# Attachment 1

Minimum Qualifications

**RFP 122125 O3**

**Program Integrity Case Management (PICM) System**

If Bidder meets the minimum requirements as outlined in the RFP under Section (V) MINIMUM ESSENTIAL QUALIFICATIONS, EXPERIENCE AND/OR CAPABILITIES, please complete this form and include in the Appendix section of your RFP response. Fill in your company name in the two areas listed below, sign and date.

* 1. **MINIMUM REQUIREMENTS FOR EVALUATION**

**MINIMUM ESSENTIAL QUALIFICATIONS, EXPERIENCE AND/OR CAPABILITIES**

The State of Nebraska, Department of Health and Human Services (DHHS) is seeking a Vendor with the following minimum qualifications and/or capabilities to be deemed responsible and eligible for evaluation. If your company does not meet and/or exceed all essential qualifications, experience, and/or capabilities as listed herein, your company is advised to not proceed with preparing and submitting an RFP response to this solicitation.

Confirmation that your company has read, understands, and meets the minimum essential qualifications, experience, and/or capabilities is to be included in your proposal submission – see **Attachment 1 - Minimum Qualifications**. Complete the form and include in a PDF copy in the proper area of the RFP solicitation response as requested in the submission instructions outlined in Section [VI or VII]. Failure to include a signed **Attachment 1 - Minimum Qualifications** in your proposal submission shall result in the proposal being deemed as a “Non-Responsive Solicitation Response” and disqualification from consideration. Meeting the minimum essential qualifications, experience and/or capabilities is a required element to be deemed responsible and eligible for evaluation. Minimum essential qualifications are:

1. Bidder has the capability to perform all functions of PICM / FADS components as outlined herein this RFP and any related attachments.
2. Bidder must have current implemented contract for providing PICM / FADS services to a State Medicaid agency. This must be supported by demonstrating an active contract with another State Medicaid agency for the PICM / FADS solution.
3. Bidder must provide references for the contract referenced in #2, directly above.

I have read and understand the MINIMUM ESSENTIAL QUALIFICATIONS, EXPERIENCE AND/OR CAPABILITIES requirements as indicated in Section V. of the RFP, which reads:

I declare that [Company Name] meets all said requirements in the capacity of the company and not through the experience of our sub-contractors or staffs’ experience acquired through previous employment at other companies.

Further, our company understands and agrees that this form does not represent or replace any other submissions requested under RFP section (VII)(A)(1)(h) through (j) for CORPORATE EXPERIENCE, PROPOSED PERSONNEL/ MANAGEMENT APPROACH, AND SUBCONTRACTORS for the evaluation. The sole purpose of this form is to declare our company meets the minimum requirements for acting in the capacity of the responsible party and to ascertain our company, regardless of sub-contractors and former experience of employees, is eligible for consideration in this RFP process.

I am an authorized signer to make this proclamation.

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Authorized Company Representative Signature

Printed Name

Title