



*Delaware Health  
And Social Services*

---

**DIVISION OF MANAGEMENT SERVICES**

---

PROCUREMENT

DATE: February 15, 2018

HSS 19 019

**ELECTRONIC MEDICAL RECORD (EMR) REPLACEMENT  
FOR  
DIVISION OF PUBLIC HEALTH**

Date Due: March 7, 2019  
11:00AM

ADDENDUM # 1

Please Note:

THE ATTACHED SHEETS HEREBY BECOME A PART OF THE ABOVE  
MENTIONED BID.

Responses to questions received by the deadline of February 6, 2019.

---

Kimberly Jones  
Purchasing Services Administrator  
(302) 255-9291

---

William Ingram  
(302) 744-4706

Q#	Question	Answer
1	<p>What is EMR being replaced?</p> <p>a) Who is the current incumbent for this project?</p> <p>b) How long have they been providing these services?</p> <p>c) What is the reason for the State looking for a replacement?</p> <p>d) Is the state willing to invest in the training of employees to a new EMR since the employees are already trained in the previous system?</p> <p>e) How many records are in the current system that the State is interested in migrating to the new system?</p> <p>f) What is the current database?</p>	<p>a) Core Solutions Cx360</p> <p>b) 8 years</p> <p>c) DPH is looking to improve the clinical process flow and interoperability among Public Health agency programs and believe a new EMR would help best facilitate this.</p> <p>d) Yes</p> <p>e) A conversion effort, if needed, will be handled as a separate project and requirements will be addressed at that point.</p> <p>f) Web based solution using Microsoft .NET technology</p>
2	<p>How many users will be accessing the system?</p> <p>a) Who are all the users for this system?</p> <p>b) What are the user groups expected to access the system?</p>	<p>There are approximately 200 active users.</p> <p>a) Various clinic staff including doctors, nurses and support staff</p> <p>b) Various clinic staff including doctors, nurses and support staff</p>
3	<p>How many are providers (physicians, nurses, PA etc.,)</p>	<p>Approximately 60 users are providers.</p>
4	<p>Do you expect to have patients have access to the system through a customer/patient portal?</p>	<p>It is not a mandatory requirement for patients to have access to the system through a customer/patient portal; however, if the proposed application offers such service, it will be considered.</p>
5	<p>How many locations (facilities) will be accessing the system?</p>	<p>14 clinic/facility locations will be accessing the system</p>
6	<p>How many patients (lives) will be served with this EMR?</p>	<p>Approximately 54,000 clients will be served with this EMR.</p>
7	<p>How many concurrent users will this system have?</p>	<p>Approximately 175 users will access the system simultaneously.</p>
8	<p>Do you expect that patient referrals will be coming from outside EMR systems through CCD format and be automatically entered in to your system?</p>	<p>DPH expects that patient referrals will be coming from outside EMR systems through CCD format or other industry standard technology (such as HL7) to automate documentation that supports an electronic health record.</p>
9	<p>Would you be sending referrals to other EMR systems through CCD format?</p>	<p>DPH expects that referrals would be sent to other EMR systems through CCD format or other industry standard technology (such as HL7).</p>
10	<p>How many clinics will be accessing this EMR?</p>	<p>14 clinic/facility locations will be accessing the system.</p>
11	<p>How many programs will be accessing this EMR?</p>	<p>14 programs will be accessing the EMR.</p>

Q#	Question	Answer
12	Page 8, Item 12, Line 1: What is the fiscal accounting process currently in place?	The current fiscal accounting process uses the billing and account receivables features outlined in Page 8, Item 12, Line a through t.
13	Section B Paragraph 1 Page 4 Text of Passage Being Questioned: "Project Goals" • Do you have an anticipated implementation timeline or deadline?	The implementation date for this project is July 1, 2019.
14	Section B Paragraph 2 Page 4 Text of Passage Being Questioned: "Project Goals" • Is there currently an incumbent that you are using today as your SaaS provider? If so, who is the current incumbent? Are there any extra points given for a minority own business as a SaaS provider?	No, we are not currently using a SaaS provider. No, there are not extra points given for a minority owned business as a SaaS provider.
15	Section C Paragraph 1 Page 4 Text of Passage Being Questioned: "Scope of Service" (These are general questions that are not otherwise addressed in any more specific location but are critical for the accuracy of the proposal). • Number of total users • Number of anticipated concurrent users (actively using the system simultaneously) • Number of Full Time Doctors • Number of Part Time (less than 20 hours/wk) Doctors • Number of "Other" Licensed Providers (PA's NP's) • Is there an existing system that will require any form of migration of data o If so, what is the expectation? i.e. Demographics only, chart attachment, full chart data? • Remote Access o Will clinical staff require access to the solution outside of the facility ☑ If so, Doctors & Admin only or all clinical staff • Hours of operation, do you run a single shift, multiple full shifts or extended hours? • Is this a 24 hour clinic?	Currently there are approximately 200 active users. Of those 200 users, approximately 60 users are providers (Doctors, Nurses, NP's, and PA's). The anticipated number of concurrent users actively using the system simultaneously is approximately 175 users. There is no plan to perform a complete conversion of data from the legacy system to the EMR. JAD session discussions will address a conversion option, but if decided upon, will be handled separately. All clinic staff will require access to the system outside the facility. The clinic hours are 8am-4:30pm EST Monday through Friday. 14 clinic/facility locations will be accessing the system. DPH clinics submit for programs such as Meaningful use. The connectivity expectation is for users to access the system electronically via internet delivery at clinic locations and remotely.

Q#	Question	Answer
	<ul style="list-style-type: none"> <li>• Does this clinic submit for any programs such as Meaningful Use, Patient-Centered Medical Home, Health Homes etc?</li> <li>• How many locations</li> <li>• What is the connectivity expectation?               <ul style="list-style-type: none"> <li>o All locations use internet delivery?</li> <li>o Point to point between sites managed by DHSS?</li> <li>o Site to MPLS network for direct connect?</li> <li>o Other?</li> </ul> </li> </ul>	
16	<p>Section 23 Paragraph 1 Page 9 Text of Passage Being Questioned: “Provide robust vendor training...”</p> <ul style="list-style-type: none"> <li>• Will training be on-site               <ul style="list-style-type: none"> <li>o If so, are adequate resources available to facilitate training</li> </ul> </li> <li>• Can schedules be blocked for “team” training (MA/Clinician pair)</li> <li>• Will there be continued &amp; follow up training for staff               <ul style="list-style-type: none"> <li>o Is there a superuser (MEC Train the Trainer model) or a Vendor expectation</li> <li>o Are there any barriers to online CBT training or live Video training?</li> </ul> </li> </ul>	<p>The expectation is that vendor training will initially be on-site super user/ train the trainer training with the ability to have additional/refresher online training available. We do have adequate resources available to facilitate training on site. Schedules can be blocked for team training.</p>
17	<p>Section 10 Paragraph a Page 7 Text of Passage Being Questioned: “Provide a reports writer tool ...” What is the desired support model? DHSS using the tool to manage their own reporting needs or is DHSS’ model to have the vendor create custom content when needed? If the former, how many users do you anticipate would require access to said tool and if the latter, do you have any feel for how many reports are needed to go-live and any feel for number of custom reports or modifications to existing reports would be done during any particular time period?</p>	<p>The expectation is that the vendor will provide reports that mirror the reports currently used, and the ability for DPH staff to create customized reports over time. Approximately 20 users would require access to the reporting tool. Approximately 20 reports would be needed for go live.</p>
18	<p>Section number I. Overview Paragraph number Paragraph 2 Page number 3 Text of passage being questioned</p>	<p>Yes, this applies to hosting, development and support. See Appendix E Section 3.3.7, Page 90 of the RFP for more information.</p>

Q#	Question	Answer
	<p>“Furthermore, the transmittal letter must attest to the fact, at a minimum, that the Vendor shall not store or transfer non-public State of Delaware data outside of the United States.”</p> <ul style="list-style-type: none"> <li>• Please confirm that this statement applies to hosting, development, and support of State’s solution.</li> </ul>	
19	<p>Section number II. Scope of Services Paragraph number A. Background Pages number 4-10 Text of passage being questioned Not applicable</p> <ul style="list-style-type: none"> <li>• How many locations are included in this procurement?</li> <li>• How many named users?</li> <li>• How many concurrent users?</li> <li>• Please provide the number of and names of each registry the State would like to interface with.</li> <li>• Please share the State’s budget for this project.</li> </ul>	<ul style="list-style-type: none"> <li>• 14 clinic/facility locations</li> <li>• Approximately 200 active users</li> <li>• Approximately 175 concurrent users</li> <li>• Delaware Cancer Registry, Delaware HIV Registry, Delaware Immunization Registry</li> <li>• Approximately \$250,000</li> </ul>
20	<p>Section number II. Scope of Services Paragraph number C. Scope of Services Page number 9 Text of passage being questioned “19. Provide a software solution that allows the user to scan a variety of types of documents into the system and associate them with the appropriate client medical record. a) Interface with Docuware”</p> <ul style="list-style-type: none"> <li>• Is Docuware required or can vendors propose scanning solutions native to the EHR?</li> </ul>	<p>The ability to interface with Docuware is required.</p>
21	<p>Section number II. Scope of Services Paragraph number C. Scope of Services Page number 10 Text of passage being questioned “25. Provide the ability to interface with State a) Health Information Exchange (HIE)”</p> <ul style="list-style-type: none"> <li>• Please provide the name of each State HIE you would like to interface with.</li> </ul>	<p>The name of the State HIE is Delaware Health Information Network (DHIN).</p>

Q#	Question	Answer
22	<p>Section number 3 Contractor Responsibilities/Project Requirements Paragraph number 3.10 Project Expectations, 3.10.6 Production Implementation Page number 95 Text of passage being questioned "3.10.6 Production Implementation Prior to implementation, the Contractor will produce an implementation plan document to be reviewed and approved by DHSS. This document will contain a schedule listing pre through post implementation tasks, start &amp; end dates/times, and responsible parties. The plan must address backup and recovery strategies along with periodic checkpoints to hasten recovery and restarts if needed. The document will list all primary participants along with backups, their email addresses and at least two phone numbers for each. Escalation procedures must be addressed as well. Actual implementation may be scheduled following DHSS approval of this document." • Does the State have a desired implementation timeframe? If so, please provide.</p>	<p>The implementation date for this project is July 1, 2019.</p>
23	<p>Section number 4 Contractor Instructions Paragraph number 4.3.1 Project Cost Information (Section H); Enclosure 4, 4. Project Cost Forms Page number 100-101; 111-112 Text of passage being questioned "4.3.1 Project Cost Information (Section H) Contractor shall provide costs for the project as outlined in Enclosure 4..." • This is for a SaaS solution. Please identify where vendors should put the annual recurring cost for the solution.</p>	<p>The bidders may add an additional line to the Deliverable &amp; Milestone Cost Schedule to indicate the annual recurring cost for the solution.</p>
24	<p>Appendix E 4.2.7 RFP Attachments (Section G) 100 Please place the completed RFP Attachments in this section of the proposal. What attachments belong in this section? Section 4.2.2 required Forms states: This section of the proposal must include the following completed forms: Attachments 2, 3, 4, 5, 10, 11, 12 and Enclosures 3, 4, 5, 6, 7, and 9</p>	<p>It is the Attachments and Enclosures stated in Appendix E, Section 4.2.2, Page 99 of the RFP that are to be included in Section G of your proposal. RFP Attachments 2, 3, 4, 5, 10, 11, 12 and Enclosures 3, 4, 5, 6, 7, and 9</p>
25	<p>General: Are your expectations that the EHR will be ONC Meaningful Use / Promoting Interoperability Certified? This was never specified.</p>	<p>Yes, that is our expectation.</p>

Q#	Question	Answer
	However, some of the requirements and interoperability requested seem to indicate such.	
26	General It is indicated no legacy data will be converted, is the requested solution replacing any legacy systems? Please elaborate.	There is no plan to perform a complete conversion of data from the legacy system to the EMR. JAD session discussions will address a conversion option, but if decided upon, will be handled separately.
27	General What is the number of physical public health clinics in the State of Delaware?	There are 10 physical public health clinics in Delaware and 4 additional facilities that access the EMR (lab, support services, and financial services locations).
28	General What is a number of Prescribers (NPI numbers) providing care within the Public Health Department?	There are approximately 60 active users that are providers (Doctors, Nurses, NP's and PA's).
29	General The number of Clinical users in the clinics and Administrative users?	There are 200 active users.
30	General Are the administrative tasks, i.e. billing, centralized or managed at each clinic?	Administrative tasks are managed at each clinic. Most billing tasks are completed at a centralized location.
31	General The number of expected total visits across all clinics per month?	Approximately 4,500 visits occur per month across all clinics collectively.
32	General A number of orderable laboratory procedures and the number Laboratory procedures across all clinics?	Approximately 7,400 lab orders are ordered annually.
33	General What is the anticipated maximum concurrent user load?	Approximately 175 concurrent users.
34	General Has the State allocated a budget for the project?	Yes, \$250,000.
35	Appendix E Technical Requirements 1.1. Background and Project Goals – Project Goals, Page 79. The primary goal is to procure and implement a Software as a Service (SaaS) to support clinical services and administrative processes within DPH. Project goals – Please confirm the definition of Software as a Service (SaaS) implementation includes a “Private Cloud” hosted deployment? Other comments in the RFP seems to indicate such.	Yes, Software as a Service implementation would include a private cloud hosted deployment.
36	II. Scope of Services C. Scope of Services – 2. d 4 The ability for intake information to be electronically transferred to Birth-to-three (B23) system to eliminate duplicate data entry.	Interface with Birth-to-three system using HL7 messaging. A data dictionary will be provided to the awarded vendor.

Q#	Question	Answer
	The scope of Services - Birth-to-three (B23) system, please describe the type of electronic or data interfaces expected to send data to your Birth-to-three (B23) system. A data dictionary would be helpful for interfaced fields.	
37	II. Scope of Services C. Scope of Services – 10 7 Federal Reporting Is the expectation that the vendor will develop reports to mirror currently used reports or for report writing capabilities that can be used by Delaware Public Health staff to create customized reports (static and dynamic) over time? Can you please provide samples of reports in use today?	Yes, the expectation is that the vendor will provide reports that mirror the reports currently used, and the ability for DPH staff to create customized reports overtime. Examples of reports in use today will be provided to the awarded vendor.
38	II. Scope of Services C. Scope of Services – 25 10 Provide the ability to interface with State a) Health Information Exchange (HIE) b) Registries (such as cancer & HIV) c) Master Client Index (MCI) Can you please provide the scope of data to be exchanged, names of software used that will be interfaced to, and interface specifications/data dictionary?	The expectation is to interface with the Delaware Health Information Network (DHIN), and registries such as the Delaware Immunization Registry (DELVAX a WebIZ product), Delaware Cancer Registry, and Delaware HIV Registry to exchange data such as cancer screenings and immunization records . Interface specifications/data dictionary will be shared with the selected vendor.
39	IV. Professional Services RFP Administrative Information C. RFP Evaluation Process Page 20, Qualifications of vendor a) Proposal demonstrates that the bidder has had previous successful experience in implementing a SaaS EMR in a Public Health organization. Criteria Weight – Qualifications of vendor A) Are any points provided for Public Health experience with on-premises deployment using client hardware rather than the SaaS model?	No, DPH is specifically looking for a web cloud based SaaS solution.
40	Appendix E Technical Requirements Section 3.3.8, Other Technical Considerations Page 90, DHSS prefers those that are web browser based. It is indicated that certain technologies are “preferred” will other technologies be evaluated? Is a Citrix desktop solution acceptable as part of a hosted environment?	No, DPH is specifically looking for a web cloud based SaaS solution.
41	Appendix E Technical Requirements Section 3.10.1 – Site Requirements Page 92, DHSS prefers the use of web browser-based applications and given the option between browser-based applications and other types of applications, will select the browser-based solution. Will ONLY completely browser-based solutions will be evaluated?	DPH is specifically looking for a web cloud based SaaS solution.

Q#	Question	Answer
42	Appendix E Technical Requirements Section 3.10.8.1 Page 95. The contractor will be responsible for the train the trainer training in all aspects of the new system and providing online refresher training modules. Please confirm your desire for Train the Trainer model of training for both System Users and Technical.	The expectation is that vendor training will initially be on-site super user/ train the trainer training with the ability to have additional/refresher online training available.
43	Appendix E Technical Requirements Section 3.10.8.1 Page 95 The contractor will be responsible for the train the trainer training in all aspects of the new system and providing online refresher training modules. Will training take place in a single location for all staff or throughout the State at different clinics?	Training may take place at different locations throughout the state.
44	What system do you currently use for your EHR?	Core Solutions Cx360
45	<p>What are your user counts?</p> <p>How many full-time (&gt;20 hours / week) physicians and mid-levels and part-time (&lt;20 hours / week) physicians and mid-levels you have?</p> <p>How many staff members (other than physicians and mid-levels) do you have?</p> <p>How many concurrent users do you have across all locations on average?</p> <p>How many locations do you have?</p>	Currently there are approximately 200 active users. Of those 200 users, approximately 60 users are providers (Doctors, Nurses, NP's, and PA's). Approximately 175 users access the system simultaneously throughout 14 clinic/facility locations.
46	Do we need to respond to Attachments 7 and 8 at the RFP stage or is that if for the awarded vendor?	No, you do not need to respond to Attachments 7 and 8 at the RFP stage. The use of Attachments 7 and 8 are addressed in the Required Reporting section on Page 38 of this RFP.
47	Primary goal for connecting to the HIE:	Our goal is to have a fully integrated Public Health system that serves our internal stakeholders, other State agencies, as well as external stakeholders. Not all programs and agencies will have a need to, nor intend to, interface with the Delaware Health Information Network (DHIN). Therefore, our goal of interoperability must take into consideration exchange of data with or without an interface with DHIN.
48	<p>Are there any Named Acute Facility(s):</p> <ul style="list-style-type: none"> <li>- Vendor and Version for each Acute Data Source:</li> <li>- Are the above Acute vendor Data Sources hosted or on premise:</li> <li>- Does the organization have an interface engineer in place today:</li> </ul>	There are no acute facilities, and we do not interface with any.

Q#	Question	Answer
	<ul style="list-style-type: none"> <li>- Does the organization currently have any integration projects in place:</li> <li>- Is the organization exchanging CCD/CCDA with any other third-party sources (not including Direct Messaging:</li> </ul>	
49	<p>Named Ambulatory Facility(s):</p> <ul style="list-style-type: none"> <li>- Vendor and Version for each Ambulatory Data Source:</li> <li>- Are the above Ambulatory vendor Data Sources hosted or on premise:</li> <li>- Do they wish to use EHR Agent and if so in which vendor environments? Please provide current client server specifications: (i.e. local install, Citrix environment, Terminal server where desktop is launched etc...)</li> </ul>	There are no ambulatory facilities, and we do not interface with any.
50	<p>Does the organization have any plans to connect to a State or Regional HIE:</p> <ul style="list-style-type: none"> <li>- The OnePartner HIE connection cost includes inbound (to dbMotion) HL7 event notifications. Is this the expectation of this connection:</li> <li>- Will bi-directional XDS.b be needed:</li> <li>- Does the client have a contact from the HIE that we can reach out to during the scoping process?</li> </ul>	Yes, we plan to connect to the Delaware Health Information Network (DHIN). Bi-directional connections would be needed. HL7 connections are acceptable. Contact information will be provided to the awarded vendor at a later time.
51	<p>Solicitation Page 5 - 8 &amp; Page 90 Regarding ... 3. Provide a client case management module that supports the tracking of progress notes, care plans, and free text ability</p> <p>a) Includes functionality to document progress notes and other documents (Word, PDF, and Excel). Please clarify, does the upload of such documents go into the EHR?</p>	DPH is looking for an EMR module that can capture the progress notes, care plans, and free text notes in the system and includes functionality that can store attachments such as Word documents, pdf, excel in the EMR.
52	<p>Regarding Page 5 #4. Provide a laboratory data module that supports the tracking of lab orders and results.</p> <p>b) Must meet requirements set forth by Clinical Laboratory Improvement Amendments (CLIA). Is this related to quality standards for laboratory testing? Please elaborate. We are an EHR and this seems to fall into an LIS.</p>	Yes, this is related to quality standards. The Clinical Laboratory Improvement Amendments (CLIA) regulations include federal standards applicable to all U.S facilities that test human specimens for health assessment.
53	<p>Regarding Page 6 #5. Clinical Decision Support</p> <p>10) Suggestions for possible diagnoses based on patient-specific information retrieved from a patient's EHR. Is requirement related to differential diagnosis? If not, please explain.</p>	Somewhat related to differential diagnosis, Clinical Decision Support tools help providers sift through large amounts of data to suggest next steps for treatments, alert providers to available information they may not have seen, or catch potential problems, such as dangerous medication interactions.

Q#	Question	Answer
54	<p>Regarding Page 7 #10. Federal Reporting</p> <p>d) Entity Relationship Diagram (ERD) table.</p> <p>f) Interoperability to connect to a data-reporting tool (i.e. ACCESS Crystal Reports, SQL reporting tools, etc.). We offer a vendor hosted COTS solution. We only offer connectivity to our BI toolset (Tableau). Is it mandatory to connect to ACCESS Crystal Reports, SQL reporting tools, etc.?</p>	<p>Connections to alternative reporting tools will be considered.</p>
55	<p>Regarding Page 8 #12. Provide a billing module that supports the fiscal accounting process currently in place:</p> <p>o) General Ledger integration. What system(s) would the awarded vendor integrate with?</p>	<p>The awarded vendor would integrate with the Delaware State Fiscal System.</p>
56	<p>Regarding Appendix E Section 3.3.8 Page 90 Other Technical Considerations.</p> <p>DHSS prefers to have a system with a web front-end for a common user interface. Web browser based applications are now considered the only acceptable platform for custom applications development. For proposed COTS (Commercial off the Shelf) solutions, DHSS prefers those that are web browser based and that:</p> <ul style="list-style-type: none"> <li>- Use Microsoft Windows Server as their operating system</li> <li>- Use Microsoft Internet Information Server (IIS) as their web and application server software</li> <li>- Use Microsoft SQL Server for the data store.</li> <li>- Have been developed using Microsoft C#.NET</li> </ul> <p>We offer a vendor hosted COTS solution. Does the Microsoft specification apply to us?</p>	<p>DPH is primarily looking for a web-based SaaS solution.</p>
57	<p>Regarding Appendix E Section 3.3.7 Page 90 Offshore Prohibitions.</p> <p>1) Would an exception be made for a vendor whose development work is offshore, however all other work including product and project management, system modifications, hosting, and technical and customer support is all done in the US? 2) If no exception is granted and if the awarded vendor is found out of compliance for that reason, will the contract be cancelled and sent out for rebid?</p>	<p>1) Section 3.3.7 says, "DHSS will not permit any project work to be performed offshore either by the prime contractor, subsidiary, subcontractor or by any other third party". Therefore, no exception for just development work being done offshore. 2) Should a situation such as that occur, a solution to the situation would be found that is in the best interest of the State.</p>
58	<p>Section II B (page 4) To better understand how we need to "support improvement to the clinical process flow, interoperability among Public Health agency programs, and eliminate the needs for duplicate data</p>	<p>Core Solutions Cx360</p>

Q#	Question	Answer
	entry” can you provide information of which EHR the Health Departments are currently using?	
59	Section IV.B.2.First paragraph (page 12): (To be considered, all proposals must be submitted in writing and respond to the items outlined in this RFP. The State reserves the right to reject any non-responsive or non-conforming proposals. Each proposal must be submitted with 2 paper copies and 6 electronic copies on CD or DVD media disk.) Can we submit electronic copies on USB memory stick rather than CDs?	No, electronic copies of your proposal on USB memory stick can no longer be accepted.
60	Section 4.2 (page 98) “The Proposal shall consist of and be labeled with the following sections:” Can you please clarify if the “Required Forms” Section (section 2) which is to include Attachments 2,3,4,5,10,11, and 12 and Enclosures 3,4,5,6,7, and “RFP Attachments” (section 9) are duplicates since the Attachments and Enclosures are also required in other sections throughout the RFP?.	As long as all of the Attachments and Enclosures stated in Section 4.2 are properly filled out and included in your proposal, they can be included in Section B or Section G of your proposal.
61	Section 4.2.6 (pg. 100) - “Other government projects of a similar scale” - Please define “Scale” by adding total number of individual logins required across all agencies included on the RFP.	DPH currently has approximately 200 active users.
62	Enclosure 4 Deliverable & Milestone Cost Schedule from page 111 - We can break up our upfront implementation and training fees into the format provided; however, our Electronic Health Record solution is a Software as a Service (SaaS) subscription model. How would you like us to show the subscription fees based on the model provided?	See response to question 23 above.
63	Enclosure 8 DAR form page 122 - Can you please confirm if the vendor is required to complete as part of the proposal or if this is for selected vendor?	No, you are not required to complete this form as part of your proposal. This is for the selected vendor.
64	Section 3.5, Page 90, 3.5 Performance <b>Performance</b> Performance of the proposed solution within DHSS and State technical environments is a critical consideration. The present data center environment in terms of infrastructure, hardware, power, etc. needs to be reviewed. The selected contractor will be 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	AWS hosted solutions are acceptable.

Q#	Question	Answer
	accepted. Does the State and DHSS want the proposed solution housed within the State? Our SaaS Solution is currently hosted in AWS. Is this acceptable to the State?	