possess both a deep and a broad understanding of ACA, health insurance exchanges, and integrated eligibility systems. Refer to Section C.5 Organization and Staffing Requirements for further detail on the resources required by the Offeror for the DCAS.

C.3.3 PROJECT MANAGEMENT

C.3.3.1 The following graphic represents the current governance structure for the DC Access Project and how the Offeror will be integrated into this structure. The District will instruct the Offeror if this governance structure evolves.



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C.3.3.2 The DC Access Project has established a Program Management Office (PMO) managed by District staff and Offerors. The DCAP PMO reports to the IT Sub-Committee, and is responsible for:

- Offeror oversight
- District oversight
- Overall program schedule management
- Deliverable review and acceptance
- Offeror's invoice and payment processing
- Budget tracking
- Contract Management (in conjunction with OCP)
- Issue & Risk Management
- Change Management
- Performance & Tracking Management

C.3.3.3 Implementing DCAS will be one of the initiatives overseen by DCAP, so the Offeror selected under this solicitation is expected to work closely with the existing PMO to manage the project. The Offeror is also expected to work cooperatively with the Independent Verification and Validation (IV&V) vendor, who will report directly to the IT Subcommittee.

C.3.3.4 The IV&V vendor will independently monitor and evaluate the project from inception to system acceptance, ensuring that both the District and the Offeror employ best practices, that software meets reusability and quality requirements, that software meets user acceptance and go-live criteria, and that project deliverables meet content specifications and quality standards. Note that among the criteria for the three production launches will be that the system meets performance testing expectations. IV&V is critical to ensuring a successful system implementation. The Offeror must fully cooperate with the IV&V vendor throughout the life of the project and will participate as required in reviews resulting from the work of the IV&V vendor.

C.3.3.5 In addition to support provided by the DCAS PMO and the IV&V vendor, the District will make Subject Matter Experts available to provide content knowledge from a functional and technical perspective. These District resources will participate in design sessions, deliverable reviews, testing, conversion, and training, as needed.

C.3.3.6 It is expected that the Offeror will have its own project management team (PMO). The Offeror shall describe the mechanism by which its team will work with the DCAP PMO and IV&V, so that the required project management functions can be performed in a collaborative manner. Those functions will be detailed in the Project Management Plan (PMP) in the table in Section F.3.3. The PMP will

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serve as a guide and framework for running the DCAS implementation project, and will include sections that address the following project management functions:

- Adherence to a proven system development methodology for use in phased delivery of systems requirements
- Schedule Management processes, including procedures for maintaining the project work plan and updating actual hours worked as well as estimate to complete (ETC) effort
- Communication processes, including formal status reporting procedures and schedules
- Performance Measurement
- Risk and issue identification, tracking, reporting and resolution procedures, including an automated tracking and management system
- Change control procedures, including a Requirements Traceability Matrix (RTM) for documenting changes to project scope and their impact
- Sub-Officer management processes
- Personnel Management functions, including roll-on and roll-off processes
- Quality Management
- Earned Value Management
- Configuration Management

C.3.3.7 The Offeror must submit a detailed project work plan that demonstrates a clear understanding of the Functional Areas described in this RFP Scope of Work. The purpose of the work plan is to identify delivery dates, to detail work activities, and to facilitate the District's monitoring of the Offeror's progress based on milestones and key dates. The work plan should be dependency driven so that changes to up front activities have an appropriate impact on downstream activities. At a minimum the project plan should include:

- Key dates for project milestones and submission/acceptance of deliverables
- Work Breakdown Structure, showing activity, task, and subtasks to be performed during each phase of the project
- Durations, budgeted effort, dependencies, assigned resource(s), and location (if different than primary project site) for the lowest-level of sub-tasks

C.3.3.8 The Offeror shall present the project schedule to the District utilizing MS Project 2003, the standard for the District of Columbia. The response to this solicitation shall include a draft work plan, to be reviewed and finalized during the first month of the project.

C.3.4 PROJECT COMMUNICATIONS

The District places a high value and strong emphasis on timely, useful, and effective communications. The District believes that effective communication and transparency to all stakeholders are key factors in achieving success. The Offeror is expected to employ an approach to communication that is open, accurate, direct, and in the best interest of the DCAS Project and the District.

C.3.4.1 At the direction of the District, the Offeror will provide support to assist the District identified Communications vendor with communications to stakeholders, including the public, press releases, and to support the development of materials and/or presentations to Health Care Implementation Committee, Office of the Mayor, and the like.

C.3.4.2 The Offeror must implement structured, efficient communication protocols and methods to ensure that all DCAP sponsors and partners are informed of Project decisions, issues, risks, and statuses and that responsibility for dependencies, instructions, and touch-points are understood by all parties. Offeror communication protocol must be organized to provide sufficient information for transitioning new government and vendor staff.

C.3.4.3 As part of the effective and open communication approach, the Offeror is expected to provide its strategy for communicating and working collaboratively with its Sub-Offerors to meet the Project objectives.

C.3.5 SCOPE MANAGEMENT

C.3.5.1 The District recognizes that changes in scope are inevitable and may be due to a variety of unforeseen factors. It is understood that there will be changes to the requirements presented in this Solicitation as rules and regulations evolve and are finalized by CMS and the District. For the purposes of this Project, change is defined as anything that affects Project scope, Schedule, and/or budget. The overall delivery dates, Operational dates and quality criteria required by CMS and the Affordable Care Act are not expected to change; however, if CMS changes do affect delivery or Operational dates, the Offeror must adapt to those changes.

C.3.5.2 As part of scope management, the Offeror must document and implement a formal change control process. The Offeror must inform the Exchange Project Director of any potential scope changes as soon as is reasonably possible to discuss, analyze, and document the impact of the change in scope and determine direction and next steps. The assessment of the change in scope must include specific impacts to both Schedule and costs.

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C.3.5.3 Proposed scope changes may be initiated by the project manager, stakeholders or any member of the project team. If scope changes result in a Change Order or modifications to requirements, any such changes must be formally amended to the Offeror's Contract.

C.3.5.4 Decisions regarding scope change will be determined jointly by District and Offeror PMO and Project Managers. In the event that a decision cannot be determined the IT Subcommittee will make final decisions regarding scope.

C.3.6 QUALITY MANAGEMENT

C.3.6.1 The Offeror must develop and implement an approach to managing the overall quality of the DCAS. The approach should be proactive, with a focus on preventing problems rather than allowing problems to occur and then devoting valuable resources to their correction. The quality management approach should address adherence to Project standards, templates, processes and procedures. Project members must be alerted to any changes that affect general work procedures, templates or standards, and the Offeror shall implement those changes in a timely manner. Metrics for measuring quality from both Project management and System perspectives should be defined. System defects or deficiencies should be specifically addressed. As the Offeror addresses issues and concerns, solutions are expected to be shared and process improvements instituted so that similar situations can be avoided in the future. The quality management methodology should also address User satisfaction as the solution progresses through the project phases.

C.3.6.2 The proposed solution must meet various quality assurance requirements, including but not limited to the following:

C.3.6.3 The Offeror shall execute the Quality Management Plan ("QMP") within the Project Management Plan (PMP) in the table in section F.3.3

C.3.6.4 The Offeror shall present interim in-process reviews and support technical quality audits.

C.3.6.5 The Offeror shall provide all testing and quality control processes necessary to ensure products and services meet the requirements of the QMP, including but not limited to:

- Defining, creating, managing, updating/reloading, and administering test data sufficient to ensure successful results for all test activities.
- Develop a comprehensive Test Plan and Test Cases, and provide reports which reflect the state of testing, test results, identified defects.

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- “Hardware” tests to include but not be limited to load balancers, fail-over systems and any changes, upgrades to hardware or patches applied.

C.3.6.6 The Offeror shall conduct the following verification and tests as appropriate for the system components specified in Section C.4 Description of System:

- Unit Testing
- Automated Code Review
- Integration Testing
- Regression Testing
- Functional Testing
- Performance/Stress Testing
- “Hardware” Testing (to include but not limited to load balancers and fail-over systems)
- Security/Vulnerability Testing
- Accessibility & Usability Testing
- Release Dry Run
- Post Release Validation

C.3.6.7 Achieving Project objectives involve a cooperative working relationship between the Offeror, DCAP, Project Sponsors, Program Partners, QA, and IV&V. The District expects the Offeror to work collaboratively with these consultants to identify trends and potential problems and to formulate recommendations and solutions, both independently and jointly. The District expects these consultants to conduct a variety of assessments, some on a periodic basis and others targeting specific performance, quality or other issues. The Offeror is expected to provide requested information and access to data to complete these assessments and include these consultants in meetings and communications regarding both actual and potential issues, problems, and trends.

C.3.7 RISK & ISSUE MANAGEMENT

C.3.7.1 The Offeror shall use a robust proven approach to risk identification, assessment, prioritization, monitoring and mitigation that proactively raises awareness of risk areas and protects the interests of the DCAP. This approach must be clearly documented, understood, and accessible by all DCAP Staff.

C.3.7.2 The following steps summarize how risks associated with the DCAS will be managed:

- Risks are identified from a number of different sources to include project controls, schedule analysis, requirements, design, testing, project meetings, federal guidelines, specifics of federal services, etc. and captured in the risk log.

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- Risks will be analyzed based on the type of item, probability, impact, and other factors and then quantified based on probability of occurrence.
- Risks are prioritized and ranked.
- Risks that require escalation will be identified and escalated using the escalation process.
- To mitigate risks that have emerged, appropriate responses will need to be defined, planned, and implemented.
- Risks and associated actions will be monitored.
- Resolved risks will be closed in the risk log.

C.3.7.3 The Offeror shall provide a risk management tool that, at a minimum, documents the description of the risk, type of risk (schedule, budget, operational, program/policy, technology, development, implementation, etc.) whether it is within the control of the Project, probability, impact, level of control, overall risk exposure, priority, dependencies and plans for mitigation, team/Staff assignments, response strategy, status and action plans. The risk management tool must be accessible by all DCAP Staff. The Offeror must provide training on the use of the issue management tool to all DCAP Staff. Risk reports generated from the Offeror's tool will become a part of the Offeror's Weekly and Monthly Status Reports.

C.3.7.4 While the risk management plan is primarily focused on mitigating negative impacts, the team will also identify, evaluate, and potentially pursue opportunities if they provide sufficient benefit.

C.3.7.5 The Offeror shall clearly describe its approach for managing the critical risk associated with meeting the federally imposed deadline (i.e., January 1, 2014) to deliver Release 1. The Offeror shall describe in detail its contingency plan, highlighting the key trigger events and/or dates that invoke the Implementation of the contingency plan, impacts (i.e., monetary or otherwise) to the District, and remedies.

C.3.8 GOVERNANCE SUPPORT

C.3.8.1 The Offeror's Project Management responsibilities include creating and transitioning governance plans for specific technical aspects of DCAS. The new system will create capabilities for the District that has not been utilized within Health and Human Services before, and as such new governance processes will be necessary. Specifically, the Offeror will create a governance plan for utilizing new Service-Oriented Architecture (SOA) capabilities and for Data Management across multiple programs and agencies.

C.3.9 SOA Governance

C.3.9.1 The Offeror must develop and document an SOA governance component as part of the Project Management Plan for the initial implementation of the system as well as for the long-term system management. The plan must enable a smooth transition of SOA governance to district personnel after the initial implementation of the system.

C.3.9.2 Effective SOA governance is critical to the success of an SOA initiative. Building and using an Enterprise Service Bus (ESB) and re-usable services requires fundamental changes to the planning, development, and operation of application systems, and requires new levels of collaboration across lines of business. SOA governance standards ensure that designers and developers effectively apply service-oriented principles and patterns when designing systems. Consistent system design increases the likelihood that the SOA aspects of the project will yield expected benefits and comply with MITA standards. The SOA governance must support the making of decisions such as:

- Adoption and enforcement of SOA standards
- Establishment of SOA design guidelines and best practice principles
- Management, organization, and oversight of SOA assets
- Prioritization of SOA investments
- Maximization of existing SOA capabilities and reuse vs. build decisions

C.3.10 Data Governance

C.3.10.1 The DCAS Offeror must develop and document a data governance component as part of the Project Management Plan for the initial implementation of the system as well as for long-term system management. The plan must enable a smooth transition of data governance to district personnel after the initial implementation of the system.

C.3.10.2 Data governance is the management of data as an enterprise asset. A lack of effective data governance can result in users that do not “trust” the data they are using, due to an incorrect interface or other reason. An agreed-upon data governance plan is essential to ensuring that data is accurate, appropriately shared, and protected. Effective Data Governance encompasses the people, processes, and information technology required for proper handling of an organization's data across the enterprise. The goals of data governance include:

- Increasing consistency and confidence in decision making
- Decreasing the risk of regulatory fines
- Improving data security

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- Increasing data privacy protections, through data use and classification schemes
- Designating accountability for information quality
- Optimizing staff effectiveness
- Establishing performance baselines to enable improvement efforts
- Establishing the Master Data Management (MDM) approach

C.3.10.3 Master Data Management (MDM) will be a key component of the District's overall data management and governance strategy. While MDM implementations can take many forms, the District envisions an MDM strategy for DCAS that focuses on centralized management, governance, standardization, data quality and synchronization of the District's master data (i.e. non-transactional data) across the Access System and other related District systems. This strategy should facilitate a consistent view of the District's master data across systems that access and manipulate it.

C.3.10.3.1 For the purpose of DCAS, master data that should be managed includes, but should not be limited to: public citizen master data, small business employer and employee master data, carrier master data, and should include attributes such as names, titles, incorporated names, business aliases, addresses, and other identification attributes. The full list of entities and associated attributes to be managed under this strategy shall be determined during implementation.

C.3.10.3.2 The MDM strategy should include identification and evaluation of the data collectors, distributors, and consumers of master data; shall provide capabilities for automatic matching and synchronization (based on configurable rules); and shall provide a mechanism for data stewards to manually evaluate potential matches and perform master data housekeeping activities as needed.

C.3.10.3.3 The Offeror's strategy must also be capable of enriching this data using internal data information sources such as the District's Master Address Repository (MAR.) The District does not require a specific MDM technology implementation strategy, but expects Offerors will propose a strategy consistent with the aforementioned needs. Offerors should determine whether their proposed MDM strategy requires the establishment of master data hubs, registries, the implementation of "golden records", or whether native capabilities in the Offeror's solution will suffice to fulfill these needs. The Offeror's response should explain in sufficient detail the MDM strategy proposed and the technology components required to support the proposed strategy.

C.3.11 SYSTEM IMPLEMENTATION

C.3.11.1 The following sections describe Offeror responsibilities for each phase of the project lifecycle. Except for Requirements Confirmation, which will only occur once at the beginning of the project, the phases will be repeated for each Release.

C.3.11.2 REQUIREMENTS CONFIRMATION

C.3.11.2.1 Changes to functional and technical requirements may occur at any time during the Project, and are managed using the Change Control process outlined in the Project Management Plan (PMP) in the table in section F.3.3. Modifications to requirements may occur due to updated ACA mandates, technology changes, updates to the project budget, or other unforeseen needs. The cost of changing requirements increases as the project moves forward, so the first step of a large systems initiative is to review and confirm the existing requirements.

C.3.11.2.2 During this phase of the project, the Offeror will review the requirements (as included in Attachment J.12 - Functional Requirements; and Attachment J.13- Technical Requirements of this solicitation) and propose clarifications or modifications intended to reduce risk and increase quality. There may be cases in which a slight re-wording of a requirement would allow the Offeror's existing functionality to be used in a way that does not decrease utility for the District. The PMO and IT Sub-Committee will consider these opportunities and work through the Change Control process with the Offeror to modify and baseline the requirements appropriately. Similarly, at the start of Releases 2 and Release 3, the requirements will be reviewed and confirmed, and any changes required will pass through the change control process.

C.3.11.2.3 To be responsive to changes and conscientious about managing the impact of change, the Offeror must develop a Requirements Management approach that includes the following key elements of requirements management:

- Defining assumptions and mapping them to requirements
- Enabling requirement tracking and traceability to designs and other deliverables
- Forecasting the impact of requirements changes on other materials

C.3.11.2.4 The Offeror must provide and maintain a Requirements Traceability System (RTS) to document and manage requirements throughout the implementation lifecycle. The Offeror must also maintain the Requirements Traceability Matrix (RTM) to reflect and track the requirements defined in the solicitation as they are modified in this phase and future phases of the project. The RTM will be baselined in conjunction with the preliminary, detailed, and final design reviews conducted by CMS so that historical snapshots of the requirements will be

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available for future analysis. Additional updates to the RTM may be required at subsequent CMS reviews.

C.3.11.2.5 The Offeror must propose a requirements management tool to manage the RTM and achieve full traceability across design, development, testing, and implementation. The Offeror's approach must describe the features and capabilities of the proposed requirements management tool. The Offeror must also describe the type and level of tool access that will be provided to PMO, IV&V vendor, and other oversight resources from requirements analysis through testing and system acceptance.

C.3.11.2.6 The following is the list of required deliverables pertaining to each Requirements Confirmation phase:

- Project Management Plan
- Project Schedule (monthly)
- Project Status Report (monthly)
- Release Plan
- Change Management
- Implementation Plan
- Privacy Impact Assessment
- Requirements Document
- Contingency/Recovery Plan

C.3.11.2.7 While the list above applies to Task Orders 1, 4 and 5 (unless otherwise specifically noted), Section F.3.3 must be consulted for details on definitions, due dates, and whether a "draft", "update" or "final" product is required upon the deliverable's respective due date.

C.3.11.3 DESIGN

C.3.11.3.1 The Offeror is required to prepare and deliver the design for the DCAS, including the architecture, application, database, and network needs of the system. The Design phase is a critical component of the project lifecycle because it is the first time the DCAS solution will be articulated in detail. The Offeror must describe their approach to design, including an explanation of how any existing systems or components can be leveraged during this phase (i.e., conference room pilots) in the RFP response.

C.3.11.3.2 The DCAS design will be based on the confirmed requirements from the previous phase of the project. The design documents may be broken up by functional area, and should include at least the following components:

- Visual – screen mock-ups, report and notification layouts, etc. that illustrate how the system looks and feels

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- Flow – process flows and action diagrams that articulate how the system works
- Specifications – detailed descriptions of data elements, action buttons, icons, etc. that provide the information needed for coding in the Build phase

C.3.11.3.3 The District envisions a combined Design effort rather than splitting the work into a “General Design” and “Detailed Design.” The Offeror may propose and justify an alternative approach in response to this RFP. As is the case in all project phases, any changes to requirements executed via Change Control must be traced through to dependent documents using the RTM.

C.3.11.3.4 The following is the list of required deliverables pertaining to each Design phase:

- Requirements Document
- Contingency/Recovery Plan
- System Design Document
- Service Level Agreements (**only applies to Task Order 2 in this phase**)
- Interface Control Document
- Database Design Document
- Data Management Plan
- Physical Data Model
- Data Conversion Plan
- Information Security Risk Assessment
- System Security Plan
- System of Record Notice
- Test Plan
- Technical Architecture Diagrams
- Logical Data Model
- Business Rules Logic

C.3.11.3.5 While the list above applies to Task Orders 2, 4 and 5 (unless otherwise specifically noted), Section F.3.3 must be consulted for details on definitions, due dates, and whether a “draft”, “update” or “final” product is required upon the deliverable’s respective due date.

C.3.11.4 BUILD

C.3.11.4.1 This phase involves the actual coding and development of the system based on accepted designs. This involves version management activities as individual coding components are assembled into the overall solution. The Build phase also includes component (or unit) testing of individual code modules, and assembly testing of connected modules. These test activities are precursors to system testing, which will occur in the Test phase.

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- C.3.11.4.2** The Build phase and preliminary testing activities may be completed in temporary environments managed by the Offeror in order to avoid the cost of additional hardware. All development environments must be accessible by District project team members and IV&V staff. Environments needed for subsequent phases (testing, conversion, training, implementation, and production) must be established and maintained at District facilities. Refer to C.3.12.7 for more detail regarding hardware procurement options.
- C.3.11.4.3** All components must be compliant with all applicable regulations, such as HIPAA, FTI and PCI security, in and between the multiple development environments. As is the case in all project phases, any changes to requirements executed via Change Control must be traced through to dependent documents using the RTM.
- C.3.11.4.4** For temporary interfaces between the DCAS and the ACEDS, the Offeror must make use of Software AG's EntireX product, which is currently installed and available for integrating SOA-enabled systems with the ACEDS.
- C.3.11.4.5** As part of the system development to facilitate knowledge transfer, the District will ensure that its developers are available to the Offeror in order to expedite the Offeror's learning process.
- C.3.11.4.6** The following is the list of required deliverables pertaining to each Build phase:
- System Design Document
 - Interface Control Document
 - Database Design Document
 - Data Management Plan
 - Physical Data Model
 - Data Conversion Plan
 - Business Rules Logic
- C.3.11.4.7** While the list above applies to Task Orders 3, 4 and 5, Section F.3.3 must be consulted for details on definitions, due dates, and whether a "draft", "update" or "final" product is required upon the deliverable's respective due date.
- C.3.11.5 TEST & TRAIN**
- C.3.11.5.1** Testing involves verifying and validating that the system performs as expected. In terms of testing the system, verification is a confirmation that the end product matches the specifications laid out in the requirements and system design. Validation is a broader check that the system meets the needs of users and addresses the overall business needs for the project. Effectively testing the system requires a robust planning activity that, like system build, is based on the agreed upon designs.

C.3.11.5.2 Test planning involves identification of cases/conditions and data to be used to execute the test. In many cases, later test cycles can leverage converted data (which can serve as a test of conversion processes as well as the system itself). The Offeror must describe their approach to testing in the Test Plan deliverable (Section F.3.3) which will include overall scope, approach, schedule, resources, environment, and reporting. The test plan must specify processes, tools and reporting mechanism used for performing:

- Unit Testing
- Automated Code Review Results
- Integration Testing
- Regression Testing
- Functional Testing
- Performance/Stress Testing (include load testing to account for business cycles)
- Security/Vulnerability Testing
- Accessibility & Usability Testing
- Release Dry run
- Post Release Validation

C.3.11.5.3 The Offeror shall ensure test cases/conditions validate end-to-end functionality; in addition, to federal and state interfaces for functionality and data accuracy. These tests verify and validate that the DCAS fulfills all requirements for the release. Formally controlled and focused testing is performed to uncover and prioritize defects in the DCAS that must be resolved. Unscripted testing may also be performed during the User Acceptance Test (UAT) activity. A progression of tests shall be performed during the Test Phase as outlined in the test plan. Independent testing through QA and/or IV&V consultants will also be performed.

C.3.11.5.4 The Offeror will also be required to complete any federally required test scenarios/scripts associated with exchange approval as outlined in Attachment J.15 – Draft Blueprint for Approval of Affordable State-based and State Partnership Insurance Exchanges

C.3.11.5.5 No federal data received by the District under a data safeguard agreement will be used during development and initial test phase of the project. Fake data in the format of federal SSA and FTI data will be used for development and Offeror testing. Final user tests will include federal data, and therefore will be administered on secure servers with limited access granted to staff with appropriate security training.

C.3.11.5.6 Based on the deliverable outline in Section F.3.3, the District anticipates training work effort to commence with the training plan during the test phase.

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C.3.11.5.7 The following is the list of required deliverables pertaining to each Test & Train phase:

- Implementation Plan
- Service Level Agreements (**only applies to Task Order 3 in this phase**)
- Information Security Risk Assessment
- System Security Plan
- Test Plan
- User Manuals
- Operation & Maintenance Manual
- Training Plan
- Data Use/Data Exchange/Interconnection Security Agreement
- Business Product
- Training Materials
- Test Reports
- Automated Code Review Results

C.3.11.5.8 While the list above applies to Task Orders 3, 4 and 5 (unless otherwise specifically noted), Section F.3.3 must be consulted for details on definitions, due dates, and whether a “draft”, “update” or “final” product is required upon the deliverable’s respective due date.

C.3.11.6 CONVERSION

C.3.11.6.1 The Offeror is required to conduct conversion activities to support the implementation of the DCAS. As with the rest of the system, data conversion requires planning, design, coding, and testing (mock conversions). The Offeror shall develop a Conversion Plan (Section F.3.3) that details the methodology to be followed for each data source or legacy system. The approach must address the individual needs of each system in a manner that considers cost effectiveness and impact on staff and clients. The Data Conversion Plan will provide the schedule, guiding principles, data quality considerations, and conceptual design for the conversion process within each applicable release.

C.3.11.6.2 Offeror’s responsibilities related to data conversion include:

- Analysis of legacy systems
- Development of the Conversion Plan
- Deployment of necessary conversion equipment and software – for example, an Extract/Transform/Load (ETL) tool, if proposed
- Designing, building, and testing conversion protocols
- Identify data correction issues for cases that will not convert unless modified in the legacy system).
- Mock Conversions (three per applicable release)

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- Utilize statistical processes such as qualitative and quantitative checks for quality assurance
- Conversion execution

C.3.11.6.3 As articulated in the Release Approach (Section C.2.6), the District expects the majority of data conversion effort to take place in release 2 (when the ACEDS legacy system will be retired). Some data conversion will be required in releases 1 and 3, but the volume and complexity should be significantly lower.

C.3.11.6.4 Regardless of the chosen approach the Offeror should automate the conversion process as much as possible. The Offeror shall prepare a conversion specification document for each system that describes how data will be converted. This document shall include a list of cases and/or files being converted, a cross-reference of existing data elements with DCAS data elements (“data mapping”), and a conceptual design of the process along with a more detailed design including inputs and outputs. The source systems shall be analyzed to determine the validity and internal integrity of the data selected for conversion and to identify and report data inconsistencies within the source systems. While the Offeror will not be responsible for cleanup of data within legacy systems, they must identify actions that can be taken to improve conversion and reduce the number of records that fail to convert.

C.3.11.6.5 The Offeror shall conduct conversion software testing (mock conversions) prior to the initiation of any conversion activities in the production environment. The Offeror shall prepare a test report that includes the test results and performance analysis, the deficiencies encountered, corrective action taken, and re-test results of the conversion work stream.

C.3.11.7 TRAIN & DEPLOY

C.3.11.7.1 The Offeror shall describe its approach to District-wide training for all DCAS user groups as referenced in Section C.4.3.2. Responsibilities include providing training materials and equipment, planning and organization, delivery logistics, and staffing. Training must be tailored specifically for each applicable group within the scope of the DCAS.

C.3.11.7.2 The Offeror shall be responsible for developing a training plan (Section F.3.3), and for preparing and delivering a broad spectrum of training curricula, materials and programs for DCAS users.

- Training Plan - describes the overall goals, learning objectives, and activities that are to be performed to develop, conduct, control, and evaluate instruction. The Training Plan must address both initial and ongoing training activities.

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- Training Materials - products required to satisfy the training plan which may include web based instruction, instructor guides, student guides, exercise materials, and training records.

C.3.11.7.3 Developing a high-quality training delivery program is critical to ensuring the DCAS users, customers and support staffs are successful in learning and mastering the system. Scheduling and delivering that training requires careful planning and diligence and many factors need to be taken into consideration such as the DCAS implementation schedule, geographical diversity, and the number of courses to be delivered. The Offeror may propose a train-the-trainer (TTT) approach to training delivery, but must articulate the approach to be followed to mitigate the risk of using non-Offeror trainers. The effectiveness of training is a key Go/No-go criterion to be considered as part of each release's implementation.

C.3.11.7.4 The Offeror must also complete an Implementation Plan for each release. Following the completion of release training and certification that data conversion protocols are ready for production, the Offeror will lead go-live activities required to deploy the new system into the production environment. The Offeror must describe the approach to deployment planning and execution, including the coordination needed across multiple stakeholder groups and technical teams. A key aspect of any system deployment is the Go/No-Go criteria identified and refined for each release, to be continuously reviewed and updated as readiness activities are completed.

C.3.11.7.5 The following is the list of required deliverables pertaining to each Train & Deploy phase:

- Privacy Impact Assessment
- System of Record Notice
- Business Rules Logic
- User Manuals
- Operations & Maintenance Manual
- Training Plan
- Data Use/Data Exchange/Interconnection Security Agreement
- Business Product
- Training Materials
- Test Reports
- Project Completion Report
- POA&M
- Authority to Operate (**only applies to Task Order 3**)

C.3.11.7.6 While the list above applies to Task Orders 3, 4 and 5 (unless otherwise specifically noted), Section F.3.3 must be consulted for details on definitions, due

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dates, and whether a “draft”, “update” or “final” product is required upon the deliverable’s respective due date.

C.3.12 PROCUREMENT OPTIONS

- C.3.12.1** In keeping with the MITA Leverage Condition, the Offeror must strive to make use of existing District systems and services where possible and practical before procuring new component solutions and services. The District’s Office of the Chief Technology Officer (OCTO) offers a wide range of services, such as networking and telephony services, server/application hosting, and security services, which the Offeror should consider leveraging to meet the requirements of the DCAS. A catalog of products and standard base-line prices offered by OCTO are listed in Attachment J.14 – Pricing OCTO for the Offeror’s consideration to offer pricing options accordingly.
- C.3.12.2** If the Offeror opts not to use the services offered by OCTO, the Offeror should clearly indicate why the alternative is superior and in the District’s best interest in the pricing response.
- C.3.12.3** The Offeror shall procure, document, and maintain software licenses and license management procedures that meet District requirements and adhere to state-defined policies. The Offeror shall develop and maintain inventory of all software licenses. The Offeror shall manage and maintain (e.g., monitor, track status, verify, audit, perform contract compliance, renew, reassign) all software licenses and media through the software
- C.3.12.4** The Offeror shall coordinate software license and maintenance agreement reviews and warranties, allowing at least 180 days for renewal activities before expiration. The Offeror shall provide the District with reports and recommendations to use in making software acquisition and discontinuance decisions. The Offeror shall provide recommendations to purchase additional license capacity, and shall recommend alternatives, or curtail usage where necessary and appropriate to restore or continue to maintain license compliance.
- ### **C.3.13 CERTIFICATION**
- C.3.13.1** In order for the DCAS to obtain its Authority to Operate, it must first be certified, then accredited. While CMS has provided a Draft application and blueprint for exchange operations that the District will need to submit. The Offeror will be expected to prepare documents and artifacts and assist the District with the development and completion of the application identified Attachment J.15 - Draft Blueprint for Approval of Affordable State-based and State Partnership Insurance Exchanges.

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C.3.13.3 The Offeror will also be expected to support the District through the review and “go/no go” process with Food and Nutrition Service (FNS) and Administration for Children and Families (ACF) prior to the deployment of release 2.

C.3.14 DOCUMENTATION

C.3.14.1 The Offeror is responsible for providing to the District complete, accurate, and timely documentation of the DCAS solution. This section describes the training materials, user guides and system documentation the Offeror will deliver.

C.3.14.2 TRAINING MATERIALS, JOB AIDS, USER GUIDES AND SYSTEM HELP FILES

C.3.14.2.1 The Offeror shall be responsible for providing all training materials required for satisfying the training plan (Section F.3.3), which may include:

- web-based instruction,
- context-specific online help files,
- videos,
- instructor guides,
- student guides,
- exercise materials,
- user quick reference guides,
- release notes,
- job aids, and
- training records.

C.3.14.2.2 Different training materials will be required for DCAS users and customers as well as staff who support the DCAS, including but not limited to O&M support and technical staff, and Contact Center staff.

C.3.14.2.3 The Offeror shall be responsible for creating job aids that explain how a business user is to use the DCAS from a business function. Different job aids may exist for different business users.

C.3.14.2.4 The Offeror shall be responsible for creating system help files for those users who maintain, support, and/or use the system in a day-to-day operations environment. This includes all system operational and support functions and processes for all operational and maintenance facilities, including the Contact Center.

C.3.14.2.5 The District and the Offeror must agree to specific formats during functional design that support the agreed upon training approach. The Offeror must maintain the documentation to reflect the production release(s) for the duration of the contract. The Offeror must use a documentation methodology to ensure consistency and quality of the training materials.

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- C.3.14.2.6** The Offeror shall provide training plans and training materials to the District for review, feedback, comments, and approval one (1) month prior to delivery of a training session.
- C.3.14.2.7** The Offeror shall provide the updated version of training materials to the District within fifteen (15) calendar days of receipt of the identified change(s) or sooner if there is a scheduled training session that shall be impacted.
- C.3.14.2.8** The Offeror shall supply master copies of all training materials, and the Offeror shall provide the District with copy and distribution rights to all training materials created for the DCAS.

C.3.14.3 CONTACT CENTER SCRIPTS

- C.3.14.3.1** The Offeror shall be responsible for creating and delivering call center scripts for the DCAS Contact Center. Scripts shall be created for both inbound and outbound customer interactions with the contact center for use by customer service representatives. The scripts shall support predictive and branching conversation to help answer inquiries effectively and efficiently. The scripts shall be 508 compliant and written in clear, understandable and relatable language to maximize the overall customer service experience. The Offeror shall consider integration with the language line and or business process workarounds to incorporate language support.

C.3.14.4 DEVELOPMENT DOCUMENTATION

During the course of the DCAS implementation, the Offeror shall be responsible for the creation and delivery of several documents including, but not limited to:

- Final Requirements Traceability Matrix
- Use Cases
- Design Documents
- Process Flows
- Test Scripts
- Policy and Procedures

See Section F.2 which outlines all required deliverables and documentation.

C.3.14.5 FINAL BUSINESS PRODUCT DOCUMENTATION

- C.3.14.5.1** The Offeror is responsible for providing to the District complete, accurate, and timely documentation of the systems solution delivered for each release, including hardware, software, data, and documentation known as the Business Product Deliverable (See section F.2). The Offeror shall provide the DCAS Documentation within thirty (30) days following District acceptance of the DCAS. District acceptance will not be given and the final Business Product

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Documentation cannot be delivered if portions of the DCAS are not functioning properly.

C.3.14.5.2 Following the Implementation subtask, the Offeror shall prepare updates to the DCAS Documentation to incorporate all changes, corrections, or enhancements to the DCAS. Updates to the DCAS Documentation shall be delivered to the District within one week of District technical sign off of the change, unless otherwise agreed to by the District.

C.3.14.5.3 Three (3) printed copies and one electronic copy of the final version of the DCAS Documentation must be provided to the District. The Offeror shall be responsible for supplying any copies of the DCAS Documentation required by CMS. The DCAS Documentation shall:

1. Be available and updated on electronic media (DCD,CD, external hard drive); must be maintainable after turnover
2. Be organized in a format which facilitates updating; revisions must be clearly identified
3. Include system and component narratives which are understandable by non-technical personnel
4. Contain an overview of the system, including:
 - A narrative of the entire system,
 - A description and flow charts showing the flow of major processes in the system
 - A description of the operating environment
 - The nomenclature used in the overview shall correspond to nomenclature used in component documentation (all components must be referenced, and documentation shall be consistent from the overview to the specific component and between component)
5. Contain the following documentation for each component:
 - Component name and numeric identification
 - Component narrative, including each function and feature of the component
 - Component flow charts, identifying each program, input, output, and file
 - Job streams and Script within components identifying programs, input and output, controls, job stream flow, JCL, operating procedures, and error and recovery procedures
 - Identification and listing of all Offeror internal control reports
 - For all forms, screens, tapes, and other inputs: input definitions, including names, descriptions, sources, examples, and content definition;
 - For all screens, reports, tapes, and other outputs: output definitions, including names, numbers, sources, destinations, examples, and content

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definition; tape/cartridge specifications, file descriptions, and record layouts shall be included for all data stored on tape or cartridge

- Listings of edits and audits applied to each input item, including detailed edit logic, claim and provider types affected, edit disposition, suspense and override data, and corresponding error messages; Program documentation to include, at a minimum:
 - a. Program narratives, including process specifications for each, the purpose of each, and the relationships between the programs and modules
 - b. A list of input and output files and reports, including retention
 - c. File layouts
 - d. File names and dispositions
 - e. Specifics of all updates and manipulations
 - f. Program source listing
 - g. Comments in the internal identification division of the listing, identifying changes to the program by date, author, and reason
 - h. Comments in the internal procedure division of the listing, identifying each subroutine and each major entrance, exit, and function of the subroutine
 - Detailed program logic descriptions and edit logic(or decision tables), including, at a minimum, the sources of all input data, each process, all editing criteria, all decision points and associated criteria, interactions and destination links with other programs, and all outputs
 - Detailed pricing logic for all claims processed by the system
 - For all files, including intermediate and work files: file descriptions and record layouts, with reference to file names and numbers; data element names, numbers, number of occurrences, length, and type; record names, numbers, and lengths; and file maintenance data, such as number of records, file space, and so forth
 - Lists, by identifying name, of all files, inputs, and outputs with cross-references to the programs in which they are used
6. Contain a data element dictionary which will include, for each data element:
- A unique data element number
 - A standard data element name
 - A narrative description of the data element
 - A list of data names used to describe the data element
 - A table of values for each data element
 - The source of each data element
 - A list of programs using the data element, describing the use of input, internal, or output
 - List of files containing the data element

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7. Contain operations run documentation with schedules and dependencies
8. Support District monitoring activities on an ongoing basis.

C.3.15 OPERATIONS

C.3.15.1 Operations Management Overview

C.3.15.1.1 Operations Management defines the services to be provided by the Offeror after system deployment. These activities begin when Release 1 is deployed into production and end when maintenance of the system is transitioned to the District (as described in Section C.3.16 – Transition). Operations activities include four types of production system support, described in the sections below:

- Maintenance Support
- Warranty Support
- Enhancement Support
- IT Help Desk Support

C.3.15.1.2 The Offeror is required to be transparent with the operations of the system by reporting verbally, in writing, and through automated tools the operations of the system to the District.

C.3.15.1.3 Modifications to the System are required to be conducted using strict system change control processes and associated approvals. This applies to both warranty defect repairs and system enhancements. The Offeror is required to report all changes to the system through appropriate written status reports and communications.

C.3.15.1.4 The Offeror is required to prepare, document, and practice backups/recoveries and disaster recovery scenarios so that, in case of an emergency, the Offeror will be able to support the District appropriately.

C.3.15.2 OPERATIONS MANAGEMENT ACTIVITIES

C.3.15.2.1 Maintenance Support

C.3.15.2.1.1 Maintenance support is provided by the Offeror as soon as a release is migrated into production. Maintenance activities include regular technical operations of the DCAS application, as well as deployment of software patches and upgrades (if appropriate per packaged software maintenance agreements). Other operations activities, including Warranty Support, Enhancement Support, and IT Help Desk

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Support, take place in parallel to maintenance. Technical operations considered part of Maintenance Support activities include the following:

- Availability Management: to maintain high System availability. The system will be required to conform to service levels and performance requirements and maintain high reliability and resilience.
- Configuration Management: and provide detailed approach and procedures for managing the configurations of the system, including environment management, build management, release promotions, and network management.
- Capacity Management: to enable the system to fully support the needs of the Exchange by conducting system sizing, modeling, capacity planning, resource management, and performance management.
- Continuity Management: including providing architecture and procedures that support system continuity. Plans shall be put into place to prevent and support system failure and recovery. The Offeror must develop proactive measures to reduce the risk of a disaster and/or mitigate the impact.
- Performance Management: to provide a structured method and procedures to manage the system performance and keep the performance in compliance with the service level and performance requirements.
- System Change Management: including a standardized method and procedures to efficiently handle the System changes, Configuration modifications, and/or System Software/Equipment updates (when authorized via the Change Control process). The System change management procedures must minimize disruption of production services.
- Security Management: that supports and provides a highly secure system, with processes and procedures to ensure the integrity of the DCAS in compliance with all applicable security controls and regulations as set forth by CMS, CCHIO and the ACA legislation.

C.3.15.2.1.2 It is expected that the Offeror will provide Maintenance Support until the Warranty period for Release 3 expires, 12 months after Release 3 go-live. At that time, the District may choose to execute option years for additional Maintenance Support services. Because these option years would occur after the expiration of all warranty periods, they include technical operations (as described above) and packaged/COTS/transfer software maintenance only. Post-warranty defect resolution would be treated as enhancement requests, requiring change control authorization and additional payment.

C.3.15.2.1.3 The maximum increase in annual maintenance costs shall not exceed 5% for any renewal period. Any increase in annual maintenance shall be justified with appropriate supporting documentation and approved by the District.

C.3.15.2.1.4 The Offeror shall update and maintain, at no additional cost, all DCAS functions in accordance with all Federal mandates and all District requirements, statutes,

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and regulations that go into effect while the Offeror is providing Maintenance Support. In effect, system changes required as a result of new legislation will always be funded as warranty fixes rather than enhancements, regardless of the warranty period for the given release. The Offeror should plan accordingly for this potential effort, which could be comparable to implementing an enhancement (depending on the scope of the legislative change) in terms of design, build, and test hours.

C.3.15.2.1.5 Offeror must submit copies of all boilerplate agreements, including without limitation software licenses, software maintenance agreements, hardware maintenance agreements, software escrow agreements, standards terms and conditions, and documents related to hosting including hosting agreements, software as a service agreements, platform as a service agreements, infrastructure as a service agreements, etc.

C.3.15.2.1.6 The Offeror must also include a product roadmap and release schedule for any packaged/COTS/transfer software proposed as part of the DCAS solution. The Offeror must address the required staff personnel from the District and their required level of expertise and capabilities for maintenance after the contract period.

C.3.15.2.2 WARRANTY SUPPORT

C.3.15.2.2.1 Each of the three DCAS releases will have a 12-month Warranty Support period in which the Offeror must resolve production deviations from accepted requirements and designs at no cost to the District, in addition to providing Maintenance Support as described above. Any requested changes to the system outside the scope of accepted deliverables will be considered enhancements rather than warranty defects, and will require change control approval and cost estimation.

C.3.15.2.2.2 Notwithstanding prior acceptance of deliverables by the District, the Offeror shall expressly warrant all delivered programs and documentation as properly functioning and compliant with the terms of the contract. The Offeror shall correct all errors and deficiencies in the system and replace incorrect or defective programs and documentation within an agreed upon period from the time of notification from the Contract Administrator of such deficiencies or within such period as may be necessary to make correction(s) using all due diligence and dispatch as agreed upon between the District and the Offeror. If the Offeror fails to repair an identified error, deficiency, or defect within such period, the District may, at its sole discretion, act to repair it, and the Offeror expressly agrees to reimburse the District for all costs incurred thereby. This warranty shall be in effect throughout twelve (12) months after each production release. Deficiencies

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properly noted before expiration of the warranty shall be covered regardless of such expiration.

C.3.15.2.3 ENHANCEMENT SUPPORT

C.3.15.2.3.1 Enhancements are defined as system changes requested by any stakeholder that are not part of the scope of the DCAS (as defined by accepted deliverables). Enhancements can be identified during or after the Warranty Support period for a given release. Because they are not part of DCAS scope, enhancements require change control approval and additional funding to implement. Funding must be approved via the change control process before work on an enhancement can begin.

C.3.15.2.3.2 The cost of the enhancement should be estimated as part of the change control documentation, which if approved will result in new requirements being added to the RTM and new funding to execute the design, build, testing, and deployment of the change. The Offeror shall propose an approach to the design, development, and implementation of approved enhancements that includes the following activities:

- Process for initiating and approving an enhancement, leveraging the Change Control process
- Design, development, testing, and implementation of enhancements to the DCAS
- A proven system development methodology for use in phased delivery of systems enhancements (i.e., grouping enhancements and other system changes into maintenance releases)
- Communicating the disposition of enhancements as part of existing status reporting procedures and schedules

C.3.15.2.3.3 The Offeror shall provide a schedule of rates for enhancement changes to be used as part of the estimating process for change controls. It is expected that hourly rates used for enhancements will have annual cost-of-living adjustments.

C.3.15.2.4 IT HELP DESK SUPPORT

C.3.15.2.4.1 During the time periods in which the Offeror is providing Maintenance Support services, they will also be responsible for addressing Help Desk tickets related to the DCAS. Refer to Section C.4.7.13.3 for further details regarding the establishment of a ticket resolution mechanism as part of Customer Support. In terms of Operations Management, IT Help Desk Support involves responding to tickets that are routed to the Offeror while they are under contract to provide Maintenance Support. In general, these will be IT-related tickets that must be resolved by the Offeror's system maintenance team.

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C.3.15.2.4.2 Help Desk tickets deemed to be related to an IT issue may be flagged as any one of the following:

- Warranty defects, to be resolved at no cost if identified during the warranty period
- Maintenance defects, which require funding to resolve (because they were identified after the warranty period expired)
- Maintenance activities, which are not defects but must be resolved (at no cost) in order to continue normal operations
- Enhancement requests, which require change control and funding regardless of the time they are identified
- Changes to Federal/District Mandates, which must be implemented at no cost to the District regardless of the warranty timeframe

C.3.15.2.4.3 The Offeror shall be responsible for reporting on Service Level Agreements (SLAs) associated with resolution of customer support tickets flagged as one of the above types of IT issues. Help desk documentation and reporting shall include, at a minimum, associated help desk ticket numbers, counts by status (open, closed, etc.), duration to resolve, and resolution date/time.

C.3.16 **TRANSITION**

C.3.16.1 The Offeror is required to develop and document a Transition Plan detailing how the System could be turned over to another Maintenance provider or the District at the end of the Contract period, on termination of the Contract, or when such a change is warranted. The Transition Plan shall:

- Specify tasks and schedule required for turnover
- Provide for an orderly and controlled transition to the Exchange, the District
- Be designed so there is no disruption of Processing and Services provided to the Exchange and all other Users.
- Provide for the transfer to the Exchange or the subsequent provider all appropriate Software and all Documentation, Data, test Data, and procedures.
- Provide for the destruction of duplicate Data or materials deemed to be confidential remaining in the Offeror's possession at the end or termination of the Contract.
- Provide comprehensive turnover training to the District in the operation and Maintenance of System.
- Cooperate fully with the Exchange, the District.

C.3.17 KNOWLEDGE TRANSFER

As requested, or approximately five (5) months prior to the end of the contract or any extension thereof, the Offeror shall begin training the staff of the District or its designated agent in the operation of the DCAS. Such training shall be completed at least two (2) months prior to the end of the contract or any extension thereof.

C.3.17.1 Prior to the conclusion of the contract, the Offeror shall provide, at no extra charge, assistance computer facilities, systems, and communications facilities in turning over the DCAS to the District or its agent.

C.3.17.2 As requested, at such time as the District may designate, or approximately six (6) months prior to the end of the contract period, the Offeror shall transfer to the District or its agent, as needed, a copy of DCAS materials, including:

- Custom scripts to support data feeds/exports to and from other systems
- Develop requirements and create data structures to support DCAS initiatives
- Detailed documentation on all data feeds, including
 - Details on source or target systems including database type, system owners and contact information for technical support (i.e., if data feed fails)
 - Data transfer format (i.e., file format or insert query SQL etc.)
 - Details on data transfer mechanism (schedule, relevant usernames/passwords, IP addresses, ftp sites, etc.)
 - Details on all scripts, i.e., code/SQL/environment/server login information/path
- Document all login information used to access all servers, databases, and interfaces
- Document all instances of all systems (prod, dev/test, prod copy)
- Document all backup procedures
- Document all contact information for external support resources (i.e. OCTO)
- Document in detail all operational policies and procedures
- Document the timeline of support throughout the year
 - Order of execution of all steps in detail including any standard preparatory tasks such as backups or data verification
 - Details on all scripts/commands executed via server command line including explanation of all parameters
 - Details on all commands or actions entered through DCAS front end and explanation of why
 - Details on all scripts used including source code files
 - Details on any commands entered via database interface

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- Document all system customizations in the front end interface and backend data model

C.3.17.3 As requested, or approximately four (4) months prior to the end of the contract or any extension thereof, the Offeror shall provide updates for all reference files, programs, and other documentation as shall be required by the District or its agent to run acceptance tests.

C.3.17.4 At the option of the District, the Offeror shall arrange for the removal of DCAS hardware and software.

C.3.17.5 Following Turnover of operations, the Offeror shall provide the District with a Turnover Results Report that will document completion and results of each step of the Turnover Plan.

C.3.17.6 In order to provide post-Turnover support, the Offeror shall provide, at no charge to the District, the services of an on-site systems analyst who has worked on the District of Columbia DCAS at least one (1) year. This individual shall be required to be on-site for the ninety (90) days following contract termination. The individual proposed by the Offeror must be approved by the District. The District will provide working space and will assign work to be done on a full-time basis to support post-Turnover activity. The Offeror shall also be responsible for, and shall correct, at no cost, any malfunctions which existed in the system prior to Turnover or which were caused by lack of support at Turnover, as may be determined by the District.

C.3.18 CHANGE MANAGEMENT

C.3.18.1 Change Management responsibilities will be shared amongst the Offeror's PMO and the District's PMO. The Offeror, however, will be expected to provide the overall Change Management strategy. The Offeror shall describe its approach to acclimate the District (employees, citizens and third party stakeholders) to the DCAS. The approach must outline activities necessary during all phases of the project

C.3.18.2 The Offeror shall be responsible for developing a Change Management Plan (Section F.3.3) which will:

- Define the overall change enablement strategy.
- Address the impacts of the DCAS on all user groups (Section C.4.1.1).
- Outline and reference both Training and Implementation Plans (detailed below).
- Provide guidance beginning at the start of the project to enable the District to support the deployment as necessary.

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- Describe various governance roles and responsibilities needed to successfully support the deployment.

C.4 REQUIREMENTS-SERVICES

C.4.1 The sections to follow describe the set of functional business and technical requirements that are needed to provide and implement the solution and services to support the DCAS.

C.4.2 SYSTEM REQUIREMENTS

C.4.2.1 The District envisions an integrated health care and human services solution that offers residents streamlined access to Medicaid, CHIP, SNAP, TANF, and other public benefits and that is seamlessly connected to the DCAS. This new integrated system will make it easier for individuals and families to stay connected to a range of resources and programs that provide needed benefits and services and flexibility to shift between programs as needed (i.e. between Medicaid and the DCAS). In addition, a detailed list of system requirements are included in Attachment J.12 - Functional Requirements and Attachment J.13 - Technical Requirements.

C.4.3 SYSTEM CHARACTERISTICS

C.4.3.1 The District is seeking one or more commercial off the shelf (COTS) software product(s) solutions that have a good match to the requirements included herein. The District may also consider a transfer system from another state government, as long as the solution has COTS-like features (such as the ability to make a number of system updates via configuration rather than programming). The proposed solution must be scalable to meet future District needs, and have a defined product roadmap and/or release methodology that will not entail significant re-work by the Offeror or the District's staff resources.

C.4.3.2 The system solution is to implement the required technologies and workflows necessary to provide a gateway for each of the defined user types. The user groups are defined as:

- Individual /Employee - A consumer seeking information, eligibility determination, and/or enrollment into a product supported by the HBX Authority. This user group includes a single person, head of household, a spouse, a member of a household, or an employee of a small business employer that is participating in the Small Business Health Options Program (SHOP).
- Employer - A business that qualifies for and elects to purchase group health insurance via the DCAS and the Small Business Health Options Program.

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- Assister - An individual who provides services to the public by assisting with the eligibility determination and/or enrollment. This user group includes Navigators, Agents/Brokers, community outreach representatives, and other authorized representatives.
- District/Authority Worker – This user group includes those employed by the Exchange Authority or the District of Columbia that have responsibilities associated with HBX and require access to the DCAS, including Authority workers, DHS/ESA workers, DHS/FSA workers, DHS/OIS workers, and internal Case Managers.
- Third Party Worker - An individual who is not an employee of the District of Columbia but provides services to the public in assisting with eligibility determinations, enrollment, or case management. This includes external Case Managers and service providers (e.g. TANF employment vendors)
- Carrier – A company that provides health insurance plans, or Qualified Health Plans (QHP) within the DCAS (aka issuer, insurer).

C.4.3.3 The system will provide full capabilities across this spectrum of user types to provide the business processes noted in the functional business requirements to follow. The system will also provide horizontal program integration so that individuals and employees can apply for health insurance and/or public benefits including Medicaid, SNAP, TANF, CHIP and other health programs.

C.4.3.4 The Offeror's solutions shall provide users with a single look and feel that will be established through the DCAS core software. The Offeror must be able to render its solutions to support this uniform presentation layer. In addition, the Offeror must address how it can assimilate findings from the Enroll UX 2014 project that offers detailed design standards and specifications for online exchanges and delivering the best-in-class user experience. The DCAS user interface will be different for each user type whereby District/Authority workers accessing the Portal from a District intranet will view and have access to internal functions not available to external users on the public site.

C.4.4 SYSTEM TRANSITION

C.4.4.1 The Offeror's solution must support the system transition from the existing ACEDS eligibility and enrollment system to the new DC Access System (DCAS). A detailed transition plan will be required by the Offeror that demonstrates the transfer of programs to the DCAS, and process for testing and approving the integration into the DCAS prior to retiring the legacy system. Since the transition of the two systems will occur over time, significant integration between the two systems will be required.

C.4.4.2 The District will continue to operate the legacy Automated Client Eligibility Determination System (ACEDS) through the completion of Release II of the project. The Offeror will be asked to develop a detailed transition plan to transfer

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program eligibility data to DCAS, and a process for coordinating testing, approval and sunset of the programs in the legacy system.

C.4.4.3 The District has begun the planning effort associated with the ACEDS to DCAS interface. This work plan, which can be found in Attachment J.17 – ACEDS to DCAS Interface Transition Work Plan, outlines the components of work, the relevant tasks, and the anticipated roles the Offeror.

C.4.5 REGULATIONS

C.4.5.1 The Offeror's solutions must meet all of the requirements and guidance contained in the documents released by The Centers for Medicare and Medicaid Services (CMS), see Table 1 below, and Center for Consumer Information and Insurance Oversight (CCIIO), <http://cciio.cms.gov/resources/regulations/index.html#hie>. In understanding the scope of work described by this RFP, the Offeror shall consult documentation put forward by CMS for guidance and adjust requirements based on new business rules through CMS's Collaborative Application Lifecycle Tool (CALT). In April, 2011 CMS released Enhanced Funding Requirements: Seven Conditions and Standards Medicaid IT Supplement (MITS-11-01-v1.0) Version 1.0 that outlines the Seven Conditions and Standards that states should use as they design, develop, implement and operate technology and systems projects. Offeror's proposals must specifically address how the seven conditions and standards summarized below will be met.

1. Modularity – the use of modular, flexible approaches to systems development, including the use of open interfaces and exposed application programming interfaces (API)
2. Alignment with the Medicaid Information Technology Architecture (MITA)
3. Alignment with industry standards
4. Leverage – seek the sharing, leverage, and reuse of Medicaid technology systems within and among states
5. Business Results – accurate and timely results from highly automated, customer-service focused processes
6. Reporting – systems should produce transaction data, reports, and performance information that contribute to program evaluation, continuous improvement, transparency, and accountability
7. Interoperability – solutions must ensure seamless coordination and integration across programs and systems

C.4.5.2 The Offeror's solutions must also describe how they will meet the ACA Section 1561 standards as issued by the HHS Secretary, <http://healthit.hhs.gov/pdf/electronic-eligibility/aca-1561-recommendations-final2.pdf> and other Guidance and Regulations issued by CCIIO, <http://cciio.cms.gov/resources/regulations/index.html#hie>.

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REGULATION, GUIDANCE OR STATUTE	URL
Title XIX of the Social Security Act (the Medicaid statute) and related regulations and guidance	http://www.medicaid.gov/index.html

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REGULATION, GUIDANCE OR STATUTE	URL
Title XXI of the Social Security Act (the CHIP statute) and related regulations and guidance	http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/Childrens-Health-Insurance-Program-CHIP.html
Funding Opportunity Announcement Requirements	http://www.grants.gov/search/search.do;jsessionid=spH5T6rCcd3LcpvsLv2yRJYxyb8YgTkhkWFChR8fBJQr9JVJgQS2!966857159?oppId=65693&mode=VIEW
CFR Part 433, Medicaid Program: Federal Funding for Medicaid Eligibility Determination and Enrollment Activities; Final Rule	http://www.gpo.gov/fdsys/pkg/FR-2011-04-19/pdf/2011-9340.pdf
Guidance for Exchange and Medicaid Information Technology (IT) Systems Version 1.0	http://cciio.cms.gov/resources/files/joint_cms_o_cio_guidance.pdf
Guidance for Exchange and Medicaid Information Technology (IT) Systems Version 2.0	http://cciio.cms.gov/resources/files/exchange_medicaid_it_guidance_05312011.pdf
Health Insurance Portability and Accountability Act (HIPAA)	http://www.hhs.gov/ocr/privacy/hipaa/administrative/privacyrule/adminsimpregtext.pdf
Medicaid Information Technology Architecture (MITA) supplements	http://www.cms.gov/MedicaidInfoTechArch/04_MITAFramework.asp#TopOfPage
Section 504 of the Rehabilitation Act	http://www.dol.gov/oasam/regs/statutes/sec504.htm http://www.w3.org/TR/WCAG20
Section 6103 of the Internal Revenue Code	http://www.irs.gov/businesses/small/article/0,,id=99123,00.html
Clinger-Cohen Act (Public Law 104-106)	http://www.cio.gov/Documents/it_management_reform_act_Feb_1996.html
Exchange Reference Architecture: Foundation Guidance (federal regulations pending)	

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REGULATION, GUIDANCE OR STATUTE	URL
Collaborative Environment and Governance Approach – Exchange Reference Architecture Supplement (federal regulations pending)	http://cciio.cms.gov/resources/files/exchange_medicaid_it_guidance_05312011.pdf
Harmonized Security and Privacy Framework – Exchange TRA Supplement (federal regulations pending)	http://cciio.cms.gov/resources/files/exchange_medicaid_it_guidance_05312011.pdf
Eligibility and Enrollment Blueprint – Exchange Business Architecture Supplement	http://cciio.cms.gov/resources/files/exchange_medicaid_it_guidance_05312011.pdf
Plan Management Blueprint – Exchange Business Architecture Supplement (federal regulations pending)	http://cciio.cms.gov/resources/files/exchange_medicaid_it_guidance_05312011.pdf
U.S. Chief Information Officer (US CIO) 25 Point Implementation Plan to Reform Federal Technology Management	http://www.cio.gov/documents/25-Point-Implementation-Plan-to-Reform-Federal%20IT.pdf
Federal Cloud Computing Strategy	http://www.cio.gov/documents/Federal-Cloud-Computing-Strategy.pdf
ONC Guidance Electronic Eligibility and Enrollment	http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov_regulations_and_guidance/1496
Enhanced Funding Requirements: Seven Conditions and Standards Medicaid IT Supplement (MITS-11-01-v1.0) Ver. 1.0	http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/Downloads/EFR-Seven-Conditions-and-Standards.pdf
DC Medicaid State Plan	http://dhcf.dc.gov/dhcf/cwp/view,A,1413,Q,609150,dhcfNav,%7C34822%7C.asp

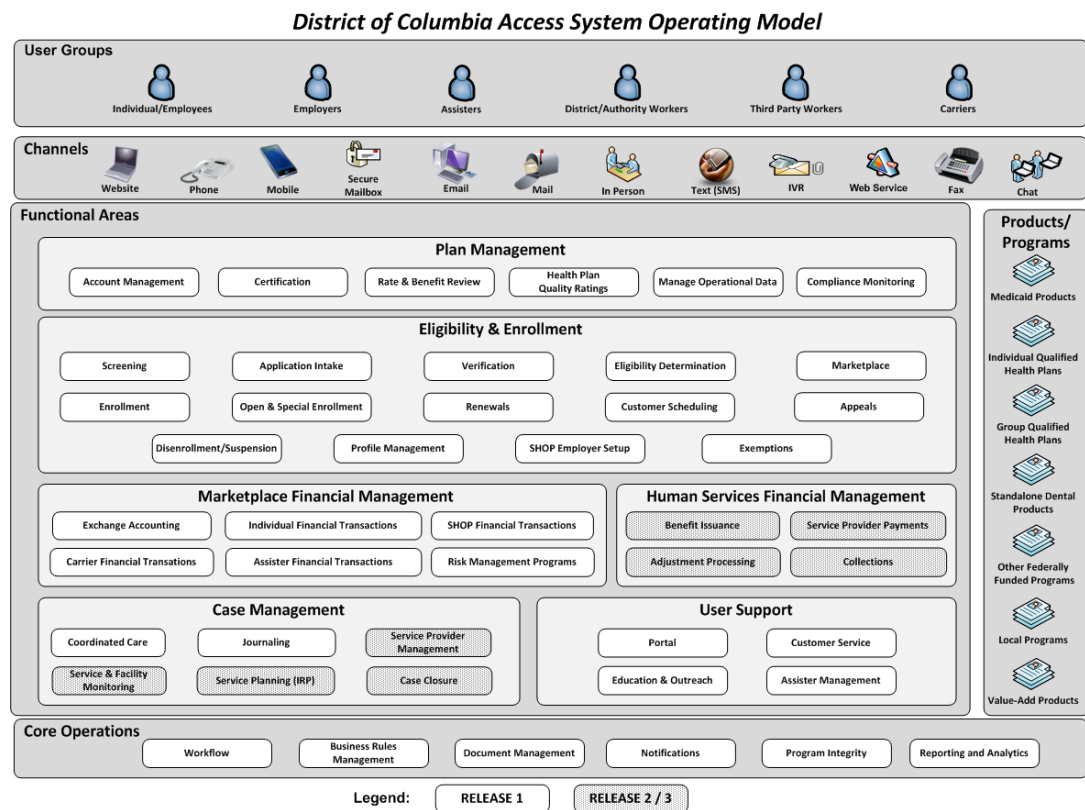
C.4.5.3 The Offeror is advised that there are unknown aspects of the scope of work due to, among other things, the lack of finalized regulations and guidance from CMS regarding ACA implementation. The Offeror must fully take into account all

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requirements, service level agreements, risks and contingencies that are necessary for the District to have a fully operational system and must be nimble enough to incorporate changes required as regulations and guidance are received.

C.4.5.4 The District has created ACA related process flows for Release 1 that represent the functional vision of DCAS including, Plan Management, Marketplace Financial Management, Eligibility and Enrollment, and SHOP, which can be found in Attachment J.23 – DC Process Flows. Process flows for Release 2 and 3 are in development.

C.4.5.5 The District has developed DCAS Operating Model, below and also found in Attachment J.11 – Solution Graphics, to represent the functional framework and functional requirements.



C.4.6 FUNCTIONAL REQUIREMENTS

C.4.6.1 The DCAS will support multiple user groups, through a variety of channels to determine eligibility for, and enroll in, health benefits and other human service programs. The DCAS will support plan management, eligibility and enrollment, marketplace and human service financial management, case management, and user support. The components to support the District/Authority and Third Party workers are included in core operations. The result of these capabilities will

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identify eligibility and provide access to the products and programs supported on the DCAS. See Attachment J.12 – Functional Requirements.

C.4.6.2 PLAN MANAGEMENT

C.4.6.2.1 The Plan Management functions include the business processes and requirements for acquiring, certifying, monitoring, renewing, and managing the withdrawal of qualified health plans and the carriers that offer these plans. The District anticipates close coordination between the Health Benefits Exchange Authority and the Department of Insurance, Securities and Banking (DISB) for regulating QHP issuers and plans. The District envisions a series of MOUs between government agencies and the HBX in order to carry out a myriad of functions, including the regulation of QHP carriers and plans. The enhanced SERFF plan management module will be used to aid in the collection of plan benefit and rate data and to support a portion of the health plan certification process. The District will integrate nationally accredited associations like the NCQA to determine health plan quality ratings. In addition, the Exchange Authority and DISB will share responsibility for plan management responsibilities, where DISB will remain the chief regulator and adjudicator of carriers found to have plan or other issues that impact their coverage and enrollees.

C.4.6.2.2 ACCOUNT MANAGEMENT

C.4.6.2.2.1 The DCAS will support Account Management, which after the creation of a Carrier's account in the DCAS, allows Carrier representatives to complete the application, certification and on-going recertification processes.

C.4.6.2.3 CERTIFICATION

C.4.6.2.3.1 Certification is the process that grants a “qualification” status to health plans, which will be required for participation in the Exchange market place. The certification process will include an application, issuer rate and benefit information, transparency in coverage, accreditation timeline, network adequacy, and a process for recertification based on criteria specified by HHS and DISB.

C.4.6.2.3.2 Today, the DISB conducts a qualification process that includes a review of benefit information and rates for plans conducting business in the District. To the extent possible, the HBX Authority intends to enter into an MOU with DISB to conduct portions of the QHP certification process.

C.4.6.2.4 RATE & BENEFIT REVIEW

C.4.6.2.4.1 Rate and Benefit Review includes functional capabilities to manage the review, justification, and notification of rate and benefits and changes to rates and benefits included in Qualified Health Plans.

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C.4.6.2.4.2 Today, carriers doing business in the District use NAIC's System for Electronic Rate and Form Filing (SERFF) for rate and form filings for approval by DISB. Given users familiarity and based on preliminary reviews, the DCAS will integrate with the enhanced SERFF plan management module currently in-development, to provide the necessary tools to define and drive plan data for consumers.

C.4.6.2.5 HEALTH PLAN QUALITY RATINGS

C.4.6.2.5.1 The HBX Authority will define a rating criteria and process to determine a Health Plan's quality rating. The resulting rating will be used to support the certification of qualified health plans. Data captured throughout the plan management process and through integration with measures used by nationally accredited associations like NCQA and URAC, will be used by HBX Authority to assign robust quality ratings to Qualified Health Plans. The DCAS will display the quality criteria and rating on the Portal to deliver to consumers the most complete and comprehensible health coverage information available.

C.4.6.2.6 MANAGE OPERATIONAL DATA

C.4.6.2.6.1 The Manage Operational Data function involves the management, collection and maintenance Carrier and QHP data, such as marketing materials and network

C.4.6.2.7 COMPLIANCE MONITORING

C.4.6.2.7.1 Compliance monitoring function includes the process of monitoring Carrier's compliance with the regulations and requirements for QHP certification, as well as compliance with standard HBX Authority processes and procedures.

C.4.6.2.7.2 The District envisions a shared responsibility of QHP plan monitoring and carrier account management between DISB and the HBX Authority. Although the HBX Authority will continuously monitor QHPs for a variety of factors, DISB will remain the chief regulator and adjudicator of carriers found to have health plan or other issues that impact their coverage and enrollees.

C.4.6.3 ELIGIBILITY AND ENROLLMENT

C.4.6.3.1 Eligibility is the process that applies a complex set of rules for determining an individual's qualifications to enroll in one or more established health insurance products or programs on the DCAS. Individuals or Assisters, on behalf of an individual, can anonymously utilize the screening tool to preview potential eligibility for health insurance products available through the Portal. An individual or qualified entity on behalf of an individual can elect to register on the

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system and provide user-specific data elements needed to determine their eligibility for products and programs within the DCAS. Upon completion and submission of an application, the system will validate and verify an individual's data using predefined business rules and trusted sources to determine eligibility for the various health insurance products and programs offered.

- C.4.6.3.2** Enrollment is the process in which an eligible individual is enrolled in a health benefits or human services product or program within the DCAS. During the enrollment process for health benefits, DCAS will display all health products (Medicaid or QHP) an eligible individual qualifies to enroll in and determine an individual's responsibility based on subsidy calculation. DCAS will provide shop and compare tools to assist individuals in the selection of a QHP. This tool will display an individual's premiums, cost sharing amounts, benefit summaries, and quality ratings to assist in plan selection. DCAS will send an individual's enrollment selection information to the selected QHP or to MMIS as applicable.
- C.4.6.3.3** In addition, the Eligibility and Enrollment process includes the ability to support special enrollments and renewals; process both exemptions and appeals; and save and maintain an individual's profile record.
- C.4.6.3.4** **SCREENING**
- C.4.6.3.4.1** Prior to submitting an application, users can anonymously receive a potential eligibility determination for products within DCAS by providing a nominal amount of data in the screening process.
- C.4.6.3.4.2** In addition to the potential eligibility determination, the screening process will provide additional information on DCAS products and the application process. Should an eligible user decide to apply for coverage in a qualified DCAS product, the system will pre-populate an individual's entered data into the online application.
- C.4.6.3.5** **APPLICATION INTAKE**
- C.4.6.3.5.1** Application Intake is the process of capturing an individual's data in a single application for health and human service benefits. The process begins with the setup of a secured username and password to create a profile. Once a user has a profile, the user can complete the dynamic application that will capture all data elements, including but not limited to income, expenses, and personal demographic information, required for determining eligibility for and enroll into the products and programs offered on the DCAS.

C.4.6.3.6 VERIFICATION

C.4.6.3.6.1 The verification process is an automated process that substantiates user-submitted data against trusted sources to confirm an individual's eligibility for various programs available on the DCAS. Individuals may also be required to submit documentation to validate the application.

C.4.6.3.7 ELIGIBILITY DETERMINATION

C.4.6.3.7.1 Eligibility determination is the process of identifying coverage under one or more DCAS supported products or programs by applying a set of pre-defined eligibility rules to an individual's specific application or profile data. The eligibility determination process is an ongoing process that evaluates an individual's eligibility at application intake, periodic reviews, during life event changes or as federal or district guidelines are initiated or modified.

C.4.6.3.8 MARKETPLACE

C.4.6.3.8.1 The Marketplace will be a centralized location for individuals, employers, and assisters to shop and compare health coverage options. The marketplace should allow users to limit the number of plans viewed by preferences including but not limited to premium amount, carrier, plan type, and metallic level. Users will have the ability to view standardized comparative information on QHPs side-by-side, comparing premiums, subsidies, deductibles/copays, benefit summaries, and quality ratings. Within the marketplace the users will have the opportunity to view estimated average monthly and annual costs based on their personal health needs (i.e. diabetes, asthma, etc.) or a potential diagnosis (breast cancer, prostate cancer, heart attack etc.)

C.4.6.3.9 ENROLLMENT

C.4.6.3.9.1 Enrollment is the process by which an individual enrolls in a product within the DCAS and completes the enrollment requirements within a given period. Upon completion of the enrollment of an individual the DCAS will transmit all required enrollment data to MMIS or the specific carrier of the selected QHP.

C.4.6.3.10 OPEN & SPECIAL ENROLLMENT

C.4.6.3.10.1 The DCAS will administer open and special enrollment periods for individuals in either SHOP or an individual health benefit plan. Initial and ongoing annual open enrollment periods will be determined by the HBX Authority in accordance with legislation. Special enrollment periods, based on non-qualified life events and qualified life events, allow an individual to make or change health benefit plan elections outside of open enrollment periods. Special and open enrollment

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periods will be managed in DCAS through the definition and maintenance of business rules and policies that will control how and when individuals can apply for and enroll in products. The DCAS will also administer the distribution of notifications related to open and special enrollment periods to employers, employees, and individuals.

C.4.6.3.11 RENEWALS

C.4.6.3.11.1 The DCAS will administer renewals for all types of health benefits programs. An annual open enrollment period will be available for individuals enrolled in individual and or group qualified health plans, on either a calendar or rolling cycle, respectively. Renewals for Medicaid, also known as recertification, will occur at a minimum of every 12 months for individuals, but the system must support data verification on a more frequent basis. An enrolled individual may maintain or change plan elections during the renewal process. The DCAS will have the ability to process renewals automatically or manually and conduct an eligibility redetermination for each individual.

C.4.6.3.12 CUSTOMER SCHEDULING

C.4.6.3.12.1 Customer scheduling provides the ability to schedule and manage phone and in-person appointments that can be scheduled by individuals or workers. Individuals will have the option to schedule an appointment based on location, appointment type, and available timeslots. Automated or manual alerts will be sent to appropriate staff regarding current, upcoming, or changes to appointments. Appointment notices and reminders will be sent to customers via a variety of channels including secured mailbox, mail or voicemail.

C.4.6.3.13 APPEALS

C.4.6.3.13.1 Appeals are the actions individuals can take if they disagree with a determination made by the DCAS. The Affordable Care Act (ACA) provides the right for an individual or employer to request and submit an appeal related to eligibility determination decisions. The appeal process includes an administrative review and a formal hearing. Appeals may be submitted through multiple channels.

C.4.6.3.14 DISENROLLMENT / SUSPENSION

C.4.6.3.14.1 The DCAS will support the process of disenrollment or suspension of an individual from a QHP, or a QHP from participating on the DCAS.

C.4.6.3.15 PROFILE MANAGEMENT

C.4.6.3.15.1 Profile Management describes an individual's ability to view and maintain personal and dependent information. Changes to an individual's profile record due to a life event (e.g. birth, adoption, marriage, death, loss of income etc.) or a demographic modification (e.g. address change, name change, etc.) that occurs after an initial application intake and eligibility determination may require supporting documentation and a re-determination of eligibility.

C.4.6.3.16 SHOP EMPLOYER SETUP

C.4.6.3.16.1 SHOP Employer Setup functionality will allow employers to setup and manage all aspects of their accounts with the DCAS, including the application process, employee census, eligibility determination for participation in SHOP, definition of contribution strategy, QHP elections, and financial management related to premium aggregation and premium processing.

C.4.6.3.17 EXEMPTIONS

C.4.6.3.17.1 The DCAS, in accordance with current understanding of the ACA, will receive, process, and adjudicate requests for individual exemption from health coverage. The DCAS will receive and process requests and supporting documentation for exemption and issue certificates of exemption to eligible individuals. Individuals denied exemptions will be able to submit appeals through the DCAS. Final exemption decisions will be communicated to HHS for transmission to the IRS.

C.4.6.4 MARKETPLACE FINANCIAL MANAGEMENT

C.4.6.4.1 The DCAS will have a robust set of tools and processes to administer the many financial transactions. Marketplace Financial Management encompasses the business processes ensure financial viability of HBX and to support the administration of health insurance programs. A separate Human Services Financial Management (HSFM) function exists for administering non-health benefit programs.

C.4.6.4.2 DCAS shall manage premium payment transfers between employers, enrollees and QHPs to ensure proper payments and continuity of coverage for enrollees.

C.4.6.4.3 EXCHANGE ACCOUNTING

C.4.6.4.3.1 Exchange Accounting is the management of centralized accounting functions including the maintenance and reconciliation of accounts receivable and accounts payable to support financial management functions and the financial viability of the HBX, which must be self-sufficient by January 1, 2015.

C.4.6.4.4 INDIVIDUAL FINANCIAL TRANSACTIONS

C.4.6.4.4.1 Individual Financial Transactions are the billing, processing, and reconciliation of Individual premium payments and subsidies. This includes the aggregation of individual premiums across a family (including multiple carriers). The DCAS will serve as the clearinghouse for payments from Individuals to the QHPs they have elected, but will also support an individual's right to pay premiums directly to their QHP. DCAS will also support the reconciliation of payments to carriers for premiums payments associated with an individual's responsibility and for payments associated with APPTC and CSR, which are the responsibility of the federal government.

C.4.6.4.5 SHOP FINANCIAL TRANSACTIONS

C.4.6.4.5.1 SHOP Financial Transactions include the aggregation, billing, processing, and reconciliation of Employer (and employee deducted) premium payments for enrollment into the various QHPs offered by the DCAS. The DCAS will serve as the clearinghouse between Employers and the QHPs their employees have elected.

C.4.6.4.6 CARRIER FINANCIAL TRANSACTIONS

C.4.6.4.6.1 Carrier Financial Transactions include management of accounts payable, account receivable, and reconciliation for carrier premium payments and assessment fees.

C.4.6.4.7 ASSISTER FINANCIAL TRANSACTIONS

C.4.6.4.7.1 The DCAS will support the management and processing of payments to Assisters for services supporting District residents with applications, eligibility determinations, and enrollment into DCAS supported products and programs.

C.4.6.4.8 RISK MANAGEMENT PROGRAMS

C.4.6.4.8.1 Risk management programs include risk adjustments, transitional reinsurance and risk corridors. Currently, the HBX Authority intends to opt into the federally administered risk adjustment and reinsurance programs.

C.4.6.5 HUMAN SERVICE FINANCIAL MANAGEMENT

C.4.6.5.1 In addition to managing financial transactions for the QHP Marketplace, DCAS will identify, track, and process inbound and outbound payment transactions for human services benefits programs. Payment amounts are based upon the eligibility determination and case activities, such as work participation or provider

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services. This includes tracking over- and under-payments to beneficiaries and service providers, as well as recouping overpayments.

C.4.6.5.2 BENEFIT ISSUANCE

C.4.6.5.2.1 Benefit Issuance is the fulfillment of benefits after individuals are deemed eligible and are enrolled in federal or local human services programs. This includes a number of payment mechanisms, including paper checks, Electronic Benefit Transfer (EBT) cards, and vouchers. Payment calculations are based on eligibility rules, case actions (such as compliance with Case Management requirements), and the existence of over- or under-payments. For some programs, benefits are disbursed based on availability of grant funds which must be decremented as payments are disbursed.

C.4.6.5.3 SERVICE PROVIDER PAYMENTS

C.4.6.5.3.1 Service Provider Payments is the management and processing of payments to third-party organizations for services provided to individuals and families enrolled in human service programs. In many cases, third-party payments are dependent upon reporting of actions taken in Case Management.

C.4.6.5.4 ADJUSTMENT PROCESSING

C.4.6.5.4.1 Adjustment processing is the identification and management of over- and under payments to beneficiaries or service providers. Once a determination of an overpayment has been made, the amount of the overpayment becomes a debt owed by the debtor to the agency. Underpayments result in an additional obligation to be paid out during the next payment cycle.

C.4.6.5.5 COLLECTIONS

C.4.6.5.5.1 Collections are the recovery of identified overpayments either by decreasing future payments or establishing repayment plans. Some human services programs leverage enforcement mechanisms for collecting on overpayments, such tax offset programs for the Food Stamps program. Key functionality includes sending demand notifications for overpayments, recoupment processing to recover overpayments from current payments due or from future claims submitted, management of repayment plans requested by the debtor, reviewing rebuttal statements on explanations or evidence regarding why recoupment should not be initiated, and the review and processing of Appeals submitted by debtors.

C.4.6.6 CASE MANAGEMENT

C.4.6.6.1 DCAS will enable comprehensive Case Management capabilities by allowing agencies and organizations to share information and improve the coordination of services. This includes assessing the needs of the individual or family, identifying the barriers they face, and then working to arrange, coordinate, monitor, and evaluate a benefit program or package of services. Case managers serve as an advocate for the individuals and families they support, working with service providers to move them towards self-sufficiency or stable and efficient long-term support.

C.4.6.6.2 While the majority of Case Management functionality will be deployed in Release 2, some components (Coordinated Care and Journaling) will exist in Release 1. This is because the case structure (associating individuals, family members, benefit programs, and service providers as a “Case”) must be part of the initial database design in order for the other functions to be supported in later releases.

C.4.6.6.3 COORDINATED CARE

C.4.6.6.3.1 Coordinated care provides authorized workers with a holistic view of each case allowing for effective case management. Authorized users will have pre-defined user-specific roles to create, view and edit case data. Supervisors will be able to assign and re-assign cases as needed for load balancing. Both internal (District/Authority staff) and external (third party) case managers will be able to interact with their assigned individuals and families as well as service providers involved in the case.

C.4.6.6.4 JOURNALING

C.4.6.6.4.1 Journaling is the process of retaining information relating to an individual, case, provider, or service plan. The Journaling function includes the ability to log case interactions such as meetings/interviews, phone calls, and written correspondence (including outbound notifications and inbound scanned documents) with electronic time, date and user stamping.

C.4.6.6.5 SERVICE PROVIDER MANAGEMENT

C.4.6.6.5.1 Service Provider Management is the process in which DCAS coordinates with the various organizations that provide service and/or support to program beneficiaries. This function enables certified organizations to log activities (such as TANF work participation or child care attendance) that often trigger provider payments. The District will manage, monitor and communicate with each of the organizations with respect to performance-based outcomes and overall community impact, with the ability to disenroll/suspend a provider if necessary.

C.4.6.6.6 SERVICE & FACILITY MONITORING

C.4.6.6.6.1 Service & Facility Monitoring allows District staff to oversee providers and the facilities used for benefit services and program delivery. The Monitoring function allows the District to schedule visits and/or interviews, and electronically document their results. Discrepancies can be logged as incidents so that a remediation plan can be developed and tracked, resulting in facility or provider de-certification if needed.

C.4.6.6.7 SERVICE PLANNING

C.4.6.6.7.1 Service Planning is the process that identifies and tracks the needs, goals and actions associated with a benefit program. This capability includes assessments of needs that can take place during or after the eligibility determination. It allows authorized workers to create and update service plans, such as the Individual Responsibility Plan (IRP) for the TANF program. Case managers will also be able to track wait lists for applicable services and electronically document plan history. For programs like Elderly and Physically Disabled (EPD) Waiver, case managers will be able to start providing support before the eligibility determination has been made for the case.

C.4.6.6.8 CASE CLOSURE

C.4.6.6.8.1 Case Closure is the process by which DCAS collects the required information to properly close a case conforming to federal or District policy. In general, cases should only be closed when the needs identified in the associated Service Plan have been addressed. This function will enable authorized workers to archive or re-open closed cases according to program standards.

C.4.6.7 USER SUPPORT

C.4.6.7.1 The DCAS offers a variety of services aimed at all user types defined by the District. Supported by a Contact Center which includes a call center, the DCAS will aid individuals, employees and employers with general inquiries, eligibility and enrollment questions, and technical issues that may arise from utilizing the Portal. Support will also extend to the community and commercial partners, like Assisters, Third Party Workers, and Carriers, who will educate users and provide support when interacting with the DCAS, to ensure the highest quality user experience.

C.4.6.7.2 PORTAL

C.4.6.7.2.1 The Portal will serve as the gateway for DC residents seeking health benefit coverage, and other types of assistance in future releases. The Portal will allow all

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DC residents to submit an application, view Marketplace information for eligible benefit coverage, enroll in various products, and access to contact details for Assistors or education and outreach tools. As the public-facing website, the Portal will serve as a key entry point for all user types and must be compliant with both the Americans with Disabilities Act (ADA) and the Rehabilitation Act Section 508 with accessibility from any device that has internet capabilities

C.4.6.7.3 CUSTOMER SERVICE

C.4.6.7.3.1 The DCAS will provide customer service to support requests for all types of assistance including eligibility, enrollment, general questions, and technical support, from all user types. The customer service will include Service Centers as well as a Contact Center (see section C.4.7.13), which will support multiple types of communication with customers, including the call center and online web chat.

C.4.6.7.3.2 Customer service functionality will be accessible via the web Portal, the primary customer service channel, but the DCAS will also provide a toll-free phone line that accesses an IVR and/or call center. The call center will be able to capture, document, and save for future reference and quality purposes each service support encounter. In addition the Portal will provide users with both technical and non-technical FAQs and user guides. Customer support personnel will assist both internal and external users of the DCAS to resolve sign-on and password issues, eligibility and enrollment issues, hardware and software issues, and other interface issues. Support requests will be categorized based on the nature of the request in order to be directed to the appropriate personnel with the ability to track and reference resolution of all requests.

C.4.6.7.3.3 The District has developed a call center assessment, which provides the Offeror with a high-level understanding of the District's future vision of call center operations (Attachment J.18 – Call Center Assessment). At minimum, it is expected that the Offeror integrate with the existing Change Center functionality in Release 1.

C.4.6.7.4 EDUCATION AND OUTREACH

C.4.6.7.4.1 The HBX will provide an education and outreach program to inform Washingtonians about the new health care coverage options available using a variety of strategies and access channels for communication including: public media and web campaigns, telephone outreach, printed and web accessible pamphlets and FAQs to target potential participants.

C.4.6.7.4.2 The DCAS will support the overall HBX education and outreach program through portal accessibility to pamphlets, videos, and FAQs; contact center outreach

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campaigns (IVR and email) and general question and answer. Assister education will also be accessible through the Portal.

C.4.6.7.5 ASSISTER MANAGEMENT

C.4.6.7.5.1 The HBX Authority will oversee Assister Management defining and administering the program. The DCAS will support individuals applying for Navigator roles or registering as Assistors along with online access to required training for all Assister types. Assistors will have access to the DCAS based on user-defined roles to view user-specific dashboards and manage their profiles, which includes but is not limited to: displaying status on certification requirements for Navigator types, cases under management, and ability to make referrals.

C.4.6.8 CORE OPERATIONS

C.4.6.8.1 Core Operations encompasses the functionality and tools that District/Authority Workers and Third Party Workers the use to manage the daily work of supporting eligibility and enrollment for customers.

C.4.6.8.2 WORKFLOW

C.4.6.8.2.1 Workflow provides the ability to automatically manage a case from registration to closure. This includes the ability to view, assign, and redistribute work, automatically or manually, between offices, groups, and workers in accordance to business policies, procedures and resource capacity.

C.4.6.8.3 BUSINESS RULES MANAGEMENT

C.4.6.8.3.1 Business Rules Management is the organization and maintenance of all business rules and regulations affecting eligibility and enrollment within the system. The system will support the frequent changes of health insurance and other human service programs including business rules related to eligibility determination, open and special enrollment, and premium rate variation rules.

C.4.6.8.4 DOCUMENT MANAGEMENT

C.4.6.8.4.1 Document Management within the DCAS provides the ability to view, capture and attach scanned images to individual cases and link scanned and verified images to a customer that may exist in other systems.

C.4.6.8.5 NOTIFICATIONS

C.4.6.8.5.1 The DCAS will distribute several types of notifications to users. Notifications may be triggered automatically through workflow events, through scheduled processes or manually requested. Notifications will uphold all the legislative requirements and standards of communication and accessibility to those with disabilities.

C.4.6.8.6 PROGRAM INTEGRITY

C.4.6.8.6.1 The DCAS will support the prevention, detection, investigation and recovery activities undertaken to minimize or prevent fraud, waste, or abuse.

C.4.6.8.7 REPORTING AND ANALYTICS

C.4.6.8.7.1 The DCAS will include functionality to build, create and run operational analytics and reports to support evaluation of effectiveness and efficiency of business processes, organizational units, or individuals. The DCAS will also support analytics and reporting functionality that allows for communication with Federal Agencies, Carriers, Employers, and other District Agencies through the utilization of multiple interfaces.

C.4.7 TECHNICAL REQUIREMENTS

C.4.7.1 The DCAS supports the vision of an integrated technical solution that supports both Medicaid and private insurance functions, and is extensible to support the integration of other federal and local human service programs provided by the District of Columbia. Using a multi-layered application architecture approach, this integrated eligibility and enrollment solution will adhere to architecture guidance and the seven conditions for enhanced federal funding identified by the Centers for Medicare & Medicaid Services (CMS). In alignment with this guidance, the technical solution architecture will employ a modular design, based on Service Oriented Architecture (SOA) design principles and the Medicaid Information Technology Architecture (MITA) framework.

C.4.7.2 The Offeror is required to design, develop, and implement a system architecture based on DCAS Technical Reference Architecture (TRA). The TRA defines a consistent vision of DCAS context, technology architecture, process, and standards throughout the organization and supplies the context (for identified patterns) for imposing best practices on development and deployment of the DCAS SOA.

C.4.7.3 MITA STANDARDS

C.4.7.3.1 The DCAS overall enterprise architecture shall be aligned to the Medicaid Information Technology Architecture (MITA 3.0) and CMS Exchange Reference Architecture: Foundation Guidance. The DCAS technology architecture is driven by the business architecture. Both the business and technology architectures are to be built on the foundation of information/data architecture that defines the data standards, including various logical and physical data models, and master/meta data management process and infrastructure. Service Oriented Architecture (SOA) is to be used as the fundamental architectural style for defining the DCAS enterprise architecture to establish a highly agile and responsive business, technology and data architecture.

C.4.7.3.2 DCAS framework is aligned to MITA 3.0 Technical Architecture and Eligibility Reference Architecture (ERA) and uses SOA as core architectural style. DCAS technical architecture is a service-oriented multi-layer architecture and has the following architectural layers:

- Integration Presentation Access
- Application & Shared Service
- Data
- Infrastructure

C.4.7.4 HOSTING

C.4.7.4.1 The Offeror's response must identify one of the following options are proposed to host the solution for each business area:

- Offeror Hosted
- District Hosted

C.4.7.4.2 The Offeror shall consider the use of OCTO's data center for the majority of system environments (e.g., development, test, training, user acceptance, production). The Offeror may propose alternative hosting arrangements, with a detailed cost breakdown and justification included in their response. Individual solution components that the Offeror proposes as cloud-based services (e.g., Software-as-a-Service or virtual development environments) that would not be hosted in an OCTO data center must be identified by the Offeror.

C.4.7.4.3 Within OCTO's facilities, the Offeror shall procure, install, configure, and operate equipment and software to support the DCAS. It is expected that the Offeror will leverage OCTO's backup data center and processes for disaster recovery. The Offeror is required to propose a DCAS solution that complies with OCTO data

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center and architecture requirements, standards, and federal, District, and Exchange regulations.

- C.4.7.4.4** If the Offeror chooses to host in a cloud environment of their own, or participate in OCTO's cloud environment, the Offeror must meet the Federal security standards set for the cloud environments (see <http://www.cio.gov/documents/Federal-Cloud-Computing-Strategy.pdf>). The Offeror shall include a detailed hosting plan for each solution as well as evidence that they meet cloud computing requirements set forth above.

C.4.7.5 ENVIRONMENTS

- C.4.7.5.1** At a minimum, the Offeror is required to provide and support the following seven (7) system environments:

- Development
- Integration Test
- System Test
- Training/UAT
- Quality Assurance/Staging (Production Replica)
- Production
- Disaster Recovery

- C.4.7.5.2** Environment Management is comprised of supporting the necessary environment functions including, but not limited to:

- Executing batch and interface programs timely and accurately.
- Providing reports in a timely fashion to support the business users with their tasks.
- Monitoring training and UAT environments to keep them properly available to the business users.
- Providing support, as needed, to the DCAS UAT and training staff.
- Providing detailed analysis on system and data issues found in each environment.
- Resolving environment issues in a timely fashion.

C.4.7.6 STANDARDS

- C.4.7.6.1** The Offeror shall design and develop the DCAS architecture in accordance with the following federal, state, and industry standards:

- **DCAS Technical Reference Architecture (TRA)** defines a consistent vision of the DCAS context, technology architecture, process, and standards throughout the organization and supplies the context (for

identified patterns) for imposing best practices on development and deployment of the DCAS SOA. The TRA:

- Offers an architectural framework for the DCAS that maximizes interoperability and reuse across the enterprise.
- Drives towards concrete technology architecture.
- Considers framework, principles, protocol, standards, specifications, processes, best practices, etc.
- Provides processes, standards and guidelines for key architectural principles for making architectural and design decisions.

C.4.7.6.2 Please refer to the DCAS TRA in the Solicitation Library.

- **Medicaid Information Technology Architecture (MITA 3.0)**—presents the technology standards associated with target technologies that will support the goals of the DCAS enterprise. The DCAS technology solution shall use technology standards as defined in MITA 3.0 Standards Reference Model (SRM) – (MITA Part III, Chapter 8 Technology Standards.pdf)
- **CMS Exchange Reference Architecture** provides foundation guidance as architectural standards
- **The Office of the National Health Coordinator for Health Information Technology**, Guidance for Medicaid Information Technology (IT) Systems, Version 2.0: (see http://cciio.cms.gov/resources/files/exchange_medicaid_it_guidance_05312011.pdf)
- **Centers for Medical and Medicaid Services (CMS) Architecture Guidance**, which includes high-level and detailed architectural frameworks
- **National Information Exchange Model (NIEM)** as a XML-based information exchange framework
- **Health Insurance Portability and Accountability Act (HIPAA)** rules for access, authentications, storage and auditing, and transmittal of electronic medical records to protect personal health information. Standards include HIPAA Version 5010 standards for electronic health transactions (effective January 1, 2012) and ICD-10 for medical diagnosis and inpatient procedure coding (effective October 1, 2013). Adherence to the HIPAA standards is required to meet the federal requirements of the Exchange and to interface with Exchange partners such as DC-MMIS whose current efforts include the modification of DC-MMIS to accept and process the newly mandated HIPAA electronic transaction versions from X12 4010A1 to Version 5010.
- **ANSI X12 (EDI)** transaction protocols used for transmitting patient data (e.g., ANSI 834 transactions are used to enroll and disenroll users from health plans)
- **Protected Health Information (PHI) and Personally Identifiable Information (PII)**, which include the District standards for the protection

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of health information and other non-health, personal information that precede HIPAA by many years.

- **Health Level 7 (HL7)**, which includes standardized messaging and text communications protocol between hospital and physician record systems and between practice management systems. HL7 standards shall be applied for any Exchange functionality that seeks to evaluate health services provided to the customer.

C.4.7.7 SECURITY

C.4.7.7.1 The Offeror must provide a single, comprehensive, integrated risk based framework with processes, tools, technology, standards and best practices to design, implement, manage, administer, and govern the security and privacy of the DCAS and data, hereafter called the DCAS Security and Privacy Framework, see Attachment J.25 Security & Privacy Framework for additional requirements.

C.4.7.7.2 The proposed solution shall provide application controls to prevent unauthorized use of the system, maintain system process controls, and log all transactions (including eligibility determinations). In addition, the system shall provide security to limit availability to application functionality, software screens, data records, data elements, and data element values where appropriate.

C.4.7.7.3 The Offeror shall describe its approach for integrating security with overall system security using a single sign-on between the Individual and SHOP Exchanges, and between the Individual Exchange and the other District health and human services systems as described in Section.C.2.6 Release Approach.

C.4.7.7.4 The Offeror must fully describe its approach to security for the proposed solution, including but not limited to the use of firewall hardware and software, intrusion detection/prevention systems, other protective measures, and other measures that provide in depth defense for the proposed solution. The proposal must fully describe the risk management approach to application development and deployment in terms of threat and vulnerability identification, analysis and prioritization, and mitigation techniques.

C.4.7.8 SYSTEM PERFORMANCE

C.4.7.8.1 The Contractor must provide PMO with a Capacity and Performance Plan that outlines the strategy for 1) assessing overall solution and component performance, and 2) using this information to develop and plan for component acquisition, configuration, and upgrade. The plan must contain at minimum:

1. An assessment of database capacity and telecommunications needs;
2. An assessment of network requirements;
3. An assessment of memory requirements;

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4. An estimate of processor utilization; and
5. An estimate of data storage requirements.

C.4.7.8.2 The performance plan describes the solutions performance requirements, what elements of the solution must be developed to measure performance, and how solution performance must be measured to ensure that requirements are continuously met.

C.4.7.8.3 The Offeror is required to design, develop, and implement a system that complies with the service level and performance requirements set forth by the District specified in Section F.4 – Performance. Systems performance services include tools for monitoring and optimizing the performance and operations of the Exchange services. At a minimum, the Exchange must support the base capacity set forth by the District. While users may be accessing the DCAS at various times, the DCAS must be designed with enough capacity to support a typical influx of users on a day-by-day and hour-by-hour basis. In addition, the DCAS must also optimize performance for the ramp-up or slow down activity levels leading up to or coming down from anticipated usage fluctuations due to business cycle events, such as open enrollment periods.

C.4.7.8.4 From a usability perspective, the DCAS must also consider response time for the customer. While processing time may vary for components which interface with partner systems, such as the eligibility determination engine and federal identification systems, processing time for components which are independent of external systems need to be reasonable and aligned with the typical user experience for any customer shopping online. Delays in processing time decrease the likelihood of the DCAS's success and will need to be corrected.

C.4.7.8.5 To assist system administrators in performance capacity planning and evaluating system performance, the DCAS shall also include alerts and feedback to notify administrators of potential capacity limits. This real-time notification will facilitate a proactive response before system performance issues impact the customer experience. Similarly, the DCAS will include reports which will notify administrators of trends, usage data, load balancing and high availability points in order to assist in long-term capacity planning and strategy. This metrics-based reporting and coordination will help administrators to make informed decisions using underlying trend and usage information.

C.4.7.8.6 The Offeror is required to submit expected time for DCAS processing of specific tasks during high-volume enrollment periods to include but not be limited to:

- Navigation on portal including (create account, submit application, receive response)
- Transmission of information to/from ACEDS

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- Transmission of information to/from MMIS
- Review of scanned images from DCAS
- Data hub transactions

C.4.7.9 AUDIT

C.4.7.9.1 The Offeror is required to design, develop, and implement auditing functionality that monitors the system's accuracy and completeness. The DCAS must have the ability to generate reports that provide the District with the necessary data to conduct quality control, research, and administration of programs. The system must have the ability to provide reports on users, security groups, roles, settings, passwords and duplicate IDs.

C.4.7.9.2 Audit trails must be available to trace user and system initiated actions for all update and inquiry transactions. The audit trails must be available for online inquiry for up to three (3) years after the last auditable action on a case. No modification of audit trail data is permitted. Audit trails may be stored offline on machine-readable media after three (3) year from the last activity on a case or client. Stored data must be readily accessible in the case of audit, appeals, or litigation.

C.4.7.9.3 The DCAS must provide point in time display of all data for audit, verification and program integrity purposes. The system must display the data that were used to determine eligibility, calculate benefits, and generate various outputs, including payments, notices, and electronic benefits for the point in time that the particular action took place. A history of data elements to be jointly agreed upon during the design phase, such as address, Social Security Number and name, must be maintained. The number of occurrences to be maintained will be based upon entity relationship analysis and the business need as determined by the District.

C.4.7.10 BACKUP/RECOVERY

C.4.7.10.1 The Offeror should consider leveraging OCTO's data facilities to support the system in the event of a disaster or a production data center facility issue, unless a non-OCTO hosting solution has been proposed. The Offeror shall be required to document and practice the backup and recovery strategy processes, and procedures, once per year. The District shall validate the Offeror's ability to recover the system within the established performance standards set forth by the District. The Offeror must use the District's tools for all backup and recovery needs.

C.4.7.11 DISASTER RECOVERY

C.4.7.11.1 The Offeror shall have Disaster Recovery (DR) and Continuity of Operations Program (COOP) established for their solutions. The Offeror shall provide their DR and COOP plan and mechanisms to the District for each of their solutions as part of this submission. The DR and COOP mechanisms for the Offeror's solution shall meet the National Institute of Standards Technology (NIST) standards, http://csrc.nist.gov/publications/nistpubs/800-34-rev1/sp800-34-rev1_errata-Nov11-2010.pdf.

C.4.7.12 HARDWARE/SOFTWARE

C.4.7.12.1 The Offeror must identify and price all hardware and system software required to implement the DCAS solution, including the acquisition price plus extended warranty & maintenance. The Offeror will be responsible to provide, install and maintain the hardware, software, network components and other infrastructure elements for the DCAS solution. As specified in Attachment J.13 – Technical Requirements of this RFP, the District will provide certain software, hardware, and infrastructure components to be utilized in the implementation and the ongoing operations phase. The Offeror will be expected to integrate Offeror-supplied assets with those of the District. For example, Offerors will be required to evaluate the suitability and cost-effectiveness of hosting the system at the District's data center.

C.4.7.13 CONTACT CENTER

C.4.7.13.1 The Offeror shall provide a Contact Center to serve as the central point from which all customer interactions will be managed. The Contact Center shall include a Call Center for telephonic communications, but the Contact Center will handle all types of customer contact, including e-mail, postal mail, Web-based inquiries and chats, and first tier customer service for online activities. The Contact Center shall make use of designated Phones/IVR equipment and related services as well as a Customer Relationship Management (CRM) System.

C.4.7.13.2 CALL CENTER

C.4.7.13.2.1 The Call Center shall also place outbound calls to assist new enrollees in the eligibility and determination for insurance coverage. The Call Center must be supported with a Call Center Management System that monitors and provides real-time reporting and forecasting. The Call Center Management System will include data services, voice services and products; in addition to, ala carte voice features offered by DC-Net. The Call Center Management system must provide the ability to facilitate statistical and analytical analysis to include and not limited to; historical reporting, call center trend reporting, and performance level

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reporting. The Exchange is seeking to obtain operations of the Call Center at the end of the contract. The Offeror is required to develop the procedures, processes, metrics, and documentation that shall support a successful transition of the Call Center to the District.

C. 4.7.13.2.2 The District has developed a call center assessment, which provides the Offeror with a high-level understanding of the District's future vision of call center operations (AttachmentJ.18 – Call Center Assessment).

C.4.7.13.2.3 DC-Net Citywide Network a division within the Office of Chief Technology Officer provides customized call center solutions. The Offeror is required to leverage DC-Net equipment, software, training, and facilities to establish call center functions that include:

- Incoming phone calls, faxes, e-mail, texts, and web-based interactions (online chat originating from Web Portal).
- Outgoing phone calls, faxes, e-mail, texts, and web-based interactions.
- Automatic Call Distribution (ACD) that directs calls to specific customer service operators based on user type and role (i.e., Individual, Employer, Assister, or Carrier) for specific questions and assistance.
- Interactive Voice Response (IVR) System that supports the DCAS by providing information to standard requests (e.g., premium payment status, correspondence address, application status and plan contact information).
- The DCAS must provide Computer Telephony Integration (CTI), "screen pop," that can display customer information on every inbound call; in addition, to softphone telephony functionality.
- Create functionality for telephonic signatures and document imaging to support telephone self-certifications or electronically transmitted documents.
- Customer Relationship Management System (CRM) integration to log, track, refer, and record resolution to customer issues.QA Process to support quality reviews of random call resolutions, to support supervisor remediation and training material improvements.
- Web analytics to understand a consumer issues with the online experience and cause an required human intervention in-person or through the call center.

C.4.7.13.2.3 The Offeror is required to leverage DC-Net for incoming calls and faxes.

C.4.7.13.3 CRM AND HELP DESK

C.4.7.13.3.1 The Offeror shall provide a Customer Relationship Management System for supporting DCAS users telephonically, and through other mediums such as the web portal, email, IVR, and data imaging systems. This CRM tool will be the primary user interface for customer service business processes, including but not limited to: full lifecycle management of customer contacts, management of demographic information, history and audit trails of customer contact records and

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events, and facilitation of customer scheduling and appointments. The CRM tool can be a separate but integrated system, or it can be a component of DCAS itself. The Offeror should articulate why their proposed approach for CRM will best serve District customer support needs. See Attachment J.19 – Pricing DC Net for a DC-Net list of solutions and pricing.

C.4.7.13.3.2 The District will establish a Help Desk tool to provide users a single point of contact for all DCAS related issues and service requests. Customer Service staff, such as Contact Center Workers, will use the Help Desk system to log tickets and route them to appropriate groups for resolution. The Offeror will provide training in the use of the tool for District staff involved in customer support. Prior to each release, the Offeror shall provide training to appropriate personnel on the changes and alternative procedures associated with the release.

C.4.7.13.3.3 The Offeror must leverage the District's telecom and call center solutions provided by DC-Net Citywide Network. At the core of the DC-Net call center solutions is Automatic Call Distribution (ACD) functionality in the Avaya phone switch that routes and distributes incoming calls to agents. Coupled with this is Call Management System (CMS) software to view agent performance in real-time and to generate time-based reports.

C.4.7.13.3.4 As described in Section C.3.15.2.4, the Offeror must provide supplemental technical and functional support for tickets deemed to be an IT issue (such as potential warranty defects). The Offeror's support will end once system maintenance is transitioned to the District. The Offeror shall establish and provide the appropriate number and type of personnel required to manage help desk operations and escalations.

C.4.7.14 IMAGING

C.4.7.14.1 The DCAS must leverage imaging and document management capabilities provided by the existing FileNet-based Document Imaging Management System (DIMS). DIMS will perform electronic document capture, management, and distribution for the DCAS, receiving scanned, faxed, or online information, associating them with an account and storing the links to the appropriate data services.

C.4.7.15 PRINT CENTER

C.4.7.15.1 The DCAS solution should integrate with the District's printing equipment and software to support the print processing functionality; to include, but not limited to, the printing of all notices, forms, letters, postcards, flyers, brochures, enrollment packages, and ad hoc mass mailings. Printed documents shall include

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ranging from basic black printing on white paper to full-color glossy multifold brochures and presentation materials.

C.4.7.16 SYSTEM COMPONENTS

C.4.7.16.1 This section is intended to give prospective Offerors a general idea of the number and types of system components to be delivered. Offerors can use this information for level of effort estimates; however, care should be taken to account for the fact that additional, or a different mix of, components might be required. The actual number and type of components will likely not be known until the system design phase of the project.

C.4.7.17 INTERFACES

C.4.7.17.1 There are approximately 60 currently identified interfaces that will need to be built for the DCAS (see Attachment J.10 –Reports Notifications Interfaces Inventory for details).

C.4.7.17.2 Note that the selected Offeror will not be responsible for modifying the systems with which the DCAS will interface to enable these interfaces to function; however, the capabilities of the other systems must be taken into account when the interfaces are designed.

C.4.7.18 REPORTS

C.4.7.18.1 There are approximately 280 currently identified reports that will need to be built for the DCAS (see Attachment J.10 – Reports Notification Interfaces Inventory for details). Some of these reports, such as the ones dealing with TANF and SNAP, will continue to be handled within the ACEDS for the initial release of the DCAS, but will need to be migrated to the DCAS in the later releases.

C.4.7.19 NOTIFICATIONS

C.4.7.19.1 There are approximately 235 currently identified notifications that the DCAS will need to be capable of sending (see Attachment J.10 – Reports Notifications Interfaces Inventory for details). Some of these notifications, such as the ones dealing with TANF and SNAP, will continue to be handled within the ACEDS for the initial release of the DCAS, but will need to be migrated to the DCAS in the later releases.

C.4.7.20 BUSINESS RULES SETS

C.4.7.20.1 The Offeror must design and develop various business rule sets, to be defined in detail during the design phase, including but not limited to:

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- Eligibility & Enrollment (application, verification/validation, thresholds, timeliness, open enrollment, renewals notifications, etc.)
- Medicaid-specific rules
- QHP-specific rules
- Rules specific to other programs (TANF, SNAP, CHIP, etc.)
- SHOP employer/employee (verification, termination, etc.)
- Financial Management (determining contribution, tax credits, etc.)
- Plan Management (ratings, coverage, etc.)
- Case Management (verification/validation of case data)
- Categorizing and routing of complaints
- Other rules to complete the functionality of the DCAS

C.4.7.21 WORKFLOW

C.4.7.21.1 The Offeror must design and develop various workflows, to be defined in detail during the design phase, including but not limited to:

C.4.7.21.2 Eligibility & Enrollment:

- Unofficial Eligibility Inquiry
- Prepare/Update Individual Eligibility Application
- Verify Individual Eligibility Application Information
- Determine Individual Eligibility
- Enroll Individual in Qualified Health Plan
- Individual Eligibility and Enrollment Recertification
- Prepare Initial Individual Application
- Verify Individual Citizenship, Status as a National or Lawful Presence
- Determine Individual Exchange Eligibility
- Update Individual Application
- Verify Individual Incarceration Status
- Renew Medicaid, CHIP, BHP, or Medicare Savings Plan Eligibility and Enrollment
- Renew QHP Individual Eligibility and Enrollment
- Individual Appeal Individual Eligibility Decision
- Verify Whether Individual is a Native American
- Verify Individual Eligibility for Employer-Sponsored Minimum Essential Coverage
- Determine Individual Medicaid, CHIP & BHP Eligibility
- Determine Eligibility for Advance Premium Tax Credit and Cost-Sharing Reductions
- Select Individual Qualified Health Plan

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- Communicate to Issuer Regarding Individual Enrollment in Qualified Health Plan
- Disenrollment of Individual from Qualified Health Plan
- Verify Individual Residency in Exchange Service Area
- Verify Individual Eligibility for Other Public Minimum Essential Coverage
- Verify Household Income
- Qualify Individual for Enrollment Period
- Communicate Eligibility Determination and Coordinate Enrollment Activities
- Conduct Periodic Enrollment Reporting and Reconciliation
- Employer Appeal Individual Eligibility Decision
- Conduct Annual Enrollment Reporting

C.4.7.21.3 Plan Management:

- Develop Qualified Health Plan (QHP) Criteria
- Evaluate QHP Carrier Application
- Receive Rate and Benefit Date and Information
- Analyze Rate and Benefit Data Information
- Determine Carrier or Plan Non-Certification
- Establish QHP Certification Agreement
- Monitor and Plan Certification Compliance
- Maintain QHP Operational Data
- Carrier Account Management
- Revise Rate and Benefit Data Information

C.4.7.21.4 Financial Management:

- Advance Premium Tax Credit (APTC) and Cost Sharing Reduction (CSR) Extraction
- Advance Payments of Premium Tax Credits (APTC) and Cost Sharing Reductions (CSR)
- SHOP Premium Collection
- Individual Premium Collection
- Employer Premium Discrepancy Resolution
- Individual Enrollee Premium Discrepancy Resolution
- Carrier Payment Reconciliation
- Plan Assessment for District Exchange Operations
- SHOP and Individual Aggregated Premium Payments to Carriers and User Fee Collections
- Reinsurance Payment Calculation
- Risk Adjustment Calculation (TBD)
- Risk Corridors

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- Reinsurance Contributions
- Reinsurance Contribution Verification
- Reinsurance Financial Transfers
- Risk Adjustment Financial Transfers

C.5 ORGANIZATION AND STAFFING REQUIREMENTS

C.5.1 The Offeror's organization, staff, and ability to provide value-added service to this project are extremely important to the District. The District seeks an Offeror that will bring innovative project personnel, processes, approaches and tools to meet the requirements and ensure the overall success of the DCAP. The Offeror's proposal should include a brief narrative describing the overall approach to the Offeror's DCAP organization and staffing including Sub-Offerors, which addresses the entire scope of work to be performed. Maximum page limit is three (3) pages.

C.5.2 The proposal must also include a project organization chart identifying by name and position the Offeror's key staff and other positions, including Sub-Offerors, responsible for carrying out the entire scope of work.

- If the level of staffing is planned to change pre-and post-implementation, the Offeror should provide organization charts that represent the proposed changes in staffing levels for the different phases of the project:
 1. Project launch which includes requirements confirmation and design,
 2. Build, Test, and Deploy
 3. Warranty/Maintenance
- The Offeror shall indicate where resources will be reused across the different phases and or releases of the project.
- The organization chart should provide a key that identifies those staff that will reside and work in the District of Columbia.

C.5.3 KEY PERSONNEL FOR IMPLEMENTATION

C.5.3.1. The Offeror shall identify dedicated and forward-looking individuals who possess both a deep and a broad understanding of ACA and the health insurance exchange component of the law. The Offeror shall also understand the vision of the DCAP and the technologies used to build and operate it.

C.5.4 GENERAL REQUIREMENTS FOR KEY PERSONNEL

C.5.4.1 The Offeror must provide information in sufficient detail to demonstrate the individual meets each of the minimum qualifications and has sufficient prior work

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experience in performing projects that are similar in complexity and scope to this RFP.

C.5.4.2 General requirements for key personnel are as follows:

1. The key personnel and their immediate staff shall provide the services in their District of Columbia location to meet the requirements of Section C and to perform the functions specified. The Project Manager shall be employed by the Offeror or Sub-Offeror when the proposal is submitted.
2. All key personnel, in addition to the Project Manager, shall be employed by or committed to join the Offeror's or Sub-Offeror's organization by the beginning of the Project Launch
 - a. The District reserves the right to approve or disapprove all initial or replacement key personnel prior to their assignment to the DCAP.
3. The District shall have the right to require the Offeror or Sub-Offeror to remove any individual (key personnel or otherwise) from assignment to this project for failure to perform their daily functions, with a 15 day notice.
4. The Offeror shall complete and submit the experience matrix and resume for each individual identified as Key Personnel in the table below, see Attachment J.20 – Key Personnel Experience and Attachment J.21 – Resume Template
5. The Offeror shall provide a detailed job description for each Key Personnel position to be performed as part of this Contract for review and approval by the District.

Key personnel shall meet or exceed the qualifications and experience outlined below:

Position	Recommended Qualifications
Project Manager	<ol style="list-style-type: none">1. Minimum of five years of project management and account management experience for a government or private sector project of similar size and complexity2. Minimum of three (3) referenced projects of similar size and complexity3. Shall be a certified Project Management Professional (“PMP”) by the Project Management Institute (PMI) or have a comparable project management certification4. Health care industry or health and human services implementation experience preferred

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Position	Recommended Qualifications
PMO Lead	<ol style="list-style-type: none"> 1. Minimum five years of project management operations experience for a government or private sector project of similar size and complexity 2. Health care industry or health and human services implementation experience preferred
Design Lead	<ol style="list-style-type: none"> 1. Minimum of five years of system design experience for a government or private sector project of similar size and complexity 1. Functional knowledge of health care insurance payer processes and/or Medicaid required 2. Health care industry or health and human services implementation experience preferred
Technical Architecture Lead	<ol style="list-style-type: none"> 1. Minimum of five (5) years of web-based, solution design, development, implementation, and governance life cycle experience 2. Minimum of two (2) referenced projects of similar size and scope in which this role was performed 3. Demonstrated experience with the proposed solution to design and develop the DCAS 4. Health care industry or health and human services implementation experience preferred
Application Development Lead	<ol style="list-style-type: none"> 1. Minimum of five (5) years of web-based, application design, development, and implementation experience for a project of similar size and complexity 2. Demonstrated experience with the proposed solution to design and develop the DCAS 3. Health care industry or health and human services implementation experience preferred
Test Lead	<ol style="list-style-type: none"> 1. Must have at least three (3) years of experience coordinating, conducting and operating functional, system, acceptance and performance tests 2. Minimum of two (2) referenced, web-based projects of similar size and scope in which this role was performed 3. Health care industry or health and human services implementation experience (including a major health plan or claims processing environment) preferred
Data Conversion Lead	<ol style="list-style-type: none"> 1. At least three (3) years of experience with the conversion effort on an MMIS or other large-scale system

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Position	Recommended Qualifications
	<p>implementation project</p> <ol style="list-style-type: none"> Minimum of one (1) referenced data conversion project of similar size and scope in which this role was performed Health care industry or health and human services implementation experience (including a major health plan or claims processing environment) preferred
Deployment Lead	<ol style="list-style-type: none"> Minimum of five years of implementation management experience for a government or private sector project of similar size and complexity Health care industry or health and human services implementation experience (including a major health plan or claims processing environment) preferred
Change Management Lead	<ol style="list-style-type: none"> Minimum of five years of change management work for a government or private sector project of similar size and complexity Health care industry or health and human services implementation experience preferred
Training Lead	<ol style="list-style-type: none"> Minimum of five years of Training for a government or private sector project of similar size and complexity Health care industry or health and human services implementation experience preferred
Contact Center Lead	<ol style="list-style-type: none"> Minimum of five years of Contact Center work for a government or private sector project of similar size and complexity Health care industry or health and human services implementation experience preferred
Security Architect	<ol style="list-style-type: none"> Minimum of seven years of combined IT systems and security architecture experience Demonstrated security experience in web services design, SOA architecture, web portal development, application development, database design, network and/or platform (operating system) efforts, and assisting clients with compliance with enterprise-wide, IT security policies, federal and industry security regulations, SIEM, identity verification and authentication. Professional security management certification (such as a Certified Information Systems Security Professional (CISSP), Certified Information Security Manager (CISM), Certified Information Systems Auditor (CISA) or other similar credentials), required

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Position	Recommended Qualifications
Post-Turnover Support Systems Analyst	<ol style="list-style-type: none"> 1. Onsite systems analyst who has worked on the DCAS for a minimum of 1 year 2. Experience with the DCAS and maintenance operations

Key personnel shall be located onsite based on the table below

Key Personnel Positions	Site Location and Durations
Project Manager	Onsite for Project Duration
PMO Lead	Onsite for Project Duration
Design Lead	Onsite for Project Duration
Technical Architecture Lead	Onsite for Requirements Validation and Design
Application Development Lead	Onsite for project duration
Test Lead	One Test Lead per Release to be onsite from mid-Design Phase until Deploy
Conversion Lead	Onsite during Design Phase
Deployment Lead	One Deployment Lead per Release to be onsite during Build and Deploy
Change Management Lead	Onsite for Project Duration
Training Lead	Onsite from mid-Build Phase until project completion
Contact Center Lead	Onsite from Design Phase until project completion
Security Architect	Onsite for Design through Deploy
Post-Turnover Support Systems Analyst	Onsite for 90 days following contract termination

C.5.5 NON-KEY PERSONNEL

C.5.5.1 The District has determined that the following Offeror's personnel qualify as Non-Key personnel

- User Experience/Accessibility Manager
- Interface Lead
- Quality Manager
- Operations Lead

C.5.6 TERMINATION OF KEY PERSONNEL

C.5.6.1 The Contract Administrator shall monitor the Offeror's efforts and account for all work to be performed by Offeror personnel. He/she shall determine whether Offeror key personnel are performing satisfactorily at the appropriate skill levels specified in the RFP, the Offeror's Proposal, and the approved Work Plan.

C.5.6.2 The Offeror shall not alter the numbers and distribution of DCAP staff as offered in its proposal without the prior written approval of the Contracting Officer, which shall not be unreasonably withheld.

C.5.6.3 The Contracting Officer may require the Offeror to relieve any of the Personnel (as defined in Section C.5.3, Key Personnel for Implementation, above) from any further work under this Contract if in his/her sole opinion:

1. The individual does not perform at the applicable skill level specified in the RFP, the Offeror's proposal, and the approved Work Plan;
2. The individual does not deliver work which conforms to the performance standards stated in the RFP, the Offeror's proposal, and the approved Work Plan; or Personality conflicts with Medical Assistance Administration personnel hinder effective progress on the work of the project or unit to which the individual is assigned.
3. Personality conflicts with DCAP personnel hinder effective progress on the work of the project or unit to which the individual is assigned.

C.5.6.4 The Project Manager shall immediately notify the Contract Administrator of the resignation or discharge of any Offeror Key Personnel assigned to this Contract, and such personnel shall be forthwith relieved of any further work under this Contract.

C.5.7 REPLACEMENT OF KEY PERSONNEL

C.5.7.1 If the Contracting Officer notifies the Offeror that a replacement is required for a Offeror employee whose position is defined as Key Personnel for Implementation

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in Section C.5.3, above, and who has been relieved from work under this Contract, the Project Manager shall deliver to the Contract Administrator resumes of at least two (2) candidates for each position specified in the notice, within five (5) business days after receipt of notice. Within three (3) business days after receipt of the resumes of proposed replacement candidates, the Contract Administrator shall contact the Project Manager to state which, if any, of the proposed candidates have been rejected upon review of their resumes, and they shall schedule interviews with the others. The Contract Administrator may reject any candidate for whom the Project Manager is unable to schedule an interview within three (3) business days following the contact, and may reject any candidate following his interview. If the Contract Administrator requires it, the Project Manager shall submit resumes of an additional replacement candidate for each rejected candidate. The Contract Administrator shall complete the selection of candidates within two (2) business days after the final candidate interview. Upon completion of candidate selection by the Contracting Officer, the Contract Administrator and the Project Manager shall schedule the start dates of the selected candidates, which shall not be later than ten (10) business days after the selection. The above time frames shall be adhered to unless a longer period of time is agreed to by both parties and approved by the Contracting Officer.

C.5.8 OPERATIONS REQUIREMENTS

C.5.8.1 This section describes general requirements for support of ongoing Offeror and DCAS operational activities.

C.5.8.2 LOCATION OF OFFEROR OPERATIONS

C.5.8.2.1 The District will not provide any office space or facilities to the Offeror. The Offeror shall identify where (location) each DCAS-related and Offeror service function will be performed. The Offeror shall maintain a facility within the city limits of District of Columbia throughout the term of the contract. The Offeror is required to propose a solution that complies with Data center and architecture requirements, standards, and federal and District regulations.

C.5.8.3 SUPPLIES/EQUIPMENT NEEDS

The Offeror shall provide all equipment identified in their offer. This equipment shall include, but is not limited to: computer workstations, modems, PCs, printers, telecommunications circuits, routers, switches, and related service required by the District and the Offeror for DCAS stand-up. The Offerors shall identify the optimal equipment requirement. If additional equipment is needed to meet the performance standards as defined in this RFP, the Offeror shall provide such equipment at no cost to the District.

SECTION D
PACKAGING AND MARKING

D.1 The packaging and marking requirements for this contract shall be governed by clause number (2), Shipping Instructions-Consignment, of the Government of the District of Columbia's Standard Contract Provisions for use with Supplies and Services Contracts, dated July 2010. (Attachment J.1)

SECTION E
INSPECTION AND ACCEPTANCE

- E.1** The inspection and acceptance requirements for this contract shall be governed by clause number **five (5) Inspection of Supplies AND clause number six (6), Inspection of Services** of the Government of the District of Columbia's Standard Contract Provisions for use with Supplies and Services Contracts, dated July 2010. (Attachment J.1)

SECTION F

DELIVERIES OR PERFORMANCE

F.2 OPTION TO EXTEND THE TERM OF THE CONTRACT

F.2.1 The District may extend the term of this contract for a period of three (3) one-year option periods, or successive fractions thereof, by written notice to the Contractor before the expiration of the contract; provided that the District will give the Contractor preliminary written notice of its intent to extend at least thirty (30) days before the contract expires. The preliminary notice does not commit the District to an extension. The exercise of this option is subject to the availability of funds at the time of the exercise of this option. The Contractor may waive the thirty (30) day preliminary notice requirement by providing a written waiver to the Contracting Officer prior to expiration of the contract.

F.2.2 If the District exercises this option, the extended contract shall be considered to include this option provision.

F.2.3 The price for the option period shall be as specified in the Section B of the contract.

F.2.4 The total duration of this contract, including the exercise of any options under this clause, shall not exceed four (4) years.

F.3 DELIVERABLES

F.3.1 The Health Benefits Exchange System development will include two types of Deliverables:

- “Documents” that will be accepted based upon Deliverable Acceptance Criteria; and
- “Products” that will be accepted based upon testing

F.3.2 The following Deliverable Acceptance Criteria should be considered as proposed and will be significantly changed during project execution. Detailed Deliverable Acceptance Criteria will be negotiated between the Authority and Offeror. It is expected that the detailed Deliverable Acceptance Criteria will be defined, reviewed and approved by the Authority prior to the start of work on any Deliverable and revised as necessary. General Deliverable Acceptance Criteria includes:

- a. Deliverable narratives will use Microsoft Word, Excel, Visio, and Project version 2003, the standard for the District of Columbia
- b. All the deliverables will be given to the Project PMO or designated representative.
- c. All deliverables will have a title page with a deliverable number and date.
- d. Deliverables will have a table of contents.

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- e. All deliverables will have the title, version number, date, and page number on each page.
- f. Deliverables will be in electronic and hard copy forms.
- g. Information will be organized into logical sections/chapters.
- h. Non-software deliverables will have a cover memo dated or email transmittal date in order to start the approval clock.
- i. Each deliverable will include an introduction identifying the deliverable.
- j. All deliverables will utilize consistent naming and terminology (standard naming conventions), as defined in the project glossary.
- k. Deliverables will be submitted with a change log to track reviewer feedback.

F.3.3 The following table represents the list of Deliverables which the Offeror shall be responsible for:

Del. Num	Task Order	CCIIO Review Name	Deliverable Date	Deliverable	Draft or Final	RFP Section Reference	Definition
001	TO 1	N/A	10/31/2012	Project Management Plan for Release 1	Final	C.3.11.2	Documentation of plans, processes, and procedures for execution, monitoring and control across the life cycle activities. The PMP shall include sections that address the following: 1) Adherence to a proven system development methodology for use in phased delivery of systems requirements, 2) Schedule Management processes, including procedures for maintaining the project schedule by updating actual hours worked as well as estimate to complete (ETC) effort, 3) Communication processes, including formal status reporting procedures and schedules, 4) Performance measurement plan and measures, 5) Risk and issue identification, tracking, reporting and resolution procedures, including an automated tracking and management system, 6) Change control procedures, including a Requirements Traceability Matrix (RTM) for documenting changes to project scope and their impact, 7) SubOfferor management processes, 8) Personnel management functions, including roll-on and roll-off processes, 9) Quality Management, 10) Earned Value Management, 11) Configuration Management, 12) SOA Governance and 13) Data Governance

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Del. Num	Task Order	CCIO Review Name	Deliverable Date	Deliverable	Draft or Final	RFP Section Reference	Definition
002	ALL	N/A	Monthly beginning 30 days after date of award	Project Schedule and Updates	Final	C.3.11.2	Project Management also includes the Project Schedule which is a detailed work plan for project execution, monitoring and control. Includes at a minimum: 1) Key dates for project milestones and submission/acceptance of deliverables, 2) Work breakdown structure showing activity, task, and subtasks to be performed during each phase of the project and 3) Durations, budgeted effort, dependencies, assigned resource(s), and location (if different than primary project site) for the lowest-level of sub-tasks
003	ALL	N/A	Monthly beginning 30 days after date of award	Monthly Project Status Reports	Final	C.3.11.2	Monthly detailed status report that addresses all current releases and includes an executive summary as well as achievements, risks, issues, and remediations for the current month
004	TO 1	N/A	10/31/2012	Release Plan	Final	C.3.11.2	Descriptions of the system functionality that will be developed and implemented in each release, and the rationale for each release.
005	TO 1	N/A	10/31/2012	Change Management Plan	Final	C.3.11.2	Description of the approach to acclimating the District (employees, citizens and third party stakeholders) to the DCAS which includes impacts on all user groups.
006	TO 1	N/A	10/31/2012	Implementation Plan	Draft	C.3.11.2	Descriptions and procedures of how the Exchange solution will be installed, deployed, and transitioned into an operational system
007	TO 1	N/A	10/31/2012	Privacy Impact Assessment	Draft	C.3.11.2	Assessment that determines if Personally Identifiable Information (PII) is contained within a system, what kind of PII, what is done with that information, and how that information is protected.
008	TO 1	N/A	10/31/2012	Requirements Documentation	Draft	C.3.11.2	Initial, traceable requirements for business and technical functionality to be delivered upon project completion
009	TO 1	N/A	10/31/2012	Contingency/ Recovery Plan	Draft	C.3.11.2	Plan that highlights alternative actions, key trigger events and/or dates that invoke the implementation of an alternative course of action, including impacts (i.e., monetary or otherwise) to the District,
010	TO 2	Design	1/31/2013	Contingency/ Recovery Plan	Final	C.3.11.3	Plan that highlights alternative actions, key trigger events and/or dates that invoke the implementation of an alternative course of action, including impacts (i.e., monetary or otherwise) to the District

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Del. Num	Task Order	CCIO Review Name	Deliverable Date	Deliverable	Draft or Final	RFP Section Reference	Definition
011	TO 2	Design	1/31/2013	System Design Document	Draft	C.3.11.3	Transformation of the requirements, user-oriented functional design, and data design into more technical specifications from which the system will be built.
012	TO 2	Design	1/31/2013	Service Level Agreements (SLA)	Draft	C.3.11.3	SLAs agreements between parties who use or support the Exchange solution.
013	TO 2	Design	1/31/2013	Interface Control Document	Draft	C.3.11.3	Description of the inputs and outputs of single system/services, the interface between two systems/services, or the interface protocol between physical components.
014	TO 2	Design	1/31/2013	Database Design Document	Draft	C.3.11.3	System context and the basic database design approach, including dependencies and interfaces with other databases and/or systems.
015	TO 2	Design	1/31/2013	Data Management Plan	Draft	C.3.11.3	Strategy for managing data during and after project execution. Identifies data archiving/data retention plans.
016	TO 2	Design	1/31/2013	Physical Data Model	Draft	C.3.11.3	Database entities/tables/views, attributes/columns/fields, and relationship between entities influenced by database performance, indexing, storage, and denormalization.
017	TO 2	Design	1/31/2013	Data Conversion Plan	Draft	C.3.11.3	Strategy, preparation, and specifications for converting data for system deployment to production and for use during execution.
018	TO 2	Design	1/31/2013	Information Security Risk Assessment	Draft	C.3.11.3	Identification of risks and possible mitigation associated with information security components and supporting infrastructure.
019	TO 2	Design	1/31/2013	System Security Plan	Draft	C.3.11.3	Plan that describes security controls within the system that will protect the confidentiality, integrity, and availability (CIA) of the system and its information.
020	TO 2	Design	1/31/2013	System of Record Notice (SORN)	Draft	C.3.11.3	A SORN consists of three documents: (1) a Narrative Statement that is submitted to the Office of Management & Budget (OMB), (2) a Preamble provided to Congress, and (3) a Statement of Records Notice provided to Congress. The Preamble and the Statement of Records Notice are also published in the Federal Register to notify the public of a new or revised SORN.

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Del. Num	Task Order	CCIO Review Name	Deliverable Date	Deliverable	Draft or Final	RFP Section Reference	Definition
021	TO 2	Design	1/31/2013	Test Plan	Draft	C.3.11.3	Plan for testing activities, periods, test cases, mapping requirements to the specific tests, tracking and resolving issues, verification methods, test data needs, and version control. Maps requirements to test cases. Identifies requirements for the testing environment where test cases will be executed. The test plan will include a plan for an end-to-end integration test from end-consumer to all systems and back, testing all federal and state agencies, as appropriate, to ensure accurate Exchange functionality and data.
022	TO 2	Design	1/31/2013	Technical Architecture Diagrams	Final	C.3.11.3	Description of network, data storage, security, middleware, and server architecture.
023	TO 2	Design	1/31/2013	Logical Data Model	Final	C.3.11.3	Definition of common understanding of business data elements and inter-relations to form the basis for physical database design
024	TO 2	Design	1/31/2013	Requirements Documentation	Final	C.3.11.3	Detailed and final requirements for business and technical functions to be delivered on project completion.
025	TO 2	Design	1/31/2013	Business Rules Logic	Draft	C.3.11.3	Detailed and draft content of business rules logic.
026	TO 3	Implementation	4/30/2013	System Design Document	Final	C.3.11.4	Transformation of the requirements, user oriented functional design, and data design into more technical specifications from which the system will be built.
027	TO 3	Implementation	4/30/2013	Business Rules Logic	Final	C.3.11.4	Detailed and final version of business rules logic.
028	TO 3	Implementation	4/30/2013	Interface Control Document	Final	C.3.11.4	Description of the inputs and outputs of single system/services, the interface between two systems/services, or the interface protocol between physical components.
029	TO 3	Implementation	4/30/2013	Database Design Document	Final	C.3.11.4	System context and the basic database design approach, including dependencies and interfaces with other databases and / or systems.
030	TO 3	Implementation	4/30/2013	Data Management Plan	Final	C.3.11.4	Strategy for managing Data during and after Project execution. Identifies Data archiving/Data retention plans.

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Del. Num	Task Order	CCIO Review Name	Deliverable Date	Deliverable	Draft or Final	RFP Section Reference	Definition
031	TO 3	Implementat ion	4/30/2013	Physical Data Model	Final	C.3.11.4	Database entities/tables/views, attributes/columns/fields, and relationship between entities influenced by database performance, indexing, storage, and denormalization.
032	TO 3	Implementat ion	4/30/2013	Data Conversion Plan	Final	C.3.11.4	Strategy, preparation, and specifications for converting data for system deployment to production and for use during execution.
033	TO 3	Implementat ion	5/31/2013	Implementation Plan	Final	C.3.11.5	Descriptions and procedures of how the Exchange solution will be installed, deployed, and transitioned into an operational system
034	TO 3	Implementat ion	5/31/2013	Service Level Agreements (SLA)	Final	C.3.11.5	SLAs agreements between parties who use or support the Exchange solution.
035	TO 3	Implementat ion	5/31/2013	Test Plan	Final	C.3.11.5	Strategy and detailed approach for conducting verification and validation testing. Includes procedures for preparation and execution of test cases and for reporting testing results to verify and validate functional and non-functional requirements. The test plan will include a plan for an end-to-end integration test from end consumer to all systems and back, testing all federal and state agencies, as appropriate, to ensure accurate Exchange functionality and data.
036	TO 3	N/A	5/31/2013	User Manuals	Draft	C.3.11.5	Explanation of how to use the established product from a business function perspective.
037	TO 3	N/A	5/31/2013	Operation & Maintenance Manual	Draft	C.3.11.5	Description of the business product operating in the production environment, and information necessary to effectively handle routine production processing, ongoing maintenance, performance monitoring, and identification of problems, issues, and/or change
038	TO 3	N/A	5/31/2013	Training Plan	Draft	C.3.11.5	Description of training effort to use and support the system, including initial and subsequent remedial training for business users and system support personnel.

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Del. Num	Task Order	CCIO Review Name	Deliverable Date	Deliverable	Draft or Final	RFP Section Reference	Definition
039	TO 3	N/A	5/31/2013	Data Use/ Data Exchange/ Interconnection Security Agreement	Draft	C.3.11.5	Agreements between parties for the use of personal identifiable Data, and to ensure secure Data exchange. This includes a Safeguards Procedures Report (SPR), which includes information that Internal Revenue Service (IRS) Office of Safeguards expects from an agency regarding their procedures for safeguarding Federal Tax Information (FTI), in any instance where that agency intends to receive, store, process, or transmit FTI
040	TO 3	N/A	5/31/2013	Business Product	Draft	C.3.11.5	The systems solution delivered for the release, including hardware, software, data, and documentation.
041	TO 3	N/A	5/31/2013	Training Materials	Draft	C.3.11.5	Documentation associated with the deployment and use of the Business Product, including instructor and student guides, audio-visual aids, and computer-based or other media.
042	TO 3	N/A	7/31/2013	Test Reports	Draft	C.3.11.5	Test results obtained at the conclusion of test activities, including test performance and outcomes. Includes defect reports and system security test results. The test reports will include identifying any issues in any process from beginning to end - from end-consumer to all systems and back - testing all federal and state agencies, as appropriate, to ensure accurate Exchange functionality and data.
043	TO 3	Implementat ion	8/31/2013	Information Security Risk Assessment	Final	C.3.11.5	This assessment includes identification of risks and possible mitigation associated with information security components and supporting infrastructure..
044	TO 3	Implementat ion	8/31/2013	System Security Plan	Final	C.3.11.5	Plan which describes security controls within the system that will protect the confidentiality, integrity, and availability of the system and its information
045	TO 3	Implementat ion	8/31/2013	Automated Code Review Results	Final	C.3.11.5	Report of results from development code reviews that inspect for Software security vulnerabilities.

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Del. Num	Task Order	CCIO Review Name	Deliverable Date	Deliverable	Draft or Final	RFP Section Reference	Definition
046	TO 3	Implementat ion	9/1/2013	Test Reports	Final	C.3.11.7	Test results obtained at the conclusion of test activities, including test performance and outcomes. Includes defect reports and system security test results. The test reports will include identifying any issues in any process from beginning to end - from end – from end consumer to all systems and back - testing all federal and state agencies, as appropriate, to ensure accurate Exchange functionality and data.
047	TO 3	Implementat ion	9/1/2013	User Manuals	Final	C.3.11.7	Explanation of how to use the established product from a business function perspective..
048	TO 3	Implementat ion	9/1/2013	Operation & Maintenance Manual	Final	C.3.11.7	Description of the business product operating in the Production environment, and information necessary to effectively handle production processing, ongoing maintenance, performance monitoring, and identification of problems, issues, and/or change requirements.
049	TO 3	Implementat ion	9/1/2013	Training Plan	Final	C.3.11.7	Description of training effort needed to use and support the system, including initial and subsequent remedial training for business users and system support personnel.
050	TO 3	Implementat ion	9/1/2013	Training Materials	Final	C.3.11.7	Documentation associated with the deployment and use of the Business Product, including instructor and student guides, audio-visual aids, and computer-based or other media
051	TO 3	Implementat ion	9/1/2013	Data Use/ Data Exchange/ Interconnection Security Agreement	Final	C.3.11.7	Agreements between parties for the use of personal identifiable Data, and to ensure secure Data exchange. This includes a Safeguards Procedures Report (SPR), which includes information that Internal Revenue Service (IRS) Office of Safeguards expects from an agency regarding their procedures for safeguarding Federal Tax Information (FTI), in any instance where that agency intends to receive, store, process, or transmit FTI.
052	TO 3	Implementat ion	9/1/2013	System of Record Notice (SORN)	Final	C.3.11.7	A SORN consists of three documents: (1) a Narrative Statement that is submitted to the Office of Management & Budget (OMB), (2) a Preamble provided to Congress, and (3) a Statement of Records Notice provided to Congress. The Preamble and the Statement of Records Notice are also published in the Federal Register to notify the public of a new or revised SORN.

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Del. Num	Task Order	CCIO Review Name	Deliverable Date	Deliverable	Draft or Final	RFP Section Reference	Definition
053	TO 3	Implementat ion	9/1/2013	Business Product	Final	C.3.11.7	The systems solution delivered for the release, including hardware, software, data, and documentation.
054	TO 3	Implementat ion	9/1/2013	Project Completion Report	Final	C.3.11.7	Assess the project relative to completion of all scheduled activities within expected performance measures, and derive any lessons learned and best practices to be applied to future projects
055	TO 3	Implementat ion	9/1/2013	Privacy Impact Assessment	Final	C.3.11.7	Determines if Personally Identifiable Information (PII) is contained within a System, what kind of PII, what is done with that information, and how that information is protected
056	TO 3	Implementat ion	9/1/2013	Plan Of Action and Milestones (POA&M)	Final	C.3.11.7	The POA&M includes specific action steps for mitigating Exchange system security weaknesses identified by a security assessment.
057	TO 3	Implementat ion	9/1/2013	Authority to Operate	Final	C.3.11.7	A system obtains its Authority to Operation (ATO) by virtue of performing System Certification and System Accreditation. System Certification is the comprehensive evaluation of the management, operational, and technical security controls implemented for an information system to ensure compliance with information security requirements. System Accreditation follows System Certification and is the official management decision to authorize operation of an information system.

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Del. Num	Task Order	CCIO Review Name	Deliverable Date	Deliverable	Draft or Final	RFP Section Reference	Definition
058	TO 4	N/A	5/31/2012	Project Management Plan for Release 2	Final	C.3.11.2	Documentation of plans, processes, and procedures for execution, monitoring and control across the life cycle activities. The PMP shall include sections that address the following: 1) Adherence to a proven system development methodology for use in phased delivery of systems requirements, 2) Schedule Management processes, including procedures for maintaining the project schedule by updating actual hours worked as well as estimate to complete (ETC) effort, 3) Communication processes, including formal status reporting procedures and schedules, 4) Performance measurement plan and measures, 5) Risk and issue identification, tracking, reporting and resolution procedures, including an automated tracking and management system, 6) Change control procedures, including a Requirements Traceability Matrix (RTM) for documenting changes to project scope and their impact, 7) SubOfferor management processes, 8) Personnel management functions, including roll-on and roll-off processes, 9) Quality Management, 10) Earned Value Management, 11) Configuration Management, 12) SOA Governance and 13) Data Governance
059	TO 4	N/A	5/31/2013	Release Plan (Update)	Final	C.3.11.2	Descriptions of the system functionality that will be developed and implemented in each release, and the rationale for each release.
060	TO 4	N/A	5/31/2013	Change Management Plan (Update)	Final	C.3.11.2	Description of the approach to acclimating the District (employees, citizens and third party stakeholders) to the DCAS which includes impacts on all user groups.
061	TO 4	N/A	5/31/2013	Implementation Plan (Update)	Draft	C.3.11.2	Descriptions and procedures of how the Exchange solution will be installed, deployed, and transitioned into an operational system
062	TO 4	N/A	5/31/2013	Privacy Impact Assessment (Update)	Draft	C.3.11.2	Assessment that determines if Personally Identifiable Information (PII) is contained within a system, what kind of PII, what is done with that information, and how that information is protected.
063	TO 4	N/A	5/31/2013	Requirements Documentation (Update)	Draft	C.3.11.2	Initial, traceable requirements for business and technical functionality to be delivered upon project completion

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Del. Num	Task Order	CCIO Review Name	Deliverable Date	Deliverable	Draft or Final	RFP Section Reference	Definition
064	TO 4	N/A	5/31/2013	Contingency/ Recovery Plan (Update)	Draft	C.3.11.2	Plan that highlights alternative actions, key trigger events and/or dates that invoke the implementation of an alternative course of action, including impacts (i.e., monetary or otherwise) to the District
065	TO 4	N/A	9/30/2013	Contingency/ Recovery Plan (Update)	Final	C.3.11.3	Plan that highlights alternative actions, key trigger events and/or dates that invoke the implementation of an alternative course of action, including impacts (i.e., monetary or otherwise) to the District
066	TO 4	N/A	9/30/2013	System Design Document (Update)	Draft	C.3.11.3	Transformation of the requirements, user-oriented functional design, and data design into more technical specifications from which the system will be built.
067	TO 4	N/A	9/30/2013	Interface Control Document (Update)	Draft	C.3.11.3	Description of the inputs and outputs of single system/services, the interface between two systems/services, or the interface protocol between physical components.
068	TO 4	N/A	9/30/2013	Database Design Document (Update)	Draft	C.3.11.3	System context and the basic database design approach, including dependencies and interfaces with other databases and/or systems.
069	TO 4	N/A	9/30/2013	Data Management Plan (Update)	Draft	C.3.11.3	Strategy for managing data during and after project execution. Identifies data archiving/data retention plans.
070	TO 4	N/A	9/30/2013	Physical Data Model (Update)	Draft	C.3.11.3	Database entities/tables/views, attributes/columns/fields, and relationship between entities influenced by database performance, indexing, storage, and denormalization.
071	TO 4	N/A	9/30/2013	Data Conversion Plan (Update)	Draft	C.3.11.3	Strategy, preparation, and specifications for converting data for system deployment to production and for use during execution.
072	TO 4	N/A	9/30/2013	Information Security Risk Assessment (Update)	Draft	C.3.11.3	Identification of risks and possible mitigation associated with information security components and supporting infrastructure.
073	TO 4	N/A	9/30/2013	System Security Plan (Update)	Draft	C.3.11.3	Plan that describes security controls within the system that will protect the confidentiality, integrity, and availability (CIA) of the system and its information.

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Del. Num	Task Order	CCIO Review Name	Deliverable Date	Deliverable	Draft or Final	RFP Section Reference	Definition
074	TO 4	N/A	9/30/2013	System of Record Notice (SORN) (Update)	Draft	C.3.11.3	A SORN consists of three documents: (1) a Narrative Statement that is submitted to the Office of Management & Budget (OMB), (2) a Preamble provided to Congress, and (3) a Statement of Records Notice provided to Congress. The Preamble and the Statement of Records Notice are also published in the Federal Register to notify the public of a new or revised SORN.
075	TO 4	N/A	9/30/2013	Test Plan (Update)	Draft	C.3.11.3	Plan for testing activities, periods, test cases, mapping requirements to the specific tests, tracking and resolving issues, verification methods, test data needs, and version control. Maps requirements to test cases. Identifies requirements for the testing environment where test cases will be executed. The test plan will include a plan for an end-to-end integration test from end-consumer to all systems and back, testing all federal and state agencies, as appropriate, to ensure accurate Exchange functionality and data.
076	TO 4	N/A	9/30/2013	Technical Architecture Diagrams (Update)	Final	C.3.11.3	Description of network, data storage, security, middleware, and server architecture.
077	TO 4	N/A	9/30/2013	Logical Data Model (Update)	Final	C.3.11.3	Definition of common understanding of business data elements and inter-relations to form the basis for physical database design
078	TO 4	N/A	9/30/2013	Requirements Documentation (Update)	Final	C.3.11.3	Detailed and final requirements for business and technical functions to be delivered on project completion.
079	TO 4	N/A	9/30/2013	Business Rules Logic (Update)	Draft	C.3.11.3	Detailed and draft content of business rules logic.
080	TO 4	N/A	2/28/2014	System Design Document (Update)	Final	C.3.11.4	Transformation of the requirements, user oriented functional design, and data design into more technical specifications from which the system will be built.
081	TO 4	N/A	2/28/2014	Business Rules Logic (Update)	Final	C.3.11.4	Detailed and final version of business rules logic.
082	TO 4	N/A	2/28/2014	Interface Control Document (Update)	Final	C.3.11.4	Description of the inputs and outputs of single system/services, the interface between two systems/services, or the interface protocol between physical components.

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Del. Num	Task Order	CCIO Review Name	Deliverable Date	Deliverable	Draft or Final	RFP Section Reference	Definition
083	TO 4	N/A	2/28/2014	Database Design Document (Update)	Final	C.3.11.4	System context and the basic database design approach, including dependencies and interfaces with other databases and / or systems.
084	TO 4	N/A	2/28/2014	Data Management Plan (Update)	Final	C.3.11.4	Strategy for managing Data during and after Project execution. Identifies Data archiving/Data retention plans.
085	TO 4	N/A	2/28/2014	Physical Data Model (Update)	Final	C.3.11.4	Database entities/tables/views, attributes/columns/fields, and relationship between entities influenced by database performance, indexing, storage, and denormalization.
086	TO 4	N/A	2/28/2014	Data Conversion Plan (Update)	Final	C.3.11.4	Strategy, preparation, and specifications for converting data for system deployment to production and for use during execution.
087	TO 4	N/A	3/31/2014	Test Plan (Update)	Final	C.3.11.5	Strategy and detailed approach for conducting verification and validation testing. Includes procedures for preparation and execution of test cases and for reporting testing results to verify and validate functional and non-functional requirements. The test plan will include a plan for an end-to-end integration test from end consumer to all systems and back, testing all federal and state agencies, as appropriate, to ensure accurate Exchange functionality and data.
088	TO 4	N/A	5/31/2014	Implementation Plan (Update)	Final	C.3.11.5	Descriptions and procedures of how the Exchange solution will be installed, deployed, and transitioned into an operational system
089	TO 4	N/A	5/31/2014	User Manuals (Update)	Draft	C.3.11.5	Explanation of how to use the established product from a business function perspective.
090	TO 4	N/A	5/31/2014	Operation & Maintenance Manual (Update)	Draft	C.3.11.5	Description of the business product operating in the production environment, and information necessary to effectively handle routine production processing, ongoing maintenance, performance monitoring, and identification of problems, issues, and/or change requirements.
091	TO 4	N/A	5/31/2014	Training Plan (Update)	Draft	C.3.11.5	Description of training effort to use and support the system, including initial and subsequent remedial training for business users and system support personnel.

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Del. Num	Task Order	CCIO Review Name	Deliverable Date	Deliverable	Draft or Final	RFP Section Reference	Definition
092	TO 4	N/A	5/31/2014	Data Use/ Data Exchange/Interconnection Security Agreement (Update)	Draft	C.3.11.5	Agreements between parties for the use of personal identifiable Data, and to ensure secure Data exchange. This includes a Safeguards Procedures Report (SPR), which includes information that Internal Revenue Service (IRS) Office of Safeguards expects from an agency regarding their procedures for safeguarding Federal Tax Information (FTI), in any instance where that agency intends to receive, store, process, or transmit FTI
093	TO 4	N/A	5/31/2014	Business Product (Update)	Draft	C.3.11.5	The systems solution delivered for the release, including hardware, software, data, and documentation.
094	TO 4	N/A	5/31/2014	Training Materials (Update)	Draft	C.3.11.5	Documentation associated with the deployment and use of the Business Product, including instructor and student guides, audio-visual aids, and computer-based or other media.
095	TO 4	N/A	5/31/2014	Test Reports (Update)	Draft	C.3.11.5	Test results obtained at the conclusion of test activities, including test performance and outcomes. Includes defect reports and system security test results. The test reports will include identifying any issues in any process from beginning to end - from end-consumer to all systems and back - testing all federal and state agencies, as appropriate, to ensure accurate Exchange functionality and data.
096	TO 4	N/A	8/29/2014	Information Security Risk Assessment (Update)	Final	C.3.11.5	This assessment includes identification of risks and possible mitigation associated with information security components and supporting infrastructure..
097	TO 4	N/A	8/29/2014	System Security Plan (Update)	Final	C.3.11.5	Plan which describes security controls within the system that will protect the confidentiality, integrity, and availability of the system and its information
098	TO 4	N/A	8/29/2014	Automated Code Review Results	Final	C.3.11.5	Report of results from development code reviews that inspect for Software security vulnerabilities.

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Del. Num	Task Order	CCIO Review Name	Deliverable Date	Deliverable	Draft or Final	RFP Section Reference	Definition
099	TO 4	N/A	9/1/2014	Test Reports (Update)	Final	C.3.11.7	Test results obtained at the conclusion of test activities, including test performance and outcomes. Includes defect reports and system security test results. The test reports will include identifying any issues in any process from beginning to end - from end - from end consumer to all systems and back - testing all federal and state agencies, as appropriate, to ensure accurate Exchange functionality and data.
100	TO 4	N/A	9/1/2014	User Manuals (Update)	Final	C.3.11.7	Explanation of how to use the established product from a business function perspective..
101	TO 4	N/A	9/1/2014	Operation & Maintenance Manual (Update)	Final	C.3.11.7	Description of the business product operating in the Production environment, and information necessary to effectively handle production processing, ongoing maintenance, performance monitoring, and identification of problems, issues, and/or change requirements.
102	TO 4	N/A	9/1/2014	Training Plan (Update)	Final	C.3.11.7	Description of training effort needed to use and support the system, including initial and subsequent remedial training for business users and system support personnel.
103	TO 4	N/A	9/1/2014	Training Materials (Update)	Final	C.3.11.7	Documentation associated with the deployment and use of the Business Product, including instructor and student guides, audio-visual aids, and computer-based or other media
104	TO 4	N/A	9/1/2014	Data Use/ Data Exchange/ Interconnection Security Agreement (Update)	Final	C.3.11.7	Agreements between parties for the use of personal identifiable Data, and to ensure secure Data exchange. This includes a Safeguards Procedures Report (SPR), which includes information that Internal Revenue Service (IRS) Office of Safeguards expects from an agency regarding their procedures for safeguarding Federal Tax Information (FTI), in any instance where that agency intends to receive, store, process, or transmit FTI.
105	TO 4	N/A	9/1/2014	System of Record Notice (SORN)	Final	C.3.11.7	A SORN consists of three documents: (1) a Narrative Statement that is submitted to the Office of Management & Budget (OMB), (2) a Preamble provided to Congress, and (3) a Statement of Records Notice provided to Congress. The Preamble and the Statement of Records Notice are also published in the Federal Register to notify the public of a new or revised SORN.

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Del. Num	Task Order	CCIO Review Name	Deliverable Date	Deliverable	Draft or Final	RFP Section Reference	Definition
106	TO 4	N/A	9/1/2014	Business Product (Update)	Final	C.3.11.7	The systems solution delivered for the release, including hardware, software, data, and documentation.
107	TO 4	N/A	9/1/2014	Project Completion Report (Update)	Final	C.3.11.7	Assess the project relative to completion of all scheduled activities within expected performance measures, and derive any lessons learned and best practices to be applied to future projects
108	TO 4	N/A	9/1/2014	Privacy Impact Assessment (Update)	Final	C.3.11.7	Determines if Personally Identifiable Information (PII) is contained within a System, what kind of PII, what is done with that information, and how that information is protected
109	TO 4	N/A	9/1/2014	Plan Of Action and Milestones (POA&M) (Update)	Final	C.3.11.7	The POA&M includes specific action steps for mitigating Exchange system security weaknesses identified by a security assessment.
110	TO 5	N/A	8/29/2014	Project Management Plan for Release 3	Final	C.3.11.2	Documentation of plans, processes, and procedures for execution, monitoring and control across the life cycle activities. The PMP shall include sections that address the following: 1) Adherence to a proven system development methodology for use in phased delivery of systems requirements, 2) Schedule Management processes, including procedures for maintaining the project schedule by updating actual hours worked as well as estimate to complete (ETC) effort, 3) Communication processes, including formal status reporting procedures and schedules, 4) Performance measurement plan and measures, 5) Risk and issue identification, tracking, reporting and resolution procedures, including an automated tracking and management system, 6) Change control procedures, including a Requirements Traceability Matrix (RTM) for documenting changes to project scope and their impact, 7) SubOffendor management processes, 8) Personnel management functions, including roll-on and roll-off processes, 9) Quality Management, 10) Earned Value Management, 11) Configuration Management, 12) SOA Governance and 13) Data Governance
111	TO 5	N/A	8/29/2014	Release Plan (Update)	Final	C.3.11.2	Descriptions of the system functionality that will be developed and implemented in each release, and the rationale for each release.

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Del. Num	Task Order	CCIO Review Name	Deliverable Date	Deliverable	Draft or Final	RFP Section Reference	Definition
112	TO 5	N/A	8/29/2014	Change Management Plan (Update)	Final	C.3.11.2	Description of the approach to acclimating the District (employees, citizens and third party stakeholders) to the DCAS which includes impacts on all user groups.
113	TO 5	N/A	8/29/2014	Implementation Plan (Update)	Draft	C.3.11.2	Descriptions and procedures of how the Exchange solution will be installed, deployed, and transitioned into an operational system
114	TO 5	N/A	8/29/2014	Privacy Impact Assessment (Update)	Draft	C.3.11.2	Assessment that determines if Personally Identifiable Information (PII) is contained within a system, what kind of PII, what is done with that information, and how that information is protected.
115	TO 5	N/A	8/29/2014	Requirements Documentation (Update)	Draft	C.3.11.2	Initial, traceable requirements for business and technical functionality to be delivered upon project completion
116	TO 5	N/A	8/29/2014	Contingency/ Recovery Plan (Update)	Draft	C.3.11.2	Plan that highlights alternative actions, key trigger events and/or dates that invoke the implementation of an alternative course of action, including impacts (i.e., monetary or otherwise) to the District
117	TO 5	N/A	11/28/2014	Contingency/ Recovery Plan (Update)	Final	C.3.11.3	Plan that highlights alternative actions, key trigger events and/or dates that invoke the implementation of an alternative course of action, including impacts (i.e., monetary or otherwise) to the District
118	TO 5	N/A	11/28/2014	System Design Document (Update)	Draft	C.3.11.3	Transformation of the requirements, user-oriented functional design, and data design into more technical specifications from which the system will be built.
119	TO 5	N/A	11/28/2014	Interface Control Document (Update)	Draft	C.3.11.3	Description of the inputs and outputs of single system/services, the interface between two systems/services, or the interface protocol between physical components.
120	TO 5	N/A	11/28/2014	Database Design Document (Update)	Draft	C.3.11.3	System context and the basic database design approach, including dependencies and interfaces with other databases and/or systems.
121	TO 5	N/A	11/28/2014	Data Management Plan (Update)	Draft	C.3.11.3	Strategy for managing data during and after project execution. Identifies data archiving/data retention plans.

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Del. Num	Task Order	CCIO Review Name	Deliverable Date	Deliverable	Draft or Final	RFP Section Reference	Definition
122	TO 5	N/A	11/28/2014	Physical Data Model (Update)	Draft	C.3.11.3	Database entities/tables/views, attributes/columns/fields, and relationship between entities influenced by database performance, indexing, storage, and denormalization.
123	TO 5	N/A	11/28/2014	Data Conversion Plan (Update)	Draft	C.3.11.3	Strategy, preparation, and specifications for converting data for system deployment to production and for use during execution.
124	TO 5	N/A	11/28/2014	Information Security Risk Assessment (Update)	Draft	C.3.11.3	Identification of risks and possible mitigation associated with information security components and supporting infrastructure.
125	TO 5	N/A	11/28/2014	System Security Plan (Update)	Draft	C.3.11.3	Plan that describes security controls within the system that will protect the confidentiality, integrity, and availability (CIA) of the system and its information.
126	TO 5	N/A	11/28/2014	System of Record Notice (SORN) (Update)	Draft	C.3.11.3	A SORN consists of three documents: (1) a Narrative Statement that is submitted to the Office of Management & Budget (OMB), (2) a Preamble provided to Congress, and (3) a Statement of Records Notice provided to Congress. The Preamble and the Statement of Records Notice are also published in the Federal Register to notify the public of a new or revised SORN.
127	TO 5	N/A	11/28/2014	Test Plan (Update)	Draft	C.3.11.3	Plan for testing activities, periods, test cases, mapping requirements to the specific tests, tracking and resolving issues, verification methods, test data needs, and version control. Maps requirements to test cases. Identifies requirements for the testing environment where test cases will be executed. The test plan will include a plan for an end-to-end integration test from end-consumer to all systems and back, testing all federal and state agencies, as appropriate, to ensure accurate Exchange functionality and data..
128	TO 5	N/A	11/28/2014	Technical Architecture Diagrams (Update)	Final	C.3.11.3	Description of network, data storage, security, middleware, and server architecture.
129	TO 5	N/A	11/28/2014	Logical Data Model (Update)	Final	C.3.11.3	Definition of common understanding of business data elements and inter-relations to form the basis for physical database design
130	TO 5	N/A	11/28/2014	Requirements Documentation (Update)	Final	C.3.11.3	Detailed and final requirements for business and technical functions to be delivered on project completion.

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Del. Num	Task Order	CCIO Review Name	Deliverable Date	Deliverable	Draft or Final	RFP Section Reference	Definition
131	TO 5	N/A	11/28/2014	Business Rules Logic (Update)	Draft	C.3.11.3	Detailed and draft content of business rules logic.
132	TO 5	N/A	2/27/2015	System Design Document (Update)	Final	C.3.11.4	Transformation of the requirements, user oriented functional design, and data design into more technical specifications from which the system will be built.
133	TO 5	N/A	2/27/2015	Business Rules Logic (Update)	Final	C.3.11.4	Detailed and final version of business rules logic.
134	TO 5	N/A	2/27/2015	Interface Control Document (Update)	Final	C.3.11.4	Description of the inputs and outputs of single system/services, the interface between two systems/services, or the interface protocol between physical components.
135	TO 5	N/A	2/27/2015	Database Design Document (Update)	Final	C.3.11.4	System context and the basic database design approach, including dependencies and interfaces with other databases and / or systems.
136	TO 5	N/A	2/27/2015	Data Management Plan (Update)	Final	C.3.11.4	Strategy for managing Data during and after Project execution. Identifies Data archiving/Data retention plans.
137	TO 5	N/A	2/27/2015	Physical Data Model (Update)	Final	C.3.11.4	Database entities/tables/views, attributes/columns/fields, and relationship between entities influenced by database performance, indexing, storage, and denormalization.
138	TO 5	N/A	2/27/2015	Data Conversion Plan (Update)	Final	C.3.11.4	Strategy, preparation, and specifications for converting data for system deployment to production and for use during execution.
139	TO 5	N/A	3/31/2015	Test Plan (Update)	Final	C.3.11.5	Strategy and detailed approach for conducting verification and validation testing. Includes procedures for preparation and execution of test cases and for reporting testing results to verify and validate functional and non-functional requirements. The test plan will include a plan for an end-to-end integration test from end consumer to all systems and back, testing all federal and state agencies, as appropriate, to ensure accurate Exchange functionality and data.
140	TO 5	N/A	5/29/2015	Implementation Plan (Update)	Final	C.3.11.5	Descriptions and procedures of how the Exchange solution will be installed, deployed, and transitioned into an operational system

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Del. Num	Task Order	CCIO Review Name	Deliverable Date	Deliverable	Draft or Final	RFP Section Reference	Definition
141	TO 5	N/A	5/29/2015	User Manuals (Update)	Draft	C.3.11.5	Explanation of how to use the established product from a business function perspective.
142	TO 5	N/A	5/29/2015	Operation & Maintenance Manual (Update)	Draft	C.3.11.5	Description of the business product operating in the production environment, and information necessary to effectively handle routine production processing, ongoing maintenance, performance monitoring, and identification of problems, issues, and/or change requirements.
143	TO 5	N/A	5/29/2015	Training Plan (Update)	Draft	C.3.11.5	Description of training effort to use and support the system, including initial and subsequent remedial training for business users and system support personnel.
144	TO 5	N/A	5/29/2015	Data Use/ Data Exchange/ Interconnection Security Agreement (Update)	Draft	C.3.11.5	Agreements between parties for the use of personal identifiable Data, and to ensure secure Data exchange. This includes a Safeguards Procedures Report (SPR), which includes information that Internal Revenue Service (IRS) Office of Safeguards expects from an agency regarding their procedures for safeguarding Federal Tax Information (FTI), in any instance where that agency intends to receive, store, process, or transmit FTI
145	TO 5	N/A	5/29/2015	Business Product (Update)	Draft	C.3.11.5	The systems solution delivered for the release, including hardware, software, data, and documentation.
146	TO 5	N/A	5/29/2015	Training Materials (Update)	Draft	C.3.11.5	Documentation associated with the deployment and use of the Business Product, including instructor and student guides, audio-visual aids, and computer-based or other media.
147	TO 5	N/A	5/29/2015	Test Reports (Update)	Draft	C.3.11.5	Test results obtained at the conclusion of test activities, including test performance and outcomes. Includes defect reports and system security test results. The test reports will include identifying any issues in any process from beginning to end - from end-consumer to all systems and back - testing all federal and state agencies, as appropriate, to ensure accurate Exchange functionality and data.
148	TO 5	N/A	7/31/2015	Information Security Risk Assessment (Update)	Final	C.3.11.5	This assessment includes identification of risks and possible mitigation associated with information security components and supporting infrastructure.

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Del. Num	Task Order	CCIO Review Name	Deliverable Date	Deliverable	Draft or Final	RFP Section Reference	Definition
149	TO 5	N/A	7/31/2015	System Security Plan (Update)	Final	C.3.11.5	Plan which describes security controls within the system that will protect the confidentiality, integrity, and availability of the system and its information
150	TO 5	N/A	7/31/2015	Automated Code Review Results	Final	C.3.11.5	Report of results from development code reviews that inspect for Software security vulnerabilities.
151	TO 5	N/A	8/3/2015	Test Reports (Update)	Final	C.3.11.7	Test results obtained at the conclusion of test activities, including test performance and outcomes. Includes defect reports and system security test results. The test reports will include identifying any issues in any process from beginning to end - from end – from end consumer to all systems and back - testing all federal and state agencies, as appropriate, to ensure accurate Exchange functionality and data.
152	TO 5	N/A	8/3/2015	User Manuals (Update)	Final	C.3.11.7	Explanation of how to use the established product from a business function perspective..
153	TO 5	N/A	8/3/2015	Operation & Maintenance Manual (Update)	Final	C.3.11.7	Description of the business product operating in the Production environment, and information necessary to effectively handle production processing, ongoing maintenance, performance monitoring, and identification of problems, issues, and/or change requirements.
154	TO 5	N/A	8/3/2015	Training Plan (Update)	Final	C.3.11.7	Description of training effort needed to use and support the system, including initial and subsequent remedial training for business users and system support personnel.
155	TO 5	N/A	8/3/2015	Training Materials (Update)	Final	C.3.11.7	Documentation associated with the deployment and use of the Business Product, including instructor and student guides, audio-visual aids, and computer-based or other media
156	TO 5	N/A	8/3/2015	Data Use/ Data Exchange/ Interconnection Security Agreement (Update)	Final	C.3.11.7	Agreements between parties for the use of personal identifiable Data, and to ensure secure Data exchange. This includes a Safeguards Procedures Report (SPR), which includes information that Internal Revenue Service (IRS) Office of Safeguards expects from an agency regarding their procedures for safeguarding Federal Tax Information (FTI), in any instance where that agency intends to receive, store, process, or transmit FTI.

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Del. Num	Task Order	CCIO Review Name	Deliverable Date	Deliverable	Draft or Final	RFP Section Reference	Definition
157	TO 5	N/A	8/3/2015	System of Record Notice (SORN) (Update)	Final	C.3.11.7	A SORN consists of three documents: (1) a Narrative Statement that is submitted to the Office of Management & Budget (OMB), (2) a Preamble provided to Congress, and (3) a Statement of Records Notice provided to Congress. The Preamble and the Statement of Records Notice are also published in the Federal Register to notify the public of a new or revised SORN.
158	TO 5	N/A	8/3/2015	Business Product (Update)	Final	C.3.11.7	The systems solution delivered for the release, including hardware, software, data, and documentation.
159	TO 5	N/A	8/3/2015	Project Completion Report (Update)	Final	C.3.11.7	Assess the project relative to completion of all scheduled activities within expected performance measures, and derive any lessons learned and best practices to be applied to future projects
160	TO 5	N/A	8/3/2015	Privacy Impact Assessment (Update)	Final	C.3.11.7	Determines if Personally Identifiable Information (PII) is contained within a System, what kind of PII, what is done with that information, and how that information is protected
161	TO 5	N/A	8/3/2015	Plan Of Action and Milestones (POA&M) (Update)	Final	C.3.11.7	The POA&M includes specific action steps for mitigating Exchange system security weaknesses identified by a security assessment.
162	TO 6	N/A	Monthly beginning 30 days after deployment of Release 3	Monthly Warranty Status Report	Final	C.3.15.2.2	Monthly project status report, including executive summary and details identifying achievements risks, issues and remediations

F.4 PERFORMANCE

F.4.1 Service Level Agreements (SLAs) play an important role in defining and managing the expectations that will be placed upon the Offeror. A successfully implemented service level management discipline ensures that information systems function smoothly while fulfilling the business needs of stakeholders. The damages set forth for each SLA shall be considered liquidated damages, and not a penalty, and shall be assessed and determined in the manner as set forth in the Contract.

F.4.2 Any SLA in addition to those defined in this RFP will be mutually agreed upon by the Offeror and the District.

F.4.3 System Service Level Agreements

The Offeror shall comply with the following server system service level agreements as dictated by the metrics in the chart below.

System Metric	Measure
Response Time - Online	1 second, 99.5% of the time
System Restoration (Disaster Recovery - Critical Applications)	Within 48 hours from disaster point, 100% of the time, with less than/equal to 8 hours of data loss
System File Restoration - 24x7x365 requests	95% within 4 hours, 100% of the time 100% within 24 hours, 100% of the time
Backups - As Scheduled and Accurate	99% of the time
Output - On Time	95% of the time
Midrange Availability	95.9% of the time
Server Availability	95.9% of the time
Network Availability	99.9% of the time
Internet Availability	95.9% of the time
WAN Availability	99.9% of the time
LAN Availability	99.9% of the time
Response Time - Network	<100 ms 99%, Avg<50ms
Move, Add, and Change (Software)	5 days, 90% of the time
Move, Add, and Change (Hardware/Communications)	5 days, 90% of the time

F.4.4 Performance Metrics

Performance Metric	Liquidated Damages
Provide support in order for the District to successfully complete the Design gate review process by delivering relevant deliverables prior to the date outlined in the deliverable list	\$1,000 per calendar day or portion thereof
Provide support in order for the District to successfully complete the Implementation gate review process by delivering relevant deliverables prior to the date outlined in the deliverable list.	\$1,000 per calendar day or portion thereof

F.4.5 System Availability SLA

Requirements Category	Description	Specifications	Liquidated Damages
Production Environment Hours of System Availability	The hours that the production environment needs to be operational and available. This SLA also applies to the failover and disaster recovery environments when they are used for production.	Access Hours: 24 hours/day, 7 days a week System availability requirement is 99.9% over the course of a calendar month.	\$3,500 per hour (or any portion thereof) for any period in which the production environment is not operational or available during the times set forth in the specification

F.4.6 Processing Performance SLA

Requirements Category	Description	Specifications	Liquidated Damages
Electronic Log Files (Maintenance)	Files saved by the computer operating system to record its activities.	The Offeror must maintain the necessary data in appropriate log files.	\$1,000 per occurrence for any non-conformance with the specification.

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Electronic Log Files (Processing)	Files saved by the computer operating system to record its activities.	The Offeror must process all electronic log files within 12 hours of receipt.	\$1,000 per file not processed within the time set forth in the specification.
Inbound Files	Files coming into the HBX from trusted sources.	Process inbound files within 12 hours of receipt of the file.	\$1,000 per file not processed within the time set forth in the specification.
Outbound File to Data Services Hub	Files exported from HBX to the Data Services Hub	If the Data Services Hub requires batch files, process these files at a minimum every hour	\$1,000 per file not processed within the time set forth in the specification
Image Retrieval	The time it takes to get a viewable image to the application service.	Have at a minimum ninety percent (90%) of document image retrieval response times during a given calendar day and be within 5 seconds. The remaining ten percent (10%) must not average more than twenty (20) seconds for a given calendar day.	\$2,500 per day per occurrence, as set forth in this specification

F.4.7 Real Time Transactional Performance SLA

Requirements Category	Description	Specifications	Liquidated Damages
All real-time Transactions including but not limited to: Web Portal, Web-based applications, other real-time connections	The hours that the Production environment needs to be operational and available. This SLA also applies to the failover and disaster recovery	Response time for users accessing the Exchange via real-time transactions must not be greater than five (5) seconds for at least 90% of the transactions and	\$1,000 per hour (or any portion thereof) for any period in which the production environment is not operational or available during the times set forth in the

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	environments when they are used for production.	no response time must be greater than ten (10) seconds. The Offeror must meet this SLA for each day during both peak hours and non-peak hours. The SLA is measured daily and reported monthly.	specification.
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F.4.8 Business Continuity SLA

Requirements Category	Description	Specifications	Liquidated Damages
Backup and Recovery	Backups must be executed daily (incremental) and weekly (full).	Daily and weekly backups must be executed and backups must be stored offsite. Recovery must be able to start within one (1) hour and complete within (4) hours of the determination a recovery is necessary	\$2,500 per occurrence if backup/recovery strategy is not executed as defined.

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Failover and Fallback	Failover and fallback is the capability to immediately switch operations from the production environment to the failover environment in the event technical problems incapacitate the production environment.	Failover and fallback processes must be executed if the primary production configuration is unavailable.	\$10,000 if the failover does not successfully occur within five (5) minutes as set forth in this specification.
Disaster Recovery	Disaster recovery refers to major disruptions to the production environment. Plans, procedures, and infrastructure need to be established to recover from a major disaster and resume daily operations.	Disaster recovery processes and tests must be executed in the event of a production site failure	\$100,000 per occurrence if the disaster recovery site is not fully operational within two (2) days of when it is determined that disaster recovery is required

F.4.9 HIPAA Compliance SLA Statutory Penalties

HIPAA Violation	Minimum Statutory Penalty	Maximum Statutory Penalty
Individual did not know (and by exercising reasonable diligence would not have known) that he/she violated HIPAA	\$100 per violation, with an annual maximum of \$25,000 for repeat violations (Note: maximum that can be imposed by District Attorneys General regardless of the type of violation)	\$50,000 per violation

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HIPAA violation due to reasonable cause and not due to willful neglect	\$1,000 per violation, with an annual maximum of \$100,000 for repeat violations	\$50,000 per violation
HIPAA violation due to willful neglect but violation is corrected within the required time period	\$10,000 per violation, with an annual maximum of \$250,000 for repeat violations	\$50,000 per violation
HIPAA violation is due to willful neglect and is not corrected	\$50,000 per violation, with an annual maximum of \$1.5 million	\$50,000 per violation

SECTION G
CONTRACT ADMINISTRATION

1 SECTION G: CONTRACT ADMINISTRATION

G.1 INVOICE PAYMENT

G.1.1 The District will make payments to the Contractor, upon the submission of proper invoices, at the prices stipulated in this contract, for supplies delivered and accepted or services performed and accepted, less any discounts, allowances or adjustments provided for in this contract.

G.1.2 The District will pay the Contractor on or before the 30th day after receiving a proper invoice from the Contractor.

G.2 INVOICE SUBMITTAL

G.2.1 The Contractor shall submit proper invoices on a monthly basis or as otherwise specified in Section G.4. Invoices shall be prepared in duplicate and submitted to the agency Chief Financial Officer with concurrent copies to the CA specified in Section G.9 below. The address of the CFO is:

Department of Human Services
Accounts Payable Unit
64 New York Avenue, N.E.
Washington, DC 20002

G.2.2 To constitute a proper invoice, the Contractor shall submit the following information on the invoice:

G.2.2.1 Contractor's name, federal tax ID and invoice date (date invoices as of the date of mailing or transmittal);

G.2.2.2 Contract number and invoice number;

G.2.2.3 Description, price, quantity and the date(s) that the supplies or services were delivered or performed;

G.2.2.4 Other supporting documentation or information, as required by the Contracting Officer;

G.2.2.5 Name, title, telephone number and complete mailing address of the responsible official to whom payment is to be sent;

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G.2.2.6 Name, title, phone number of person preparing the invoice;

G.2.2.7 Name, title, phone number and mailing address of person (if different from the person identified in G.2.2.6 above) to be notified in the event of a defective invoice; and

G.2.2.8 Authorized signature.

G.3 FIRST SOURCE AGREEMENT REQUEST FOR FINAL PAYMENT

G.3.1 For contracts subject to the 51% District Residents New Hires Requirements and First Source Employment Agreement requirements, final request for payment must be accompanied by the report or a waiver of compliance discussed in section H.5.5.

G.3.2 No final payment shall be made to the Contractor until the agency CFO has received the Contracting Officer's final determination or approval of waiver of the Contractor's compliance with 51% District Residents New Hires Requirements and First Source Employment Agreement requirements.

G.4 PAYMENT

Payment will be made for each deliverable in the amount according to Section B (Price Schedule) and Section F (Deliverables) upon acceptance by the District of the deliverable and presentation of a proper invoice.

G.5 ASSIGNMENT OF CONTRACT PAYMENTS

G.5.1 In accordance with 27 DCMR 3250, the Contractor may assign to a bank, trust company, or other financing institution funds due or to become due as a result of the performance of this contract.

G.5.2 Any assignment shall cover all unpaid amounts payable under this contract, and shall not be made to more than one party.

G.5.3 Notwithstanding an assignment of contract payments, the Contractor, not the assignee, is required to prepare invoices. Where such an assignment has been made, the original copy of the invoice must refer to the assignment and must show that payment of the invoice is to be made directly to the assignee as follows:

“Pursuant to the instrument of assignment dated _____, make payment of this invoice to (name and address of assignee).”

G.6 THE QUICK PAYMENT CLAUSE

G.6.1 Interest Penalties to Contractors

G.6.1.1 The District will pay interest penalties on amounts due to the Contractor under the Quick Payment Act, D.C. Official Code §2-221.01 *et seq.*, for the period beginning on the day after the required payment date and ending on the date on which payment of the amount is made. Interest shall be calculated at the rate of 1% per month. No interest penalty shall be paid if payment for the completed delivery of the item of property or service is made on or before:

- a) the 3rd day after the required payment date for meat or a meat product;
- b) the 5th day after the required payment date for an agricultural commodity; or
- c) the 15th day after the required payment date for any other item.

G.6.1.2 Any amount of an interest penalty which remains unpaid at the end of any 30-day period shall be added to the principal amount of the debt and thereafter interest penalties shall accrue on the added amount.

G.6.2 Payments to Subcontractors

G.6.2.1 The Contractor must take one of the following actions within seven (7) days of receipt of any amount paid to the Contractor by the District for work performed by any subcontractor under this contract:

- a) Pay the subcontractor for the proportionate share of the total payment received from the District that is attributable to the subcontractor for work performed under the contract; or
- b) Notify the District and the subcontractor, in writing, of the Contractor's intention to withhold all or part of the subcontractor's payment and state the reason for the nonpayment.

G.6.2.2 The Contractor must pay any subcontractor or supplier interest penalties on amounts due to the subcontractor or supplier beginning on the day after the payment is due and ending on the date on which the payment is made. Interest shall be calculated at the rate of 1% per month. No interest penalty shall be paid on the following if payment for the completed delivery of the item of property or service is made on or before:

- a) the 3rd day after the required payment date for meat or a meat product;
- b) the 5th day after the required payment date for an agricultural commodity; or
- c) the 15th day after the required payment date for any other item.

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G.6.2.3 Any amount of an interest penalty which remains unpaid by the Contractor at the end of any 30-day period shall be added to the principal amount of the debt to the subcontractor and thereafter interest penalties shall accrue on the added amount.

G.6.2.4 A dispute between the Contractor and subcontractor relating to the amounts or entitlement of a subcontractor to a payment or a late payment interest penalty under the Quick Payment Act does not constitute a dispute to which the District of Columbia is a party. The District of Columbia may not be interpleaded in any judicial or administrative proceeding involving such a dispute.

G.6.3 Subcontract requirements

G.6.3.1 The Contractor shall include in each subcontract under this contract a provision requiring the subcontractor to include in its contract with any lower-tier subcontractor or supplier the payment and interest clauses required under paragraphs (1) and (2) of D.C. Official Code §2-221.02(d).

G.7 CONTRACTING OFFICER (CO)

Contracts will be entered into and signed on behalf of the District only by contracting officers. The contact information for the Contracting Officer is:

John R. Dean
Office of Contracting and Procurement
441 4th Street, N.W., Suite 700 South
Washington, DC 20001
Telephone (202) 727-0252
john.dean2@dc.gov

G.8 AUTHORIZED CHANGES BY THE CONTRACTING OFFICER

G.8.1 The CO is the only person authorized to approve changes in any of the requirements of this contract.

G.8.2 The Contractor shall not comply with any order, directive or request that changes or modifies the requirements of this contract, unless issued in writing and signed by the CO.

G.8.3 In the event the Contractor effects any change at the instruction or request of any person other than the CO, the change will be considered to have been made without authority and no adjustment will be made in the contract price to cover any cost increase incurred as a result thereof.

G.9 CONTRACT ADMINSTRATOR (CA)

G.9.1 The CA is responsible for general administration of the contract and advising the CO as to the Contractor's compliance or noncompliance with the contract. The CA has the responsibility of ensuring the work conforms to the requirements of the contract and such other responsibilities and authorities as may be specified in the contract. These include:

G.9.1.1 Keeping the CO fully informed of any technical or contractual difficulties encountered during the performance period and advising the CO of any potential problem areas under the contract;

G.9.1.2 Coordinating site entry for Contractor personnel, if applicable;

G.9.1.3 Reviewing invoices for completed work and recommending approval by the CO if the Contractor's costs are consistent with the negotiated amounts and progress is satisfactory and commensurate with the rate of expenditure;

G.9.1.4 Reviewing and approving invoices for deliverables to ensure receipt of goods and services. This includes the timely processing of invoices and vouchers in accordance with the District's payment provisions; and

G.9.1.5 Maintaining a file that includes all contract correspondence, modifications, records of inspections (site, data, equipment) and invoice or vouchers.

G.9.2 The address and telephone number of the CA is:

TBD
Office of the Director
Department of Human Services
64 New York City
Washington, DC 20002

G.9.3 The CA shall NOT have the authority to:

1. Award, agree to, or sign any contract, delivery order or task order. Only the CO shall make contractual agreements, commitments or modifications;
2. Grant deviations from or waive any of the terms and conditions of the contract;
3. Increase the dollar limit of the contract or authorize work beyond the dollar limit of the contract,
4. Authorize the expenditure of funds by the Contractor;
5. Change the period of performance; or
6. Authorize the use of District property, except as specified under the contract.

G.9.4 The Contractor will be fully responsible for any changes not authorized in advance, in writing, by the CO; may be denied compensation or other relief for any additional work performed that is not so authorized; and may also be required, at no additional cost to the District, to take all corrective action necessitated by reason of the unauthorized changes.

SECTION H SPECIAL CONTRACT REQUIREMENTS

SECTION H: SPECIAL CONTRACT REQUIREMENTS

H.1 HIRING OF DISTRICT RESIDENTS AS APPRENTICES AND TRAINEES

H.1.1 For all new employment resulting from this contract or subcontracts hereto, as defined in Mayor's Order 83-265 and implementing instructions, the Contractor shall use its best efforts to comply with the following basic goal and objectives for utilization of bona fide residents of the District of Columbia in each project's labor force:

H.1.1.1 At least fifty-one (51) percent of apprentices and trainees employed shall be residents of the District of Columbia registered in programs approved by the District of Columbia Apprenticeship Council.

H.1.2 The Contractor shall negotiate an Employment Agreement with the Department of Employment Services ("DOES") for jobs created as a result of this contract. The DOES shall be the Contractor's first source of referral for qualified apprentices and trainees in the implementation of employment goals contained in this clause.

H.2 DEPARTMENT OF LABOR WAGE DETERMINATIONS

The Contractor shall be bound by the Wage Determination No.2005-2103, Revision 12 dated June 13, 2012, issued by the U.S. Department of Labor in accordance with the Service Contract Act, 41 U.S.C. §351 et seq., and incorporated herein as Section J.2. The Contractor shall be bound by the wage rates for the term of the contract subject to revision as stated herein and in accordance with Section 24 of the SCP. If an option is exercised, the Contractor shall be bound by the applicable wage rates at the time of the option. If the option is exercised and the CO obtains a revised wage determination, the revised wage determination is applicable for the option periods and the Contractor may be entitled to an equitable adjustment.

H.3 PUBLICITY

The Contractor shall at all times obtain the prior written approval from the CO before it, any of its officers, agents, employees or subcontractors, either during or after expiration or termination of the contract, make any statement, or issue any material, for publication through any medium of communication, bearing on the work performed or data collected under this contract.

H.4 FREEDOM OF INFORMATION ACT

The District of Columbia Freedom of Information Act, at D.C. Official Code §2-532 (a-3), requires the District to make available for inspection and copying any record produced or collected pursuant to a District contract with a private contractor to perform a public function, to the same extent as if the record were maintained by the agency on whose behalf the contract is made. If the Contractor receives a request for such information, the Contractor shall immediately send the request to the CA who will provide the request to the FOIA Officer for the agency with programmatic responsibility in accordance with the D.C. Freedom of Information Act. If the agency with programmatic responsibility receives a request for a record maintained by the Contractor pursuant to the contract, the CA will forward a copy to the Contractor. In either event, the Contractor is required by law to provide all responsive records

to the CA within the timeframe designated by the CA. The FOIA Officer for the agency with programmatic responsibility will determine the releasability of the records. The District will reimburse the Contractor for the costs of searching and copying the records in accordance with D.C. Official Code §2-532 and Chapter 4 of Title 1 of the D.C. Municipal Regulations.

H.5 51% DISTRICT RESIDENTS NEW HIRES REQUIREMENTS AND FIRST SOURCE EMPLOYMENT AGREEMENT

H.5.1 The Contractor shall comply with the First Source Employment Agreement Act of 1984, as amended, D.C. Official Code §2-219.01 et seq. (“First Source Act”).

H.5.2 The Contractor shall enter into and maintain, during the term of the contract, a First Source Employment Agreement, (Section J.4) in which the Contractor shall agree that:

- (1) The first source for finding employees to fill all jobs created in order to perform this contract shall be the DOES; and
- (2) The first source for finding employees to fill any vacancy occurring in all jobs covered by the First Source Employment Agreement shall be the First Source Register.

H.5.3 The Contractor shall submit to DOES, no later than the 10th of each month following execution of the contract, a First Source Agreement Contract Compliance Report (“contract compliance report”) to verify its compliance with the First Source Agreement for the preceding month. The contract compliance report for the contract shall include the:

- (1) Number of employees needed;
- (2) Number of current employees transferred;
- (3) Number of new job openings created;
- (4) Number of job openings listed with DOES;
- (5) Total number of all District residents hired for the reporting period and the cumulative total number of District residents hired; and

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- (6) Total number of all employees hired for the reporting period and the cumulative total number of employees hired, including:
 - (a) Name;
 - (b) Social security number;
 - (c) Job title;
 - (d) Hire date;
 - (e) Residence; and
 - (f) Referral source for all new hires.

H.5.4 If the contract amount is equal to or greater than \$100,000, the Contractor agrees that 51% of the new employees hired for the contract shall be District residents.

H.5.5 With the submission of the Contractor's final request for payment from the District, the Contractor shall:

- (1) Document in a report to the CO its compliance with section H.5.4 of this clause; or
- (2) Submit a request to the CO for a waiver of compliance with section H.5.4 and include the following documentation:
 - (a) Material supporting a good faith effort to comply;
 - (b) Referrals provided by DOES and other referral sources;
 - (c) Advertisement of job openings listed with DOES and other referral sources; and
 - (d) Any documentation supporting the waiver request pursuant to section H.5.6.

H.5.6 The CO may waive the provisions of section H.5.4 if the CO finds that:

- (2) A good faith effort to comply is demonstrated by the Contractor;
- (3) The Contractor is located outside the Washington Standard Metropolitan Statistical Area and none of the contract work is performed inside the Washington Standard Metropolitan Statistical Area which includes the District of Columbia; the Virginia Cities of Alexandria, Falls Church, Manassas, Manassas Park, Fairfax, and Fredericksburg, the Virginia Counties of Fairfax, Arlington, Prince William, Loudoun, Stafford, Clarke, Warren, Fauquier, Culpeper, Spotsylvania, and King George; the Maryland Counties of Montgomery, Prince Georges, Charles, Frederick, and Calvert; and the West Virginia Counties of Berkeley and Jefferson.
- (4) The Contractor enters into a special workforce development training or placement arrangement with DOES; or
- (5) DOES certifies that there are insufficient numbers of District residents in the labor market possessing the skills required by the positions created as a result of the contract.

H.5.7 Upon receipt of the contractor's final payment request and related documentation pursuant to sections H.5.5 and H.5.6, the CO shall determine whether the Contractor is in compliance with section H.5.4 or whether a waiver of compliance pursuant to section

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H.5.6 is justified. If the CO determines that the Contractor is in compliance, or that a waiver of compliance is justified, the CO shall, within two business days of making the determination forward a copy of the determination to the agency Chief Financial Officer and the CA.

H.5.8 Willful breach of the First Source Employment Agreement, or failure to submit the report pursuant to section H.5.5, or deliberate submission of falsified data, may be enforced by the CO through imposition of penalties, including monetary fines of 5% of the total amount of the direct and indirect labor costs of the contract. The Contractor shall make payment to DOES. The Contractor may appeal to the D.C. Contract Appeals Board as provided in this contract any decision of the CO pursuant to this section H.5.8.

H.5.9 The provisions of sections H.5.4 through H.5.8 do not apply to nonprofit organizations.

H.6 SECTION 504 OF THE REHABILITATION ACT OF 1973, as amended.

During the performance of the contract, the Contractor and any of its subcontractors shall comply with Section 504 of the Rehabilitation Act of 1973, as amended. This Act prohibits discrimination against disabled people in federally funded programs and activities. See 29 U.S.C. § 794 et seq.

H.7 AMERICANS WITH DISABILITIES ACT OF 1990 (ADA)

During the performance of this contract, the Contractor and any of its subcontractors shall comply with the ADA. The ADA makes it unlawful to discriminate in employment against a qualified individual with a disability. See 42 U.S.C. §12101 et seq.

H.8 WAY TO WORK AMENDMENT ACT OF 2006

H.8.1 Except as described in H.8.8 below, the Contractor shall comply with Title I of the Way to Work Amendment Act of 2006, effective June 8, 2006 (D.C. Law 16-118, D.C. Official Code §2-220.01 et seq.) (“Living Wage Act of 2006”), for contracts for services in the amount of \$100,000 or more in a 12-month period.

H.8.2 The Contractor shall pay its employees and subcontractors who perform services under the contract no less than the current living wage published on the OCP website at www.ocp.dc.gov.

H.8.3 The Contractor shall include in any subcontract for \$15,000 or more a provision requiring the subcontractor to pay its employees who perform services under the contract no less than the current living wage rate.

H.8.4 The DOES may adjust the living wage annually and the OCP will publish the current living wage rate on its website at www.ocp.dc.gov.

H.8.5 The Contractor shall provide a copy of the Fact Sheet attached as J.6 to each employee and subcontractor who performs services under the contract. The Contractor shall also post the Notice attached as J.5 in a conspicuous place in its place of business. The

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Contractor shall include in any subcontract for \$15,000 or more a provision requiring the subcontractor to post the Notice in a conspicuous place in its place of business.

H.8.6 The Contractor shall maintain its payroll records under the contract in the regular course of business for a period of at least three (3) years from the payroll date, and shall include this requirement in its subcontracts for \$15,000 or more under the contract.

H.8.7 The payment of wages required under the Living Wage Act of 2006 shall be consistent with and subject to the provisions of D.C. Official Code §32-1301 et seq.

H.8.8 The requirements of the Living Wage Act of 2006 do not apply to:

(1) Contracts or other agreements that are subject to higher wage level determinations required by federal law;

(2) Existing and future collective bargaining agreements, provided, that the future collective bargaining agreement results in the employee being paid no less than the established living wage;

(3) Contracts for electricity, telephone, water, sewer or other services provided by a regulated utility;

(4) Contracts for services needed immediately to prevent or respond to a disaster or eminent threat to public health or safety declared by the Mayor;

(5) Contracts or other agreements that provide trainees with additional services including, but not limited to, case management and job readiness services; provided that the trainees do not replace employees subject to the Living Wage Act of 2006;

(6) An employee under 22 years of age employed during a school vacation period, or enrolled as a full-time student, as defined by the respective institution, who is in high school or at an accredited institution of higher education and who works less than 25 hours per week; provided that he or she does not replace employees subject to the Living Wage Act of 2006;

(7) Tenants or retail establishments that occupy property constructed or improved by receipt of government assistance from the District of Columbia; provided, that the tenant or retail establishment did not receive direct government assistance from the District;

(8) Employees of nonprofit organizations that employ not more than 50 individuals and qualify for taxation exemption pursuant to section 501(c)(3) of the Internal Revenue Code of 1954, approved August 16, 1954 (68A Stat. 163; 26 U.S.C. § 501(c)(3);

(9) Medicaid provider agreements for direct care services to Medicaid recipients, provided, that the direct care service is not provided through a home care agency, a community residence facility, or a group home for mentally retarded persons as those terms are defined in section 2 of the Health-Care and Community Residence Facility, Hospice, and Home Care Licensure Act of 1983, effective February 24, 1984 (D.C. Law 5-48; D.C. Official Code § 44-501); and

(10) Contracts or other agreements between managed care organizations and the Health Care Safety Net Administration or the Medicaid Assistance Administration to provide health services.

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H.8.9 The Mayor may exempt a contractor from the requirements of the Living Wage Act of 2006, subject to the approval of Council, in accordance with the provisions of Section 109 of the Living Wage Act of 2006.

H.9 SUBCONTRACTING REQUIREMENTS

H.9.1 Mandatory Subcontracting Requirements

H.9.1.1 For contracts in excess of \$250,000, at least 35% of the dollar volume shall be subcontracted to certified small business enterprises; provided, however, that the costs of materials, goods, and supplies shall not be counted towards the 35% subcontracting requirement unless such materials, goods and supplies are purchased from certified small business enterprises.

H.9.1.2 If there are insufficient qualified small business enterprises to completely fulfill the requirement of paragraph H.9.1.1, then the subcontracting may be satisfied by subcontracting 35% of the dollar volume to any certified business enterprises; provided, however, that all reasonable efforts shall be made to ensure that qualified small business enterprises are significant participants in the overall subcontracting work.

H.9.1.3 A prime contractor which is certified as a small, local or disadvantaged business enterprise shall not be required to comply with the provisions of sections H.9.1.1 and H.9.1.2.

H.9.2 Subcontracting Plan

If the prime contractor is required by law to subcontract under this contract, it must subcontract at least 35% of the dollar volume of this contract in accordance with the provisions of section H.9.1. The prime contractor responding to this solicitation which is required to subcontract shall be required to submit with its proposal, a notarized statement detailing its subcontracting plan. Proposals responding to this RFP shall be deemed nonresponsive and shall be rejected if the offeror is required to subcontract, but fails to submit a subcontracting plan with its proposal. Once the plan is approved by the CO, changes to the plan will only occur with the prior written approval of the CO and the Director of DSLBD. Each subcontracting plan shall include the following:

H.9.2.1 A description of the goods and services to be provided by SBEs or, if insufficient qualified SBEs are available, by any certified business enterprises;

H.9.2.2 A statement of the dollar value of the bid that pertains to the subcontracts to be performed by the SBEs or, if insufficient qualified SBEs are available, by any certified business enterprises;

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- H.9.2.3 The names and addresses of all proposed subcontractors who are SBEs or, if insufficient SBEs are available, who are certified business enterprises;
 - H.9.2.4 The name of the individual employed by the prime contractor who will administer the subcontracting plan, and a description of the duties of the individual;
 - H.9.2.5 A description of the efforts the prime contractor will make to ensure that SBEs, or, if insufficient SBEs are available, that certified business enterprises will have an equitable opportunity to compete for subcontracts;
 - H.9.2.6 In all subcontracts that offer further subcontracting opportunities, assurances that the prime contractor will include a statement, approved by the contracting officer, that the subcontractor will adopt a subcontracting plan similar to the subcontracting plan required by the contract;
 - H.9.2.7 Assurances that the prime contractor will cooperate in any studies or surveys that may be required by the contracting officer, and submit periodic reports, as requested by the contracting officer, to allow the District to determine the extent of compliance by the prime contractor with the subcontracting plan;
 - H.9.2.8 A list of the type of records the prime contractor will maintain to demonstrate procedures adopted to comply with the requirements set forth in the subcontracting plan, and assurances that the prime contractor will make such records available for review upon the District's request; and
 - H.9.2.9 A description of the prime contractor's recent effort to locate SBEs or, if insufficient SBEs are available, certified business enterprises, and to award subcontracts to them.
- H.9.3 **Subcontracting Plan Compliance Reporting.** If the Contractor has an approved subcontracting plan required by law under this contract, the Contractor shall submit to the CO and the Director of DSLBD, no later than the 21st of each month following execution of the contract, a Subcontracting Plan Compliance Report to verify its compliance with the subcontracting requirements for the preceding month. The monthly subcontracting plan compliance report shall include the following information:
- H.9.3.1 The dollar amount of the contract or procurement;
 - H.9.3.2 A brief description of the goods procured or the services contracted for;
 - H.9.3.3 The name of the business enterprise from which the goods were procured or services contracted;
 - H.9.3.4 Whether the subcontractors to the contract are currently certified business enterprises;

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H.9.3.5 The dollar percentage of the contract awarded to SBEs, or if insufficient SBEs, to other certified business enterprises;

H.9.3.6 A description of the activities the Contractor engaged in, in order to achieve the subcontracting requirements set forth in its plan; and

H.9.3.7 A description of any changes to the activities the Contractor intends to make by the next month to achieve the requirements set forth in its plan.

H.9.4 Subcontractor Standards

H.9.4.1 A prime contractor shall ensure that subcontractors meet the criteria for responsibility described in D.C. Official Code § 2-353.01.

H.9.5 Enforcement and Penalties for Breach of Subcontracting Plan

H.9.5.1 If during the performance of this contract, the Contractor fails to comply with its approved subcontracting plan, and the CO determines the Contractor's failure to be a material breach of the contract, the CO shall have cause to terminate the contract under the default clause of the Standard Contract Provisions.

H.9.5.2 There shall be a rebuttable presumption that a contractor willfully breached its approved subcontracting plan if the contractor (i) fails to submit any required monitoring or compliance report; or (ii) submits a monitoring or compliance report with the intent to defraud.

H.9.5.3 A contractor that is found to have willfully breached its approved subcontracting plan for utilization of certified business enterprises in the performance of a contract shall be subject to the imposition of penalties, including monetary fines of \$15,000 or 5% of the total amount of the work that the contractor was to subcontract to certified business enterprises, whichever is greater, for each such breach.

SECTION I STANDARD CONTRACT CLAUSES

SECTION I: CONTRACT CLAUSES

I.1 APPLICABILITY OF STANDARD CONTRACT PROVISIONS

The Standard Contract Provisions for use with District of Columbia Government Supplies and Services Contracts dated July 2010 (“SCP”) are incorporated as part of the contract. To obtain a copy of the SCP go to www.ocp.dc.gov, click on OCP Policies under the heading “Information”, then click on “Standard Contract Provisions – Supplies and Services Contracts”.

I.2 CONTRACTS THAT CROSS FISCAL YEARS

Continuation of this contract beyond the current fiscal year is contingent upon future fiscal appropriations.

I.3 CONFIDENTIALITY OF INFORMATION

The Contractor shall keep all information relating to any employee or customer of the District in absolute confidence and shall not use the information in connection with any other matters; nor shall it disclose any such information to any other person, firm or corporation, in accordance with the District and federal laws governing the confidentiality of records.

I.4 TIME

Time, if stated in a number of days, will include Saturdays, Sundays, and holidays, unless otherwise stated herein.

I.5 RIGHTS IN DATA

I.5.1 “Data,” as used herein, means recorded information, regardless of form or the media on which it may be recorded. The term includes technical data and computer software. The term does not include information incidental to contract administration, such as financial, administrative, cost or pricing, or management information.

I.5.2 The term “Technical Data”, as used herein, means recorded information, regardless of form or characteristic, of a scientific or technical nature. It may, for example, document research, experimental, developmental or engineering work, or be usable or used to define a design or process or to procure, produce, support, maintain, or operate material. The data may be graphic or pictorial delineations in media such as drawings or photographs, text in specifications or related performance or design type documents or

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computer printouts. Examples of technical data include research and engineering data, engineering drawings and associated lists, specifications, standards, process sheets, manuals, technical reports, catalog item identifications, and related information, and computer software documentation. Technical data does not include computer software or financial, administrative, cost and pricing, and management data or other information incidental to contract administration.

- I.5.3** The term “Computer Software”, as used herein means computer programs and computer databases. “Computer Programs”, as used herein means a series of instructions or statements in a form acceptable to a computer, designed to cause the computer to execute an operation or operations. "Computer Programs" include operating systems, assemblers, compilers, interpreters, data management systems, utility programs, sort merge programs, and automated data processing equipment maintenance diagnostic programs, as well as applications programs such as payroll, inventory control and engineering analysis programs. Computer programs may be either machine-dependent or machine-independent, and may be general purpose in nature or designed to satisfy the requirements of a particular user.
- I.5.4** The term "computer databases", as used herein, means a collection of data in a form capable of being processed and operated on by a computer.
- I.5.5** All data first produced in the performance of this Contract shall be the sole property of the District. The Contractor hereby acknowledges that all data, including, without limitation, computer program codes, produced by Contractor for the District under this Contract, are works made for hire and are the sole property of the District; but, to the extent any such data may not, by operation of law, be works made for hire, Contractor hereby transfers and assigns to the District the ownership of copyright in such works, whether published or unpublished. The Contractor agrees to give the District all assistance reasonably necessary to perfect such rights including, but not limited to, the works and supporting documentation and the execution of any instrument required to register copyrights. The Contractor agrees not to assert any rights in common law or in equity in such data. The Contractor shall not publish or reproduce such data in whole or in part or in any manner or form, or authorize others to do so, without written consent of the District until such time as the District may have released such data to the public.
- I.5.6** The District will have restricted rights in data, including computer software and all accompanying documentation, manuals and instructional materials, listed or described in a license or agreement made a part of this contract, which the parties have agreed will be furnished with restricted rights, provided however, notwithstanding any contrary provision in any such license or agreement, such restricted rights shall include, as a minimum the right to:
- I.5.6.1** Use the computer software and all accompanying documentation and manuals or instructional materials with the computer for which or with which it was acquired,

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including use at any District installation to which the computer may be transferred by the District;

I.5.6.2 Use the computer software and all accompanying documentation and manuals or instructional materials with a backup computer if the computer for which or with which it was acquired is inoperative;

I.5.6.3 Copy computer programs for safekeeping (archives) or backup purposes; and modify the computer software and all accompanying documentation and manuals or instructional materials, or combine it with other software, subject to the provision that the modified portions shall remain subject to these restrictions.

I.5.7 The restricted rights set forth in section I.5.6 are of no effect unless

- (i) the data is marked by the Contractor with the following legend:

RESTRICTED RIGHTS LEGEND

Use, duplication, or disclosure is subject to restrictions stated in Contract No. _____ with (Contractor's Name); and

- (ii) If the data is computer software, the related computer software documentation includes a prominent statement of the restrictions applicable to the computer software. The Contractor may not place any legend on the computer software indicating restrictions on the District's rights in such software unless the restrictions are set forth in a license or agreement made a part of the contract prior to the delivery date of the software. Failure of the Contractor to apply a restricted rights legend to such computer software shall relieve the District of liability with respect to such unmarked software.

I.5.8 In addition to the rights granted in Section I.5.6 above, the Contractor hereby grants to the District a nonexclusive, paid-up license throughout the world, of the same scope as restricted rights set forth in Section I.5.6 above, under any copyright owned by the Contractor, in any work of authorship prepared for or acquired by the District under this contract. Unless written approval of the CO is obtained, the Contractor shall not include in technical data or computer software prepared for or acquired by the District under this contract any works of authorship in which copyright is not owned by the Contractor without acquiring for the District any rights necessary to perfect a copyright license of the scope specified in the first sentence of this paragraph.

I.5.9 Whenever any data, including computer software, are to be obtained from a subcontractor under this contract, the Contractor shall use this clause, I.5, Rights in Data, in the subcontract, without alteration, and no other clause shall be used to enlarge or diminish the District's or the Contractor's rights in that subcontractor data or computer software which is required for the District.

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- I.5.10** For all computer software furnished to the District with the rights specified in Section I.5.5, the Contractor shall furnish to the District, a copy of the source code with such rights of the scope specified in Section I.5.5. For all computer software furnished to the District with the restricted rights specified in Section I.5.6, the District, if the Contractor, either directly or through a successor or affiliate shall cease to provide the maintenance or warranty services provided the District under this contract or any paid-up maintenance agreement, or if Contractor should be declared bankrupt or insolvent by a court of competent jurisdiction, shall have the right to obtain, for its own and sole use only, a single copy of the then current version of the source code supplied under this contract, and a single copy of the documentation associated therewith, upon payment to the person in control of the source code the reasonable cost of making each copy.
- I.5.11** The Contractor shall indemnify and save and hold harmless the District, its officers, agents and employees acting within the scope of their official duties against any liability, including costs and expenses, (i) for violation of proprietary rights, copyrights, or rights of privacy, arising out of the publication, translation, reproduction, delivery, performance, use or disposition of any data furnished under this contract, or (ii) based upon any data furnished under this contract, or based upon libelous or other unlawful matter contained in such data.
- I.5.12** Nothing contained in this clause shall imply a license to the District under any patent, or be construed as affecting the scope of any license or other right otherwise granted to the District under any patent.
- I.5.13** Paragraphs I.5.6, I.5.7, I.5.8, I.5.11 and I.5.12 above are not applicable to material furnished to the Contractor by the District and incorporated in the work furnished under contract, provided that such incorporated material is identified by the Contractor at the time of delivery of such work.
- I.5.14** It is understood that certain funding under this Contract may be provided by the federal government. Accordingly, the rights to Developed Works or Patentable Items of Contractors or subcontractors hereunder will be further subject to government rights as set forth in 37 C.F.R. Section 401 and 45 C.F.R. § 95.617, and other applicable statutes.

I.6 OTHER CONTRACTORS

The Contractor shall not commit or permit any act that will interfere with the performance of work by another District contractor or by any District employee.

I.7 SUBCONTRACTS

The Contractor hereunder shall not subcontract any of the Contractor's work or services to any subcontractor without the prior written consent of the CO. Any work or service so subcontracted shall be performed pursuant to a subcontract agreement, which the District

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will have the right to review and approve prior to its execution by the Contractor. Any such subcontract shall specify that the Contractor and the subcontractor shall be subject to every provision of this contract. Notwithstanding any such subcontract approved by the District, the Contractor shall remain liable to the District for all Contractor's work and services required hereunder.

I.8 INSURANCE

- A. **GENERAL REQUIREMENTS.** The Contractor shall procure and maintain, during the entire period of performance under this contract, the types of insurance specified below. The Contractor shall have its insurance broker or insurance company submit a Certificate of Insurance to the CO giving evidence of the required coverage prior to commencing performance under this contract. In no event shall any work be performed until the required Certificates of Insurance signed by an authorized representative of the insurer(s) have been provided to, and accepted by, the CO. All insurance shall be written with financially responsible companies authorized to do business in the District of Columbia or in the jurisdiction where the work is to be performed and have an A.M. Best Company rating of A-VIII or higher. The Contractor shall require all of its subcontractors to carry the same insurance required herein. The Contractor shall ensure that all policies provide that the CO shall be given thirty (30) days prior written notice in the event the stated limit in the declarations page of the policy is reduced via endorsement or the policy is canceled prior to the expiration date shown on the certificate. The Contractor shall provide the CO with ten (10) days prior written notice in the event of non-payment of premium.
1. Commercial General Liability Insurance. The Contractor shall provide evidence satisfactory to the CO with respect to the services performed that it carries \$1,000,000 per occurrence limits; \$2,000,000 aggregate; Bodily Injury and Property Damage including, but not limited to: premises-operations; broad form property damage; Products and Completed Operations; Personal and Advertising Injury; contractual liability and independent contractors. The policy coverage shall include the District of Columbia as an additional insured, shall be primary and non-contributory with any other insurance maintained by the District of Columbia, and shall contain a waiver of subrogation. The Contractor shall maintain Completed Operations coverage for five (5) years following final acceptance of the work performed under this contract.
 2. Automobile Liability Insurance. The Contractor shall provide automobile liability insurance to cover all owned, hired or non-owned motor vehicles used in conjunction with the performance of this contract. The policy shall provide a \$1,000,000 per occurrence combined single limit for bodily injury and property damage.

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3. Workers' Compensation Insurance. The Contractor shall provide Workers' Compensation insurance in accordance with the statutory mandates of the District of Columbia or the jurisdiction in which the contract is performed.

Employer's Liability Insurance. The Contractor shall provide employer's liability insurance as follows: \$500,000 per accident for injury; \$500,000 per employee for disease; and \$500,000 for policy disease limit.

- B. DURATION. The Contractor shall carry all required insurance until all contract work is accepted by the District, and shall carry the required General Liability; any required Professional Liability; and any required Employment Practices Liability insurance for five (5) years following final acceptance of the work performed under this contract.
- C. LIABILITY. These are the required minimum insurance requirements established by the District of Columbia. **HOWEVER, THE REQUIRED MINIMUM INSURANCE REQUIREMENTS PROVIDED ABOVE WILL NOT IN ANY WAY LIMIT THE CONTRACTOR'S LIABILITY UNDER THIS CONTRACT.**
- D. CONTRACTOR'S PROPERTY. Contractor and subcontractors are solely responsible for any loss or damage to their personal property, including but not limited to tools and equipment, scaffolding and temporary structures, rented machinery, or owned and leased equipment. A waiver of subrogation shall apply in favor of the District of Columbia.
- E. MEASURE OF PAYMENT. The District shall not make any separate measure or payment for the cost of insurance and bonds. The Contractor shall include all of the costs of insurance and bonds in the contract price.
- F. NOTIFICATION. The Contractor shall immediately provide the CO with written notice in the event that its insurance coverage has or will be substantially changed, canceled or not renewed, and provide an updated certificate of insurance to the CO.
- G. CERTIFICATES OF INSURANCE. The Contractor shall submit certificates of insurance giving evidence of the required coverage as specified in this section prior to commencing work. Evidence of insurance shall be submitted to:

John R. Dean
441 4th Street, N.W., Suite 700 South
Washington, DC 2001
(202)0727-0252
John.dean2@dc.gov
- H. DISCLOSURE OF INFORMATION. The Contractor agrees that the District may disclose the name and contact information of its insurers to any third party which presents a claim against the District for any damages or claims resulting from or arising out of work performed by the Contractor, its agents, employees, servants or subcontractors in the performance of this contract.

I.9 EQUAL EMPLOYMENT OPPORTUNITY

In accordance with the District of Columbia Administrative Issuance System, Mayor's Order 85-85 dated June 10, 1985, the forms for completion of the Equal Employment Opportunity Information Report are incorporated herein as Section J.3. An award cannot be made to any offeror who has not satisfied the equal employment requirements.

I.10 ORDER OF PRECEDENCE

The contract awarded as a result of this RFP will contain the following clause:

ORDER OF PRECEDENCE

A conflict in language shall be resolved by giving precedence to the document in the highest order of priority that contains language addressing the issue in question. The following documents are incorporated into the contract by reference and made a part of the contract in the following order of precedence:

- (1) An applicable Court Order, if any
- (2) Contract document
- (3) Standard Contract Provisions
- (4) Contract attachments other than the Standard Contract Provisions
- (5) RFP, as amended
- (6) BAFOs (in order of most recent to earliest)
- (7) Proposal

I.11 CONTRACTS IN EXCESS OF ONE MILLION DOLLARS

Any contract in excess of \$1,000,000 shall not be binding or give rise to any claim or demand against the District until approved by the Council of the District of Columbia and signed by the CO.

I.12 GOVERNING LAW

This contract, and any disputes arising out of or related to this contract, shall be governed by, and construed in accordance with, the laws of the District of Columbia.

SECTION J ATTACHMENTS

The following list of attachments is incorporated into the solicitation.

Attachment Number	Document
J.1	Government of the District of Columbia Standard Contract Provisions for Use with the Supplies and Services Contracts (July 2010)
J.2	U.S. Department of Labor Wage Determination No.: 2005-2103, Revision 12, dated June 13, 2012
J.3	Office of Local Business Development Equal Employment Opportunity Information Report and Mayor's Order 85-85
J.4	Department of Employment Services First Source Employment Agreement
J.5	Way to Work Amendment Act of 2006 - Living Wage Notice
J.6	Way to Work Amendment Act of 2006 - Living Wage Fact Sheet
J.7	Tax Certification Affidavit
J.8	Bidder/Offeror Certifications
J.9	Sub-Contracting Plan
J.10	Reports Notifications Interfaces Inventory
J.11	Solution Graphics
J.12	Functional Requirements
J.13	Technical Requirements
J.14	Pricing OCTO

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Attachment Number	Document
J.15	Draft Blueprint for Approval of Affordable State-based and State Partnership Insurance Exchanges
J.16	Hardware/Software Details
J.17	ACEDS to DCAS Interface Transition Work Plan
J.18	Call Center Assessment
J.19	Pricing DC Net
J.20	Key Personnel Experience
J.21	Resume Template
J.22	Client Reference Form
J.23	DC Process Flows
J.24	Current and Future Vision Graphics
J.25	Security & Privacy Framework

**SECTION K
REPRESENTATIONS, CERTIFICATIONS AND
OTHER STATEMENTS OF OFFEROR**

**SECTION K: REPRESENTATIONS, CERTIFICATIONS AND OTHER
STATEMENTS OF OFFERORS**

SECTION L INSTRUCTIONS, CONDITIONS AND NOTICES TO OFFERORS

SECTION L: INSTRUCTIONS, CONDITIONS AND NOTICES TO OFFERORS

L.1 CONTRACT AWARD

L.1.1 Most Advantageous to the District

The District intends to award a single contract resulting from this solicitation to the responsible offeror[s] whose offer[s] conforming to the solicitation will be most advantageous to the District, cost or price, technical and other factors, specified elsewhere in this solicitation considered.

L.1.2 Initial Offers

The District may award a contract on the basis of initial offers received, without discussion. Therefore, each initial offer should contain the offeror's best terms from a standpoint of cost or price, technical and other factors.

L.2 PROPOSAL ORGANIZATION AND CONTENT

L.2.1 This solicitation will be conducted electronically using the District's Ariba E-Sourcing system. To be considered, an offeror must submit the required attachments via the Ariba E-Sourcing system before the closing date and time. Paper, telephonic, telegraphic, and facsimile proposals may not be accepted.

L.2.2 All attachments shall be submitted as a .pdf file. The District will not be responsible for corruption of any file submitted. If the submitted file cannot be viewed and printed as submitted, it will not be considered.

L.2.3 The offeror shall submit two (2) attachments in its electronic submittal: (1) a technical proposal, and (2) a price proposal. **Please note that each attachment is limited to a maximum size of 25 MB. Please note that each attachment is limited to a maximum size of 25 MB and a maximum of 200 pages when printed, including all Appendices, except responses to Attachments J.12 Functional Requirements and J.13 Technical Requirements (which do not count towards the 200 page limit).**

L.2.4 The offeror shall label each attachment, i.e., "Technical Proposal", "Price Proposal."

L.2.5 Offerors are directed to the specific proposal evaluation criteria found in Section M of this solicitation, Evaluation Factors. The offeror shall respond to each factor in a way that will allow the District to evaluate the offeror's response. The offeror shall submit information in a clear, concise, factual and logical manner providing a comprehensive

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description of program supplies and services and delivery thereof. The information requested for the technical proposal shall facilitate evaluation for all proposals. The technical proposal must contain sufficient detail to provide a clear and concise response fully reflecting the manner in which the offeror proposes to fully meet the requirements in Section C.

L.2.6 The bidders shall complete, sign and submit all Representations, Certifications and Acknowledgments as appropriate.

L.2.7 Technical Proposal

The District intends to select an Offeror whose technical approach to implementation aligns closely with industry standards and best practices. In order to assure this, detailed descriptions of what technology (platforms, protocols, hardware and software) will be used to support the HBX are to be provided within the Technical Proposal. The Offeror is required to clearly identify the scope and responsibilities of each proposed Sub-Officer. The primary sub-sections of the Technical Proposal should outline the a) Technical Approach and Methodology (the actual technology used) and b) Technical Expertise and Capacity (the ability of the Offeror's organization to implement the Approach and Methodology).

L.2.7.1 Technical Approach and Methodology

The information requested in this section will be used to evaluate the Offeror's technical approach and methodology to perform services related to planning for a health insurance exchange. The Offeror shall include at a minimum the following:

- **C.3 - Description of Service.** This section provides an overview of each of the activities to be performed by the Offeror. Offeror responses should articulate your approach, methodology, and experience completing similar tasks for other jurisdictions.
- **C.4 - Description of System.** This section provides a narrative description of the DCAS system to be designed, built, tested, and deployed under this project. Further detail regarding the system is included in Attachment J.12 - Functional Requirements and Attachment J.13 - Technical Requirements. Offerors are required to describe how their current or proposed solution meets the needs of each functional and technical area in their narrative response to this RFP. Offeror's must also complete the Requirements Response, both functional and technical, to indicate the extent to which their system meets or requires modification for each individual requirement.
- **C.5 - Organizational and Staffing Requirements.** This section describes the team required by the District for staffing the DCAS project. It includes a list of project roles, description of each, and specific requirements for Key roles (a subset of the total list). As indicated in this section, Offerors are required to submit detailed resumes for individuals proposed to fill key roles.

L.2.7.2 Technical Expertise and Capacity

The information requested in this section will be used to evaluate the Offeror's and Sub-Offeror's technical qualifications, expertise and capacity to perform services related to planning for a health insurance exchange.

L.2.7.1.1 Offeror Qualifications

In order to submit a response to this solicitation, Offerors and Sub-Offerors must demonstrate they meet the following minimum qualifications:

- Proven system development and integration experience of at least ten (10) years for enterprise information technology ("IT") applications (applies to Offeror only);
- At least five (5) years of experience developing and implementing systems for government health and human service programs;
- Demonstrable ability to provide experienced IT professional staff, with a minimum of five (5) years' experience in a related field;
- A corporation which has offices and conducts operations within the United States.

Offeror and Sub-Offerors must prove their HBX and HHS expertise with in their response including, but not limited to providing details on the following minimum qualifications:

- Strong knowledge of public health and human service programs, health care reform, ACA, CMS and CCIIO, as specifically applicable to HBXs or similar experience;
- Experience in customer facing, large scale, e-commerce applications that are web based;
- Demonstrated ability to link several applications, information hubs, and external partners to one central application;
- Strong knowledge of available commercial, off-the-shelf ("COTS") and custom development technology components as they relate to a health insurance purchasing retail setting;
- Experience working across multiple governmental agencies, organizations, and IT systems;
- Strong knowledge of state and federal privacy and security laws and regulations;
- Ability to provide resources to meet required deliverables and deadlines. A demonstrated ability to deliver projects on time (especially with aggressive timelines); and
- Experience with updating or implementing Medicaid and other public benefit eligibility systems in one or more states
- Opportunities and strategies to reduce costs to the District through reuse.

- Complete Attachment J.22 – Client Reference Form

L.3 REQUIREMENT FOR AN ELECTRONIC COPY OF PROPOSALS TO BE MADE AVAILABLE TO THE PUBLIC

In addition to the proposal submission requirements in Section L.2 above, the offeror must submit an electronic copy of its proposal, redacted in accordance with any applicable exemptions from disclosure under D.C. Official Code §2-534. Redacted copies of the offeror's proposal must be submitted by e-mail attachment to the contact person designated in the solicitation. D.C. Official Code §2-536(b) requires the District to make available electronically copies of records that must be made public. The District's policy is to release documents relating to District proposals following award of the contract, subject to applicable FOIA exemption under §2-534(a)(1). Successful proposals will be published on the OCP Internet in accordance with D.C. Official Code §2-361.04, subject to applicable FOIA exemptions.

L.4 PROPOSAL SUBMISSION DATE AND TIME, AND LATE SUBMISSIONS, LATE MODIFICATIONS, WITHDRAWAL OR MODIFICATION OF PROPOSALS AND LATE PROPOSALS

L.4.1 Proposal Submission

L.4.1.1 Proposals must be fully uploaded into the District's E-Sourcing system no later than the closing date and time. The system will not allow late proposals, modifications to proposals, or requests for withdrawals after the exact closing date and time.

L.4.1.2 Paper, telephonic, telegraphic, and facsimile proposals may not be accepted or considered for award.

L.4.1.3 It is solely the offeror's responsibility to ensure that it begins the upload process in sufficient time to get the attachment uploaded into the District's E-Sourcing system before the closing time. **(PLEASE NOTE: DO NOT USE MICROSOFT INTERNET EXPLORER VERSION 9 TO UPLOAD THE ATTACHMENTS).**

L.4.2 Withdrawal or Modification of Proposals

An offeror may modify or withdraw its proposal via the District's E-Sourcing system at any time before the closing date and time for receipt of proposals.

L.4.3 Late Proposals

The District's E-Sourcing system will not accept late proposals or modifications to proposals after the closing date and time for receipt of proposals.

L.4.4 Late Modifications

A late modification of a successful proposal, which makes its terms more favorable to the District, shall be considered at any time it is received and may be accepted.

L.5 EXPLANATION TO PROSPECTIVE OFFERORS

If a prospective offeror has any questions relating to this solicitation, the prospective offeror shall submit the question electronically via the District's E-Sourcing system's instructions. The prospective offeror should submit questions no later than ten (10) days prior to the closing date and time indicated for this solicitation. The District may not consider any questions received less than ten (10) days before the date set for submission of proposals. The District will furnish responses via the District's E-Sourcing system's messaging process. An amendment to the solicitation will be issued if the CO decides that information is necessary in submitting offers, or if the lack of it would be prejudicial to any prospective offeror. Oral explanations or instructions given by District officials before the award of the contract will not be binding.

L.6 RESTRICTION ON DISCLOSURE AND USE OF DATA

- L.6.1** Offerors who include in their proposal data that they do not want disclosed to the public or used by the District except for use in the procurement process shall mark the title page with the following legend:

"This proposal includes data that shall not be disclosed outside the District and shall not be duplicated, used or disclosed in whole or in part for any purpose except for use in the procurement process.

If, however, a contract is awarded to this offeror as a result of or in connection with the submission of this data, the District will have the right to duplicate, use, or disclose the data to the extent consistent with the District's needs in the procurement process. This restriction does not limit the District's rights to use, without restriction, information contained in this proposal if it is obtained from another source. The data subject to this restriction are contained in sheets (insert page numbers or other identification of sheets)."

- L.6.2** Mark each sheet of data it wishes to restrict with the following legend:

"Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this proposal."

L.7 PROPOSALS WITH OPTION YEARS

The offeror shall include option year prices in its price/cost proposal. An offer may be determined to be unacceptable if it fails to include pricing for the option year(s).

L.8 PROPOSAL PROTESTS

Any actual or prospective offeror or contractor who is aggrieved in connection with the solicitation or award of a contract, must file with the D.C. Contract Appeals Board (Board) a protest no later than ten (10) business days after the basis of protest is known or should have been known, whichever is earlier. A protest based on alleged improprieties in a solicitation which are apparent at the time set for receipt of initial proposals shall be filed with the Board prior to the time set for receipt of initial proposals. In procurements in which proposals are requested, alleged improprieties which do not exist in the initial solicitation, but which are subsequently incorporated into the solicitation, must be protested no later than the next closing time for receipt of proposals following the incorporation. The protest shall be filed in writing, with the Contract Appeals Board, 441 4th Street, N.W., Suite 350N, Washington, D.C. 20001. The aggrieved person shall also mail a copy of the protest to the CO for the solicitation.

L.9 UNNECESSARILY ELABORATE PROPOSALS

Unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective response to this solicitation are not desired and may be construed as an indication of the offeror's lack of cost consciousness. Elaborate artwork, expensive visual and other presentation aids are neither necessary nor desired.

L.10 RETENTION OF PROPOSALS

All proposal documents will be the property of the District and retained by the District, and therefore will not be returned to the offerors.

L.11 PROPOSAL COSTS

The District is not liable for any costs incurred by the offerors in submitting proposals in response to this solicitation.

L.12 CERTIFICATES OF INSURANCE

Prior to commencing work, the Contractor shall have its insurance broker or insurance company submit certificates of insurance giving evidence of the required coverages as specified in Section I.8 to:

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John R. Dean, Contracting Officer
Office of Contracting and Procurement
441 4th Street, N.W., Suite 700 South
Washington, DC 20001
(202) 727-0252
john.dean2@dc.gov

L.13 ACKNOWLEDGMENT OF AMENDMENTS

The offeror shall acknowledge receipt of any amendment to this solicitation electronically via the District's E-Sourcing system's messaging process. The District must receive the acknowledgment by the date and time specified for receipt of proposals. An offeror's failure to acknowledge an amendment may result in rejection of its offer.

L.14 BEST AND FINAL OFFERS

If, subsequent to receiving original proposals, negotiations are conducted, all offerors within the competitive range will be so notified and will be provided an opportunity to submit written best and final offers at the designated date and time. Best and final offers will be subject to the Late Submissions, Late Modifications and Late Withdrawals of Proposals provisions of the solicitation. After receipt of best and final offers, no discussions will be reopened unless the CO determines that it is clearly in the District's best interest to do so, e.g., it is clear that information available at that time is inadequate to reasonably justify contractor selection and award based on the best and final offers received. If discussions are reopened, the CO shall issue an additional request for best and final offers to all offerors still within the competitive range.

L.15 LEGAL STATUS OF OFFEROR

Each proposal must provide the following information:

L.15.1 Name, address, telephone number and federal tax identification number of offeror;

L.15.2 A copy of each District of Columbia license, registration or certification that the offeror is required by law to obtain. This mandate also requires the offeror to provide a copy of the executed "Clean Hands Certification" that is referenced in D.C. Official Code §47-2862, if the offeror is required by law to make such certification. If the offeror is a corporation or partnership and does not provide a copy of its license, registration or certification to transact business in the District of Columbia, the offer shall certify its intent to obtain the necessary license, registration or certification prior to contract award or its exemption from such requirements; and

L.15.3 If the offeror is a partnership or joint venture, the names and addresses of the general partners or individual members of the joint venture, and copies of any joint venture or teaming agreements.

L.16 FAMILIARIZATION WITH CONDITIONS

Offerors shall thoroughly familiarize themselves with the terms and conditions of this solicitation, acquainting themselves with all available information regarding difficulties which may be encountered, and the conditions under which the work is to be accomplished. Contractors will not be relieved from assuming all responsibility for properly estimating the difficulties and the cost of performing the services required herein due to their failure to investigate the conditions or to become acquainted with all information, schedules and liability concerning the services to be performed.

L.17 GENERAL STANDARDS OF RESPONSIBILITY

The prospective contractor must demonstrate to the satisfaction of the District its capability in all respects to perform fully the contract requirements; therefore, the prospective contractor must submit relevant documentation within five (5) days of the request by the District.

L.17.1 To be determined responsible, a prospective contractor must demonstrate that it:

- (a) Has adequate financial resources, or the ability to obtain such resources, required to perform the contract;
- (b) Is able to comply with the required or proposed delivery or performance schedule, taking into consideration all existing commercial and governmental business commitments;
- (c) Has a satisfactory performance record;
- (d) Has a satisfactory record of integrity and business ethics;
- (e) Has a satisfactory record of compliance with the applicable District licensing and tax laws and regulations;
- (f) Has a satisfactory record of compliance with labor and civil rights laws and rules, and the First Source Employment Agreement Act of 1984, as amended, D.C. Official Code §2-219.01 *et seq.*;
- (g) Has, or has the ability to obtain, the necessary organization, experience, accounting, and operational control, and technical skills;

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- (h) Has, or has the ability to obtain, the necessary production, construction, technical equipment, and facilities;
- (i) Has not exhibited a pattern of overcharging the District;
- (j) Does not have an outstanding debt with the District or the federal government in a delinquent status; and
- (k) Is otherwise qualified and is eligible to receive an award under applicable laws and regulations.

L.17.2 If the prospective contractor fails to supply the information requested, the CO shall make the determination of responsibility or non responsibility based upon available information. If the available information is insufficient to make a determination of responsibility, the CO shall determine the prospective contractor to be non responsible.

L.18 MANDATORY PRE-PROPOSAL CONFERENCE

A mandatory pre-proposal conference will be held at 1:00 p.m. on **July 18, 2012**, at 441 4th Street, N.W., Suite 1107 South, Washington, D.C. 20001. Prospective offerors will be given an opportunity to ask questions regarding this solicitation at the conference. The purpose of the conference is to provide a structured and formal opportunity for the District to accept questions from offerors on the solicitation document as well as to clarify the contents of the solicitation. Attending offerors must complete the pre-proposal conference Attendance Roster at the conference so that their attendance can be properly recorded.

Impromptu questions will be permitted and spontaneous answers will be provided at the District discretion. Verbal answers given at the pre-proposal conference are only intended for general discussion and do not represent the Department's final position. All oral questions must be submitted in writing following the close of the pre-proposal conference but no later than ten (10) days prior to the closing date and time indicated for this solicitation. in order to generate an official answer. Official answers will be provided in writing to all prospective offerors who are listed on the official offerors' list as having received a copy of the solicitation. Answers will be posted on the OCP website at <http://ocp.dc.gov/ocp/site/default.asp>.

Please indicate your intent to attend this pre-proposal conference by emailing leslie.ramdat@dc.gov no later than **July 17, 2012**.

SECTION M EVALUATION FACTORS

SECTION M - EVALUATION FACTORS

M.1 EVALUATION FOR AWARD

The contract will be awarded to the responsible offeror whose offer is most advantageous to the District, based upon the evaluation criteria specified below. Thus, while the points in the evaluation criteria indicate their relative importance, the total scores will not necessarily be determinative of the award. Rather, the total scores will guide the District in making an intelligent award decision based upon the evaluation criteria.

M.2 TECHNICAL RATING

M.2.1 The Technical Rating Scale is as follows:

<u>Numeric Rating</u>	<u>Adjective</u>	<u>Description</u>
0	Unacceptable	Fails to meet minimum requirements; e.g., no demonstrated capacity, major deficiencies which are not correctable; offeror did not address the factor.
1	Poor	Marginally meets minimum requirements; major deficiencies which may be correctable.
2	Minimally Acceptable	Marginally meets minimum requirements; minor deficiencies which may be correctable.
3	Acceptable	Meets requirements; no deficiencies.
4	Good	Meets requirements and exceeds some requirements; no deficiencies.
5	Excellent	Exceeds most, if not all requirements; no deficiencies.

M.2.2 The technical rating is a weighting mechanism that will be applied to the point value for each evaluation factor to determine the offeror's score for each factor. The offeror's total technical score will be determined by adding the offeror's score in each evaluation factor. For example, if an evaluation factor has a point value range of zero (0) to forty (40) points, using the Technical Rating Scale above, if the District evaluates the offeror's response as "Good," then the score for that evaluation factor is 4/5 of 40 or 32.

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If subfactors are applied, the offeror's total technical score will be determined by adding the offeror's score for each subfactor. For example, if an evaluation factor has a point value range of zero (0) to forty (40) points, with two subfactors of twenty (20) points each, using the Technical Rating Scale above, if the District evaluates the offeror's response as "Good" for the first subfactor and "Poor" for the second subfactor, then the total score for that evaluation factor is 4/5 of 20 or 16 for the first subfactor plus 1/5 of 20 or 4 for the second subfactor, for a total of 20 for the entire factor.

M.3 EVALUATION CRITERIA

Proposals will be evaluated based on the following evaluation factors in the manner described below:

M.3.1 TECHNICAL CRITERIA (80 Points Maximum)

Proposal will be evaluated based on the following technical evaluation factors listed below.

M.3.1.1 Approach and Methodology (40 Point Maximum)

The Offeror's technical approach and methodology to provide the health insurance exchange related services as described in Section C.4 – Description of System.

M.3.1.2 Expertise and Capacity (40 Point Maximum)

The Offeror's technical expertise and capacity to provide the health insurance exchange related services as described in Section C.4 – Description of System of the RFP and conveyed in its proposal and using information obtained in the testimony of references. Offerors are strongly encouraged to propose specific collaboration or reuse opportunities and strategies to reduce costs to the District. Proposals will be closely evaluated on this dimension. In addition, a substantial portion of the points are available for evaluation of the proposed project manager and key staff.

M.3.1.3 Evaluation will be based upon staff experience with:

1. Health Care Exchange Implementation;
2. Health Care Exchange Operations;
3. Comparable projects performed under contract for government agencies;
4. Implementation of systems with similar architecture, volume, and performance characteristics; and
5. Project management and control of a project of similar scope and complexity.

M.3.2 PRICE CRITERION (20 Points Maximum)

M.3.2.1 The price evaluation will be objective and will be evaluated separately from the technical proposal. The Offeror with the lowest price will receive the maximum price points. All other proposals will receive a proportionately lower total score. The following formula will be used to determine each Offeror's evaluated price score:

$$\frac{\text{Lowest price proposal}}{\text{Price of proposal being evaluated}} \times 20 = \text{Evaluated price score}$$

M.3.3 PREFERENCE POINTS AWARDED PURSUANT TO SECTION M.5.2 (12 Points Maximum)

M.3.4 TOTAL POINTS (112 Points Maximum)

Total points shall be the cumulative total of the offeror's technical criteria points, price criterion points and preference points, if any.

M.4 EVALUATION OF OPTION YEARS

The District will evaluate offers for award purposes by evaluating the total price for all options as well as the base year. Evaluation of options shall not obligate the District to exercise them. The total District's requirements may change during the option years. Quantities to be awarded will be determined at the time each option is exercised.

M.5. PREFERENCES FOR CERTIFIED BUSINESS ENTERPRISES

Under the provisions of the "Small, Local, and Disadvantaged Business Enterprise Development and Assistance Act of 2005", as amended, D.C. Official Code § 2-218.01 *et seq.* (the Act), the District shall apply preferences in evaluating proposals from businesses that are small, local, disadvantaged, resident-owned, longtime resident, veteran-owned, local manufacturing, or local with a principal office located in an enterprise zone of the District of Columbia.

M.5.1 Application of Preferences

For evaluation purposes, the allowable preferences under the Act for this procurement shall be applicable to prime contractors as follows:

M.5.1.1 Any prime contractor that is a small business enterprise (SBE) certified by the Department of Small and Local Business Development (DSLBD) will receive the addition of three points on a 100-point scale added to the overall score for proposals submitted by the SBE in response to this Request for Proposals (RFP).

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- M.5.1.2** Any prime contractor that is a resident-owned business (ROB) certified by DSLBD will receive the addition of five points on a 100-point scale added to the overall score for proposals submitted by the ROB in response to this RFP.
- M.5.1.3** Any prime contractor that is a longtime resident business (LRB) certified by DSLBD will receive the addition of five points on a 100-point scale added to the overall score for proposals submitted by the LRB in response to this RFP.
- M.5.1.4** Any prime contractor that is a local business enterprise (LBE) certified by DSLBD will receive the addition of two points on a 100-point scale added to the overall score for proposals submitted by the LBE in response to this RFP.
- M.5.1.5** Any prime contractor that is a local business enterprise with its principal offices located in an enterprise zone (DZE) certified by DSLBD will receive the addition of two points on a 100-point scale added to the overall score for proposals submitted by the DZE in response to this RFP.
- M.5.1.6** Any prime contractor that is a disadvantaged business enterprise (DBE) certified by DSLBD will receive the addition of two points on a 100-point scale added to the overall score for proposals submitted by the DBE in response to this RFP.
- M.5.1.7** Any prime contractor that is a veteran-owned business (VOB) certified by DSLBD will receive the addition of two points on a 100-point scale added to the overall score for proposals submitted by the VOB in response to this RFP.
- M.5.1.8** Any prime contractor that is a local manufacturing business enterprise (LMBE) certified by DSLBD will receive the addition of two points on a 100-point scale added to the overall score for proposals submitted by the LMBE in response to this RFP.

M.5.2 Maximum Preference Awarded

Notwithstanding the availability of the preceding preferences, the maximum total preference to which a certified business enterprise is entitled under the Act is the equivalent of twelve (12) points on a 100-point scale for proposals submitted in response to this RFP. There will be no preference awarded for subcontracting by the prime contractor with certified business enterprises.

M.5.3 Preferences for Certified Joint Ventures

When DSLBD certifies a joint venture, the certified joint venture will receive preferences as a prime contractor for categories in which the joint venture and the certified joint venture partner are certified, subject to the maximum preference limitation set forth in the preceding paragraph.

M.5.4 Verification of Offeror's Certification as a Certified Business Enterprise

M.5.4.1 Any vendor seeking to receive preferences on this solicitation must be certified at the time of submission of its proposal. The contracting officer will verify the offeror's certification with DSLBD, and the offeror should not submit with its proposal any documentation regarding its certification as a certified business enterprise.

M.5.4.2 Any vendor seeking certification or provisional certification in order to receive preferences under this solicitation should contact the:

Department of Small and Local Business Development
ATTN: CBE Certification Program
441 Fourth Street, NW, Suite 970N
Washington DC 20001

M.5.4.3 All vendors are encouraged to contact DSLBD at (202) 727-3900 if additional information is required on certification procedures and requirements.

M.6 EVALUATION OF PROMPT PAYMENT DISCOUNT

M.6.1 Prompt payment discounts shall not be considered in the evaluation of offers. However, any discount offered will form a part of the award and will be taken by the District if payment is made within the discount period specified by the offeror.

M.6.2 In connection with any discount offered, time will be computed from the date of delivery of the supplies to carrier when delivery and acceptance are at point of origin, or from date of delivery at destination when delivery, installation and acceptance are at that, or from the date correct invoice or voucher is received in the office specified by the District, if the latter date is later than date of delivery. Payment is deemed to be made for the purpose of earning the discount on the date of mailing of the District check.