Managed Service Provider QPA Exception Request

This form is intended to be used when an agency requests to use a non-standard (or exception) process within the MSP QPA contract. This is not applicable if requesting an exception from using the MSP QPA. To make a request to go outside the MSP QPA, send an email to msp@idoa.in.gov.

Rates and Position Titles were determined after extensive market research, and a competitive process in which state subject matter experts were engaged. Therefore, standard QPA exception process will be followed when requesting to deviate from those rates. Documentation and IDOA approval are required. This process was created in recognition that there could be circumstances in which rate adjustment(s) may benefit the State. Approval for each individual resource is required; blanket approval will not be granted.

Submit this completed request to msp@idoa.in.gov. Please allow fifteen (15) business days for review.

INSTRUCTIONS: Please provide a detailed response in each blue-shaded section. If additional space is needed, attach a separate document to this Request and reference that attachment in the appropriate answer field below. NO QUESTION SHOULD BE LEFT BLANK as doing so will result in an automatic DENIAL of the request. If fully approved, IDOA Procurement will communicate with the MSP provider. The MSP provider will not proceed without documentation from IDOA Procurement.

1. How was the individual selected through the MSP? Check the option that applies:

   | Selected Resource Program (SRP) – Agency preselected individual to be employed by CAI, Hourly Billing - Invoices submitted monthly, based upon hours worked and approved in VectorVMS |
   | Check what applies: |
   | Individual is transitioning from previous MSP contract to current MSP contract |
   | This is a new individual through the current MSP contract |

   | Staff Augmentation – Recruited through the MSP Supplier Network and selected through the competitive process, Hourly Billing - Invoices submitted monthly, based upon hours worked and approved in VectorVMS |
   | Check what applies: |
   | Individual is transitioning from previous MSP contract to current MSP contract |
   | This is a new individual through the current MSP contract |
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| **PROJECT: Fixed Price, Deliverable-based** | Invoices submitted based on successful completion of deliverables indicated by approval of deliverables in VectorVMS. |
| **PROJECT: Fixed Price, Monthly Fee** | Invoices submitted monthly, based upon a fixed monthly fee |
| **PROJECT: Time and Material, Hourly Billing** | Invoices submitted monthly, based upon hours worked and approved in VectorVMS |

2. Provide a detailed description of the services being performed or to be performed. Response should include description of any unique features, characteristics or capabilities of the service(s) being provided and how they are necessary, critical, and beneficial for the agency. Indicate if a Statement of Work is attached.

3. Describe why the specific individual is currently critical to the mission of your agency. Include the individual’s credentials, experience and skills required to meet the State’s objectives. If the services are currently being rendered, this response should include details beyond length of service and/or knowledge gained while working in the current capacity. For example, compare the previous responsibilities and work product deliverables with the revised/additional responsibilities and work product deliverables rendering this individual as critical. Indicate if a Statement of Work is attached.

4. Provide the individual’s start date and the anticipated date the services will be completed.

   **Start date:**
   **Anticipated End date:**

5. Describe how the MSP QPA position title and/or rate card terms do not support the agency’s work product requirements. Provide details of how an exception will allow agency objectives to be met.

6. If requesting a financial change, compare what is current to what is being requested:

   **Definitions:**
   - **Current:** This data point reflects what is effective at the time of this request.
   - **New Request:** This data point reflects the adjustment being requested in this exception.
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**Negotiated Rate Card**: This data point reflects what is present in the negotiated rate card. There are occasions when the position is not an exact match. Select a position that most closely matches the position being impacted. This allows reviewers of your request to understand the agency’s rationale for the selection. Negotiated Rate Card information is available at [https://www.in.gov/idoa/procurement/active-contracts-and-qpas/qpa-supplemental-information/msp/](https://www.in.gov/idoa/procurement/active-contracts-and-qpas/qpa-supplemental-information/msp/)

**Missed Savings Opportunity**: This should be provided both by the hour and by the year (annually). This information can be acquired from the MSP. To confirm agency awareness of the financial impact from the Program Level to the Executive Level, the agency must complete the missed savings column.

Hourly Missed Savings Opportunity = Negotiated Rate Card amount less the current or new request amount

- Negotiated Rate Card Amount = $25.00
- Less the current or new request amount = $35.00
- Hourly missed savings opportunity = ($10.00)

Annual Missed Savings Opportunity = (Negotiated Rate Card amount less the current or new request amount) multiplied by the anticipated hours to be billed in 12 months.

- Negotiated Rate Card Amount = $25.00
- Less the current or new request amount = - $35.00
- Hourly missed savings opportunity = ($10.00)
- Multiplied by 37.5 hours for 52 weeks = * 1,920
- Annual missed savings opportunity = ($19,200)

**Pay Rate**: This is the compensation amount received by the individual performing the work. This should only be known by the State for Selected Resource Program (SRP) positions. The agency is not advised to ask the individual or their employer of record for the current pay rate as this puts the State at co-employment risk. If the pay rate adjustment is requested by the employer of record, the employer of record is required to disclose the pay rate.

**Bill rate**: This is the hourly amount on the invoice to be paid by the State to the MSP for distribution to the employer of record.

**Supplier Mark-up %**: This is the percentage of the pay rate that is received by the employer of record to reimburse statutory and administrative costs associated with being the employer of the individual performing the services to the State.

**Job Title**: This is to distinguish the position on the negotiated rate card to be associated with the appropriate negotiated rates.
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| Bill Rate | | | |
| Supplier Mark-Up % | | | |
| Job Title | | | |

In the event, the Job Title chosen from the Negotiated Rate Card is not an exact match to the work being performed, explain why the Job Title on the Negotiated Rate Card chosen is the most appropriate as opposed to other options.

7. Describe agency’s market research conducted to validate and justify the increase. This applies to a pay rate, bill rate and mark-up percentage increase request. Include a list of labor resources utilized to validate the rate is representative of the current market. The agency may ask for assistance from the MSP; however, additional agency sources must be explored as well.

*To be acceptable, the labor data validation shall be reflective of the labor market within a 6-month timeframe of the request for consideration.

Request Acknowledgement Statement:

By signing below, you are acknowledging that you are approving this request made on behalf of your agency.

_______________________________________  ______________________________________
Agency Requestor’s Signature    Date

_______________________________________
Agency Requestor’s Name (typed)  Program/Division

_______________________________________  ______________________________________
Agency Chief Financial Officer or Designee Approval  Date

_______________________________________
Agency Chief Financial Officer’s or Designee’s Name (typed)

_______________________________________  ______________________________________
Agency Head or Designee Approval  Date

_______________________________________
Agency Head’s or Designee’s name (typed)
Approval is valid for only **twelve (12)** months from the date of IDOA Commissioner signature.

_________________________________________________________ ______________________
Dr. Rebecca Holwerda       Date
Department of Administration, Commissioner