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**RFP 19-088**

**EBT and T&A Systems RFP**

**Attachment F - Technical Proposal**

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| **Respondent:** |  | |

**Instructions:**

Request for Proposal (RFP) 19-088 is a solicitation issued by the State of Indiana in which organizations are invited to compete for a contract amongst other respondents in a formal evaluation process. Please be aware that the evaluation of your organization’s proposal will be completed by a team of State of Indiana employees and your organization’s score will be reflective of that evaluation. The evaluation of a proposal can only be based upon the information provided by the Respondent in its proposal submission. Therefore, a competitive proposal will thoroughly address all components of each Scope of Work (SOW) for which the Respondent proposes to fulfill. The Respondent is expected to provide the complete details of its proposed operations, processes, and staffing for the applicable scopes of work detailed in the RFP document and supplemental attachments.

Please review the requirements in Attachment D carefully. Please describe your relevant experience and explain how you propose to perform the work. Respondents are encouraged to submit proposals addressing the State’s goals that go beyond the minimum requirements set forth in Attachment D of this RFP. For all areas in which subcontractors will be performing a portion of the work, clearly describe their roles and responsibilities, related qualifications and experience, and how you will maintain oversight of the subcontractors’ activities.

Please use the yellow shaded fields to indicate your answers to the following questions. The yellow fields will automatically expand to accommodate content. Every attempt should be made to preserve the original format of this form. Technical proposals have specifications as listed in section 2.4 of the RFP main document. **A completed Technical Proposal is a requirement for proposal submission. Failure to complete the fields applicable to the program-specific scope(s) for which you propose to fulfill may impact your proposal’s responsiveness. Please note all Respondents must complete the fields associated with Scope A (Questions A.1 through A.10).** Diagrams, certificates, graphics, and other exhibits should be referenced within the relevant answer field (e.g. B.6) and included as legible attachments.

**SCOPE A – Common Scope Across Programs [REQUIRED]**

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| **A.1** | **Section 4.1 – Overview**  Provide an overview/executive summary of your proposal. If you propose to fulfill multiple program-specific scopes, please describe any anticipated variations (if any) in your delivery of basic services such as Project Management, Project Phases, and Performance Management between program areas. |
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| **A.2** | **Section 4.2 – Project Management**  Please describe in detail how you intend to deliver the plans and services associated with the Project Management requirements outlined in Scope A, Section 4.2 of Attachment D. For each subsection under 4.2 (from 4.2.1 to 4.2.9), please confirm your commitment to fulfilling the State’s requirements, demonstrate your understanding of the State’s needs, and outline your approach to and experience in each area. Where applicable, indicate if any portions of your response are specific to or vary across your proposed program area(s)/scope(s).  Additionally, please attach or insert the following:   * **Project Management Plan(s)** (See Section 4.2.3) for each applicable program-specific scope * **Project Plan and Schedule(s)** (See Section 4.2.4) for each applicable program-specific scope attach a preliminary Project Plan and Schedule. Please note that the Plan(s) must also include any additional proposed tasks. Individual tasks and deliverables, critical paths, and dependency tasks should be identified by project phase. The plan must delineate the responsibilities of the Respondent, the State, and Federal agencies, if applicable. The plan must clearly include all of the activities and deliverables outlined in the “Project Deliverables” section of each applicable program-specific scope of work (see Sections 5.1.1, 6.1.1, and 7.1.1). * **Sample Status Report** (See Section 4.2.6) |
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| **A.3** | **Section 4.3 – Project Phases**  Please provide an overview of how you intend to either develop and implement new system(s) or improve upon the State’s existing system(s) by describing your approach to each applicable Project Phase described in Section 4.3 of Attachment D. Where applicable, indicate if any portions of your response are specific to, or vary across, your proposed program area(s)/scope(s). |
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| **A.4** | **Section 4.3.1 – Project Initiation**  Please describe your approach and experience validating requirements and conducting Joint Application Design (JAD) sessions. At a minimum, you must address how you will review the requirements contained in this solicitation, identify State stakeholders for participation in JAD sessions, work with the State to refine requirements for implementation, and ensure compliance with all Federal and State regulations, policies, and standards.  The Respondent must include descriptions of any tools and methodologies employed to facilitate requirements definition and schedule development activities throughout project. |
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| **A.5** | **Section 4.3.2 – Design Phase**  Please demonstrate your understanding of, and ability to provide, each of the State’s minimum design deliverables below:   * System Requirements Specification Document (See Section 4.3.2.a) * System Interface Document (See Section 4.3.2.b) * Requirements Traceability Matrix (See Section 4.3.2.c) * Functional Design Document (See Section 4.3.2.d) * Detailed System Design Document (See Section 4.3.2.e) * System Test Plans (See Section 4.3.2.f) * Data Conversion Plan (See Section 4.3.2.g) * Transition Plan (See Section 4.3.2.h)   If your solution involves replacing the State’s existing system(s), please additionally describe your general design process and any best practices or lessons learned that you will apply to your design activities for the State of Indiana.  If your solution involves retaining the State’s existing system(s), please describe your process for updating the current design documents (as listed above) to include any new requirements contemplated in this solicitation. |
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| **A.6** | **Section 4.3.3 – Development Phase**  Please describe your approach to, and experience in, system configuration and testing. At a minimum, you must outline how you intend to coordinate, conduct, and address the outcomes of each of the following types of testing:   * Unit Testing (See Section 4.3.3.a) * System Testing (See Section 4.3.3.b) * Interface Testing (See Section 4.3.3.d) * User Acceptance Testing (See Section 4.3.3.e) * Regression Testing (See Section 4.3.3.f) * Performance/Stress Testing (See Section 4.3.3.g) * Network Performance Testing (See Section 4.3.3.h) * Interactive Voice Response (IVR) Testing (See Section 4.3.3.i) * Data Conversion Test (See Section 4.3.3.j)   Please also detail how you will develop testing reports for State and Federal review (if applicable). If you propose to fulfill a program-specific scope that requires Functional Demonstrations for Federal partners (see Section 4.3.3.c), you must further describe your approach to and experience in handling such demonstrations and incorporating any resulting Federal feedback. |
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| **A.7** | **Section 4.3.4 – Transition-In Phase**  If your solution involves replacing the State’s existing system(s) and transitioning responsibilities from the incumbent vendor, please describe how you intend to manage the Transition-In phase as described in Section 4.3.4 of Attachment D. Please specifically address how you will manage resources in the event of overlap between the Design and Transition-In phase and how you will ensure consistent service to State clients during the transition and conversion of database(s). |
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| **A.8** | **Section 4.3.5 – Operations Phase**  Please describe in detail how you intend to deliver services during the steady-state Operations Phase of the Contract as described in Scope A, Section 4.3.5 of Attachment D. Where applicable, indicate if any portions of your response are specific to, or vary across, your proposed program area(s)/scope(s). At a minimum, please fully address how you will meet the State’s expectations and agree to comply with the State’s requirements, including cost/billing requirements, for each of the following subsections:   * Ongoing Maintenance (See Section 4.3.5.a) * Software Upgrades (See Section 4.3.5.b) * System Enhancements (See Section 4.3.5.c) * Warranty (See Section 4.3.5.d) * System Change Order Process (See Section 4.3.5.e) * Billable and Non-Billable Changes (See Section 4.3.5.f and 4.3.5.g) |
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| **A.9** | **Section 4.3.6 – End of Contract Phase**  Please confirm your understanding of, and agreement with, the State’s requirements for transitioning to subsequent vendor(s) at the end of the Contract, as described in Section 4.3.6 in Attachment D. Describe your approach to coordinating with the new vendor and transferring services with the least disruption to the State and their clients. Specifically indicate your ability to postpone invoicing for the final three months of the contract until such time as the end-of-contract transition activities are completed. |
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| **A.10** | **Section 4.4 – Performance Management**  Please confirm your understanding of, and agreement with, the provisions of Section 4.4 of Attachment D. Please describe your proposed plan to ensure that your organization will work collaboratively with the State to avoid the need for CAPs or payment withholds. You may supplement your response with examples from other States.  Respondents shall include a list of any formal corrective actions initiated against Respondent in other states within the last three (3) years. The list shall include, at a minimum, a description of the action, the underlying root cause, corrective actions taken by the Respondent and outcome. If any financial consequences were assessed, the details shall be included in the outcome description.  Please additionally confirm your ability to invoice according to withholding requirements outlined in Section 4.4.2 “Performance Withhold” of Attachment D. |
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**SCOPE B – SNAP/TANF EBT [IF APPLICABLE]**

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| **B.1** | **Section 5 – Executive Summary**  Provide an executive summary of your SNAP/TANF EBT proposal. Please address the following topics by demonstrating both an understanding of the State’s needs and substantiating your organization’s experience and qualifications in each area. The value added by the Respondent’s solution must be clearly highlighted for each item addressed:   * **Introduction** (Optional) * **System Experience** – please indicate whether or not you are currently processing SNAP and/or TANF EBT at the time of the proposal deadline and, if so, indicate for which states. Specifically indicate whether you are currently processing SNAP/TANF through a single card for any clients. If a Respondent is not currently processing EBT, it must include all relevant information regarding how/when the Respondent expects to begin EBT processing. * **Operating Standards** – include a statement acknowledging that any EBT system implemented as a result of this RFP will conform to the Scope of Work (Attachment D), including its Performance Measures, SNAP/TANF EBT System Requirements Form (Attachment G) of the RFP, and with all applicable Federal and State regulations. * **Transition Experience** – describe your organization’s experience with transitions of EBT systems, both as an outgoing incumbent and as the incoming EBT processor. If any transitions you were involved on experienced significant delays (i.e. 30 or more calendar days behind schedule), please describe the causes of delay and your efforts to remedy or mitigate further delays. * **Subcontractors** – indicate whether any subcontractors will be involved on this project and if so, describe their duties and involvement. A clear statement acknowledging that the Respondent will be fully responsible for the efforts of any subcontractors must be included. * **Proposed System** – include a statement demonstrating that the proposed system will function, at a minimum, the same way as the current system, as described in Attachment D Scope of Work. * **Other** - include any other information that could be pertinent to this project proposal. Areas of particular interest to the State are the value added by the Respondent’s proposed solution. In particular, the State would like to understand how the Respondent’s solution is preferable and/or different from others in the marketplace. |
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| **B.2** | **Section 5.1 – Scope-specific Project Management**  The Respondent must address the following, as related to Section 5.1.2 of Attachment D:   * Provide a proposed organization chart for this project, defining the Respondent’s management and project staff. The Respondent must include a discussion of the proposed lines of authority and how the project management team will be involved in the administration of the services. Internal coordination and communication as well as communication with subcontractors must also be addressed. * Describe how the management structure will ensure adequate oversight and provide executive direction for the Project Manager. * Include resumes of the proposed Project Manager and other key personnel listed in Section 5.1.2. Please confirm that individuals possess the required skills of the role for which they are being proposed. * Acknowledge that the State has the right to approve or disapprove any Key Personnel proposed by the Respondent, including replacements, as described in the Section 4.2.2 of Scope A. * Acknowledge that the Respondent will provide and maintain the appropriate number and mix of personnel to successfully implement all requirements of Scope B.   Please include any other relevant project management information. |
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| **B.3** | **Section 5.2 – Scope-specific Project Phase Requirements and Deliverables**  In addition to the overview provided in response to Question A.4 of the Scope A Section of the Technical Proposal Template, please provide the following details specific to your delivery of Scope B – SNAP/TANF EBT:   * Describe the overall approach being proposed to implement this project including methodologies of schedule development, baseline monitoring, and communication. * Fully define your organization’s methodology and plans for schedule maintenance, change control and configuration management. The particular change control and configuration management tool(s) to be employed must be fully described, including the version/release number as well as the processes proposed. * Describe the methodologies for management, follow-up, tracking, and risk management of problems that may arise. * Describe any recent projects and results of the methodologies described above. * Include any other relevant project initiation effort or information. |
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| **B.4** | **Section 5.2.1 – Design and Development Phases**  Please describe how you will meet the program-specific requirements outlined in Section 5.2.1 (in addition to the delivery of base services as described in Section 4.3.2 and 4.3.3 of Attachment D, Scope A). Please demonstrate your understanding of, and ability to provide, the following:   * **System Test Plan’s** program-specific elements (See Section 5.2.1.a) * **Data Conversion Plan’s** additional conversion test needs (See Section 5.2.1.b) * **Transition Plan’s** program-specific elements (See Section 5.2.1.c) * **EBT Processor Interface Specifications** (See Section 5.2.1.d) – please specifically describe your plan for handling system demands from, and system access to, mobile applications. * **Retailer/Merchant Acquirers/TPP Conversion Management Plan** (See Section 5.2.1.e) – please describe your pan for replacement/deployment of POS terminals, reissue of retailer agreements, and conversion of TPPs. * **Disaster Recovery and Business Continuity Plans** (See Section 5.2.1.f) - clearly affirm your responsibilities, procedures, and capacities relative to Business Continuity and Disaster Recovery, as defined in Attachment D. Periodic testing of all backup and recovery systems must be described. * **Settlement Manual** (See Section 5.2.1.g) - fully describe your reconciliation and settlement system for both SNAP and TANF accounts. This includes a description of how the State will interact and use the system for its daily balancing, reconciliation, and settlement. Demonstrate your experience working with AMA, ASAP, and other federal financial systems. * **Security Document** (See Section 5.2.1.h) – describe your security program for the EBT system and card stock. Please include descriptions of how you will identify security risks and provide audit access to the State and its Federal partners. Indicate your acceptance of FNS’ standards. * **Administrative Systems Manual** (See Section 5.2.1.i) – please additionally indicate whether the proposed solution can integrate with the state's local Active Directory or Azure AD for single sign on. * **Training Manual** (See Section 5.2.1.j) * **Reports Manual** (See Section 5.2.1.k) * **Testing’s** program-specific activities (See Section 5.2.1.l)   The Respondent must agree that the deliverables will be updated and kept current throughout the life of the project. Please propose a process for the review, editing, and updating of all deliverables. Time frames for this process must be included in the Project Plan and Schedule (submitted in response to Question A.2 of the Scope A Section of the Technical Proposal Template).  The Respondent may include any other relevant project design efforts or information. |
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| **B.5** | **Section 5.2.2 – Transition-In Phase**  If your solution involves replacing the State’s existing system(s) and transitioning responsibilities from the incumbent vendor, please affirm your commitment to ensuring that your activities are in accordance with FNS guidance “Electronic Benefits Transfer (EBT) Systems Transition Guide,” Version 2.0.  Describe in detail how you intend to transfer from the incumbent system to your proposed system, including how you will transfer historical data and reconcile cardholder accounts. Please also describe how you will accomplish cardholder database conversion and ensure that cardholders and retailers are not negatively impacted by the transition to your system.  Please confirm your understanding of, and commitment to, card design requirements. |
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| **B.6** | **Section 5.2.3 – End of Contract Phase**  Please clearly demonstrate your willingness and capability to perform all the activities required by Section 5.2.3 of Attachment D and by the Electronic Benefits Transfer (EBT) System Transition Guide version 2.0 (See Bidders’ Library – Attachment J).  The Respondent must also describe its ability to work with any subsequent EBT provider selected by the State, upon termination and/or conclusion of the contract resulting from this RFP.  Respondent must describe any similar EBT projects for which it served as the out-going incumbent and the results of the transition to another contractor.  The Respondent may include any other relevant transition-out effort information. |
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| **B.7** | **Section 5.3 – Interface with State Eligibility System**  Please describe your organization’s ability to meet interface and file transmission needs as outlined in Section 5.3 of Attachment D. Additionally, affirm your commitment to, and describe your plan for, using the State’s interface designs to the greatest extent possible.  Please also identify a method of disaster card creation, storage, and procedures for deployment in case of a disaster. The State will not store disaster cards at any State facilities. The solution must have off-site storage of disaster cards. |
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| **B.8** | **Section 5.4 – Compliance**  Please confirm your proposed system is compliant with the standards listed in Section 5.4 of Attachment D. Include a statement committing to adhere to the State’s decision in the event of a conflict between standards and to update the system as the listed standards and specifications change at no cost to the State. Please confirm your ability to meet rejected ACH settlement requirements. |
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| **B.9** | **Section 5.5 – Card Issuance**  Please describe your process for issuing cards and replacement cards. Include a description of any workflow differences between receiving a request for a replacement card from the client via IVR, the client via the client web portal, and the State via the admin terminal.  The Respondent may include any other relevant card issuance information. |
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| **B.10** | **Section 5.6 – Transaction Processing**  The Respondent must agree to the requirements listed in Section 5.6 of Attachment D and further address each of the following subsections and questions:   * **Benefit Availability** (See Section 5.6.1) **–** attest to your ability to make benefits available to cardholders according to the timing specifications of this section. * **Adjustments** (See Section 5.6.2) - confirm that should you be awarded this scope of services, you shall support account adjustments in accordance with USDA FNS regulations and the requirements of Section 5.6.2 of Attachment D. * **Voluntary Benefit Repayment** (See Section 5.6.3) * **Expungements** (See Section 5.6.4) – please describe your process for tracking aging at the benefit level for both SNAP and TANF. Confirm your agreement to provide daily reports on expungements. * **Exception Transactions** (See Section 5.6.5) * **Store and Forward Transactions** (See Section 5.6.6) * **Voided and Cancelled Transactions** (See Section 5.6.7) * **Key Entered Transactions** (See Section 5.6.8) * **Authorized Retailer Validation** (See Section 5.6.9) * **Interoperability Requirements** (See Section 5.6.10) – please outline its plan for supporting interoperable transactions for both Indiana and non-Indiana clients. |
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| **B.11** | **Section 5.7 – Retailers**  Please describe your process for developing certification standards in alignment with requirements listed in Section 5.7.1 of Attachment D. Demonstrate your understanding of, and approach to delivering, the services to be provided to retailers/merchants, exempt retailers, farmers/farmers markets, and newly authorized retailers. Please describe your solution’s ability to handle both methods of clearing manual vouchers. |
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| **B.12** | **Section 5.8 – Training**  Please clearly describe your approach to training and to the development of training materials. Samples of materials are not required nor requested. However, Respondents must indicate the extent of their familiarity with developing and providing the types of training materials (specifically for cardholders, retailers, and State staff) as required by Attachment D, Section 5.8.  Please describe in detail how you intend to provide training materials and/or training services for each category below:   * **State Training** (See Section 5.8.2) **–** please indicate your experience in providing web-based tutorials and other online training methods. A proposed schedule, including the length of each training session and any capacity constraints must be included in this section. Requirements relative to space and technical support (pc’s, telecom lines, etc.) must clearly be defined. * **Admin Training** (See Section 5.8.3) * **Cardholder Training** (See Section 5.8.4) * **Exempt Retailer Training** (See Section 5.8.5) |
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| **B.13** | **Section 5.9 – Customer Service and Help Desk**  Clearly describe the operation of your customer service help desk, including the logistics of answering incoming calls and the logging and tracking inquiries. Please provide details about how you shall develop IVR and help desk scripts. Please describe your ability to accommodate the hearing impaired via the toll-free numbers. Respondents must also include how incoming calls are tracked, logged, recorded, and made available for audit processes.  Any software tools to be employed must be fully described, including the version/release number as well as the processes proposed. Additionally, the Respondent must clearly describe its client and retailer web-sites.  A preliminary Customer Service Staffing Capacity Plan, based on the call volumes provided in Bidders’ Library Attachment J, must be attached. |
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| **B.14** | **Section 5.10 – ATM Withdrawals**  The Respondent must commit to not charging cardholders withdrawal fees for ATM withdrawals. Furthermore, the Respondent must describe how it will promote and ensure clients have adequate access to benefits through a robust network of ATMs across the State. Please describe how many ATMs shall be included “in-network” through partnerships with banks or other financial institutions. Provide a map of geographic locations of such “in-network” ATMs.  Respondents must show proof of partnership (or plans for partnership, countersigned by a potential partner bank) with at least one (1) Statewide bank. |
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| **B.15** | **Section 5.11 – Financial Liability**  Please confirm your understanding of, and agreement with, the State’s requirements for contractor liability, as described in Section 5.11 in Attachment D. Describe how you will advise, assist, and appropriately act to aid the State in detection and investigations of abuses by stores, recipients or workers, including but not limited to, reporting unusual activity. Please describe how you will provide FNS with required administrative access for inquiries. |
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| **B.16** | **Section 5.12 – Reports**  Respondents must fully describe their capability and processes to provide the reports listed in Section 5.12 of Attachment D and support “ad hoc” reporting. The Respondent may include additional report offerings. |
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| **B.17** | **Section 5.13 – Scope-specific Performance Measures**  The Respondent must confirm its understanding and agree to the complete listing of Performance Measures in Section 5.13 of Attachment D. Please describe how you intend to meet and provide a report or other verifiable proof for each performance standard. |
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**SCOPE C – WIC EBT [IF APPLICABLE]**

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| **C.1** | **Section 6 – Executive Summary**  Provide an executive summary of your WIC EBT proposal. Please address the following topics by demonstrating both an understanding of the State’s needs and substantiating your organization’s experience and qualifications in each area. The value added by the Respondent’s solution must be clearly highlighted for each item addressed:   * **Introduction** (Optional) * **System Experience** – please indicate whether or not you are currently processing WIC EBT at the time of the proposal deadline and, if so, indicate for which states. If a Respondent is not currently processing EBT, it must include all relevant information regarding how/when the Respondent expects to begin EBT processing. * **Audit Results**– please indicate whether you have recently undergone a Service Organization Control (SOC) 1 or SOC 2 audits of the hosting/data center within the last two (2) years. If you have, please attach results to this proposal. If you have not, please include a statement agreeing to conduct such audits upon Contract award. * **Operating Standards** – include a statement acknowledging that any EBT system implemented as a result of this RFP will conform to the Scope of Work (Attachment D), including its Performance Measures, and with all applicable Federal and State regulations. * **Transition Experience** – describe your organization’s experience with transitions of EBT systems, both as an outgoing incumbent and as the incoming EBT processor. If any transitions you were involved on experienced significant delays (i.e. 30 or more calendar days behind schedule), please describe the causes of delay and your efforts to remedy or mitigate further delays. * **Subcontractors** – indicate whether any subcontractors will be involved on this project and if so, describe their duties and involvement. A clear statement acknowledging that the Respondent will be fully responsible for the efforts of any subcontractors must be included. * **Proposed System** – include a statement demonstrating that the proposed system will function, at a minimum, the same way as the current system, as described in Attachment D Scope of Work. * **Other** - include any other information that could be pertinent to this project proposal. Areas of particular interest to the State are the value added by the Respondent’s proposed solution. In particular, the State would like to understand how the Respondent’s solution is preferable and/or different from others in the marketplace. |
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| **C.2** | **Section 6.1 – Scope-specific Project Management**  The Respondent must address the following, as related to Section 6.1.2 of Attachment D:   * Provide a proposed organization chart for this project, defining the Respondent’s management and project staff. The Respondent must include a discussion of the proposed lines of authority and how the project management team will be involved in the administration of the services. Internal coordination and communication as well as communication with subcontractors must also be addressed. * Describe how the management structure will ensure adequate oversight and provide executive direction for the project manager. * Include resumes of the proposed Project Manager and other key personnel listed in Section 6.1.2. Please confirm that individuals possess the required skills of the role for which they are being proposed. * Acknowledge that the State has the right to approve or disapprove any Key Personnel proposed by the Respondent, including replacements, as described in the Section 4.2.2 of Scope A. * Acknowledge that the Respondent will provide and maintain the appropriate number and mix of personnel to successfully implement all requirements of Scope C.   Please include any other relevant project management information. |
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| **C.3** | **Section 6.2 – Scope-specific Project Phase Requirements and Deliverables**  In addition to the overview provided in response to Question A.4 of the Scope A Section of the Technical Proposal Template, please provide the following details specific to your delivery of services for Scope C – WIC EBT:   * Describe the overall approach being proposed to implement this project including methodologies of schedule development, baseline monitoring, and communication. * Fully define your organization’s methodology and plans for schedule maintenance, change control and configuration management. The particular change control and configuration management tool(s) to be employed must be fully described, including the version/release number as well as the processes proposed. * Describe the methodologies for management, follow-up, tracking, and risk management of problems that may arise. * Describe any recent projects and results of the methodologies described above. * Include any other relevant project initiation effort or information. |
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| **C.4** | **Section 6.2.1 – Design and Development Phases**  Please describe how you will meet the program-specific requirements outlined in Section 6.2.1 (in addition to the delivery of base services as described in Section 4.3.2 and 4.3.3 of Attachment D’s Scope A). Please demonstrate your understanding of, and ability to provide, the following:   * **Coordination Plan** (See Section 6.2.1.a) * **System Test Plan’s** program-specific elements (See Section 6.2.1.b) * **Error Logging and Correction System** (See Section 6.2.1.c) – please describe any software tools to be employed, including the version/release number as well as the processes proposed. * **Security Plan** (See Section 6.2.1.d) – describe your security program for the EBT system. Please include descriptions of how you will identify security risks and provide audit access to the State and its Federal partners. * **Disaster Recovery and Business Continuity Plans** (See Section 6.2.1.e) - clearly affirm your responsibilities, procedures, and capacities relative to Business Continuity and Disaster Recovery, as defined in Attachment D. Periodic testing of all backup and recovery systems must be described. Please specifically address how WIC vendors will be notified of any EBT system outage or issues.   The Respondent must agree that the deliverables will be updated and kept current throughout the life of the project. Please propose a process for the review, editing, and updating of all deliverables. Time frames for this process must be included in the Project Plan and Schedule (submitted in response to Question A.2 of the Scope A Section of the Technical Proposal Template).  The Respondent may include any other relevant project design efforts or information. |
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| **C.5** | **Section 6.2.2 – Transition-In Phase**  If your solution involves replacing the State’s existing system(s) and transitioning responsibilities from the incumbent vendor, describe in detail how you intend to transfer from the State’s current system to your proposed system, including how you will coordinate with the State, the WIC MIS contractor, WIC vendors, and TPPs to ensure that cardholders and retailers are not negatively impacted by the transition to your system.  Please describe how you will monitor and address system performance and project success throughout the Transition-In Phase. |
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| **C.6** | **Section 6.2.3 – Operations Phase**  Please fully demonstrate your understanding of and ability to perform all the activities required by Section 6.2.3 of Attachment D during the Operations Phase of the Contract Term. Specifically describe your approach to handling the following responsibilities:   * Monitoring system operations; * Database tuning and backups; * Quality assurance testing for new software releases; and * Tracking changes and reported defects (please describe the tracking system that will be used). |
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| **C.7** | **Section 6.2.4 – End of Contract Phase**  Please describe how you will meet the program-specific requirements outlined in Section 6.2.4 in addition to the delivery of base services as described in Section 4.3.6 of Attachment D, Scope A. |
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| **C.8** | **Section 6.3 – Compliance**  Please confirm your proposed system is compliant with the standards listed in Section 6.3 of Attachment D. Include a statement committing to adhere to the State’s decision in the event of a conflict between standards and to update the system as the listed standards and specifications change at no cost to the State. |
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| **C.9** | **Section 6.4 – System Functionality**  Please describe how your proposed system meets each of the functionality requirements listed from 6.4.a to 6.4.q of Attachment. If your proposed system cannot currently meet all of the listed requirements of this section, please describe the level of effort necessary to bring the system into compliance (e.g. configuration, customization, etc.) and commit to provide such functionality by the first day of operations.  Respondents must also indicate whether the proposed solution can integrate with the state's local Active Directory or Azure AD for single sign on. |
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| **C.10** | **Section 6.5 – Interface with Indiana MIS**  Please describe your system’s ability to meet the interface and file transmission needs outlined in Section 6.5 of Attachment D. Respondents must specifically address how they will coordinate with the MIS vendor to ensure seamless interfacing between systems and how they will ensure the high-performance connectivity and availability of the EBT system.  Respondents must include a statement confirming that they will ensure the Indiana WIC Mobile App continues to have access to information, on behalf of clients, from the Respondents’ EBT systems. |
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| **C.11** | **Section 6.6. – Card Issuance**  Respondents must indicate whether they intend to use the State’s existing card reader supply (in which case they must also attest to its compatibility with their system) or whether they shall supply the State with a new inventory of card readers compatible with the WIC MIS.  Please describe your process for verifying card holder identity via IVR and the client web portal in the event a client wishes to report a card lost, stolen, or damaged. |
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| **C.12** | **Section 6.7 – Benefit Availability**  The Respondent must agree to the requirements listed in Section 6.7 of Attachment D and further address each of the following subsections and questions:   * **Account Set-up** (See Section 6.7.1) **–** describe how your system will support and accept household account set-up and benefit issuance. * **Benefit Issuance** (See Section 6.7.2) - attest to your ability to make benefits available to cardholders according to the timing specifications of this section. * **Benefit/Account Adjustment** (See Section 6.7.3) – describe your procedures for managing account adjustments. |
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| **C.13** | **Section 6.8 – Customer Support Services**  Clearly describe in detail how you intend to provide customer support, including IVR support for both clients and WIC vendors, live CSR support for WIC vendors, and the web portals for both clients and WIC vendors. Respondents must include a statement agreeing to provide customer support resources for the State’s requested hours.  Please provide information about how you shall develop IVR and CSR scripts and other requested customer service materials, including plans, protocols, and resource libraries.  Respondents must describe their ability to accommodate the hearing impaired and those whose primary language is not English via the toll-free numbers. Please also include how incoming calls are tracked, logged, recorded, and made available for audit processes.  The Respondent must clearly describe its client and vendor web portals. Respondents must describe their ability to accommodate the visually impaired via the websites. Any software tools to be employed must be fully described, including the version/release number as well as the processes proposed.  Respondents may propose additional functionalities/services as part of their vendor service package that may be advantageous to the State. |
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| **C.14** | **Section 6.9 – System Training**  Please clearly describe your approach to training and to the development of training materials. Samples of materials are not required. However, Respondents must indicate the extent of their familiarity with developing and providing the types of training materials (specifically for cardholders, WIC vendors, and State staff) as required by Attachment D.  Please describe in detail how you intend to provide the following materials and/or services related to training, according to the requirements set forth in Section 6.9 of Attachment D:   * **Training Plan** (See Section 6.9.1) * **State and Local User Training** (See Section 6.9.2) * **WIC Client Training Materials** (See Section 6.9.3) * **WIC Vendor Training Materials** (See Section 6.9.4)   Respondents must commit to updating all training materials as changes may occur in the system, at the State’s request, and/or in response to policy changes that may materially affect the EBT process. |
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| **C.15** | **Section 6.10 – Reporting**  Respondents must fully describe their capability and processes for providing the standard reports listed in Section 6.10.2 of Attachment D and the Respondents’ proposed method(s) for supporting “ad hoc” reporting as described in Section 6.10.1. The Respondent may include additional report offerings and optional business intelligence tools. |
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| **C.16** | **Section 6.11 – Vendor Management, Enablement, and Certification**  Describe the general approach to be used to support the State in vendor related activities, including the management of vendor participation, certification, enablement, disqualification, and deauthorization. Provide a description of any experience the Respondent has had in this area with other WIC EBT projects.  Please describe how status updates for vendor-related activities will be handled.  Respondents must detail the processes and procedures for the following vendor-related requirements:   * Execution of required agreements with WIC vendors and TPPs. Please attach a copy of an agreement, which meets Federal Regulations 7 CFR 246.12 and the FNS Operating Rules for WIC EBT guidelines and has been used in the Respondent’s other WIC EBT engagements. * Creation and maintenance of a vendor database (See Section 6.11.1). * WIC-Vendor Support and Set-up (See Section 6.11.2), which includes TIG distribution, technical assistance, and establishing access to the WIC EBT system to all valid TPPs and/or authorized vendors. * Equipment Management, including processes for certifying and decertifying ECR/POS systems and TPPs/networks (See Section 6.11.3). Please provide details about providing, installing, maintaining, and otherwise supporting WIC EBT single-function stand-beside equipment to those authorized vendors requesting it.   Describe how you will advise, assist, and appropriately act to aid the State in detection and investigations of abuses by WIC vendors, clients, or workers, including but not limited to, reporting unusual activity. |
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| **C.17** | **Section 6.12 – Provision of Card Readers to Agencies/Clinics,**  Respondents must describe in detail how they intend to handle the procurement, distribution, remote installation, repair and/or replacement, software programming, and updates of card readers used in the WIC clinics if the Contractor’s solution requires the State to adopt new card readers.  Provide the specifications and functionality for the proposed readers. |
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| **C.18** | **Section 6.13 – Provision of Stand Beside POS Devices to Vendors**  Respondents must describe in detail how they intend to handle the procurement, distribution, remote installation, repair and/or replacement, software programming, and updates of the stand beside devices used by those authorized WIC vendors that require them.  Please provide the specifications and functionality for the proposed stand beside unit that will be used to meet the requirements in Section 6.13 of Attachment D. Include a statement committing to maintain the required stock of devices for replacement needs. |
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| **C.19** | **Section 6.14 – Inventory Control and Management**  Please describe the inventory and management controls that will be used to properly account for card readers (if requiring new equipment) and stand beside POS devices. Confirm that your inventory controls shall include the minimum data set required by Federal Regulations 2 CFR 200.Please describe the processes and procedures that will be used to make sure that the provision of stand beside equipment and the related support to those vendors that require it is properly and effectively managed. Respondents must specifically describe the processes and procedures for the following items:   * Installation assistance to the vendors, * Replacement requests, including the cut-off time for next day delivery, and * Recovery of stand beside units (See Section 6.14.2).   Please provide your approach/possible solutions to stand beside processing when both WIC and SNAP are involved based on any prior experiences with other WIC EBT projects (see Section 6.14.1.a). |
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| **C.20** | **Section 6.15 – Settlement and Reconciliation**  Respondents must agree to requirements in Attachment D, Section 6.15 and describe in detail how they intend to provide all settlement and reconciliation services related to WIC EBT processing, including but not limited to the those outlined in the following subsections:   * **General Requirements** (see Section 6.15.1) - provide evidence of the Respondent or its designated financial agent’s ability to fulfill the settlement obligations and to comply with FNS Operating Rules for WIC EBT concerning an Issuer’s ability to meet its settlement obligation * **Settlement and Reconciliation Manual** (see Section 6.15.2) * **Reconciliation** (see Section 6.15.3) * **Reconciliation Training** (see Section 6.15.4) * **Settlement** (see Section 6.15.5) * **Rejected ACH Transactions** (see Section 6.15.6) |
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| **C.21** | **Section 6.16 – Administrative Functionality**  Respondents must confirm their understanding of, and describe their ability to provide, the administrative functionality and administrative terminal access described in Section 6.16 and Section 6.16.1. |
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| **C.22** | **Section 6.17 – Card Production and Management**  Please describe the processes and procedures that will be used to design and produce cards. If any Respondent intends to use a third party for card production, please provide a complete description of that third party’s role and qualifications.  Please describe the Card Management System and processes that will be used to control card inventory, card ordering, and card fulfillment. |
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| **C.23** | **Section 6.18 – Transaction Processing**  The Respondent must confirm its understanding of, and agree to, the requirements in Section 6.18 of Attachment D. Please commit to using the commercial transaction processing infrastructure for the transmission and processing of WIC EBT transactions to the greatest extent possible for your solution.  Please describe the processes and procedures that will be used to ensure the availability of the system as required by Section 6.18.2. Describe any occurrences within the past three (3) years when a WIC EBT system being operated by the Respondent did not meet an average of 99.9% uptime per month.  Respondents must describe the processes, procedures, and controls that will be used to ensure accurate transaction processing (see Section 6.18.2) and that each transaction is validated according to requirements listed in Section 6.18.4. Additionally, confirm that the types of transactions outlined in Section 6.18.3 shall be processed on the Respondent’s proposed system.  Please describe the processes and procedures that will be used to provide a card balance to the cardholder. A sample receipt must be included as part of the Respondent’s response.  Respondents must describe how they will support WIC vendors that wish to transact split tender and mixed basket transactions, allow discounts and coupons, and utilize self-checkout systems per the FNS Operating Rules for WIC EBT. Please describe the processes, procedures, and controls that will be used for processing validated purchases and handling voided and/or cancelled transactions.  Respondents must detail the encryption approach and other security measures that will be employed to secure WIC EBT transactions (see Section 6.18.5). Please describe the processes, procedures, and controls that will be used with key-entered transactions to prevent fraud (see Section 6.18.6). |
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| **C.24** | **Section 6.19 – Hosting Services/Data Operations Center**  Confirm that any data provided by or for the state remains the property of the state and may not be marketed or sold by the Respondent without the express written consent of the state. |
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| **C.25** | **Section 6.20 – Scope-specific Performance Measures**  The Respondent must confirm its understanding of, and agree to, the complete listing of Performance Measures in Section 6.20 of Attachment D. Please describe how you intend to meet and provide a report or other verifiable proof for each performance standard. |
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**SCOPE D – Child Care Time and Attendance [IF APPLICABLE]**

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| **D.1** | **Section 7 – Minimum Requirements**  In order to be considered a qualified applicant to become the Child Care Time and Attendance Contractor and respond to this RFP, Respondents must meet the minimum requirements listed below and in Section 7.3.1 of Attachment D. Please indicate whether you satisfy each of the following requirements by responding with “YES” or “NO” (please note you may elaborate in response to question D.6 below):   * Have previously provided services related to the Child Care Development Block Grant and the CCDF subsidy program;  |  | | --- | |  |  * Have previously implemented and operated a time and attendance system within the last five (5) years;  |  | | --- | |  |  * Agree to comply with all established CCDF policy, procedures, and business rules and meet all contractual obligations in the management of the program;  |  | | --- | |  |  * Commit to accommodating culturally diverse populations, including child care providers and clients with language barriers and persons with disabilities;  |  | | --- | |  |  * Have previously worked on projects of similar size and capacity, fulfilling software development and project management responsibilities;  |  | | --- | |  |  * Demonstrate a history of having adequate accounting practices to ensure appropriate utilization of contract funds by either including the results of independent audit which meets federal guidelines within the past two (2) years or by committing to having an audit conducted and addressing any negative findings within the first ninety (90) days of the Contract term;  |  | | --- | |  |  * Commit to adhere to all applicable GAAP & OMB circulars;  |  | | --- | |  |  * Have (or commit to attaining) general liability insurance unless an entity of state, county or municipal government; and understand and agree that failure to meet all contractual obligations in the management of the program may result in financial consequences**.**  |  | | --- | |  | |
| **D.2** | **Section 7 – Executive Summary**  Provide an executive summary of your Child Care Time and Attendance proposal. Please address the following topics by demonstrating both an understanding of the State’s needs and substantiating your organization’s experience and qualifications in each area. The value added by the Respondent’s solution must be clearly highlighted for each item addressed:   * **Introduction** (Optional) * **Operating Experience** – please indicate whether or not you are currently processing time and attendance (T&A) for a Child Care Program at the time of the proposal deadline and, if so, indicate for which states. If a Respondent is not currently processing time and attendance, it must include all relevant information regarding how/when the Respondent expects to begin time and attendance processing. Further describe if your company has experience with federal grant programs and the CCDBG in particular. * **Standards** – include a statement acknowledging that any T&A system implemented as a result of this RFP will conform to the Scope D of Attachment D, including its Performance Measures, and with all applicable Federal and State regulations. * **Transition Experience** – describe your organization’s experience with transitions of time and attendance systems, both as an outgoing incumbent and as the incoming T&A processor. If any transitions you were involved on experienced significant delays (i.e. 30 or more calendar days behind schedule), please describe the causes of delay and your efforts to remedy or mitigate further delays. * **Subcontractors** – indicate whether any subcontractors will be involved on this project and if so, describe their duties and involvement. A clear statement acknowledging that the Respondent will be fully responsible for the efforts of any subcontractors must be included. * **Proposed System** – include a statement demonstrating that the proposed system will function, at a minimum, the same way as the current system, as described in Attachment D Scope of Work. * **Other** - include any other information that could be pertinent to this project proposal. Areas of particular interest to the State are the value added by the Respondent’s proposed solution. In particular, the State would like to understand how the Respondent’s solution is preferable and/or different from others in the marketplace. |
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| **D.3** | **Section 7.1 – Scope-specific Project Management**  The Respondent must address the following, as related to Section 7.1.2 of Attachment D:   * Provide a proposed organization chart for this project, defining the Respondent’s management and project staff. The Respondent must include a discussion of the proposed lines of authority and how the project management team will be involved in the administration of the services. Internal coordination and communication as well as communication with subcontractors must also be addressed. * Describe how the management structure will ensure adequate oversight and provide executive direction for the project manager. * Include resumes of the proposed Project Manager and Operations Manager listed in Section 7.1.2. Please confirm that individuals possess the required skills of the role for which they are being proposed. * Acknowledge that the State has the right to approve or disapprove any Key Personnel proposed by the Respondent, including replacements, as described in the Section 4.2.2 of Scope A. * Acknowledge that the Respondent will provide and maintain the appropriate number and mix of personnel to successfully implement all requirements of Scope D.   Please include any other relevant project management information. |
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| **D.4** | **Section 7.2 – Scope-specific Project Phase Requirements and Deliverables**  In addition to the overview provided in response to Question A.4 of the Scope A Section of the Technical Proposal Template, please provide the following details specific to your delivery of Scope D – Child Care Time and Attendance:   * Agree to the State’s Contract timeline (See Section 7.2.1). * Describe the overall approach being proposed to implement this project including methodologies of schedule development, baseline monitoring, and communication. * Fully define your organization’s methodology and plans for schedule maintenance, change control and configuration management. The particular change control and configuration management tool(s) to be employed must be fully described, including the version/release number as well as the processes proposed. * Describe the methodologies for management, follow-up, tracking, and risk management of problems that may arise. * Describe any recent projects and results of the methodologies described above. * Include any other relevant project initiation effort or information. |
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| **D.5** | **Section 7.2.2 – Design and Development Phases**  Please describe how you will meet the program-specific requirements outlined in Section 7.2.2 (in addition to the delivery of base services as described in Section 4.3.2 and 4.3.3 of Attachment D’s Scope A). Please demonstrate your understanding of, and ability to provide, the following:   * **System Test Plan’s** program-specific elements (See Section 7.2.2.a) * **Transition Plan’s** program-specific elements (See Section 7.2.2.b) * **Security Document** (See Section 7.2.2.c) – describe your security program for the T&A system and the control of swipe cards (if your solution is card-based). Please include descriptions of how you will identify security risks and provide audit access to the State. Indicate your acceptance of FNS’ standards. * **Disaster Recovery and Business Continuity Plans** (See Section 7.2.2.d) - clearly affirm your responsibilities, procedures, and capacities relative to Business Continuity and Disaster Recovery, as defined in Attachment D. Periodic testing of all backup and recovery systems must be described. * **Manuals** (See Section 7.2.2.e) – describe how you will provide manuals describing the processes, operations, and functions of the resulting system for the State users to optimize the results of their system use. * **Training Materials** (See Section 7.2.2.f) – describe your approach to designing, developing, producing, and distributing the training materials described. Include samples of examples from previous T&A engagements if available. * **Testing’s** program-specific activities (See Section 7.2.2.g)   The Respondent must agree that the deliverables will be updated and kept current throughout the life of the project. Please propose a process for the review, editing, and updating of all deliverables. Time frames for this process must be included in the Project Plan and Schedule (submitted in response to Question A.2 of the Scope A Section of the Technical Proposal Template).  The Respondent may include any other relevant project design efforts or information. |
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| **D.6** | **Section 7.2.3 – Transition-In Phase**  If your solution involves replacing the State’s existing system(s) and transitioning responsibilities from the incumbent vendor, please describe in detail how you intend to transfer from the incumbent system to your proposed system. Please also describe how you will accomplish data conversion of at least three (3) years of historical data to the new system. Provide information about how you will manage and/or distribute cards (if card-based solution) and hardware to ensure that cardholders and retailers are not negatively impacted by the transition to your system.  Please confirm your understanding of, and commitment to, system documentation library requirements. |
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| **D.7** | **Section 7.3 – General Requirements**  Respondents must clearly indicate that they are not serving as the CCDF Intake Agent or providing child care services. Please disclose any potential or perceived conflicts of interest in your response, and agree to submit a conflict of interest mitigation plan to the State if requested upon contract award.  Please describe in detail how your organization meets the minimum requirements listed in Section 7.3.1a through 7.3.1.h of Attachment D.  Please demonstrate your understanding of, and ability to provide, the Contractor responsibilities listed in Section 7.3.2.a through 7.3.2.q of Attachment D.  Respondents must demonstrate an understanding of Pre-K program-specific needs and describe how they can leverage services from CCDF voucher program or other child care T&A engagements to apply where possible to the Pre-K program (See Section 7.3.3). |
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| **D.8** | **Section 7.4 – Interface with Existing State Systems**  Please describe your organization’s ability to meet interface and file transmission needs as outlined in Section 7.4 of Attachment D. Additionally, affirm your commitment to, and describe your plan for, minimizing any modifications to the existing State systems in establishing interfaces (include any anticipated changes that will be required to the existing state system(s)).  Describe your proposed method of interface between your system and the necessary State systems. |
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| **D.9** | **Section 7.5 – Security and Quality Assurance**  Please confirm you shall ensure your system remains compliant with IOT standards.  Describe in detail how your company will protect the security of all aspects of the system including, the operating facility, remote devices, website, and the database. Please include details on how access to the system will be controlled and monitored and what steps will be taken to ensure confidentiality requirements are followed.  Respondents must provide details about their internal quality assurance controls to review and monitor service delivery to ensure contract compliance. QA must include monitoring, documentation, and communications protocol. This includes describing how the State shall be provided with access to records for performance management (See Section 7.5).  Please describe your procedures to ensure data are properly and routinely, scanned, purged, archived, and protected from loss, unauthorized access, or destruction (See Section 7.5.2). Describe in detail your company’s data retention policies and procedures, including schedules.  Respondents must describe their approaches and procedures to ensure system connectivity and recovery, including database back-up, website patches and updates, and performance monitoring (See Section 7.5.3). |
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| **D.10** | **Section 7.6 – Contractor Availability and Responsiveness**  Please affirm your commitment to providing a high level of customer service, including making business operations personnel available during the hours listed in Section 7.6 of Attachment D.  Please describe your company’s customer service plan including how you meet the needs of culturally diverse customers and your complaint tracking, reporting and resolution process.  Provide a sample of your proposed complaint tracking system and process and list any software tools to be employed for logging, tracking, and reporting verbal or written complaints. |
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| **D.11** | **Section 7.7 – Financial Responsibilities**  Please confirm your understanding of, and agreement with, the State’s requirements in Section 7.7 of Attachment D. This includes attesting that funds provided through this Contract will only be used to implement and support the administration of CCDF and Pre-K voucher processing, and no other programs.  Respondents must also commit to providing an independent auditor to conduct all necessary audits including an annual SSAE16 audit of their fiduciary responsibility. |
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| **D.12** | **Section 7.8 – High Level System Requirements**  Please describe in detail your company’s proposed time and attendance data gathering and tracking system. Respondents must address the following questions:   * How does the system handle parent-initiated time adjustments, including back swipes, voids, corrections, personal days, and discrepancies? What mechanisms are in place to assure these adjustments are accurate? What options exist for parents to initiate changes, for example are changes initiated on the remote device, the website or both? What safeguards are in place to prevent fraudulent activities? * How does your system process provider-initiated adjustments, including corrections, holidays, and payment discrepancies? What methods are available to providers to initiate these types of changes? What mechanisms are in place in ensuring the adjustments are accurate? What safeguards are in place to prevent fraudulent activities? * How does the system process State initiated adjustments? What types of adjustments are available for State users? How are these adjustments tracked and applied to child’s attendance and/or the provider payment? * If using a card-based system, what is your proposed method of card distribution and PIN number assignment? Include your proposal for transitioning from the swipe cards currently in use to the new swipe cards, if this will be necessary. (See Section 7.8.1)   Please confirm your understanding of, and commitment to meeting, the State’s system availability requirements in Section 7.8.2 of Attachment D.  Please describe how your system meets the State’s user-friendliness requirements outlined in Section 7.8.3 of Attachment D.  Describe in detail the quality assurance measures that are in place within the system to ensure that the time and attendance data gathered is accurate. |
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| **D.13** | **Section 7.9 – Equipment Requirements**  Please describe in detail your company’s proposed solution’s equipment and supplies. Respondents must specifically address the following questions about the equipment (See Section 7.9.1, 7.9.3, and 7.9.4):   * What hardware will be required by the provider for capturing time and attendance? * How is the hardware used by the parent and provider? * What is the average time required to enter a check in or checkout through the remote device? * What is the recommended ratio of assigned children to equipment based on device response time and known peak activity? * What is the average life span of the equipment before it will need to be replaced? * How is the equipment activated/deactivated? * How does this equipment communicate with the main database? * How often does data exchange occur between the main database and the equipment? * Please describe how the hardware will meet the minimum functionality required and any additional available functionality. * How does this equipment help to prevent CCDF fraud? * How does the equipment work to ensure that only authorized users are entering in attendance data? * How does the equipment handle times when internet connectivity is unavailable? * What is the backup plan for gathering time and attendance when equipment is not available/not functioning? * What are the advantages/disadvantages of this equipment that have not been addressed yet? * How will the equipment be updated as new technologies become available?   Please confirm that your remote devices meet the functionality requirements listed in Sections 7.9.3 and 7.9.4 of Attachment D. If your proposed system does not currently meet all of the listed requirements of those sections, please describe alternative methods for providing the functionality.  Respondents must also describe how they intend to support and implement equipment as required in Sections 7.9.2 and 7.9.5 through 7.9.7. At a minimum, please provide complete responses for the following operational/logistical aspects of your proposal:   * Describe how you intend to deliver and install equipment during the Transition-In Phase and during the Operations Phase. * Describe your proposed equipment recovery plan. * Describe your proposed process for enrolling providers into your system during project implementation and throughout the operations phase. * How will your company ensure that providers are enrolled in a timely fashion during implementation and throughout the operations phase? * What processes will your company use to ensure that complete, current and updated provider enrollment forms are collected, reviewed, and maintained for active providers? * Describe your proposed plan for training the necessary stakeholders on use of the equipment during project implementation. * Please describe your proposed ongoing training plan for the users of the remote devices. * Describe your proposed work order request process for malfunctioning hardware. * Does the proposed equipment require any supplies on an on-going basis? How will providers obtain these supplies and what is your plan for reimbursing providers for the cost of supplies if necessary? * Describe the method that will be used to ensure a timely response to State requested mass adjustments. * Describe in detail the quality assurance procedures that will be in place to make sure that the equipment is delivered, installed, repaired and functioning as required in this RFP and resulting contract. |
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| **D.14** | **Section 7.10 – Website Requirements**  Please describe in detail your website(s) for participant and provider use. Respondents must specifically address the following questions and items:   * Describe how you will ensure your website(s) meet IOT standards. * Describe how the website(s) will communicate with the main database, including the frequency of information exchange. * Describe the compatibility of the website(s) with a variety of platforms and any features that contribute to user-friendliness. Please specifically describe how your website operates when accessed from a mobile device. * What mechanisms are in place to ensure website security and the security and confidentiality of information contained on the site? * Describe how users of the website will log in. Please describe if the user name/passwords for the website are the same or different from the sign in information used for the remote devices. * Describe in detail how the website will meet the required minimum functionality contained within this RFP, both for families (See Section 7.10.1) and for providers (See Section 7.10.2) as well as any additional functionality that will be available. Provide screen shots that illustrate the functionality as appropriate. * Describe the process for provider-initiated payment adjustments, including any approvals and/or authorizations if needed. * Describe the process for parent-initiated time adjustments, including approvals and /or authorizations if needed. * Describe any functionality available through the website that will reduce the possibility of fraudulent time/attendance claims. * How will authorized State users gain access to the portal? |
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| **D.15** | **Section 7.11 – Administrative System Access Requirements**  Please describe in detail how the State Administrative Access system will meet the minimum required functionality as outlined in Attachment D, Sections 7.11.1 through 7.11.3. Please include descriptions of any additional functionality that will be available to State users. Provide screen shots illustrating the functionality of the system if available.  Describe the security measures that will be in place to ensure the security and confidentiality of the information contained within the system. Detail the steps State users will use to gain access to the system according to user roles.  Describe the process that State users will use to generate individual and broadcast messages.  Respondents must indicate whether the proposed solution can integrate with the state's local Active Directory or Azure AD for single sign on. |
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| **D.16** | **Section 7.12 – Help Desk**  Clearly describe the operation of your customer service help desk and IVR, including the logistics of answering incoming calls and the logging, tracking, escalation, reporting, and resolution of inquiries. Please provide details about how you shall develop IVR and help desk scripts. Respondents must describe their ability to accommodate the hearing impaired via the toll-free numbers.  Please include descriptions of how incoming calls are tracked, logged, recorded, and made available for audit processes.  If the call center is responsible for other functions, please describe your plan for ensuring that calls about the Indiana T&A system are handled by employees exclusive to the Indiana CCDF voucher and Pre-k program solution. |
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| **D.17** | **Section 7.13 – Provider Payments**  Please describe how your system meets the functionalities listed in Section 7.13.a through 7.13.f. Respondents must specifically address the following questions and items:   * How will the captured attendance data be used by your system to accurately calculate payment owed to providers? Include a draft of all procedures, including the documentation method, of how your system will process all aspects of the financial management system including: * How your system will use payment period attendance data to calculate provider payments; * How your system will process attendance check ins that do not have a corresponding check out, including reporting and tracking; * How your system tracks, reports and calculates payments associated with holidays, personal days, parallel and overnight vouchers: * How your system will process time adjustments that are made after the current pay period, including reporting and tracking; * How your system will process payment adjustments that are requested after the current pay period; * How your system will process, track and report on State requested adjustments including levies, garnishments, or repayments owed; * How will your system process, track and report on State requested mass adjustments in a timely way; * Your company’s complete process for making direct deposit payment to providers, including documenting and reporting; * Your company’s process for handling rejected direct deposits; and * Your company’s quality assurance process for assuring accurate and timely payment to providers.   Please describe the flexibility of your system to meet the needs of the State, including changing business rules, policy changes and reimbursement rate adjustments. Please include any charges associated and the expected timeframe needed to implement these types of changes.  Respondents must affirm the understanding of, and agreement with, the State’s payment requirements, including but not limited to those for rejected and erroneous payments (see Sections 7.13.2 and 7.13.3).  Please describe how your company will process, report on and deliver IRS tax form 1099 to providers and what measures are in place to ensure that these reports are accurate.  Please describe in detail your company’s backup plan for payment calculation and payment to providers in the event of failure of the primary system, including alternate invoicing methods, payment calculation, printing and distribution of paper checks. |
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| **D.18** | **Section 7.14 – Reporting Requirements**  Respondents must fully describe their capability and processes for providing the standard reports listed in Section 7.14 of Attachment D. Please describe how the required standard reports will be generated by your system.  Please describe your company’s ad hoc reporting procedures including average response times. The Respondent may include additional report offerings and optional business intelligence tools.  If your system allows for users to create their own individualized reports, please describe the type of report building software that is used, what types of users are able to build reports, what types of reports can be created, and what limitations exist for user created reports.  Include sample reports as applicable. |
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| **D.19** | **Section 7.15 – Scope-specific Performance Measures**  The Respondent must confirm its understanding and agree to the complete listing of Performance Measures in Section 7.15 of Attachment D. Please describe how you intend to meet and provide a report or other verifiable proof for each performance standard. |
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