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| **Instructions:**  Request for Proposal (RFP) 405-26-84249 is a solicitation by the State of Indiana in which organizations are invited to compete for 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 answer the questions listed. The Respondent is expected to provide the complete details of its proposed operations, processes, and staffing for the scope of work detailed in the RFP document and supplemental attachments.  Please review the requirements in Attachment K (Scope of Work) carefully. Please describe your relevant experience and explain how you propose to perform the work. 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. **A completed Technical Proposal is a requirement for proposal submission. Failure to complete and submit this form may impact your proposal’s responsiveness.** Diagrams, certificates, graphics and other exhibits should be referenced within the relevant answer field and included as legible attachments. |

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| **1** | **Section 1 – Program Overview**  Provide an overview of your proposal. Describe your understanding of Section 1115 Medicaid waivers and the Serious Mental Illness (SMI) waiver specifically. |
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| **2** | **Section 2 – Evaluation Overview**  Provide a list of State, Federal, local, or private clients to which you currently or in the past have provided similar program evaluation services. In connection with this list, provide information on:   * Evaluations you have initiated in other states that can be replicable in Indiana * Processes that would be unique to the State of Indiana * Any license sanctions or formal complaints that you have been subject to * Any corrective actions that you have been subject to |
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| **3** | **Section 2.1 – Key Tasks and Vendor Experience**  In accordance with Section 2.1, please describe your experience in evaluating other Section 1115 Medicaid waivers, statewide healthcare programs, programs authorized by the United States Department of Health and Human Services, and any other equivalent experience. Respondents shall demonstrate proficiency and experience in each of the areas listed in Section 2.1 and/or provide narrative of consideration of comparable experience. |
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| **4** | **Section 2.2 – Communications and Meetings**  Please explain how you propose to execute Section 2.2 in its entirety, including but not limited to the specific elements highlighted below, and describe all relevant experience.   * Describe how your project manager would ensure that the project runs in a timely and efficient manner * Describe how your project manager would communicate gaps or limitations of data received from the State, the State’s health plans, or related vendors to the State * Provide sample progress reports * Provide sample evaluation report (previous work sample) * Provide a sample presentation similar to what would be given to FSSA following the submission of any deliverable |
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| **5** | **Section 3 – Evaluation Deliverables**  Please explain in detail how you propose to execute Section 3 in its entirety. Be specific about how evaluations will be conducted, including details on how all evaluation activities listed in Section 3 will be performed. Describe all relevant experience and provide examples where applicable. Describe all methodology and relevant experience.   * Address each deliverable listed in Section 3 separately and provide past samples or proposed examples of reports/evaluations where applicable. * Describe in detail how each requirement for each deliverable/report will be met.   + Include details on how hypotheses will be developed, how specific questions will be addressed, how data will be collected and verified, etc. * Describe in detail how you will respond to and incorporate feedback from the State and CMS into the deliverables/reports |
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| **6** | **Section 4 – Deliverables Timeline and Schedule**  Please describe how you will manage the project to complete all deliverables based upon the timeframes set forth in the RFP. Provide a sample work plan that ensures all deliverables will be completed in a timely fashion. Provide further specifics on the Contractor, State, and CMS tasks that need to be completed in order for all deliverables to be completed in a timely fashion. Provide confirmation that reasonable flexibility may be required from the vendor regarding the timelines. The timelines are tentative and are subject to change if required by CMS. |
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| **7** | **Section 5 –Staffing**  Please explain how you would propose to staff this project as described in Section 5.   * Provide a detailed staffing plan for both Key Staff and regular staff. The staffing plan should indicate number of hours dedicated to each deliverable at the individual staffing level, including which hours are from the prime contractor and which are from a subcontractor. Provide total FTE information for the prime contractor and each subcontractor and include a total FTE count for all staff, broken out by deliverable. * Provide resumes of all proposed Key Staff.   + If the proposed Projector Director and Statistician do not have a doctoral level degree, provide assurance that these Key Staff will meet the quality and performance of doctoral level staff. * Provide two professional references, each for the Program Director and Project Manager. |
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| **8** | **Section 6 – Accessing State Databases**  Acknowledge the requirements listed in Section 6. List and explain any exceptions you may have to this requirement. |
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| **9** | **Sections 7, 8, and 9 – Billing and Invoicing, Timeliness Performance, and Corrective Actions and Payment Withholds**  Section 7 – Acknowledge and agree to the requirements listed in Section 7, including the differences in the payment structure for the deliverables listed in Table 7.  Section 8 – Acknowledge and agree to the requirements listed in Section 8.  Section 9 – Acknowledge and agree to the requirements listed in Section 9. |
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