
REQUEST FOR PROPOSAL # PSC 732

Sealed proposals for the Integrated Public Health Preparedness System Components for the Division of Public Health, 417 Federal Street, Dover, DE 19901, will be received by the Delaware Health and Social Services, Herman M. Holloway Sr. Campus, Procurement Branch, Main Administration Building, South Loop, Second Floor, Room #259, 1901 North DuPont Highway, New Castle, Delaware 19720, until **11:15am** local time, on **March 19, 2007**. At which time the proposals will be opened and read. A **mandatory** pre-bid meeting will be held on **February 5, 2007 at 10:00am** at Delaware Health and Social Services, Herman M. Holloway Sr. Campus, South Loop, First Floor Conference Room #198, 1901 N. DuPont Highway, New Castle, DE 19702. For further information concerning this RFP, please contact Marian Bhate at (302) 744-4793.

All RFP-PSCs can be obtained online at <http://www.state.de.us/dhss/rfp/dhssrfp.htm>. A brief "Letter of Interest" must be submitted with your proposal. Specifications and administration procedures may be obtained at the above office or phone (302) 255-9290.

NOTE TO VENDORS: Your proposal must be signed and all information on the signature page completed.

If you do not intend to submit a bid you are asked to return the face sheet with **"NO BID"** stated on the front with your company's name, address and signature.

IMPORTANT: ALL PROPOSALS MUST HAVE OUR SEVEN-DIGIT PSC# NUMBER ON THE OUTSIDE ENVELOPE. IF THIS NUMBER IS OMITTED YOUR PROPOSAL WILL IMMEDIATELY BE REJECTED.

FOR FURTHER BIDDING INFORMATION PLEASE CONTACT:

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This contract resulting from this RFP shall be valid for the period of time as stated in the contract. There will be a ninety (90) day period during which the agency may extend the contract period for renewal if needed.

If a bidder wishes to request a debriefing, they must submit a formal letter to the Procurement Administrator, Delaware Health and Social Services, Main Administration Building, Second Floor, (South Loop), 1901 North DuPont Highway, Herman M. Holloway Sr. Campus, New Castle, Delaware 19720, within ten (10) days after receipt of "Notice of Award". The letter must specify reasons for request.

Notification to Bidders

"Bidder shall list all contracts awarded to it or its predecessor firm(s) by the State of Delaware; during the last three years, by State Department, Division, Contact Person (with address/phone number), period of performance and amount. The Evaluation/Selection Review Committee will consider these Additional references and may contact each of these sources. Information regarding bidder performance gathered from these sources may be included in the Committee's deliberations and factored in the final scoring of the bid. Failure to list any contract as required by this paragraph may be grounds for immediate rejection of the bid." Please refer to Section 7.2.2 and Appendix H.

IMPORTANT: DELIVERY INSTRUCTIONS

IT IS THE RESPONSIBILITY OF THE BIDDER TO ENSURE THAT THEIR PROPOSAL HAS BEEN RECEIVED BY DELAWARE HEALTH AND SOCIAL SERVICES BY THE DEADLINE.

Table of Contents

1	Project Overview	1
1.1	Introduction	1
1.2	Background and Purpose	1
2	DHSS Program and System Overview	3
2.1	Delaware Department of Health and Social Services (DHSS)	3
2.2	The Division	3
2.3	Support/Technical Environment.....	3
2.3.1	Division Information Technology Unit.....	4
2.3.2	Information Resource Management (IRM).....	4
2.3.3	Department of Technology and Information (DTI).....	4
3	System Overview	5
3.1	System Overview:.....	5
3.1.1	Delaware Public Health Emergency Management System (DE-PHEMS):	7
3.2	Systems that are to be bid as part of this RFP	8
3.2.1	Emergency Management System	8
3.2.2	Inventory Management System:	9
3.2.3	Delaware Patient Tracking System (DPTM):	11
3.3	Existing Systems	12
3.3.1	Delaware Electronic Reporting and Surveillance System (DERSS)	12
3.3.2	Laboratory Information Management System (LIMS):	12
3.3.3	Emergency Medical Services Data Information Network (EDIN):	12
3.3.4	Electronic Vital Records System (EVRSS)	13
3.3.5	Facilities Resource Emergency Database (FRED):	13
3.3.6	Immunization Registry (IR):.....	13
3.3.7	OMS and Payroll Human Resources Statewide Technology (PHRST):	13
3.3.8	Emergency System for Advanced Registration of Voluntary Health Professionals (ESAR-VHP):.....	14
3.3.9	Call Center (CC):.....	14
3.3.10	Delaware Health Alert Network (DHAN):	14
3.3.11	Master Client Index (MCI):	14
3.3.12	Delaware Emergency Notification System (DENS):.....	15
4	State Responsibilities.....	16
4.1	Staffing Roles	16
4.1.1	Project Organization Chart.....	17
4.2	Staff Participation.....	17
4.3	Resource Availability	18
4.4	Deliverable Review	18
4.5	Implementation	18
5	Contractor Responsibilities/Project Requirements	19

5.1	Staffing.....	19
5.1.1	On-Site Staffing Requirement	20
5.1.2	Offsite Project Work	20
5.1.3	Offshore Project Work.....	21
5.1.4	Project Director Requirement.....	21
5.1.5	Project Manager Requirement	21
5.1.6	Project Help Desk Staff Requirement	22
5.2	Project Management.....	22
5.3	Requirement To Comply With HIPAA Regulations and Standards	23
5.4	Requirement to Comply with State Policies and Standards	23
5.5	Requirement to comply with Public Health Information Network (PHIN) Technical guidelines	23
5.6	State Architecture Requirements.....	24
5.7	Database Design	24
5.8	Performance	24
5.9	Degree of Customization	24
5.10	Backup and Recovery	25
5.11	Disaster Recovery.....	25
5.12	Specific Project Tasks.....	25
5.13	Deliverables	25
5.14	Ninety (90) Day Warranty Period	26
5.15	Project Expectations	26
5.15.1	Customization/Development	26
5.15.3	System Testing	28
5.15.4	User Acceptance Testing (UAT)	28
5.15.5	Conversion	28
5.15.6	Training.....	29
5.15.7	Support Services.....	29
5.15.8	Maintenance Services.....	30
6	Proposal Evaluation/Contractor Selection	31
6.1	Process.....	31
6.2	Proposal Evaluation and Scoring.....	31
6.2.1	Mandatory Requirements.....	31
6.2.2	Technical Proposal Scoring	32
6.2.3	Business Proposal Scoring	32
6.2.4	Total Points Awarded	32
6.2.5	Final Selection.....	33
7	Bidder Instructions	34
7.1	Submission Information	34
7.1.1	Proposal Delivery	35
7.1.2	Closing Date.....	35
7.1.3	Notification of Award	35
7.1.4	Bidder Questions.....	36
7.1.5	Anticipated Schedule	36

7.1.6	Proposal Becomes State Property	36
7.1.7	RFP and Final Contract.....	36
7.1.8	Proposal and Final Contract.....	37
7.1.9	Modifications to Proposals	37
7.1.10	Alternative Solutions	37
7.1.11	Cost of Proposal Preparation	37
7.1.12	Mandatory Pre-bid Conference	37
7.2	Volume I – Technical Proposal Contents.....	37
7.2.1	Transmittal Letter (Section A)	38
7.2.2	Required Forms (Section B).....	38
7.2.3	Executive Summary (Section C)	39
7.2.4	Project Management Plan (Section D).....	39
7.2.5	Project Requirements (Section E).....	40
7.2.6	Staff Qualifications and Experience (Section F).....	40
7.2.7	Firm Past Performance and Qualifications (Section G)	41
7.3	Volume II – Business Proposal Contents	41
7.3.1	Project Cost Information (Section A).....	41
7.3.2	Software and Hardware Information (Section B).....	41
7.3.3	Vendor Stability and Resources (Section C).....	42
8	Terms and Conditions	43
8.1	Contract Composition	43
8.2	Payment for Services Rendered.....	43
8.3	Contract Term.....	43
8.4	Contractor Personnel.....	43
8.5	DTI Requirements.....	44
8.6	Funding.....	44
8.7	Confidentiality	45
8.8	Method of Payment:.....	45
9	Appendices.....	46
A	General Terms and Conditions.....	47
B	Certification and Statement of Compliance.....	52
C	Standard Contract.....	56
D	Website Links.....	67
E	Key Position Resume.....	68
F	Project Cost Form.....	70
G	Mandatory (Pass/Fail) Submission Requirements Checklist.....	78
H	State of Delaware Contracts Disclosure.....	80
I	Crosswalk of RFP Section 5.....	83
J	Bidders Signature Form.....	85
K	Office of Minority and Women Business Enterprise Self-Certification Tracking Form.....	87
L	Bidder Project Experience.....	90
M	Data Flow Diagrams.....	92
N	Functional Requirements Matrix.....	113
O	Policy Memorandum Number 40.....	136
P	IRM/IMS Mandatory Requirements.....	147

1 Project Overview

1.1 Introduction

This is a Request for Proposal (RFP) to procure three (3) systems of an Integrated Public Health Preparedness System issued by the Division of Public Health (DPH), Delaware. The Integrated Public Health Preparedness System project focuses on information needed to rapidly detect and assess an emerging health issue and begin interventions. It will be used to determine whether to activate the State Health Operations Center (SHOC) such as when a serious health threat is perceived or occurring, and during all four phases of an emergency (preparedness, mitigation, response, recovery). The primary goal of this project is to integrate current and planned systems in a way that allows seamless information sharing leading to efficient planning, monitoring, deploying and tracking systems during a Public Health Emergency or during State Health Operations Center (SHOC) activation. The purpose of the RFP is to receive bids on one or all of the systems described in section 1.2.

1.2 Background and Purpose

DPH uses a host of different applications to fulfill its mission, however with the changing demands and modernization of disaster management in public health situations, the DPH recognizes a need for revamping its existing systems and to adopt a more robust modern approach which leverages the functionality provided by the current systems, glues the disparate systems and fills in the gaps identified by DPH.. With this as a requirement, DPH conducted a series of surveys and workshops identifying the critical systems that will feed into the overarching system. All the functionalities and data flows were identified and mapped to the existing systems. The gaps in functionality and data elements were also identified and appropriately annotated. (Refer to Appendix M, N). This was followed by a series of design sessions where the future components (systems) were envisaged and the data flows and functionality was mapped to the existing systems as well as amongst the envisaged systems in order to support the National Incident Management System (NIMS) work structure used by SHOC. The future systems identified for the effective management during a Public Health Emergency or during State Health Operations Center (SHOC) activation need to support:

- (1) **Incident Command (IC)/ Operations Section (OM)**
- (2) **Planning Section (PM)**
- (3) **Logistics Section (LM)**
- (4) **Finance and Administration Section (FAM)**

Diagram 3.1 shows how DPH envisions the data flow between these future systems.

This RFP is to include proposals for an **Emergency Management System** that will support IC, OM, PM, LM, and FAM through shared access to information; an **Inventory Management System**; and a **Patient Tracking System**. These modules will need to be interoperable with the future vision of the Delaware Public Health Emergency Management System (DE-PHEMS).

Bidders for this RFP may choose to submit proposals on each system separately or may decide to submit a proposal for all 3 systems as a package.

2 DHSS Program and System Overview

2.1 Delaware Department of Health and Social Services (DHSS)

The mission of DHSS is to improve the quality of life for Delaware's public by promoting health and well-being, fostering self-sufficiency, and protecting vulnerable populations. DHSS is comprised of twelve divisions as follows:

- Division of Substance Abuse and Mental Health
- Division of Child Support Enforcement
- Division of Long Term Care Resident Protection
- Division of Management Services
- Division of Developmental Disabilities Services
- Division of Public Health
- Division of Services for Aging and Adults with Physical Disabilities
- Division of Social Services
- Division of Medicaid and Medical Assistance
- Division of State Service Centers
- Division for the Visually Impaired
- Office of the Chief Medical Examiner

2.2 The Division

The mission of the Division of Public Health is to protect and enhance the health of the people of Delaware. The Division accomplishes this mission by:

- working together with others;
- addressing issues that affect the health of Delawareans;
- keeping track of the State's health;
- promoting positive lifestyles;
- responding to critical health issues and disasters; and,
- promoting the availability of health services.

Public health preparedness is a strategic priority for the Division. Federal funding is used to support preparedness activities such as planning, training, exercising, outreach, system development and maintenance, enhanced laboratory capability and disease investigation/treatment. The Public Health Preparedness Section (PHPS) manages this program for DPH and is the lead programmatic source of information for this project. PHPS uses an all hazards planning approach and the Modular Medical Expansion System (MMES) as the basis for managing emergencies. MMES is a scalable, flexible method of employing personnel, plans, equipment and facilities that can be used to respond to any type of emergency event.

2.3 Support/Technical Environment

The three groups responsible for the development and operation of the automated systems that support the Division are described below. The Division and Information Resource Management (IRM) will appoint co-Project Directors. These individuals will be responsible for monitoring project progress and will have final authority to approve/disapprove project deliverables and payments. IRM will serve as the technical

liaison with DTI (see below). The selected contractor will coordinate efforts for this project with the Division and IRM co-Project Directors.

2.3.1 Division Information Technology Unit

The Divisional Information Technology unit, Information Management Services bureau (IMS), is responsible for working with public health policy and operational staff, state automated systems support staff, federal agencies, contractor staff and any other automated systems user, programming support or policy development staff that rely on data systems. For this project, IMS staff, along with other key DPH staff, will work with IRM and the selected contractor on a daily basis during the development of the data system project.

2.3.2 Information Resource Management (IRM)

The IRM unit is responsible for providing DHSS divisions with direct programming support of automated systems, as well as consulting support and advice on automated systems software and development. IRM consists of an Applications Development, Technology Planning, Base Technology, Telecommunications and Help Desk support group. For this project, IRM will provide project staff for consulting support and advice to assure that technical questions and technical issues are resolved quickly.

2.3.3 Department of Technology and Information (DTI)

DTI is a separate cabinet level agency responsible for running the State of Delaware's mainframe computer operations, wide area data network and setting statewide IT policy and standards. DTI as a separate state agency does not fall under the authority of DHSS. However, DTI is responsible for supplying mainframe and Wide Area Network (WAN) systems support to DHSS as well as other state agencies. Additionally, DTI provides 24x7 data center operations support. DTI provides state agencies with technical consultant services. DTI will work closely through IRM on this project to ensure that State IT standards are followed.

3 System Overview

3.1 System Overview:

The SHOC Context Diagram (Figure 20, Appendix M) illustrates the various information flows and traceability of information that flow into the various SHOC Sections.

System Description: The SHOC System is envisaged around the needs of the State Health Operations Center which serves as the central coordinating hub of public health and medical information and decision-making during an emergency. SHOC is organized according to the National Incident Management System (NIMS) with a SHOC Incident Command team comprised of the State Health Officer and his deputies (Senior Executive Team -SET), Public Affairs, Constituent & Legal Affairs, and Safety. Four Section Chiefs operate the Finance & Administration; Planning; Operations; and Logistics Sections and report to the Incident Commander. The SHOC "System" does not exist, per se, as an information system, but as a disaster response organization with multiple information systems providing information to various sections and functions, but for which there is no centralized information management schema. The overarching concept is visualized in a future system (which is not a part of this RFP) is described below in section 3.1.1. DPH envisions a Service Oriented Based Architecture (SOA) for all its future endeavors. A high level guideline is provided below in the "diagram 3.1".

The systems should be developed in compliance with the overarching SOA based technical approach completely in compliance with PHIN technical guidelines. Some of the services may or may not exist during the development of the systems, but it is required that the delivered product should satisfy all the functional requirements identified. The necessary web services from the developed modules should be published for consumption by the other modules in order that the overall mission is accomplished. Appropriate security and authorization protocols should be followed to the best of the available technology.

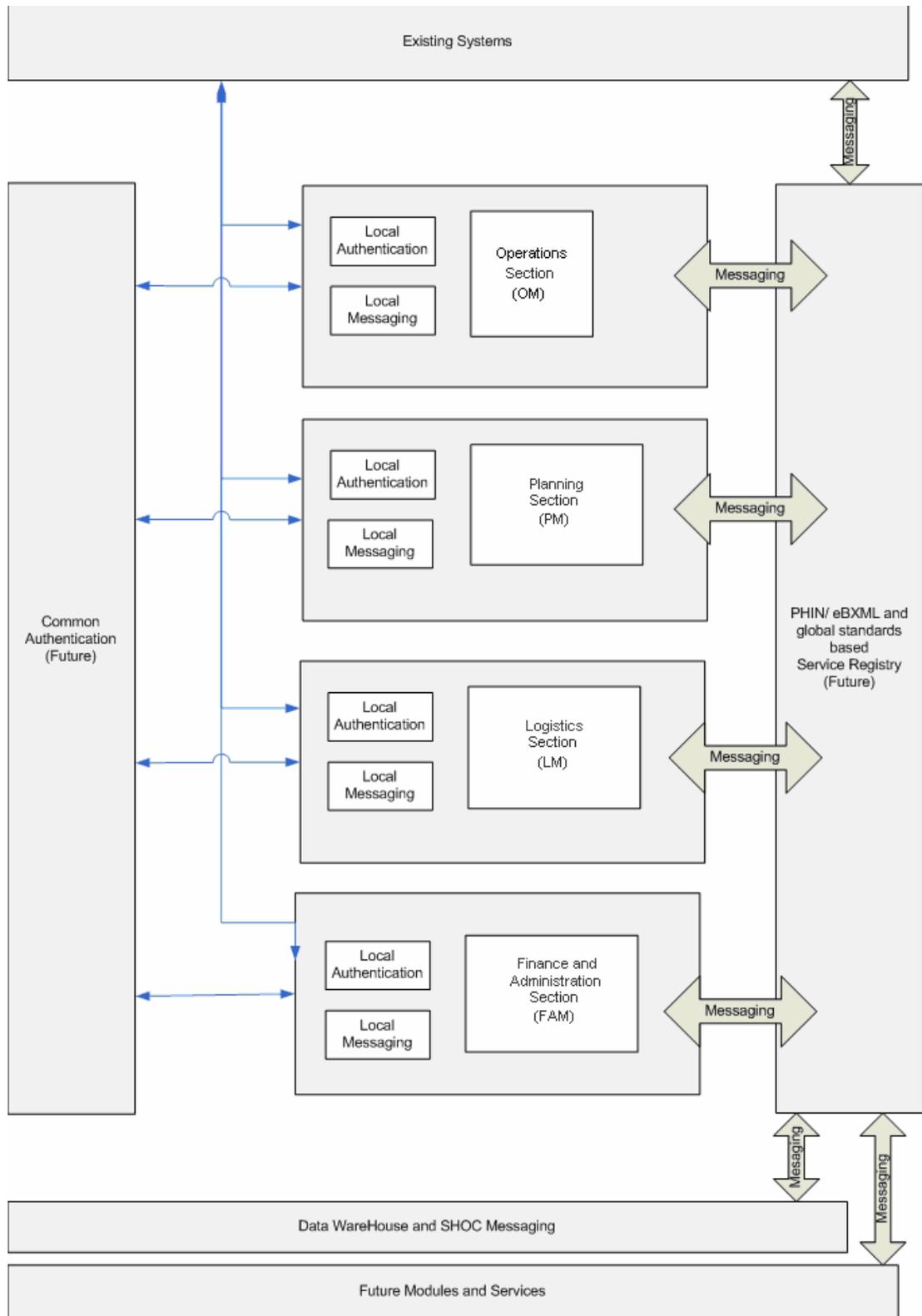


Diagram 3.1 Delaware Public Health Emergency Management System

3.1.1 Delaware Public Health Emergency Management System (DE-PHEMS):

(Appendix M, Figure 19).

System Description: The envisioned DE-PHEMS and all its modules will provide support during SHOC activations by providing information to the Incident Command (IC) and the SHOC Sections (Operations; Planning; Logistics; and, Finance and Administration). This system will also be used during the early stages of an event when assessments are occurring but SHOC has not been activated. It will be used to document all events.

The DE-PHEMS purpose should be to provide one focal point of information for support of and use by SHOC Sections and the IC for making critical decisions regarding public health and medical preparedness and disaster response. It will provide ready, accurate, verifiable and formatted information to senior officials including State Secretaries and the Governor. Information will be shared between outlying SHOC groups such as Investigative Response Teams, Neighborhood Emergency Help Centers (clinics), Acute Care Centers, and with other emergency centers such as the State Emergency Operations Center, Delaware Information and Analysis Center (DIAC), Hospitals Command Centers, Transportation Management Center, 911 Dispatch Centers, Centers for Disease Control and Prevention (CDC), etc.

The DE-PHEMS will maintain a focal point for relations with counterparts in regional states and the federal government, particularly the Centers for Disease Control and Prevention (CDC). The new DE-PHEMS should be designed to parallel the National Incident Management System (NIMS) of the Department of Homeland Security. It will import and export information from legacy systems through a SHOC Data Interface and Analytics Layer (SDIAL) and a SHOC Central Data Warehouse (SCDW). These features will exchange and flow all information and data for storage, retrieval, archiving, and search functions.

Functionality: The DE-PHEMS should make information available to authorized users in a rapid, accurate, viewable and easily accessible manner. Information should be shared, dynamically updated periodically, shared with all users according to pre-set authorizations. Information should be routed to the established sections and modules within the SHOC. It should gather and store information in searchable, secure formats and maintain action/event/incident logs of decisions, follow-up, dispositions and authorizations. Information should be presented to users and decision-makers in formats compatible with needs in verifiable, accurate, “drill down” formats. Interface with SHOC Messaging.

General DE-PHEMS and module functionality:

- Develop systems and processes that will interface, import and export information, analyses and forecasting with DE-PHEMS through SDIAL, SCDW, and SHOC Messaging.
- Present current accurate information to decision-makers in Incident Command/SET in a concise manner that can be then “drilled down” as needed for further detail.
- Maintain current situational awareness for briefing staff changes in SHOC.
- Apply Knowledge Management tools.

- Import and export digital videography and audio for display.
- Maintain just-in-time training via Advanced Distributed Learning (ADL) technologies.
- Maintain current email and contact directories of State DHSS and DPH employees, contractors, providers, volunteers, and others.
- Provide Risk Communications to general public.
- Support a common registry of the published services by other critical modules.

3.2 Systems that are to be bid as part of this RFP

The functionality of the modules described in section 3.2 is to be addressed as part of this RFP process. These are systems for Emergency Management, Inventory Management and Patient Tracking. The other future and existing systems in this document describe modules and functionality that will need to interface with the envisioned Delaware SHOC Emergency Management system, as described in section 3.1, as it evolves over the years.

3.2.1 Emergency Management System

(System Object ID #14 Appendix N and Appendix M Figure 14, System Object ID #16 Appendix N and Appendix M Figure 16).

System Description: This module is a subset of DE-PHEMS and will be used by all SHOC sections. This module is the operational health and medical information management tool for determining and assessing on-going and planned activities in response to a SHOC activation for a statewide or local disaster. It provides real-time event monitoring and is capable of managing multiple events. It may be used to support a disaster in another state when deploying Delaware assets or receiving evacuees. This module will also be used during the early stages of an event when information is often fragmented to perform assessments as to whether or not activate the SHOC. It will be used to document all events.

As conceived, the module will support the SHOC and has several major functions:

Situational and Operational Awareness

- Maintain current situational awareness for all types of threats and disasters (e.g., hurricanes, floods, fires, and biological, chemical and radiological threats);
- Provide information about current weather situations; Geocode all locations of originating information: incidents, victims, logistics, and deployments providing visualization of the situation;
- Maintain current operational awareness of state situation including road closures, hospital beds available, shelter openings, flooded areas, contaminated areas, etc.
- Use GIS information for facilities such as nursing homes, restaurants, public water sources, and to identify the best locations for dispensing or treatment facilities;
- Assist with risk identification; Develop and import various hazard models utilizing information that has been collected in regards to disease locations, clusters, types, sources, severity and threats;

- Create status boards during a SHOC event; Create event logging, checklist references, decision support, on-going decision implementation monitoring, disposition, and action closeout;

Analyze Situation and Make Recommendations

- Maintain and analyze current operational information for use by other SHOC Section Groups;
- Perform integrated risk assessment by analyzing all available information from a SHOC perspective;
- Create protective action recommendations (PAR);

Plans, Procedures, Checklists

- Facilitate the creation and development of electronic incident action plans;
- Import current plans and checklists and link actions to incident log as they are completed;
- Create checklists for users that display the status of each item and the ability to add notes to each item;

Decision-making

- Provide accurate timely operational information to senior decision makers such as the IC, SET members, Secretaries and the Governor to make protective action decisions (PADs);
- Implement policy decisions and take other actions within its mandate;

Human Resources Management

- Maintain, track and update information on persons involved in SHOC responses including their assignment, disposition, hours worked, expertise, etc;

Coordinate Information outside SHOC

- Provide information to support liaison to State and other Emergency Operations Centers (EOCs); DPH Mobile Field Vehicle, DPH laboratory, operation and management of Neighborhood Emergency Health Centers (NEHCs), DPH health clinics, immunization and mass immunization clinics; large and multiple victim operational responses; coordination with hospitals and other health/medical centers;

Documentation and Reports

- Provide standardized NIMS Report and also create custom reports as needed;
- Interface with the FAM section by collecting and maintaining finance and accounting information for fiscal, legal and reimbursement including Federal Emergency Management Agency (FEMA) forms;
- Publish services or have services ready to be published (as Web Services) in the DE-PHEMS Services Registry;
- Use during drills and exercises.

3.2.2 Inventory Management System:

(System Object ID #17, Appendix N and Appendix M Figure 17).

System Description: This module is a subset of DE-PHEMS and will be primarily used by the LM Section during SHOC with accessibility by all SHOC sections. The LM facilitates activities by the Logistics Section in executing plans developed by Planning Section staff.

As conceived, the module will support the Logistics Section Staff and has several major functions:

- Provide accurate timely logistics information to senior decision makers such as the IC, SET members, Secretaries and the Governor;
- Ability to identify the location and owner agency for all inventory items;
- Ability for real-time inventory of all preparedness equipment, supplies, pharmaceuticals;
- Capture shelf life information/expiration date of supplies, equipment and pharmaceuticals where needed;
- Track lot and model numbers for all inventory items where needed;
- Maintain manufacturer and supplier information where needed (including reorder and contact information);
- Identify and categorize resource information using standardized resource typing information available from NIMS Integration Center and CDC's Strategic National Stockpile Program (SNS);
- Maintain accountability for assets and resources and their location including final disposition;
- Alerting when quantities reach trigger point for reorder;
- Apply resource and asset management;
- Apply filters to inventory to display critical information needed at time;
- Standard and customized reporting;
- Ability to electronically dynamically maintain inventory (receipt, disbursement, transfer, assignment, quantity, costs, final disposition of damaged/expired items);
- Receipt, storage and security of pharmaceutical stockpiles including the Federal Strategic National Stockpile in coordination with the Operations Section;
- Support breakdown of pharmaceuticals into the individual dosages while tracking data from the "parent";
- Capability to interface with data from the Center for Disease Control regarding SNS protocols;
- Facilitate direct deployment and disbursement/issue of resources, personnel and supplies to DHSS, DPH, SHOC staff, NEHCs, Acute Care Centers (ACCs), clinics, and providers;
- Track and capturing expenditures for later reimbursement submissions through interfaces with the FAM module;
- Interface with the FAM section by collecting and maintaining finance and accounting information for fiscal, legal and reimbursement;
- Meets state inventory requirements. See Appendix O (Policy Memorandum Number 40) which describes DPH's Public Appeals Property Accountability rules;
- Publish services or have services ready to be published (as Web Services) in the DE-PHEMS Services Registry.

3.2.3 Delaware Patient Tracking System (DPTM):

(System Object ID #15 Appendix N and Appendix M Figure 15).

System Description: This system needs to track information regarding individual patients and groups of individuals including the processes of identification, evaluation, treatment and movement throughout a SHOC event. The DPTM will be used for planning bioevents such as Pandemic Influenza or Anthrax incident. Data relating to location and treatment of individual will be captured.

As conceived, the module will support the SHOC Sections and has several major functions:

- Analyze available information from a SHOC perspective;
- Dynamically update and maintain patient and victim information including identification, treatments, geolocation, demographic, file identity numbers, maintaining HIPPA (not applicable during emergency) and personal and State financial information;
- Determine and update victims and patients data by disease, injuries and categories;
- Capture both automatic and manually-created electronic patient medical (including treatment) records from multiple facilities (ex., DPH health clinics, health care providers, hospitals, NEHCs, clinics, ACCs, ARC and disaster shelters, etc);
- Identify victims/patients and relate to home addresses, MCI numbers, demographic information, and prior medical history and vaccinations (Immunization registry);
- Track and identify persons quarantined and isolated and medical status of same address persons;
- Facilitate reunification of family members who may have, or be separated during a disaster;
- Determine and update patients' data by disease, injuries, categories;
- Real Time;
- Unique Identifiers for Patients;
- Includes location addresses and directions for all facilities involved including patient's home, hospital, clinic, morgue and ad hoc temporary emergency facilities such as NEHC, ACC, casualty transport collection area, mass fatality storage location, etc.
- Provides Basic Emergency Scene Information, such as # Injured, Type of Disaster and Emergency;
- Capability to include photos for ID Purposes;
- Post-event Management – Ability to Track Cases and Exposures;
- Identifies transportation system used to move patients;
- Ability to import data from home health care agencies;
- Standardized and customized report capability;
- Interface with the FAM section by collecting and maintaining finance and accounting information for fiscal, legal and reimbursement.

3.3 Existing Systems

These systems are described here so that the bidder will understand which systems are already in existence within DPH. DPH is asking that all new systems have the ability to interface with existing systems where possible.

3.3.1 Delaware Electronic Reporting and Surveillance System (DERSS)

(System Object ID #1 Appendix N and Appendix M Figure 1).

System Description: **DERSS - Delaware Electronic Reporting Surveillance System** provides public health officials with nearly real-time indications of disease outbreaks and illness caused by terrorism by searching for symptoms frequently reported to health care providers. The future Emergency Room Syndromic Surveillance System (ERSSS) enhancement will define syndromes from chief complaints, perform keyword matching to allow query of and extract of demographic information, prepare reports and graphics with summaries, export data to EARS and SatScan.

3.3.2 Laboratory Information Management System (LIMS):

(System Object ID #2 Appendix N and Appendix M Figure 2).

System Description: **LIMS - Laboratory Information Management System** connects the analytical instruments in the lab to one or more workstations/PCs. These instruments are used to collect data. An instrument interface is used to forward the data to the PC, where the data is organized into meaningful information. This information is further sorted and organized into various report formats based upon the type of report required. LIMS manages the various lab data from sample log-in to reporting the results. The tests performed range from drinking water and emerging infectious diseases to biological agents of terrorism.

3.3.3 Emergency Medical Services Data Information Network (EDIN):

(System Object ID #3 Appendix N and Appendix M Figure 3).

System Description: **EDIN - EMS Data Information Network** is designed to facilitate the statewide, standardized reporting requirements for paramedics. With EDIN paramedics now have available a well organized, responsible system that allows them to enter detailed information about each incident. EDIN also provides timely and accurate compilation of information relating to response times and procedures administered. Connection through the internet supports the use of mobile laptops within EMS vehicles.

3.3.4 Electronic Vital Records System (EVRSS)

(System Object ID #4 Appendix N and Appendix M Figure 4).

System Description: **EVRSS** - Vital Stats **E**lectronic **V**ital **R**ecords **S**ystem records birth, death, marriage, and divorce information for Delaware residents. The system is capable of printing certificates and providing basic information to other Department of Health and Social Service (DHSS) system users for verification of client information.

Exports are provided to law enforcement, homeland security, Social Security Administration, HRSA, immigration and family courts.

3.3.5 Facilities Resource Emergency Database (FRED):

(System Object ID #5 Appendix N and Appendix M Figure 5)

System Description: **FRED** - **F**acilities **R**esource **E**mergency **D**atabase system is designed to alert emergency responders in the event of a crisis or a situation that may warrant a response. It provides information about the emergency to providers in affected areas and enables the providers to report information about available resources. Hospital, ambulance companies and other entities constantly monitor the system. The system is regional in scope and is used by Delaware, Maryland and Pennsylvania. It is used to report hospital bed availability for Delaware and the National Disaster Medical System (NDMS).

3.3.6 Immunization Registry (IR):

(System Object ID #6 Appendix N and Appendix M Figure 6).

System Description: **VacAttack** – Immunization registry which tracks vaccinations for children from birth to 5 years maintaining a history. Information is provided to the Centers for Disease Control and Prevention and individual providers to track progress in maintaining immunizations. To a limited degree, also records booster shots for children from 5-18 years. Also includes VACAttack Web Interface - A web application providing access to immunization information.

3.3.7 OMS and Payroll Human Resources Statewide Technology (PHRST):

(System Object ID #8 Appendix N and Appendix M Figure 8)

(System Object ID #9 Appendix N and Appendix M Figure 9) Respectively

System Description: **PHRST** - **P**ayroll **H**uman **R**esource **S**tatewide **T**echnology is an integrated application of the Human Resource, Benefits and Payroll functions for the State of Delaware. PHRST contains personnel contact information that could be integrated into Public Health Preparedness project. **OMS** - **O**perations **M**anagement **S**ystem - OMS provides for the tracking of fiscal expenses through the creation of purchase orders and payment vouchers through appropriate funding streams.

3.3.8 Emergency System for Advanced Registration of Voluntary Health Professionals (ESAR-VHP):

(System Object ID #10 Appendix N and Appendix M Figure 10).

System Description: **ESAR-VHP** - The **E**mergency **S**ystem for **A**dvanced **R**egistration of **V**olunteer **H**ealth **P**rofessionals is an electronic database which establishes and certifies the qualifications, and verifies the identity, credentials, licenses, and training of volunteer health providers during an emergency. The state-based approach to establish a National system will enable our nation to make optimum use of volunteer healthcare personnel. The goal of ESAR-VHP is to eliminate significant problems encountered when seeking to utilize healthcare volunteers in a complex emergency response situation.

3.3.9 Call Center (CC):

(System Object ID #11 Appendix N and Appendix M Figure 11).

System Description: The Call Center accepts phone calls from all sources (citizens, etc) who seek information on disasters, and instructions on self-protective actions they should take. It schedules medical appointments for certain groups of the public, and provides information to the Neighborhood Emergency Health Centers (NEHC). It develops inquiry information to the SHOC to be used in formulating risk communications information to the public.

3.3.10 Delaware Health Alert Network (DHAN):

(System Object ID #12 Appendix N and Appendix M Figure 12).

System Description: **DHAN** - **D**elaware **H**ealth **A**lert **N**etwork allows and enables critical community health organizations in Delaware to enroll in an alert notification service operated by Delaware's Division of Public Health (DPH). The service enables health professionals to receive e-mailed or faxed alerts about public health threats such as emerging infectious diseases and bioterrorist acts and provides up-to-date information on emergent public health situations maintains a document library of ongoing public health information and provides bulletin board and conference facilities for providers to communicate with public health officials and one another.

3.3.11 Master Client Index (MCI):

(System Object ID #13 Appendix N and Appendix M Figure 13).

System Description: **MCI/SI** - **M**aster **C**lient **I**ndex/**S**ervice **I**ntegration is a central shared client database function which all DHSS systems commonly link. It supports the coordination of client services from any point of entry whether assistance is requested through a Service Center, Health Clinic, or telephone.

3.3.12 Delaware Emergency Notification System (DENS):

(System Object ID #18 Appendix N and Appendix M Figure 18).

System Description: **DENS - Delaware Emergency Notification System** whose primary purpose is to provide an adaptable and integrated telephone notification system, geo-coded to mapping software, for immediate warning of the public in the event of local emergencies. Division of Public Health (DPH) also uses it as an emergency call-out system for DPH staff in the event of a public emergency event. FirstCall, Interactive Network, provides the service from Baton Rouge, Louisiana.

4 State Responsibilities

The following are DHSS responsibilities under this RFP. Outlined in the following subsections are such areas as project staffing, project management, available resources, and system testing and implementation (if applicable). There is an emphasis on the limitation of DHSS staff time for this project and their role in the customization/development process.

4.1 Staffing Roles

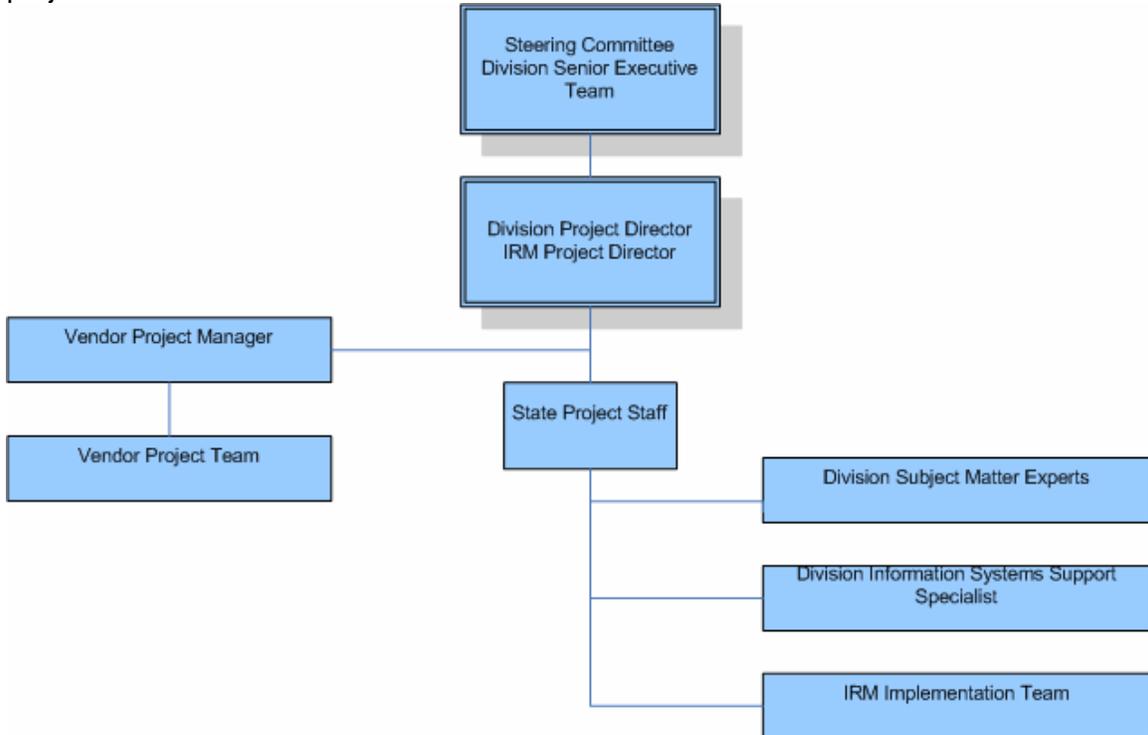
The Division and IRM will appoint co-Project Directors. These co-Project Directors will serve to manage the contractor during this project. All project deliverables will be approved by signature of both the Division and IRM project directors. The Division Project Director will serve as the overall business project director, while the IRM Project Director will serve as the technical project director.

The Division Project Director will serve as primary coordinator to ensure that Joint Application Design (JAD) sessions take place with the appropriate subject matter experts (SME), that project documents and deliverables are thoroughly reviewed and that approval takes place within agreed upon timeframes. This individual is also responsible for scheduling and coordinating User Acceptance Testing (UAT), when appropriate. The Division Project Director will coordinate with other divisions and State agencies for their input as needed. These staff will serve primarily as subject matter experts on relevant Division applications and related systems, and will participate in meetings and deliverable review as necessary.

The IRM Project Director will serve as primary technical liaison to ensure that contractor and State technical staff work together effectively to identify current and future technology considerations and make key technology decisions. The IRM Project Director will serve as the primary liaison with DTI staff to gather State level input as needed.

4.1.1 Project Organization Chart

The following organization chart outlines the proposed management structure for this project.



4.2 Staff Participation

The Division Project Director will be assigned to work on this project. Additional DHSS staff participation is as assigned and is in addition to their primary responsibilities. DHSS staff normally works 7.5 hour days from 8:00 AM – 4:30 PM, although some staff flex their schedules. DHSS staff will be available to consult with the vendor on the data needing to be cleaned up for conversion. However divisional SME's can serve to advise contractor on these topics. No DHSS technical staff will be assigned to this project to assist in the coding of the system. DHSS technical staff will attend JAD sessions as assigned. It is important to note that documentation on the existing systems may be missing, incomplete, out of date or in error. Divisional staff will be responsible for user acceptance testing. The Division will be responsible for assigning a primary and backup division liaison and knowledgeable subject matter experts for the duration of JAD sessions related to their areas of expertise. These assignments will be sent to the Division Project Director prior to the start of the JAD sessions. Attendance at these sessions is mandatory for assigned staff. These same subject matter experts along with other staff will be assigned to participate during UAT for their areas of expertise. Adequate divisional staff participation is critical.

4.3 Resource Availability

During State business days, the Biggs mainframe production systems are normally available from 7:00 AM to 6:00 PM. On Saturday the hours are 8:00 AM to 4:30 PM. Production systems are taken down earlier on specific monthly dates to accommodate particularly heavy batch schedules. Test systems availability will be scheduled in concert with other development staff. DTI has mainframe systems support staff on site from 7:00 AM to 4:30 PM. DTI Operations staff is on site 24x7. IRM applications, telecommunications and Help Desk staff is on site from 8:00 AM to 4:30 PM on State business days. The State network is very stable and unscheduled downtime is minimal. Given that the network is an essential state resource, any reported problems have a very high priority and are dealt with immediately. Biggs Data Center power is conditioned and outside supply fluctuations can trigger a switch to automatic local power generation capability. The State has audio and video-conferencing capabilities as well in specific on-site locations for remote meeting participation. Remote connectivity through SSL-VPN is available for offsite work for contracted staff that must access, update or maintain servers and/or applications in the DMZ. Please refer to Appendix D for more information on the DHSS IT environment.

4.4 Deliverable Review

It is the responsibility of the DHSS staff to perform deliverable review. For each document deliverable, the DHSS staff will either approve the deliverable in its entirety or disapprove the deliverable and return with comments. The DHSS staff is also responsible for User Acceptance Testing on all functional aspects of the project. DTI may participate in the review process for certain deliverables. It is the responsibility of the DHSS staff to review all project deliverables in the agreed upon timeframe. The DHSS staff will notify the bidder of any changes to the review schedule. Milestone invoicing and payment is contingent upon formal DHSS staff approval. Likewise, production implementation of each module is contingent upon formal DHSS staff approval.

4.5 Implementation

Production implementation is normally an IRM responsibility. Depending on the solution selected, IRM may require participation of contractor staff.

5 Contractor Responsibilities/Project Requirements

The following are contractor responsibilities and project requirements under this RFP. Given the limitations of assigning State staff to this project, the contractor is expected to provide most of the expertise and provide for the full range of services during the project. Bidders must discuss each of these subsection requirements in detail in their proposals to acknowledge their responsibilities under this RFP.

Bidders must have demonstrated experience and depth in the following areas:

- Implementing Large Scale Applications based on Service Oriented Architecture (SOA)
- Expertise in Operations, Planning, Logistics, Finance and Administration and IT systems supporting the above mentioned areas.
- Technical expertise in fulfilling all the requirements laid out by the IT Infrastructure at DPH (See Appendix D)

This experience is critical in ensuring project success in terms of the future direction of the Division's information technology development, as well as maintaining an open partnership with project partners.

5.1 Staffing

Contractor will propose and supply resumes for the following key positions including:

- Project director
- Project manager
- Business analysts
- Senior developers
- Technical analysts (i.e. DBA, SE, etc.)
- Documentation specialists
- Functional Experts
- Help Desk Manager
- Trainers

The resumes will be for specific named individuals and will be in the format specified in Appendix E. Other positions may be proposed at the contractor's discretion. One person may be proposed to fill more than one role.

5.1.1 On-Site Staffing Requirement

The following key contractor staff is required to be on-site at the Biggs Data Center in New Castle, Delaware, or the Jesse Cooper Building and Blue Hen corporate center in Dover Delaware as indicated below:

- Contractor should specify with a justification, the percentage of time to be spent by the contractor Project Director on the site.
- Contractor should specify with a justification, the percentage of time to be spent by the contractor Project Manager on the site.
- Contractor should specify with a justification, the percentage of time to be spent by the contractor Business Analysts on the site.
- Contractor should specify with a justification, the percentage of time to be spent by the contractor Functional Experts on the site.
- Contractor should specify with a justification, the percentage of time to be spent by the contractor Technical Analysts on the site.
- Contractor should specify with a justification, the percentage of time to be spent by the contractor Senior Developers on the site, if needed for customization.
- Contractor should specify with a justification, the percentage of time to be spent by the contractor Trainers on the site when needed for training DPH employees in the use of the system.

The DHSS staff and the key contractor staff will work very closely together on this project. This requires an on-site presence. The DHSS staff will provide office space including phones and network connectivity for all on-site project staff. Contractor will be responsible for all other office necessities including workstation and required software. It is vital for the contractor project manager and key staff to play an active on-site role in the project and be visible and accessible.

5.1.2 Offsite Project Work

The State will permit project work to be done offsite, within the United States. For offsite work, the DHSS requires strong management of the resources and assigned tasks; adequate, timely and accurate communications and completion of assigned work by specified deadlines. This is important to any offsite relationship. If the bidder organization is proposing offsite project work, the bidder must specifically address each of the bulleted items below in this section of the proposal. Otherwise, bidder will respond to this section as follows: **“No offsite project work proposed.”**

Note: For the purposes of this section, the bidder staff organization includes subsidiary contractors.

- Provide a detailed description of work to be completed offsite along with a breakdown of the type of work to be provided on-site. Quantify this by estimating for each of the deliverables identified in this Section, the percentage of work to be done offsite.
- Provide an organization chart with job titles of offsite staff and their relationship to the bidder.
- Provide a description of what tasks each job title is responsible for performing.

- Clearly identify if offsite work is to be performed by bidder staff or sub-contractors.
- For offsite subcontractor or bidder staff, please include the names and resumes of key staff, highlighting prior participation on similar projects. Also provide named or sample resumes for lower level staff.
- Detailed plan for managing offsite work including communication strategy to accommodate time differences if any. Include contingency plan for completing work should offsite relationship be terminated.
- Propose a meeting schedule for project status discussions with offsite management staff.
- Identify the offsite single point of contact who will serve as the project manager of offsite resources. Describe how this project manager and the on-site project manager will interact. The State prefers that the offsite project manager be a bidder employee. Please refer to RFP Section 5.1 for normal bidder staffing requirements.
- Provide a contingency plan for substituting on-site staff if offsite relationship becomes problematic as determined by the DHSS.
- Provide a description of prior bidder organization experience with use of offsite bidder staff or subcontractors and provide U.S. client references for that work.
- Provide a detailed description of proposed project manager's experience in directing offsite staff and/or subcontractors.
- Describe your understanding that the DHSS will only provide management of this project and bidder resources through the on-site project manager. All management/relationships with offsite resources, whether bidder staff or subcontractors, will be handled by the respective bidding organization.

5.1.3 Offshore Project Work

The State will not permit project work to be done offshore.

5.1.4 Project Director Requirement

The Vendor Project Director is the individual who has direct authority over the Vendor Project Manager and will be the responsible party if issues arise that are not resolvable with the Vendor Project Manager. The Director does not need to be on-site except for designated meetings or as requested. It is critical that a named Vendor Project Director with appropriate experience be proposed.

5.1.5 Project Manager Requirement

The contractor project manager is normally on-site and manages the project from the contractor perspective and is the chief liaison for the DHSS Project Directors. The Project Manager has authority to make the day-to-day project decisions from the contractor firm perspective. This contractor project manager is expected to host meetings with Division Subject Matter Experts (SME) to review Division business organization and functions along with the organization, functions and data of information systems relevant to this project. The contractor project manager is expected to host other important meetings and to assign contractor staff to those meetings as appropriate and provide an agenda for each meeting. Bi-weekly status meetings are required, as are monthly milestone meetings. Meeting minutes will be recorded by the contractor and

distributed by noon the day prior to the next meeting. Key decisions along with Closed, Active and Pending issues will be included in this document as well. In their proposals, bidders must include a confirmation that their project manager will schedule status review meetings as described above. It is critical that a named Vendor Project Manager with prior project management experience be proposed.

In their proposals, bidders must include a confirmation that their Project Manager will schedule status review meetings on-site, at least bi-weekly, and that their Project Manager will provide written minutes of these meetings to the State Project Directors by noon the business day prior to the next meeting.

5.1.6 Project Help Desk Staff Requirement

Vendor Help Desk expertise is critical to the success of the system. Staff proposed for this function does not need to be dedicated exclusively to this role. They may serve a primary role in addition to providing Help Desk coverage. Secondary Help Desk support must be identified in the resume of the staff member primarily bid for another function. Bidder must supply at least a primary and a backup Help Desk function during the UAT, production Implementation and the warranty period. These staff will provide second-level support during State business hours to callers with system issues. The department's Help Desk will provide first-level support. This generally includes resolution of issues such as network connectivity, application log in problems and general PC advice. The contractor will provide second level support. This will be more system-specific and require application expertise. Specific system issues may be referred to third-level divisional support for SME expertise.

5.2 Project Management

The contractor must be the prime contractor to develop all the deliverables required by this RFP. The contractor must recommend a core team to work with DHSS over the course of the project and must identify other resources needed. A detailed, up-to-date project plan must be created and maintained weekly to accurately reflect project timelines and tasks. This project plan must include each phase of the project, clearly identifying the resources necessary to meet project goals. For each document deliverable, the contractor will first deliver for DHSS/DPH approval a template with an outline and sample contents. The actual deliverable will follow the approved template. It will be the contractor's responsibility to provide complete and accurate backup documentation as required for all document deliverables.

The contractor is expected to employ a rapid application design methodology to speed customization/development. An iterative model of testing is required which will require early prototypes and subsequent demonstrations of working modules to ensure that the product meets user specifications in terms of user interface and functionality. It will be the contractor's responsibility to provide complete and accurate documentation for all entities in the system. The contractor is expected to release prototypes/drafts of project deliverables and components for early state consideration and comment in order to expedite the final review process.

5.3 Requirement To Comply With HIPAA Regulations and Standards

The selected vendor must certify compliance with Health Insurance Portability and Accountability Act (HIPAA) regulations and requirements as described in Department of Health and Human Services, Office of the Secretary, 45 CFR Parts 160, 162 and 164, as well as all HIPAA requirements related to privacy, security, transaction code sets (where applicable) and medical provider enumeration.

The selected vendor is required to customize/develop the system in accordance with HIPAA requirements, implement the system in accordance with HIPAA requirements and, where the vendor will operate and maintain the system, operate and maintain the system in compliance with HIPAA requirements.

In the proposal, contractor will explain their understanding of the HIPAA regulations and their impact on this project especially in the area of security.

5.4 Requirement to Comply with State Policies and Standards

All proposed solutions submitted in response to this RFP must be fully compatible with the Department of Health and Social Services' technical environment. This is specified in Appendix D via the following web links:

- DHSS Information Technology (IT) Standards
- State of Delaware Web Standards

Vendors must also comply with DTI policies and standards which will be distributed at the pre-bid meeting upon vendor signature of a non-disclosure agreement.

Vendor staff accessing State IT resources must comply with DHSS policies and standards, and will be required to sign the DHSS Biggs Data Center User Authorization Form and the Biggs Data Center Non-Disclosure Form.

All components of the proposed solution, including third party software and hardware, are required to adhere to the policies and standards described above, including any links or documents found at the above referenced web sites. **All exceptions must be addressed in your Technical Proposal.**

5.5 Requirement to comply with Public Health Information Network (PHIN) Technical guidelines

The Public Health Information Network (PHIN) is Center for Disease Control's (CDC) vision for advancing fully capable and interoperable information systems in the many organizations that participate in public health. PHIN is a national initiative to implement a multi-organizational business and technical architecture for public health information systems. It is very important for the developed systems to be PHIN compliant to the extent that it should be able to seamlessly integrate and exchange information with other systems that are compliant with the technical guidelines specified in PHIN. Refer to the PHIN website at <http://www.cdc.gov/PHIN/> for more detailed technical guidelines.

5.6 State Architecture Requirements

The State prefers to have a system with a web front-end for a common user interface that is platform independent. The State will consider n-tiered systems that are hosted at a server level. The current mainframe supports a number of system and available resources are limited. Synching mainframe online and batch schedules further restricts system operating hours.

Various mainframe software version upgrades are planned through 2007 to bring this data center up-to-date with current releases. The State will provide up-to-date mainframe, server, network and security testing and implementation schedules to the winning bidder. Bidders are expected to take this changing technical environment into consideration for their analysis and recommendations. In terms of proposal costs, vendor will be expected to develop total project costs that include purchase of hardware and software, out year hardware and software licensing, support and maintenance costs along with staffing projection costs.

5.7 Database Design

Vendor will need to take into consideration the design of existing table structures and whether they may carry forward into the solution being proposed or may have to be re-engineered. Vendor will also have to take into consideration the Data Flow Diagrams provided in the Appendix M, N and avoid duplication of functionality with the other existing or future systems mentioned in Appendix M, N. Quality of the current data needs to be reviewed. Consideration will need to be given to ETL (Extraction, Transformation and Loading) processes for conversion, Sharing and Publishing as well as archiving, backups and disaster recovery. The vendor may be required to provide a data model (this does not apply to COTS products).

5.8 Performance

Performance of the proposed solution within the DHSS and State technical environment is a critical consideration. The present data center environment in terms of infrastructure, hardware, power, etc. needs to be reviewed. Contractor is expected to review this with IRM and DTI to ensure that it is sufficient. The current design and capacity of the network especially in terms of connectivity to the Division business sites must be reviewed along with service upgrade plans. Future capacity and response time needs must be evaluated and accepted.

5.9 Degree of Customization

In terms of costs, vendor will be expected to account for necessary customization of proposed solution in order to fit Division business needs.

In terms of customization of COTS software to meet State needs, this must not exceed 20%. The DHSS will waive ownership rights of customization features if they are made part of the standard product, which in fact is the DHSS's preference.

5.10 Backup and Recovery

DHSS requires that system data be backed up to appropriate media that can be restored as necessary. Contractor will be expected to review the current backup and recovery process and suggest scenarios where incremental backups, full backups or dataset reloads are appropriate. Due to the need for these applications to provide support in less than opportune instances, HOT backup is a requirement.

5.11 Disaster Recovery

DHSS has contracted with Vital Records, Inc. as the offsite media storage contractor for client/server and mainframe backup media. Sungard Recovery Systems is contracted as the client/server and mainframe cold site contractor. Disaster recovery tests are conducted every six months for the Biggs mainframe. Contractor is expected to review this process with IRM and DTI to ensure that it is sufficient

5.12 Specific Project Tasks

Contractor will be expected to address the following requirements in their proposal in detail. Emphasis is on the limited availability of DHSS staff for the project and the expectation that the contractor express in detail their understanding of their responsibilities for each of these tasks. Contractor is expected to have primary responsibility for each of these project tasks. DHSS versus contractor responsibilities must be delineated. The contractor is also responsible for coordinating with the team that is responsible for the design of overarching Delaware SHOC Emergency Management System (DE-PHEMS) system (See Appendix M).

Detailed functional capabilities, desired functional capabilities and Context level, Level 1 Data Flow Diagrams are provided in Appendix M and Appendix N

The design of any subsystem cannot be counterintuitive to the overall concept and business goals of the Delaware SHOC Emergency Management System (DE-PHEMS).

5.13 Deliverables

In Phase 1, all deliverable documentation will be initially introduced in an "Outline and Sample Contents" template submitted by the contractor. State staff will approve each template. These templates may also be subject to federal review as well. Each deliverable will follow their respective approved template design.

Each document deliverable must be delivered in one (1) paper copy along with electronic copies sent to the two DPH Project Directors. Each deliverable shall be reviewed by DHSS and will require formal approval from DHSS prior to milestone approval and payment. Federal approval may also be required for certain documents as well. DHSS staff time is limited on this project especially for deliverable review. The project plan must include sufficient time for serial deliverable review. The contractor must include at least ten (10) business days, per deliverable, in the project plan for DHSS staff to complete a review and to document their findings. Based on the review findings, DHSS may grant approval, reject portions of or reject the complete document, request contractor revisions be made, or may state the inability to respond to the deliverable until a future specified date. Upon each rejection, the contractor will have five

(5) business day periods to revise the document. Additional three (3) business day periods shall be required by the DHSS for subsequent reviews whenever revisions are requested or a deliverable is disapproved. Bidder will include reasonable federal timeframes in the project plan for those deliverables requiring federal review, comment and approval. Formal milestone approval by the DHSS will be required for milestone invoicing.

The source code (or executable, in the case of COTS products) for each application module deliverables will initially be delivered to the IRM Manager of Application Support responsible for the Division (or designee) at the time of User Acceptance Testing. The vendor is responsible for installation in the DHSS test environment with IRM staff present. The vendor must remain on-site to address any errors until the application is successfully installed. The project plan must include sufficient time for user acceptance testing (UAT), which will be coordinated with training for the UAT group. The vendor is responsible for developing a test plan and providing UAT test scripts along with each application module.

DPH requests that a Project Plan developed in Microsoft Project be delivered as part of the bid. This project plan must include Deliverables, Milestones and Payment Points for the implementation of the system on which the bidder is bidding.

5.14 Ninety (90) Day Warranty Period

As the final deliverable of the project, vendor will supply 90 work days of warranty support after the final production implementation of all modules. The first two weeks of warranty support will be on-site. The warranty period provides for issue resolution, bug fixes and system functionality problems with the new system. This support is included in the firm fixed price.

5.15 Project Expectations

Contractor will be expected to address the following requirements in detail. Emphasis is on the limited availability of DHSS staff for this project and the expectation that the contractor express in detail their understanding of their responsibilities in the areas of Customization/Development, Implementation, Warranty, Training, and Deliverables.

5.15.1 Customization/Development

Vendor assumes primary responsibility for this portion of the project with minimal assistance from state staff.

5.15.2 Site Requirements

For non-ASP solutions, the application and database infrastructure and platforms must be located at the Biggs Data Center on the DHSS Herman Holloway Sr. Health & Social Services Campus in New Castle, Delaware. In addition to production, a separate, isolated UAT environment shall be set up so as to minimize interference with the production environment. Additional staging areas may be proposed at the discretion of the vendor. Bidder will address how each of these areas will be set up and utilized. Separate Data Center test and production environments will be maintained for the life of

the system. Proposals must provide for adequate ongoing licenses to maintain each environment.

DHSS prefers the use of web browser based applications and given the option between web browser based applications and other types of applications, will select the web browser based solution. Vendors should note though that ASP/COM applications that use MTS/Component Services present security difficulties in the DHSS IT Environment and will generally not be allowed.

When a web browser based solution is not available, DHSS run all "thick client" applications (sometimes referred to as "client/server applications") on the Citrix Metaframe platform. Vendors proposing such applications must ensure full Citrix Metaframe compatibility. DHSS has infrastructure in place to present Citrix based applications to internal network users and/or external users via the Internet.

Any remote access by IT vendors will be accomplished through the use of SSL VPN. Direct modem dial-up access is not allowed. If a vendor expects or requires remote access for proper implementation and/or support of his product, proposals must detail the exact nature of the remote access required and why it cannot be accomplished through other means. Vendors should note that under no circumstances is "remote control" of user desktops ever allowed and the State of Delaware firewall will block such access. For remote access to Windows based servers in the DMZ, either RDP or Citrix must be used.

If the vendor will use any third party products during the course of this project, such products must be approved in writing by DHSS prior to their use. In order to receive such approval the vendor is required to submit a list of the products, the number of licenses that will be procured (if applicable), a description of how the product will be used. The description must include whether the product is only required for customization/development or whether it would be required for ongoing support/maintenance. Each product must also have an outline as to its initial and ongoing costs (including, but not limited to, licensing, maintenance, support, run time licensing versus developer licensing, and so on). Approval of third party products is ultimately at the discretion of DHSS.

Any software purchased or developed for DHSS must be an appropriate fit into the DHSS IT Environment. The current DHSS IT Environment is described in Appendix D. Vendors should describe how their proposal's components are consistent with the current environment. Vendors may propose solutions that are not consistent with the current environment but in that case must include a detailed analysis of how their solution's requirements will be integrated into the existing DHSS IT Environment (including, but not limited to, purchases required, set up requirements and so on). The state wishes to leverage the existing infrastructure at the Biggs Data Center to the extent possible. Bidder will describe how their system will take advantage of the existing infrastructure. All proposals (and/or their attendant integration suggestions) will be evaluated for their fit into the current environment. Utilization of this infrastructure will be a factor in proposal evaluation.

The State prefers to purchase third party hardware and software directly unless there is significant advantage to the State in having the hardware/software as vendor

deliverables. In either case, all software licenses must be in the name of DHSS and must provide for separate test and production environments.

5.15.3 System Testing

Contractor will consult with IRM to ensure that all aspects of the testing environment are ready. Conversion run tests from existing system will be scheduled through IRM. These tests will be scheduled to run during off peak hours so as to minimize network load. Each developed entity will be thoroughly tested by the contractor before it is scheduled for acceptance testing with the State.

5.15.4 User Acceptance Testing (UAT)

Each system module will undergo UAT by the State prior to production implementation. The locations for UAT State staff will be at the State's discretion. Upon formal State approval of the module's UAT, it will be scheduled with IRM for implementation into the production environment.

5.15.5 Conversion

An integral part of the project will be to integrate into the new system, historical data from the existing DHSS system(s) where applicable. The existing DHSS systems are the following:

- Delaware Electronic Reporting and Surveillance System (DERSS)
 - Emergency Room Syndromic Surveillance System (ERSSS) which is part of DERSS
- Laboratory Information Management System (LIMS)
- EMS (Emergency Medical Services) Data Information Network (EDIN)
- Electronic Vital Records System (EVRSS)
- Facilities Resource Emergency Database (FRED)
- Immunization Registry (IR)
- DFMS/OMS
- Payroll Human Resources Statewide Technology (PHRST)
- Emergency System for Advanced Registration of Voluntary Health Professionals (ESAR-VHP)
- Call Center (CC)
- Delaware Health Alert Network (DHAN)
- Delaware Emergency Notification System (DENS)
- Master Client Index (MCI)

The detailed Functional Requirements Traceability Matrix and Dataflow diagrams are in Appendix M, N.

Conversion controls, especially the monitoring and proof of initial conversion results, are very important to ensure that the transactional source data converted into the system is accurate prior to implementation. Initial and ongoing conversion controls and balancing procedures must be described. Bidders must describe their approach to data conversion and describe in detail how they will convert existing data. The method to be used for data conversion must be addressed in the proposed project plan.

5.15.6 Training

Contractor will be responsible for training users in all aspects of the new system. Training will be outlined in a training plan discussing expectations and schedules. A training planning session must be held to review the training plan prior to the first actual training session. This will enable DHSS and Contractor staff to better communicate during these sessions. Contractor will detail in their proposal a training plan outline and schedule for users of each component of the system.

5.15.7 Support Services

Bidders must include a description of the ongoing support they are proposing which will start after the warranty phase. Support includes help desk support, bug fixes, updates and new releases. Costs for such services will need to be shown in the Business Proposal volume, together with a statement that such services will be available for a minimum of five years after the warranty period. The first year will be mandatory; years two through five will be at the State's option. Support cost inflation is discussed on the cost forms.

Bidder must guarantee that their proposed solution will comply with all mandatory requirements, including HIPAA, throughout the entire support phase. Bidder will also specify expected deadline dates for completion of such modifications after the provision of detailed, written notice of impending changes from DPH.

Bidders shall also address the following in their proposal:

- Identify your average of your response and resolution times. Provide examples of current measurements and metrics.
- Describe your process for providing application fixes and enhancements.
- Identify your average turnaround time for fixes and enhancements.
- Confirm whether or not clients have the opportunity to provide input into the prioritization of new features and enhancements.
- Identify your anticipated 2006–2008 schedule for new releases and updates.
- Confirm whether you have User Conferences and/or Advisory Boards.

It is critical that the proposed solution include ongoing support services and assurance that all regulatory requirements will be met for DPH. Other details and specific requirements are included in various sections throughout this RFP.

5.15.8 Maintenance Services

Bidders must also provide:

- An estimate of the number of hours required to apply the DHSS customization features to new releases.
- A single fully loaded hourly rate which will apply to this work, as well as to future customization.

This information will need to be shown in the Business Proposal. Support cost inflation is discussed on the cost forms.

Bidder must guarantee that their proposed solution will comply with all mandatory requirements throughout the entire support phase. Bidder will also specify expected deadline dates for completion of such modifications after the provision of detailed, written notice of impending changes from DHSS.

6 Proposal Evaluation/Contractor Selection

6.1 Process

An Evaluation Team will review all proposals submitted in response to this RFP. The Evaluation Team will perform separate Technical Proposal and Business Proposal Reviews. The Business Proposal Review will be done only after the Technical Proposal Review process has been completed.

Each Technical Proposal will be evaluated to determine if it meets the Mandatory Submission Requirements. Any proposal failing to meet those requirements is subject to immediate disqualification without further review. Relative merits of all remaining proposals will be evaluated against technical criteria as listed in this RFP.

Vendors may be required to demonstrate their proposed solutions.

The Business Proposal evaluation will be conducted in accordance with cost criteria listed in this RFP.

The individual scores of each evaluator will be averaged to determine a final technical score and a final business score. Technical and Business scores will be combined to determine each bidder's total score.

Evaluation team findings will be presented to the DPH Senior Executive Team. The DPH Senior Executive Team will review Evaluation Team findings and may request that top bidders present oral reviews. A potential contractor will be recommended to the Director of the Division of Public Health. Final selection is at the discretion of the Director or his designee.

6.2 Proposal Evaluation and Scoring

The Technical and Business proposals of each bidder will be evaluated and assigned points. A maximum of 100 total points is possible.

6.2.1 Mandatory Requirements

The Evaluation team will perform this portion of the evaluation. Each proposal will be reviewed for responsiveness to the mandatory requirements set forth in the RFP. This will be a yes/no evaluation and proposals that fail to satisfy **all** of the criteria of this category may not be considered further for the award of a Contract. Specific criteria for this category are as follows: Vendor is required to address Section 5 "Contractor Responsibilities/Project Requirements" in detail by subsection and bullet. Vendor is required to follow Section 7 "Bidder Instructions" explicitly and complete all required forms as instructed.

Failure to adequately meet any one (1) mandatory requirement may cause the entire proposal to be deemed non-responsive and be rejected from further consideration. However, the State reserves the right to waive minor irregularities and minor instances of non-compliance.

6.2.2 Technical Proposal Scoring

Only those bidders submitting Technical Proposals which meet the Mandatory Submission Requirements provision will have their Technical Proposals scored. Technical Proposals which fail to meet this provision will be rejected and will not be scored.

Technical proposal scoring will take into account how well the proposed solutions meet the guidelines set forth as Federal guidelines. See Appendix D for links to the applicable Federal website.

Only those Technical Proposals with a Total Technical Score of 50 or higher will have their associated Business Proposals scored. Technical Proposals with a Total Technical Score below 50 will be rejected. Bidders with rejected Technical Proposals will not have their Business Proposals scored.

Category	Maximum Assigned Points
Meets Mandatory RFP Requirements	Pass/Fail
Appropriateness of Proposed Solution in Terms of Business & Technical Requirements	30
Organization, Staff Qualifications and Experience With Similar Projects	30
Understanding Scope of the Project	10
Project Management Methodology	10
Total Maximum Technical Score	80

6.2.3 Business Proposal Scoring

Total business score will be based on the costs submitted as part of the cost worksheet and on the documented stability and resources of the vendor. Strong consideration will be given to how well the costs in the Project Cost Forms compare to the level of effort for this and other proposals along with the accuracy of the submitted figures. The State of Delaware reserves the right to reject, as technically unqualified, proposals that are unrealistically low if, in the judgment of the evaluation team, a lack of sufficient budgeted resources would jeopardize project success.

Total Maximum Business Score	20
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6.2.4 Total Points Awarded

(Total Technical Score + Total Business Score) = Total Evaluation Score

Total Maximum Evaluation Score	100
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6.2.5 Final Selection

The vendor scores and recommendations will be presented to the Division Senior Executive Team who will make a final recommendation.

7 Bidder Instructions

7.1 Submission Information

This subsection describes procedures and conditions that will affect the preparation and submission of bidder proposals.

The proposal must be submitted in eight (8) separate copies bound separately and submitted under separate cover.

- Volume 1 – Technical Proposal
- Volume 2 – Business Proposal

Response copies of each volume:

- Two (2) signed originals and six (6) copies.
- Two (2) CD's with electronic versions of the entire proposals in Adobe .PDF and Microsoft Word .doc (2000 or higher) formats. This will be used for researching the proposals and reprinting as necessary.

Each CD will contain the following files at a minimum:

- RFP Technical Proposal.doc
- RFP Proposal.doc
- RFP Technical Proposal.pdf
- RFP Business Proposal.pdf
- RFP Project Plan.mpp
- CD Directory.doc

Each of the proposal files must be a single file comprising each entire proposal. Each proposal file in .PDF format must be a printable copy of each original volume submitted. The project plan contained in the technical proposal files must also be submitted separately as an .mpp file. Other files may be submitted separately. The CD Directory.doc file must contain a Word table listing each file contained on the CD along with a short description of each. Bidder must certify that these CD's have been scanned and are free from viruses and other malicious software.

The original copies of each of the Technical and Business Proposal Volumes must be clearly marked as such. In addition, see Section 9 for copies of other required forms to be included in each proposal.

The Technical Proposal Volume copies must be labeled on the outside as follows:

<p style="text-align: center;">State of Delaware Department of Health and Social Services RFP</p> <p style="text-align: center;">Volume 1 Integrated Public Health Preparedness System - Technical Proposal</p> <p style="text-align: center;">DHSS RFP #PSC732 (Name of Bidder)</p> <p style="text-align: center;"><i>March 19, 2007 11:15 A.M. ET</i></p>
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The Business Proposal Volume copies must be labeled on the outside as follows:

<p style="text-align: center;">State of Delaware Department of Health and Social Services RFP</p> <p style="text-align: center;">Volume 2 Integrated Public Health Preparedness System - Business Proposal</p> <p style="text-align: center;">DHSS RFP #PSC732 (Name of Bidder)</p> <p style="text-align: center;"><i>March 19, 2007 11:15 A.M. ET</i></p>

7.1.1 Proposal Delivery

Proposals must be delivered to:

Sandra Skelley, Procurement Administrator
DE Department of Health & Social Services
Division of Management Services
Procurement Branch, DHSS Campus
Administration Building- 2nd Floor Main Bldg., Room 259
1901 N. DuPont Highway
New Castle, DE 19720

7.1.2 Closing Date

All responses must be received no later than ***March 19, 2007 11:15 A.M. ET.***

7.1.3 Notification of Award

Proposed date the Notification of Award will be mailed to all bidders: ***April 20, 2007.***

7.1.4 Bidder Questions

Questions can be submitted in hardcopy, email, or Fax form and shall reference the pertinent RFP section(s) and page number(s). Written responses will be binding and included in the RFP as an amendment. Verbal responses given at the bidders' conference will be informational only and non-binding. Bidders may not contact other State staff with questions. Only those questions received by:

Marian Bhate
Division of Public Health
417 Federal Street
Dover DE 19901
Marian.bhate@state.de.us

by **February 12, 2007 04:30 P.M. ET** will be considered. DHSS will not respond to questions received after that time. A final list of written questions and responses will be posted as an RFP addendum on the Internet at www.state.de.us/dhss/rfp/dhssrfp.htm

7.1.5 Anticipated Schedule

The following timetable is anticipated for key activities within the procurement process:

Activity	Schedule
DHSS Publishes RFP	<i>January 22, 2007</i>
Mandatory Bidder's Conference	<i>February 5, 2007 10:00 AM ET</i>
Submission of Questions	<i>February 12, 2007 04:30 P.M. ET</i>
Response to Questions	<i>February 19, 2007 04:30 P.M. ET</i>
Receipt of Proposals	<i>March 19, 2007 11:15 A.M. ET</i>
Selected Vendors' Demonstrations (If necessary)	<i>April 3 thru April 6, 2007</i>
Notification of Award (tentative)	<i>April 20, 2007</i>
Contract Signature/Project Start (tentative)	<i>June 5, 2007</i>

7.1.6 Proposal Becomes State Property

All proposals become the property of the State of Delaware and will not be returned to bidders. DHSS will not divulge specific content of proposals to the extent that the bidder identifies contents as privileged or confidential. Any information not so designated will be considered public information.

7.1.7 RFP and Final Contract

The contents of the RFP will be incorporated into the final contract and will become binding upon the successful bidder.

7.1.8 Proposal and Final Contract

The bidder's proposal will be incorporated into the final contract and be considered binding upon the successful bidder.

7.1.9 Modifications to Proposals

Modifications to proposals will not be accepted after the submission deadline. At any time, DHSS reserves the right to request clarification and/or further technical information from any contractor submitting a proposal.

7.1.10 Alternative Solutions

The proposal must contain a single solution, including hardware and software. This is critical in ensuring project success and that project costs are expected, administered and contained. Bidders may propose alternative solutions but only as fully separate proposals that will be evaluated separately. Single proposals containing alternative/multiple solutions will be failed.

7.1.11 Cost of Proposal Preparation

All costs of proposal preparation will be borne by the bidder.

7.1.12 Mandatory Pre-bid Conference

The Division will hold a mandatory pre-bid conference to address questions regarding this bid. Attendance is mandatory for those firms submitting a bid. The pre-bid conference will take place on:

February 5, 2007 10:00 AM ET

DHSS Campus
Main Administration Building
1st floor conference room, Room 198
1901 N. DuPont Highway
New Castle, DE 19720

7.2 Volume I – Technical Proposal Contents

The Technical Proposal shall consist of and be labeled with the following sections:

- A. Transmittal Letter**
- B. Required Forms**
- C. Executive Summary**
- D. Project Management Plan**
- E. Contractor Responsibilities/Project Requirements**
- F. Staff Qualifications and Experience**
- G. Firm Past Performance and Qualifications**

The format and contents for the material to be included under each of these headings is described below. Each subsection within the Technical Proposal must include all items listed under a heading because evaluation of the proposals shall be done on a section-by-section or functional area basis. **No reference to, or inclusion, of cost information shall appear in the Technical Proposal or Transmittal Letter.**

7.2.1 Transmittal Letter (Section A)

The Transmittal Letter shall be written on the bidder's official business letterhead stationery. The letter is to transmit the proposal and shall identify all materials and enclosures being forwarded collectively in response to this RFP. The Transmittal Letter must be signed by an individual authorized to commit the company to the scope of work proposed. It must include the following in the order given:

1. An itemization of all materials and enclosures being forwarded in response to the RFP
2. A statement certifying that the proposal CD's have been scanned and are free from viruses and other malicious software.
3. A reference to all RFP amendments received by the bidder (by amendment issue date), to warrant that the bidder is aware of all such amendments in the event that there are any; if none have been received by the bidder, a statement to that effect must be included
4. A statement that all proposal conditions are valid for 180 days from the deadline date for proposal submission
5. A statement that price and cost data are not contained in any part of the bid other than in the Business Proposal volume
6. A statement that certifies pricing was arrived at without any collusion or conflict of interest

The original of the Transmittal Letter shall be submitted in a separate, sealed envelope inside the package containing the Technical Proposals. All other copies of the Transmittal Letter shall be bound into the copies of the Technical Proposal.

7.2.2 Required Forms (Section B)

This section of the proposal will include the following completed forms:

Certification and Statement of Compliance

Appendix B. These are mandatory forms in which the bidder must certify certain required compliance provisions.

Mandatory Submission Requirements Checklist

Appendix G. This is the mandatory submission requirements checklist. Agreement to or acknowledgement of a requirement is shown by a Y (Yes) or N (No) next to the requirement and a signature at the bottom of the checklist. **Failure to adequately meet any one (1) mandatory requirement may cause the entire proposal to be deemed non-responsive and be rejected from further consideration.** However, the State reserves the right to waive minor irregularities and minor instances of non-compliance.

State of Delaware Contracts Disclosure

Appendix H. On this form, bidder shall list all contracts awarded to it or its predecessor firm(s) by the State of Delaware that have been active during the last three (3) years. Failure to list any contract as required by this paragraph may be grounds for immediate rejection of the bid.

Bidders Signature Form

Appendix J. This is a standard bidder information form.

Office of Minority and Women Business Enterprise Self-Certification Tracking Form

Appendix K. This is used for tracking purposes only.

Bidder Project Experience

Appendix L. This provides a standard form to document vendor's work on similar projects.

7.2.3 Executive Summary (Section C)

Present a high-level project description to give the evaluation team and others a broad understanding of the technical proposal and the bidder's approach to this project. This should summarize project purpose, key project tasks, a timeline, deliverables and key milestones, qualifications of key personnel, along with subcontractor usage and their scope of work. A summary of the bidder's corporate resources, including previous relevant experience, staff, and financial stability must be included. The Executive Summary is limited to a maximum of ten (10) pages.

7.2.4 Project Management Plan (Section D)

Bidder shall describe the overall plan and required activities in order to implement the project within the budget and described schedule. This should include descriptions of management controls, processes and reporting requirements that will be put into place to ensure a smooth administration of this project.

Project Plan (Section D.1)

Bidder must outline a project plan with the following information:

- Key dates including dates for deliverable submission, State deliverable approval, Federal deliverable approval (if required) and milestones
- Staffing structure, with a breakdown by activity, task and subtask within the entire project
- An organization chart with staff names & functional titles
- Description at the subtask level including duration and required staff resources (contractor vs. State) and hours
- Resource staffing matrix by subtask, summarized by total hours by person, per month.

The project plan must be in Microsoft Project format. Bidder must also discuss procedures for project plan maintenance, status reporting, deliverable walkthroughs, subcontractor management, issue tracking and resolution, interfacing with DHSS staff and contract management.

Vendor project plans must reflect each deliverable and milestone in the specified format. Review periods as specified in the RFP must be built into the project schedule. Serial deliverable review periods must be shown - the best way to do this is to link the "DHSS Review of Deliverable" task with the prior deliverable's review task. The project plan is a critical deliverable and must reflect all dependencies, dates and review periods. If the plan has issues, the DHSS will not approve the initial milestone payment. Vendor staff expertise in MS Project is critical for proper construction and maintenance of this plan.

NOTE: Deliverables 3 through 13 are described at a module level. The project plan must be more detailed and include items such as:

- Requirements JAD sessions
- Requirements document *
- Design JAD sessions
- Design document *
- User manual or on-line help *
- Training plan *
- UAT *
- Production implementation *

For the items shown with an asterisk above, the plan needs to provide time for DHSS review and approval.

7.2.5 Project Requirements (Section E)

Bidder must describe their understanding and approach to meet the expectations and mandatory requirements specified in Section 5. Please address each numbered subsection in this section separately in sequence as “RFP Section 4.x.x”. Address bulleted and titled requirement paragraphs within subsections as “Bullet n” and “Paragraph Title” respectively. Please address State staffing considerations in subsections where staffing is mentioned. The Crosswalk of RFP Section 5 in Appendix I must be completed in full and included in the beginning of this section of the bidder’s proposal.

7.2.6 Staff Qualifications and Experience (Section F)

Bidders shall submit a staff skills matrix in their own format to summarize relevant experience of the proposed staff, including any subcontractor staff in the areas of:

- Technical project management
- Planning
- Requirements Analysis
- Technical analysis
- Development
- Subject Matter (Behavioral Health Clinical Expertise, Public Health, Disaster Management, Logistics, Planning etc.) Development
- Documentation
- Planning
- Training

Additionally, bidders shall provide a narrative description of experience each key staff member has in the areas relevant to this project. Bidder and subcontractor staff shall be separately identified. Contractor staff requirements will be addressed as outlined in subsection 5.1. Resumes will be formatted as outlined in Appendix E and included in this section of the proposal. Bidder must also provide an organization chart of all proposed staff.

If subcontractors are being proposed, then include the name and address of each subcontractor entity along with an organization chart indicating staffing breakdown by job title and staff numbers on this project. This organization chart must show how the individual subcontractor entity will be managed by your firm as the primary contractor. Any sub or co-contractor entity(s) proposed will need prior approval by the State before

the contract is signed. If proposing no sub contractors, please state in this proposal section **“No subcontractors are being proposed as part of this contract.”** Please refer to RFP Appendix A for subcontractor standards.

7.2.7 Firm Past Performance and Qualifications (Section G)

The bidder shall describe their corporate experience within the last five (5) years directly related to the proposed contract. Also include experience in:

- Other government projects of a similar scale
- Other government of similar kind

Experience of proposed subcontractors shall be presented separately.

Provide a summary description of each of these projects including the contract cost and the scheduled and actual completion dates of each project. For each project, provide name, address and phone number for an administrative or managerial customer reference familiar with the bidder’s performance. Use the form provided in Appendix L.

Provide an example of an actual client implementation plan, similar in magnitude to the **Integrated Public Health Preparedness System** project, including staff, dates, milestones, deliverables, and resources.

7.3 Volume II – Business Proposal Contents

The business proposal volume will contain all project costs along with evidence of the bidder’s financial stability.

7.3.1 Project Cost Information (Section A)

The bidder shall provide costs for the Technical Proposal Volume as outlined in Appendix F.

In completing the cost schedules, rounding should not be used. A total must equal the sum of its details/subtotals; a subtotal must equal the sum of its details.

The Total Cost shown in Schedule F1 must include all costs (except out year costs) that the selected vendor will be paid by DHSS. If specialized hardware or software will be provided by the vendor, it must be included as a deliverable in this schedule.

A sample Microsoft Excel version of Schedule F1 will be distributed to vendors attending the mandatory bidders’ conference.

Cost information must only be included in the Business Proposal Volume. No cost information should be listed in the Technical Proposal Volume.

7.3.2 Software and Hardware Information (Section B)

On a separate page of the Business Proposal entitled “Software Licensing Structure” list each module and each third party software application listed in either Schedule F1 or Schedule F5. Describe what required (or optional) functions from section 3 and section 5 that the particular module or application includes. Discuss the licensing structure (per seat, concurrent user, site, etc.) for each.

All licenses must be in the name of the State and must provide for separate test and production environments.

On a separate page of the Business Proposal entitled "Hardware Description" list each hardware item listed in either Schedule F1 or Schedule F5. Provide a description of its function and a detailed component list.

7.3.3 Vendor Stability and Resources (Section C)

The bidder shall describe its corporate stability and resources that will allow it to complete a project of this scale and meet all of the requirements contained in this RFP. The bidder's demonstration of its financial solvency and sufficiency of corporate resources is dependent upon whether the bidder's organization is publicly held or not:

- If the bidder is a publicly held corporation, enclose a copy of the corporation's most recent three years of audited financial reports and financial statements, a recent Dun and Bradstreet credit report, and the name, address, and telephone number of a responsible representative of the bidder's principle financial or banking organization; include this information with copy of the Technical Proposal and reference the enclosure as the response to this subsection; or
- If the bidder is not a publicly held corporation, the bidder may either comply with the preceding paragraph or describe the bidding organization, including size, longevity, client base, areas of specialization and expertise, a recent Dun and Bradstreet credit report, and any other pertinent information in such a manner that the proposal evaluator may reasonably formulate a determination about the stability and financial strength of the bidding organization; also to be provided is a bank reference and a credit rating (with the name of the rating service); and
- Disclosure of any and all judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the bidding organization; or warrant that no such condition is known to exist.

This level of detail must also be provided for any subcontractor(s) who are proposed to complete at least ten (10) percent of the proposed scope of work.

8 Terms and Conditions

The following provisions constitute the terms and conditions of the contractual agreement between the State of Delaware, Department of Health and Social Services (DHSS) and its contractor. This section contains terms and conditions specific to this RFP. The general terms and conditions are contained in Appendix A. The standard departmental contract is contained in Appendix C.

8.1 Contract Composition

The terms and conditions contained in this section constitute the basis for any contract resulting from this RFP. The State will be solely responsible for rendering all decisions on matters involving interpretation of terms and conditions. All contracts shall be in conformity with, and shall be governed by, the applicable laws of the federal government and the State of Delaware.

The component parts of the contract between the State of Delaware and the contractor selected from the evaluation of responses to this RFP shall consist of:

- The Delaware contract signed by all parties, and any subsequent amendments to that document
- The RFP, inclusive of appendices and exhibits
- Any amendments to the RFP
- The contractor's proposal and any written clarifications or representations incorporated as part of the procurement process.

In the event of any conflict between the terms and provisions of this contract and other documents executed preliminary to construction of this contract, the terms and provisions of this contract shall prevail over conflicting terms and provisions in these other documents.

8.2 Payment for Services Rendered

Services will be bound by a **firm fixed price contract**. The firm fixed price will be the Total Cost shown in Schedule F1 (Appendix F). Payments will be made based upon the contractor's satisfactory completion and State approval of the identified scheduled milestones.

8.3 Contract Term

Initial contract term is **12 months** with the possibility of renewal for up to four additional years contingent on funding and additional needs to be addressed.

8.4 Contractor Personnel

DHSS shall have the right to require the Contractor to remove any individual from his/her assignment to this Agreement by the Contractor or any subcontractor, if, in the opinion of DHSS, such employee is uncooperative, inept, incompetent or otherwise unacceptable. If the vendor must make a staff substitution for whatever reason, a staff person with equivalent qualifications and experience will be proposed to the State as soon as possible. The State Project Director(s) must approve this substitution before their term

on the project begins. In the event that a staff position becomes temporarily or permanently vacant for any reason, including the contractor's choice to reassign a staff member, DHSS may reduce payments to the Contractor in the amount equal to the vacated positions pay rate for the time period the position is vacant. DHSS may choose to waive its right to reduce payments if the State Project Directors approve a proposed replacement staff member who can assume the vacated position immediately upon its vacancy.

8.5 DTI Requirements

The Supplier(s) shall be responsible for the professional quality, technical accuracy, timely completion, and coordination of all services furnished by the Supplier(s), its subcontractors and its and their principals, officers, employees and agents under this Agreement. In performing the specified services, the Supplier(s) shall follow practices consistent with generally accepted professional and technical standards. The Supplier(s) shall be responsible for ensuring that all services, products and deliverables furnished pursuant to this Agreement comply with the standards promulgated by the Department of Technology and Information (DTI) and as modified from time to time by DTI during the term of this Agreement. These standards will be provided upon request to vendors attending the mandatory bidders' conference. If any service, product or deliverable furnished pursuant to this Agreement does not conform to DTI standards, the Supplier(s) shall, at its expense and option either (1) replace it with a conforming equivalent or (2) modify it to conform to DTI standards. The Supplier(s) shall be and remain liable in accordance with the terms of this Agreement and applicable law for all damages to Delaware caused by the Supplier's failure to ensure compliance with DTI standards.

The contractor agrees that it shall indemnify and hold the State of Delaware and all its agencies harmless from and against any and all claims for injury, loss of life, or damage to or loss of use of property caused or alleged to be caused, by acts or omissions of the contractor, its employees, and invitees on or about the premises and which arise out of the contractor's performance, or failure to perform as specified in the Agreement.

It shall be the duty of the Vendor to assure that all products of its effort do not cause, directly or indirectly, any unauthorized acquisition of data that compromises the security, confidentiality, or integrity of information maintained by the State of Delaware. Vendor's agreement shall not limit or modify liability for information security breaches, and Vendor shall indemnify and hold harmless the State, its agents and employees, from any and all liability, suits, actions or claims, together with all reasonable costs and expenses (including attorneys' fees) arising out of such breaches. In addition to all rights and remedies available to it in law or in equity, the State shall subtract from any payment made to Vendor all damages, costs and expenses caused by such information security breaches which have not been previously paid to Vendor.

8.6 Funding

This contract is dependent upon the appropriation of the necessary funding.

DHSS reserves the right to reject or accept any bid or portion thereof, as may be necessary to meet its funding limitations and processing constraints.

8.7 Confidentiality

The contractor shall safeguard any client information and other confidential information that may be obtained during the course of the project and will not use the information for any purpose other than the Contract may require.

8.8 Method of Payment:

The agencies involved will authorize and process for payment each invoice within thirty (30) days after the date of receipt. Vendor can only invoice after a deliverable has been submitted and approved by the appropriate state parties. The contractor or vendor must accept full payment by procurement (credit) card and or conventional check and/or other electronic means at the State's option, without imposing any additional fees, costs or conditions.

9 Appendices

Appendices referenced in this RFP are included in this section. The following are included for the bidder's use in submitting a proposal.

A. General Terms and Conditions

B. Certification and Statement of Compliance

C. Standard Contract

D. Website Links

E. Key Position Resume

F. Project Cost Forms

G. Mandatory (Pass/Fail) Submission Requirements Checklist

H. State of Delaware Contracts Disclosure

I. Crosswalk of RFP Section

J. Bidders Signature Form

K. Office of Minority and Women Business Enterprise Self-Certification Tracking Form

L. Bidder Project Experience

M. Data Flow Diagrams

N. Functional Requirements Matrix

O. Policy Memorandum Number 40

P. IRM/IMS Mandatory Requirements

The following Appendices must be completed by all bidders and included as part of the specified proposal:

- Technical Proposal - Appendices B, E, G, H, I, J, K, L, P
- Business Proposal – Appendix F

Appendix

A. General Terms and Conditions

Appendix A General Terms and Conditions

The following provisions are applicable to all DHSS RFP's

1) Proposal Becomes State Property

All proposals become the property of the State of Delaware and will not be returned to contractors.

2) RFP and Final Contract

The contents of this RFP will be incorporated into the final contract and will become binding upon the successful bidder. If bidders are unwilling to comply with certain RFP requirements, terms and conditions, objections must be clearly stated in the proposal and will be subject to negotiation at the discretion of the Department.

3) Proposal and Final Contract

The bidder's proposal will be incorporated into the final contract and be considered binding upon the successful bidder.

4) Amendments to Proposals

Amendments to proposals will not be accepted after the submission deadline. DHSS reserves the right to request clarification and/or further technical information from any contractor submitting a proposal at any time.

5) Cost of Proposal Preparation

All costs of proposal preparation will be borne by the bidder.

6) Investigation of Contractor's Qualifications

The State of Delaware may make such investigation as it deems necessary to determine ability of potential contractors to furnish required services, and contractors shall furnish the State with data requested for this purpose. The State reserves the right to reject any offer if evidence submitted or investigation of such contractor fails to satisfy the State that the contractor is properly qualified to deliver services.

Bidder shall list all contracts awarded to it or its predecessor firm(s) by the State of Delaware during the last three years, by State Department, Division, Contact Person (with address/phone number), period of performance and amount. The Evaluation/Selection Review Committee will consider these as additional references and may contact these sources. Information regarding bidder performance gathered from these sources may be included in the Committee's deliberations and may be factored

into the final scoring of the bid. Failure to list any contract as required by this paragraph may be grounds for immediate rejection of the bid.

7) Certifications, Representations, Acknowledgments

Using Appendix B, bidding contractors must certify that:

- They are a regular dealer in the services being procured.
- They have the ability to fulfill all requirements specified for development with this RFP.
- They have independently determined their prices.
- They are accurately representing their type of business and affiliations.
- They have acknowledged any contingency fees paid to obtain award of this contract.
- They have included in their quotation all costs necessary for or incidental to their total performance under the contract.
- They will secure a Delaware Business License.
- They will secure the appropriate type and amounts of insurance coverage required by the State. Proof of such coverage will be a requirement of the contract.

8) Ownership Rights

The State will retain ownership rights to all materials including software, designs, drawings, specifications, notes, electronically or magnetically recorded material, and other work in whatever form, developed during the performance of this contract. A fundamental obligation herein imposed on the Contractor is the assignment by the Contractor to DHSS of all ownership rights in the completed project. This obligation on the part of the Contractor to assign all ownership rights is not subject to limitation in any respect, whether by characterization of any part of the deliverables as proprietary or by failure to claim for the cost thereof. The provisions of this article shall be incorporated into any subcontract.

9) Federal/State Access Rights

Appropriate Federal and/or State representatives will have access to work in progress and to pertinent cost records of the contractor and its subcontractors at such intervals as any representative shall deem necessary.

10) Reserved Rights of the Department of Health & Social Services

The Department reserves the right to:

- Reject any and all proposals received in response to this RFP
- Select for contract or for negotiations a proposal other than that with the lowest cost
- Waive or modify any information, irregularities or inconsistencies in proposals received;

- Negotiate as to any aspect of the proposal with any proposer and negotiate with more than one proposer at the same time;
- If negotiations fail to result in an agreement within two weeks, terminate negotiations and select the next most responsive proposer, prepare and release a new RFP, or take such other action as the Department may deem appropriate.

11) Standard for Subcontractors

The contract with the prime contractor will bind subcontractors to the prime contractor by the terms, specifications and standards of this statement of work and any subsequent proposals and contracts. All such terms, specifications, and standards shall preserve and protect the rights of the State with respect to the services to be performed by the subcontractor, so that the subcontractor will not prejudice such rights. The use of subcontractors on this project must have the prior approval of the State.

12) Irrevocable License

The State of Delaware reserves a royalty-free, exclusive, and irrevocable license to reproduce, publish, or otherwise use the copyright of any deliverables developed under the resulting contract.

13) Non-Discrimination

The selected provider will be required to sign a contract containing a clause that prohibits the provider from discriminating against employees on the basis of their race, color, sex, religion, age and national origin.

14) Right to a Debriefing

To request a debriefing on a bidder selection, the bidder must submit a letter requesting a debriefing to the Procurement Administrator, DHSS, within ten days of the announced selection. In the letter, the bidder must specifically state the reason(s) for the debriefing. Debriefing requests must be based on pertinent issues relating to the selection process. Debriefing requests based on specifications in the RFP will not be accepted. All debriefing requests will be evaluated in accordance with these conditions. Debriefing requests that meet these conditions will be reviewed and respectively answered by the Procurement Administrator and/or Debriefing Committee.

15) Hiring Provision

Staff contracted to provide the services requested in this RFP are not precluded from seeking employment with the State of Delaware. The contractor firm selected as a result of this RFP shall not prohibit their employees or subcontractor staff from seeking employment with the State of Delaware.

16) Anti Lobbying

The selected contractor must certify that no Federal funds will be used to lobby or influence a Federal officer or a Member of Congress and that the contractor will file required Federal lobbying reports.

17) Anti Kick-back

The selected contractor will be expected to comply with other federal statutes including the Copeland "Anti-Kickback Act" (18 U.S.C.874), Section 306 of the Clean Air Act, Section 508 of the Clean Water Act , and the Debarment Act.

18) Delaware Contract Language

Appendix C contains a copy of the standard Departmental contract, which will be used for the agreement between the State and the winning bidder. The State will not entertain any modifications to the language of this document. By submitting a proposal to this RFP, the bidder agrees to be bound by the terms and conditions in that contract document.

19) Project Cost

The Department reserves the right to award this project to a bidder other than the one with the lowest cost or to decide not to fund this project at all. Cost will be balanced against the score received by each bidder in the rating process. The State of Delaware reserves the right to reject, as technically unqualified, proposals that are unrealistically low if, in judgment of the Selection Committee, a lack of sufficient budgeted resources would jeopardize the successful completion of the project.

20) Public Record

The Department will not divulge specific content of proposals to the extent that the contractor identifies contents as privileged or confidential. Any information not so designated will be considered public information.

21) Minority/Women/Disadvantaged Business Certification

This form is used by DHSS for informational tracking purposes only. If a bidder wishes to be certified they must contact the Office of Minority & Women Business Enterprise at phone # (302) 739-4206. Further information, guidelines and forms for such certifications can be found at: <http://www.state.de.us/omwbe/>

Appendix

B. Certification and Statement of Compliance



DELAWARE HEALTH AND SOCIAL SERVICES
REQUEST FOR PROPOSAL

CERTIFICATION SHEET

As the official representative for the bidder, I certify on behalf of the agency that:

- a. They are a regular dealer in the services being procured.
- b. They have the ability to fulfill all requirements specified for development within this RFP.
- c. They have independently determined their prices.
- d. They are accurately representing their type of business and affiliations.
- e. They will secure a Delaware Business License.
- f. They have acknowledged that no contingency fees have been paid to obtain award of this contract.
- g. The Prices in this offer have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other contractor or with any competitor;
- h. Unless otherwise required by Law, the prices which have been quoted in this offer have not been knowingly disclosed by the contractor and prior to the award in the case of a negotiated procurement, directly or indirectly to any other contractor or to any competitor; and
- i. No attempt has been made or will be made by the contractor in part to other persons or firm to submit or not to submit an offer for the purpose of restricting competition.
- j. They have not employed or retained any company or person (other than a full-time bona fide employee working solely for the contractor) to solicit or secure this contract, and they have not paid or agreed to pay any company or person (other than a full-time bona fide employee working solely for the contractor) any fee, commission percentage or brokerage fee contingent upon or resulting from the award of this contract.
- k. They (check one) operate ___an individual; ___a Partnership ___a non-profit (501 C-3) organization; ___a not-for-profit organization; or ___for Profit Corporation, incorporated under the laws of the State of _____.
- l. The referenced bidder has neither directly or indirectly entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free competitive bidding in connection with this bid submitted this date to Delaware Health and Social Services
- m. The referenced bidder agrees that the signed delivery of this bid represents the bidder's acceptance of the terms and conditions of this invitation to bid including all specifications and special provisions.

- n. They (check one): _____ are; _____ are not owned or controlled by a parent company. If owned or controlled by a parent company, enter name and address of parent company:

Violations and Penalties:

Each contract entered into by an agency for professional services shall contain a prohibition against contingency fees as follows:

1. The firm offering professional services swears that it has not employed or retained any company or person working primarily for the firm offering professional services, to solicit or secure this agreement by improperly influencing the agency or any of its employees in the professional service procurement process.
2. The firm offering the professional services has not paid or agreed to pay any person, company, corporation, individual or firm other than a bona fide employee working primarily for the firm offering professional services, any fee, commission, percentage, gift, or any other consideration contingent upon or resulting from the award or making of this agreement; and
3. For the violation of this provision, the agency shall have the right to terminate the agreement without liability and at its discretion, to deduct from the contract price, or otherwise recover the full amount of such fee, commission, percentage, gift or consideration.

The following conditions are understood and agreed to:

- a. No charges, other than those specified in the cost proposal, are to be levied upon the State as a result of a contract.
- b. The State will have exclusive ownership of all products of this contract unless mutually agreed to in writing at the time a binding contract is executed.

Date

Signature & Title of Official Representative

Type Name of Official Representative

PROCUREMENT

STATEMENT OF COMPLIANCE

As the official representative for the contractor, I
Certify that on behalf of the agency that _____
(Company name) will comply with all Federal and State of Delaware laws, rules, and
regulations, pertaining to equal employment opportunity and affirmative action laws. In
addition, compliance will be assured in regard to Federal and State of Delaware laws
and Regulations relating to confidentiality and individual and family privacy in the
collection and reporting of data.

Authorized Signature: _____

Title: _____

Date: _____

Appendix

C. Standard Contract



**DELAWARE HEALTH
AND SOCIAL SERVICES**

**DPH CONTRACT # _____
BETWEEN
THE DIVISION OF PUBLIC HEALTH,
DELAWARE DEPARTMENT OF HEALTH & SOCIAL SERVICES,
AND
[Contractor]
FOR
[TYPE OF SERVICE]**

A. Introduction

1. This contract is entered into between the Delaware Department of Health and Social Services (the Department), Division of _____ (Division) and _____ (the Contractor).
2. The Contract shall commence on _____ and terminate on _____ unless specifically extended by an amendment, signed by all parties to the Contract. Time is of the essence. (Effective contract start date is subject to the provisions of Paragraph C. 1. of this Agreement.)

B. Administrative Requirements

1. Contractor recognizes that it is operating as an independent Contractor and that it is liable for any and all losses, penalties, damages, expenses, attorney's fees, judgments, and/or settlements incurred by reason of injury to or death of any and all persons, or injury to any and all property, of any nature, arising out of the Contractor's negligent performance under this Contract, and particularly without limiting the foregoing, caused by, resulting from, or arising out of any act of omission on the part of the Contractor in their negligent performance under this Contract.
2. The Contractor shall maintain such insurance as will protect against claims under Worker's Compensation Act and from any other claims for damages for personal injury, including death, which may arise from operations under this Contract. The Contractor is an independent contractor and is not an employee of the State.
3. During the term of this Contract, the Contractor shall, at its own expense, carry insurance with minimum coverage limits as follows:

a) Comprehensive General Liability \$1,000,000
and

- impaired in any jurisdiction, the Contractor understands that such action may be grounds for termination of the Contract.
9. Contractor agrees to comply with all the terms, requirements and provisions of the Civil Rights Act of 1964, the Rehabilitation Act of 1973 and any other federal, state, local or any other anti discriminatory act, law, statute, regulation or policy along with all amendments and revision of these laws, in the performance of this Contract and will not discriminate against any applicant or employee or service recipient because of race, creed, religion, age, sex, color, national or ethnic origin, disability or any other unlawful discriminatory basis or criteria.
 10. The Contractor agrees to provide to the Divisional Contract Manager, on an annual basis, if requested, information regarding its client population served under this Contract by race, color, national origin or disability.
 11. This Contract may be terminated in whole or part:
 - a) by the Department upon five (5) calendar days written notice for cause or documented unsatisfactory performance,
 - b) by the Department upon fifteen (15) calendar days written notice of the loss of funding or reduction of funding for the stated Contractor services as described in Appendix B,
 - c) by either party without cause upon thirty (30) calendar days written notice to the other Party, unless a longer period is specified in Appendix A.

In the event of termination, all finished or unfinished documents, data, studies, surveys, drawings, models, maps, photographs, and reports or other material prepared by Contractor under this contract shall, at the option of the Department, become the property of the Department.

In the event of termination, the Contractor, upon receiving the termination notice, shall immediately cease work and refrain from purchasing contract related items unless otherwise instructed by the Department.

The Contractor shall be entitled to receive reasonable compensation as determined by the Department in its sole discretion for any satisfactory work completed on such documents and other materials that are usable to the Department. Whether such work is satisfactory and usable is determined by the Department in its sole discretion.

Should the Contractor cease conducting business, become insolvent, make a general assignment for the benefit of creditors, suffer or permit the appointment of a receiver for its business or assets, or shall avail itself of, or become subject to any proceeding under the Federal Bankruptcy Act or any other statute of any state relating to insolvency or protection of the rights of creditors, then at the option of the Department, this Contract shall terminate and be of no further force and effect. Contractor shall notify the Department immediately of such events.

12. Any notice required or permitted under this Contract shall be effective upon receipt and may be hand delivered with receipt requested or by registered or certified mail with return receipt requested. Either Party may change its address for notices and official formal correspondence upon five (5) days written notice to the other.
13. In the event of amendments to current Federal or State laws which nullify any term(s) or provision(s) of this Contract, the remainder of the Contract will remain unaffected.
14. This Contract shall not be altered, changed, modified or amended except by written consent of all Parties to the Contract.
15. The Contractor shall not enter into any subcontract for any portion of the services covered by this Contract without obtaining prior written approval of the Department. Any such subcontract shall be subject to all the conditions and provisions of this Contract. The approval requirements of this paragraph do not extend to the purchase of articles, supplies, equipment, rentals, leases and other day-to-day operational expenses in support of staff or facilities providing the services covered by this Contract.
16. This entire Contract between the Contractor and the Department is composed of these several pages and the attached Appendix ____.
17. This Contract shall be interpreted and any disputes resolved according to the Laws of the State of Delaware. Except as may be otherwise provided in this contract, all claims, counterclaims, disputes and other matters in question between the Department and Contractor arising out of or relating to this Contract or the breach thereof will be decided by arbitration if the parties hereto mutually agree, or in a court of competent jurisdiction within the State of Delaware.
18. In the event Contractor is successful in an action under the antitrust laws of the United States and/or the State of Delaware against a vendor, supplier, subcontractor, or other party who provides particular goods or services to the Contractor that impact the budget for this Contract, Contractor agrees to reimburse the State of Delaware, Department of Health and Social Services for the pro-rata portion of the damages awarded that are attributable to the goods or services used by the Contractor to fulfill the requirements of this Contract. In the event Contractor refuses or neglects after reasonable written notice by the Department to bring such antitrust action, Contractor shall be deemed to have assigned such action to the Department.
19. Contractor covenants that it presently has no interest and shall not acquire any interests, direct or indirect, that would conflict in any manner or degree with the performance of this Contract. Contractor further covenants that in the performance of this contract, it shall not employ any person having such interest.
20. Contractor covenants that it has not employed or retained any company or person who is working primarily for the Contractor, to solicit or secure this agreement, by improperly influencing the Department or any of its employees in any professional procurement process; and, the Contractor has not paid or agreed to pay any person, company, corporation, individual or firm, other than a

bona fide employee working primarily for the Contractor, any fee, commission, percentage, gift or any other consideration contingent upon or resulting from the award or making of this agreement. For the violation of this provision, the Department shall have the right to terminate the agreement without liability and, at its discretion, to deduct from the contract price, or otherwise recover, the full amount of such fee, commission, percentage, gift or consideration.

21. The Department shall have the unrestricted authority to publish, disclose, distribute and otherwise use, in whole or in part, any reports, data, or other materials prepared under this Contract. Contractor shall have no right to copyright any material produced in whole or in part under this Contract. Upon the request of the Department, the Contractor shall execute additional documents as are required to assure the transfer of such copyrights to the Department.

If the use of any services or deliverables is prohibited by court action based on a U.S. patent or copyright infringement claim, Contractor shall, at its own expense, buy for the Department the right to continue using the services or deliverables or modify or replace the product with no material loss in use, at the option of the Department.

22. Contractor agrees that no information obtained pursuant to this Contract may be released in any form except in compliance with applicable laws and policies on the confidentiality of information and except as necessary for the proper discharge of the Contractor's obligations under this Contract.
23. Waiver of any default shall not be deemed to be a waiver of any subsequent default. Waiver or breach of any provision of this Contract shall not be deemed to be a waiver of any other or subsequent breach and shall not be construed to be a modification of the terms of the Contract unless stated to be such in writing, signed by authorized representatives of all parties and attached to the original Contract.
24. If the amount of this contract listed in Paragraph C2 is over \$100,000, the Contractor, by their signature in Section E, is representing that the Firm and/or its Principals, along with its subcontractors and assignees under this agreement, are not currently subject to either suspension or debarment from Procurement and Non-Procurement activities by the Federal Government.

C. Financial Requirements

1. The rights and obligations of each Party to this Contract are not effective and no Party is bound by the terms of this contract unless, and until, a validly executed Purchase Order is approved by the Secretary of Finance and received by Contractor, *if required by the State of Delaware Budget and Accounting Manual*, and all policies and procedures of the Department of Finance have been met. The obligations of the Department under this Contract are expressly limited to the amount of any approved Purchase Order. The State will not be liable for expenditures made or services delivered prior to Contractor's receipt of the Purchase Order.
2. Total payments under this Contract shall not exceed \$ _____ in accordance with the budget presented in Appendix _____. Payment will be made upon receipt of an

- itemized invoice from the Contractor in accordance with the payment schedule, if any. The contractor or vendor must accept full payment by procurement (credit) card and or conventional check and/or other electronic means at the State's option, without imposing any additional fees, costs or conditions. Contractor is responsible for costs incurred in excess of the total cost of this Contract and the Department is not responsible for such costs.
3. The Contractor is solely responsible for the payment of all amounts due to all subcontractors and suppliers of goods, materials or services which may have been acquired by or provided to the Contractor in the performance of this contract. The Department is not responsible for the payment of such subcontractors or suppliers.
 4. The Contractor shall not assign the Contract or any portion thereof without prior written approval of the Department and subject to such conditions and revisions as the Department may deem necessary. No such approval by the Department of any assignment shall be deemed to provide for the incurrence of any obligations of the Department in addition to the total agreed upon price of the Contract.
 5. Contractor shall maintain books, records, documents and other evidence directly pertinent to performance under this Contract in accordance with generally accepted accounting principles and practices. Contractor shall also maintain the financial information and data used by Contractor in the preparation of support of its bid or proposal. Contractor shall retain this information for a period of five (5) years from the date services were rendered by the Contractor. Records involving matters in litigation shall be retained for one (1) year following the termination of such litigation. The Department shall have access to such books, records, documents, and other evidence for the purpose of inspection, auditing, and copying during normal business hours of the Contractor after giving reasonable notice. Contractor will provide facilities for such access and inspection.
 6. The Contractor agrees that any submission by or on behalf of the Contractor of any claim for payment by the Department shall constitute certification by the Contractor that the services or items for which payment is claimed were actually rendered by the Contractor or its agents, and that all information submitted in support of the claims is true, accurate, and complete.
 7. The cost of any Contract audit disallowances resulting from the examination of the Contractor's financial records will be borne by the Contractor. Reimbursement to the Department for disallowances shall be drawn from the Contractor's own resources and not charged to Contract costs or cost pools indirectly charging Contract costs.
 8. When the Department desires any addition or deletion to the deliverables or a change in the services to be provided under this Contract, it shall so notify the Contractor. The Department will develop a Contract Amendment authorizing said change. The Amendment shall state whether the change shall cause an alteration in the price or time required by the Contractor for any aspect of its performance under the Contract. Pricing of changes shall be consistent with those prices or costs established within this Contract. Such amendment shall not be effective until executed by all Parties pursuant to Paragraph B.14.

D. Miscellaneous Requirements

1. *If applicable*, the Contractor agrees to adhere to the requirements of DHSS Policy Memorandum # 46, (PM # 46, effective 3/11/05), and divisional procedures regarding the reporting and investigation of suspected abuse, neglect, mistreatment, misappropriation of property and significant injury of residents/clients receiving services. The policy and procedures are included as Appendix ____ to this Contract. It is understood that adherence to this policy includes the development of appropriate procedures to implement the policy and ensuring staff receive appropriate training on the policy requirements. The Contractor's procedures must include the position(s) responsible for the PM46 process in the provider agency. Documentation of staff training on PM46 must be maintained by the Contractor.
2. The Contractor, including its parent company and its subsidiaries, and any subcontractor, including its parent company and subsidiaries, agree to comply with the provisions of 29 Del. Code, Chapter 58: "Laws Regulating the Conduct of Officers and Employees of the State," and in particular with Section 5805 (d): "Post Employment Restrictions."
3. *When required by Law*, Contractor shall conduct child abuse and adult abuse registry checks and obtain service letters in accordance with 19 Del. Code Section 708; and 11 Del. Code, Sections 8563 and 8564. Contractor shall not employ individuals with adverse registry findings in the performance of this contract.

E. Authorized Signatures:

For the Contractor:

Signature

Name (please print)

Title

Date

For the Department:

Vincent P. Meconi
Secretary

Date

For the Division:

Jaime H. Rivera, MD, FAAP
Director

Date

APPENDIX A

DIVISION OF PUBLIC HEALTH REQUIREMENTS

1. Funds received and expended under the contract must be recorded so as to permit the Division to audit and account for all contract expenditures in conformity with the terms, conditions, and provisions of this contract, and with all pertinent federal and state laws and regulations. The Division retains the right to approve this accounting system.
2. The Contractor shall recognize that no extra contractual services are approved unless specifically authorized in writing by the Division. Further, the Contractor shall recognize that any and all services performed outside the scope covered by this Contract and attached budgets will be deemed by the Division to be gratuitous and not subject to any financial reimbursement.
3. All products are expected to be free of misspellings and typos, as well as punctuation, grammatical and design errors. Acronyms should be avoided; when used, they should be spelled out on first reference with the acronym in parentheses after that reference. For example, 'Division of Public Health (DPH)' on first reference.
4. No part of any funds under this contract shall be used to pay the salary or expenses of any contractor or agent acting for the contractor, to engage in any activity (lobbying) designed to influence legislation or appropriations pending before the State Legislature and/or Congress.
5. The contractor agrees that, if defunding occurs, all equipment purchased with Division funds for \$1,000.00 or more and a useful life expectancy of one (1) year, will be returned to the Division within thirty (30) days.
6. Contractors receiving Federal funds must comply with all the requirements of the Federal Office of Management and Budget (OMB) Circular A-133, Audits of State, Local Governments, and Non-profit Organizations.

APPENDIX B

SERVICE AND BUDGET DESCRIPTION

1. Contractor: _____

Address: _____

Phone _____

E.I. No.: _____

2. Division: _____

3. Service: _____

4. Total Payment shall not exceed _____.

5. Source of Contract Funding:

_____ Federal Funds (CFDA# _____)

_____ State Funds

_____ Other Funds

_____ Combination of Funds

To be paid upon presentation of completed invoice and/or supporting documents (monthly), (quarterly), (semi-annually), (annually). Invoice must contain period of service, Vendor Invoice Number, Vendor EI Number, Contract Number, DPH Purchase Order Number and itemized description of the services provided to coincide with the contract deliverables. (See also Paragraph C.2. of the contract)

Appendix

D. Website Links

- DHSS Information Technology Standards
<http://www.dhss.delaware.gov/dhss/dms/repstats.html>
- State of Delaware Web Standards
<http://www.state.de.us/sos/gic/information/webstandards.shtml>

Appendix

E. Key Position Resume

Key Position Resume

Name: _____ Proposed Project Position: _____

Number of years experience in the proposed position: _____

Number of years experience in this field of work: _____

Detail Training/Education

(Repeat the format below for as many degrees/certificates as are relevant to this proposal. Dates between training/education may overlap.)

Degree/Certificate	Dates of Training/Education
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Detail Experience

(Repeat the format below for as many jobs/projects as are relevant to this proposal. Dates between jobs/projects may overlap.)

Job/Project: _____ Position: _____

From Date: _____ To Date: _____

Description of the tasks this person performed in this job/project. Detail any state or government planning projects and specify the role of the person on each project

Appendix

F. Project Cost Forms

F1. Sample Project Costs by Deliverables & Milestones

Integrated Public Health Preparedness System Deliverable & Milestone Cost Schedule

Phase	Project Deliverables & Milestones	Deliverable Cost	Phase Cost	Holdback	Vendor Payment	State Share	Projected Date	Actual Date Approved
Phase 1	Deliverable 1: Detailed Project Workplan							
	Deliverable 2: Deliverable Document Templates							
	State Approval of Phase 1 (M1)							
Phase 2	Deliverable 3:							
	Deliverable 4:							
	State Approval of Phase 2 (M2)							
Phase 3	Deliverable 5:							
	Deliverable 6:							
	Deliverable 7:							
	Deliverable 8:							
	State Approval of Phase 3 (M3)							
Phase 4	Deliverable 9..11:							
Phase <Final>	Deliverable 12:							
	Deliverable 13:							
	Deliverable 14:							
Total Cost								

Holdback Percent	
State Share Percent	

The Total Cost shown in Schedule F1 must include all costs (except out year costs) that the selected vendor will be paid by DHSS. If specialized hardware or software will be provided by the vendor, it must be included as a deliverable in the above schedule.

The modules listed above are those described in the RFP. If a vendor's COTS solution provides the same functionality as described in the RFP, but organizes this functionality in a different combination of modules, the vendor should show its own organization of modules in the above schedule and in Schedules F3 and F4.

Milestone Cost Breakdown

- M1 = Total Cost for Phase 1 deliverables – 10% holdback
- M2 = Total Cost for Phase 2 deliverables – 10% holdback
- M3 = Total Cost for Phase 3 deliverables – 10% holdback
- M4 = M1 + M2 + M3 holdbacks

•

Costs for each task/deliverable listed must be specified along with the total cost of all tasks/deliverables in each specified phase. Please check all figures for accuracy.

Contractor may invoice for **milestone payments** upon formal approval by the Division and IRM.

F3 Software Licensing Schedule

Module Name	Number of Licenses	Percent Customization
Deliverable 3:		
Deliverable 4:		
Deliverable 5:		

F4 Out year Software Support and Maintenance Cost Schedule

Out year support costs are to be listed in the following schedules for each module. Support and maintenance costs are capped at a 2% inflation rate per year. Out year support and maintenance costs will be taken into effect in determining the Appropriateness of Solution Score. **Year 1 is defined as the first 12 months after the expiration of the 90 day warranty period.**

Support Costs

Module Name	Year 1	Year 2	Year 3	Year 4	Year 5
Deliverable 3:					
Deliverable 4:					
Deliverable 5:					
Total					

Maintenance Costs

Estimate of the number of hours required to apply the DHSS customization features to new releases _____

Year 1 single fully loaded hourly rate which will apply to this work, as well as to future customization _____

F5.State Purchased Third Party Software Schedule

List all third party software that the State is responsible for purchasing for use after implementation. This includes State developer licenses as well as user licenses. The State is not responsible for purchasing vendor developer licenses. Only new software or additional licenses for existing software being proposed for this project will be listed here. If the proposed software solution comprises multiple separately-costed modules, please list them separately in the following Schedule.

Software Description/Name	Required Version	Number of Licenses

F6. State Purchased Hardware Schedule

This is a hardware summary cost schedule. Only new hardware or upgrades to existing hardware being proposed for this project will be listed here.

Hardware Description/Name	Quantity

Total Estimated State Purchased Hardware Cost _____

The State will purchase the above items from a third party, not the selected vendor. They should not be included in Schedule F1.

Appendix

G. Mandatory (Pass/Fail) Submission Requirements Checklist

Mandatory (Pass/Fail) Submission Requirements Checklist

Mandatory Submission Requirement	RFP Section	Compliance Y or N
The bid is submitted no later than the closing date and time	7.1.2	
The bid is submitted in separate sealed volumes containing the Technical and Business proposals	7.1	
Proposal conditions are valid for 180 days from the deadline date for proposal submission	7.2.1	
The proposal contains a single solution in terms of this planning project	7.1.10	
Bidder/Proposed Subcontractor has appropriate project experience	7.2.7	
Transmittal Letter submitted on official business letterhead and signed by an authorized representative	7.2.1	
Proposal CD's have been scanned and are free from viruses and other malicious software.	7.2.1	
Bidder Agrees to Comply with the provisions specified in the General Terms and Conditions	Appendix A	
Technical proposal is submitted with a duly signed and dated copy of the Certification/Statement of Compliance	Appendix B	
Completed Project Cost Forms	Appendix F	
Firm fixed price contract proposed	7.2	
Technical proposal is submitted with a completed, duly signed and dated copy of the Submission Requirements Checklist	7.2.2 & Appendix G	
Completed State of Delaware Contracts Disclosure	Appendix H	
Completed Crosswalk of RFP Section 5	7.2.5 & Appendix I	
Completed Bidders Signature Form	Appendix J	
Project timeline does not exceed specified project length	8.3	
Compliance with HIPAA Regulations & Standards	5.3 & 5.4	
Proposal includes required resumes	7.2.6	

Signature of Authorized Representative

Title/ Company

Date

Appendix

H. State of Delaware Contracts Disclosure

State of Delaware Contracts Disclosure

Vendor/Predecessor Firm Name	State Department and Division	Contact Name, Address and Phone Number	Period of Performance	Contract Number	Amount
Sample Vendor Firm Name	DHSS \ DMS	Contact Name 1901 N DuPont Highway New Castle, DE 19720 302.999.9999	01/01/2002 – 12/31/2002	PSC-999999	\$100,000

Bidder shall list all contracts awarded to it or its predecessor firm(s) by the State of Delaware during the last three (3) years, by State Department, Division, Contact Person (with address/phone number), period of performance, contract number and amount. The Evaluation/Selection Review Committee will consider these additional references and may contact each of these sources. Information regarding bidder performance gathered from these sources may be included in the Committee's deliberations and factored in the final scoring of the bid. Failure to list any contract as required by this paragraph may be grounds for immediate rejection of the bid.

List contracts in the format specified. Include those contracts whose period of performance has been within the past three (3) years in addition to those awarded within this timeframe. Contracts with amendments only have to be listed once. If a vendor has had no contracts within this timeframe, enter “**No contracts to specify**” under Vendor/Predecessor Firm Name in the first row of the table.

Appendix

I. Crosswalk of RFP Section 5

Crosswalk of RFP Section 5

RFP Section	Proposal Section Number	Proposal Page Number
5 Contractor Responsibilities/Project Requirements		
5.1 Staffing		
5.2 Project Management		
5.3 Requirement To Comply With HIPAA Regulations and Standards		
.....		
5.10.6 Phase 6		
.....		

This is a template for the crosswalk of Section 5 in the RFP. It links the numbered RFP sections to the sections and page numbers of the bidder's proposal. Bidders are required to fill out this crosswalk completely for each numbered section in Section 5.

Appendix

J. Bidders Signature Form



**DELAWARE HEALTH AND SOCIAL SERVICES
REQUEST FOR PROPOSAL**

BIDDERS SIGNATURE FORM

NAME OF BIDDER: _____
SIGNATURE OF AUTHORIZED PERSON: _____
TYPE IN NAME OF AUTHORIZED PERSON: _____
TITLE OF AUTHORIZED PERSON: _____
STREET NAME AND NUMBER: _____
CITY, STATE, & ZIP CODE: _____
CONTACT PERSON: _____
TELEPHONE NUMBER: _____
FAX NUMBER: _____
DATE: _____
BIDDER'S FEDERAL EMPLOYERS IDENTIFICATION NUMBER: _____
DELIVERY DAYS/COMPLETION TIME: _____
F.O.B.: _____
TERMS: _____

THE FOLLOWING MUST BE COMPLETED BY THE VENDOR:

AS CONSIDERATION FOR THE AWARD AND EXECUTION BY THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES OF THIS CONTRACT, THE (COMPANY NAME) _____
HEREBY GRANTS, CONVEYS, SELLS, ASSIGNS, AND TRANSFERS TO THE STATE OF DELAWARE ALL OF ITS RIGHTS, TITLE AND INTEREST IN AND TO ALL KNOWN OR UNKNOWN CAUSES OF ACTION IT PRESENTLY HAS OR MAY NOW HEREAFTER ACQUIRE UNDER THE ANTITRUST LAWS OF THE UNITED STATES AND THE STATE OF DELAWARE, RELATING THE PARTICULAR GOODS OR SERVICES PURCHASED OR ACQUIRED BY THE DELAWARE HEALTH AND SOCIAL SERVICES DEPARTMENT, PURSUANT TO THIS CONTRACT.

Appendix

K. Office of Minority and Women Business Enterprise Self-Certification Tracking Form



OFFICE OF MINORITY AND WOMEN BUSINESS ENTERPRISE
SELF-CERTIFICATION TRACKING FORM

If your firm wishes to be considered for one of the classifications listed below, this page must be signed, notarized and returned with your proposal.

COMPANY NAME _____

NAME OF AUTHORIZED REPRESENTATIVE (Please print) _____

SIGNATURE _____

COMPANY _____

ADDRESS _____

TELEPHONE # _____

FAX # _____

EMAILADDRESS _____

FEDERAL EI# _____

STATE OF DE BUSINESS LIC# _____

Note: Signature of the authorized representative MUST be of an individual who legally may enter his/her organization into a formal contract with the State of Delaware, Delaware Health and Social Services.

Organization Classifications (Please circle)

Women Business Enterprise (WBE) _____ Yes/No

Minority Business Enterprise (MBE) Yes/No _____

PLEASE CHECK ONE---CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL _____

For certification (WBE), (MBE), (DBE) please apply to Office of Minority & Women Business Enterprise Phone # (302) 739-4206 (L. Jay Burks)

Fax# (302) 739-7839 Certification # _____ Certifying Agency _____

<http://www.state.de.us/omwbe>

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20____

NOTARY PUBLIC _____ MY COMMISSION EXPIRES _____

CITY OF _____ COUNTY OF _____ STATE OF _____

Definitions

The following definitions are from the State Office of Minority and Women Business Enterprise.

Women Owned Business Enterprise (WBE):

At least 51% is owned by a women, or in the case of a publicly owned enterprise, a business enterprise in which at least 51% of the voting stock is owned by women; or any business enterprise that is approved or certified as such for purposes of participation in contracts subject to women-owned business enterprise requirements involving federal programs and federal funds.

Minority Business Enterprise (MBE):

At least 51% is owned by minority group members; or in the case of a publicly owned enterprise, a business enterprise in which at least 51% of the voting stock is owned by minority group members; or any business enterprise that is approved or certified as such for purposes of participation in contracts subjects to minority business enterprises requirements involving federal programs and federal funds.

Corporation:

An artificial legal entity treated as an individual, having rights and liabilities distinct from those of the persons of its members, and vested with the capacity to transact business, within the limits of the powers granted by law to the entity.

Partnership:

An agreement under which two or more persons agree to carry on a business, sharing in the profit or losses, but each liable for losses to the extent of his or her personal assets.

Individual:

Self-explanatory

For Certification in one of above bidder must contract:

L. Jay Burks

Office of Minority and Women Business Enterprise

(302) 739-4206

Fax (302) 739-7839

Appendix

L. Bidder Project Experience



Delaware Health and Social Services
Bidder Project Experience

Client	
Contact Name	
Telephone No.	
Location Street Address/City State/ZIP	
Location City/State	
Type of Facility	
Comparable Project Experience	
Current Status (WIP/Complete)	
Original Budget	
Completed Budget	
Original Schedule	
Completed Schedule	
Comments:	
<p>Use one page per client. All clients will be used as references and all projects must be completed or work in progress. For projects in progress, state the estimated final budget and schedule dates based on current status. The Contact must be an administrative or managerial customer reference familiar with the bidder's performance.</p>	

Appendix

M. Data Flow Diagrams

Delaware Electronic Reporting and Surveillance System (DERSS)

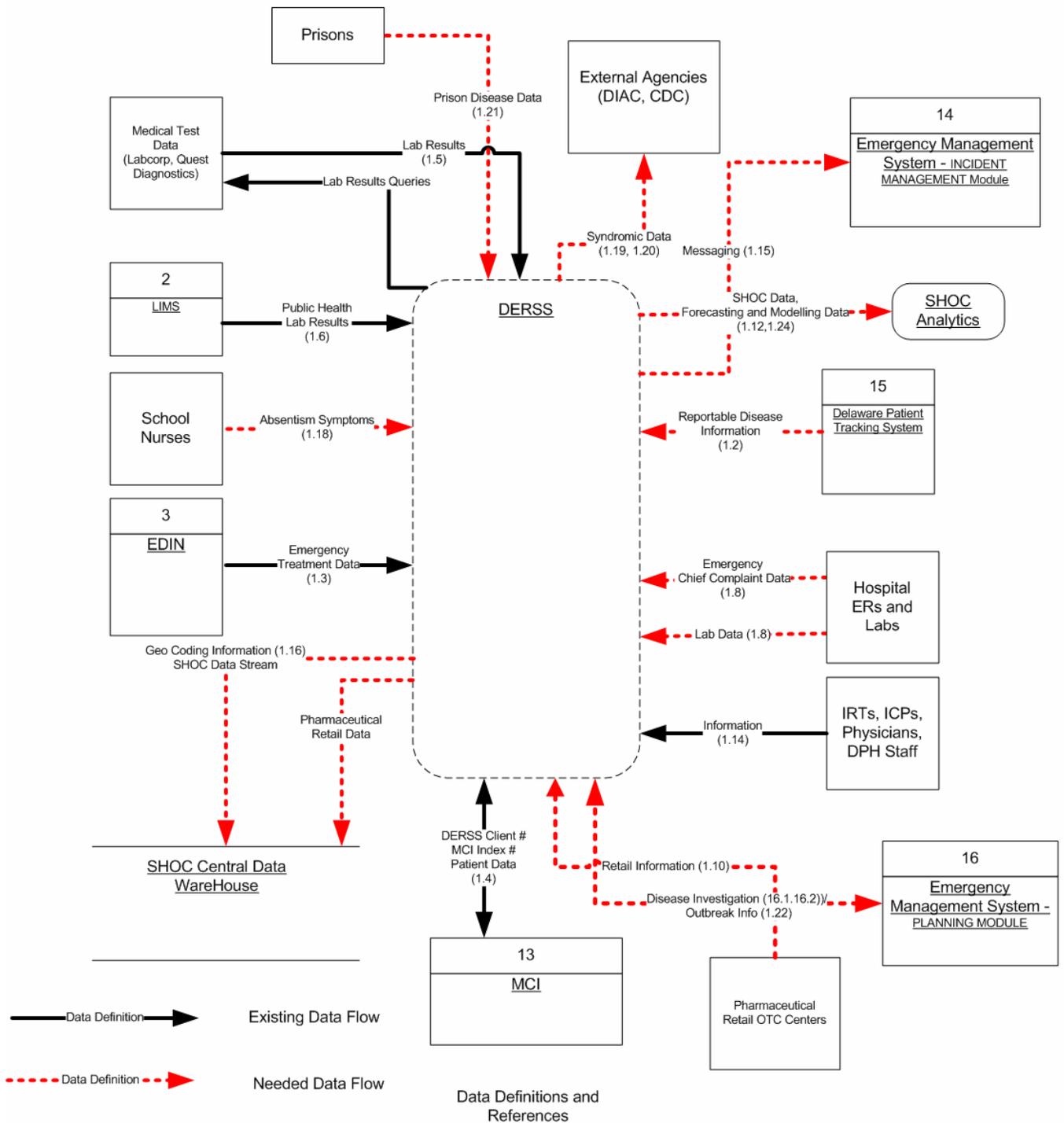


Figure 1

Laboratory Information Management System (LIMS)

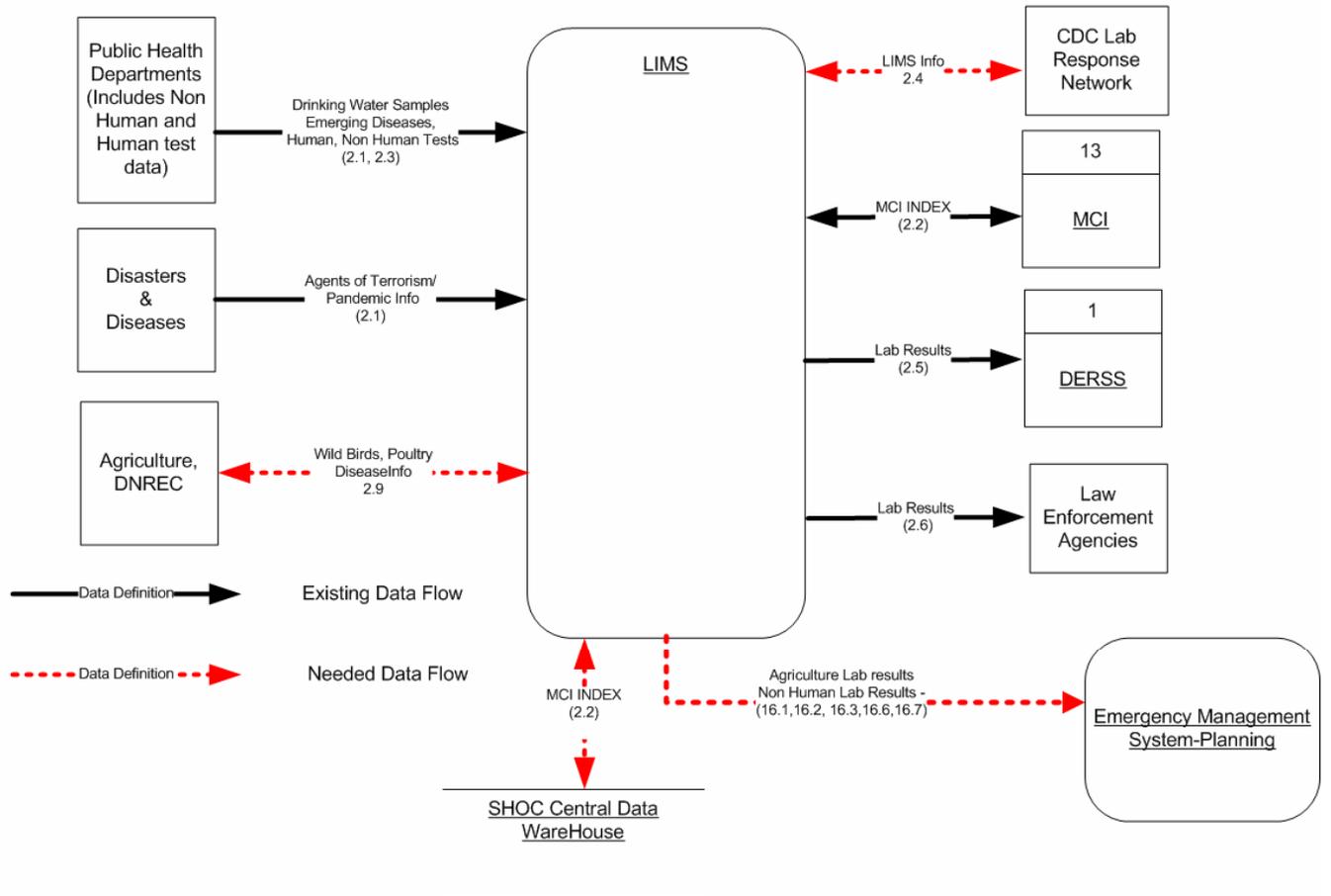


Figure 2

EMS Data Information Network (EDIN)

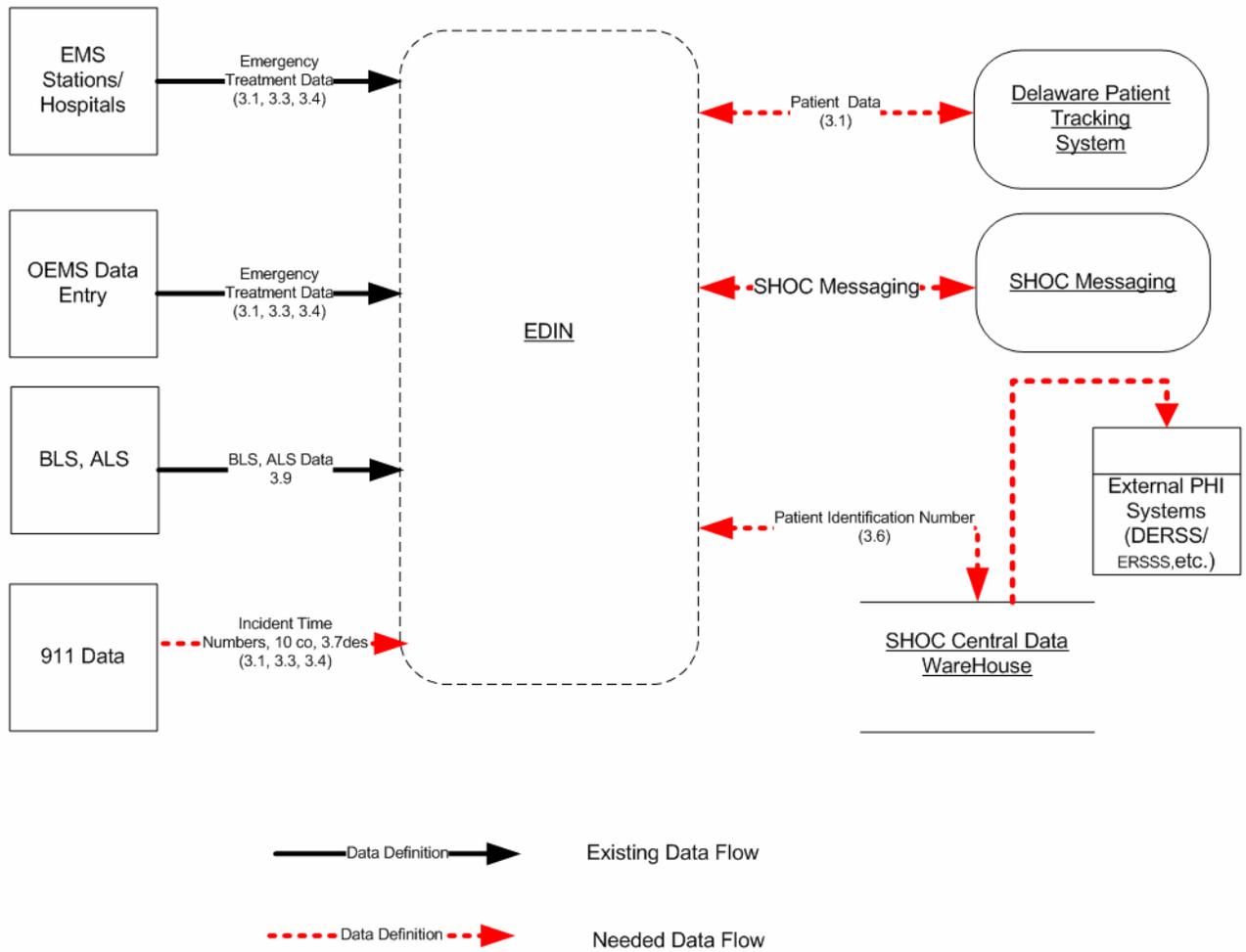


Figure 3

Electronic Vital Records System (EVRS)

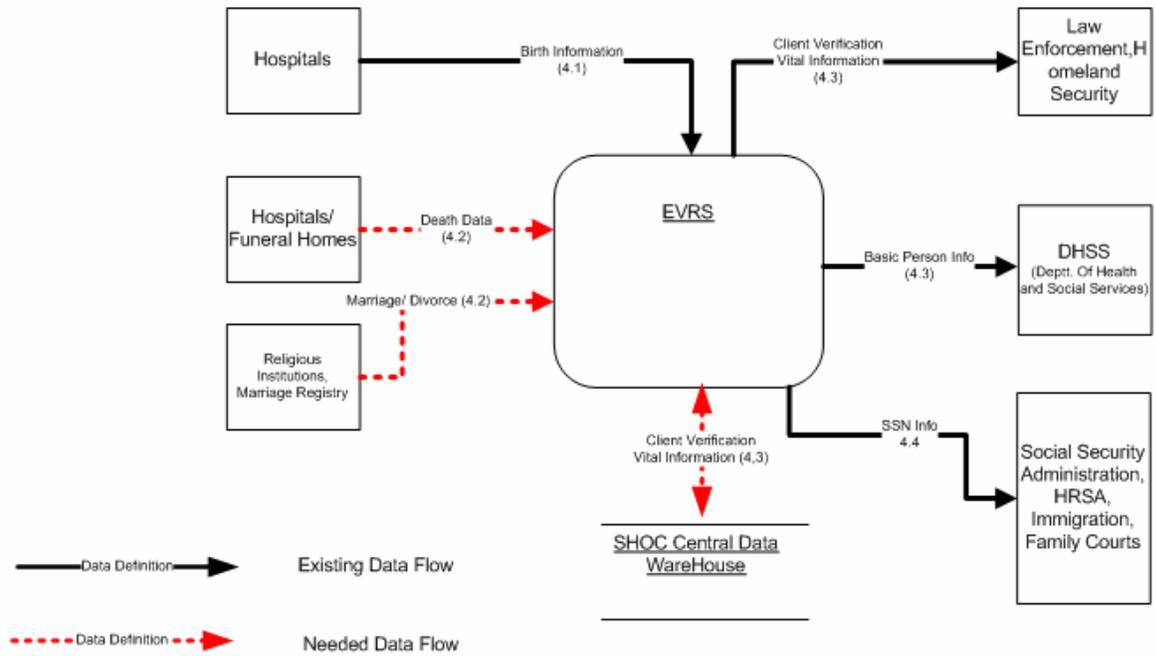


Figure 4

Facilities Resources Emergency Database (FRED)

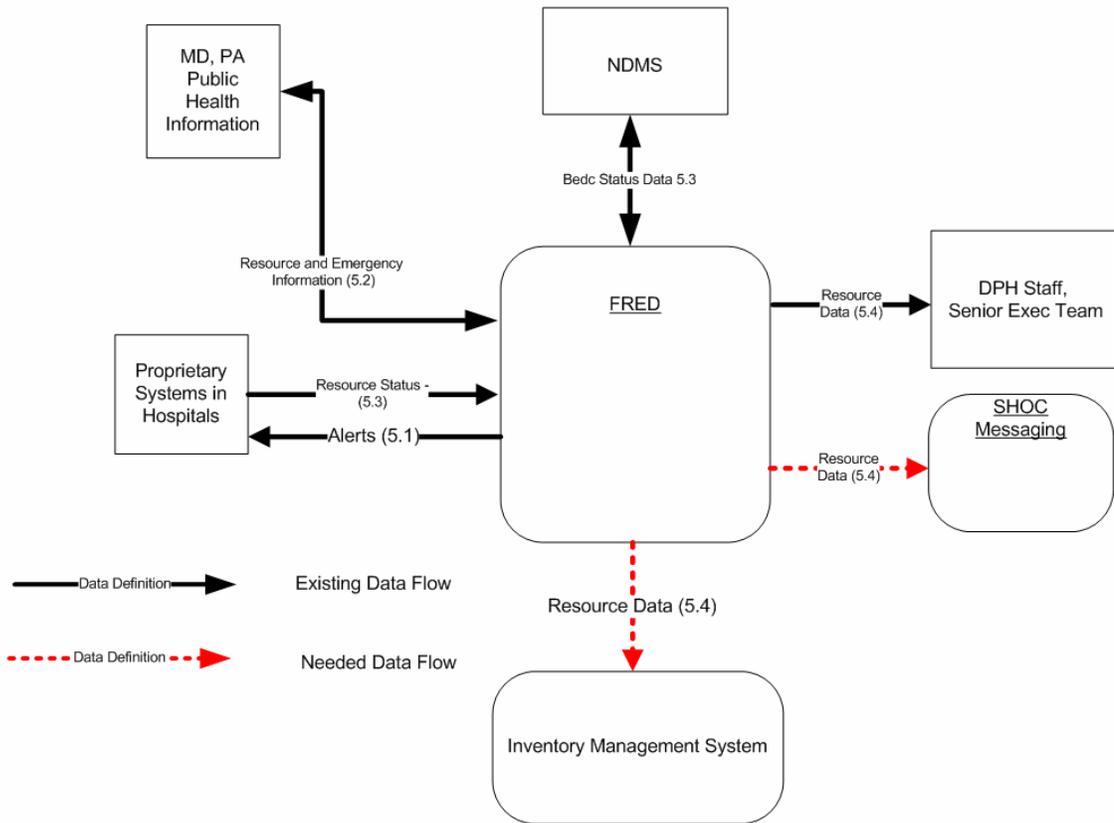


Figure 5

Immunization Registry

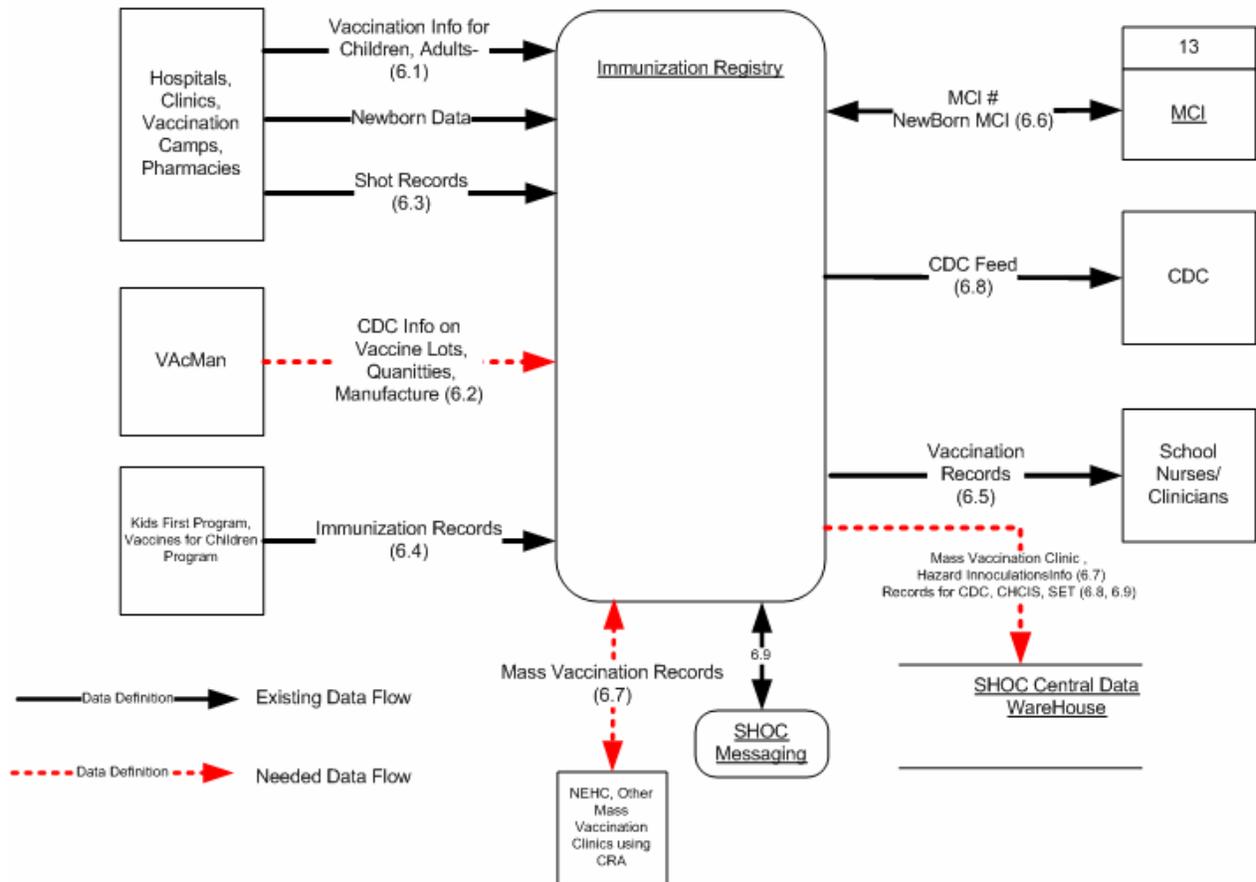


Figure 6

Figure 7 (Removed)

OMS/DFMS

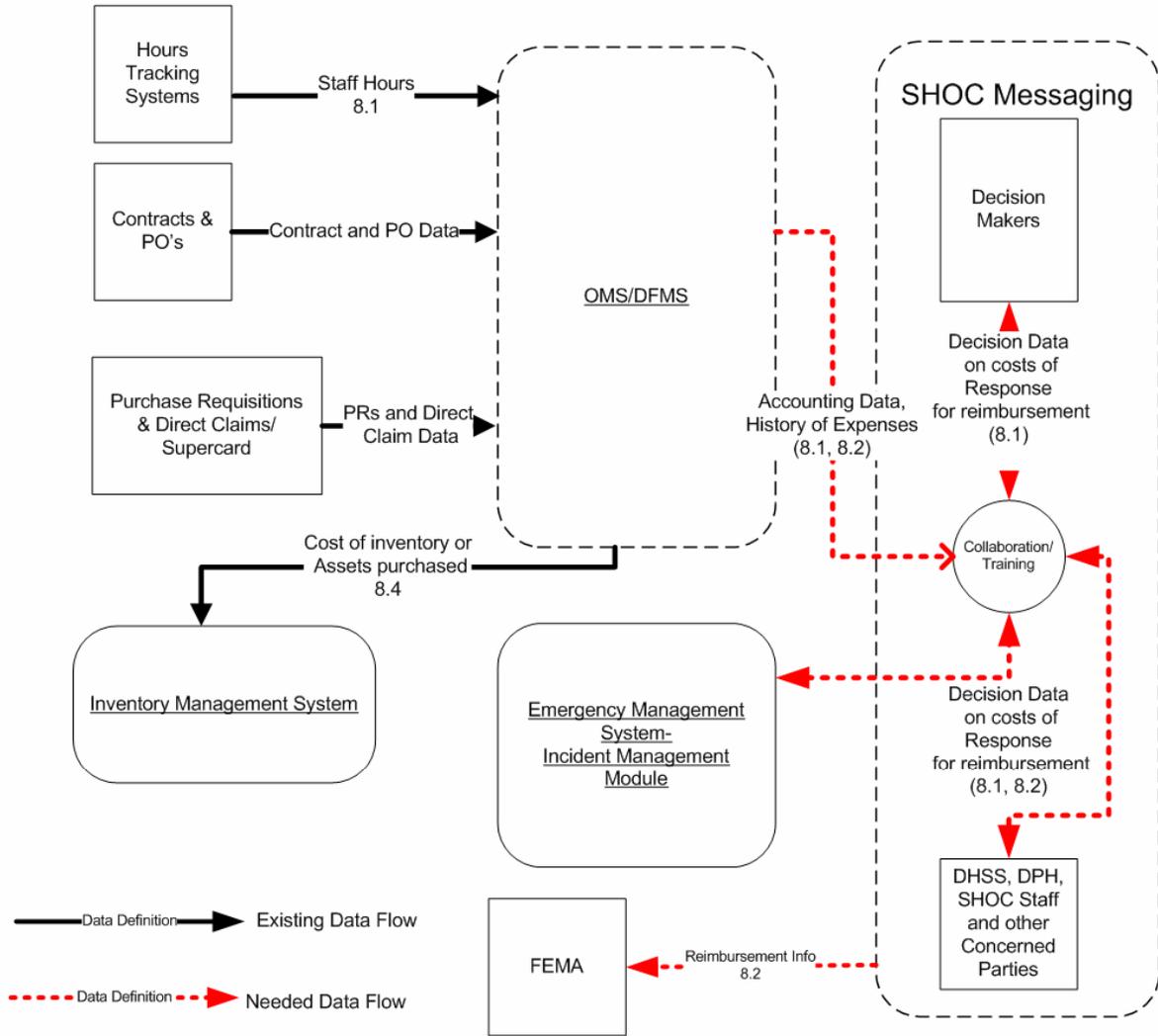


Figure 8

Payroll Human Resource Statewide Technology (PHRST)

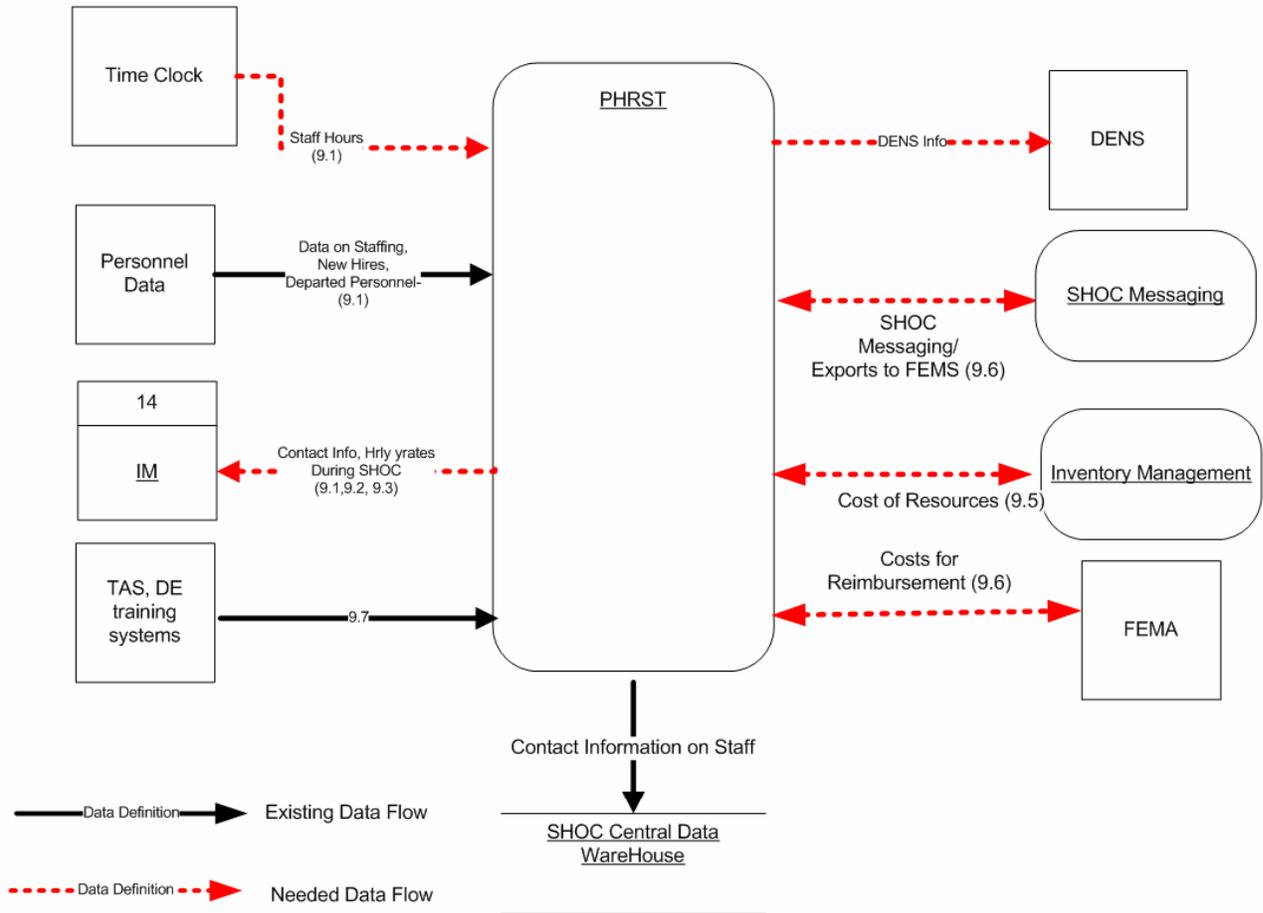


Figure 9

Emergency System for Advanced Registration of Voluntary Health Professionals (ESAR-VHP)

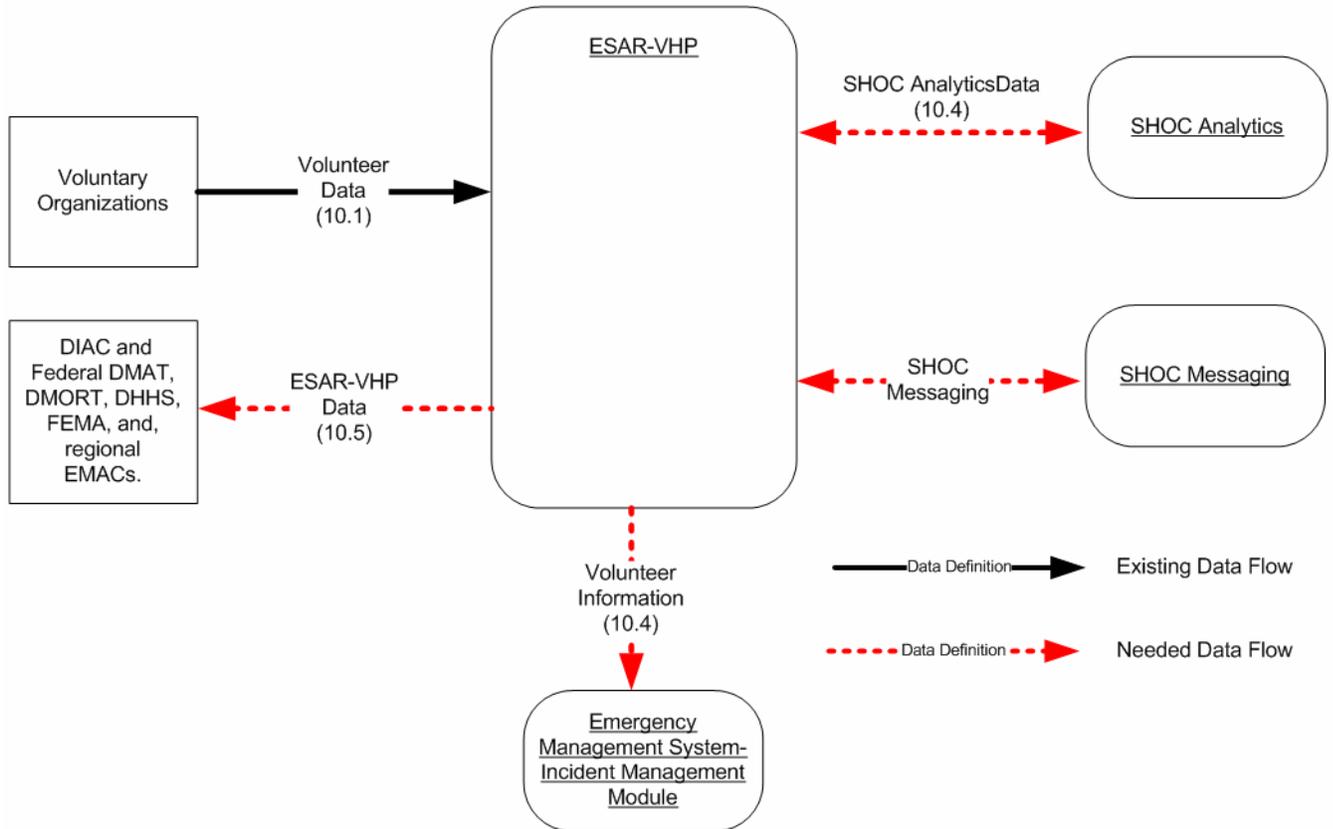


Figure 10

Call Center (CC)

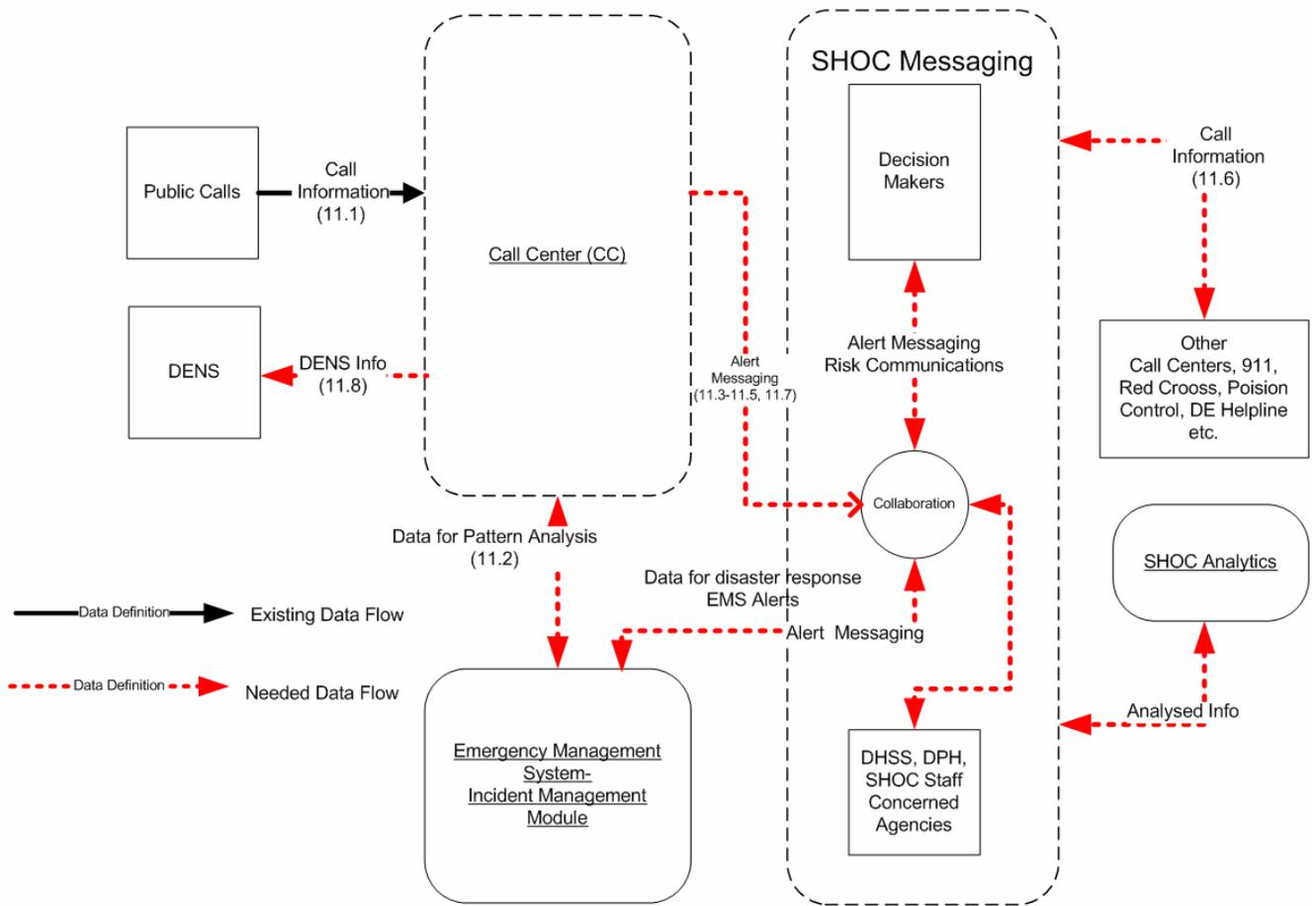


Figure 11

Delaware Health Alert Network (DHAN)

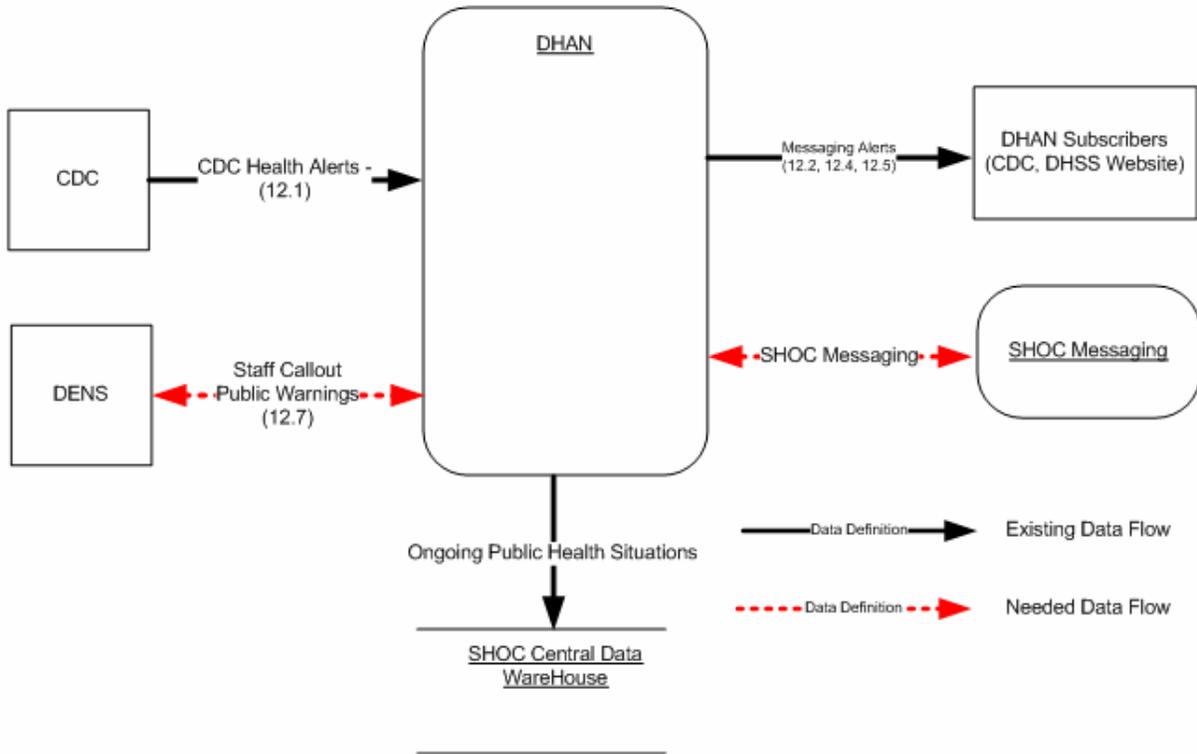


Figure 12

Master Client Index (MCI)

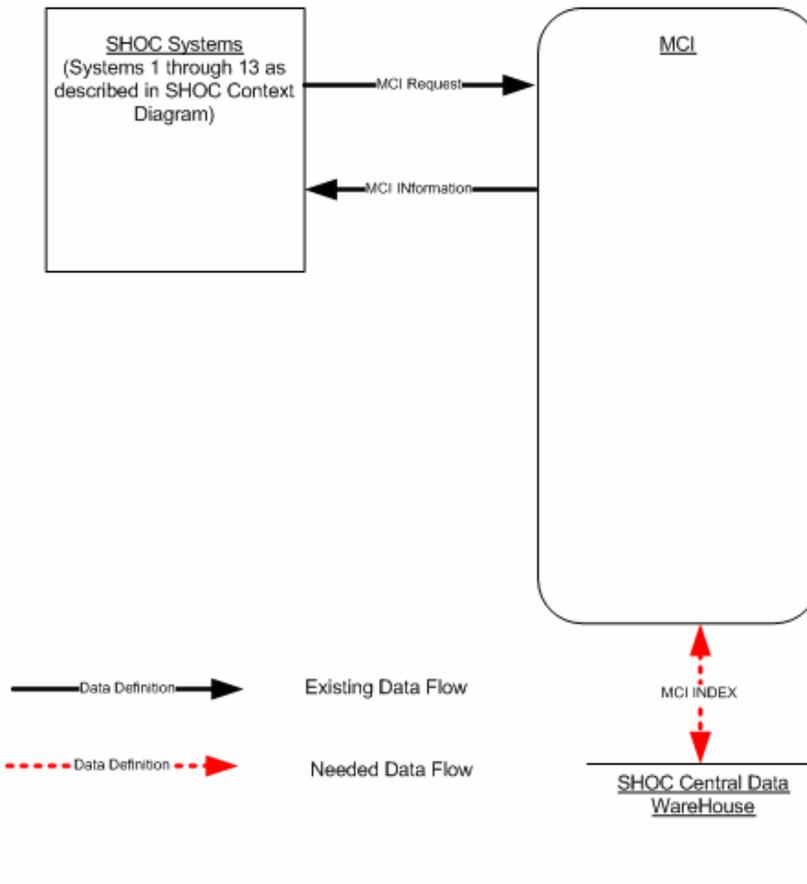


Figure 13

Emergency Management System (Future)

(Incident Management Module)

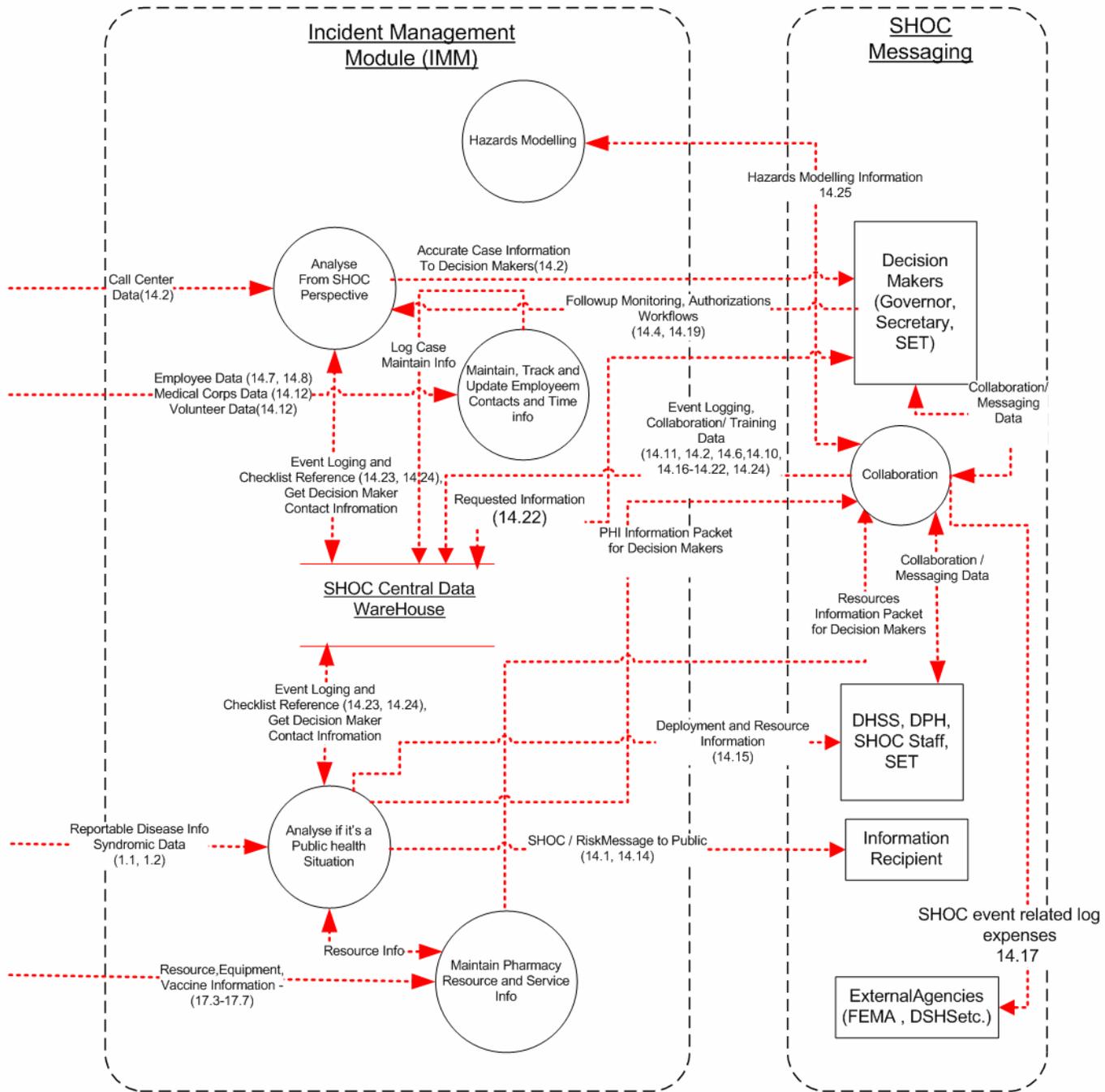


Figure 14

Emergency Management System (Future)

(Planning Module)

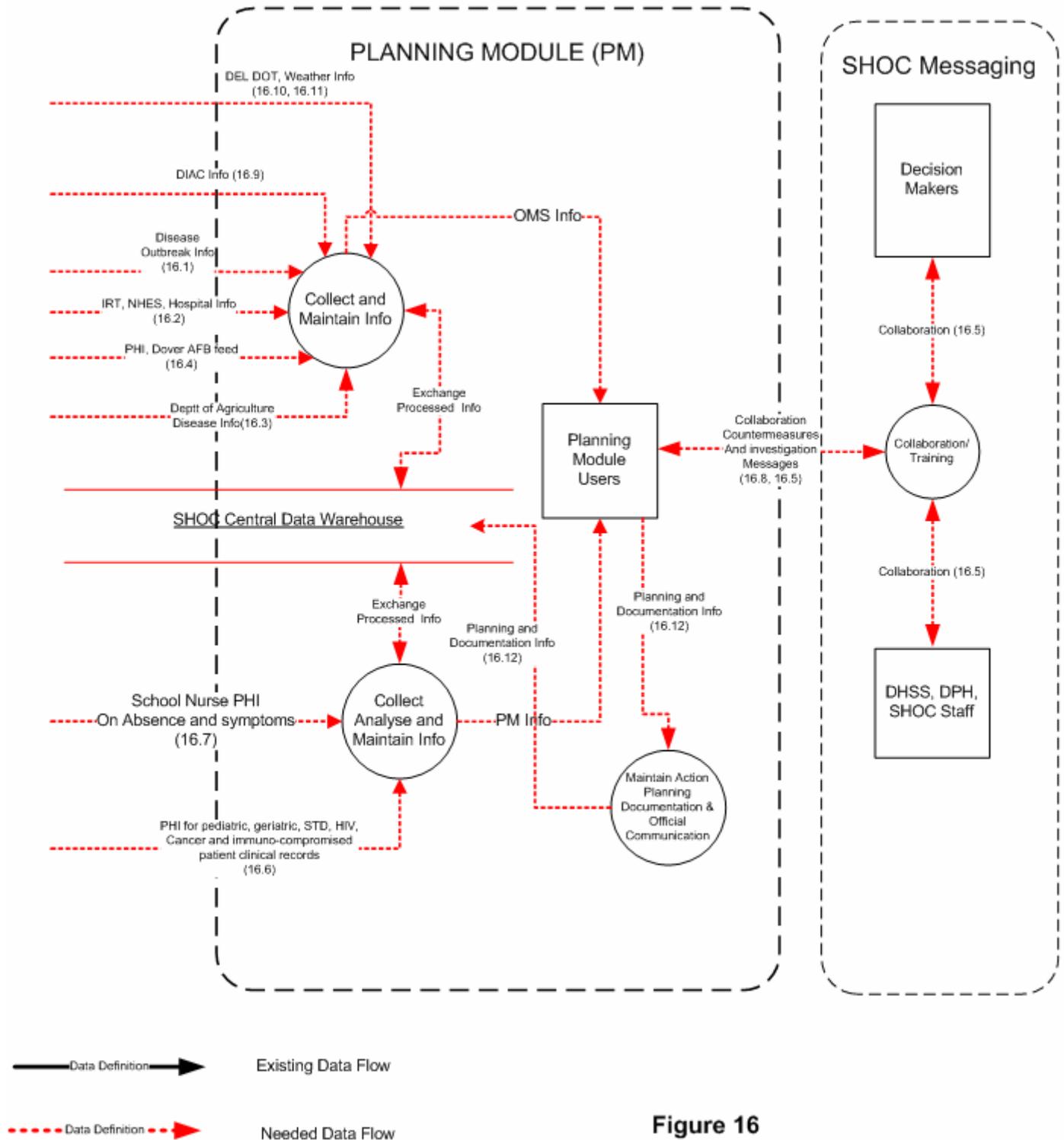


Figure 16

Inventory Management System (Future)

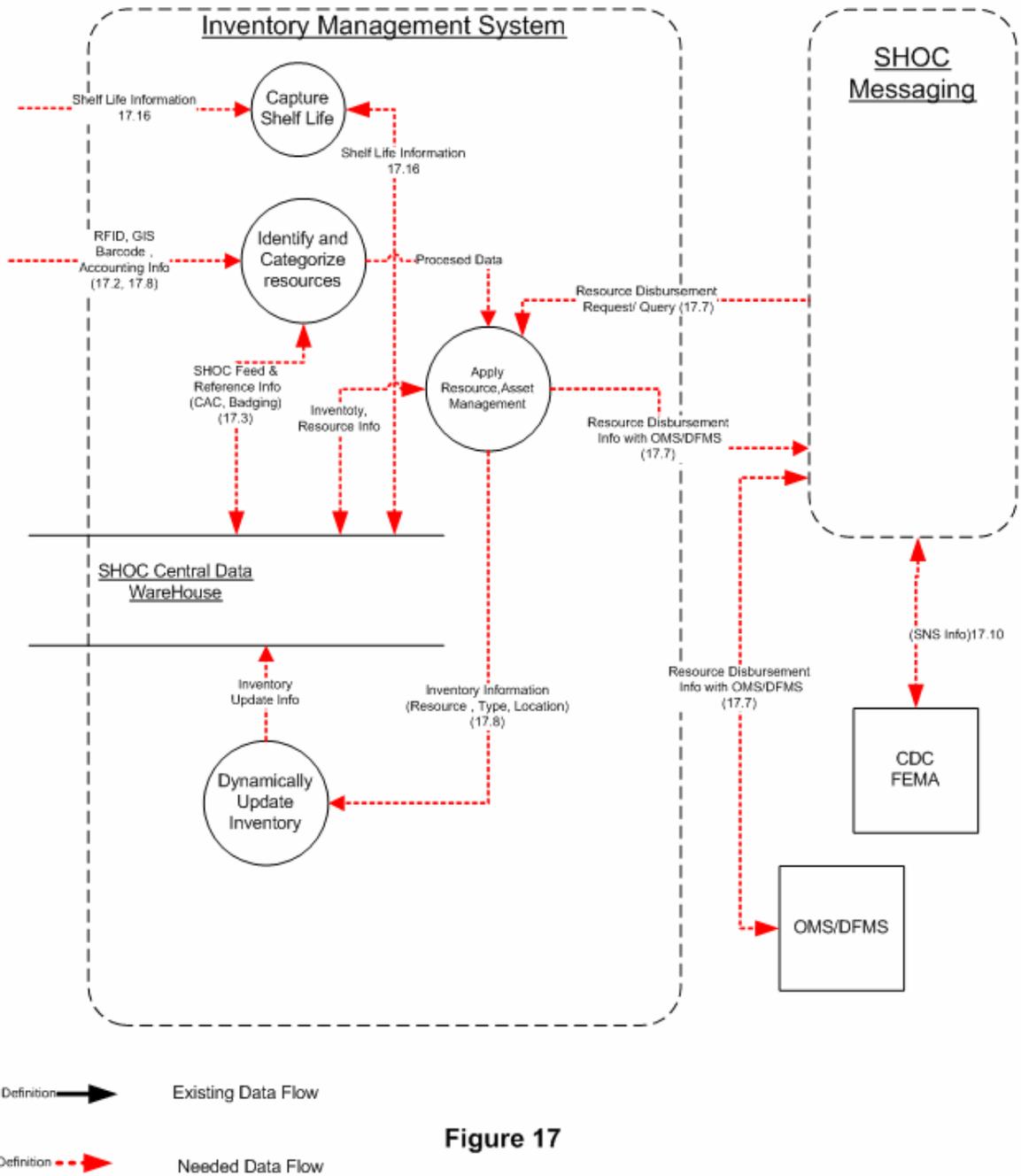


Figure 17

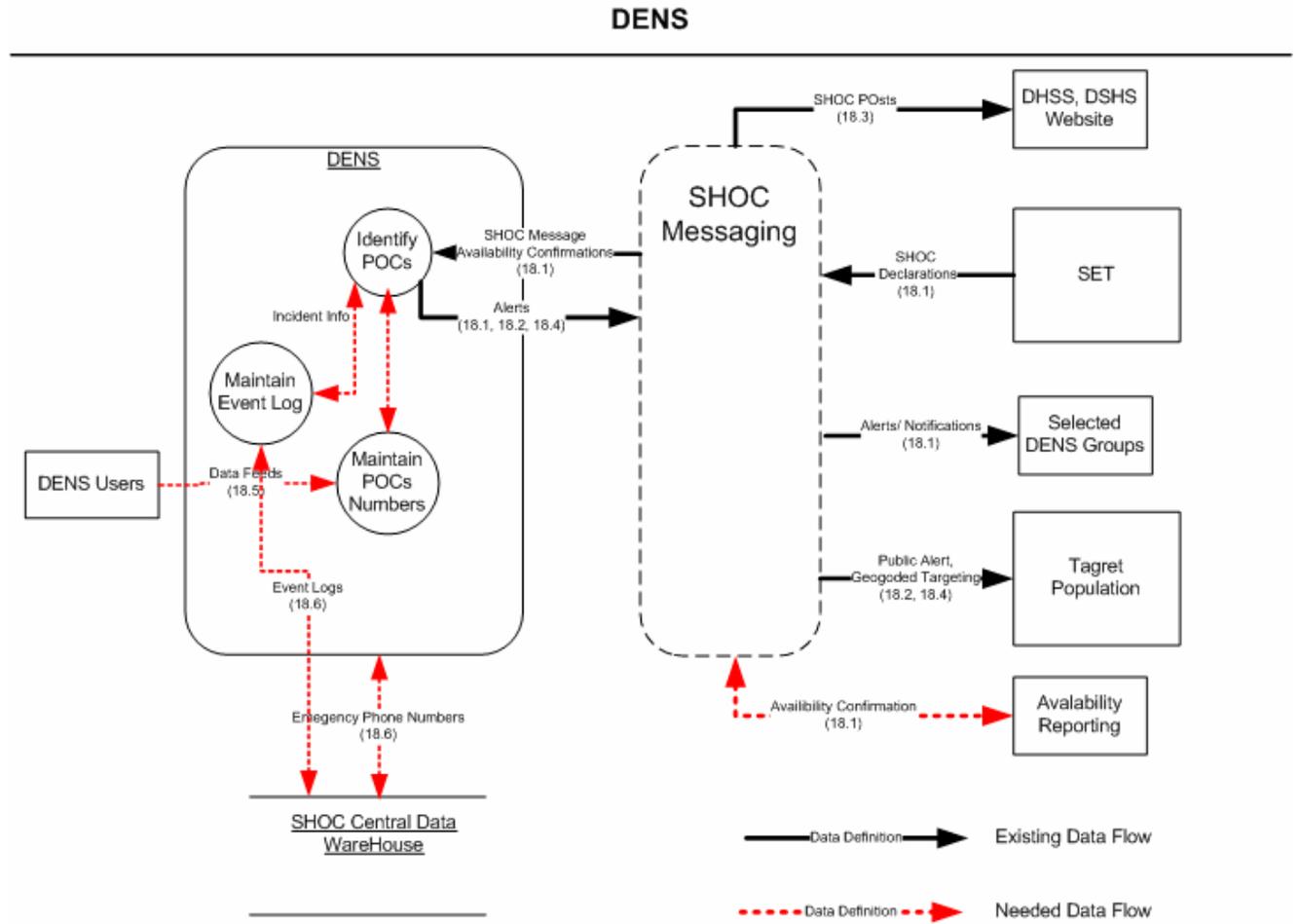


Figure 18

Delaware Public Health Emergency Management System (DE-PHEMS) (Future)

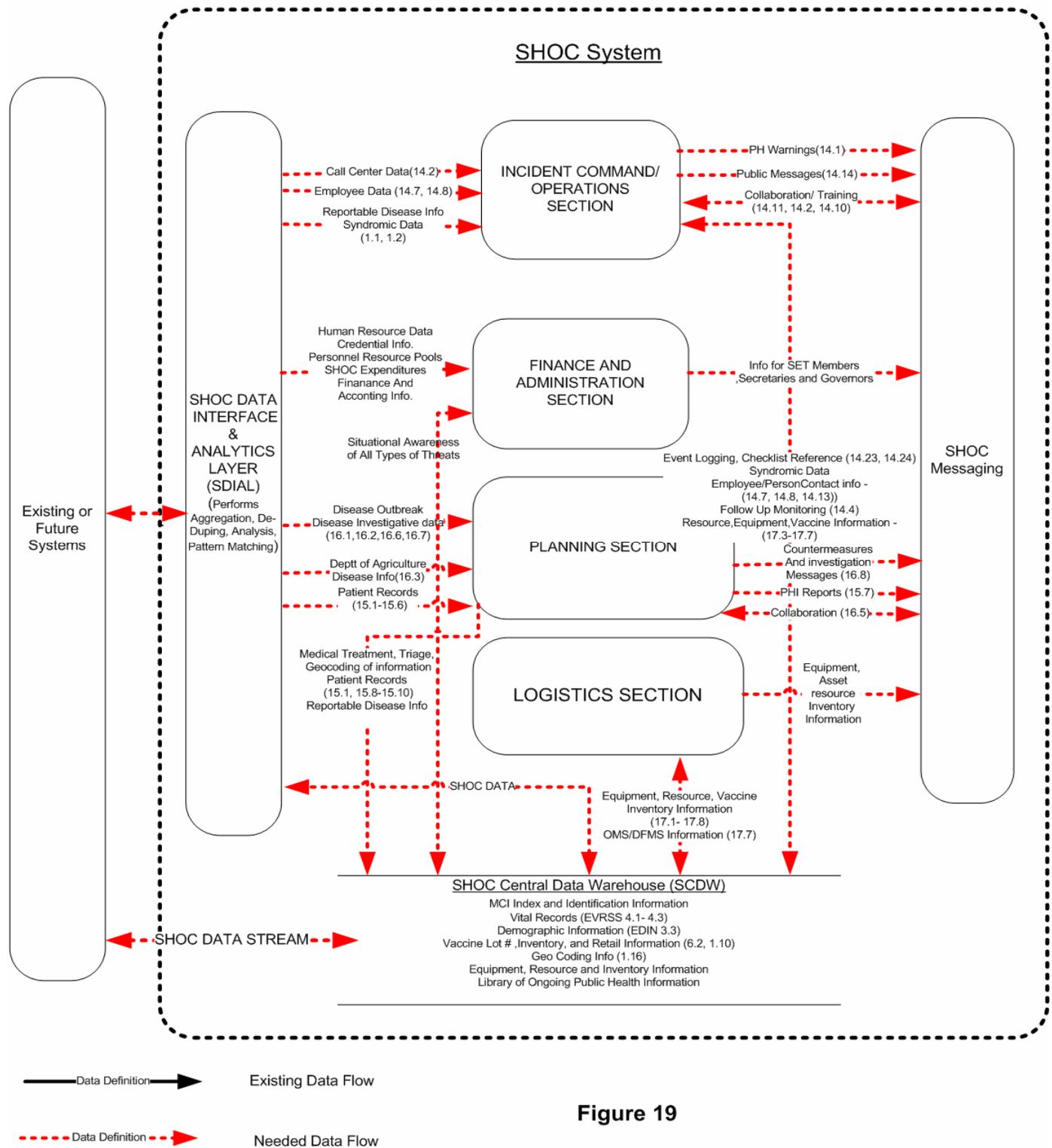


Figure 19

SHOC Context Diagram

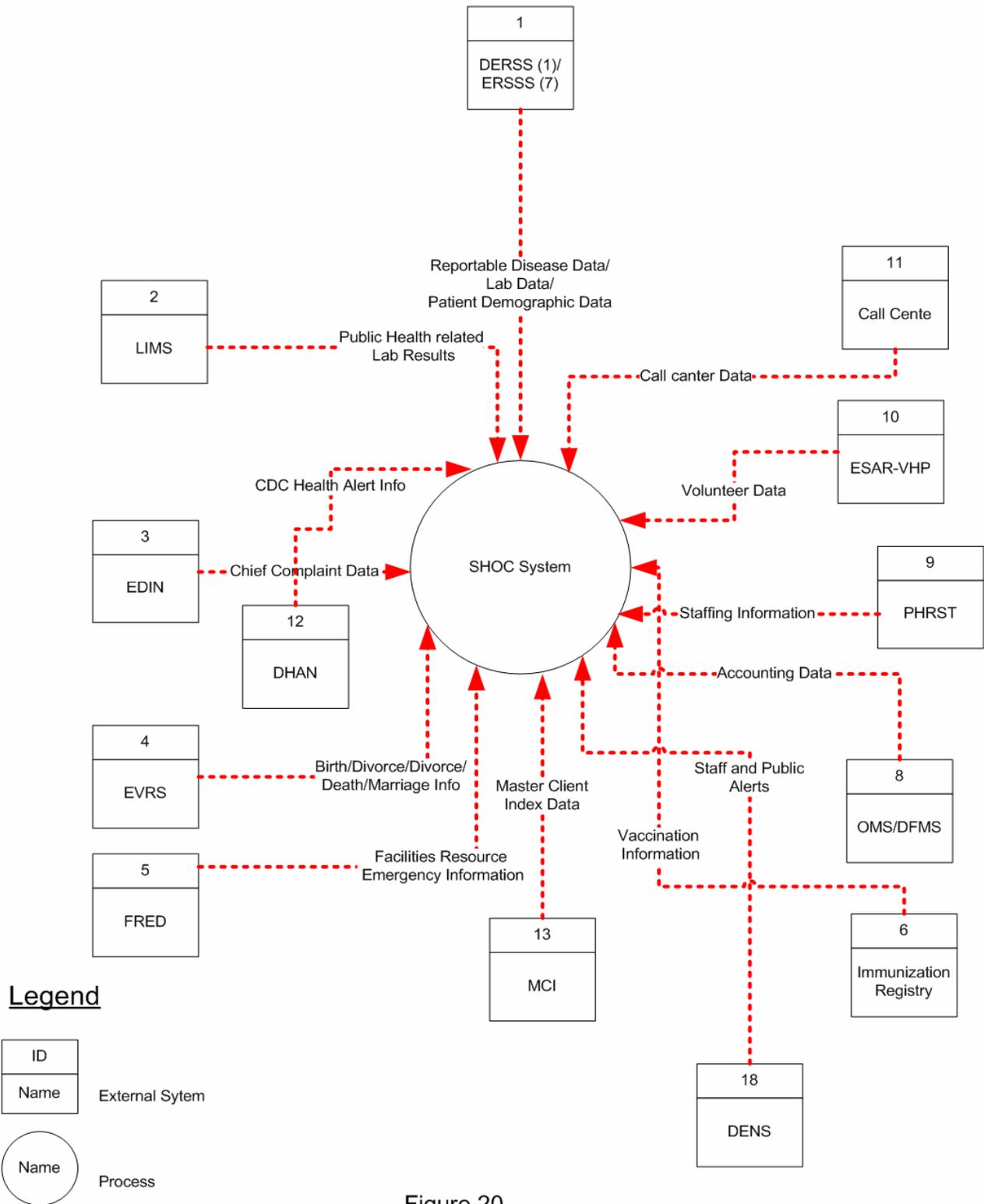


Figure 20

Appendix

N. Functional Requirements Matrix

Application Name	System Objective ID	System Functionality	Missing / Revised Functionality	Forward Traceability (Interoperability)	Needed / Revised Forward Traceability/ Functionality	Backward Traceability (Interoperability)	Needed / Revised Backward Traceability/ Functionality
Delaware Electronic Reporting and Surveillance System (DERSS)							
	1.1	Maintain Reportable disease Info		Emergency Management System (Incident Management Module)EMS-IMM-(14.1)		DERSS, IR-(6.1, 6.2), DPTM-(15.1)	
	1.2	Maintain and analyze syndromic data to spot potential outbreaks	Dynamic summary/Dashboard updating to SHOC/SET. Electronic reporting system.	EMS-IMM(14.2);DPTM-(15.1,15.2); Emergency Management System (EMS)-Planning Module-(16.1); DERSS\ERSSS	Dynamic summary/Dashboard updating to SHOC/SET	DERSS Analytics, DPTM-(15.1)	
	1.3	Capability to review information available if event is a public health case	Drill down data listing		EDIN-(3.5)	DERSS Analytical Tools, DPTM-(15.1)	IRTs, ICPs
	1.4	Patient Index and Demographic information		EMS-IMM-(14.3)		MCI-(13.1), DPTM-(15.1)	
	1.5	Get feed of Lab data from Labcorp and Quest Diagnostics			To DERSS analytic utilities	LabCorp, QD	
	1.6	Get Lab data from LIMS				LIMS-(2.1)	
	1.7	Send Feed to MCI and match data with MCI. Follow Aggregation. De-dupe data (DERSS client # from MCI client #)		MCI-(13.2)			

Application Name	System Objective ID	System Functionality	Missing / Revised Functionality	Forward Traceability (Interoperability)	Needed / Revised Forward Traceability/ Functionality	Backward Traceability (Interoperability)	Needed / Revised Backward Traceability/ Functionality
	1.8	ERSSS will bring in the Hospital Lab Data and chief complaints	Rapid and timely Patient Electronic Medical Records (PEMR) and hospital lab data			DERSS\ERSSS	PEMRs
	1.9	Export Data to SatScan	Import functions	SatScan			
	1.10	Import National Retail Data Monitor (NRDM) information on pharmaceutical over-the-counter purchases	Analytical functions			National Retail Data Monitor; other sources (Happy Harry's, etc)	Connectivity to NRDM
	1.11	Export to CDC EARS (Early Aberration Reporting System)		EARS			
	1.12	Export PHI to SHOC Planning Team to dispatch State Investigation Response Teams (IRTs)	Validation function	DERSS Messaging		DERSS Analytics	
	1.13	Import data from IRTs	Dispatch purpose		Cluster, lab, PEMR, etc to IRTs		Timely full reports
	1.14	Import data from infection control practitioners (ICPs)	Electronic rapid reporting				
	1.15	DERSS Messaging		Export to EMS-IMM			
	1.16	Geo Coding of case locations		SHOC data warehouse	Cluster analytics		
	1.17		DERSS analytical tools				Import & analysis of lab, IRT, ICP, PEMR, NEHC, NRDM, etc data
	1.18	Import, store analyze School Nurse data on illness, symptoms, absences			SHOC data warehouse		SHOC data warehouse

Application Name	System Objective ID	System Functionality	Missing / Revised Functionality	Forward Traceability (Interoperability)	Needed / Revised Forward Traceability/ Functionality	Backward Traceability (Interoperability)	Needed / Revised Backward Traceability/ Functionality
	1.19		Export data to CDC				
	1.20		Export to other State agencies (e.g., DIAC, ...)				
	1.21		Import school, prison, other data				
	1.22		Import/Export information from Emergency Management System		Emergency Management System (EMS)-Planning Module		Emergency Management System (EMS)-Planning Module 16.1-16.2
	1.23		Import / export data and analysis from Emergency Management System (EMS)-Planning Module (FUTURE)		Emergency Management System (EMS)-Planning Module 16.13-16.14		Emergency Management System (EMS)-Planning Module 16.13-16.14
	1.24		Import/export forecasting and modeling from Emergency Management System (EMS)-Planning Module (FUTURE)		Emergency Management System (EMS)-Planning Module 16.13-16.14		Emergency Management System (EMS)-Planning Module 16.13-16.14
	1.25	Capture Patient Care reports				EDIN-(3.2)	
Laboratory Information Management System (LIMS)							
	2.1	Capture Laboratory results for public health related tests (Unknown substances, Agriculture, Veterinarians) for disasters & diseases	Develop separate reports for each type threat. Drill down data.	DERSS-(1.6)+E65	Dynamic summary/Dashboard updating to SHOC/SET		
	2.2	Interface with MCI for client #				MCI-(13.1)	

Application Name	System Objective ID	System Functionality	Missing / Revised Functionality	Forward Traceability (Interoperability)	Needed / Revised Forward Traceability/ Functionality	Backward Traceability (Interoperability)	Needed / Revised Backward Traceability/ Functionality
	2.3	Capture information on Non-Human tests					
	2.4		Export results to CDC Laboratory Response Network		CDC-LRN		
	2.5		Export laboratory results to DNREC, DERSS		DERSS-(1.6)		
	2.6		Export lab results to law enforcement		Law Enforcement		
	2.7		Dynamic summary updates				
	2.8	Capture information on Human test data					
	2.9		Import Agriculture and DNREC data on poultry and wild bird testing for Avian flu				
EMS (Emergency Medical Services) Data Information Network (EDIN)							
	3.1	Capture Chief Complaint Data in patient care reports created by ALS and BLS	Rapid, timely, complete info to EDIN from para-medics, hospital ERs, other sources. EDIN to SHOC/SET	DPTM-(15.3)	Dynamic summary/Dashboard updating to SHOC/SET	911 calls	EMS tablets for auto transmit to ERs and export to EDIN to SHOC/SET

Application Name	System Objective ID	System Functionality	Missing / Revised Functionality	Forward Traceability (Interoperability)	Needed / Revised Forward Traceability/ Functionality	Backward Traceability (Interoperability)	Needed / Revised Backward Traceability/ Functionality
	3.2	Future: Will Send feed to ERSSS		DERSS\ERSSS			
	3.3	Collect Demographic Info (no MCI #s in EDIN)				EDIN	
	3.4	REMOVED					
	3.5	Export PHI to DERSS		DERSS-(1.3)			
	3.6		Cluster analysis, EDIN analysis; to SHOC analyzer/summarizer		Patient Identifying Data (Number)		
	3.7	Capture 911 data (Ten Codes, Chief complaint, location, times, transport, destination)	EMS "Ten Codes"				
	3.8		Import/Export patient identifying information to/from MCI				
Electronic Vital Records System (EVRSS)							
	4.1	Right now Tracks only "Birth Information"	All significant life events into one data base (In future EVRSS modules will collect: death = 1/07 from OCME, funeral directors; Marriages and Divorce = 1/08)				

Application Name	System Objective ID	System Functionality	Missing / Revised Functionality	Forward Traceability (Interoperability)	Needed / Revised Forward Traceability/ Functionality	Backward Traceability (Interoperability)	Needed / Revised Backward Traceability/ Functionality
	4.2	Another module collects "Divorce", Marriage", "Death" etc.					
	4.3	Export information to law enforcement and homeland security	Format to LE/HS format needs		Manipulate data into format and searchable		
	4.4		Import/Export data to Social Security Administration, HRSA, Immigration, Family Courts				
Facilities Resource Emergency Database (FRED)		Belongs to State of Maryland. Delaware a shared uses, similar to Pennsylvania. Delaware (and Pennsylvania) have little control over functionality. Have Bed system may be used in FUTURE to replace FRED.					
	5.1	Allow Alert to be sent to other FRED users (Hospitals) in case of emergency and communicate one to one basis	Trusted Agent/Sanitizer. Remove proprietary PHI.	FRED Participants		Proprietary Hospital systems	Export PHI to DE FRED users
	5.2	Interface with MD and PA PHI		MD and PA systems			
	5.3	Import bed status data from hospitals				Proprietary Hospital systems	

Application Name	System Objective ID	System Functionality	Missing / Revised Functionality	Forward Traceability (Interoperability)	Needed / Revised Forward Traceability/ Functionality	Backward Traceability (Interoperability)	Needed / Revised Backward Traceability/ Functionality
	5.4		Export bed status data to Senior Executive Team and DPH Public Health Preparedness staff. Trusted agent/sanitizer. Export to NDMS.	EMS-IMM-(14.6)	Dynamic summary/ Dashboard updating to SHOC/SET		
	5.5	Export data to National Disaster Medical System (NDMS)	Dynamic system update	NDMS			
	5.6	Future System	Have Bed data	HRSA			
Immunization Registry (IR)							
	6.1	Capture vaccination information for children primarily but not exclude adults	Electronic reporting system. Explicitly include adults.			Clinicians, health care providers and hospitals send the info by paper (introduces a 2 month gap)	Electronic reporting system
	6.2	Record and track vaccine lot #s, expiration dates and quantities	Export to Dynamic Asset Management System		Inventory Management System-(17.1)	CDC VACMAN application	
	6.3	Imports electronic shot records from providers (physician offices , clinics, and hospitals)	Expand to all providers			Providers	Electronic reporting system
	6.4	Imports Immunization Records from Kids First Program and Vaccines for Children Program					Electronic reporting system
	6.5	Provide/Export Information and vaccination records to school nurses, clinicians		Delaware Department of Education			
	6.6	Assign MCI# to new-borns and persons vaccinated		MCI-(13.1)			

Application Name	System Objective ID	System Functionality	Missing / Revised Functionality	Forward Traceability (Interoperability)	Needed / Revised Forward Traceability/ Functionality	Backward Traceability (Interoperability)	Needed / Revised Backward Traceability/ Functionality
	6.7		Exchange of data base information of Mass Vaccination Clinics (e.g., NEHCs) for smallpox, anthrax, repeat visits, etc. via CDC's CRA system. (Replace Prevent Vaccination System (PVS) with CRA.		Interface between IR and CDC's new Countermeasures and Response Administration (CRA)		Interface between IR and CDC's new Countermeasures and Response Administration (CRA)
	6.8		Export data to CDC				
	6.9		Export to SHOC system, SET, and CHCIS				
	6.10		Import from CHCIS				
Emergency Room Syndromic Surveillance System (ERSSS)	7	Combined into DERSS					
DFMS/OMS		How bills are paid. Accounting modules are being converted to PeopleSoft in 2007.					
	8.1	Data on costs of response for reimbursement by e.g., FEMA	Collect hours worked via time clock	Funding Accountability and Planning			

Application Name	System Objective ID	System Functionality	Missing / Revised Functionality	Forward Traceability (Interoperability)	Needed / Revised Forward Traceability/ Functionality	Backward Traceability (Interoperability)	Needed / Revised Backward Traceability/ Functionality
	8.2		Prepare information (History of Expenses) for submission to FEMA for reimbursement	FEMA		Purchase Orders, Vouchers	
	8.3						
	8.4	Cost of inventory or Assets purchased.	Collect data (inventory, ...) from Inventory Management System/ (Systems)		Logistics : 17.14		
Payroll Human Resources Statewide Technology (PHRST)		The payroll and HR module of PeopleSoft.					
	9.1	Import data on staffing, new hires, and departed personnel including updated contact information, updated wages, job title, work location, and department	Updates to PHRST. Collect hours via a Time Clock system in NEHC trailers and SHOC.				
	9.2		Import data on staff hours and attendance, Rates during SHOC events			EMS-IMM-(14.3)	
	9.3		Import data on contact information for staff	IM			
	9.4	Export data to phone lists, Blackberry					

Application Name	System Objective ID	System Functionality	Missing / Revised Functionality	Forward Traceability (Interoperability)	Needed / Revised Forward Traceability/ Functionality	Backward Traceability (Interoperability)	Needed / Revised Backward Traceability/ Functionality
	9.5		Method to collect costs of external resources and non-State employee personnel (hours)				
	9.6		Export data to FEMA		SHOC Messaging		
	9.7		Import data on HRMS TAS and DE Train				
Emergency System for Advanced Registration of Voluntary Health Professionals (ESAR-VHP)							
	10.1	Maintain data on volunteers		SHOC Analytics			Data registry
	10.2	Import data on qualifications	Data on licensing, credentialing from professional societies, medical and nursing licensing, Division of Professional Regulations	State licensing			
	10.3	Export data to create professional credential certification					Create credential (or CAC)

Application Name	System Objective ID	System Functionality	Missing / Revised Functionality	Forward Traceability (Interoperability)	Needed / Revised Forward Traceability/ Functionality	Backward Traceability (Interoperability)	Needed / Revised Backward Traceability/ Functionality
	10.4	Export data to SHOC staffing and logistics to assign volunteers to Neighborhood Emergency Health Centers (NEHCs)	SHOC utility tools	SHOC Analytics; EMS-IMM-(14.12)	Dynamic summary/ Dashboard updating to SHOC/SET.		Export searchable lists
	10.5		Export data to DIAC and Federal DMAT, DMORT, DHHS, FEMA, and, regional EMACs.				
	10.6		Obtain Criminal background Checks (NCIC)				
Call Center (CC)							
	11.1	Import PHI from public phone calls	Routing; tallies			Phone Calls	Dynamic information capture tools
	11.2	Import PHI from DHSS and other State agencies	Describe data required				
	11.3	Export PHI to schedule NEHCS clinic visits	Formats; utilities	NEHC schedules			
	11.4	Export PHI to SHOC of citizen information and concerns		EMS-IMM-(14.1)			
	11.5	Export PHI to public affairs to formulate risk communications messages		EMS-IMM-(14.14)			

Application Name	System Objective ID	System Functionality	Missing / Revised Functionality	Forward Traceability (Interoperability)	Needed / Revised Forward Traceability/ Functionality	Backward Traceability (Interoperability)	Needed / Revised Backward Traceability/ Functionality
	11.6		Other call centers (911, police, Red Cross, Poison Control Coroners, DE Helpline, DSHS, etc) to SHOC				
	11.7		Export to SHOC messaging				
	11.8		Export to DENS				
Delaware Health Alert Network (DHAN)							
	12.1	Import information from CDC Health Alert Network				CDC Health Alert Network	
	12.2	Export CDC-provided information to health care providers in Delaware		DHAN			
	12.3	Imported information from State or regional health authorities, EMAC, DPH Staff, DPH epidemiologists, DPH laboratories, or DHAN Team Lead		To DPH Staff, hospitals, clinicians and other providers, Senior Executive Team, SHOC messaging		State or regional health authorities, DPH Staff, DPH epidemiologists, DPH laboratories, or DHAN Team Lead	
	12.4		Export data to CDC				
	12.5		Export data to DHSS website				
	12.6		Create phone directory				

Application Name	System Objective ID	System Functionality	Missing / Revised Functionality	Forward Traceability (Interoperability)	Needed / Revised Forward Traceability/ Functionality	Backward Traceability (Interoperability)	Needed / Revised Backward Traceability/ Functionality
Delaware Emergency Notification System (DENS)		Uses FirstCall systems of Baton Rouge, LA					
	18.1	Notify employees of emergency, to stand-by for call-out,	Upon receipt of order to call-out staff, DENS alerts by phone calls to selected groups of staff. Need to know: 1) if notified (# calls/notifications completed and status); 2) if fit for duty; 3) if will/able to report for duty; 4) time to arrive; 5) what shift;		Consider whether DENS should be merged with/into DHAN as a DPH decision. Similar but different functions.	SHOC declarations from SET	
	18.2	Notify public of emergencies	Inform public	SHOC messaging			
	18.3		Post to DHSS and DSHS websites				
	18.4		Geocode locations of emergencies for phone alerts to staff and public	SHOC messaging			
	18.5	Maintain Checklists/ Point Of Contacts	System that will allows DENS Users to do this	SHOC messaging			
	18.6	Maintain Event/ Incident Logs	System should allow to do this	SHOC data warehouse			

Application Name	System Objective ID	System Functionality	Missing / Revised Functionality	Forward Traceability (Interoperability)	Needed / Revised Forward Traceability/ Functionality	Backward Traceability (Interoperability)	Needed / Revised Backward Traceability/ Functionality
Master Client Index (MCI)							
	13.1	Provide a shared client Index to disparate system within DHSS	De-dupe; correlate to DERSS system	DERSS-(1.7)		LIMS-(2.2); IR-(6.6)	
	13.2	Maintain a shared client index in Public Health context	Tools to assign MCI# to new registrants			DERSS-(1.7)	Non-traditional sources
FUTURE		DELAWARE PUBLIC HEALTH EMERGENCY MANAGEMENT SYSTEM (DE-PHEMS) FUTURE					
		Changed to parallel NIMS Incident Command Sections (Operations, Planning, Logistics, and, Finance and Administration). Concept is DE-PHEMS will have four (4) modules.					

Application Name	System Objective ID	System Functionality	Missing / Revised Functionality	Forward Traceability (Interoperability)	Needed / Revised Forward Traceability/ Functionality	Backward Traceability (Interoperability)	Needed / Revised Backward Traceability/ Functionality
Emergency Management System (Incident Management Module) – EMS-IMM							
	14.1	Provide early warning of severe disaster and disease		DERSS / SHOC Messaging		CC-(11.4,11.5); DERSS-(1.1, 1.2,	
	14.2	Present current accurate information to decision-makers in Incident Command/SET				DERSS\ERSSS	
	14.3	Tracking location and time of DPH personnel deployed in field using GIS/GPS systems.		DERSS-(1.3)		Logistics Module-(17.1),DERSS\ERSSS	
	14.4	Track decisions for follow-up monitoring		DERSS / SHOC Messaging; NEHC; Inventory Management System-(17.1)			
	14.5	Maintain current situational awareness				SHOC Section Chiefs	
	14.6	Maintain current situational awareness for briefing staff changes in SHOC. Apply Knowledge Management tools.		SHOC Section Chiefs			
	14.7	Maintain and update employee tracking and contact information				PHRST-(9.1)	

Application Name	System Objective ID	System Functionality	Missing / Revised Functionality	Forward Traceability (Interoperability)	Needed / Revised Forward Traceability/ Functionality	Backward Traceability (Interoperability)	Needed / Revised Backward Traceability/ Functionality
	14.8	Collect employee time records					
	14.9	Import and export digital videography and audio for display					
	14.10	Deployable secure videoconferencing					
	14.11	Maintain just-in-time training via Advanced Distributed Learning (ADL) technologies				SHOC activation and shift changes	
	14.12	Maintain and update status and credentials of Medical Reserve Corps. Import PHI from ESAR-VHP.				ESAR-VHP-(10.4)	
	14.13	Maintain current email and contact directories of State DHSS and DPH employees, contractors, providers, volunteers, and others		Emergency Management System (EMS)-Planning Module-(16.8)		PHRST-(9.1, 9.2))	
	14.14	Provide Risk Communications to general public.		DERSS / SHOC/ EMS-IMM, Messaging		CC-(11.5)	
	14.15	Direct deployment and disbursement/issue of resources, personnel and supplies to DHSS, DPH, SHOC staff, NEHCs, ACCs, clinics, and providers.		SHOC Messaging	LM-17.17		
	14.16		Export to Incident Action Plans				
	14.17		Export SHOC event related log and expenses to DSHS, FEMA, EOC	SHOC Messaging			
	14.18		Recommend Protective Action Decisions	SHOC Messaging			

Application Name	System Objective ID	System Functionality	Missing / Revised Functionality	Forward Traceability (Interoperability)	Needed / Revised Forward Traceability/ Functionality	Backward Traceability (Interoperability)	Needed / Revised Backward Traceability/ Functionality
	14.19		Incident tracking (tasks, follow-up, monitoring task completion, work flows, authorizations, incident checklist, incident log,	SHOC Messaging			
	14.20		Geocode with GIS				
	14.21		Export to DIAC	SHOC Messaging			
	14.22		Export information to Secretaries of DHSS, DSHS, etc, and Governor	SHOC Messaging			
	14.23		SHOC Checklist Information	IM Event Log	EMS-Planning-(16.12)		EMS-Planning-(16.12)
	14.24		IM Event Log		EMS-Planning-(16.12)		EMS-Planning-(16.12)
	14.25		Hazard Modeling	SHOC Messaging			
Delaware Patient Tracking System (DPTM)							
	15.1		Determine and update victims and patients data by disease and injury categories	DERSS-(1.1, 1.2, 1.3, 1.4), EDIN (3.1)			
	15.2		Geocode locations of victims and patients	DERSS		NEHC, Shelters	

Application Name	System Objective ID	System Functionality	Missing / Revised Functionality	Forward Traceability (Interoperability)	Needed / Revised Forward Traceability/ Functionality	Backward Traceability (Interoperability)	Needed / Revised Backward Traceability/ Functionality
	15.3		Develop, capture, manually-created electronic patient medical (including treatment) records from multiple facilities (e.g., health care providers, hospitals, NEHCs, clinics, ACCs, ARC and disaster shelters, etc)	NEHC via SHOC messaging; DPTM		DERSS\ERSSS-(1.25); EDIN-(3.1)	
	15.4		Identify victims/patients and relate to home address and prior medical history and vaccinations.	MCI-(13.1,13.2)			
	15.5		Support family reunification	MCI-(13.1,13.2)		Family Assistance Centers, FEMA Centers, ARC Centers, etc.	
	15.6		Track provision (what was done) of medical and social services				
	15.7		Export PHI to management reports				
	15.8		Record walk-in casualties				
	15.9		ID casualties by barcode, RFID tags, biometrics, photos,				

Application Name	System Objective ID	System Functionality	Missing / Revised Functionality	Forward Traceability (Interoperability)	Needed / Revised Forward Traceability/ Functionality	Backward Traceability (Interoperability)	Needed / Revised Backward Traceability/ Functionality
	15.10		ID quarantined people; geocode victims, patients, medical history				
Emergency Management System (EMS)- Planning Module (PM)							
	16.1	Collect and automatically update and maintain information on disease outbreaks		DERSS/ERSSs- (1.1,1.3,1.4,1/25); LIMS-(2.1,2.2,2.5)		DERSS-(1.22)	
	16.2	Import information from field Investigative Response Teams (IRTs), clinics, NEHCs, ACCs, hospitals and providers					
	16.3	Import information from Department of Agriculture on zoonotic disease outbreaks					
	16.4	Maintain connectivity and PHI feeds with Dover AFB					
	16.5	Conduct over-the-net collaborative discussions while viewing Case Reports					
	16.6	Import PHI for pediatric, geriatric, STD, HIV, Cancer and immuno-compromised patient clinical records that might provide sentinel disease indicators.		DERSS			
	16.7	Import School Nurse PHI on illness, symptoms and disease-caused school absences.				DERSS	From School Nurses to DERSS

Application Name	System Objective ID	System Functionality	Missing / Revised Functionality	Forward Traceability (Interoperability)	Needed / Revised Forward Traceability/ Functionality	Backward Traceability (Interoperability)	Needed / Revised Backward Traceability/ Functionality
	16.8	Exchange messages for countermeasures and investigations		DERSS/ SHOC system		EMS-IMM-(14.13)	
	16.9		Import DIAC information				
	16.10		Import DEL DOT traffic information				
	16.11		Import weather information				
	16.12		Maintain Event Logging, Checklist References, action planning and documentation records of activities, actions, decisions, official communications, etc		EMS-IMM-(14.23, 4.24)		EMS-IMM-(14.23, 14.24)
	16.13		Conduct and report data collection and analysis		DERSS		DERSS
	16.14		Conduct and report Forecasting and Modeling		DERSS		DERSS
Inventory Management System							
	17.1	Provide dynamic asset and resource management		EMS-IMM-(14.1, 14.2)			

Application Name	System Objective ID	System Functionality	Missing / Revised Functionality	Forward Traceability (Interoperability)	Needed / Revised Forward Traceability/ Functionality	Backward Traceability (Interoperability)	Needed / Revised Backward Traceability/ Functionality
	17.2	Identify resources by barcode, RFID or other records and accounting system					
	17.3	Enable rapid accountable traceable issue of equipment and resources/supplies correlated to State employee credential badging system (e.g., common access cards -- CACs)				EMS-IMM-(14.15)	
	17.5	Dynamic updating of inventories				EMS-IMM-(14.15)	
	17.6	Calculation of "need to order" dates				EMS-IMM-(14.15)	
	17.7	Record resource disbursement and issue to management system for eventual reimbursement and replacement	Connect to State financial for reimbursement	Emergency Management System (EMS)-Planning Module	OMS/DFMS	EMS-IMM-(14.15)	
	17.8	Maintain and automatically update locations, numbers and types of resources	GIS			EMS-IMM-(14.15)	
	17.9		Scaleable to size of SHOC event				
	17.10		Manage/Account for Strategic National Stockpile (SNS) when received from CDC	Manage, track SNS issues, inventory, and totalize using SNS-provided Inventory Disk.			

	17.11		Link to In-State Inventory of pharmaceuticals and Vendor Managed Inventory (VMI). Manage shelf-life.				
	17.12		Link to "State Inventory System"				
Application Name	System Objective ID	System Functionality	Missing / Revised Functionality	Forward Traceability (Interoperability)	Needed / Revised Forward Traceability/ Functionality	Backward Traceability (Interoperability)	Needed / Revised Backward Traceability/ Functionality
	17.13		Link/relate/parallel State-wide "Resource Typing System" matched to Federal and EMAC-typing systems				
	17.14		Collect data for costs: SHOC, logistics, pre-loaded vendor information, open order information, VMI, inventory and assets purchased				
	17.15		Create Personnel Resource Records of clothing, phones, equipment issued; geolocation; training				
	17.16		Shelf Life Information				

Appendix

O. Policy Memorandum Number 40

DIVISION OF PUBLIC HEALTH

Policy Memorandum Number 40

Subject : Public Appeals Property Accountability

Policy Author(s): James Quillen

Approved by: _____

Date Approved: _____

Revision Date: April 1, 2005

Supersedes: N/A

I. POLICY/POSITION STATEMENT

The purpose of this policy is to provide a standard for accounting for Public Appeals Property within the Division of Public Health (DPH). This policy will establish a Public Appeal Property List at the section/office/program manager level and identify management levels to account for said property. Implementation of this policy will standardize record keeping practices across the Division, increase accuracy and accountability, and allow managers to effectively meet equipment requirements through the transfer of equipment between property accounts, increasing the Division's fiscal responsibility with regard equipment purchases.

II. SCOPE

This policy applies to all sections, offices and programs within the Division of Public Health with the exception of the Long Term Care Facilities. This policy does not allow for Public Health sections, offices or programs to establish their own policy regarding Public Appeals Property Accountability.

III. DEFINITIONS

Asset Management Re-engineering Project: A statewide government initiative/project which is currently in the execution development phase that standardizes the property accountability record keeping process for both Generally Accepted Accounting Practices (GAAP) property and Public Appeals Property. When implemented current Public Appeals Property Listings will be loaded into the database and will serve as the beginning balances for each different type of equipment. As equipment is purchased new items will automatically be added to the database when purchased through the state purchasing process.

Leased Property: Items of equipment rented from a vendor that are used by the division to accomplish its day to day operations. These items are not property of the division they belong to the vendor who retains ownership and the division pays a fee to use the items. Examples of such items are cell phones, copiers, pagers and fleet vehicles.

Public Appeal Property: Items costing between \$500.00 and \$24,999.99 when purchased/acquired using State of Delaware funds, or costing between \$500.00 and \$4,999.00 when purchased/acquired using federal funds. Additionally items costing under \$500.00 which are identified by the Division for property accountability purposes due to being easily misplaced, or “Nice to Have Items” or serialized numbered pieces of equipment will also be maintained on the Public Appeals Property Listing. Public appeal assets are not identified to the Delaware Department of Finance for accounting purposes.

Public Appeals Property Account: General term referring to a designated set of records used to account for Public Appeals Property in offices, sections and/or programs within the Division of Public Health. The record consists of the Public Appeals Property Listing, Leased Property Listing and the Property Transfer Listing.

Public Appeals Property Special Interest Items: The following Items costing less than \$500.00, regardless of method of acquisition (State or Federal funds or donation) will be maintained on the Public Appeals Property Listing:

- Audio Visual Equipment (Flat screen TV/Monitors, Televisions, Video Players, projectors, etc)
- Automated External Defibrillators
- Camera, Digital, Film and Instamatic
- Cell phones (Owned or leased)
- Chemical Detection Equipment (Hand Held)
- Chemical Protective Clothing – Boots
- Chemical Protective Clothing – Carrying Bags
- Chemical Protective Clothing – Gloves
- Chemical Protective Clothing – Suit
- Computer Components (i.e. External CD Readers, Air Cards and Wireless Keyboard & Mouse)
- Computer, Hand Held (i. e. Blackberries, Palm Pilots, IPAQ)
- Computer, Laptop
- Computer, Personal (Key board and mouse are non-accountable components)
- Computer, Monitor
- Emergency Response Badges with Identification Holders
- Emergency Response Clothing
- Fax Machines
- Firearms
- Global Positioning System (GPS) Equipment
- Microscopes
- Microwave Ovens
- NBC Protective Masks (Non-powered)
- Pagers (Leased or Owned)
- Portable Generators
- Portable Light Sets
- Power Air Purifying Respirators (PAPR)
- Power Tools
- Printers
- Radios, 800 MHz (Hand Held, Base Stations, Vehicle Mounted)
- Scanners, Document

- Shredders
- Telephones, Poly-Conference
- Tentage
- Tool boxes with components (Components will be on an Inventory listing)
- Walkie-Talkies
- Vehicles (Not accounted for on GAAP Report – vehicles that when purchased or acquired costing less than \$25,000.00 when purchased with state funds or less than \$5,000.00 when purchased with federal funds; surplus vehicles obtained through the Defense Reutilization and Marketing Service or General Services Administration)

Responsible Manager: Employee of the Division of Public Health who by virtue of their duty position – director, bureau chief, section chief, Clinic Manager Program Manager and/or an employee who has been designated as a Property Account Manager by the Division who exercises responsibility and accountability for State and Federal government property entrusted to their office, section and/or program to execute the day-to-day operations of the Division.

Transferred Property Record: General term referring to a property record that reflects Public Appeals Property which has been transferred from one Public Appeals Property Record (from one section, office and/or program) to another or disposed of in accordance with instructions from the State of Delaware, Department of Administrative Services, Surplus Services Office.

IV. PROCESS OF ESTABLISHING AND MAINTAINING ACCOUNTABILITY

An initial data capture (inventory) of all Public Appeals Property within all offices/ sections and/or programs will be accomplished by the Division of Public Health's Support Services Section with the exception of the following - the Public Health Preparedness Section, Public Health Lab and facilities in the Long Term Care Section. These section have Supply Storage & Distribution employees assigned to their activities who by classification are required to accomplish inventory control, counting, recording, maintaining, managing, coordinating, tracking, determining disposition, and execution of inventory acquisition. The PH Lab and PHPS will establish their Public Appeals Property Listing in the format shown in Section B to this policy no later than September 30, 2005. Inventory information will be recorded on an excel spread-sheet .The information to be recorded for Public Appeals Property is:

- Item Description (Nomenclature, Manufacturer, Model)
- Serial Number
- User
- Physical Location
- Public Health Asset Number

Specialized equipment also leased by the Division of Public Health will be accounted for in a Leased Property Listing to the Public Appeals Property Record. The following information will be recorded on the Leased Property Annex:

- Item Description
- Serial Number
- Phone Number
- Office/Section
- Assigned Duty Position
- User

Upon completion of the initial inventory, the public appeals records for each office, section and/or program in which accountability has been established under this method will be turned over electronically to that office, section and/or program for future maintenance.

The Public Appeals Property Listing will be placed in the **Division of Public Health’s public folders – resources - P.A. Property Record - Office/Section Title” (i.e. Public Appeals Property Listing – OEMS)**. When placed on the Exchange public folders the folder will be enabled as “Read Only”. The office, section and/or program manager will appoint one employee as the primary person responsibility for updating and maintaining the Public Appeals Listing. A second employee will be appointed as an alternate and will also have access to Public Appeals property Listing to serve as a back up to the primary.

When an item is received that meets the criteria as public appeals property the primary will enter the data pertaining to that item on the office, section and or program public appeals property listing.

When equipment is purchased for a sub office that equipment will be entered on the section, office’s and/or program Public Appeals Property Listing. An example of this would be - - Southern Health purchases an item for the WIC office in the Georgetown Services Center. Southern Health uses WIC Federal Grant monies for the purchase to support the WIC Program. When the item is received and meets the criteria of Public Appeals Property, as defined above, the item will be entered on the WIC Office’s Public Appeals Property Listing. This will be accomplished electronically. Southern Health in this case would provide the information below to the WIC Office Primary and that person would add the item to WIC’s Public Appeals Property Listing. The same would apply for any equipment that is issued to an office, section and/or program through Division’s Information Management Systems (IMS) section. The Telecommunications/Network Technician who supports your office, section and/or program is required by this policy to provide the information below to the individual in your office, section and/or program who maintains your Public Appeals Property listing.

- Item Description (Nomenclature, Manufacturer, Model)
- Serial Number
- User
- Physical Location
- Public Health Asset Number
-

The same notification processes above applies when an item is transferred or disposed of as discussed below.

When an item is transferred to another office, section program or department; turned in to the Department of Administrative Services; or disposed of locally in accordance with instructions provided by the Department of Administrative Services the item will be removed from the Public Appeals Property Listing. The following information will be entered on the Property Transfer Listing annex of the Public Appeals Property Listing:

- Item Description (Nomenclature, Manufacturer, Model)
- Serial Number
- PH Asset Number
- Date of Transfer

- Disposition (Turned in to State Surplus, transferred to another office, section or Department (i.e. Department of Corrections); disposed of locally).

Public appeal property will be inventoried by the section, office and/or program maintaining property responsibility/accountability annually. Sections, Offices and/or Programs will inventory the equipment, including serial numbers, verify the items physical location and update information as needed.

Upon completion of the inventory, and prior to forwarding the Public Appeals Property Listing to Support Services the Responsible Manager will certify that the equipment is accounted for by signing/dating the following certification:

“I hereby certify the equipment/items and balances identified on this Public Appeals Property Listing for the (Section/Office Designation) is true and correct. These items have been inventoried, serial numbers and the physical location of the equipment has been verified.”

FULL SIGNATURE OF
SECTION/OFFICE CHIEF

DATE

Upon receipt of the Public Appeals Property Account Record from each office, section and/or program within the Division of Public Health, Support Services Section will review each listing for the administrative requirements listed above and will randomly select a percentage for physical verification.

After selecting the office, section and/or programs for verification, Support Services employees will physically verify a percentage of the property assigned to that office. The verification could range from ten percent (10%) to a one hundred percent (100%) inventory of Public Appeals Property Assigned to an office, section and/or program identified for verification purposes.

V. EFFECTIVE DATE: This policy is effective immediately.

PUBLIC APPEAL PROPERTY ACCOUNTS & MANAGEMENT LEVELS

Identified below are the public appeal property accounts for the Division of Public Health. In a case where there are offices sections and/or programs identified under the property account, the property in those offices, sections and/or programs will be accounted for on the property account above the them.

OFFICE OF THE DIRECTOR PUBLIC HEALTH (PROPERTY ACCOUNT)

- Director, Public Health
- Sr. Deputy Chief Operations Officer
- Office of Minority Health
- Executive Assistants
- Administrative Support Staff

OFFICE OF HEALTH & RISK COMMUNICATIONS (PROPERTY ACCOUNT)

PUBLIC HEALTH PREPAREDNESS SECTION (PROPERTY ACCOUNT)

DPH SUPPORT SERVICES SECTION (PROPERTY ACCOUNT)

- Budget & Financial Services Bureau
- Contracts/Grants Management & Workforce Development Bureau
- Fiscal Office
- Information Management Services Bureau

OFFICE OF DEPUTY DIRECTOR, STATE MEDICAL DIRECTOR (PROPERTY ACCOUNT)

- State Medical Director
- Public Health Nursing

OFFICE OF THE COUNTY HEALTH ADMINISTRATOR – NORTHERN HEALTH (PROPERTY ACCOUNT)

CHILD DEVELOPMENT WATCH/ HOME VISITING PROGRAM – NHS (PROPERTY ACCOUNT)

HUDSON HEALTH CENTER (PROPERTY ACCOUNT)

APPOQUINMINK MIDDLETOWN SCHOOL BASED WELLNESS CENTER (PROPERTY ACCOUNT)

MIDDLETOWN HEALTH UNIT (PROPERTY ACCOUNT)

NORTH EAST HEALTH CENTER (PROPERTY ACCOUNT)

PORTER HEALTH CENTER (PROPERTY ACCOUNT)

CHILD DEVELOPMENT WATCH/ HOME VISITING PROGRAM - SHS (PROPERTY ACCOUNT)

PUBLIC APPEAL PROPERTY ACCOUNTS & MANAGEMENT LEVELS

OFFICE OF THE COUNTY HEALTH ADMINISTRATOR – SOUTHERN HEALTH (PROPERTY ACCOUNT)

GEORGETOWN HEALTH CENTER (PROPERTY ACCOUNT)

- Georgetown Health Center
- Pyle Health Center

SHIPLEY HEALTH CENTER (PROPERTY ACCOUNT)

- Shipley Health Center
- Laurel Health Center

MILFORD HEALTH CENTER (PROPERTY ACCOUNT)

KENT COUNTY (WILLIAMS) HEALTH CENTER (PROPERTY ACCOUNT)

HEALTH SYSTEMS MANAGEMENT (PROPERTY ACCOUNT)

- Office of Chief, Health Systems Management
- Bureau of Health Planning & Resource Management
- Bureau of Dental & Oral Health Services

COMMUNITY & FAMILY HEALTH (PROPERTY ACCOUNT)

- Office of Community & Family Health
- Women's & Reproductive Health
- Family Health Services

OFFICE OF EMERGENCY MEDICAL SERVICES (PROPERTY ACCOUNT)

OFFICE OF THE ASSOC. DEPUTY DIR., HEALTH INFORMATION & SCIENCE (PROPERTY ACCOUNT)

BUREAU OF CHRONIC DISEASE (PROPERTY ACCOUNT)

- Chief, Bureau of Chronic Disease
- Diabetes Prevention & Control Program
- Comprehensive Cancer Control Branch
- Screening for Life

BUREAU OF HEALTH PROMOTION (PROPERTY ACCOUNT)

- Chief, Health Promotion
- Tobacco Prevention & Control

WOMEN, INFANTS, CHILDREN (WIC) (PROPERTY ACCOUNT)

PUBLIC APPEAL PROPERTY ACCOUNTS & MANAGEMENT LEVELS

BUREAU OF COMMUNICABLE DISEASES (PROPERTY ACCOUNT)

- Chief, Bureau of Communicable Diseases
- Tuberculosis Elimination Branch

IMMUNIZATIONS BRANCH (PROPERTY ACCOUNT)

HIV/AIDS/STD BRANCH (PROPERTY ACCOUNT)

DIVISION OF PUBLIC HEALTH LABORATORY (PROPERTY ACCOUNT)

COMMUNITY ENVIRONMENTAL HEALTH SERVICES (PROPERTY ACCOUNT)

- Office of Chief Community Environmental Health Services
- Office of Chief, Health Systems Protection
- Office of Radiation Control
- Office of Lead Poisoning Prevention
- Office of Drinking Water
- Office of Health Facilities Licensing & Certification

OFFICE OF ENVIRONMENTAL HEALTH EVALUATION (PROPERTY ACCOUNT)

OFFICE OF NARCOTICS & DANGEROUS DRUGS (PROPERTY ACCOUNT)

HEALTH INFORMATION MANAGEMENT & EPIDEMIOLOGY (PROPERTY ACCOUNT)

- Office of Health Information & Epidemiology
- Bureau of Vital Statistics

PUBLIC APPEAL PROPERTY RECORD FORMAT

PUBLIC APPEALS PROPERTY LISTING:

NAMES OF ACTIVITY/FACILITY
ADDRESS
NAME OF RESPONSIBLE MANAGER

<u>ITEM DESCRIPTION</u>	<u>SERIAL NUMBER</u>	<u>USER</u>	<u>PHYSICAL LOCATION</u>	<u>PH NUMBER</u>
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LEASED PROPERTY LISTING:

NAMES OF ACTIVITY/FACILITY
ADDRESS
NAME OF RESPONSIBLE MANAGER

<u>ITEM DESCRIPTION</u>	<u>SERIAL (CAP) NUMBER</u>	<u>PHONE # AC (302)</u>	<u>OFFICE/ SECTION</u>	<u>ASGN DUTY POSITION</u>	<u>USER</u>
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TRANSFERRED PUBLIC APPEALS PROPERTY LISTING:

NAMES OF ACTIVITY/FACILITY
ADDRESS
NAME OF RESPONSIBLE MANAGER

<u>ITEM DESCRIPTION</u>	<u>SERIAL NUMBER</u>	<u>DATE OF TRANSFER</u>	<u>PH NUMBER</u>	<u>DISPOSITION</u>
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SECTION C

PAGE C-1

**DIVISION OF PUBLIC HEALTH
PROPERTY DATA CAPTURE FORM**

(OFFICE)

ITEM DESCRIPTION: _____

MANUFACTURER: _____

MODEL: _____

SERIAL #: _____

PH # (IF ANY): _____

USER: _____

PHYSICAL LOCATION: _____

REMARKS: _____

Appendix

P. IRM/IMS Mandatory Requirements

**Division of Public Health
IRM/IMS
Mandatory Requirements for Computer Applications
Vendor Information
09/14/2004**

Abbreviations

- DTI is Department of Technology and Information
- DHSS is Delaware Department of Health and Social Services
- DMS is DHSS Division of Management Services.
- DPH is DHSS Division of Public Health
- IRM is DMS Information Resources Management
- IMS is DPH Information Management Services

System

- All Information Technology solutions, including software that is custom built, requires prior approval from IRM.
- Source code will initially be delivered to the IRM Manager of Application Support or designee at the time of User Acceptance Testing. The final version will be delivered upon acceptance. All applications will be the property of the State. Exceptions may be made for applications where the vendor owns the product and will not allow modification of the source code. In this case, the state will require the vendor to place source code in escrow.
- Security and telecommunications/network issues, particularly web applications, must be identified and addressed, prior to development and implementation. The solutions must be approved by IRM and DTI. The vendor also must follow DHSS and DTI networking and security standards.
- All Web pages must be submitted to and approved by the DPH Web Coordinator prior to submission to DHSS for posting.
- Custom applications will conform to the DHSS Information Technology Environment document and the DHSS .NET Development Manual, which includes C# coding standards and database naming and coding standards. The IT environment and .NET documents are available at <http://www.state.de.us/dhss/dms/irm/vendorsvcs.html>, **and are incorporated by reference in this contract.** Any deviations from these standards require justification and prior approval from IRM.
- When this "Mandatory Requirements for Computer Applications" document is included with a formal (RFP) or informal solicitation of vendor proposals, vendor responses must include a list of needed/recommended hardware, software and telecommunications requirements, including costs.
- Meetings are required with the IRM Base Technology, IRM Applications and IMS Managers prior to design, and throughout the project.
- The Base Technology group must approve any database(s) or other persistent data store(s) used in DHSS applications. Specifications for these will be evaluated both in terms of logical design and physical implementation. Design proposals must be submitted prior to beginning programming. Once a design proposal has been given initial approval, programming may begin. Any changes to the initial proposal must be submitted to the Base Technology group as well and require approval. The Base Technology group may request any supporting documentation that they feel is

necessary to make a decision but all developers should assume that, minimally, an E/R (Entity/Relationship) model will be required for all relational database tables.

- Data model (compatible with the latest version of Visio Enterprise Architect), data dictionary, system documentation and user documentation must be prepared, to the extent applicable, in conformance to the above referenced .NET standards, and must be provided as deliverables.
- DPH (IMS & designated program staff) and IRM will apply benchmarks to measure acceptable screen population times during testing. The benchmarks must be reached before product sign off. When replacing existing applications, performance equal to or faster than the system being replaced is the norm.
- A life cycle plan, including migrations of the system to user acceptance test and production, must be outlined. (How, When, Who, What and Why)
- The vendor must perform migrations to the DHSS test environment and IRM staff must be present. Vendor must remain on-site to address any errors until application is migrated successfully.
- IRM's Base Technology group will perform the production migration, with on-site vendor assistance if requested by IRM and/or IMS.
- Extract/Import file(s) must meet the approval of the IRM Manager of Application Support or designee.
- Vendors must provide resumes of all staff that will be working on the project, including job title and hourly rate. Staff members assigned by vendors are subject to IRM approval.
- Acceptance and approval of deliverable(s) must be signed off by the appropriate DPH program manager, the IMS Manager of Computer and Application Support, and the IRM Manager of Application Support (or designees) before vendor can invoice for payment.
- Vendor employees must sign the DHSS Biggs Data Center User Authorization form that incorporates various DTI and DHSS policies including the State Network Acceptable Use policy and the DHSS email (Policy Memo 3), Client Confidentiality (Policy Memo 5) Internet and (Policy Memo 10) policies.

Financial

- Vendor may NOT begin work until a Purchase Order is received from Procurement.
- A 90-Working-Day Warranty period will start the day the application is accepted and migrated to production. A 10% final holdback will be assessed until the warranty period is completed. Working-Days exclude State holidays and weekends.
- When a contract includes maintenance, the maintenance period will start at the end of the warranty period.
- If contract amendment is needed, allow sufficient time to obtain proper approvals.

Project Control Procedure

1. The appropriate DPH program manager or designee will create a Project Change Request (PCR) and review with the designated IMS Liaison and the IRM Project Leader.
2. The IRM Project Leader will forward the PCR to the designated vendor staff.
3. The vendor will complete the PCR, detailing hours to be expended, the cost of the work and the names of vendor staff who will be allocated. The vendor will return the completed PCR to the IRM Project Leader.
4. IRM will review the completed PCR with the IMS Liaison and the DPH program manager.

5. IRM will notify the vendor to either start work on the PCR or request revisions. If revisions are requested, steps 2 thru 5 will be repeated.
6. Upon completion of deliverables, vendor will submit the following:
 - Source code to the IRM Project Leader
 - Test Case Scenarios on the attached TCS form to the DPH program manager**User Acceptance Testing (UAT) group will use TCS.**
7. Upon satisfactory UAT, the vendor may submit a Deliverable Acceptance Request (DAR) with attached PCR's & TCS's to the DPH program manager.
8. The DPH program manager will sign off on the DAR and forward to the IMS Liaison to obtain the signatures of the IMS Manager of Computer and Application Support and the IRM Manager of Application Support (or designees).
9. Once the vendor receives the DAR signed by IRM, IMS & DPH representatives, an invoice may be submitted to the DPH program manager.
10. The DPH program manager **must** obtain IMS & IRM approval for the invoice before submitting for payment.

NOTE: If during development, the vendor determines a scope change that will impact the amount of hours and/or cost on the deliverable, vendor must stop work and create a PCR to be submitted to the DPH program manager, IMS Liaison & IRM Project Leader via e-mail. Work must not begin on any scope change until DPH, IMS, IRM and the vendor approve the PCR.



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Project Change Request (PCR)

Division Name:	Division of Public Health (DPH)
Project Name:	
Project Phase:	
Project Manager:	
Vendor:	
Vendor Project Manager:	

Request Title:	
Request Number:	PCR 0001
Date Issued:	
Date Required	

Reason for Change:
Description of Change:
Cost & Hours Estimate:
Ramifications:

Approved: <input type="checkbox"/>	Rejected: <input type="checkbox"/>	Pended: <input type="checkbox"/>	Deferred: <input type="checkbox"/>
Reason for Rejection or Deferral:			

DPH Program Name:	Signature:	Date:
IMS Name:	Signature:	Date:
IRM Name:	Signature:	Date:



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Deliverable Acceptance Request (DAR)

Division Name:	Division of Public Health (DPH)
Project Name:	
Project Phase:	
Project Manager:	
Vendor:	
Vendor Project Manager:	

Deliverable Name:	
Delivery Date:	
Expected Date of Response:	
Actual hours worked and Cost incurred:	

Narrative of findings:

Accepted Test Scripts:	Approved: <input type="checkbox"/>	Returned: <input type="checkbox"/>
Acceptor Name:	Acceptor Title:	
Acceptor Signature	Date:	
Acceptor Comments/Direction:		

DPH Program Name:	Signature:	Date:
IMS Name:	Signature:	Date:
IRM Name:	Signature:	Date:



*DELAWARE HEALTH
AND SOCIAL SERVICES*

Test Case Scenarios

Test Case: Project name TC001

Test Date: mm/dd/yyyy

Prepared by: Programmer name

Test prerequisites: Description of any pre-testing requirements

Business Scenario: High level description of test scenario

Scenario 1: List specific steps for the scenario

1. Log on to system
2. etc.
3. etc.

If the test scenario performed accordingly, obtain sign-off from the UAT participant(s).

Scenario 2: List specific steps for the scenario

1. Log on to system
2. etc.
3. etc.

If the test scenario performed correctly, obtain sign-off from the UAT participant(s).

Notes:

List any Screens, Procedures, Reports, etc. that are impacted by the change. This will verify that any change has been tested completely in all sections during UAT.

1. Login module
2. Client Search Screen
3. Etc.