

RFP 24-77468
Public Health and Healthcare Readiness Assessments RFP
Attachment L – Scope of Work

1. Introduction

1.1. Purpose

The Indiana Department of Health (IDOH) Division of Emergency Preparedness (DEP) is soliciting proposals to identify a Contractor to support public health and healthcare readiness assessments that provide the strategic priority and cornerstone for the State of Indiana and local health departments' future planning in terms of:

- Identifying how existing hazards and risks impact public health, public health infrastructure and behavioral health
- Finding areas of improvement for the State public health and emergency responses
- Identifying which hazards and threats pose the greatest risk to the public health and healthcare system of Indiana
- Identifying where IDOH and local partners should focus their resources to create a more resilient public health and healthcare network for all Hoosiers.

The four types of assessments the Contractor shall assist with are as follows:

Assessment	Target Recipients
Jurisdictional Risk Assessment (JRA)	95 Indiana Local Health Departments (LHDs)
Hazard Vulnerability Assessment (HVA)	10 Indiana Health Care Coalitions (HCCs)
Public Health and Healthcare Readiness Assessment (PHHRA)	Indiana LHDs and HCCs
Preparedness and Capabilities Assessment (PCA)	IDOH staff

If requested by the IDOH, the Contractor will analyze the results of these assessments and develop an Integrated Preparedness Plan (IPP). The IPP will drive future planning, federal grant work plans, and budgeting for IDOH. The 2017 JRA report has been provided in Attachment M for reference. However, that JRA was very limited in scope as it did not comprehensively examine the impact of hazards on public health and healthcare and that approach is not to be used as a guide for the JRA to be developed in this Contract.

The outcomes of these assessments will inform preparedness activities and the development of key performance indicators (KPIs) for the next five-year grant performance period (Jul 2024-Jun 2029). At the local jurisdictional level, the findings will support the development of tools and KPIs related to local funding, including PHEP, HPP, and Health First Indiana.

1.2. Minimum Requirements

In order to be eligible for consideration by the State, a Respondent must meet the following Minimum Requirements:

- Have developed surveys, conducted surveys, and developed reports on the findings for at least two (2) risk or hazard assessments for a city, county, state, or federal entity in the last five (5) years
- Led public health, healthcare, and/or emergency management assessment project in the last five (5) years
- Demonstrated understanding of CDC and ASPR capabilities
- Demonstrated understanding of the cycles involved in emergency management

1.3. Agency Background

IDOH's responsibilities include health promotion and injury/disease prevention with a focus on traditional public health practices such as vital records, immunizations, outbreak investigation, food safety, environmental health, and laboratory services; health equity; data collection, analysis, and dissemination; and regulatory services. IDOH relies on collaboration with the 95 independent local health departments, hospitals, and health care providers from across the State, other state agencies, and public and private partnerships across an array of agencies interested in promoting a healthier and safer Indiana.

The primary goal of the DEP is to promote the overall preparedness, readiness and resilience for public health and healthcare across the State of Indiana. The DEP assists public health entities, healthcare providers and Hoosiers in responding to and recovering from all-hazard incidents by identifying, developing, refining, and executing plans in a timely manner.

1.4. Federal Programs Background

The JRA and HVA assessments are requirements of two of IDOH's grant funding resources, as further discussed below.

Center for Disease Control and Prevention (CDC) - Public Health Emergency Preparedness Program (PHEP)

The [CDC's PHEP Cooperative Agreement](#) is a critical source of funding for state, local, and territorial public health departments. This helps health departments build and strengthen their abilities to effectively respond to a range of public health threats, including infectious diseases, natural disasters, and biological, chemical, nuclear, and radiological events. Preparedness activities funded by the PHEP cooperative agreement specifically target the development of emergency-ready public health departments that are flexible and adaptable. Since the initial publication of the preparedness capability standards, the CDC requires PHEP recipients to

develop and implement capability-based work plans and use their PHEP funding to build and sustain their public health preparedness response capacity. The most recent [PHEP capabilities](#) are:

1. Community Preparedness
2. Community Recovery
3. Emergency Operations Coordination
4. Emergency Public Information and Warning
5. Fatality Management
6. Information Sharing
7. Mass Care
8. Medical Countermeasure Dispensing and Administration
9. Medical Material Management and Distribution
10. Medical Surge
11. Nonpharmaceutical Interventions
12. Public Health Laboratory Testing
13. Public Health Surveillance and Epidemiological Investigation
14. Responder Safety Health
15. Volunteer Management

In addition to the existing 15 PHEP capabilities, the CDC has released a preliminary Public Health Response Readiness Framework, anticipated to be finalized by federal partners in Spring 2024:

1. Develop threat-specific approach
2. Enhance partnerships
3. Expand local support
4. Improve administrative and budget preparedness systems
5. Build workforce capacity
6. Modernize data collection and systems
7. Strengthen risk communications activities
8. Incorporate health equity practices
9. Advance capability of public health laboratories
10. Prioritize community recovery efforts

Administration for Strategic Preparedness and Response (ASPR) - Hospital Preparedness Program (HPP)

The [ASPR HPP Cooperative Agreement](#) provides leadership and funding to improve the capacity of the health care system to plan for and respond to large-scale emergencies and disasters. The HPP program supports regional collaboration and health care preparedness and response by encouraging the development and sustainment of HCCs, as well as HCC members ability to handle emergencies. These Coalitions incentivize health care organizations with differing priorities and objectives to work together to prepare for, respond to, and recover from all types of threats and emergencies. The 2017-2022 Health Care Preparedness and Response Capabilities are a national vision of the critical functions to support the capacity of the health care system to plan for and respond to emergencies. The existing capabilities are:

1. Foundation for Health Care and Medical Readiness
2. Health Care and Medical Response Coordination
3. Continuity of Health Care Service Delivery
4. Medical Surge

In addition to these four existing Health Care Preparedness and Response Capabilities, ASPR has released eight new pre-decisional capabilities which serve to complement the 2017-2022 capabilities. While finalized capabilities are anticipated from ASPR by the end of 2023, the eight new pre-decisional capabilities are:

1. Incident Management and Coordination
2. Information Management
3. Patient Movement and Distribution
4. Workforce
5. Resources
6. Operational Continuity
7. Specialty Care
8. Community Integration

2. High Level Project Timeline

DEP has developed a high-level timeline for key project milestones and deliverables across three phases. As part of their proposal response, Respondents are required to draft an outline of the Project Strategic Plan and Roadmap that includes corresponding time frames and deliverables. The Respondent shall take into consideration that Assessment Activities, State Review, and Feedback on deliverables will require extensive stakeholder engagement with both internal and external parties. The time necessary for coordination of different stakeholder groups for both Assessment Activities and feedback loops should be accounted for in any proposed project workplan.

The base contract term is one (1) year, however, at the State's option, the Contract may be extended for an additional one (1) year. **Please note that Phases 2 and 3 are optional components of the Scope of Work.** The State will inform the Contractor during Phase 1 if they wish for the Contractor to deliver the services and deliverables of Phase 2. Similarly, the State will inform the Contractor during Phase 2 if they wish for the Contractor to deliver the services and deliverables of Phase 3.

Activity	Dates
PHASE 1 – 3/1/2024 - 6/30/2024	
<p>Contractor shall develop the following “Phase 1 Deliverables”:</p> <ul style="list-style-type: none"> • Assessments methodology and tools for the JRA, HVA, PHHRA, and PCA. • Webinar materials and training materials to drive understanding and preparation among survey recipients. • Two user evaluation surveys. 	3/1/24 – 5/1/24
<p>IDOH shall review and provide feedback regarding the Phase 1 Deliverables. Contractor shall update the Phase 1 Deliverables to incorporate IDOH feedback.</p>	5/1/24 - 5/15/24
<p>Contractor shall work with DEP to conduct pilot tests of the developed JRA, HVA tools in one large county, one medium county, and one small county. The counties will be selected by DEP.</p>	5/16/24 - 5/30/24
<p>Contractor shall:</p> <ul style="list-style-type: none"> • Update Phase 1 Deliverables based on the experience and results of the pilot tests. • Work with DEP to release the JRA, HVA, and PHHRA by 6/30/24 • Lead and support efforts to educate and publicize about the JRA, HVA, and PHHRA. 	6/1/24 - 6/30/24
PHASE 2 (OPTIONAL) – 7/1/2024 - 11/15/2024	
<p>Contractor shall conduct remote training (via three webinars and guides) and provide communications support to assessment recipients per approved workplan and Communications Plan.</p>	7/1/24 - 7/31/24
<p>IDOH shall receive results of the JRAs (from the LHDs), HVAs (from the HCCs), and the LHD’s PHHRAs IDOH to share responses to the LHDs’ JRAs and PHHRAs with the HCCs</p>	7/1/24 - 8/31/24
<p>IDOH shall receive HCCS’ responses the PHHRAs</p>	9/1/24 - 9/15/24
<p>Contractor shall update PCA tool as needed based on the results of the received JRA, HVA, and PHHRA and share with IDOH</p>	9/16/24 – 9/22/24
<p>IDOH shall review and provide feedback on the updated PCA. Contractor to update PCA to incorporate IDOH feedback.</p>	9/23/24 - 9/30/24
<p>IDOH shall release the PCA</p>	10/1/24

IDOH shall receive results of the PCA	10/1/24 - 11/15/24
Contractor shall release one evaluation survey to all 95 LHDs and one evaluation survey to all 10 HCCs.	9/30/24
PHASE 3 (OPTIONAL) – 11/16/24-4/15/24	
Contractor shall conduct IPP Workshops; three regional workshops in northern, central, and southern Indiana, and one statewide workshop. The three regional workshops will occur prior to the statewide workshop.	11/16/24 - 12/15/24
Contractor shall draft IDOH Integrated Preparedness Plan (IPP).	11/16/24 - 2/29/25
IDOH shall review and provide feedback to the IPP. Contractor to update the IPP to incorporate IDOH feedback.	3/1/25 - 4/15/25
Contractor shall deliver the final IPP.	4/15/25

3. Project Deliverables

The Contractor shall be responsible for developing and submitting the following Deliverables.

3.1. Phase 1

- a. **Jurisdictional Risk Assessment (JRA)** - The Contractor shall develop an assessment required by federal partners with a focus on community preparedness. A JRA identifies potential hazards, unique vulnerabilities, and community risk factors that could impact a jurisdiction’s public health, medical, and mental/behavioral health infrastructure. A collaborative and flexible risk assessment includes input from HCCs and other health care organizations, as well as other community partners and stakeholders. The Contractor shall be responsible for the following:
 - i. Research and develop methodology for conducting JRA for all 95 LHDs in Indiana
 - ii. Develop a tool/template (with some sections that the Contractor can use to pre-populate data for each LHD (e.g., census data) for the LHDs to use to assess their jurisdictions’ potential risks for the loss or disruption of essential services, or the interruption of health care services or public health agency infrastructure. The tool will be based on local findings and should allow LHDs to:
 1. Identify their top threats within jurisdictions
 2. Assess the latest PHEP capabilities for each identified threat
 3. Analyze the disaster impacts of their identified threats using a scale,

based on the following categories - public health, medical, environmental health, and mental/behavioral health

4. Identify improvement actions and activities that may be conducted locally
 - iii. Host educational webinars with LHDs and develop needed training materials, providing instructions and guidance for JRA activities to the LHDs
 - iv. Develop a comprehensive statewide JRA
- b. **Hazard Vulnerability Assessment (HVA)** - The Contractor shall develop an assessment required by federal partners with a focus on healthcare facility preparedness. A HVA systematically identifies hazards or risks that are most likely to have an impact on a healthcare facility and the surrounding community. A HVA should be developed with a wide range of experts. The Contractor shall be responsible for the following:
- i. Research and develop methodology for conducting HVAs for all 10 HCCs in Indiana.
 - ii. Develop a tool for Indiana's 10 HCCs to understand the hazard risks they face and how to address them. This tool should allow HCCs to:
 1. Identify and prioritize the likely hazards the Coalition could undergo
 2. Identify general vulnerabilities for Coalition member organizations and the specific vulnerabilities for the Coalition itself
 3. Prioritize the general vulnerabilities identified in step 2 based on impact of identified hazards on public health and healthcare
 4. Identify measures that can be taken to prevent or reduce risks or address the consequences post-impact
 - iii. Host educational webinars with HCCs and develop needed materials, providing instructions and guidance for HVA activities to the HCCs.
 - iv. Develop 10 district-level HCC HVA reports with information collected in the above deliverables.
 - v. Develop one comprehensive statewide HVA report for the Indiana healthcare delivery system.
- c. **Public Health and Healthcare Readiness Assessment (PHHRA)** - The Contractor shall develop a tool/template that allows for the evaluation of LHDs and HCCs against the latest PHEP and HPP capabilities at the district level. The LHDs will have the opportunity to complete their PHHRAs before the HCCs. The HCCs can then utilize the data from the LHDs' PHHRAs when completing their PHHRAs. This assessment is not a requirement of federal partners but is considered a critical tool for local partners to evaluate their capacity to prepare, respond, and recover from incidents such as mass casualties or pandemics. The Contractor shall be responsible for the following:
- i. Develop an assessment tool for the use of LHDs and HCCs to assess their capabilities against the latest PHEP and HPP capabilities. The tool/template should have standard questions that are conducive to analyzing differences across the 10 different preparedness districts.
 - ii. IDOH will share the LHDs' responses to the PHHRA as an additional data source

- for the HCCs to utilize in developing their response to their PHHRA.
- iii. Develop 10 district level PHHRA reports by aggregating both the LHDs and HCCs PHHRAs.
 - iv. Develop recommendations for improvement planning activities to increase local partners' readiness.
- d. **Preparedness and Capabilities Assessment (PCA)** - The Contractor shall develop an assessment evaluating the IDOH against the latest PHEP and HPP capabilities. This assessment is not a requirement of federal partners but is considered a critical tool for the IDOH to evaluate its capacity to prepare, respond, and recover from incidents. The Contractor shall be responsible for the following:
- i. Develop a capabilities assessment tool for the use of IDOH to assess their strengths, gaps, and capabilities against the latest PHEP capabilities.
 - ii. Conduct virtual team interviews with IDOH staff to gather data.
 - iii. Aggregate the data from the developed tool and interviews to assess IDOH's strengths and weaknesses against the latest PHEP and HPP capabilities.
 - iv. Develop recommendations for improvement planning activities to increase Indiana's readiness.
- e. **Communications Plan** - The Contractor shall develop a Communications Plan to inform the LHDs and HCCs of the JRA, HVA, and PHHRA processes. The communications plan should ensure engagement with local partners and other assessment participants. The Communications Plan shall include:
- Communications activities
 - High-level timeline
 - Stakeholder groups
 - Key messaging for each stakeholder group
- f. **Webinar Materials** - The Contractor shall create a clear presentation designed to aid the IDOH in informing the LHDs and HCCs of the JRA, HVA, and PHHRA processes as well as clearly guide them through completing the developed assessment tools. The webinars will also be recorded.
- g. **Training Guide** - The Contractor shall create a step-by-step guide that details how LHDs and HCCs should complete the developed JRA, HVA, and PHHRA tools

3.2. **Phase 2 (optional)**

- a. **Conduct Webinars** - As part of Phase 2, the Contractor shall conduct three (3) webinars for the LHDs and HCCs. The webinars will be recorded and posted for viewing by those who are unable to attend.
- b. **Updated PCA** - Update the PCA assessment tool based on results from received from the JRA, HVA, and PHHRA

- c. **Surveys** - Develop one evaluation survey targeted at the 95 LHDs and one evaluation survey targeting HCCs to assess areas such as:
 - a. Assessments' ease of use
 - b. Any areas the assessments tools and process didn't cover well
 - c. Webinar and training tools' usefulness
 - d. Recommendations for improvement

The Contractor is not responsible for the analysis of survey results .

3.3. Phase 3 (optional)

- a. **IPP Workshops** - The purpose of the IPP workshops is to consider the range of preparedness activities within the Integrated Preparedness Cycle and, along with the guidance provided by IDOH leaders, identify, and set preparedness priorities and schedule preparedness activities for the multi-year IPP cycle.
 - i. The Contractor shall conduct three in-person regional IPP workshops (northern, central, and southern Indiana), that are designed as townhall style workshops to gather feedback from local partners. The duration of each regional workshops shall be an entire day unless instructed otherwise by IDOH.
 - ii. The Contractor shall conduct one remote Statewide IPP workshop to educate and inform State agencies, following the three regional workshops. This workshop is expected to be an informative presentation.
 - iii. The finalized list of attendees for the regional and statewide IPP workshops will be determined in Phase 1.
 - iv. The workshops will be led by IDOH staff, with support from the Contractor. For each workshop, the Contractor shall develop the presentation, accompanying materials, and necessary talking points.
- b. **IPP** - A plan for combining efforts across elements of the Integrated Preparedness Cycle to make sure jurisdictions/organizations have the capabilities to handle threats and hazards. The IPP will ultimately establish multi-year preparedness priorities based on Indiana's threats and hazards.
 - i. The Contractor shall develop an IDOH IPP that details the next five-year planning, organization, equipment, training, and exercise (POETE) priorities based on threats and hazards; areas for improvement and capabilities; external sources and requirements; and accreditation standards and regulations. IDOH expects the Contractor to bring their expertise, prior experience, and research findings to the project to create a robust IPP that meets the needs of the State. At a high-level, the IPP shall include the following types of information, but this will be further refined in the deliverables outline document for the IPP (see Section 4.3).
 - a. Executive Summary
 - b. Overview of IDOH and other State Stakeholders in Public Health
 - c. Legal Considerations, Accreditation and Regulations
 - d. Methodology

- e. State Program Priorities
 - i. Corresponding Capabilities and Resources Required
 - ii. Rationale
 - iii. Planning, Organizational, and Equipment/Supplies Factors
 - iv. Training and Supportive Exercises
 - v. Funding
- f. Region-Specific Priorities (northern, central, and southern Indiana)
 - i. Corresponding Capabilities and Resources Required
 - ii. Rationale
 - iii. Planning, Organizational, and Equipment/Supplies Factors
 - iv. Training and Supportive Exercises
 - v. Funding
- g. Continuous Improvement Planning
 - i. 5-Year Integrated Preparedness Schedule
- h. Capabilities Assessment
 - i. Gaps
 - ii. Impact Analysis
- i. Acronyms and Abbreviations
- ii. Include considerations around federal grant requirements and deliverables in the development of the final IPP.
- iii. Provide citations of all sources used and partners involved in the development of all assessment tools.

3.4. Assessment Methodology

Throughout the course of these assessments, the Contractor is expected to utilize a variety of assessment activities to achieve the project goal. The JRA, HVA, HCCPA, and PCA activities include, but are not limited to, the tasks outlined below. Please note that these tasks are provided as examples and the Contractor is not limited to these tasks.

- a. Engage with local partners (e.g., LHDs and HCCs) in the development of the JRA, HVA, and PHHRA assessment tools. Engage with IDOH program staff (e.g., Lab, Epidemiology) to develop the PCA assessment tool. Stakeholder input and support is an important factor in creating a robust survey with increased participation with meaningful input.
- b. Review the 2023 County Readiness Assessment which will be provided to the Contractor.
- c. Review the IDHS' recent IPP (Attachment N).
- d. Incorporate design principles into the assessment tools that:
 - o Complies with Section 508 of the Rehabilitation Act, ensuring that information and communication technology (ICT) is accessible to people with disabilities
 - o Improve user friendliness and ease of use
 - o Makes the responses easy to analyze (e.g., use scales, minimize use of open text boxes)
- e. Review and stay up to date regarding changes of the PHEP and HPP capabilities and

funding requirements.

- f. Review and ensure the alignment of assessments with the standards and measures requirements for measure [2.2.1A of the Public Health Accreditation Board \(PHAB\) Standards and Measures for Reaccreditation \(Version 2022\)](#).
- g. Review and ensure the alignment of assessments with the Indiana Department of Homeland Security's (IDHS) Threats and Hazard Identification Risk Assessment (THIRA) and Stakeholder Preparedness Review (SPR).

3.4.1 Data Elements to Examine - The Contractor shall utilize the State provided HIRA, THIRA, and SPR data (to be shared with the Contractor at the start of Phase 1) to develop Indiana focused assessments. The Contractor is expected to research and utilize other data sources that aid in the development of the Indiana focused assessments and cite all sources. A list of example data elements includes but is not limited to:

- a. Basic demographic data
- b. EMS data
- c. Flood data
- d. Foodborne outbreak data
- e. GIS
- f. Hospital and physician data
- g. Mortality

3.4.2 Types of Hazards to Examine - The Contractor shall conduct research to develop recommendations for hazards/scenarios to be examined in the assessments. A list of example hazards/scenarios includes but is not limited to:

- a. Biological terrorism
- b. Cyber terrorism
- c. Drought
- d. Epidemic
- e. Extreme weather
- f. Fire
- g. Food contamination
- h. Flooding
- i. HazMat release

3.4.3 Risk Groups to Examine - The Contractor shall conduct research to develop recommendations for risk groups to be examined in the assessments. A list of example risk groups includes but is not limited to:

- a. Ambulatory disability
- b. Children
- c. Chronic disease
- d. Cognitive disability
- e. Hearing impaired
- f. Impoverished
- g. Older adults

- h. Limited English proficiency
- i. Visually impaired

3.4.4 Scoring Components - The Contractor shall conduct research to develop recommendations for scoring components that examine public health and public health infrastructure in the assessments. A list of examples scoring components includes but is not limited to:

- a. Probability score
- b. Human impact score
- c. Healthcare impact score
- d. Community impact score
- e. Mental health impact score
- f. Environmental impact score

3.4.5 Sources to Reference - The Contractor shall conduct research to inform the development of the Indiana focused assessments. A list of example models and tools includes but is not limited to:

- a. Kaiser Permanente Hazard Vulnerability Analysis tool
- b. COPEWELL model
- c. American Society of Healthcare Engineers HVA tool

3.4.6 Survey Platform - The State preferred survey platform is RedCap but the State is open to using a Contractor recommended platform to deliver the assessments.

3.4.7 Key Stakeholders - The Contractor shall engage with IDOH to finalize the list of partners to engage in the development of the Indiana focused assessments. The list of partners will include but is not limited to:

- a. [Indiana Department of Homeland Security \(IDHS\)](#)
- b. [Local Health Departments](#)
- c. Health Care Coalition (please see [ASPR's overview of HCCs](#))
- d. Hospitals
- e. Personnel within the organizations providing data/feedback
- f. IDOH program staff

3.5. Description of the State's Role

The State recognizes these assessments are an important investment in Indiana's public health and healthcare system. As such, DEP intends to dedicate time and resources to ensure its success. In general, the State's role will evolve throughout the course of the project beginning with collaborative project planning, and proceeding with State review and approval of project deliverables. Specific aspects of the State's role are detailed below.

- **Provide Data.** The State shall provide the Contractor its most recent SPR/THIRA/HIRA data upon contract effective date.

- **Communication with Stakeholders.** The State shall communicate the Contractor's plan and strategies with the LHDs, HCCs, and other stakeholders.

4. Project Management

4.1. Project Management Plan

The Contractor must develop an overall Project Management Plan (PMP) that addresses the approach to and execution of the Contractor's duties. The PMP must be delivered within one (1) week after the Contract begins. At a minimum, the PMP shall include:

- Project Schedule
- Project Organization Chart
- Staffing Plan (shows resource name, title, % commitment, and company by Phase)
- Communications Plan

4.2. Status Reporting and Meetings

Biweekly Status Reports and Updates: The Contractor shall develop biweekly Status Reports covering progress against the Project Schedule, issues, risks, risk mitigation strategies, and staffing changes.

Ad Hoc Meetings: The Contractor shall attend any ad hoc meetings requested by the State. If on-site attendance is necessary, the State will provide three (3) business days' advance notice. If presentation material is necessary, the Contractor shall develop the materials.

4.3. Deliverables Management

The Contractor is expected to ensure all deliverables are submitted on time, complete, error-free, and meet the requirements for the defined deliverable. Any rejected deliverables will require attentive correction. Deliverable drafts may require additional drafts prior to the review cycle to ensure IDOH's needs are met. Each deliverable submitted to IDOH for review and approval will have a formal transmittal letter from the Contractor. The State retains formal and final authority to accept and approve the Contractor's deliverables.

The deliverable management process is detailed below:

- The Contractor shall develop a deliverable outline document to define expectations and content for each deliverable. The Contractor shall incorporate IDOH's feedback on the outline and resubmit it for approval.
- The Contractor shall develop draft deliverable
- The Contractor shall submit the deliverable by the approved deadline. The deliverable will comply with agreed upon standards and include the content described in the deliverable outline. The Contractor must incorporate adequate estimates for IDOH's review, comment, and any Contractor re-work time in the Project Schedule. By

submitting the deliverable, the Contractor certifies that it meets all Contract requirements.

- IDOH will review the deliverable and provide their feedback within five (5) business days.
- The Contractor shall correct and resubmit the deliverable within five (5) business days. Rejection of a deliverable by the State does not provide permission for delays in delivering subsequent deliverables unless approved by IDOH.
- IDOH will review and provide their approval if there is no additional feedback.

5. Staffing

5.1. General Requirements

The Contractor shall provide qualified staff as needed to complete each phase of the project and meet contractual requirements. If the Contractor needs to adjust the number and mix of resources over time to successfully complete the contractual scope of services, the Contractor cannot increase costs to the State.

During the Contract term, IDOH reserves the right to require the replacement of any Contractor or subcontractor employee found unacceptable to IDOH. Reasons for unacceptability include, but are not limited to, the inability of the individual to carry out work assignments or unsatisfactory job performance as determined by IDOH. The individual must be removed within two (2) weeks of the request for removal, or sooner if requested by IDOH, and be replaced within thirty (30) calendar days after the position is vacant, unless a longer period is approved by IDOH.

Additionally, as a part of the staffing responsibilities, the Contractor shall:

- Identify and immediately dismiss any employee with a background unacceptable to IDOH.
- Identify, report, and resolve performance issues for its entire project staff including but not limited to employees and subcontractors.
- Ensure all Contractor project staff shall work from within the continental United States, unless otherwise approved by the State. Staff are not expected to work at the IDOH location except for the Phase 3 regional IPP Workshops. The State will provide designated office space for the Contractor's staff on days when on-site work takes place.
- The Contractor must ensure data and PHI security and comply with HIPAA protection.

5.2. Vital Positions

The term "Vital Position," for purposes of this RFP, means Contractor personnel deemed by the State as being both instrumental and essential to the Contractor's satisfactory performance of all requirements contained in the Contract. For this Contract there will only be one Vital Position, the Project Manager. This position's Responsibilities and Required Experience is provided below.

Project Manager	
Responsibilities	Experience
<ul style="list-style-type: none"> ● Coordinates overall project tasks ● Serves as the single point of contact between the Contractor and the State for all communications ● Ensures scope of work and deliverables are completed on time and according to IDOH expectations in terms of accuracy and quality ● Full-time dedicated to the Contract during Phase 1 	<ul style="list-style-type: none"> ● A minimum of three (3) years of experience in managing and/or leading projects of a similar size and complexity ● Experience working on at least two other similar assessment projects, with at least one being for a city, county, state, or federal government entity ● Applicable experience with the proposed solution preferred ● Project management certification preferred ● Strong written and communication skills

5.3. Subcontractors

The Contractor shall be fully responsible for managing all subcontractors used to execute the services of the Contract. The subcontractor(s)'s compliance with all requirements, terms, and conditions shall be the responsibility of the Contractor.

5.4. Hardware, Software, Accessories, and Peripherals

The Contractor shall supply all hardware, software, accessories, and peripherals for their staff (including any subcontractor staff) that will be necessary to complete the requirements of the Contract. The Contractor shall provide the necessary workstations, firewalls, switches, and routers to connect to the State's trusted network from their facility. The Contractor is responsible for ensuring use and management of all hardware, software, accessories, and peripherals is compliant with IOT policies, IDOH policies, and any other applicable Indiana policies. The Contractor shall not invoice the State for these costs. The only exceptions will be Virtual Private Network (VPN) access to the State network. This expense will be covered by the State. The Contractor shall manage network infrastructure at the site and support the site's network connecting to the State's VPN. Host access will be based upon access-lists in the VPN appliance maintained by the State.

The Contractor is free to provision, manage, and control any device at the site, but within IOT and IDOH policies. See Clause 12 of the Sample Contract for all the confidentiality, security, and privacy of personal information requirements to which the Contractor must adhere.

5.5. Credentials and Background Checks

The Contractor must use State of Indiana-issued credentials to conduct the assessments work

cited in the Contract. The State-issued email is used for correspondence with the State and with its partners (e.g., ISDH, LHDs). Further, the State-issued ID supported via the IOT-maintained Microsoft Azure AD LDAP is used for access to the State network and all systems owned by the State. To ensure that State credentials remain active, users will be required to complete State-issued regular trainings (e.g., security). The training portal will be made available to users following the issuance of State credentials. The Contractor must provide accurate and timely user information to receive State credentials. It may take several days for the user to receive their credentials. Contractor resources cannot be staffed on any activities relating to this contract until they have met the background check requirement, unless specifically exempted by the State.

The Contractor will be required to complete all necessary background checks according to State and federal policies and guidelines.

The Contractor is fully responsible for the conduct of its employees and its subcontractor's employees. If there is any need for intervention by IDOH or other State personnel because of behavior, security breaches, or general misconduct, the Contractor shall immediately remove the employee from the contract work and replace this employee on a permanent basis. Further occurrences may result in the termination of the contract.

6. Billing and Invoicing

The invoicing approach for Contractor shall invoice the State on a milestone basis, with each milestone corresponding to specific deliverables. A tentative table explaining this is below:

Phase	Invoicing Approach
1	Based on State acceptance of each Milestone: <ul style="list-style-type: none"> a. Payment Point 1: Release of Pilot Assessments b. Payment Point 2: Release of final JRA, HVA, and PHHRA to full set of intended recipients. Completion of webinar materials, training resources, and evaluation surveys
2	Based on hourly rates per position multiplied by the number of hours worked by Contractor staff members
3	Based on State acceptance of each Milestone: <ul style="list-style-type: none"> a. Completion of three in person regional IPP workshops and one remote statewide IPP workshop b. Release of final IPP

7. Performance Standards

7.1. Overview

All performance standards will be reported to the State in the status reports. The Contractor shall provide full transparency to access all materials and associated work products included in this Contract if requested. When a performance target is not met, the Contractor must complete a Root Cause Analysis (RCA) and prepare a plan for remediation. After the State’s review of the remediation plan, the Contractor shall execute the plan and assess the results of the plan. The timeframes for these actions will be finalized with the State during the weekly status meetings.

7.2. Performance Standards

Below are two performance standards tied to timeliness. Additional performance standards will be developed during contract negotiations based on the awarded Respondent’s proposed methodology.

#	Performance Standard
1	Meet 6/30/2024 deadline to release of the JRA, HVA, and PHHRA assessments
2	Meet 2/29/2025 deadline to deliver the final IPP report (applies only if the Contractor is engaged for Phase 3)

7.3. Corrective Action Plans

The State may require corrective action(s) when the Contractor has failed to provide the requested services in accordance with the requirements and/or performance standards of this Contract. The nature of the corrective action(s) will depend upon the nature, severity and duration of the deficiency and repeated nature of the non-compliance.

Severity shall be determined by the State, in its sole discretion. The written notice of corrective actions may be instituted in any sequence and include, but are not limited to, any of the following:

- Written Warning: The State may issue a written warning and solicit a response regarding the Contractor’s corrective action.
- Formal Corrective Action Plan: The State may require the Contractor to develop a formal corrective action plan to remedy the breach. The Corrective Action Plan must be submitted under the signature of the Contractor’s chief executive and must be approved by the State. If the Corrective Action Plan is not acceptable, the State may provide suggestions and direction to bring the Contractor into compliance.

If a written warning is issued, the Contractor shall provide a written response regarding their proposed remedies within five (5) business days of the occurrence or State request.

If a formal Corrective Action Plan is requested, the Contractor shall submit, within ten (10) business days of the occurrence or State request a formal Corrective Action Plan that addresses the causes of the deficiency, the impacts and the measures being taken and/or recommended to remedy the deficiency, and whether the solution is permanent or temporary. It shall also include a schedule showing when the deficiency shall be remedied, and for when the

permanent solution shall be implemented, if appropriate. Upon the State’s approval of the Corrective Action Plan, the Contractor shall execute the Corrective Action Plan. The Contractor shall complete all necessary corrective measures within fifteen (15) calendar days of discovery of an issue prompting a Corrective Action Plan unless an alternative schedule is agreed to by the State.

The Contractor shall seek the State’s written release from the obligations of the Corrective Action Plan upon successful completion of the Corrective Action Plan and correction of performance.

8. Definitions and Abbreviations

The following acronyms, abbreviations and explanations are referenced throughout this RFP.

Acronym	Meaning/Explanation
ASPR	Administration for Strategic Preparedness and Response
CDC	Centers for Disease Control and Preventions
DEP	Division of Emergency Preparedness
EMS	Emergency Medical Services
GIS	Geographic Information System
HCC	A Health Care Coalition
HIPAA	Health Insurance Portability and Accountability Act
HIRA	Hazard Identification and Risk Assessment
HPP	Hospital Preparedness Program
HVA	Hazard Vulnerability Assessment
IDHS	Indiana Department of Homeland Security
IPP	Integrated Preparedness Plan
IPPW	Integrated Preparedness Plan Workshop
JRA	Jurisdictional Risk Assessment
KPI	Key performance indicators
LHD	Local Health Department
PCA	Preparedness and Capabilities Assessment
PHAB	Public Health Accreditation Board
PHEP	Public Health Emergency Preparedness Program
PHHRA	Public Health and Healthcare Readiness Assessment
PHI	Protected Health Information
POETE	Planning, organization, equipment, training, and exercise
SPR	Stakeholder Preparedness Review
THIRA	Threat and Hazard Identification Risk Assessment