Response to RFP 5948 Z1 – Aging Information System Software Solution

opening date: December 3, 2018

Original

Submitted to:

Nebraska State Purchasing Bureau
Attn: Nancy Storant / Annette Walton
1526 K Street, Suite 130
Lincoln, NE 68508

Submitted by:

Michael Zawadski, President
RTZ Associates, Inc.
dba / RTZ Systems
3736 Mt. Diablo Blvd., Suite 301
Lafayette, CA 94549
510.986.6700 ext. 101
mike@rtzsystems.com

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RTZ systems

Transmittal Letter

November 28, 2018

Nebraska State Purchasing Bureau
Attn: Nancy Storant / Annette Walton
1526 K Street, Suite 130
Lincoln, NE 68508

Subject: response to RFP 5948 Z1

Dear Review Committee:

As company president, I hereby acknowledge and agree to all RFP requirements – including those put forth in Addenda 1 & 2 – and hereby certify the content of this proposal.

I am excited to submit this RFP response on behalf of RTZ Associates, Inc. (also doing business as RTZ Systems). We offer an off-the-shelf, operationally-proven system that substantively meets/exceeds the functional and technical requirements specified in the RFP, making us highly qualified to respond to this RFP and uniquely positioned to implement a statewide data collection / reporting system for DHHS.

The RFP notes that two AAAs independently procured "SAMS" – a software product originally developed by a small company called Synergy that was acquired by a larger company called Harmony that was acquired by an even larger company called Mediware (which is now in the process of rebranding itself as "WellSky").

Our company – RTZ Systems – and Mediware share the vast majority of SUA/AAA information system experience. But unlike Mediware we are not a diffuse company selling dozens of different products, we are focused exclusively on designing, developing, and supporting cloud-based software for community-based long-term care programs – including case management, I&R, Ombudsman, and NAPIS. And unlike Mediware we are not beholden to a parent company or a private equity firm, we are beholden to our clients. And DHHS would not be just another client – DHHS would be an extremely important client that would receive the full attention of our company and unfettered access to executive staff.

In fact, we are the only vendor that can offer DHHS a single integrated solution. Our competitors claim to offer a "suite" of software products, but really offer a collection of discrete applications (most developed by acquired or contracted third-party companies) that were never designed to work together. GetCare, on the other hand, is a single integrated system built on one codebase by one programming team.

Not surprisingly, during the past several years, the states with AAAs using a patchwork of legacy Mediware products that have released competitive RFPs have overwhelmingly selected GetCare at the state level; we hope that DHHS likewise sees the advantages of procuring a next-generation, integrated solution and working with a vendor that is committed to delivering a system that meets the State's needs.

I would welcome the opportunity to give stakeholders a firsthand tour of GetCare and demonstrate the many unique benefits it can offer the State of Nebraska. I appreciate your consideration of our GetCare system and the opportunity to earn your business.

Sincerely,

Michael Zawadski, President
mike@rtzsystems.com
510.986.6700 ext. 101

Bidder contact form

Form A
Bidder Contact Sheet
Request for Proposal Number 5948 Z1

Form A should be completed and submitted with each response to this RFP. This is intended to provide the State with information on the bidder's name and address, and the specific person(s) who are responsible for preparation of the bidder's response.

Preparation of Response Contact Information	
Bidder Name:	**RTZ Associates, Inc.**
Bidder Address:	**3736 Mt. Diablo Blvd., Suite 200** **Lafayette, CA 94549**
Contact Person & Title:	**Michael Zawadski, President**
E-mail Address:	**mike@rtzsystems.com**
Telephone Number (Office):	**510.986.6700**
Telephone Number (Cellular):	
Fax Number:	**510.986.6707**

Each bidder should also designate a specific contact person who will be responsible for responding to the State if any clarifications of the bidder's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Bidder Name:	**RTZ Associates, Inc.**
Bidder Address:	**3736 Mt. Diablo Blvd., Suite 200** **Lafayette, CA 94549**
Contact Person & Title:	**Michael Zawadski, President**
E-mail Address:	**mike@rtzsystems.com**
Telephone Number (Office):	**510.986.6700**
Telephone Number (Cellular):	
Fax Number:	**510.986.6707**

Signed RFP form

REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

BIDDER MUST COMPLETE THE FOLLOWING

By signing this Request for Proposal for Contractual Services form, the bidder guarantees compliance with the procedures stated in this Request for Proposal, and agrees to the terms and conditions unless otherwise indicated in writing and certifies that bidder maintains a drug free work place.

Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

_____ NEBRASKA CONTRACTOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Contractor. "Nebraska Contractor" shall mean any bidder who has maintainad a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this RFP.

_____I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

_____ I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. §71-8611 and wish to have preference considered in the award of this contract.

FORM MUST BE SIGNED USING AN INDELIBLE METHOD (NOT ELECTRONICALLY)

FIRM:	**RTZ Associates, Inc.**
COMPLETE ADDRESS:	**3736 Mt. Diablo Blvd., Suite 200 / Lafayette, CA 94549**
TELEPHONE NUMBER:	**510.986.6700**
FAX NUMBER:	**510.986.6707**
DATE:	**November 28, 2018**
SIGNATURE:	
TYPED NAME & TITLE OF SIGNER:	**Michael Zawadski, President**

Contract Requirements (Sections II through IV of RFP)

Introduction

We often see other vendors trying to force their own contractual language onto states. This can result in protracted (and sometimes unsuccessful) negotiations, putting a drain on state resources and putting project timelines at risk. (And even if parties do successfully negotiate an agreement, having layers of competing terms – even with a defined order of precedence – can result in parties have differing expectations regarding project performance.)

We have no material exceptions to the RFP requirements or the terms and conditions put forth therein (and reproduced below). Accordingly, we have not proposed alternative or supplemental terms and, should DHHS select RTZ as the preferred bidder, we look forward to working with the State to get a contract executed and the project started as soon as practical.

I. TERMS AND CONDITIONS

Bidders should complete Sections II through VII as part of their proposal. Bidder is expected to read the Terms and Conditions and should initial either accept, reject, or reject and provide alternative language for each clause. The bidder should also provide an explanation of why the bidder rejected the clause or rejected the clause and provided alternate language. By signing the RFP, bidder is agreeing to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the proposal. The State reserves the right to negotiate rejectad or proposed alternative language. If the State and bidder fail to agree on the final Terms and Conditions, the State reserves the right to reject the proposal. The State of Nebraska is soliciting proposals in response to this RFP. The State of Nebraska reserves the right to reject proposals that attempt to substitute the biddar's commercial contracts and/or documents for this RFP.

The bidders should submit with their proposal any license, user agreement, service level agreement, or similar documents that the bidder wants incorporated in the Contract. The State will not consider incorporation of any document not submitted with the bidder's proposal as the document will not have been included in the evaluation process. These documents shall be subject to negotiation and will be incorporated as addendums if agreed to by the Parties.

If a conflict or ambiguity arises after the Addendum to Contract Award have been negotiated and agreed to, the Addendum to Contract Award shall be interpreted as follows:

1. If only one Party has a particular clause then that clause shall control;
2. If both Parties have a similar clause, but the clauses do not conflict, the clauses shall be read together;
3. If both Parties have a similar clause, but the clauses conflict, the State's clause shall control.

B. **GENERAL**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (initial)	NOTES/COMMENTS:
MJ			

The contract resulting from this RFP shall incorporate the following documents:

1. Request for Proposal and Addenda;
2. Amendments to the RFP;
3. Questions and Answers;
4. Contractor's proposal (RFP and properly submitted documents);
5. The executed Contract and Addendum One to Contract, if applicable; and,
6. Amendments/Addendums to the Contract.

These documents constitute the entirety of the contract.

Unless otherwise specifically stated in a future contract amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) Amendment to the executed Contract with the most recent dated amendment having the highest priority, 2) executed Contract and any attached Addenda, 3) Amendments to RFP and any Questions and Answers, 4) the original RFP document and any Addenda, and 5) the Contractor's submitted Proposal.

Any ambiguity or conflict in the contract discovered after its execution, not otherwise addressed herein, shall be resolved in accordance with the rules of contract interpretation as established in the State of Nebraska.

C. **NOTIFICATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
mj			

Contractor and State shall identify the contract manager who shall serve as the point of contact for the executed contract.

Communications regarding the executed contract shall be in writing and shall be deemed to have been given if delivered personally or mailed, by U.S. Mail, postage prepaid, return receipt requested, to the parties at their respective addresses set forth below, or at such other eddresses as may be specified in writing by either of the parties. All notices, requests, or communications shall be deemed effective upon personal delivery or three (3) calender days following deposit in the mail.

Vendor Contract Manager: Michael Zawadski (Project Executive) | mike@rtzsystems.com | 510.986.6700 ext. 101
Vendor: RTZ Associates, Inc. (dba/ RTZ Systems)
Vendor Street Address: 3736 Mt. Diablo Blvd., Suite 200
Vendor City, State, Zip: Lafayette, CA 94549

D. **GOVERNING LAW (Statutory)**

Notwithstanding any other provision of this contract, or any amendment or addendum(s) entered into contemporaneously or at a later time, the parties understand and agree that, (1) the State of Nebraska is a sovereign state and its authority to contract is therefore subject to limitation by the State's Constitution, statutes, common law, and regulation; (2) this contract will be interpreted and enforced under the laws of the State of Nebraska; (3) any action to enforce the provisions of this agreement must be brought in the State of Nebraska per state law; (4) the person signing this contract on behalf of the State of Nebraske does not have the authority to waive the State's sovereign immunity, statutes, common law, or regulations; (5) the indemnity, limitation of liability, remedy, and other similar provisions of the final contract, if any, are

entered into subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity; and, (6) all terms and conditions of the final contract, including but not limited to the clauses concerning third party use, licenses, warranties, limitations of liability, governing law and venue, usage verification, indemnity, liability, remedy or other similar provisions of the final contract are entered into specifically subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity.

The Parties must comply with all applicable local, state and federal laws, ordinances, rules, orders, and regulations.

E. BEGINNING OF WORK

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
mj			

The bidder shall not commence any billable work until a valid contract has been fully executed by the State and the successful Contractor. The Contractor will be notified in writing when work may begin.

F. CHANGE ORDERS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
mj			

The State and the Contractor, upon the written agreement, may make changes to the contract within the general scope of the RFP. Changes may involve specifications, the quantity of work, or such other items as the State may find necessary or desirable. Corrections of any deliverable, service, or work required pursuant to the contract shall not be deemed a change. The Contractor may not claim forfeiture of the contract by reasons of such changes.

For all changes, the Contractor shall follow the Change Control Plan set forth in Section V.1.d.v. Any in-scope changes will require a written change order that will generate an Amendment to the contract. Changes in work and the amount of compensation to be paid to the Contractor shall be determined in accordance with applicable unit prices if any, a pro-rated value, or through negotiations. The State shall not incur a price increase for changes that should have been included in the Contractor's proposal, were foreseeable, or result from difficulties with or failure of the Contractor's proposal or performance.

No change shall be implemented by the Contractor until approved by the State, and the Contract is amended to reflect the change and associated costs, if any. If there is a dispute regarding the cost, but both parties agree that immediate implementation is necessary, the change may be implemented, and cost negotiations may continue with both Parties retaining all remedies under the contract and law.

G. NOTICE OF POTENTIAL CONTRACTOR BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MJ			

If Contractor breaches the contract or anticipates breaching the contract, the Contractor shall immediately give written notice to the State. The notice shall explain the breach or potential breach, a proposed cure, and may include a request for a waiver of the breach if so desired. The State may, in its discretion, temporarily or permanently waive the breach. By granting a waiver, the State does not forfeit any rights or remedies to which the State is entitled by law or equity, or pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

H. BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MJ			

Either Party may terminate the contract, in whole or in part, if the other Party breaches its duty to perform its obligations under the contract in a timely and proper manner. Termination requires written notice of default and a thirty (30) calendar day (or longer at the non-breaching Party's discretion considering the gravity and nature of the default) cure period. Said notice shall be delivered by Certified Mail, Return Receipt Requested, or in person with proof of delivery. Allowing time to cure a failure or breach of contract does not waive the right to immediately terminate the contract for the same or different contract breach which may occur at a different time. In case of default of the Contractor, the State may contract the service from other sources and hold the Contractor responsible for any excess cost occasioned thereby. The State's failure to make payment shall not be a breach, and the Contractor shall retain all available statutory remedies and protections.

I. NON-WAIVER OF BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MJ			

The acceptance of late performance with or without objection or reservation by a Party shall not waive any rights of the Party nor constitute a waiver of the requirement of timely performance of any obligations remaining to be performed.

J. **SEVERABILITY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
mj			

If any term or condition of the contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the contract did not contain the provision held to be invalid or illegal.

K. **INDEMNIFICATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
mj			

1. **GENERAL**
The Contractor agrees to defend, indemnify, and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials ("the indemnified parties") from and against any and all third party claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses ("the claims"), sustained or asserted against the State for personal injury, death, or property loss or damage, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Contractor, its employees, Subcontractors, consultants, representatives, and agents, resulting from this contract, except to the extent such Contractor liability is attenuated by any action of the State which directly and proximately contributed to the claims.

2. **INTELLECTUAL PROPERTY**
The Contractor agrees it will, at its sole cost and expense, defend, indemnify, and hold harmless the indemnified parties from and against any and all claims, to the extent such claims arise out of, result from, or are attributable to, the actual or alleged infringement or misappropriation of any patent, copyright, trade secret, trademark, or confidential information of any third party by the Contractor or its employees, Subcontractors, consultants, representatives, and agents; provided, however, the State gives the Contractor prompt notice in writing of the claim. The Contractor may not settle any infringement claim that will affect the State's use of the Licensed Software without the State's prior written consent, which consent may be withheld for any reason.

If a judgment or settlement is obtained or reasonably anticipated against the State's use of any intellectual property for which the Contractor has indemnified the State, the Contractor shall, at the Contractor's sole cost and expense, promptly modify the item or items which were determined to be infringing, acquire a license or licenses on the State's behalf to provide the necessary rights to the State to eliminate the infringement, or provide the State with a non-infringing substitute that provides the State the same functionality. At the State's election, the actual or anticipated judgment may be treated as a breach of warranty by the Contractor, and the State may receive the remedies provided under this RFP.

3. **PERSONNEL**
The Contractor shall, at its expense, indemnify and hold harmless the indemnified parties from and against any claim with respect to withholding taxes, worker's compensation, employee benefits, or any other claim, demand, liability, damage, or loss of any nature relating to any of the personnel, including subcontractor's and their employees, provided by the Contractor.

4. **SELF-INSURANCE**
The State of Nebraska is self-insured for any loss and purchases excess insurance coverage pursuant to Neb. Rev. Stat. § 81-8,239.01 (Reissue 2008). If there is a presumed loss under the provisions of this agreement, Contractor may file a claim with the Office of Risk Management pursuant to Neb. Rev. Stat. §§ 81-8,829 – 81-8,306 for review by the State Claims Board. The State retains all rights and immunities under the State Miscellaneous (Section 81-8,294), Tort (Section 81-8,209), and Contract Claim Acts (Section 81-8,302), as outlined in Neb. Rev. Stat. § 81-8,209 et seq. and under any other provisions of law and accepts liability under this agreement to the extent provided by law.

5. The Parties acknowledge that Attorney General for the State of Nebraska is required by statute to represent the legal interests of the State, and that any provision of this indemnity clause is subject to the statutory authority of the Attorney General.

L. **ATTORNEY'S FEES**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MJ			

In the event of any litigation, appeal, or other legal action to enforce any provision of the contract, the Parties agree to pay all expenses of such action, as permitted by law and if order by the court, including attorney's fees and costs, if the other Party prevails.

M. **ASSIGNMENT, SALE, OR MERGER**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MJ			

Either Party may assign the contract upon mutual written agreement of the other Party. Such agreement shall not be unreasonably withheld.

The Contractor retains the right to enter into a sale, merger, acquisition, internal reorganization, or similar transaction involving Contractor's business. Contractor agrees to cooperate with the State in executing amendments to the contract to allow for the transaction. If a third party or entity is involved in the transaction, the Contractor will remain responsible for performance of the contract until such time as the person or entity involved in the transaction agrees in writing to be contractually bound by this contract and perform all obligations of the contract.

N. CONTRACTING WITH OTHER NEBRASKA POLITICAL SUB-DIVISIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MJ			

The Contractor may, but shall not be required to, allow agencies, as defined in Neb. Rev. Stat. §81-145, to use this contract. The terms and conditions, including price, of the contract may not be amended. The Stata shall not be contractually obligated or liable for any contract entered into pursuant to this clause. A listing of Nebraska political subdivisions may be found at the website of the Nebraska Auditor of Public Accounts.

O. FORCE MAJEURE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MJ			

Neither Party shall be liable for any costs or damages, or for default resulting from its inability to perform any of its obligations under the contract due to a natural or manmade event outside the control and not the fault of the affected Party ("Force Majeure Event"). The Party so affected shall immediately make a written request for relief to the other Party, and shall have the burden of proof to justify the request. The other Party may grant the relief requested; relief may not be unreasonably withheld. Labor disputes with the impacted Party's own employees will not be considered a Force Majeure Event.

P. CONFIDENTIALITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MJ			

All materials and information provided by the Parties or acquired by a Party on behalf of the other Party shall be regarded as confidential information. All materials and information provided or acquired shall be handled in accordance with federal and state law, and ethical standards. Should said confidentiality be breached by a Party, the Party shall notify the other Party immediately of said breach and take immediate corrective action.

It is incumbent upon the Parties to inform their officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a (i)(1), which is made applicable by 5 U.S.C. 552a (m)(1), provides that any officer or employee, who by virtue of his/her employment or official position has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than $5,000.

Q. **OFFICE OF PUBLIC COUNSEL (Statutory)**
If it provides, under the terms of this contract and on behalf of the State of Nebraska, health and human services to individuals; service delivery; service coordination; or case management, Contractor shall submit to the jurisdiction of the Office of Public Counsel, pursuant to Neb. Rev. Stat. §§ 81-8,240 et seq. This section shall survive the termination of this contract.

R. **LONG-TERM CARE OMBUDSMAN (Statutory)**
Contractor must comply with the Long-Term Care Ombudsman Act, Neb. Rev. Stat. §§ 81-2237 et seq. This section shall survive the termination of this contract.

S. **EARLY TERMINATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

The contract may be terminated as follows:

1. The State and the Contractor, by mutual written agreement, may terminate the contract at any time.
2. The State, in its sole discretion, may terminate the contract for any reason upon thirty (30) calendar day's written notice to the Contractor. Such termination shall not relieve the Contractor of warranty or other service obligations incurred under the terms of the contract. In the event of termination the Contractor shall be entitled to payment, determined on a pro rata basis, for products or services satisfactorily performed or provided.
3. The State may terminate the contract immediately for the following reasons:

    a. if directed to do so by statute;
    b. Contractor has made an assignment for the benefit of creditors, has admitted in writing its inability to pay debts as they mature, or has ceased operating in the normal course of business;
    c. a trustee or receiver of the Contractor or of any substantial part of the Contractor's assets has been appointed by a court;
    d. fraud, misappropriation, embezzlement, malfeasance, misfeasance, or illegal conduct pertaining to performance under the contract by its Contractor, its employees, officers, directors, or shareholders;
    e. an involuntary proceeding has been commenced by any Party against the Contractor under any one of the chapters of Title 11 of the United States Code and (i) the proceeding has been pending for at least sixty (60) calendar days; or (ii) the Contractor has consented, either expressly or by operation of law, to the entry of an order for relief; or (iii) the Contractor has been decreed or adjudged a debtor;
    f. a voluntary petition has been filed by the Contractor under any of the chapters of Title 11 of the United States Code;
    g. Contractor intentionally discloses confidential information;
    h. Contractor has or announces it will discontinue support of the deliverable; and,
    i. In the event funding is no longer available.

T. CONTRACT CLOSEOUT

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
my			

Upon contract closeout for any reason the Contractor shall within 30 days, unless stated otherwise herein:

1. Transfer all completed or partially completed deliverables to the State;
2. Transfer ownership and title to all completed or partially completed deliverables to the State;
3. Return to the State all information and data, unless the Contractor is permitted to keep the information or data by contract or rule of law. Contractor may retain one copy of any information or data as required to comply with applicable work product documentation standards or as are automatically retained in the course of Contractor's routine back up procedures;
4. Cooperate with any successor Contactor, person or entity in the assumption of any or all of the obligations of this contract;
5. Cooperate with any successor Contactor, person or entity with the transfer of information or data related to this contract;
6. Return or vacate any state owned real or personal property; and,
7. Return all data in a mutually acceptable format and manner.

Nothing in this Section should be construed to require the Contractor to surrender intellectual property, real or personal property, or information or data owned by the Contractor for which the State has no legal claim.

II. CONTRACTOR DUTIES

A. INDEPENDENT CONTRACTOR / OBLIGATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
my			

It is agreed that the Contractor is an independent contractor and that nothing contained herein is intended or should be construed as creating or establishing a relationship of employment, agency, or a partnership.

The Contractor is solely responsible for fulfilling the contract. The Contractor or the Contractor's representative shall be the sole point of contact regarding all contractual matters.

The Contractor shall secure, at its own expense, all personnel required to perform the services under the contract. The personnel the Contractor uses to fulfill the contract shall have no contractual or other legal relationship with the State; they shall not be considered employees of the State and shall not be entitled to any compensation, rights or benefits from the State, including but not limited to, tenure rights, medical and hospital care, sick and vacation leave, severance pay, or retirement benefits.

By-name personnel commitments made in the Contractor's proposal shall not be changed without the prior written approval of the State. Replacement of these personnel, if approved by the State, shall be with personnel of equal or greater ability and qualifications.

All personnel assigned by the Contractor to the contract shall be employees of the Contractor or a subcontractor, and shall be fully qualified to perform the work required herein. Personnel employed by the Contractor or a subcontractor to fulfill the terms of the contract shall remain under the sole direction and control of the Contractor or the subcontractor respectively.

With respect to its employees, the Contractor agrees to be solely responsible for the following:

1. Any and all pay, benefits, and employment taxes and/or other payroll withholding;
2. Any and all vehicles used by the Contractor's employees, including all insurance required by state law;
3. Damages incurred by Contractor's employees within the scope of their duties under the contract;
4. Maintaining Workers' Compensation and health insurance that complies with state and federal law and submitting any reports on such insurance to the extent required by governing law; and
5. Determining the hours to be worked and the duties to be performed by the Contractor's employees.
6. All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination alleged against the Contractor, its officers, agents, or subcontractors or subcontractor's employees)

If the Contractor intends to utilize any subcontractor, the subcontractor's level of effort, tasks, and time allocation should be clearly defined in the bidder's proposal. The Contractor shall agree that it will not utilize any subcontractors not specifically included in its proposal in the performance of the contract without the prior written authorization of the State.

The State reserves the right to require the Contractor to reassign or remove from the project any Contractor or subcontractor employee.

Contractor shall insure that the terms and conditions contained in any contract with a subcontractor does not conflict with the terms and conditions of this contract.

The Contractor shall include a similar provision, for the protection of the State, in the contract with any Subcontractor engaged to perform work on this contract.

B. EMPLOYEE WORK ELIGIBILITY STATUS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MJ			

The Contractor is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of an employee.

If the Contractor is an individual or sole proprietorship, the following applies:

1. The Contractor must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at http://das.nebraska.gov/materiel/purchasing.html

The completed United States Attestation Form should be submitted with the RFP response.

2. If the Contractor indicates on such attestation form that he or she is a qualified alien, the Contractor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Contractor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.

3. The Contractor understands and agrees that lawful presence in the United States is required and the Contractor may be disqualified or the contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. §4-108.

C. **COMPLIANCE WITH CIVIL RIGHTS LAWS AND EQUAL OPPORTUNITY EMPLOYMENT / NONDISCRIMINATION (Statutory)**

The Contractor shall comply with all applicable local, state, and federal statutes and regulations regarding civil rights laws and equal opportunity employment. The Nebraska Fair Employment Practice Act prohibits Contractors of the State of Nebraska, and their Subcontractors, from discriminating against any employee or applicant for employment, with respect to hire, tenure, terms, conditions, compensation, or privileges of employment because of race, color, religion, sex, disability, marital status, or national origin (Neb. Rev. Stat. §48-1101 to 48-1125). The Contractor guarantees compliance with the Nebraska Fair Employment Practice Act, and breach of this provision shall be regarded as a material breach of contract. The Contractor shall insert a similar provision in all Subcontracts for services to be covered by any contract resulting from this RFP.

D. **COOPERATION WITH OTHER CONTRACTORS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MJ			

Contractor may be required to work with or in close proximity to other contractors or individuals that may be working on same or different projects. The Contractor shall agree to cooperate with such other contractors or individuals, and shall not commit or permit any act which may interfere with the performance of work by any other contractor or individual. Contractor is not required to compromise Contractor's intellectual property or proprietary information unless expressly required to do so by this contract.

E. **PERMITS, REGULATIONS, LAWS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MJ			

The contract price shall include the cost of all royalties, licenses, permits, and approvals, whether arising from patents, trademarks, copyrights or otherwise, that are in any way involved in the contract. The Contractor shall obtain and pay for all royalties, licenses, and permits, and approvals necessary for the execution of the contract. The Contractor must guarantee that it has the full legal right to the materials, supplies, equipment, software, and other items usad to execute this contract.

F. OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
mj			

The State shall have the unlimited right to publish, duplicate, use, and disclose all information and data developed or obtained by the Contractor on behalf of the State pursuant to this contract.

The State shall own and hold exclusive title to any deliverable developed as a result of this contract. Contractor shall have no ownership interest or title, and shall not patent, license, or copyright, duplicate, transfer, sell, or exchange, the design, specifications, concept, or deliverable.

G. INSURANCE REQUIREMENTS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
mj			Note "4" (at the end of this section) clarifies that the insurance requirements put forth herein are subject to limited negotiation. While our standard policy generally aligns with these requirements, there are some items we would like to discuss with DHHS. Most notably, we have never had a state (or any client) require more than $5M in Cyber Liability coverage; upping this to $10M for DHHS would increase project costs.

The Contractor shall throughout the term of the contract maintain insurance as specified herein and provide the State a current Certificate of Insurance/Acord Form (COI) verifying the coverage. The Contractor shall not commence work on the contract until the insurance is in place. If Contractor subcontracts any portion of the Contract the Contractor must, throughout the term of the contract, either:

1. Provide equivalent insurance for each subcontractor and provide a COI verifying the coverage for the subcontractor;
2. Require each subcontractor to have equivalent insurance and provide written notice to the State that the Contractor has verified that each subcontractor has the required coverage; or,
3. Provide the State with copies of each subcontractor's Certificate of Insurance evidencing the required coverage.

The Contractor shall not allow any Subcontractor to commence work until the Subcontractor has equivalent insurance. The failure of the State to require a COI, or the failure of the Contractor to provide a COI or require subcontractor insurance shall not limit, relieve, or decrease the liability of the Contractor hereunder.

In the event that any policy written on a claims-made basis terminates or is canceled during the term of the contract or within five (5) years of termination or expiration of the contract, the contractor shall obtain an extended discovery or reporting period, or a new insurance policy, providing coverage required by this contract for the term of the contract and five (5) years following termination or expiration of the contract.

If by the terms of any insurance a mandatory deductible is required, or if the Contractor elects to increase the mandatory deductible amount, the Contractor shall be responsible for payment of the amount of the deductibla in the event of a paid claim.

Notwithstanding any other clause in this Contract, the State may recover up to the liability limits of the insurance policies required herein.

1. **WORKERS' COMPENSATION INSURANCE**
The Contractor shall take out and maintain during the life of this contract the statutory Workers' Compensation and Employer's Liability Insurance for all of the contactors' employees to be engaged in work on the project under this contract and, in case any such work is sublet, the Contractor shall require the Subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the Subcontractor's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. **The policy shall include a waiver of subrogation in favor of the State. The COI shall contain the mandatory COI subrogation waiver language found hereinafter**. The amounts of such insurance shall not be less than the limits stated hereinafter. For employees working in the State of Nebraska, the policy must be written by an entity authorized by the State of Nebraska Department of Insurance to write Workers' Compensation and Employer's Liability Insurance for Nebraska employees.

2. **COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE**
The Contractor shall take out and maintain during the life of this contract such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect Contractor and any Subcontractor performing work covered by this contract from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this contract, whether such operation be by the Contractor or by any Subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

   The Commercial General Liability Insurance shall be written on an **occurrence basis**, and provide Premises/Operations, Products/Completed Operations, Independent Contractors, Personal Injury, and Contractual Liability coverage. **The policy shall include the State, and others as required by the contract documents, as Additional Insured(s). This policy shall be primary, and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory. The COI shall contain the mandatory COI liability waiver language found hereinafter.** The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned, and Hired vehicles.

REQUIRED INSURANCE COVERAGE	
COMMERCIAL GENERAL LIABILITY	
General Aggregate	$2,000,000
Products/Completed Operations Aggregate	$2,000,000
Personal/Advertising Injury	$1,000,000 per occurrence
Bodily Injury/Property Damage	$1,000,000 per occurrence
Medical Payments	$10,000 any one person
Damage to Rented Premises (Fire)	$300,000 each occurrence
Contractual	Included
Independent Contractors	Included
If higher limits are required, the Umbrella/Excess Liability limits are allowed to satisfy the higher limit.	
WORKER'S COMPENSATION	
Employers Liability Limits	$500K/$500K/$500K
Statutory Limits- All States	Statutory - State of Nebraska
Voluntary Compensation	Statutory
COMMERCIAL AUTOMOBILE LIABILITY	
Bodily Injury/Property Damage	$1,000,000 combined single limit
Include All Owned, Hired & Non-Owned Automobile liability	Included
Motor Carrier Act Endorsement	Where Applicable
UMBRELLA/EXCESS LIABILITY	
Over Primary Insurance	$5,000,000 per occurrence
PROFESSIONAL LIABILITY	
All Other Professional Liability (Errors & Omissions)	$1,000,000 Per Claim / Aggregate
COMMERCIAL CRIME	
Crime/Employee Dishonesty Including 3rd Party Fidelity	$1,000,000
CYBER LIABILITY	
Breach of Privacy, Security Breach, Denial of Service, Remediation, Fines and Penalties	$10,000,000
MANDATORY COI SUBROGATION WAIVER LANGUAGE	
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."	
MANDATORY COI LIABILITY WAIVER LANGUAGE	
"Commercial General Liability & Commercial Automobile Liability policies shall name the State of Nebraska as an Additional Insured and the policies shall be primary and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory as additionally insured."	

If the mandatory COI subrogation waiver language or mandatory COI liability waiver language on the COI states that the waiver is subject to, condition upon, or otherwise limit by the insurance policy, a copy of the relevant sections of the policy must be submitted with the COI so the State can review tha limitations imposed by the insurance policy.

3. **EVIDENCE OF COVERAGE**
The Contractor shall furnish the Contract Manager, with a certificate of insurance coverage complying with the above requirements prior to beginning work at:

Department of Health and Human Services
State Unit on Aging
Medicaid and Long Term Care
Attn: Contract Manager
PO Box 95026
Lincoln, NE 68509

These certificates or the cover sheet shall reference the RFP number, and the certificates shall include the name of the company, policy numbers, effective dates, dates of expiration, and amounts and types of coverage afforded. If the State is damaged by the failure of the Contractor to maintain such insurance, then the Contractor shall be responsible for all reasonable costs properly attributable thereto.

Reasonable notice of cancellation of any required insurance policy must be submitted to the contract manager as listed above when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

4. **DEVIATIONS**
The insurance requirements are subject to limited negotiation. Negotiation typically includes, but is not necessarily limited to, the correct type of coverage, necessity for Workers' Compensation, and the type of automobile coverage carried by the Contractor.

H. **ANTITRUST**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MJ			

The Contractor hereby assigns to the State any and all claims for overcharges as to goods and/or services provided in connection with this contract resulting from antitrust violations which arise under antitrust laws of the United States and the antitrust laws of the State.

I. **CONFLICT OF INTEREST**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MJ			

By submitting a proposal, bidder certifies that there does not now exist a relationship between the bidder and any person or entity which is or gives the appearance of a conflict of interest related to this RFP or project.

The bidder certifies that it shall not take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its services hereunder or which creates an actual or an appearance of conflict of interest.

The bidder certifies that it will not knowingly employ any individual known by bidder to have a conflict of interest.

The Parties shall not knowingly, for a period of two years after execution of the contract, recruit or employ any employee or agent of the other Party who has worked on the RFP or project, or who had any influence on decisions affecting the RFP or project.

J. STATE PROPERTY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MJ			

The Contractor shall be responsible for the proper care and custody of any State-owned property which is furnished for the Contractor's use during the performance of the contract. The Contractor shall reimburse the State for any loss or damage of such property; normal wear and tear is expected.

K. SITE RULES AND REGULATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MJ			

The Contractor shall use its best efforts to ensure that its employees, agents, and Subcontractors comply with site rules and regulations while on State premises. If the Contractor must perform on-site work outside of the daily operational hours set forth by the State, it must make arrangements with the State to ensure access to the facility and the equipment has been arranged. No additional payment will be made by the State on the basis of lack of access, unless the State fails to provide access as agreed to in writing between the Stete and the Contrector.

L. ADVERTISING

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MJ			

The Contractor agrees not to refer to the contract award in advertising in such a manner as to state or imply that the company or its services are endorsed or preferred by the State. Any publicity releases pertaining to the project shall not be issued without prior written approval from the State.

M. NEBRASKA TECHNOLOGY ACCESS STANDARDS (Statutory)

Contractor shall review the Nebraska Technology Access Standards, found at http://nitc.nebraska.gov/standards/2-201.html and ensure that products and/or services provided under the contract are in compliance or will comply with the applicable standards to the greatest degree possible. In the event such standards change during the Contractor's performance, the State may create an

amendment to the contract to request the contract comply with the changed standard at a cost mutually acceptable to the parties.

N. BUSINESS CONTINUITY/DISASTER RECOVERY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
M			

The Contractor shall have a disaster recovery and back-up plan, of which a copy should be provided upon request to the State, which includes, but is not limited to equipment, personnel, facilities, and transportation, in order to continue services as specified under the specifications in the contract in the event of a disaster.

Additional requirements for the Business Continuity/Disaster Recovery Plan included in Section V.E.1.8.

O. DRUG POLICY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
M			

Contractor certifies it maintains a drug free work place environment to ensure worker safety and workplace integrity. Contractor agrees to provide a copy of its drug free workplace policy at any time upon request by the State.

III. PAYMENT

A. PROHIBITION AGAINST ADVANCE PAYMENT (Statutory)

Payments shall not be made until contractual deliverable(s) are received and accepted by the State.

B. TAXES (Statutory)

The State is not required to pay taxes and assumes no such liability as a result of this solicitation. Any property tax payable on the Contractor's equipment which may be installed in a state-owned facility is the responsibility of the Contractor.

C. INVOICES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
M			

Invoices for payments must be submitted by the Contractor to the agency requesting the services with sufficient detail to support payment.

Administrator - State Unit on Aging
301 Centennial Mall S.
Lincoln, NE 68508

The terms and conditions included in the Contractor's invoice shall be deemed to be solely for the convenience of the parties. No terms or conditions of any such invoice shall be binding upon the State, and no action by the State, including without limitation the payment of any such invoice in whole or in part, shall be construed as binding or estopping the State with respect to any such term or condition, unless the invoice term or condition has been previously agreed to by the State as an amendment to the contract.

D. **INSPECTION AND APPROVAL**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MJ			

Final inspection and approval of all work required under the contract shall be performed by the designated State officials.

The State and/or its authorized representatives shall have the right to enter any premises where the Contractor or Subcontractor duties under the contract are being performed, and to inspect, monitor or otherwise evaluate the work being performed. All inspections and evaluations shall be at reasonable times and in a manner that will not unreasonably delay work.

E. **PAYMENT**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MJ			

State will render payment to Contractor when the terms and conditions of the contract and specifications have been satisfactorily completed on the part of the Contractor as solely determined by the State. (Neb. Rev. Stat. Section 73-506(1)) Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2401 through 81-2408). The State may require the Contractor to accept payment by electronic means such as ACH deposit. In no event shall the State be responsible or liable to pay for any services provided by the Contractor prior to the Effective Date of the contract, and the Contractor hereby waives any claim or cause of action for any such services.

F. **LATE PAYMENT (Statutory)**

The Contractor may charge the responsible agency interest for late payment in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2401 through 81-2408).

G. **SUBJECT TO FUNDING / FUNDING OUT CLAUSE FOR LOSS OF APPROPRIATIONS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MJ			

The State's obligation to pay amounts due on the Contract for a fiscal years following the current fiscal year is contingent upon legislative appropriation of funds. Should said funds not be appropriated, the State may terminate the contract with respect to those payments for the fiscal year(s) for which such funds are not appropriated. The State will give the Contractor written notice thirty (30) calendar days prior to the effective date of termination. All obligations of the State to make payments after the termination date will cease. The Contractor shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event shall the Contractor be paid for a loss of anticipated profit.

H. **RIGHT TO AUDIT (First Paragraph is Statutory)**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
MJ			

The State shall have the right to audit the Contractor's performance of this contract upon a 30 days' written notice. Contractor shall utilize generally accepted accounting principles, and shall maintain the accounting records, and other records and information relevant to the contract (Information) to enable the State to audit the contract. The State may audit and the Contractor shall maintain, the Information during the term of the contract and for a period of five (5) years after the completion of this contract or until all issues or litigation are resolved, whichever is later. The Contractor shall make the Information available to the State at Contractor's place of business or a location acceptable to both Parties during normal business hours. If this is not practical or the Contractor so elects, the Contractor may provide electronic or paper copies of the Information. The State reserves the right to examine, make copies of, and take notes on any Information relevant to this contract, regardless of the form or the Information, how it is stored, or who possesses the Information. Under no circumstance will the Contractor be required to create or maintain documents not kept in the ordinary course of contractor's business operations, nor will contractor be required to disclose any information, including but not limited to product cost data, which is confidential or proprietary to contractor.

The Parties shall pay their own costs of the audit unless the audit finds a previously undisclosed overpayment by the State. If a previously undisclosed overpayment exceeds one-half of one percent (.5%) of the total contract billings, or if fraud, material misrepresentations, or non-performance is discovered on the part of the Contractor, the Contractor shall reimburse the State for the total costs of the audit. Overpayments and audit costs owed to the State shall be paid within ninety days of written notice of the claim. The Contractor agrees to correct any material weaknesses or condition found as a result of the audit.

Corporate overview

Bidder identification and information

The full name of our company is RTZ Associates, Inc. (also doing business as RTZ Systems). RTZ was founded in 1977 (and later incorporated in the State of California) with a mission to transform aging services through technology. The company name and mission has not changed since its inception.

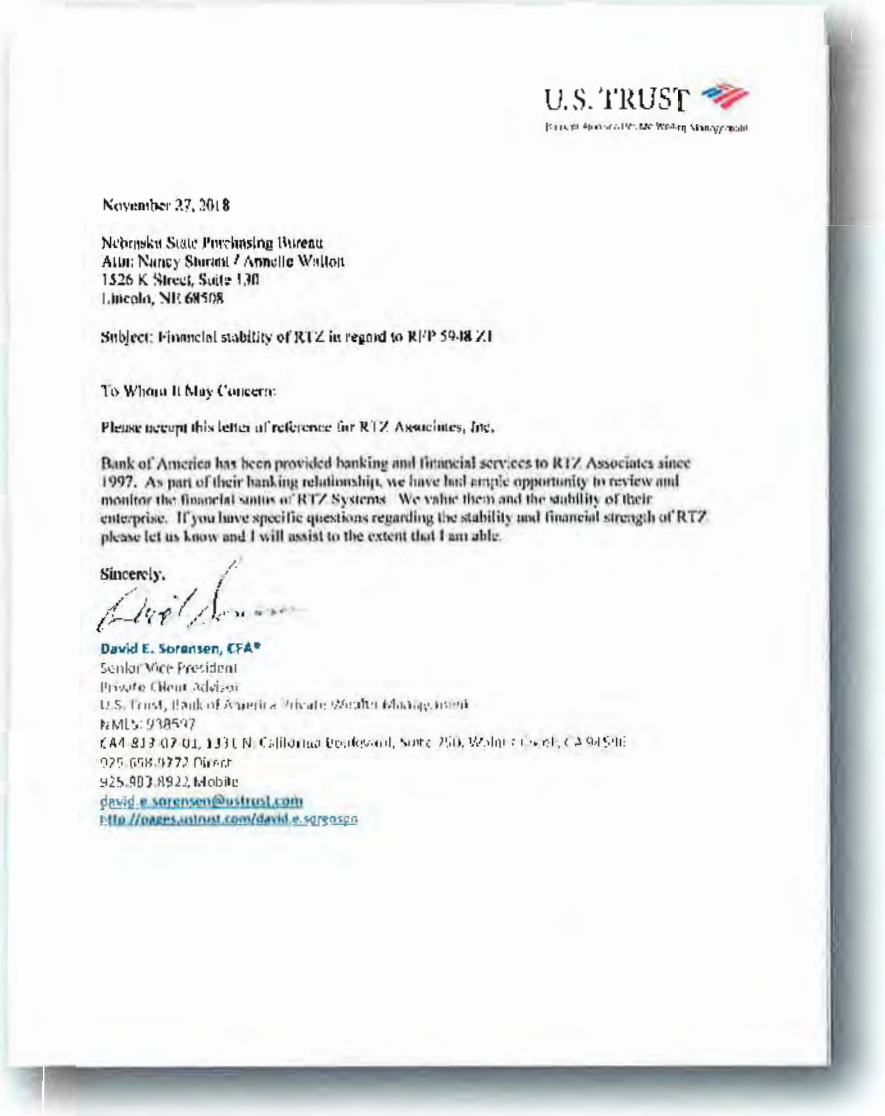
Financial information

We adhere to a conservative, organic growth strategy and are selective about the projects we pursue (we seek out good-fit projects and ultimately respond to fewer than half of the RFPs we receive by invitation). We have no outside investors and therefore no pressure to deliver "bottom-line" results, allowing us to prioritize clients over profits.

As a privately held company RTZ is not subject to public SEC filings and does not publish financial statements; however, we offer our clients unmatched stability and have demonstrated an unwavering commitment to serving the SUA/AAA market. Specifically, it should be noted that RTZ: (a) has been profitable for each of the past 10+ fiscal years, (b) carries no short-term or long-term debt, (c) organically funds R&D and operational expansion without any outside investments, (d) has no past or pending involvement in any sort of bankruptcy or insolvency proceedings, (e) has no pending or anticipated involvement in litigation or judgments, and (f) has no plans to pursue any strategic action or liquidity event (including sales or acquisitions) that would affect – or have the potential to affect – our performance on this project.

Most company revenue comes from reoccurring (monthly) software-as-a-service fees spread across hundreds of clients, providing stable cash flow to support operations. RTZ has a sizeable cash reserve as well as an untapped line-of-credit – amounts both in excess of the total anticipated contract amount / project capital demands. We would be happy to confidentially provide additional details or documents prior to contract finalization if desired to further substantiate the strong financial position of our company. As requested, we have attached a letter of reference from our bank on the following page (Figure 1).

Figure 1: Banking letter of reference



U.S. TRUST

November 27, 2018

Nebraska State Purchasing Bureau
Attn: Nancy Shurtz / Annette Walton
1526 K Street, Suite 130
Lincoln, NE 68508

Subject: Financial stability of RTZ in regard to RFP 5948 Z1

To Whom It May Concern:

Please accept this letter of reference for RTZ Associates, Inc.

Bank of America has been provided banking and financial services to RTZ Associates since 1997. As part of their banking relationship, we have had ample opportunity to review and monitor the financial status of RTZ Systems. We value them and the stability of their enterprise. If you have specific questions regarding the stability and financial strength of RTZ please let us know and I will assist to the extent that I am able.

Sincerely,

David E. Sorensen, CFA®
Senior Vice President
Private Client Advisor
U.S. Trust, Bank of America Private Wealth Management
NMLS: 938597
CA# 813 07 01, 1331 N. California Boulevard, Suite 250, Walnut Creek, CA 94596
925.658.0272 Direct
925.803.8922 Mobile
david.e.sorensen@ustrust.com
http://pages.ustrust.com/david.e.sorensen

Change of ownership

RTZ does not anticipate any change in ownership. As mentioned we have no outside investors (all shareholders work for the company). RTZ has not acquired – nor been acquired by – another company. RTZ is not a subsidiary and does not have any subsidiaries. This provides GetCare customers with unmatched stability and continuity. (By comparison, our direct competitor has a more complicated history. The "SAMS" software product was originally developed by a small company called Synergy that was acquired by a larger company called Harmony that was acquired by an even larger company called Mediware – itself acquired by a private equity firm named Thoma Bravo which recently sold the company to TPG Capital, who is in the process of rebranding Mediware as 'WellSky.' It is reasonable to consider how such frequent changes in ownership can affect both customer and product commitment.)

Office location

RTZ's main office (located in Lafayette, California and identified in the "Bidder Contact" form) will be responsible for all performance under this project.

Company relationship with the state

RTZ has had no business dealings with the State of Nebraska during the past 10 years. That said, as more and more states switch to GetCare we would welcome the opportunity to work with DHHS!

Employee relationship with the state

No current RTZ employee – including those named in this proposal – is or was an employee of the State of Nebraska.

Contract performance

RTZ has hundreds of clients across the country. During the past 10 years RTZ has not had a contract terminated for cause / default / non-performance. And although customers occasionally drift to other vendors, during the past 10 years more than 95% of agencies that have implemented our software still use our software. We believe this figure speaks volumes about our ability to effectively communicate with our customers, understand their business requirements, establish realistic timelines and expectations, allocate resources, manage project deliverables, and ultimately deliver well-designed software configured to meet end-user needs and wants.

During the past 10 years, RTZ has had just one entity cancel a contract for convenience. That entity (the Texas Health and Human Services Commission) did so twice – re-procuring GetCare a second time after cancelling the first contract for convenience. RTZ received an "A" grade (the highest available grade) on the report provided during the second contract period. So this is as baffling to us as it is rare. That client had multiple changes in leadership positions during the time of work and we wish the state well. In that same state, a large provider introduced to GetCare decided to use the system for local data collection and we remain in contract with them today.

Figure 2 (on the following page) shows our performance report and as well as contact information at HHSC.

Figure 2: Vendor performance report (Texas HHSC)

Company experience / expertise

No vendor has more experience than RTZ in this area.

We have worked with state and local government agencies that administer aging programs for more than three decades. Today, we provide information systems to more than 1,000 agencies across the country serving older adults and persons with disabilities, including more than 100 AAAs in both individual and statewide implementations. (In fact, we believe GetCare is the number one SUA

information management platform in the country based on size of the consumer population served. Mediware may still work with more individual SUAs than us, but it is not uncommon for an aggressively marketed software product to become widely-used, only to see their client counts decrease over time because they fail to innovate. And, in fact, as a growing number of State Units on Aging (SUAs) release RFPs, we continue to gain market share.

Several years ago as the number of SUAs switching to our GetCare platform to support ADRC and OAA/NAPIS services began to accelerate, many asked if we could develop a system (that could be either standalone or integrated as a subcomponent of their SUA IMS) to support their Ombudsman program. We listened to the limitations of their legacy OmbudsManager software and worked closely with subject matter experts to build a better system. SUA users frequently remark how much more flexible and intuitive our system is than OmbudsManager. That said, although we already have the best Ombudsman system on the market, we are continuing to add-in innovative new features, giving program administrators the unique opportunity to suggest "wish list" items for possible inclusion.

We never let our products grow stale. In addition to rolling out new features, we remain actively engaged with ACL representatives and proactively evolve our products (at no cost) to ensure that our clients are prepared for a continually changing service landscape.

For example, NORS reporting requirements have changed and are likely to continue to evolve over the years. Changes to NAPIS reporting requirements are also expected to go into effect next year. Given these changes on the horizon, as a nimble company and a trusted technology partner we offer our clients unmatched long-term value. (This is particularly important as the RFP contemplates a possible seven-year contract term.) DHHS will be well served by our knowledge of and commitment to serving this market.

As mentioned, during the past decade more than 95% of agencies that have implemented our software still use our software. We believe this figure speaks volumes about our ability to effectively communicate with our customers, understand their business requirements, establish realistic timelines and expectations, allocate resources, manage project deliverables, and ultimately deliver well-designed software configured to meet end-user needs and wants.

We have included four references below (and can provide additional references upon request). In each project RTZ was/is the prime contractor and no services were/are subcontracted. In each project implementation timelines were met and all work was completed as planned. The named individuals can attest to the performance of our company as well as to the performance of the key staff identified later in this proposal.

Arizona DAAS System Replacement Project (DSRP): Six years ago the State of Arizona released an RFP to procure an integrated statewide solution that spans information and referral, client / case management, and billing / reporting. Based on our ability to deliver a single, integrated platform (as opposed to a suite a products) we were awarded the contract (beating out Harmony / Mediware). In 2013, we successfully launched our GetCare platform statewide. At the state level, GetCare replaced three legacy software products. Standardizing / centralizing client and fiscal information into a single system has reduced data errors, omissions, and duplications, and streamlined workflow. The

system also integrates with other state databases. We continue to work with DAAS to identify further opportunities to integrate data and streamline workflow at both the state and local levels.

Lomand Beals, Business Analyst
Arizona Department of Economic Security (ADES)
Division of Aging and Adult Services (DAAS)
(602) 542-6365
LBeals@azdes.gov

Washington Community Living Connection (CLC) project: After terminating a contract with Harmony/Mediware for non-performance, the State of Washington released an RFP to implement a single, integrated statewide solution that spans information and referral (including a statewide resource directory), client / case management (including contract provider recording), and options counseling. Based on its experience delivering similar integrated systems for other state agencies, RTZ was awarded the contract in 2013 and successfully configured and implemented its GetCare platform for the State of Washington. Today this cloud-based system is used by DSHS, AAAs, and other stakeholders throughout the state, meeting federal, state, and local requirements, and ensuring that outcome metrics are complete, accurate, and timely. Recently the system was successfully expanded to interface with other state systems (such as their Medicaid system) in support of a new 1115 Waiver program. These bi-directional interfaces have eliminated data duplication / compartmentalization and streamlined workflow across the service network.

Andrea Meewes Sanchez, MSW
Area Agency on Aging Unit Manager
Division of Home and Community Services
Washington State Department of Social and Health Services
Blake Office Park West, 4450 10th Ave SE
Lacey, WA 98503
(360) 725-2554
sanchac@dshs.wa.gov

Idaho Commission on Aging (ICOA) Information Management System: In mid-2016, ICOA released an RFP for a statewide OOA data recording / NAPIS reporting system. Despite using a legacy software product for many years, stakeholders determined that RTZ offered a superior solution. We implemented a statewide system on an aggressive timeline. In the wake of this successful implementation, ICOA decided to expand its use of our cloud-based platform to also support its APS and Ombudsman programs with standalone GetCare components. A letter of reference dated August 9, 2017 stated, "The Idaho Commission on Aging is continually looking at ways it can improve operations, better serve its clients, and maximize the value of its tax dollars... RTZ delivered the system as promised, even with a compressed timeline for migration. I can speak highly of the performance of their implementation and support team. RTZ's responsiveness during the migration/transition process was outstanding, and ongoing support continues to be impressive."

Scott Carpenter, Project Coordinator
Idaho Commission on Aging

208.334.3833 ext. 226
scott.carpenter@aging.idaho.gov

Maryland Department of Aging (MDoA) Ombudsman Information System: In 2017, MDoA released an RFP for a statewide SLTCOP information system similar to that offered herein. After viewing product demonstrations, MDoA selected our GetCare-Ombudsman system, citing its ease-of-use and overall value to the state. RTZ successfully configured the system, migrated legacy data, and trained users on an aggressive 30-day implementation timeline. Based on this project success, in 2018 MDoA decided to expand its use of GetCare to all span ADRC / OAA data collection and reporting activities.

Stevanne Ellis, State Long-Term Care Ombudsman
Maryland Department of Aging
410.767.2161
stevanne.ellis@maryland.gov

Proposed personnel / management approach

Generally speaking we follow PMBOK standards within an agile development model. (Unlike a "waterfall" project management approach in which tasks are sequential (i.e. one task does not begin until the preceding task has been reviewed / validated), our project teams concurrently work on major deliverables (e.g. writing data conversion scripts while configuring front-end screens). This multi-disciplinary approach (along with the contingency time built into our work plans) enables us to address unanticipated complications and specification changes without slowing down progress toward meeting milestones and deliverables. Internal project management software facilitates communication between teams, memorializes decisions made, highlights critical roadblocks and risks, and ensures that the ideas generated and lessons learned in one phase are carried throughout the life of the project.

Each GetCare project has a designated Project Manager who ensures that all deliverables are completed on time and to the satisfaction of the customer. The Project Manager will serve as the primary point-of-contact for all questions, concerns, decisions, and project materials. Internally the Project Manager ensures that all project documentation and specifications incorporate and clearly communicate client business needs and preferences (as well as the overall objectives and goals of the project).

Each GetCare project also has a designated Project Executive who oversees all approval, prioritization, governance aspects of the project. The Project Executive assumes ultimate responsibility for our contractual performance, ensuring that the project is adequately staffed and that standards are met, milestones are achieved, and deliverables are completed – all on schedule. The Project Executive will also personally address any management-level concerns about the project and/or escalated issues.

Immediately after contract finalization, the Project Manager (with other members of the RTZ Project Team) will convene a series of onsite "kick-off" meetings involving stakeholders. The initial meeting will focus on demonstrating program/discipline-specific functionality and identifying necessary configurations to meet unique DHHS business requirements. RTZ will also demonstrate other functionality part of the GetCare platform not explicitly mentioned in the RFP which it can deploy, if desirable, in future project phases.

We will also work with stakeholders to diagram the ideal flow of data within and across programs and systems (differentiating immediate needs from long-term ambitions). This includes identifying specific scenarios (ranging from routine operations to emergency situations) under which various programs and groups of end-users can view and/or update client data. We can help stakeholders weigh the pros and cons of various data sharing protocols, discuss how other states have handled issues like client consent / confidentiality, and determine *who can see what data when* (consistent with HIPAA "need-to-know" guidelines). Please note that data sharing can be non-reciprocal and contextual to preserve confidentiality. For example, if desirable we can configure the system to allow ombudsman to pull-in select demographic information for referred clients (minimizing the amount of data that they need to manually enter and thus streamlining the intake process) and/or view select or all program enrollments to inform their investigation; conversely, we can configure the system so that only ombudsman staff can view ombudsman data (and can further limit viewing to assigned cases). We will also work with DHHS to determine how hand-offs will occur between programs (and how GetCare can "close the feedback loop" and make sure that consumers receive referred / authorized services in a timely manner).

Subsequent meetings will focus on specific operational protocols, such as configuring security settings and permissions for user accounts (including "read / write" controls), protocols for accessing and sharing participant information, rules for automating alerts and notifications, standards for evidenced-based care planning, benchmark metrics for monitoring operations and outcomes, and interfaces with other state systems.

Based on these meetings, RTZ will revise (and expand upon) the draft workplan. We will also provide suggested risk management strategies, as well as sample data migration, training, and testing plans at that time. We think this more collaborative 'high touch' approach to configuring and implementing a statewide information system is a unique attribute of our firm. We do not simply tell you what we will do and when; rather we work for you and with you.

RTZ has grown considerably as more SUAs and AAAs switch to GetCare. That said, we are careful to ensure that this increasing demand for our software does not change the customer experience. Although we are a growing company and are continually adding highly qualified individuals to our team, at the same time we are selective about the projects we pursue. We want to make sure that we always have adequate staffing to service existing and new clients alike, and can maintain a high-level of engagement with these clients throughout the project lifecycle.

We have a deep reservoir of highly skilled in-house staff, high rates of employee retention, and will not need to hire or train any new staff for this project (nor will we have to subcontract any components).

The individuals listed below will serve as key project staff and will perform all work as stated. RTZ will replace any staff assigned to the project upon request by the State; otherwise, RTZ intends to maintain these assignments indefinitely (i.e. up until the point of project or employment termination). In the unlikely event an individual leaves RTZ or becomes incapacitated, we will provide the state with advanced notice and propose a substitute employee with comparable qualifications. (Unlike other vendors, once we install a system we do not disband the project team and leave a phone number for a faceless helpdesk or outsource post-implementation services to a third-party. After go-live DHHS will

continue to have the same designated points-of-contact.

Although the amount of time each staff person will contribute to the project will vary from month-to-month as the project moves through configuration, implementation, and maintenance phases; please note that unlike many vendors, RTZ does not cap the amount of time any one individual can spend on a project. Instead, RTZ management espouses a "do-whatever-it-takes" corporate culture. In addition, RTZ employee performance reviews are based on customer satisfaction – not project profitability – further improving the user experience.

Below are brief descriptions and résumés that demonstrate the ability of the proposed project team to meet / exceed the requirements and conditions put forth in the RFP, and ultimately deliver a high-quality system to DHHS. It should be noted that each of these individuals has specific experience implementing the system proposed herein for other State Units on Aging and will carry that collective experience and expertise into this project. Each of the references identified in the previous section have worked with the individuals below and can attest to the competence and skill level of the proposed team.

Michael Zawadski will serve as the **Project Executive**. After interning for the Office of the Assistant Secretary for Aging (under the federal Department of Health and Human Services) and then graduating from law school, Mr. Zawadski parlayed his passion for aging and disability issues to the private sector. Mr. Zawadski decided to personally lead this project based on his experience and long-standing commitment to helping State Units on Aging coordinate the delivery of services through technology. During the past several years he has led seven statewide implementation projects. Specific responsibilities will include determining resource requirements based on required levels of software configuration, allocating/assigning staff, and addressing any/all escalated issues. Mr. Zawadski will also assume responsibility for all aspects of contract performance, including (but not limited to) defining deliverables/milestones, formulating work standards, determining resource requirements, addressing any/all escalated customer concerns, and ensuring compliance with applicable rules/regulations and industry standards.

Education:

University of Illinois College of Law (1998) J.D.
University of Santa Barbara (1995) B.A. in Political Science

Employment:

2013-present	President, RTZ Associates, Inc.
1997-2013	VP of Operations, RTZ Associates, Inc.
1997	Legal Researcher for Office of University Council, University of Illinois
1995	Research Associate for DHHS, Office of the Assistant Secretary for Aging

Alana Hawkins will serve as the **Project Manager**. In this role she will work closely with stakeholders to ensure that GetCare is configured to meet all RFP requirements and DHHS data collection and reporting needs. Post-implementation she will oversee the activities of all customer support specialists (ensuring that they resolve any issues / respond to any questions in a timely manner). She

will also serve as a primary point-of-contact for system users, and assume responsibility for responding to questions via phone/email, providing onsite and web-based training sessions/tutorials, entering any/all issues into our internal management system (and monitoring until resolution), escalating any/all issues involving customer dissatisfaction, ensuring the system meets current (and anticipates future) customer needs, and identifying desirable software enhancements for possible inclusion in the next general update.

Education:

San Francisco State University, B.A. in Psychology

Employment:

2012-current	Senior Product Specialist (GetCare), RTZ Associates, Inc.
2009-2012	Product Specialist (GetCare), RTZ Associates, Inc.
2006-2009	Customer Support Specialist, RTZ Associates, Inc.
2002-2006	Freelance Computer Tutor / Technician

Dylan Clements will serve as the **Lead Project Developer**. In this role he will lead a team that includes programmers, database analysts, and QA specialists, and will oversee all system configuration/customization activities (including all data conversion/migration activities). Mr. Clements started out working for RTZ as a programmer in 1995. In 2010, he was promoted to Senior Systems Developer. Since that time, Mr. Clements has managed the development of each subsequent version release of GetCare, making him highly qualified to oversee its configuration for DHHS.

Education:

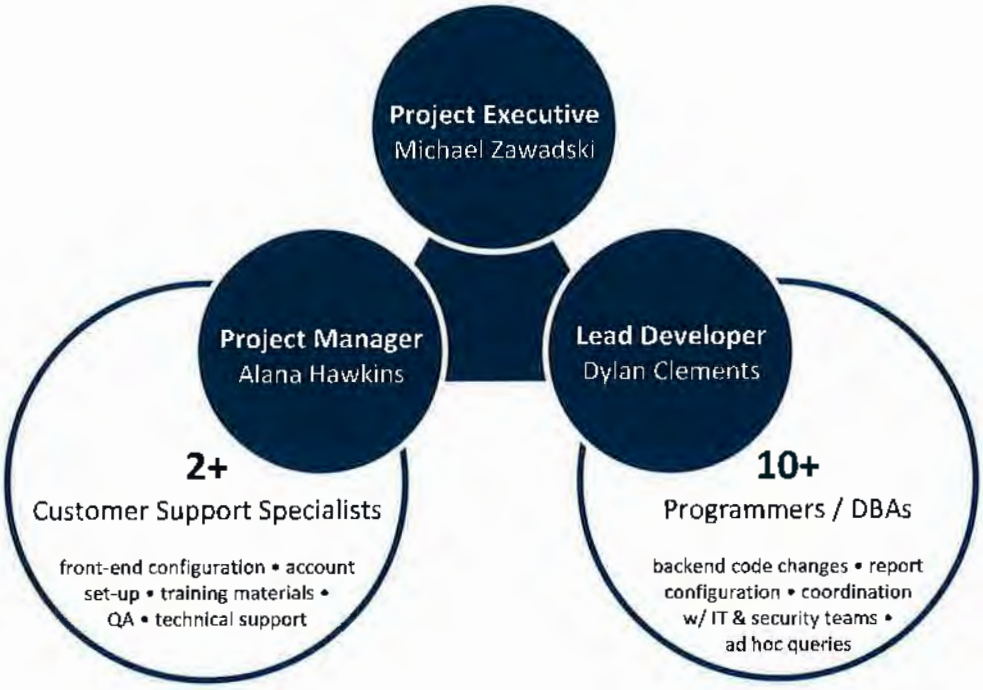
University of California at Davis (1995) B.A. in Economics

Employment:

2010-present	System Developer, RTZ Associates, Inc.
2001-2010	Senior Programmer, RTZ Associates, Inc.
2000-2001	Programmer IV, RTZ Associates, Inc.
1998-2000	Programmer III, RTZ Associates, Inc.
1995-1998	Programmer II, RTZ Associates, Inc.

The org chart below shows key project staff in relation to the resources / headcounts assigned to this project. Roughly 50% of RTZ staff hours (including programming staff hours) are allocated to general product upgrades (as opposed to client-specific implementation projects), meaning that the Project Executive can allocate additional staff / staff hours to this project as needed without recruiting and training new hires. In total, dozens of additional staff can be pulled into this project, although we believe the initial staff assignments are more than adequate to meet the requirements and deadlines put forth in the RFP. Our direct competitor may have more employees than RTZ; however, that does not mean they will give you more attention or throw more resources at this project than we will. We are a company small enough to maintain close ongoing relationships with our customers, yet large

enough to design, develop, and support complex countywide and statewide information systems without outsourcing any project components. In fact, the California Department of Aging (the largest SUA in the country) currently uses GetCare – demonstrating our ability to deliver on implementations both large and small.



Subcontractors

To maximize the performance of GetCare we did not subcontract any aspect of its design or development. Every line of GetCare code was written as part of cohesive platform (not pieced-together products). Accordingly, we can offer the State of Nebraska a comprehensive solution – both software and services – without subcontracting any project tasks. This will avoid any confusion about roles / responsibilities and ensure a clean line of communication between DHHS and RTZ. More importantly, not involving subcontractors will give us full control of the quality and timeliness of services rendered.

Understanding of the project requirements

During the past several years, RTZ has emerged as the leading provider of software designed for SUAs and AAAs, and has proven its ability to implement systems that meet RFP requirements and exceed client expectations.

We understand that DHHS needs a modern and fully integrated system that captures, tracks, and reports on all OAA, I&R, and Ombudsman program activities (and that produces federal NAPIS and NORS reports for the state). We understand that the system must offer the highest levels of security and availability.

Many SUAs / AAAs use either a legacy Harmony/Mediware "SAMS" product or homegrown software. Like an old car that gets you where you need to go, these products work – data are collected and NAPIS and NORS reports are validated and submitted on time – but there is often a desire for something easier to use on a daily basis, something that offers better reliability, better performance, more features and conveniences, and, most of all, that is future-proof as NAPIS and NORS requirements continue to evolve over time. So it is not surprising that a growing number of states across the country have selected GetCare through competitive procurements. (Many of these RFPs were released because programs became frustrated with the limitations and inflexibility of their legacy software over time, but we have also won a number of pro forma re-procurements when stakeholders saw firsthand that GetCare offers a more integrated, feature-rich and user-friendly solution.)

We are intimately familiar with aging programs and are knowledgeable about all current / upcoming NAPIS and NORS reporting requirements. We are offering a system that will be configured around DHHS-specific needs and preferences – a system that will eliminate duplicate data recording and minimize data entry burdens on staff and volunteers, will simplify the management of scanned documents, and will standardize and improve the accuracy of data so administrators can better monitor workloads and harness outcomes to improve daily operations.

Within two week of contract execution / project start, we will provide DHHS with a formal risk management plan. This document will identify salient project risks and propose avoidance / mitigation strategies. It will also outline a process for identifying and addressing emerging risks. That said, please note that we are offering DHHS a proven off-the-shelf system. Although we will configure GetCare to meet the needs and preferences of the individual DHHS programs specified in the RFP, we will not materially alter the underlying source code. This approach avoids the significant risks (and costs) associated with a custom development project.

At the broadest level we mitigate risk through four company policies: (1) we do not subcontract the development of our software or piece together purchased technologies, (2) we involve more than one management-level staff person in each project (institutionalizing knowledge and maintaining continuity in the event of staff turnover), (3) we adhere to a conservative growth strategy (i.e. we refuse projects that would overextend staff, or otherwise fall outside our area of expertise), and (4) we organically fund all development (i.e. we refuse venture capital, allowing us to remain responsive to our customers – and

the clients they serve – not outside investment firms).

That said, implementing a complex, statewide information system can entail a significant amount of risk. We have been awarded several projects in which the original vendor failed to meet timelines and objectives.

Additionally, it is simply not possible for an RFP to detail every needed feature / function or to anticipate every potential complication. Accordingly, to minimize project risk, we encourage DHHS to select a vendor with a proven track record and a commitment to *do whatever it takes to ensure project success.* In our over 30-year company history, RTZ has never had a government contract terminated due to non-performance (we do not believe any of our direct competitors can make that claim). We encourage DHHS to thoroughly investigate each vendor's experience and past performance related to statewide implementations (i.e. not just talk to references, but also to regional administrators and even lead end-users). Every statewide implementation project will encounter some unseen "bumps in the road," however, our competitors often spend *years* trying to get a system working as promised, forcing frustrated clients to choose between terminating the contract for non-performance (and walking away from a sizable investment) or continuing to invest staff resources to "double-down" on a system that may never work as envisioned. We, on the other hand, have consistently delivered on our promises, and believe that this track-record – i.e. what we have done, not just what we say we will do – speaks to our ability to avoid and address risks.

We have identified the most salient project risks below and have described how RTZ / GetCare will mitigate each.

Risk 1: Inability to convert and migrate data. Converting and migrating data into the new system in a timely manner with 100% accuracy is imperative to project success. If a AAA cannot pull-up historical data during acceptance testing, they will lose confidence in the new system and likely resist this transition. Worse, if a AAA cannot pull-up historical data during operational use, they will struggle to perform basic business functions and likely revert to using their legacy software. We have extensive experience migrating data – including unstructured datasets without any documentation. By contrast, our competitors have struggled to clean, convert, and migrate comprehensive historical datasets – even when consolidating data from their own AAA installations into a statewide database.

Risk 2: Inability to effectively integrate project components and support a statewide system of this scale. As mentioned, we are the only vendor that can offer a single integrated solution. Our competitors claim to offer a "suite" of software products, but really offer a collection of discrete applications (some developed by third-parties) that were never designed to work together. These vendors (like us) have spent years refining their products – but what works well for one program does not necessarily work well when rolled-out across multiple programs, creating silos of data and complicating the measurement of outcomes. Unlike our competitors, we are offering DHHS a single application sitting on top of a single database. (Each user will have their own role-based permissions and system configurations, but everyone will log-on to the same system. If DHHS prefers, we can set-up the Ombudsman system as a completely separate instance, although this is not necessary.) Our solution will not stitch together separate products using interfaces that compromise performance, security, and usability; rather, a single application will span all project components (while controlling access to data, data fields, screens, and

modules based on user permissions). Moreover, unlike some other vendors that build software on outdated Microsoft development kits, we coded our next-generation GetCare platform using the latest cloud technologies. The allows us to host GetCare in a state-of-the-art load-balanced architecture, giving deployments real-time scalability. The platform has a proven ability to support thousands of concurrent end-users (from different AAAs) simultaneously accessing the same real-time database with no degradation to system responsiveness. The California Department of Aging selected our GetCare platform specifically because of this scalability; today that deployment contains detailed longitudinal data for millions of unduplicated consumers.

Risk 3: Inability to align developed functionality with RFP requirements. DHHS has done a commendable job defining both its workflow and the technical/functional requirements of the new data management system. When reviewing technical proposals, we encourage DHHS to differentiate features that are part of the offered product ("Core") versus features that will provided as a customization or third-party service (or not at all). Adding new features to a product (while concurrently trying to configure and implement that same product) introduces significant project risks – even seemingly simple customizations can spiral into complicated changes that push-out project timelines. We, on the other hand, are offering DHHS an existing and operationally proven "off-the-shelf" system that includes all required – and most preferred – features with no source code modifications. This avoids the risks associated with customizing software during implementation and represents a significant advantage of our proposed solution.

Risk 4: Inability to incentivize AAAs to embrace the new system. We appreciate that DHHS does not intend to force adoption of the new state system among AAAs at this time; however, DHHS does have an interest in moving toward both AAA data and system standardization statewide. We think the fact that we have not historically marketed GetCare to Nebraska AAAs gives us a unique advantage. In states like Arizona, California, Idaho, Oregon, and Washington, AAAs seeing GetCare for the first time could not believe how much easier it was to use than their legacy software. State officials did not have to hard-sell AAAs on the long-term efficiencies of switching to GetCare – the AAAs wanted to use our system (even those that have made a significant and recent investment to implement another product). That said, we have also configured our statewide GetCare platform to accept routine file transfers from AAAs that use one of our competitors' products. Accordingly, while we strongly encourage DHHS to get all AAAs to use GetCare, we can uniquely support a situation in which a AAA with its own data system either refuses to do so or cannot immediately do so, and still ensure that DHHS can enjoy the benefits of having a single, standardized, statewide database.

Proposed development approach

We purpose-built the new version of GetCare from the ground up to offer SUAs (and AAAs) an off-the-shelf, end-to-end enterprise solution. In a full implementation, GetCare can centralize and automate data collection, data management, and data reporting activities (dramatically reducing errors, omissions, and duplications) across all SUA programs (e.g. APS, benefits counseling, case management, care coordination / transitions, ombudsman, etc.). Although program and individual user access to client data varies based on account settings and permissions, GetCare enables authorized staff to view (or otherwise access) all information related to a client from a single, secure interface. Expandable /

collapsible sections can include identification and demographic information, encounter information (including correspondence and referrals), screening / assessment information, care plan information (including needs, interventions, and outcomes), service information (including enrollments and ordered / delivered services), and progress notes (which, based on the type of note and the selected 'public / private' settings, can selectively be shared within and across programs on a need-to-know basis). Other available components include a medical chart that can display relevant information (such as vital signs, diagnoses, and medications), an electronic rolodex (documenting client contacts), and an electronic file cabinet (organizing scanned images and other uploaded documents). This scalability means that GetCare can – and in many implementations does – replace all legacy SUA software, eliminating data compartmentalization and duplication, minimizing manual processes and streamlining workflow, and ultimately enabling SUAs to better manage and utilize data within and across programs. (This does not mean, however, that individual programs are forced to use a generic, inflexible system. We understand that different programs have different operational workflows and reporting requirements; accordingly, GetCare includes program-specific screens, modules, and dashboards that sit atop a common data framework.)

Under this bid we are offering our core GetCare system which meets all RFP requirements out-of-the-box, and which will be further configured around your specific needs, preferences, and workflow. This includes functionality supporting DHHS's I&R, case management, OAA, and Ombudsman programs (and meeting all NAPIS and NORS/ORT reporting requirements). As a value-add we are also including data warehousing and public portal functionality in this proposal (with the appreciation that the latter may have no immediate implementation plans).

Since GetCare uses an innovative table-based design, we can configure the system with no material source code modifications. (We will set-up the system using front-end configuration tools; this "COTS" approach reduces project risks while ensuring a timely and cost-effective implementation.) As per the sample workplan, we propose a go-live within 90 days of the contract execution / receipt of needed information (which includes all configuration and testing, except for any functionality DHHS defers as "non-core" – i.e. functionality like an interface or a report that can be added after go-live without resulting an adverse business impact).

With GetCare, all users sign-on to a single cloud-based system accessing a single database updated in real-time by users and (when applicable) external data feeds through a standardized import/export mechanism. Although role-based permissions will control what each user can see and do, generally speaking GetCare can give staff a complete picture of each client. As an illustrative example, when a consumer calls a AAA, GetCare could enable staff (per their individual permissions) to see a complete view of that individual, including any services they are currently receiving and any relevant information from prior calls. This enables staff to better address stated needs and better identify underlying issues. Staff can even send electronic referrals to contract providers using GetCare, automatically populating a dashboard queue and alerting the appropriate staff. Select (or all) screening / assessment information can follow the referral – eliminating duplicate data entry and shortening the amount of time from the receipt of the referral to the delivery of the service.

We propose delivering this system per a "Software as a Service" (SaaS) delivery model. Under this model, a flat monthly rate covers all costs associated with supporting the system, including: (1) providing

hosting services meeting the highest levels of security, redundancy, and availability, (2) monitoring system performance and security, (3) providing unlimited technical support via phone and email, (4) communicating with DHHS management on an ongoing basis to ensure that the system continues to meet its business needs, (5) making any/all system modifications necessary to meet new state and federal regulatory and reporting requirements (including NAPIS and NORS/ORT reporting requirements), and (6) implementing general system enhancements (unlike other vendors, we never force our customers to move to another platform at a higher price point; rather, DHHS will receive unlimited no-cost system updates for as long as it remains an RTZ client). Under this pricing model, DHHS will not need to purchase, install, upgrade, or support any third-party software or hardware. In addition, we guarantee that GetCare: (1) remains free of material defects (and will fix any/all identified "bugs" at no-cost), (2) meets all applicable federal requirements (including HIPAA and 42 CFR Part 2 requirements), (3) offers a minimum 99.9% availability (excluding scheduled maintenance during non-business hours), and (4) accommodates unlimited database growth (we do not cap the number of client records you can maintain in the system).

While we recognize the short-term requirement to replace your legacy NAMIS and Ombudsman software, GetCare can scale to accommodate a long-term interest in better managing and integrating data within and across DHHS programs to decrease staff burdens and ultimately improve the quality and continuity of care. Accordingly, while we will continue to update your baseline GetCare platform after go-live (which includes implementing all general system enhancements), once the project enters a stable support / maintenance phase we can then talk to stakeholders about extending the use of GetCare to other settings and/or creating interfaces to exchange screening data and referrals (particularly if the SUA begins working more closely with the state Medicaid agency). For the legacy systems that GetCare will not replace, if desirable it can be configured to serve as a central connecting hub (eliminating data compartmentalization and duplication, streamlining workflow, and ultimately enabling DHHS to better manage and utilize data within and across programs). GetCare is also unique among SUA/AAA software products on the market in that offers an optional ONC-certified complete electronic health record component, meaning that it can seamlessly exchange data with ambulatory, behavioral health, and hospital EHRs via standard messaging protocols (such as HL7) and support discharge planning / care transition initiatives.

And since we continually add features to GetCare in regular (no-cost) product updates, DHHS will never have to worry about its system becoming outdated over time. On the contrary, we will make sure that we anticipate – and that GetCare accommodates – changes to NAPIS and ORT federal reporting requirements and the OAA / Ombudsman program landscape.

Put simply, we are prepared (and uniquely able) to meet both your short-term and long-term needs (while also accommodating DHHS preferences, policies, and political realities) by configuring and implementing a baseline solution that streamlines service recording, meets all federal reporting requirements, and offers unrivaled scalability.

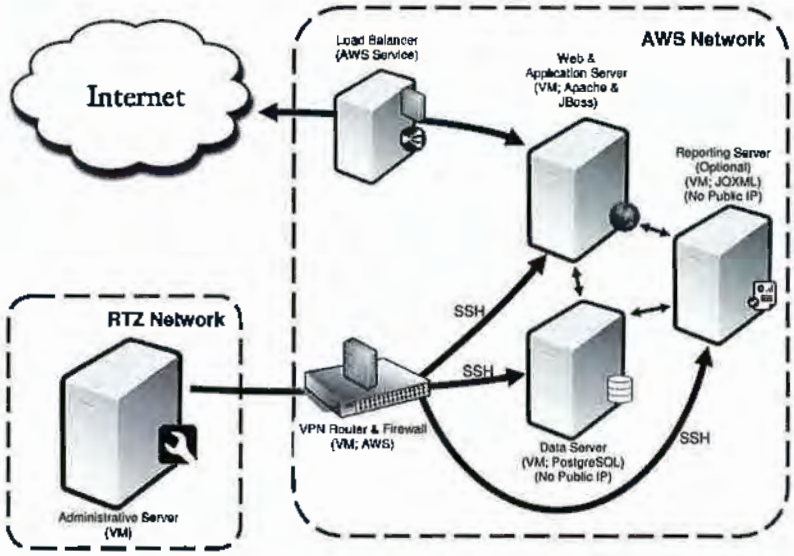
Technical requirements (Attachment D to RFP)

General Technical Requirements

This section presents the overall technical requirements that apply to the software. Describe in the Response how the proposed solution meets the requirement.

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
TEC-1	Provide a description and diagram of the Bidder's proposed technical architecture. Include all database/web/networking hardware, software, tools, and information on where the solution is hosted.	X	X		

Response: RTZ uses Amazon Web Services (**AWS**) to host GetCare. (We also offer a legacy hosting model in which we lease server racks / cages in top tier data centers – and own all of the physical hardware – if that's a preferable model to DHHS.) AWS not only engages independent auditors to provide annual SOC reports and verify standards compliance (e.g. ISO 27001, PCI DSS Level 1, etc.) but has also achieved FedRAMP certification for the "GovCloud" infrastructure we utilize. We believe it is one of the most secure, resilient data center environments available in the United States. Below is a high-level diagram showing a typical GetCare deployment utilizing **AWS** GovCloud.



TEC-2	If the Bidder's proposed solution requires any DHHS data to be stored off-site (including data "in the cloud") describe how the data is stored in federally compliant data centers residing within the continental United States of America and follows HIPAA standards.	X	X		
Response:	Under our proposed hosting approach using AWS GovCloud, all DHHS data will reside in secure, purpose-built data centers residing in the continental United States. In addition to the certifications listed in our response to TEC-1 (above), AWS GovCloud is 100% HIPAA compliant. Moreover, it has achieved the highest FedRAMP certification – the federal government's most rigorous security framework.				
TEC-3	Describe how the solution is designed so that business rule parameters and code lookup tables can be easily updated without changing the overall application program logic.	X	X		
Response:	Both our product and our company encourage client-specific configurations. GetCare uses an innovative table-based design that will enable us to configure data fields and functionality for DHHS with no material source code modifications. (We will set-up the system using front-end configuration tools; this "COTS" approach reduces project risks while ensuring a timely and cost-effective implementation.) We can also do custom development work for DHHS if desired. (Our development team uses a sophisticated version control system that allows for state-specific source code, while preserving enterprise data standardization and compatibility with future general product upgrades.)				
TEC-4	Describe the software licensing model of the solution, including any required third party licensing. Describe how the Bidder's maintains licensed software no more than two supported versions behind the latest release and updated with latest security patches	X	X		
Response:	GetCare is a complete, cloud-based solution developed and distributed by RTZ. Under our software-as-a-service (SaaS) distribution model, DHHS will always have the latest release; i.e. DHHS will receive all system updates and security patches as they become available at no additional cost. Aside from a web-browser, DHHS will not need to install any software or hardware to use GetCare. Other than using the AIRS taxonomy to categorize services and a Google API (which is updated automatically) to deliver best-in-class mapping within the system, GetCare does not incorporate any technologies licensed by third-parties, and (by default) does not include any content licensed by third-parties. On occasion, a client requests that we incorporate content – such as an assessment instrument – that is offered by license from a third-party. In such instances, the client assumes responsibility for securing usage rights and paying any applicable licensing fees.				

TEC-5	Describe any impact to the solution when customizations are made for upgrades and maintenance processes. DHHS prefers to minimize downtime and impact to the users.	X	X		
Response:	We designed GetCare so that ongoing system maintenance does not impact users. System updates are applied overnight (well outside of normal DHHS operating hours) and require little-to-no downtime.				
TEC-6	Describe how the proposed solution is scalable and flexible enough to accommodate any changes required by the State and/or federal statute, mandate, decision or policy.	X	X		
Response:	Some vendors exploit change to force their customers to transition to a newer platform at a higher price point because the old one no longer meets their business needs – and then inundate them with invoices for every change request in the meantime. We offer a different approach. Under our proposal DHHS will receive all general system updates at no cost (including those accommodating changes to federal reporting requirements) for as long as it remains an RTZ client (although we do give our clients the discretion to temporarily or indefinitely delay the implementation of a major version release). Simply put we offer a future-proof solution – DHHS will always have a system that meets current data collection / reporting requirements and that employs current technologies.				
TEC-7	Describe how the system stores objects such as pictures, documents, PDF files, etc. If an electronic document management system is part of the solution, provide a description of the proposed document system and how it is able to support multiple objects.	X	X		
Response:	GetCare includes an advanced (fully integrated) document management system. In addition to an agency-level repository, each consumer record has its own electronic file cabinet. Users can upload any electronic file (including Microsoft Word and Adobe Acrobat formats, as well as image files and scanned documents), thus eliminating the need to store hardcopies of required documentation (and making this documentation more readily accessible). Attachments can be uploaded from different sections of the system and organized by category and subcategory for quick user reference. There is no default system limitation as to how many documents can be stored in a consumer record.				
TEC-8	Describe how the proposed solution is responsive to mobile technology and works with mobile devices such as smart phone or tablets.	X	X		
Response:	GetCare (without any modifications or additional costs) enables real-time access from any mobile device (e.g. smartphone or tablet) with a built-in web-browser and a cellular or WiFi internet connection (regardless of operating system). We have conducted extensive usability testing on iPads and similar devices; most users feel just as comfortable using GetCare on a tablet as they would on a laptop or desktop computer.				
TEC-9	Describe what industry standard browsers are supported by the Bidder's solution.	X	X		

Response:	GetCare is browser-agnostic and does not require special plug-ins or add-ons. Web browsers continually evolve, making it challenging to recommend the use of a specific product (especially given that browser adoption is often driven by agency mandate or personal preference). We do recommend using the most recent stable release and applying all software updates as they become available (some browsers will automatically apply updates by default). Many clients use one browser (such as Google Chrome) solely to access GetCare and a separate browser for general internet usage.

Standards Requirements

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
STN-1	Describe how the Bidder's proposed solution complies with accessibility requirements described in the State of Nebraska accessibility requirements located at http://nitc.nebraska.gov/standards/2-101.html	X	X		
Response:	When developing the current version of GetCare we followed WCAG 2.0 guidelines, and system updates conform to the WCAG 2.1 guidelines released in June 2018. These guidelines align / conform with the requirements put forth in the link above. While there are a lot of moving targets beyond our control (such as the evolution and proliferation of third-party assistive devices) we do what we reasonably can to ensure that as many people as possible can use GetCare, and have contributed many programming hours over the years toward that goal.				
STN-2	Describe how the Bidder's proposed solution conforms to the sub-parts of Section 508 of the Americans with Disabilities Act (ADA), and any other appropriate State or federal disability legislation. Refer to http://www.ada.gov/508/.	X	X		
Response:	GetCare complies with Section 508 as updated in January 2018 in the Rehabilitation Act. (The WCAG 2.0 guidelines used generally expand upon / are more rigorous than the Section 508 standards.)				
STN-3	Describe how the Bidder's proposed solution is consistent with all HIPAA and other statutory, regulatory and policy requirements as defined and adopted by DHHS. Refer to http://dhhs.ne.gov/Pages/fin_ist_policies.aspx for policies and standards.	X	X		
Response:	RTZ's security officer conducted a gap analysis between GetCare and the applicable linked "Version 1.0" policies / standards and found no material deficiencies. (Our policies and procedures are built off of the federal NIST 800-53 security controls – and it appears these same controls were used when developing the DHHS standards.)				

Error Handling Requirements

The management of the system requires that all occurrences of errors be logged for review and that critical errors be accompanied by appropriate alerts. Authorized users need to be able to query and review the error log and configure the alerts.

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
ERR-1	Describe the Bidder's proposed Error Handling functionality.	X	X		
Response:	GetCare denies processing any failure or exception, including (but not limited to) attempts to execute malicious code. Errors are logged on the backend for review by RTZ technicians, while the application translates errors into general messages (without revealing more information than necessary that could potentially be exploited for malicious intent).				
ERR-2	Describe how the Bidder's proposed solution provides a comprehensive set of edits at the point of data entry to minimize data errors and provide immediate feedback in order for incorrect data to be corrected before further processing.	X	X		
Response:	Most data entry fields in GetCare have some form of validation checks. These range from preventing the input of certain special characters used in injection scripts to requiring a defined input (such as a year-of-birth recorded in a four-digit numerical format that cannot exceed the current year). The system alerts users to entries that do not meet field requirements so the data can be corrected prior to saving. Whenever possible, the system uses defined selections (as opposed to free-text fields) to simplify and standardize entry.				
ERR-3	Describe how the Bidder's proposed solution ensures all errors are written and categorized to an error log. Describe how the Bidder's proposed solution allows for a user to view, filter, sort, and search the error log.	X	X		
Response:	RTZ employs third-party tools that continually monitor server, system, and network speeds and error rates, and feed alerts to RTZ technicians, enabling them to triage any issues in real-time. In terms of user-reported issues, we will work with DHHS to jointly determine the most practical and effective approach to issue management, including how issues will be identified, evaluated, and prioritized, and how progress toward resolution will be documented, monitored, and communicated. Most clients elect to use GetCare's fully integrated "Issue Manager" module. This module allows stakeholders to view all pending and previous technical support requests (and search / sort by certain variables), assign certain issues more priority than others, and monitor real-time progress toward issue resolution. (This module also allows RTZ project management to better identify unmet training needs, prioritize programming tasks, allocate resources, and communicate progress toward task completion.)				
ERR-4	Describe how the Bidder's proposed solution provides for the generation of standard and customizable error reports.	X	X		

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
Response:	As mentioned, all system errors are logged on the backend for review by RTZ technicians, while the application translates errors into general messages (without revealing more information than necessary that could potentially be exploited for malicious intent). In terms of monitoring system errors, authorized users can use the Issue Manager module to dynamically view / filter / sort both open and closed issues.				
ERR-5	Describe how the Bidder's proposed solution has the ability to suppress error messages based upon user-defined criteria.	X	X		
Response:	Most error messages are persistent (for example, you want to know that an assessment cannot be saved because an invalid date-of-birth was entered); however, users can suppress (i.e. "Don't show this message again") some non-persistent error messages.				

Database/Data Management Requirements

DHHS requires the benefits inherent with a relational database management system (RDBMS). The accessibility, flexibility and maintainability achieved through normalized data structures are essential to achieving the business objectives outlined in this RFP.

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
DBM-1	Describe the Bidder's proposed Database architecture including the database software is supported by the proposed application.	X	X		
Response:	The database layer uses a proprietary postgreSQL framework. In our physical hosting model database layer passes data to specified application servers using managed connections that require mutual (client/server) authentication (please note these transfers occur on a hardwired network; i.e. database servers do not have internet access). Regardless of the hosting model, all data are encrypted in transit using TSL 1.2 (considered best practice per ISO 27002 guidelines, as well as the NIST 800-series of publications), and all data are encrypted "at rest" using the AES 256-bit standard (this means that in the improbable event someone is able to steal a database server, the federal government – per the NIST definitions incorporated into HIPAA – would consider encrypted data "indecipherable and unusable").				
DBM-2	Describe the Bidder's proposed Database Warehouse solution, if applicable.	X	X		

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
Response:	We have deployed data warehouses for other GetCare clients and are offering to set-up one for DHHS as part of this proposal. That said, please note that in addition to including an extensive library of canned reports, GetCare enables authorized users to extract custom datasets on demand (essentially providing real-time data warehousing functionality). However, should DHHS still require a standalone data warehouse we can help the department set-up its own account on AWS if it does not already have one. We can then schedule a job to automatically send a normalized dataset to a DHHS-maintained AWS instance on a regular basis. (We will not charge to set this up, and Amazon does not charge to move data within the AWS environment.) If DHHS wants us to instead populate a locally maintained warehouse (such a DHHS-maintained SFTP site) this would be considered a one-off customization and may incur additional charges depending on the one-time and/or ongoing resources required.				
DBM-3	Describe how the Bidder's proposed solution is built upon an integrated data model, such as a Relational Database Management System (RDBMS), with referential integrity enforced. Describe the integrated data model.	X	X		
Response:	GetCare uses PostgreSQL (version 9) – an enterprise-class object-relational database management system (ORDBMS) with a reputation for reliability and integrity (and fully compliant with the ANSI-SQL:2008 standard). Independent tests have shown that recent versions of PostgreSQL notably outperform MySQL on complex insertions and extracts. PostgreSQL uses foreign keys to enforce the referential integrity of datasets.				
DBM-4	Describe how the Bidder's proposed solution maintains an automated history of all transactions, including, but not limited to: date and time of change, "before" and "after" data field contents, and operator identifier or source of the update.	X	X		
Response:	GetCare includes a fully integrated and comprehensive audit trail; authorized DHHS personnel can search / filter this audit trail, as needed, from a front-end interface. This audit trail documents all create, read, update, and delete ("CRUD") transactions (regardless of module). GetCare does not permit "unauthorized" access in the sense that users can only view (and edit) data consistent with their account permissions; however, the audit trail can be used to identify inappropriate access and ensure that client data are only viewed on a need-to-know basis. In fact, as mentioned the GetCare audit trail has a variety of both technical applications (such as ensuring the integrity of database replication) and practical applications (such as monitoring the use of the system by a new employee). Common uses by appointed security personnel include ensuring that staff access and record data consistent with their job responsibilities, identifying/investigating any suspicious activity (such as a large number of failed log-in attempts), and reconstructing the sequence of events surrounding an incorrectly modified record.				
DBM-5	Describe the ability for the Bidder to convert data from the current systems utilized into the Bidder's proposed solution. Describe the technology used to complete the conversion.	X	X		

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party

Response: As we configure the system, we will concurrently work on migrating your legacy data. Converting and migrating data into the new system is imperative to project success. If a user cannot pull-up historical data during operational use, it will have a business impact. We have extensive experience migrating statewide datasets. For example, we recently migrated a database containing millions of unique consumer records.

Concurrent with workplan finalization we will submit a data conversion plan that describes end-to-end ETL processes in detail. Generally speaking, we would proceed with the following steps: (1) DHHS will upload a representative dataset to our secure FTP site (we anticipate separate datasets for historical NAPIS, Ombudsman, and resource directory data), (2) RTZ database analysts will create a data dictionary (concurrently, RTZ business analysts will work with DHHS to finalize the configuration of GetCare screens, which may have implications for conversion activities, such as mapping open-ended form fields to pre-defined pull-down menus), (3) RTZ database analysts will map all data elements and create a conversion script, (4) an RTZ release control agent will push this database to a test environment, (5) RTZ quality assurance staff will conduct unit and integration testing (and will notify DHHS of any missing, duplicated, or potentially erroneous data), (6) once the conversion passes scrutiny, (7) DHHS/AAA staff will conduct acceptance testing in a non-production copy of GetCare, (8) RTZ database analysts will clean datasets (to the extent feasible) and remediate residual, and (9) once DHHS approves the migration, RTZ will run conversion scripts on a final, complete copy of the legacy database immediately prior to cutover / go-live.

We use both manual reviews and automated routines to validate a data migration. First, our DBAs run an automated summary validation which compares record counts and checksums in the cleaned and de-duplicated legacy database to those in the newly created GetCare database. DBAs also compare record counts and checksums on the front-end of the system using Selenium scripts as well as manually running system reports. Once a migration passes summary validation, DBAs use an automated testing tool to make sure that transformed values match the mapping specifications (a field-by-field "black box" test). DBAs also further check transformed values by manually checking a random sample of client records. While there are always small adjustments needed to conversion/migration scripts our workplan will build-in plenty of contingency time (once we run the first conversion test, we can run a new test nightly until it passes all checks).

Data migration will not impact business processes. DHHS will continue to use its legacy software as we test data migration in a staging ("sandbox") environment. Once a data migration achieves customer acceptance, we will obtain a fresh copy of your data and re-run the script immediately prior to go-live. We typically run the final migration script over a weekend, minimizing the amount of time between go-dark and go-live.

After the final migration we will provide DHHS with a brief summary report identifying any residual data errors carried-over from the legacy database that arose after (or were otherwise not resolved during) the customer review/acceptance process.

Backup and System Recovery Requirements

DHHS requires the ability to create backup copies of the software and to restore and use those backup copies for the basic protection against system problems and data loss. This requirement refers to all application system files, data files, and database data files. The Bidder's proposed solution should provide a comprehensive and easily manageable backup and recovery process that is responsive to DHHS needs.

The Bidder's proposed solution should identify and implement a system recovery plan that ensures component failures do not disrupt services. The plan should be completed, implemented, and tested prior to system implementation.

The successful Bidder's solution should specify all needed hardware, software, and tools, and the plan should clearly define all roles, responsibilities, processes, and procedures. The solution should be sufficiently flexible to integrate with existing DHHS capabilities and accommodate future changes.

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
BKP-1	Describe the Bidder's proposed Backup and System Recovery plan and readiness. Describe the Bidder's service level agreement on returning the solution to service from a backup. Describe the Bidder's proposed backup retention schedules – daily, weekly, monthly, quarterly, etc.	X	X		
Response:	RTZ designed GetCare to run in three separate "availability zones" (i.e. data centers) within AWS GovCloud's isolated infrastructure. Each zone is in a distinct geographic location making it highly unlikely a single event (such as a natural disaster) can impact business continuity. As such, our proposed hosting model offers real-time data replication across three separate regions, thus offering much better resiliency and fault tolerance then say a nightly back-up to a secondary location. Each zone has independent power, cooling, physical security, and is connected via redundant, ultra-low-latency networks. RTZ is currently looking at also utilizing the new AWS GovCloud "U.S. East" environment (which offers three additional availability zones) in order to further reduce latency, add redundancy, and increase data durability and system scalability.				
BKP-2	Describe the Bidder's proposed Disaster Recovery Plan. Describe the Bidder's service level agreement on returning the solution back to operational service.	X	X		

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
Response:	Per HIPAA guidelines and industry best practices, RTZ maintains a comprehensive disaster recovery plan (alternatively referred to as a "business continuity" plan). For the purposes of this plan, we define a "disaster" as an event or series of events which affects the operation of the primary data center to the extent one or more hosted applications would experience prolonged or otherwise indeterminate downtime. This plan seeks to ensure continuous or near-continuous system availability with no data loss under all plausible disaster scenarios. To this end, RTZ employs best-practice policies, procedures, and technologies. RTZ maintains its full disaster recovery plan in the form of a secure "wiki" hosted from / replicated across multiple data centers. Using a web-based wiki ensures that authorized personnel have the most up-to-date version available from any location and eliminates the security risks associated with carrying paper or device-based documents. It also offers additional benefits, such as tracking staff viewing metrics for internal training purposes. This wiki includes step-by-step instructions for RTZ technical staff; however, please note that RTZ promotes a continuous state of preparedness – these instructions are intended to serve as training materials (not in-the-moment guidelines) and, accordingly, we expect technicians to commit these relatively simple policies and procedures to memory. In general, these instructions cover the following steps: assessing the incident, verifying failover and measuring system health, notifying management and informing technical support teams (who, in turn, will keep clients up-to-date), triaging any issues with the failover process, testing the readiness of the tertiary environment, restoring and testing the original hosting environment, and reviewing lessons learned / revising disaster recovery documents accordingly. It should be noted that the proposed cloud (AWS) hosting model offers real-time replication across three different regions with hot failovers not requiring the intervention of RTZ technical staff. (We utilize an elastic IP address – a status IPv4 address designed for dynamic cloud computing that enables us to mask a zone failure by rapidly remapping the address to another instance.) This means that an event affecting one region should result in no system downtime, no data loss, and no business impact to GetCare users.				
BKP-3	Describe how backups of the Bidder's proposed solution are able to be scheduled without user intervention and without interruption to the system.	X	X		
Response:	As mentioned, RTZ has designed GetCare to run in three separate "availability zones" within AWS GovCloud's isolated infrastructure. This include real-time data replication across these zones without user intervention and without interruption or degradation to system performance.				
BKP-4	Describe how the Bidder's proposed solution provides information on their test and validation process for all of the backup requirements listed previously (BKP-1, BKP-2, and BKP-3).	X	X		

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
Response:	RTZ uses a messaging console integrated into AWS GovCloud to securely push notifications of any/all checksum failures to our technicians.				
BKP-5	If there is a backup failure or downtime, describe the Bidder's proposed method and timing of communication to DHHS.	X	X		
Response:	RTZ customer service representatives will stay in close communication with clients throughout the recovery process (and follow all contractual / SLA notification requirements), and immediately notify clients of any significant developments, including – but not limited to – the estimated and actual availability of the production system.				

Security and Audit Requirements

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
SEC-1	Describe the Bidder's proposed security safeguards integrated into their application and how these safeguards address DHHS security. Refer to DHHS Information Technology (IT) Access Control Standard (DHHS-IT- 2018-001B) for specific requirements: http://dhhs.ne.gov/Pages/fin_ist_policies.aspx	X	X		

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
Response:	GetCare meets / exceeds the referenced state requirements as well as all applicable federal security requirements (including CMS, HIPAA, and 42 CFR Part 2). As the custodian of data for millions of consumers RTZ takes data security seriously. During the past several years RTZ / GetCare has successfully passed a number of independent security audits following federal NIST 800-53 guidelines; in fact, it should be noted that we have never had a data / security breach and no audit (including those conducted by third-parties) has identified any significant internal control problems or material weaknesses. Below (and in subsequent responses in this section) we have provided a high-level overview of the rigorous physical, technical, and administrative/personnel security measures we have in place. In RTZ's hosting model, database servers are "air gapped" and only communicate with specified application servers using managed connections that require mutual client/server authentication; i.e. database servers have no remote accessibility – either via the internet or a VPN – and thus are insulated from external attacks. As described later in this proposal, all data are encrypted both in transit and at rest. Application servers only contain GetCare code; hashed values between the production and repository codebase are compared to not only ensure that no malicious software has been installed, but also (improbabilities aside) that hackers have not modified the codebase in any manner. Moreover, our programming / hosting protocols protect GetCare from all security threats and vulnerabilities including (but not limited to) cross-site scripting, injection flaws, malicious file execution, insecure object reference, cross-site request forgery, information leakage / improper error handling, broken authentication / session management, insecure cryptographic storage, insecure communications, and unrestricted URL access. RTZ regularly conducts vulnerability tests using Trustwave and/or other third-party tools.				
SEC-2	Describe how the Bidder's proposed solution complies with Federal, State, and division-specific security requirements including but not limited to: • Health Insurance Portability and Accountability Act (HIPAA) of 1996 • Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009 • Privacy Act of 1974 • 45 CFR Part 164 Security standards for PHI • Office of the National Coordinator's Nationwide Privacy and Security Framework for Electronic Exchange of Individually Identifiable Health information Refer to the Nebraska DHHS Information Systems and Technology Security Policies and Standards for more information (http://dhhs.ne.gov/Pages/fin_ist_policies.aspx).	X	X		

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
Response:	The proposed hosting environment – AWS GovCloud – is isolated and meets the most stringent U.S. government requirements, including: Federal Risk and Authorization Management Program (FedRAMP) Moderate and High baselines, US International Traffic in Arms Regulations (ITAR), the Federal Information Security Management Act (FISMA) Low, Moderate, and High baselines, the Department of Justice's Criminal Justice Information Services (CJIS) Security Policy, and the Department of Defense (DoD) Impact Levels 2, 4, and 5. The AWS GovCloud Regions also conform to commercial security and privacy standards such as Healthcare Insurance Portability and Accountability Act (HIPAA) Privacy Standards, Payment Card Industry (PCI) Security, System and Organization Controls (SOC) 1, 2, and 3, as well as ISO/IEC 9001 compliance. RTZ certifies that GetCare meets / exceeds all applicable security requirements specified in SEC-2, including those put forth in HIPAA, the HITECH Act, and 45 CFR Part 164, and as evidenced by historical independent audits.				
SEC-3	Describe how the Bidder's proposed solution meets the DHHS requirements for unique user ID access. Include: • Specification on configuration of the unique user ID. • How the unique user ID is assigned and managed. • How the unique user ID is used to log system activity. • How the system handles the creation of duplicate user ID accounts.	X	X		
Response:	In each instance of GetCare, each user has a unique ID (the system will automatically prevent the creation of a duplicate ID – across both active and inactive accounts – and its sophisticated role-based permission console obviates the need for a single user to have more than one account / ID). The specific requirements and assignments of IDs are configurable and will conform to DHHS preferences. All system activity is tied to a user's unique ID (although other identifiers – such as IP address – are also captured).				

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
SEC-4	Describe how the Bidder's proposed solution meets the DHHS standard for administering passwords: • Initial Password assignment. • Strong Password Requirements. • Password reset process. • Password expiration policy. • Password controls for automatic lockout access to any user or user group after an administrator-defined number of unsuccessful log-on attempts.	X	X		
Response:	GetCare enables authorized system administrators to configure all password settings at an agency-level. This includes password length and complexity (such as use of upper/lower case letters, numbers, and special characters), as well as rules governing the assignment of the initial (temporary) password, and the expiration / lock-out / and reset of user passwords.				
SEC-5	Describe how the Bidder's proposed solution supports the use of multi-factor authentication.	X		X	X
Response:	GetCare was built to accommodate multi-factor authentication, however, this does require some customization when integrating with a third-party or state-developed tool. RTZ staff have extensive experience working with state-specific multi-factor authentication tools (such as "Secure Access Washington") as well as integrating with commercially available single sign-on products (such as setting-up / maintaining SAML SSO via Okta).				
SEC-6	Describe any security processes for managing security updates, and integrated components subject to vulnerability, including anti-virus.	X	X		
Response:	As mentioned, all traffic flows through a managed firewall that provides real-time anti-virus and intrusion detection / prevention services (IDS/IPS). Hashed values between the production and repository codebase are compared to not only ensure that no malicious software has been installed, but also (improbabilities aside) that hackers have not modified the codebase in any manner. RTZ also regularly conducts vulnerability tests using Trustwave and/or other third-party tools. (Customer is responsible for security of end-user desktop / laptop computers and mobile devices. Our IT department ensures that RTZ staff computers and mobile devices are up-to-date and running anti-virus / anti-malware software, although customer data are never stored locally / outside of designated data centers.)				
SEC-7	Describe how the Bidder's proposed solution provides the ability to maintain a directory of all personnel who currently use or access the system.	X	X		
Response:	GetCare maintains a list of all user accounts (both active and inactive) with associated personnel profiles that can be viewed by users with permission to do so.				

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
SEC-8	State of Nebraska requires identification and authorization of users through an enterprise directory known as the Nebraska Directory Services (NDS) to access web-based applications. Describe how the Bidder's proposed solution will integrate NDS authentication. Refer to the Nebraska Information Technology Commission Security Architecture – Identification and Authorization – (8-303) for specific requirements: http://nitc.nebraska.gov/standards/8-303.pdf	X		X	X
Response:	Please see our response to SEC-5 (above). GetCare was built to talk to third-party identification and authentication tools; however, customization charges may apply given the nature of the integration and the resources required to configure / maintain an interface.				
SEC-9	Describe how the Bidder's proposed solution provides role-based security and allows restricted access to system features, function, screens, fields, database, etc. Role authentication may occur at the directory level, application level, or database level (depending on database platform). Describe the security administration functions integrated into the proposed system that manage role-based access to system functions, features, and data. Include a description of: • How and where the proposed system stores security attributes or roles (e.g., LDAP attributes, database tables, a file). • The interface between the LDAP and the application, if roles are assigned in an LDAP directory. • How roles are created and security is applied to the role based on how and where security attributes are stored (if multiple options describe each). • How groups are defined and how roles and security are applied to each group. • How access limits are applied to screens and data on screens by role or group. • How users are created and assigned to one or more roles or groups. • How role and group creation and assignment activity is logged.	X	X		

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
Response:	When setting-up a new user account, GetCare will automatically assign system permission based on affiliation with an agency, affiliation with a department / program, and role within that department program (i.e. job title) – using the "Rule of Least Privilege." Permissions can be further customized at the individual user level (although this is not common). As part of our standard implementation services, we will assist DHHS in setting-up roles and permissions that makes sense for its user groups. (Role-authentication occurs at the application level, and roles are stored in a secure database.) GetCare then uses role-based access controls (account-level permissions) to control user access to participant records, as well as read/write access to modules, screens, and individual data fields. Users can have different levels of access across programs, and data can have different levels of sharing across programs (or no sharing at all). In simplest terms, GetCare controls what every end-user can see and do (and, if desirable, can also accommodate "break-the-glass" access in emergency situations). This enables data sharing (both within and across programs) that complies with consumer consent, as well as applicable local, state, and federal "need-to-know" regulations.				
SEC-10	Describe how the Bidder's proposed solution automatically disconnects based upon inactivity, as required by DHHS Policies and Procedures. Describe how the feature is administered and what effect disconnect has on any activity or transaction in process at the time of disconnection. Refer to DHHS Securing Hardware and Software Standard (DHHS-IT-2018-001A) for specific requirements. http://dhhs.ne.gov/Pages/fin_ist_policies.aspx	X	X		
Response:	GetCare will automatically terminate a user session after a DHHS-defined amount of inactivity (for example, 15 minutes). Users will receive a pop-up window warning them that their session is about to time-out; dismissing this window will reset the timer. For involved data entry screens (such as a multi-page assessment instrument) the system can save data entries as a draft and a user can simply continue where she left off (although DHHS policy should and does encourage users to log-out of the system when leaving their workstation as opposed to letting the session time-out).				
SEC-11	Describe how the Bidder's proposed solution protects Confidential and Highly Restricted Data from unauthorized access during transmission. Describe transmission safeguards that are integrated into the proposed system to protect data during transmission, including any encryption technology. Refer to DHHS Information Technology (IT) Security Policy (DHHS-IT-2018-001) for specific requirements: http://dhhs.ne.gov/Pages/fin_ist_policies.aspx	X	X		

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
Response:	As mentioned, all traffic flows through a robust firewall layer that performs real-time, inline antivirus and intrusion detection / protection. Only valid requests made through an established, authenticated session get forwarded to the production application. All data are protected in transit using TSL 1.2 encryption (considered best practice per ISO 27002 guidelines, as well as the NIST 800-series of publications).				
SEC-12	The proposed system will process Confidential and Highly restricted Data. Describe the Bidder's auditing functions for all data that is viewed or changed. Describe how the Bidder's proposed solution provides System Auditing functions, including but not limited to: • The user ID of the person who viewed or made the change to the data. • The date and time of the view or change. • The physical, software/hardware and/or network location of the person while viewing or making the change. • The information that was viewed or changed. • The outcome of the event. Refer to DHHS Information Technology (IT) Audit Standard (DHHS-IT-2018-001F) for specific audit requirements: http://dhhs.ne.gov/Pages/fin_ist_policies.aspx	X	X		
Response:	As mentioned in our response to DBM-4 (above) that meets all SEC-12 requirements. Specifically, it documents all create, read, update, and delete ("CRUD") transactions (regardless of module) by user. GetCare does not permit "unauthorized" access in the sense that users can only view (and edit) data consistent with their account permissions; however, the audit trail can be used to identify inappropriate access and ensure that client data are only viewed on a need-to-know basis. In fact, as mentioned the GetCare audit trail has a variety of both technical applications (such as ensuring the integrity of database replication) and practical applications (such as monitoring the use of the system by a new employee). Common uses by appointed security personnel include ensuring that staff access and record data consistent with their job responsibilities, identifying/investigating any suspicious activity (such as a large number of failed log-in attempts), and reconstructing the sequence of events surrounding an incorrectly modified record.				
SEC-13	If the Bidder's proposed solution has the ability to override edits, describe how the solution audits all overridden edits and identifies information including, but not limited to, the login ID, date, and time.	X	X		
Response:	All edits to data are captured by the aforementioned audit log (which also documents the user ID and date/time of the change). Override edits (such as correcting a field in a locked assessment) – when allowed by the system as configured for DHHS – are limited to authorized users, and in some instances the system will visually display "strike through" changes.				

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
SEC-14	Describe how the Bidder's proposed solution produces daily audit trail reports and allows inquiries, showing updates applied to the data.	X	X		
Response:	The audit trail compiles changes in real-time; authorized DHHS personnel can dynamically filter this audit trail from a front-end interface as desired. For example, an authorized user can view all changes made by all users in a given day, or view all changes made by a specific user during a specified timeframe.				
SEC-15	Describe how the Bidder's proposed solution provides an auto archive/purge of the log files to prevent uncontrolled growth of the log and historical records storage using administrator-set parameters.	X	X		
Response:	The audit trail is stored in a separate instance from the application/database. The growth of this audit trail therefore has no effect on system performance. By default we archive log files older than two years to ensure responsiveness when an authorized user is searching / filtering the audit trail; however, we can configure this per DHHS preference.				
SEC-16	Describe how the Bidder's proposed solution supports encryption of data at rest or an equivalent alternative protection mechanism. Describe the proposed encryption of data. If data is not encrypted, describe in detail compensating controls. Refer to DHHS Information Technology (IT) Security Policy (DHHS-IT-2018-001) for specific requirements: http://dhhs.ne.gov/Pages/fin_ist_policies.aspx	X	X		
Response:	GetCare encrypts all data at rest using AES-256 – consistent with FIPS 140-2 and DHHS guidelines – and does not store passwords (only hashed values).				
SEC-17	Describe how the Bidder's proposed solution adheres to the principle of "Fail Safe" to ensure that a system in a failed state does not reveal any sensitive information or leave any access controls open for attacks.	X	X		
Response:	In GetCare the default access to an object is *none*. Whenever access is not explicitly granted it is denied. Moreover, if the application is unable to complete an action, the session immediately terminates and the user receives an error message instructing him/her to log back into the system.				

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
SEC-18	Describe how the Bidder's proposed solution is configurable to prevent corruption or loss of data already entered into the solution in the event of failure.	X	X		
Response:	As mentioned, data are replicated in real-time across three separate AWS GovCloud (US-West) availability zones. Automated checksums continually verify replication integrity.				
SEC-19	Describe how the Bidder's proposed solution, prior to access of any Confidential or Highly Restricted Data, displays a configurable warning or login banner. In the event that a solution does not support pre-login capabilities, describe how the solution displays the banner immediately following authorization.	X	X		
Response:	GetCare can display a default message on the log-in page, which we will configure for DHHS as part of our standard system set-up.				
SEC-20	Describe how the Bidder's proposed solution recognizes Confidential and Highly Restricted information in screens, reports and views (i.e. PHI and SSN) by restricting distribution and access based upon system security settings and roles. Describe warning banner on printed and viewed reports.	X	X		
Response:	In GetCare, users can only view (and edit) data consistent with their account permissions, ensuring that they cannot view data that they do not need to know. Particularly sensitive data (such as social security numbers) are not displayed in full on the front-end. Reports support some configuration and can include a DHHS-worded warning if desirable.				
SEC-21	Describe how the Bidder's proposed solution alerts staff authorities identified by DHHS of potential violations of security and privacy safeguards and adheres to the DHHS Information Technology (IT) Incident Management Standard (DHHS-IT- 2018-001E) requirements. http://dhhs.ne.gov/Pages/fin_ist_policies.aspx	X	X		
Response:	RTZ will work with DHHS to develop a communication plan consistent with DHHS preferences and standards. Our internal policy is to notify customers affected (or potentially affected) by a security incident as soon as reasonable and no later than 24 hours from the point of discovery.				
SEC-22	Describe how the Bidder's proposed solution provides the capability to monitor, identify, and report on events on the information system, detects attacks, and provides identification of unauthorized use and attempts of the system.	X	X		

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
Response:	As mentioned, all traffic flows through – and is continually monitored by – a robust firewall layer with IDS/IPS capabilities. The firewall service immediately informs on-call RTZ technicians of an unauthorized attempted access.				
SEC-23	Describe how the Bidder's proposed solution provides a process for archiving and/or destroying data and sanitizing storage media in conformance with DHHS data governance policies and subject to applicable HIPAA, and federal (e.g., Federal Information Processing Standards (FIPS), National Institutes of Standards and Technology (NIST), and State laws. Refer to DHHS Securing Hardware and Software Standard (DHHS-IT-2018-001A) for specific requirements. http://dhhs.ne.gov/Pages/fin_ist_policies.aspx	X	X		
Response:	All decommissioned servers are sanitized in accordance with NIST 800-88 guidelines which meet HIPAA, FIPS, and DHHS requirements.				
SEC-24	Describe how the Bidder's proposed solution has defined and deployed strong controls (including access and query rights) to prevent any data misuse, such as fraud, marketing or other purposes.	X	X		
Response:	As mentioned, when an admin sets-up a new user account, GetCare will automatically assign system permissions via a "rule of least privileges" based on affiliation with an agency, affiliation with a department / program, and role within that department program (i.e. job title). Privileges can be further customized at the individual user level (although this is not common). These role-based access controls (account-level permissions) control user access to participant records, as well as read/write access to modules, screens, and individual data fields (permissions can be either task-based or object-based). Users can have different levels of access across programs, and data can have different levels of sharing across programs (or no sharing at all). In simplest terms, GetCare controls what every end-user can see and. This enables data sharing (both within and across programs) that complies with consumer consent, as well as applicable local, state, and federal "need-to-know" regulations.				

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
SEC-25	Describe how the Bidder's proposed solution supports logging to a common audit engine using the schema and transports specified by DHHS. Describe how the solution exports logs in such a manner as to allow correlation based on time (e.g. Coordinated Universal Time [UTC] synchronization).	X		X	
Response:	As mentioned, GetCare includes an integrated audit trail. Exporting logs to a third-party audit log tool would incur customization fees. We would be happy to price-out this interface upon reviewing the schema / transports specified by DHHS.				
SEC-26	Describe how the Bidder's proposed solution supports removal of a user's privileges without deleting the user from the solution to ensure a history of user's identity and actions.	X	X		
Response:	Authorized system administrators can immediately suspend privileges / deactivate an account. All privileges and historical actions associated with this account are preserved indefinitely.				

System and User Documentation Requirements

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
DOC-1	Describe how the Bidder's proposed solution provides on-line Help for all features, functions, and data element fields, as well as descriptions and resolutions for error messages, using help features including indexing, searching, tool tips, and context-sensitive help topics. Provide a sample copy of five screenshots with on-line help with the bidder's response.	X	X		
Response:	As described in this proposal, GetCare includes contextual error messages as well as a comprehensive "Help" module containing how-to videos and system documentation organized by topic. Due to their proprietary nature, sample screen shots have been provided in a separate document.				
DOC-2	Describe how the Bidder's proposed solution provides an on-line User Manual with a printable version available. The documentation should include full mock-ups of all screens/windows and provide narratives of the navigation features for each window/screen. Provide a sample copy of five pages of the user manual with the bidder's response.	X	X		

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
Response:	GetCare includes a user manual which is viewable / printable from the fully integrated online "Help" module. Due to its proprietary nature, sample pages have been provided in a separate document.				
DOC-3	Describe how the Bidder's proposed solution will have on-line Reporting Manual with a printable version available that includes descriptions, definitions, and layouts for each standard report. Include definitions of all selection criteria parameters and each report item/data element, all field calculations defined in detail, and field and report titles. Provide a sample copy of five pages of the Reporting Manual with the bidder's response.	X	X		
Response:	The report library includes a description of each report; reports are also covered in a user manual which is viewable / printable from the fully integrated online "Help" module. Due to its proprietary nature, sample pages have been provided in a separate document.				
DOC-4	Describe how the Bidder's proposed solution provides a data dictionary which can be viewed online and kept updated for each modification. Provide a sample copy of five pages of the Data Dictionary with the bidder's response.	X	X		
Response:	GetCare includes a backend data dictionary available to authorized system admins. Due to the proprietary nature of our database design, sample pages have been provided in a separate document.				

Training Requirements

This section presents the overall training requirements that apply to the software. They are not specific to any technology or platform.

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
TRN-1	Describe the Bidder's proposed solution training plan. Describe how the bidder develops and provides training material to DHHS for initial training and updates to training material for enhancements and changes made to the system. The content of these materials should be consistent with the on-line Help, User Manual, and Reporting Manual.	X	X		

Response: While we will work with DHHS to finalize a training plan (and schedule training opportunities), we have sketched out a general plan below.

In statewide implementations, we employ a wide variety of techniques to make sure that even non-technical end-users feel comfortable using the system – from intensive onsite "train-the-trainer" sessions for lead users to online interactive training sessions ("webinars") and on-demand video tutorials.

That said, we do not push a one-size-fits-all training approach. Every GetCare client has unique needs and preferences, and unique programmatic and political realities. Accordingly, we will work closely with DHHS to develop a training curriculum responsive to your needs, preferences, and logistical/geographical constraints (this includes working with DHHS to determine the most appropriate subject-matter, length, location, and audience for each session). Given our experience implementing GetCare for other states we have a solid understanding of how to approach training for this project. But we also understand that every implementation presents new and unexpected challenges. For this project we propose an onsite session in Lincoln for key staff. We will also look for opportunities (e.g. coordination with local conferences or other RTZ clients) to get additional face time with stakeholders. That said, we recognize that it is not practical to provide in-person training statewide, so we are offering an unlimited amount of supplemental training via webinar / phone at no additional cost. (We believe that there is little incentive for clients to frivolously request additional training sessions and that if we do our job well – if we design intuitive screens and budget / deliver adequate levels of instruction upfront – the vast majority of our clients will not require additional training.) Ultimately, if users feel comfortable using GetCare, everyone benefits (including the consumers that they serve). We are committed to doing what it takes to make this happen.

We do not offload training activities to low-level support staff; rather, we believe that having the same high-level project executives, managers, and specialists who are involved in configuring and implementing the platform to also provide training creates continuity; e.g. these individuals will have firsthand familiarity with project-specific configurations and expressed stakeholder needs / preferences, enabling them to provide highly relevant (as opposed to generic) instruction that resonates with attendees. Additionally, in the event a training session identifies a critical unmet need – a function overlooked by the joint project team – these same individuals have the authority and ability to quickly to get this in place without percolating a change request up through layers of management.

Although we will provide training tailored to each DHHS business unit that will use GetCare, we appreciate the vast majority of users will be associated with AAA/ADRC program activities. For this component we propose an onsite "train-the-trainer" session in Lincoln. The session will be divided into classes organized by content area (for example, the 'client management system' will be divided into role-based classes such as I&A, intake [eligibility determination / options counseling], assessment, service planning / enrollment, care management, service delivery, fiscal management, and incident management). These individual classes will range from one to two hours in duration (with regular breaks to ensure that attendees remain engaged). As practical, we would encourage each AAA to have two individuals attend each class (individuals who will serve as local trainers for that specific module / subject-matter); that said, it is not our

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
	expectation that every AAA will have attendees present (or that attendees can absorb and pass on all material presented). So in addition to onsite training sessions, a comprehensive online training platform will be critical to ensuring that new staff receive consistent and cost-effective training throughout the state – a platform that can incrementally introduce AAA and programmatic staff to more advanced features while continually reiterating system fundamentals. We pioneered the concept of online training to supplement (not supplant) onsite sessions, and offer our GetCare clients an online training platform at no additional cost. For this project we will record (and, as the system evolves, re-record) video tutorials spanning all main components of the system. We generally record one tutorial for each primary system function. This approach results in more focused segments that are easier to digest (and, if necessary, re-watch). Any video tutorials employed will be created specifically for this project so that viewers will see DHHS-branded screens and project-specific configurations / customizations. We will support this platform for the entire life of the project (which includes no-cost updates to videos as the system evolves), enabling DHHS and AAA staff to view relevant tutorials at their own convenience and pace, and re-watch videos as many times as necessary to learn (or re-learn) workflow processes. We will also set-up and maintain a sandbox environment that will give staff the opportunity to get hands-on practice using the system (some individuals even pause video tutorials and so that they can immediately replicate a process they just learned). Depending on DHHS preferences, this hands-on practice can also double as "acceptance testing" (i.e. staff will make sure that all parts of the system function as needed, and that legacy data appear as expected).				

Production, Test and Training Requirements

DHHS requires three separate environments (Production, Test, and Training) in order to operate the solution on an ongoing basis:

Test Environment – A test environment is required that mirrors the live production environment, including hardware and software. All data should be de-identified. This test environment will be used to test application changes before they are deployed to production. This step is an important part of quality assurance, where all changes are tested to minimize the risk of adverse reactions in the production environment. While it is necessary to mirror all of the functions of the production environment, it is not necessary to maintain the same load capacity.

Training Environment – A Training environment is also required that allows DHHS to provide hands-on training to users. This environment would allow DHHS to maintain unique de-identified data for

use in training and conduct training without interference with the test or production environments. This environment will have occasional use.

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
PTT-1	Describe how the Bidder's proposed solution supports several environments, include production environment, test environment, and training environment.	X	X		
Response:	Each GetCare deployment includes a customer-facing production environment and an RTZ-facing development environment. In addition, RTZ will provide a "sandbox" site that mirrors the production environment. (This tertiary site will be made available for training and acceptance testing, and will not be subject to the SLA.)				
PTT-2	Describe how the Bidder's proposed solution supports non-production environments such as testing and training environments containing de-identified data and not include Confidential or Highly Restricted data.	X	X		
Response:	We can populate the sandbox site with fabricated (as opposed to actual) data if desirable; however, for acceptance testing purposes it is highly desirable to have end-users see (and work with) the data they are used to seeing.				
PTT-3	Describe how the Bidder's proposed solution provides the ability to refresh any testing or training environment. Describe whether the refresh process can be completed using DHHS resources or whether the process requires services from the Bidder.	X	X		
Response:	RTZ will refresh both the data and the application code (at no cost) when making the sandbox environment available for training and acceptance testing.				

Interfaces/Imports/Exports Requirements

The proposed software solution is expected to be able to interface with other computer systems as necessary.

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
INT-1	Describe the Bidder's proposed automated approach to managing interfaces. Describe how the proposed solution's interfaces secure and protect the data and the associated infrastructure from a confidentiality, integrity and availability perspective.	X	X		
Response:	The RFP calls for interfacing with the legacy Mediware "SAMS" product in use by two AAAs. We already offer this functionality in other deployments. For example, the California Department of Aging – not wanting to be beholden to the legacy products on the market – conducted a competitive procurement and decided to use GetCare at the state level. At the time, no AAAs in the state used GetCare. Since then, many AAAs in the state – seeing the advantages offered by a more modern platform – have also transitioned to GetCare, but some still use a legacy SAMS product at the local level. These AAAs not using GetCare can transmit data in a standard format via a secure portal; GetCare then automatically validates each file and imports each data element into the statewide system – ensuring data security, integrity, and availability. This portal is a proven off-the-solution that can be deployed for this project (Mediware has already configured SAMS to meet these standard file specifications). If DHHS prefers real-time integration, then we can provide an API. Whereas some vendors struggle to get their own products to talk to each other, we have successfully interfaced GetCare with dozens of third-party systems – including many that do not support standard inquiry / reply protocols. Whereas our competitors talk about integration, we have proven our ability to deliver integration, and have the unique experience and technological framework to make this project work. We strongly encourage DHHS to select a vendor committed to building bridges with other systems (as opposed to digging moats around their own products).				
INT-2	Describe how the Bidder's proposed solution has the capability to notify System Administrators/system support staff if an interface is not available for any reason.	X	X		
Response:	Any interface we set-up for DHHS will be connected to monitoring tools that can notify system administrators and support personnel if the interface is unavailable for whatever reason.				
INT-3	Describe how the Bidder's proposed solution provides necessary Application Programming Interface (API), Web Services, and/or secure file transfers to create interfaces to and from the proposed solution.	X	X		

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
Response:	We were an early supporter of interoperability initiatives – and the first in our industry. Over the past 10+ years we have participated in a number of workgroups that have led to the development of a number of now widely adopted standards. Accordingly, from the first line of code we built GetCare on the premise of interoperability. The system includes full HL7 compatibility and a RESTful web services layer / container. That said, we also have a lot of experience developing, testing, and deploying custom interfaces and EDIs for GetCare clients, and will work with DHHS to identify the most reliable, secure, and cost-effective solutions for integrating the system with other technologies in use. Prior to developing a custom interface we sit down with our clients to sketch-out the desired flow of data between programs and legacy systems, including the frequency and direction of exchange (as well as any reconciliation rules). On one end of the spectrum, we can set-up a secure file upload mechanism that would enable the submission of files meeting defined specifications and formats; on the other end of the spectrum, we can set-up a real-time, bi-directional interface that offers seamless integration. The many integration possibilities underscore the importance of selecting a committed, experienced, and flexible vendor. In specific regard to interfacing with the legacy SAMS software in use by two AAAs, we will either set-up a submission mechanism if DHHS wants periodic data imports or provide an API if DHHS wants real-time (one-direction) integration.				
INT-4	Describe how the Bidder's proposed solution supports data exchanges between components in real-time so that data is always synchronous across the entire solution.	X	X		
Response:	As mentioned, our primary competitor markets a "suite" of software products to SUAs, but really offers a collection of discrete applications originally developed by acquired or contracted third-party companies) that were never designed to work together. GetCare is a single unified product, meaning that data is always synchronous across the entire solution. We also have a lot of experience setting-up real-time interfaces with third-party systems. Although such an interface does not appear to be contemplated by the RFP, if we do set-up such an interface for DHHS, we will ensure that all data reconciliation and synchronizing rules established by DHHS are enforced by the system.				

System Performance Requirements

This section describes requirements related to the proposed systems' on-line performance, response times, and sizing from a system architecture standpoint.

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
PER-1	Describe the Bidder's proposed system performance functionality and monitoring tools.	X	X		
Response:	We continually monitor network, server, and system responsiveness in real-time, and ensure that a deployed solution continues to meet response-time benchmarks even as the database grows in size and the application grows in complexity. (Historically we have used a third-party tool called New Relic but we are always reassessing and adding-to our tool bag.)				
PER-2	Describe the Bidder's expected minimum response times for the following functions, even at peak load. For example, expected response time will be within two (2) seconds 95% of the time, and under 10 seconds for 100% of the time. • Record Search Time • Record Retrieval Time • Transaction Response Time • Print Initiation Time • Subsequent Page Display Response Time • Document Availability • Report Generation and Adhoc Queries	X	X		
Response:	As mentioned, we continuously and proactively monitor server, system, and network responsiveness in real-time using third-party tools. RTZ technicians are automatically notified if a response time falls below our internal benchmarks. At a minimum, we guarantee that at least 95% of system transactions are completed in less than a second (less than half of the requirement put forth in PER-2) making any latency imperceptible to users. (It should be noted that this measurement is taken as traffic exits the firewall layer to the internet backbone, and the actual response times observed by users are affected by many variables, most notably their point-in-time internet speed. This means that a complex report query that takes less than a second to run in RTZ's hosting architecture could take significantly more time to return to a user's computer / device. It should be noted that DHHS can run complex report queries in the background so a user can continue to work while the report is returned.)				
PER-3	Describe how the Bidder's proposed solution captures system downtimes, along with the causes of the downtimes where applicable. Describe the Bidder's proposed method and timing of communication to DHHS on downtimes.	X	X		
Response:	System downtime is exceedingly rare but would captured by our aforementioned monitoring tools. RTZ will alert DHHS to an outage as soon as reasonably possible (i.e. within minutes) per a mutually agreed upon communication plan. RTZ will also give DHHS with advanced notice should it need to take the system offline during non-business hours for an extended period of time for non-routine maintenance.				

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
PER-4	Describe how the Bidder's proposed solution supports concurrent users with minimal impact to response time, with the ability to increase the demand on the system by 50% without modification to the software or degradation in performance.	X	X		
Response:	Our AWS instances are highly elastic and can accommodate a 50% increase in peak demand instantly without any intervention by RTZ and without any degradation in system performance.				
PER-5	Describe how the Bidder's proposed solution is available online 24 hours a day and 7 days a week, 99.9% of the time each month. Describe any known timeframes where the system will be unavailable for use.	X	X		
Response:	We promise (and have a proven track record of delivering) 99.9%+ system availability (excluding any scheduled overnight maintenance). In fact we have never had a client seek liquidated damages for failure to meet uptime levels specified in a service-level agreement. As mentioned we designed GetCare so that most maintenance activities can occur transparently and do not require taking the system offline. Maintenance that does require momentarily taking the system offline (such as applying an emergency patch or testing a failover) is minimal and will occur well outside of DHHS's normal hours of operation.				
PER-6	Describe how the Bidder's proposed solution provides application performance monitoring and management capabilities, including any key performance indicators (KPI) or other metrics to measure and report system performance for the proposed system.	X	X		
Response:	Our monitoring tools look at hundreds of parameters (too many to enumerate in this response) to measure real-time system health but, at a most basic level, we use a responsiveness metric (i.e. Apdex or similar) to ensure that 95% of requests are completed in less than a second (making any latency imperceptible to users) and that the other 5% of requests (typically complex report queries) are optimized and within benchmarks.				

Business requirements (Attachment B to RFP)

1. **State Unit on Aging requirements:**
   a. **Clients**

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
CLI-1	Describe how software creates a focus on the person receiving the services instead of focus on the services.	X	X		

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
	Bidder's Response: Clunky software can distract from interactions with consumers. We believe in great design and devoted hundreds of development hours to give the newest generation of GetCare a clean, modern layout that users can intuitively navigate. We believe this is a significant point of differentiation between GetCare and other products on the market – SUAs and AAAs that switch to GetCare from legacy systems consistently remark how much easier it is to use. (This is further evidenced by usability studies conducted on the platform as part of its federal ONC-certification.) The system further enables users to focus on the person being served by incorporating CMS/ACL "person-centered planning" constructs – such as enabling users to create care plans that focus holistically on a person's short-term and long-term goals, and then identify impediments (needs) and interventions (services).				
CLI-2	The system must have a unique identifier (client number) for client records besides Social Security Number.	X	X		
	Bidder's Response: The system generates a unique system ID (the "GetCare ID") for every client.				
CLI-3	The system must be able to manage and identify possible duplicate clients, merge clients, and client creation.	X	X		
	Bidder's Response: GetCare includes automated checks to prevent duplicate client records from being created, as well as merge-record functionality should two duplicate client records already exist. (We will also assist DHHS with data clean-up as part of our standard data conversion services.)				
CLI-4	The system must collect all National Aging Program Information System (NAPIS) required demographic fields in the client record.	X	X		
	Bidder's Response: States across the country have used GetCare to submit NAPIS reports for more than 10 consecutive years. The system includes all required NAPIS demographic fields (and can visually differentiate these fields / selectively enforce their completion to the extent desired).				
CLI-5	The state must be able to add additional (ad-hoc) fields added to the client record to track non-Older Americans Act (OAA) information.	X	X		
	Bidder's Response: As part of our standard system set-up, we will configure fields in the client record per DHHS preference.				
CLI-6	The system must accommodate adding new fields post implementation.	X	X		
	Bidder's Response: Adding new data entry fields is included in our standard support package. (More significant changes – such as adding new functionality or a new assessment that interacts with other modules and reports – will flow through a mutually agreed upon change request process and may incur a customization charge.)				
CLI-7	The system must include and track federal Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) for each client.	X	X		
	Bidder's Response: GetCare captures ADLs and IADLs for each client and displays these in the client record.				

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
CLI-8	The system must provide historical values for client ADL and IADL indicators.	X	X		
	Bidder's Response: GetCare stores (and can juxtapose) historical assessment information, enabling users to view how a client's ADLs and IADLs have changed over time.				
CLI-9	The system must differentiate between "not answered" and "no" for ADL and IADL responses.	X	X		
	Bidder's Response: For all fields (including ADLs and IADLs) GetCare differentiates "no" entries from "unknown" or "not answered" entries.				
CLI-10	Describe how the system would accommodate ADLs that are different from the federal ADLs.	X	X		
	Bidder's Response: As part of our standard system set-up we will configure ADL/IADL categories and scoring (and map these to federal values) per DHHS preference.				
CLI-11	The system must include a way to manage client status, including but not limited to: active, inactive, and deceased clients.	X	X		
	Bidder's Response: GetCare differentiates between active, inactive, and deceased clients, and builds in a lot of intelligence surrounding these categories (for example, the system can temporary suspend services for a hospitalized client or permanently disenroll a deceased client from services. It should also be noted that GetCare has no default limit as to the number of active/inactive client records you can maintain in the system.				
CLI-12	The system must track the care recipient to caregiver relationship with separate client records.	X	X		
	Bidder's Response: Each person has their own client record. In a caregiver-consumer dyad, each person will have a separate (but connected) record. The system can also accommodate less common scenarios, such as a caregiver who is also a consumer of OAA services.				
CLI-13	Describe how the system tracks out of state caregivers.	X	X		
	Bidder's Response: Although the system will default to Nebraska addresses, users can easily capture out-of-state caregivers and callers by changing the "state" pull-down.				
CLI-14	The system must be able to manage emergency and other contact information including but not limited to contact name, relationship, and contact information.	X	X		
	Bidder's Response: GetCare captures all client contacts – including emergency contacts. Additionally, contacts can be "shared" – for example, a user can quickly add a primary care physician already in the system to a new client record without retyping any information.				
CLI-15	The system must contain a section that allows users to input observations, notes, follow ups, and other text-based summaries in the client record. All notes must be saved chronologically in a historical log (not over-written with the next update).	X	X		
	Bidder's Response: GetCare includes an advanced "progress notes" module that enables users to quickly record observations, actions, and outcomes. All notes are categorized and time/date stamped so users can easily filter/search notes within and across clients.				

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
CLI-16	The system must be able to have multiple files/documents attached to a client record.	X	X		
	Bidder's Response: As mentioned, GetCare includes an advanced (fully integrated) document management system. In addition to an agency-level repository, each consumer record has its own electronic file cabinet. Users can upload any electronic file (including Microsoft Word and Adobe Acrobat formats, as well as image files and scanned documents), thus eliminating the need to store hardcopies of required documentation (and making this documentation more readily accessible). Attachments can be uploaded from different sections of the system and organized by category and subcategory for quick user reference. There is no default system limitation as to how many documents can be stored in a consumer record.				
CLI-17	Describe how an area agency on aging (AAA) would transfer a client to another AAA in the system.	X	X		
	Bidder's Response: DHHS can choose from two different models: one in which AAAs can have shared "ownership" of a client, or one in which only one AAA can have "ownership" of a client. In the latter model, transfer of a client record can be either trust-based or permission-based (which either DHHS or the current AAA "owner" granting the transfer).				
CLI-18	List fields that users at the AAA or State Unit on Aging (SUA) level can search by. List any additional fields that would be considered a customization to the standard search fields.	X	X		
	Bidder's Response: GetCare includes a "quick search" bar that intelligently suggests as-you-type results. It also includes an "advanced search" screen that enables users to search on a number of variables, such as name (any combination of first and/or last name, including partial entries), social security number, date of birth, phone number, and/or GetCare ID. Additional search fields (say, for example, Nebraska assigns clients a secondary ID) can be added as needed at no additional cost.				

b. **Services**

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
SER-1	The system must be able to track federal, state, and local taxonomies. Describe how the system reconciles different taxonomies. Describe how the system incorporates the AIRS taxonomy.	X	X		
	Bidder's Response: GetCare was designed to use taxonomies in order to categorize services. By default, GetCare includes the AIRS taxonomy (which is provided and updated at no cost to our clients). We were an early supporter of AIRS initiatives and remain one of only a handful of vendors authorized to incorporate this taxonomy into our products.				
SER-2	The system must be able to differentiate between Aging and Disability Resource Center (ADRC) services and OAA services.	X	X		

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
	Bidder's Response: The system will differentiate between ADRC and OAA services per DHHS rules / categorization preferences.				
SER-3	The system must be able to distinguish between service delivery models: self-directed care services and traditionally delivered services.	X	X		
	Bidder's Response: GetCare captures all program / funding information attached to (and differentiating) a service. If DHHS wants the state system to support a specific self-directed care model, as an added-cost option, we can configure the system to offer consumers enhanced provider scheduling and messaging through a client portal.				
SER-4	The system must be able to do rapid or bulk data entry by service and service provider (i.e. entering daily congregate meal recipients at a senior center).	X	X		
	Bidder's Response: GetCare includes service recording screens designed to automate and simplify bulk data entry using daily, weekly, or monthly pre-populated rosters. As an option, we can also support "self-serve" functionality, such as a tablet / touch-screen app add-on that enables attendees to "sign-in" when arriving at a senior center and then select from a menu of available services / classes.				
SER-5	Describe how the system handles canceling or rescheduling authorized services due to inclement weather or other unforeseen circumstances.	X	X		
	Bidder's Response: For most services, users can simply cancel services (in bulk) for the day (and add a reason), and then provide services as scheduled, however, bulk rescheduling can also be done for certain services.				
SER-6	Describe how the system tracks OAA registered service recipients before an intake is received.	X	X		
	Bidder's Response: The system tracks all services delivered, including those delivered before intake. If desirable, the system can accommodate scenarios such as a consumer receiving a congregate meal as a registered service prior to the completion of an assessment.				
SER-7	Describe how the system administers or customizes eligibility types. Eligibility will differ between various state and federal programs.	X	X		
	Bidder's Response: Each program can have its own eligibility rules that we will configure for DHHS as part of our standard implementation services, and that we will update (as necessary) as part of our standard ongoing support services.				
SER-8	The system must be able to track services received by non-OAA eligible individuals.	X	X		
	Bidder's Response: GetCare can capture services delivered to non-OAA eligible individuals (for example, individuals under the age of 60).				
SER-9	The system must include historical eligibility tracking. For example, a 59 year old person can join their 60 year old spouse for an OAA Congregate Meal. Once the 59 year old spouse turns 60, they would qualify for OAA Congregate Meals.	X	X		

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
	Bidder's Response: GetCare tracks all historical eligibility / enrollments and can accommodate the specific example above.				
SER-10	The system must track special diets and delivery notes required for Home Delivered Meal service.	X	X		
	Bidder's Response: GetCare tracks special dietary needs and delivery notes for home delivered meals.				
SER-11	Describe how the system would track take-out meals that are taken off senior center/nutrition site premise.	X	X		
	Bidder's Response: GetCare can track take-out (as well as home-delivered) meals. For example, a client can consume a hot lunch onsite, and then take home a frozen meal for later consumption.				
SER-12	Describe the system's electronic visit verification capabilities (EVV).	X		X	
	Bidder's Response: GetCare captures the type of service provided, the person delivering the service, the person receiving the service, and date / start-time and end-time of the service. If DHHS wants to add GPS and/or cellular location verification services, as an added-cost customization, we can interface with a third-party EVV – especially if Nebraska is mandating a state-level solution ahead of impending CMS rules.				
SER-13	Describe the system's routing capabilities for services like transportation and home delivered meal routing. Include a description of GIS mapping, monitoring from a central location, etc.	X	X		
	Bidder's Response: GetCare uses a built-in Google Maps API to generate transportation and home delivered meal routes. (Utilizing this functionality requires consistent entry of valid client addresses.) As an added-cost option, we can also integrate GetCare with third-party "fleet management" software that offer extended driver / vehicle management functionality.				
SER-14	Describe how the system automates and customizes workflows to determine client eligibility for services. Describe how it can be customized by AAA and service.	X	X		
	Bidder's Response: As mentioned, each program can have its own eligibility rules that we will configure for DHHS as part of our standard implementation services, and that we will update (as necessary) as part of our standard ongoing support services.				
SER-15	Describe how the system automates and customizes waitlist and prioritization capabilities post system implementation. Describe how it can be customized by AAA and service.	X	X		
	Bidder's Response: GetCare includes built-in waitlist functionality. As part of our standard implementation services we will set-up all eligibility and prioritization algorithms per DHHS preference.				
SER-16	Post implementation, describe the system customizable prior authorization forms. Describe how it can be customized by AAA and service.	X	X		

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
	Bidder's Response: As part of our standard system implementation services, we will configure forms and assessments per DHHS preference. And as part of our ongoing maintenance services we can make further adjustments to these forms / assessments as needed. (Although some system fields can be configured from the front-end by system administrators, we make form/assessment adjustments on behalf of our clients in order to preserve statewide data standardization / reporting integrity.)				
SER-17	Describe the system's real time data entry for information & assistance staff to track calls and walk-ins, where staff provide information and referral services.	X	X		

	Bidder's Response: Many states use GetCare to support their ADRC, I&R, and/or Options Counseling programs, including (but not limited to) recording caller / client information, assessing needs and preferences, identifying appropriate and available services, making referrals to community-based providers, conducting eligibility pre-screenings, and starting centralized intake processes – all in a single system. With GetCare, all users sign-on to a single cloud-based system accessing a single database updated in real-time by users and external data feeds. Although role-based permissions will control what each user can see and do (and can safeguard ombudsman, legal counseling, and other confidential information), generally speaking GetCare can give staff a complete picture of each client. As an illustrative example, when a consumer calls or walks into an ADRC or AAA location, GetCare could enable staff to see a complete view of that individual, including any services she is currently receiving. This would enable staff to better address stated needs and better identify underlying issues. Staff can send an electronic referral to programs using GetCare, automatically populating a dashboard queue and alerting the appropriate staff. Select (or all) screening / assessment information can follow the referral – eliminating duplicate data entry and shortening the amount of time from the receipt of the referral to the delivery of the service. As part of our standard set-up, we will configure "call" module fields to meet your specific programmatic workflow. We will also set-up triggers, such as those related to mandatory fields (i.e. GetCare can intelligently toggle a field between mandatory and non-mandatory based on previous selections in the "call" module). GetCare accommodates every possible call scenario – from a provider calling about respite for a caregiver (who is in turn providing services to a consumer), to a wife inquiring about services for her husband and herself. GetCare includes as-you-type intelligent searches to quickly pull-up a record for an individual that has previously contacted the I&R program and/or has received OAA service. As an added-cost customization, we can even integrate GetCare with phone systems supporting the JTAPI standard interface. When a call is received, GetCare can then automatically pull-up a client record when it finds an exact-match number (or open a new call record when it cannot). (Most phone systems using JTAPI will also pass start/stop times, meaning that GetCare can also automatically record the length of the call.) Call specialists can quickly scan a caller's history without leaving the "new call" entry screen (based on your preference, GetCare can either display a pop-up window showing a call history snapshot, or display an expandable/collapsible summary section – both options have quick links that allow I&R specialists to view more detail about a previous call). Most GetCare clients record referrals using a "shopping cart" approach. I&R specialists can add, compare, and remove referrals in a categorized list. (GetCare incorporates an enterprise-level Google Maps API to display location and proximity mapping.) Once an I&R specialist "checks-out," the system will mark the selected referrals as made (and automatically transmit all 'e-referrals'). Staff can view completed referrals at any time by viewing call history logs. GetCare enables call specialists to record all caller needs, and can even intelligently determine unmet needs based on the referrals provided.

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
SER-18	Describe how the system records anonymous clients, referrals made, and level of assistance provided.	X	X		
	Bidder's Response: If the client wants to remain anonymous, the I&R specialist can simply check a box indicating this on the call record. GetCare will still capture all referrals / assistance provided to anonymous clients.				
SER-19	Describe how the system supports a "lending library" tracking system. For example, describe how the AAA would track durable medical equipment that has been lent to a client, including how it would be administered, such as donations of equipment, loaning, and marked returned and available for use.	X	X		
	Bidder's Response: GetCare includes a "DME" module that will enable AAAs to track durable medical equipment both in inventory and on loan. (If desirable, AAAs can also upload pictures and warranty information, track service / repairs, and manage waitlists.)				

c. **Assessments**

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
ASMT-1	Describe how the State can create and customize assessments in the system.	X	X		
	Bidder's Response: As mentioned, as part of our standard system implementation services, we will configure forms and assessments per DHHS preference. And as part of our ongoing maintenance services we can make further adjustments to these forms / assessments as needed. (Although some system fields can be configured from the front-end by system administrators, we make form/assessment adjustments on behalf of our clients in order to preserve statewide data standardization / reporting integrity.)				
ASMT-2	Describe how the system accommodates multiple value choices.	X	X		
	Bidder's Response: For data standardization and entry simplification, GetCare uses defined values (as opposed to free-text fields) whenever possible. When appropriate, the system enables users to select multiple values.				
ASMT-3	Describe how the system aggregates collected data.	X	X		
	Bidder's Response: GetCare aggregates data collected to produce the summary reports / screens agencies need to monitor operations / outcomes and meet federal reporting requirements.				
ASMT-4	Newly created assessments must be available to previously created client profiles.	X	X		
	Bidder's Response: Assessments in the system will be available to all users / clients unless restricted by DHHS.				
ASMT-5	Describe how the system reconciles data in an old assessment and new assessment.	X	X		

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
	Bidder's Response: GetCare stores (and can juxtapose) historical assessment information, enabling users to view how a client's needs and outcomes have changed over time.				
ASMT-6	Describe how the system would retain previously deleted assessment questions.	X	X		
	Bidder's Response: Once finalized, assessments are a fixed, point-in-time snapshot that cannot be altered. All historical questions / answers will remain even as an assessment evolves over time.				
ASMT-7	Describe how the system provides historical data and trending with previous assessment answers.	X	X		
	Bidder's Response: Authorized users can view summary screens and run reports that show outcomes over time. GetCare has been carefully designed so that data captured by the system can feed clinical and operational metrics to case managers and program administrators				
ASMT-8	The system must include the DETERMINE Assessment tool (from the Nutrition Screening Initiative) to evaluate nutrition risk. (**D**isease; **E**ating Poorly; **T**ooth Loss/Mouth Pain; **E**conomic Hardship; **R**educed Social Contact; **M**ultiple Medicines; **I**nvoluntary Weight Loss/Gain; **N**eeds Assistance in Self- Care; **E**lder Years Above Age 80).	X	X		
	Bidder's Response: As part of our standard implementation services, we will configure a nutrition assessment for DHHS (which can be the DETERMINE instrument or a variation thereof). DHHS will assume responsibility for obtaining usage rights and following all usage rules / restrictions put forth by the author / copyright holder.				
ASMT-9	The system must include the St. Louis University Mental Status (SLUMS) Assessment to evaluate cognitive performance.	X	X		
	Bidder's Response: As part of our standard implementation services, we will configure a mental health assessment for DHHS (which can be the SLUMS instrument or a variation thereof). DHHS will assume responsibility for obtaining usage rights and following all usage rules / restrictions put forth by the author / copyright holder.				
ASMT-10	Describe how the state care management assessment would be set up in the system. An example of the assessment can be found at this URL: http://dhhs.ne.gov/medicaid/Aging/Documents/CM%20Assessment%20Form.pdf	X	X		
	Bidder's Response: As part of our standard implementation services, we will configure a care management assessment for DHHS (which can be the linked instrument or a variation thereof).				
ASMT-11	Describe how the state would administer and customize a caregiver assessment form in the system. The assessment can be found online at: http://dhhs.ne.gov/medicaid/Aging/Documents/SUA-18-IM-04%20Comprehensive%20Caregiver%20Assessment.pdf	X	X		
	Bidder's Response: As part of our standard implementation services, we will configure a caregiver assessment for DHHS (which can be the linked instrument or a variation thereof).				

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
ASMT-12	Describe how the system supports the administration and customization of an intake form to support an ADRC/NWD (No Wrong Door) in the system. The intake form can be found online at: http://dhhs.ne.gov/medicaid/Aging/Documents/I_R%20and%20OC%20Intake.doc	X	X		
	Bidder's Response: As part of our standard implementation services, we will configure an ADRC/NWD intake form for DHHS (which can be the linked instrument or a variation thereof).				
ASMT-13	Describe how the system accommodates InterRAI Assessment Instruments.	X	X		
	Bidder's Response: RTZ is licensed by InterRAI to incorporate its assessment instruments into GetCare; however, please note that DHHS will assume responsibility for all royalty / use fees assessed by InterRAI.				
ASMT-14	Describe how the system accommodates the Supports Intensity Scale (SIS).	X	X		
	Bidder's Response: As part of our standard implementation services, we will configure a person-centered needs assessment for DHHS (which can be the SIS instrument or a variation thereof). DHHS will assume responsibility for obtaining usage rights and following all usage rules / restrictions put forth by the author / copyright holder.				

d. **Usability**

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
USE-1	The system must have copy/paste functionality.	X	X		
	Bidder's Response: GetCare enables users to cut-and-paste from (or into) all free text fields.				
USE-2	The system must be able to print, display, or export any information gathered in the client record, related to service usage, on a form and/or in a report.	X	X		
	Bidder's Response: With only a few exceptions (such as full social security numbers) GetCare displays all entered data in the client record, and these data can be viewed / printed in "canned" and "on-demand" reports.				
USE-3	The system date must have 4 digit years.	X	X		
	Bidder's Response: GetCare defaults "year" entries to four numerical digits.				
USE-4	The system must have task and date reminder tracking.	X	X		
	Bidder's Response: As mentioned in the following response to USE-5 (below), GetCare includes user-specific dashboards that can alert staff to upcoming (and overdue) tasks and provide shortcut links to applicable client records.				

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
USE-5	Describe the system's customizable alerts. Describe how users are able to set alerts for activities like follow ups and next visits.	X	X		
	Bidder's Response: GetCare includes a configurable dashboard module that can feed users alerts, notifications, scheduled tasks, and quality indicators, and that can facilitate the real-time monitoring of operational and outcome data (such as automatically creating a follow-up or next visit reminder).				
USE-6	Describe the system's customizable workflows. For example, how a user would select, review, and document checked case files, service authorizations, service entries, and client demographics.	X	X		
	Bidder's Response: GetCare was purpose-built based on decades of experience working with SUAs and AAAs across the country. We then configure the system around each of our client's specific workflow. We do not force our customers to wrestle with clunky "workflow configuration" tools; rather, we set up GetCare with you and for you.				
USE-7	Describe how the system supports cross-module workflows. For example, client eligibility for a funding source may be determined in one module by a separate state agency, and the client then referred to the AAA for services.	X	X		
	Bidder's Response: Unlike solutions that piece together purchased components, a significant advantage of GetCare is that it was coded by a single development team to serve a single integrated solution. Accordingly, GetCare can seamlessly push/pull data across modules. In the provided example, the AAA would receive the client referral and service authorizations, and all data captured in the eligibility assessment would follow the client, eliminating duplicate entry.				
USE-8	Describe client portal products or options that are currently available. A client portal should be accessible by the client, or any person in their support network (caregiver, family member, neighbor, or friend). Describe security and access among public users.	X	X		
	Bidder's Response: GetCare includes a lightweight client portal for no additional cost. Providers can give consumers account information that they (and designated family members / informal caregivers) can use to view key documents and contacts. That said, clients tend to have different ideas for how client portals should function. As an option, we can configure a more interactive portal that can include functionality like provider scheduling and messaging (functionality that can be desirable to states operating person-centered / self-directed service programs). It should be noted that this portal uses the same role-based security as the broader GetCare system; i.e., the system can control what every user can see and do, and in an optional (full) implementation, consumers will have their own accounts / permissions (which will draw from available licenses).				
USE-9	Describe service provider portal products or options that are currently available.	X	X		

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
	Bidder's Response: As described in our response to USE-10 (below), we are offering a public website / resource directory (at no additional cost) that can replace the legacy "Trilogy" software. As part of this website, GetCare can support regional "ownership" of listings and provide tools that allow service providers to directly update their information through a password-protected interface. (Having service providers directly update their information – which can be published instantly or placed into a queue for approval – not only improves data quality but saves I&R agencies a significant amount of time.) Specifically, GetCare will automatically email update reminders at scheduled intervals and/or when its algorithms calculate a below-average completion/quality score.) All additions, deletions, and edits enter a queue. (Some clients assign regional responsibility to listings, meaning that each has its own queue.) Authorized data specialists can then review changes (as well as make any necessary corrections), and push listings to the live database (meaning that public and professional end-users will immediately see these changes). Alternatively, DHHS and/or AAAs may give some or all providers the ability to directly push changes to live without data specialist review. Many clients find this feature useful for trusted providers that want to provide real-time service availability (e.g. bed availability).				
USE-10	Describe the system's public service directory. Describe management and reporting options for information and referral component. Include website hits, validation, tracing incoming links, and comparison metrics.	X	X		
	Bidder's Response: As part of this bid, RTZ is offering its standard GetCare public website component which will brand for DHHS (i.e. incorporate department logos, photos, and colors). Each month, more than 100,000 consumers and caregivers across the country use an RTZ-designed, GetCare-powered website to assess needs, learn about options, and search for services. (Many complete a self-assessment which prompts them to think about the types of assistance they may need to continue to live in – or return to – the community; upon completing this assessment, the GetCare website generates a list of resources for consideration.) Consumers (and/or caregivers) can click on a service category to learn more about this type of assistance, or can click on a specific service to learn more about this program/provider (they can even get driving directions to this location directly within the system). Currently our public website component uses Google Analytics to capture visitor metrics.				
USE-11	Describe how the system manages Rural/Non-Rural designations.	X	X		
	Bidder's Response: Most clients provide a list of ZIP codes mapped to these designations, which we then incorporate into the system as part of our standard set-up.				
USE-12	Describe how an AAA user would use the system to review a senior center's daily congregate meal entry for quality assurance purposes.	X	X		
	Bidder's Response: If a AAA is reviewing service eligibility, users can run reports showing consumers missing demographic data or with overdue reassessments. If a AAA is reviewing service units, what is shown in the system can be compared against printed rosters / sign-in sheets (or, if DHHS elects to use the optional touch-screen app, consumers will sign-in electronically and the numbers can be reconciled within the system).				

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
USE-13	Describe automatic data capture technology capabilities such as bar coding.	X	X		
	Bidder's Response: GetCare includes native support for printing barcode service rosters and importing scanned units (our proposal does not include the bar code scanners themselves).				

e. **Fiscal**

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
FIS-1	Describe how the system tracks multiple funding sources for services, including Non-OAA funding sources. A client's meals may be originally paid for by one funding source, but then receive back-dated payment from another funding source. Describe how the software system would handle this scenario.	X	X		
	Bidder's Response: Most GetCare clients reconcile services on an aggregate budget basis in which units are not tied to specific dollars. If DHHS does want to tie units to dollars, then in the example above, the user would need to reduce the original invoice, move units to the proper funding source, and then produce a new invoice.				
FIS-2	Describe how the system tracks client funding across AAAs when the client record is moved from one AAA to another.	X	X		
	Bidder's Response: All data – including funding data – will follow the client.				
FIS-3	Describe how the system provides reconciliation, tracking and validating options for funding sources between the AAA and SUA.	X	X		
	Bidder's Response: GetCare offers SUAs a variety of fiscal modules / functionality; based on the requirements put forth in the RFP, we are offering DHHS (and have priced-out) our most robust fiscal module which will enable AAAs to create invoices and for DHHS to reconcile / validate / approve invoices.				
FIS-4	Describe how multiple fiscal years are tracked in the system.	X	X		
	Bidder's Response: GetCare retains all historical data which can be categorized / searched by fiscal year. System filters can also accommodate two different fiscal year periods (this is primarily used in states that have a different fiscal year than the federal government).				
FIS-5	Describe how the system provides FFR 425 reports.	X	X		
	Bidder's Response: The system does not directly populate the FFR 425 template since it cannot generate all numbers based on entered data; however, GetCare does generate the numbers within its purview to facilitate completion of this report.				
FIS-6	Describe how the system allows staff to track time per program and/or client, and bill for time within the system.	X	X		
	Bidder's Response: A unit of service can be time (for example, 15 minutes) and costs can be associated with each unit.				

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
FIS-7	Describe how the system tracks received anonymous contributions by service. For example, how are Transportation service contributions kept separate from Congregate Meal contributions, and not tied to a client record?	X	X		
	Bidder's Response: Revenue sources (not tied to a client record) are built into AAA invoices.				
FIS-8	Describe how indirect costs of services are tracked in the system.	X	X		
	Bidder's Response: Indirect costs are generally tracked at the budget / contract level.				
FIS-9	Describe how direct costs of services are tracked in the system. Include costs that are not tied to a client.	X	X		
	Bidder's Response: Direct costs (including those not tied to a client, such as equipment or personnel) are generally tracked at the budget / contract level.				

f. **Reporting**

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
REP-1	List state(s) that have utilized the system for federal NAPIS reports for at least two federal fiscal years. Bidders that do not meet this qualification will not be considered.	X	X		
	Bidder's Response: Examples include Arizona, California, Guam, Idaho, and Washington. Several additional states have either began using GetCare or will begin using GetCare for NAPIS reporting as well (an example is Maryland, which already uses GetCare for its Ombudsman program, and just began using GetCare for NAPIS reporting as well).				
REP-2	The system must be able to support the federal NAPIS reporting. The State Program Report (SPR) requirements are expected to change by October 2019. Describe the bidders plan for these changes. https://acl.gov/news-and-events/announcements/older-americans-act-oaa-state-program-performance-report-spr-redesign	X	X		
	Bidder's Response: RTZ has participated in ACL workgroups and is familiar with the upcoming NAPIS reporting requirements. GetCare will include all future changes to NAPIS reporting requirements at no cost.				
REP-3	The system must be able to report on client demographic, service usage, units of service by service provider. List all standard reports included with the system.	X	X		
	Bidder's Response: GetCare includes a library of canned reports based on more than 10 years of working closely with SUAs and AAAs. Due to its proprietary nature, a sample list of standard reports has been included in a separate document.				

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
REP-4	Describe how the system creates mailing lists based off of client demographics or service activity.	X	X		
	Bidder's Response: GetCare utilizes client demographics and service activity to generate on-demand mailing lists, mailing labels, and pre-populated letters.				
REP-5	Describe dashboarding capabilities in the system, such as graphs, dashboards, cross fiscal year reporting, year to date, and year to year comparisons.	X	X		
	Bidder's Response: GetCare includes both dashboard functionality (which gives managers a real-time window into operations) as well as a comprehensive library of "canned" reports (which reflect more than a decade of refinements based on client feedback and which can be used for year-over-year and other longitudinal comparisons).				
REP-6	Describe the system's ability to create ad-hoc reports. Include specific user roles and licensing that may be required.	X	X		
	Bidder's Response: As mentioned, users can run canned reports by any date range and any combination of parameters / filters. Users can also perform custom *ad hoc* queries for any date range for any variable (or combination thereof). In addition, authorized users can extract these custom datasets (in a CSV / XLS format) for more advanced analysis. GetCare's proprietary report writer is fully integrated and is included under this proposal without any separate licensing requirements.				
REP-7	Describe how the system would provide a county summary report that details services and client information for a given time period.	X	X		
	Bidder's Response: As part of our standard system set-up we will populate GetCare with Nebraska counties; a number of summary reports / extracts can be run by this variable for a given time period.				
REP-8	Describe the system's ability to generate reports for federal Congressional districts. Describe how districts realignment is managed.	X		X	
	Bidder's Response: GetCare geocodes every client address and, in some implementations, does generate reports based on legislative districts. We have the technology and experience to implement this functionality for Nebraska, however (assuming districts are not neatly contained within ZIP codes) we do need a "shape file" file from the state, and customization charges will apply for set-up and each realignment.				

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
REP-9	Describe the system's ability to generate reports for state legislative districts. Describe how districts realignment is managed.	X		X	
	Bidder's Response: GetCare geocodes every client address and, in some implementations, does generate reports based on legislative districts. We have the technology and experience to implement this functionality for Nebraska, however (assuming districts are not neatly contained within ZIP codes) we do need a "shape file" file from the state, and customization charges will apply for set-up and each realignment.				
REP-10	Describe the system's ability to generate Explanation of Benefits (EOB) reports that are personalized based on a client's assessment results and demographic data.	X	X		
	Bidder's Response: If DHHS provides us with its eligibility and share-of-cost formulas, we can configure a custom EOB report for the state that lists program eligibility for a given consumer based on their assessment results and demographic data. (Depending on the state's preferred implementation timeline, we may want to schedule this enhancement for delivery in first system update post-cutover).				
REP-11	The system must be able to generate contribution request letters to enable program cost sharing.	X	X		
	Bidder's Response: As stated in the previous response, if DHHS provides us with its share-of-cost formulas, we can configure these letters for no cost (several states use this functionality).				
REP-12	Describe the system's forecasting capabilities for service units and cost based off of previously entered data.	X	X		
	Bidder's Response: DHHS staff can run reports showing service units / costs for a given time period (such as the trailing 12 months) that can be used to forecast demand in certain regions or during certain times of the year.				
REP-13	The system must be able to export data in reports. Describe file types that can be exported.	X	X		
	Bidder's Response: GetCare can generate reports in a variety of file formats. Generally speaking, highly-formatted "canned" summary reports are generated in a PDF format, whereas *ad hoc* data extracts are generated in a CSV / XLS format.				
REP-14	The system must be able to provide an audit log or snapshot of services provided, as entered on a specific date.	X	X		
	Bidder's Response: As stated, GetCare includes a detailed audit log; typically, however, staff use summary screens / reports to monitor services entered or delivered on a given date.				
REP-15	Describe how the system tracks unpaid client balances for non-OAA services.	X		X	
	Bidder's Response: GetCare tracks the client share-of-cost for each service. We do not currently have a GetCare client that enters dollars received from a client at a given point in time, but can add this to the service recording screen (and build complementary reporting functionality) as a no-cost customization for DHHS if desirable.				

g. Volunteer management

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
VOL-1	Describe the system's volunteer management capabilities.	X	X		
	Bidder's Response: DHHS can set-up an unlimited number of volunteer programs in the system (and RTZ can assist with this process) to track volunteers. (Of course the Ombudsman component offered herein includes its own volunteer management screens.)				
VOL-2	Describe how the system differentiates between stipend volunteers like the Federal Senior Companion, Foster Grandparents programs, and unpaid volunteers.	X	X		
	Bidder's Response: As mentioned, DHHS can set-up each of these volunteer programs in GetCare (and RTZ can assist with the process as part of our standard system set-up).				

h. Provider Information

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
PRV-1	The system must be able to manage service provider information, including services, population served, address, name, email, phone, and website.	X	X		
	Bidder's Response: GetCare includes a provider / vendor management module that capture all of the above information.				
PRV-2	The system must be able to manage multiple service contracts/rates for a single provider.	X	X		
	Bidder's Response: GetCare accommodates scenarios in which a single provider has multiple contracts/rates.				
PRV-3	Describe how the State can customize the system with ad-hoc field creation for Service Providers, including contract/rate management.	X	X		
	Bidder's Response: As part of our standard system set-up we will configure the vendor / contract management screens per DHHS preference.				
PRV-4	The system must provide service provider search functions.	X	X		
	Bidder's Response: GetCare includes service provider search functionality (including service listing search functionality in the I&R module).				
PRV-5	The system must be able to edit a service provider for multiple clients at once. For example, Company X provides Emergency Response Systems to fifty clients in January. The contracted service provider is changed to Company Y in February. Describe a bulk client move from Company X to Company Y.	X	X		
	Bidder's Response: In this example, DHHS can simply cancel the old contract and create a new contract. RTZ support staff can assist with this process and ensure that the client roster and service roster are migrated to the new provider.				

i. Operations

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
OPR-1	Describe how the system will support Area Plan management. Describe how AAAs could upload and add data to a template. Describe how the SUA could review, provide remarks, return to AAA, or approve Area Plans and their updates. Current Area Plans are located at: http://dhhs.ne.gov/medicaid/Aging/Pages/Financial-Program-Data.aspx	X	X		
	Bidder's Response: AAAs do have an agency level electronic file cabinet which can be shared with DHHS and could be used to securely transmit Area Plans. If DHHS wants additional functionality beyond being able to share documents within the system that would be a customization (and charges would apply).				
OPR-2	Describe how the system supports local service creation. Describe how the AAA creates and submits a new service for the SUA to review and approve.	X	X		
	Bidder's Response: AAAs can customize contracts / service budgets and add attachments to invoices. If DHHS wants to add a form or other functionality related to submitting a new service for approval that would be a customization (and charges would apply).				
OPR-3	Describe how the system supports AAA Care Management Re-Certification. Describe how AAAs could upload and/or add data to a template. The SUA could review, provide remarks, return to AAA, or approve Care Management Re-Certifications. Guidance on FY 2019 Recertification can be found here: http://dhhs.ne.gov/medicaid/Aging/Documents/SUA-18-PI-04%20Care%20Management%20Recertification%20FY%2019.pdf	X	X		
	Bidder's Response: As mentioned, AAAs do have an agency level electronic file cabinet which can be shared with DHHS and could be used to securely transmit Care Management Re-Certifications. If DHHS wants to add a template or other functionality related to these re-certifications that would be a customization (and charges would apply).				
OPR-4	Describe how the system supports the Direct Service Waiver application process. Describe how the AAAs upload and/or add data to a template. Describe how the SUA could review, provide remarks, return to AAA, or approve Direct Service Waivers. The Direct Services Waiver forms and process are located online at: http://dhhs.ne.gov/medicaid/Aging/Documents/Direct%20Service%20Waivers%20Forms%20+%20Procedure.doc	X	X		

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
	Bidder's Response: As mentioned, AAAs do have an agency level electronic file cabinet which can be shared with DHHS and could be used to securely transmit Direct Service Waiver applications. If DHHS wants to add a form or other functionality related to the application process that would be a customization (and charges would apply).				
OPR-5	Describe the system's document library capabilities such as report and letter templates.	X	X		
	Bidder's Response: The system includes both canned reports and letter templates. We can configure the latter for DHHS at part of our standard implementation services (there is also a customer facing set-up tool as well). Please note that any translated letters provided by DHHS must clearly show fields to be populated by the system.				
OPR-6	Describe how the system supports SUA monitoring questions, and allows AAA program staff to record responses. Current monitoring tools are located at: http://dhhs.ne.gov/medicaid/Aging/Pages/Monitoring-Tools.aspx	X	X		
	Bidder's Response: As mentioned, AAAs do have an agency level electronic file cabinet which can be shared with DHHS and could be used to securely transmit / store answers to monitoring questions. If DHHS wants to add a reply template or other functionality related to the monitoring process that would be a customization (and charges would apply).				
OPR-7	Describe how the system supports creating, editing, and storing SUA monitoring letters to AAAs. A draft monitoring letter is located online at: http://dhhs.ne.gov/medicaid/Aging/Documents/FY18%20Monitoring%20Letter%20DRAFT.doc	X	X		
	Bidder's Response: As mentioned, DHHS will have its own agency level electronic file cabinet which could be used to store draft / final monitoring letters. If DHHS wants to add other functionality related to the monitoring process that would be a customization (and charges would apply).				

j. Testing / Training

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
TET-1	Describe any user groups of existing clients, conferences, and webinars. Include their frequency.	X	X		

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
	Bidder's Response: Once we install a system we do not disband the project team and leave a phone number for a faceless helpdesk (or outsource post-implementation services to a third-party. After Go-Live, DHHS will continue to have the same designated points-of-contact. We stay in close contact with all of our clients at all times – not just when an issue surfaces, and will have regular check-in calls / webinars with DHHS. In addition, RTZ attends aging conferences across the country, and periodically arranges user group sessions in which states can share best practices and provide feedback regarding the evolution of the GetCare product.				
TET-2	Describe Bidder help desk services available to the state, area agencies on aging, and other providers at no additional cost to the State. Include hours of operation, location of the call center, response time statistics, how calls are answered, triaged, and any functional limitations.	X	X		
	Bidder's Response: We offer unlimited (no-cost) phone / web-based customer support. This includes *product* support from a designated team of highly responsive technicians, as well as *programmatic* support from a highly experienced team of consultants with extensive industry and subject-matter experience / expertise (as well as relevant industry certifications / credentials). As mentioned, we do not outsource any support services, and all technical assistance will be provided by RTZ employees physically located in the continental United States. We serve customers across five time zones, and staff our helpdesk to accommodate typical business hours. (Our main office in California is typically open from 6am to 6pm Pacific Time, although we also have a satellite office in New York to help serve our East Coast customers.) We also offer 24/7 emergency support to customers that have extended operations outside of these hours. As mentioned, GetCare also includes an online support module at no additional cost (also available 24/7). This module will allow users to submit issues and suggestions in real-time. Administrators can view all pending technical support requests, assign certain issues more priority than others, and monitor real-time progress toward resolving each issue. This module also allows RTZ project managers to identify unmet training needs, prioritize programming tasks, allocate resources, and communicate progress toward task completion.				

k. Data / Data Warehouse

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
DAT-1	The State must retain all rights to data. At the end of contract, the Bidder must provide all data in a format specified by the state, for use in another software system. Provide in draft project plan.	X	X		
	Bidder's Response: Agreed. DHHS will own all data entered into GetCare, which will be returned at the end of the contract in a non-proprietary format.				

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
DAT-2	Bidder must be able to convert current Nebraska Aging Management Information System (NAMIS) client demographic data into proposed system. See Appendix A-1.	X	X		
	Bidder's Response: RTZ has extensive experience converting / migrating similar datasets (including some that have more than 1 million unique client records), has reviewed "Appendix A-1" to the RFP, and has included this service in our pricing.				
DAT-3	Bidder must be able to convert current Aging and Disability Resource Center client demographic data into the proposed system. See Appendix A-2	X	X		
	Bidder's Response: RTZ has extensive experience converting / migrating similar datasets (including some that have more than 1 million unique client records), has reviewed "Appendix A-2" to the RFP, and has included this service in our pricing.				
DAT-4	Describe how the system could interface with State data warehouse/s. Describe the frequency of data refreshes. Describe the options for the download, such as Bidder software, or an import /conversion to an existing state data warehouse. Include information on master data, which refers to data elements that should be shared across the systems, data elements such as Social Security Number, address and last name.	X	X		
	Bidder's Response: GetCare includes a fully integrated, proprietary report writer. As mentioned, this report writer enables non-technical users to create, save, and selectively share custom report templates, and also run custom data extracts. This meets most user needs. (And we always welcome suggestions for new reports that would benefit all GetCare clients.) That said, if DHHS wants to script custom reports off a periodically refreshed database snapshot, we would suggest that it set-up an AWS account if it does not already have one. We can then schedule a job to automatically and securely send a dataset to this DHHS-maintained AWS instance on an ongoing basis. (We will not charge to set this up but AWS does have its own fee structure for storing / moving data.) Your internal development team can then use this dataset as needed to meet DHHS business needs. As an added cost option we can populate a local (i.e. DHHS-maintained) data warehouse – or a more narrow, normalized "data mart" – as an added cost option.				
DAT-5	Describe how the system can interface with Mediware's SAMS product being used by two AAAs.	X	X		

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
	Bidder's Response: As mentioned, we already offer this functionality which has been operationally proven in other deployments. For example, the California Department of Aging – not wanting to be beholden to the legacy products on the market – conducted a competitive procurement and decided to use GetCare at the state level. At the time, no AAAs in the state used GetCare. Since then, many AAAs in the state – seeing the advantages offered by a more modern platform – have also transitioned to GetCare, but some still use a legacy SAMS product at the local level. These AAAs not using GetCare can transmit data in a standard format via a secure portal; GetCare then automatically validates each file and imports each data element into the statewide system – ensuring data security, integrity, and availability. This portal is a proven off-the-solution that can be deployed for this project (Mediware has already configured SAMS to meet these standard file specifications). If DHHS prefers real-time integration, then we can provide an API. Whereas some vendors struggle to get their own products to talk to each other, we have successfully interfaced GetCare with dozens of third-party systems – including many that do not support standard inquiry / reply protocols. Whereas our competitors talk about integration, we have proven our ability to deliver integration, and have the unique experience and technological framework to make this project work. What will likely be touted as a significant advantage by Mediware is actually a disadvantage – not only should DHHS (and AAAs) embrace consumer choice (as opposed to vendor lock-in) and use the software that best meets their needs and preferences – but there have been a number of instances in which we have found SAMS and similar systems to be incorrectly reporting data and/or underreporting data to the state. Having a unique and highly qualified vendor at the state level can provide a critical check-and-balance on AAA reporting.				
DAT-6	Describe the system's data edits and validation processes; including soft (warning, but accepted upon user approval); and hard (correction required to record). Describe available customizations.	X	X		
	Bidder's Response: GetCare supports configurable validations for most fields that we will set-up as part of our standard implementation services for DHHS. Validations support "required if/when" statements and can be result in "soft" or "hard" warnings (the latter which requires correcting or completing a field prior to saving the entry).				
DAT-7	The system would allow the State to manage data entry time limits. For example, entry changes after 30 days should require State personnel approval. Describe the workflow creation process to address this need.	X	X		
	Bidder's Response: GetCare supports configurable time limits for retroactive data entry (after which would require state approval) that we will set-up as part of our standard implementation services for DHHS.				

I. Security

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
SCT-1	The system must be able to accommodate different user roles depending on job.	X	X		
	Bidder's Response: GetCare includes advanced role-based access controls (account-level permissions) to control user access to participant records, as well as read/write access to modules, screens, and individual data fields. Please see our response to SEC-9 (above) for a more detailed description of this functionality.				
SCT-2	Describe how the system is able to securely store, edit, and save client assessments offline (case managers will not always have access to the internet during assessments).	X		X	
	Bidder's Response: GetCare system supports real-time in-the-field data collection on both laptops and mobile devices with wireless or cellular broadband connections (without needing a VPN or virtual desktop client). If DHHS has case managers routinely working in areas without internet connectivity or cell phone coverage, although not included in our pricing we can offer a variety of asynchronous options, such as transparent "client-side" storage that enables staff to "check out" case records and work offline while conducting face-to-face interviews. Once they return to the office (or once internet connectivity is restored), GetCare will automatically synchronize all changes with the production real-time database.				
SCT-3	Describe online / offline upload / download capabilities, include what portable devices are available for the synchronization process.	X		X	
	Bidder's Response: As mentioned in our response to the previous requirement, GetCare (without any modifications or additional costs) enables real-time access from any laptop, tablet, or phone with a web-browser and a cellular or WiFi internet connection, as well as native support for bar code scanning. (We have conducted extensive usability testing on iPads; most users feel just as comfortable using GetCare on a tablet device as they would on a laptop or desktop computer.) If a user momentarily loses internet connectivity while in-the-field, she can continue to work on a screen in "offline" mode, and then save that information once connectivity is restored. If DHHS anticipates that some case managers will routinely work in areas without cell phone coverage, we can identify other solutions to address your specific operational needs (including solutions that can collect data offline, and then securely upload/synchronize records to the real-time database once the device has internet connectivity). (Because of the variety of implementation options, this is not included in our pricing.)				

Business requirements for optional Ombudsman component (Attachment C to RFP)

1. Unique to the State Long-Term Care Ombudsman Program (LTCOP)

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
1.	Describe the long term care ombudsman capabilities that can track all required fields for National Ombudsman Report System (NORS).	X	X		

Bidder's Response: GetCare's Ombudsman component collects all NORS data elements (and marks / validates such fields as mandatory) and meets all current / new NORS reporting requirements (for both cases and sanctioned activities). Authorized users can open the federal Ombudsman Reporting Tool (ORT), enter report parameters, upload data directly from GetCare, and electronically transmit the final validated report to ACL. The key personal identified in the proposal are actively involved in ACL NORS workgroups.

As an option we can set-up a reporting website that allows the general public (i.e. no sign-on required) and/or volunteers or specific social service agencies (i.e. sign-on required) to submit complaints made by, or on behalf of, residents of nursing and assisted living facilities. The system can accommodate anonymous complainants (if permissible), and/or can tag complainants as "anonymity requested" (meaning that the system will capture the complainant's name, but will visually indicate to users not to disclose this name during the course of their investigation).

All complaints (made online, by phone, or in-person) can flow into a local-program dashboard which enables supervisors to assign cases (or, alternatively, the system can be configured to automatically assign cases based on workload/availability and location). Supervisors can also use this dashboard to identify and follow-up on overdue facility visits and cases without recent activity, and reassign cases when a volunteer becomes unable to investigate complaints through disposition.

Once assigned, Ombudsman staff can use the system to confirm receipt of / set-up a new case. (A case requires at least one complaint, but the system also allows multiple complaints to be folded in to a single case.)

The system supports a variety of resident / complainant consent models, including the upload of consent forms (and, when applicable, power of attorney / guardianship documentation). The system can require the obtainment of consent unless the case meets a state-defined exception (e.g. the complainant is an ombudsman volunteer based on observation during a facility visit, or the complaint itself involves many or all residents of a facility).

The system can maintain a comprehensive database of nursing facilities and assisted listing facilities (licensed and, if desirable, unlicensed), and enable authorized users to update facility information and add/deactivate new and closed facilities in real-time. (If desirable, each facility can be assigned to a specific regional ombudsman office.) The system will offer as-you-type matches for facilities as well as individuals (e.g. residents, complainants) already in the database

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
	– enabling population of records in seconds and preventing record duplication / ensuring the accuracy of reports. The system will document the complete lifecycle of a case, from receipt / identification, investigation, verification, resolution, and (when applicable) referral / follow-up. Most investigative findings will be recorded as progress notes (i.e. journal functionality); however, it should be noted that users are not simply writing blocks of difficult-to-parse narrative. The system can accommodate the quick documentation of required steps or other state-required milestones, and users can tag each progress note with quick-select pull-downs – e.g. [interview] [w/ legal representative] – that allows users to quickly locate specific notes and document specific activities, and enables supervisors and state program staff to view granular investigative metrics across cases and complaint categories. In addition to documenting interviews and observations, if desirable the system can also capture consultations with state entities or designated subject matter experts. Users can easily attach relevant documentation to a case (e.g. a letter from a facility sent to a resident that initiated the complaint). Once a complaint is verified and investigated – and resolution actions are taken / attempted – the user can indicate the complaint outcome and close the case. (The system can automatically track and aggregate time spent on the case, and/or – depending on state office rules – simply allow users to enter total travel / actual time spent on case-related activities.) The system will prevent a case from being closed until all NORS and state-required fields are completed (and will alert users to missing data elements). The system will also track all NORS / state-sanctioned ombudsman activities, and captures time spent (including travel time), topics discussed / presented, and individuals / facilities involved (and can, when appropriate, allow an activity to be associated with one or more active cases). Although we will configure this component around state programmatic preferences, common activities recorded include (but are not limited to) training (from initial certification through continuing education), consultation (to both individuals and facility staff / management), facility visits (not solely case-related), hearing attendance (such as guardianship proceedings or discharge fair hearings), legal services coordination, and community outreach / advocacy (such as press releases / media interviews and community presentations). Supervisors and state office staff can track ombudsman activity and hours down to the individual staff/volunteer level, and monitor background check dates / results, current certifications / designations, and training / continuing education credits. GetCare also makes it easy to monitor both cases and activities. When possible, data needed to monitor operations are easily accessible in interactive summary screens / dashboards so that administrators and supervisors can keep their finger on the pulse of the program without running individual reports. That said, GetCare includes an integrated report writer that enables authorized users to produce both reports and data extracts using any combination of custom filters (which can be saved and shared). We are also always happy to help our clients answer special legislative or departmental requests / questions.				

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
	As a true cloud-based system, users simply need a computer or mobile device with an internet connection and a web-browser (there is no software to install or update, and GetCare is operating system-agnostic). This can allow (as an option) volunteer ombudsman representatives to report work directly into the system in real-time (including work on complaints/cases, consultations, facility visits, and other activities) – improving the state office's access to timely data and eliminating resource-intensive completion and transcription of paper-based records. That said, we can also support models that allow volunteers to submit paper forms to local ombudsman offices for data entry (and the original forms and supporting documentation can be scanned and attached to the case). Instead of requiring administrators to manually add-in state-specific fields (and linking those fields to NORS codes) using backend tables, we will perform all system configuration on behalf of your Ombudsman program (such as seamlessly incorporating a field to report complaints against Managed Care Organizations or other non-traditional facility types). This includes building-in any state-specific performance metrics (such as the percent of cases resolved within a certain timeframe or the time from case assignment to first action or the number of duplicated, unduplicated, and overdue facility visits). We can also configure the system to show only the fields the state wants and needs. (For example, some states collected detailed information on alleged perpetrators, some states do not.) This shortens training times for regional staff and volunteers and speeds up data entry.				
2.	Describe how the system accommodates different user roles.	X	X		
	Bidder's Response: As mentioned, when setting-up a new user account, GetCare will automatically assign system permission based on affiliation with an agency, affiliation with a department / program, and role within that department program (i.e. job title) – using the "Rule of Least Privilege." Permissions can be further customized at the individual user level (although this is not common). As part of our standard implementation services, we will assist DHHS in setting-up roles and permissions that makes sense for its user groups. (Role-authentication occurs at the application level.) GetCare then uses role-based access controls (account-level permissions) to control user access to client/case records, as well as read/write access to modules, screens, and individual data fields. Users can have different levels of access across programs, and data can have different levels of sharing across programs (or no sharing at all). In simplest terms, GetCare controls what every end-user can see and do (and, if desirable, can also accommodate "break-the-glass" access in emergency situations). This enables data sharing (both within and across programs) that complies with consumer consent, as well as applicable local, state, and federal "need-to-know" regulations.				
3.	Describe how volunteer Ombudsman are managed in the system. Volunteers will not need access to system.	X	X		
	Bidder's Response: As mentioned, GetCare supports models in which volunteers directly enter and update data in the system, submit data to the system through a lightweight online portal, and/or submit paper forms to regional offices for manual entry. In whatever model selected, GetCare can support the management of volunteer profiles (including, but not limited to, monitoring background checks, certifications, and training / continuing education credits).				

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
4.	Describe how nursing facilities and assisted living facilities are managed in the system.	X	X		
	Bidder's Response: As mentioned, the system can maintain a comprehensive database of nursing facilities and assisted listing facilities (licensed and, if desirable, unlicensed), and enable authorized users to update facility information and add/deactivate new and closed facilities in real-time. (If desirable, each facility can be assigned to a specific regional ombudsman office.) The system will offer as-you-type matches for facilities as well as individuals (e.g. residents, complainants) already in the database – enabling population of records in seconds and preventing record duplication / ensuring the accuracy of reports.				
5.	Describe how the system creates and tracks corrective action plans.	X	X		
	Bidder's Response: The system captures all tasks / activities associated with a case until resolution (essentially creating an action plan for staff / volunteers). If desirable we can configure your Ombudsman component to also support staff when following-up on a case or making referrals to third-parties.				
6.	Describe how the system documents LTCOP cases, complaints, corrective action plans, and follow up.	X	X		
	Bidder's Response: The system will document the complete lifecycle of a case, from receipt / identification of a complaint, investigation, verification, resolution, and (when applicable) referral / follow-up. Please see our response to Requirement 1 (above) for more detail.				
7.	Describe how the system tracks LTCOP activities, consultations, and trainings.	X	X		
	Bidder's Response: As mentioned, the system will track all NORS / state-sanctioned ombudsman activities, and captures time spent (including travel time), topics discussed / presented, and individuals / facilities involved (and can, when appropriate, allow an activity to be associated with one or more active cases). Although we will configure this component around state programmatic preferences, common activities recorded include (but are not limited to) training (from initial certification through continuing education), consultation (to both individuals and facility staff / management), facility visits (not solely case-related), hearing attendance (such as guardianship proceedings or discharge fair hearings), legal services coordination, and community outreach / advocacy (such as press releases / media interviews and community presentations).				
8.	Describe how the system data verification activities are managed at the local and state level.	X	X		
	Bidder's Response: The GetCare Ombudsman component includes configurable rules (which we will set-up for DHHS as part of our standard implementation services) regarding the timeliness and process of verifying a complaint which can be managed / monitored at the state level.				
9.	Describe information regarding the database, collection of required data elements, how required fields are flagged, and how data is verified prior to submission and certification at the federal level.	X	X		
	Bidder's Response: As mentioned, the system captures all NORS data elements (and marks / enforces such fields as mandatory). In addition, state-specific fields can be mapped to NORS codes per DHHS preference. When compiling the federal NORS report, the system automatically				

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
	runs secondary validations to ensure completeness and compliance with federal guidelines prior to submission.				
10.	Bidder must be able to convert Federal Fiscal Year 2017, 2018 and 2019 Ombudsman database data into proposed system. Provide a conversion plan.	X	X		
	Bidder's Response: Please see our response to DBM-5 (above). RTZ has a lot of experience migrating historical state Ombudsman data (including facility data) and have priced these services into our proposal.				

Draft project work plan

Unlike some vendors, we do not push a "one-size-fits-all" implementation schedule or approach. The RFP specifies that the new system to be functional by July 1, 2019. Given that we are offering a proven, off-the-shelf solution, we can comfortably meet this deadline. In fact, we routinely execute statewide GetCare implementations on a 90-day timeline (from contract finalization / receipt of needed information – such as a copy of forms/assessments and legacy dataset); however, we can accommodate an accelerated timetable if necessary to accommodate an expiring legacy software contract or other project realities. (We can also do a phased implementation if desirable, such as implementing the ombudsman component on a separate timeline.)

We are confident in our ability to deliver. In fact, we successfully implemented a GetCare system similar to the one proposed herein (with almost 1,000 users and more than 200,000 client records to convert) in as little as two months for a client that had an expiring contract with Harmony/Mediware. We are selective about the projects we pursue – we seek out good-fit projects and ultimately respond to fewer than half of the RFPs we receive by invitation. This disciplined focus ensures that we have adequate bandwidth (both in terms of personnel and equipment) to devote to our existing and new clients alike. We can begin talking with stakeholders and laying the groundwork for implementation immediately – as soon as the ink dries on the contract (or as soon as state stakeholders are ready).

Accordingly, as soon as DHHS signs-off on the final workplan, RTZ will focus all resources on configuring the GetCare platform. While we encourage DHHS to actively participate in this phase, we will do all of the heavy lifting. We will handle all system set-up on behalf of DHHS (staff will not need to struggle with so-called "form builders" or other front-end configuration tools). As we configure the system, we will concurrently work on migrating your legacy data.

That fact that we work with stakeholders to configure data fields and system functionality is a significant strength and point-of-differentiation of our proposed solution. The advantage is simple – we do not force a cookie cutter system on our clients. Instead, we will configure our GetCare platform to show only the fields each cohort of users wants and needs to see. This flattens learning curves and speeds up data entry. Simply put, we will work hard to ensure that our GetCare solution fits your workflow – not the other way around.

Once we have completed system configuration and data migration, we will begin setting-up user accounts (including role-based permissions) and scheduling acceptance testing and training.

Once stakeholders feel comfortable using the system – and comfortable that the system meets the core business requirements of DHHS – we will schedule a cutover date to the production system. As this cutover date approaches, we will provide comprehensive transition assistance. Inevitably, some staff will feel anxious about using a new system; we will do whatever it takes to ensure a smooth transition from your legacy software to our GetCare platform. (Should any issues or disputes arise during the changeover period, state staff can work directly with the Project Executive identified in this proposal – this individual will make sure problems are resolved and performance standards are met.)

A high-level sample project work plan has been included below that summarizes major actions, deliverables, and milestones. (Please note that the "Duration" column counts weekdays with the exception of set-up of cutover which is scheduled to take place over a weekend. Routine tasks – such as project status meetings – have been omitted for brevity.) This sample plan assumes a March 1, 2019 project start date and suggests a 90-day planning, configuration, and implementation phase. Once we have more visibility into DHHS's preferred implementation approach, within two weeks of the contract start date, RTZ will provide a detailed workplan for each project component that meets state preferences. The final workplan will include, as appropriate, tasks/subtasks, timeframes (specific start/end dates), assumptions/dependencies, assignments (responsible parties/persons), deliverables, and checkpoints/milestones.

Item	Agency	Duration	Start	End
Contracting phase				
Finalize & execute contract + business associate agreement	both	20 days	FEB 1	FEB 28
Schedule project kick-off call + initial program-specific workgroup calls	both	1 day	MAR 1	MAR 1
Design phase (discussions, demonstrations, decisions, documentation)				
Conduct kick-off call Possible agenda items include discussing project / program points-of-contact and stakeholder engagement, communication / escalation protocols, implementation timelines / expectations, and high-level state decisions.	both	1+ hour	MAR 4	MAR 4
Draft & submit detailed project workplan	RTZ	9 days	MAR 5	MAR 15
Hold initial program-specific workgroup calls Workgroups will be program specific. Initial sessions will include showing system configuration points and determining DHHS preferences. Subsequent sessions will discuss project status and show new configurations in the sandbox site to confirm they meet program needs prior to formal acceptance testing.	both	20 days	MAR 5	APR 1

Item	Agency	Duration	Start	End
Draft & submit project control documents for review	RTZ	20 days	MAR 5	APR 1
Configuration of hosting environment				
Review system resource requirements; size AWS instances	RTZ	1 day	MAR 1	MAR 1
Set-up sandbox environment	RTZ	1 day	MAR 4	MAR 4
Conduct volume testing and optimize load balancing	RTZ	2 days	MAR 5	MAR 6
Complete hosting checklist and establish preliminary readiness	RTZ	2 days	MAR 7	MAR 8
Configuration of data collection screens				
Configure data fields / functionality based on workgroup sessions Based on the configuration decisions and "to-do" items identified in the workgroup sessions, we will iteratively configure program-specific modules / screens. Includes incorporating state-specific screening and assessment instruments and data flow, eligibility rules and enrollment mechanisms, and set-up of alerts / notifications.	RTZ	40 days	MAR 5	APR 30
Configuration of interfaces				
Set-up "SAMS" data import mechanism RTZ will deploy off-the-shelf functionality (either a portal for periodic submissions or an API for real-time integration) that will enable AAAs using SAMS (or another legacy system) to submit data to the state GetCare system in a defined format. Per the RFP, this will be a one-direction interface.	RTZ	10 days	APR 16	APR 30
Configuration of operational reports				
Prioritize operational reports needed / used (by program)	DHHS	5 days	MAR 11	MAR 15
Review GetCare library / identify changes + mapping updates needed	both	5 days	MAR 18	MAR 22
Configure operational reports needed at Go-Live	RTZ	20 days	MAR 25	APR 19
Data conversion / migration				
Obtain / transmit complete copies of legacy datasets	DHHS	10 days	MAR 4	MAR 15
Review files for completeness + ask preliminary questions	RTZ	5 days	MAR 18	MAR 22
Complete service-set mapping / map unique elements to NAPIS / NORS	DHHS	10 days	MAR 25	APR 5
Build and test conversion / migration scripts	RTZ	30 days	APR 8	MAY 10
Obtain / transmit final copies of legacy datasets for migration	DHHS	1 day	MAY 31	MAY 31

Item	Agency	Duration	Start	End
Testing				
Test system configuration and data migration; perform remediation	RTZ	10 days	MAY 1	MAY 14
Provide list of all users performing acceptance testing	DHHS	2 days	MAY 13	MAY 14
Set-up user test accounts / enforce state password requirements	RTZ	1 day	MAY 15	MAY 15
Perform acceptance testing on system configuration & data migration	DHHS	5 days	MAY 16	MAY 22
Training				
System introduction for acceptance testers / lead users (by group)	RTZ	1 day	MAY 15	MAY 15
Update online user how-to guides / record video tutorials	RTZ	10 days	MAY 13	MAY 24
Provide system training (onsite / web-based as determined)	RTZ	4 days	MAY 28	MAY 31
Hold program / module-based "Q&A" forums (if desirable)	RTZ	5 days	JUNE 3	JUNE 7
Cutover				
Conduct readiness review + create cutover plan / schedule	Both	2 days	MAY 23	MAY 24
Provide final list of all users and permissions	DHHS	4 days	MAY 28	MAY 31
Legacy systems "Go Dark"	DHHS	1 day	MAY 31	MAY 31
Conduct final data migration and complete launch checklist	RTZ	2 days	JUNE 1	JUNE 2
GetCare platform "Go Live"	RTZ	–	JUNE 3	–
Contingency time (if needed)	**RTZ**	**20 days**	**month of June**	
Operations / maintenance phase	**RTZ**	**–**	**JUNE 3**	**ongoing**

Some tasks will require the involvement of state staff; however, as mentioned, we will handle all system set-up on behalf of DHHS. This will keep state project resource requirements to a minimum and allow staff to focus on program outcomes rather than trying to configure screens and set-up user accounts.

Deliverables and due dates

As mentioned we have a lot of experience transitioning SUAs from legacy software products to our next-generation, cloud-based GetCare platform. Our clients will tell you that we delivered on our promises

and, more importantly, that our team worked closely with stakeholders to ensure that GetCare fit their workflow – not the other way around. They can also tell you the many advantages of using a system built on one codebase by one programming team.

Under this bid we are offering our core GetCare system which meets all RFP requirements out-of-the-box, and which will be further configured around your specific needs, preferences, and workflow. And since GetCare uses an innovative table-based design, we can configure the system with minimal source code modifications. (We will primarily set-up the system using front-end configuration tools; this "COTS" approach reduces project risks while ensuring a timely and cost-effective implementation.)

We do not push a "one-size-fits-all" implementation schedule or approach. We routinely execute statewide GetCare implementations on a 90-day timeline as suggested in the sample workplan; however, we can adjust this timeline as needed to fit needs and preferences. (We can also do a phased implementation if desirable, such as implementing the ombudsman component on a separate timeline.)

We have a solid track record of delivering systems on time. During a recent large-scale deployment of GetCare, the client remarked that the legacy vendor could not implement in years what we were able to implement in three months. Whereas large software vendors may offer minimal implementation support – and whereas small software vendors can easily become overextended on projects involving extensive custom-development work and do not have the option to simply increase resource allocations when deadlines start to slip – we offer a lot of organizational flexibility and bandwidth. In fact, we successfully implemented a GetCare system more complex than the one proposed herein (with almost 1,000 users and more than 200,000 client records to convert) in two months for a client that had an expiring contract with Harmony/Mediware. We are selective about the projects we pursue – we seek out good-fit projects and ultimately respond to fewer than half of the RFPs we receive by invitation. This disciplined focus ensures that we have adequate bandwidth (both in terms of personnel and technical infrastructure) to devote to our existing and new clients alike. We can begin talking with stakeholders and laying the groundwork for implementation immediately – as soon as the ink dries on the contract (or as soon as state stakeholders are ready).

In the event DHHS identifies RTZ as the preferred bidder, we anticipate entering into a brief contract finalization / execution phase. During discussions, we can (if desirable) present implementation options for consideration. For example, the standard GetCare system supports real-time in-the-field data collection on both laptops and mobile devices with wireless or cellular broadband connections. Discussions will also focus on finalizing the State's preferred approach regarding functionality not fully defined in the RFP, such as identifying and spec-ing out interfaces (i.e. defining the frequency, format, mechanism, and direction of data exchange), identifying any hard deadlines (e.g. when a contract ends or a fiscal year begins), obtaining additional project documentation as well as any new project-related decisions and/or developments, and determining DHHS's preferred methods of communication and developing a formal communications plan with contact information for key stakeholders and escalation protocols. We will also provide additional details about members of the proposed project team and get final DHHS sign-off prior to contract finalization (it is important that all stakeholders feel comfortable working with the assigned RTZ personnel).

It should be noted that by "planning sessions" we do not mean flying one or two "implementation

specialists" to Lincoln for a condensed one or two-day meeting; rather, we mean a sustained engagement during which a multidisciplinary team (including individuals that have worked both for and with agencies like DHHS) talk via WebEx to various stakeholder groups for the full implementation period. This is critical given the nature of this project. Stakeholders will need to consider implementation options, make decisions, and ultimately finalize a project roadmap that clearly delineates short-term and long-term objectives. We are committed to guiding DHHS through this process and doing the heavy lifting.

Once the State's preferred implementation approach is finalized, we can create a workplan for each project component that meets the State's specific implementation needs and preferences. The final workplan will include, as appropriate, tasks/subtasks, timeframes (specific start/end dates), assumptions/dependencies, allocated/assigned resources (responsible parties/persons), deliverables, and checkpoints/milestones. Our collaborative approach to configuring and implementing a system is a unique attribute of our firm. We do not simply tell you what we will do and when; rather we work for you and with you. (We provide *software as a service* but more specifically provide *services with software*. This is a significant point of differentiation from other vendors.)

At this time we estimate that the State will fully execute a contract on or around March 1, 2018. Immediately following contract execution, RTZ will convene an implementation planning session collectively engaging all stakeholder groups. We believe that it is important to conduct this meeting early to allow for meaningful dialogues with a variety of stakeholders, including lead case managers. (Involving "front-line" staff in the implementation phase not only allows us to configure GetCare around their daily routines, but also gets them excited about using the new system and obtains upfront buy-in.) Initial project "kick-off" sessions will focus on assessing legacy software (noting what works and what does not), reviewing current DHHS policies and procedures (including current / ideal workflow), obtaining all current DHHS forms and assessments, discussing service mapping, and walking-through the GetCare platform – with a particular emphasis on key configuration points. (Some vendors pass on the onus of system configuration to their clients; not us. We offer comprehensive configuration and set-up services. If desirable we can even handle ongoing "system admin" tasks – such as account management – so DHHS can focus on supporting the service network, not software.) Subsequent break-out sessions will focus on separating mandatory scope-of-work functionality from "wish list" optional functionality (RTZ will make sure that it has all mandatory functionality in place prior to the scheduled "go-live" date, and then talk to stakeholders about the roll-out of any optional functionality during a refinement phase). We can help stakeholders weigh the pros and cons of various data sharing protocols (including "non-reciprocal" access for programs that have a higher degree of client confidentiality, like the Ombudsman program), discuss how other states have handled client consent / confidentiality issues, determine *who can see what data when* (consistent with HIPAA "need-to-know" guidelines), and define how "hand-offs" will occur between programs. We will also discuss DHHS acceptance testing and training preferences.

Based on these initial meetings, we will develop and submit a detailed workplan to DHHS for approval. (In addition to providing a clear implementation roadmap, this document will memorialize all stakeholder-decisions related to assessment and data collection / data sharing protocols). We will also provide suggested training and testing plans.

As soon as DHHS signs-off on the final workplan, RTZ will focus all resources on configuring the GetCare platform. We will encourage all stakeholders to actively participate in this phase – including AAA representatives. Specifically we will review/refine the functional and technical requirements specified in the RFP with DHHS subject matter experts and stakeholders; however, it should be noted that since our operationally-proven platform already substantively meets the functional and technical requirements listed in the RFP, DHHS will avoid the resource-intensive JAD sessions necessitated by a custom build. Moreover, we will handle all system set-up on behalf of DHHS and AAAs (staff will not need to struggle with so-called "form builders" or other front-end configuration tools).

It should be noted that we built GetCare using a table-based design philosophy, enabling us to configure the application for each individual client without the risks and costs associated with modifying the underlying application source code. The handful of features that will require some source code modification will flow through our standard high-velocity "Continuous Delivery" approach to developing and deploying incremental, low-risk / highly reliable version releases. Our development team has extensive experience customizing GetCare (and has even built entire "one-off" modules for clients). Programmers use both open-source and proprietary version control and code management software that allows for site-specific customizations and configurations, while preserving compatibility with future general product upgrades. Any customizations made for DHHS will have no affect on its warranty provisions or its ability to receive future system updates. Our version control software enables us to maintain client-specific versions in parallel (and can even visually depict client-specific configurations and customizations – "branches" from the master code – for developers and product managers).

As we configure the system, we will concurrently work on migrating your legacy data. Converting and migrating data into the new system is imperative to project success. If a user cannot pull-up historical data during operational use, it will have a business impact. We have extensive experience migrating data, and can even flag consumer records containing missing, duplicate, or problematic data for review.

Data migration will not impact business processes. DHHS will continue to use its legacy software as we test data migration in a staging ("sandbox") environment. Once a data migration achieves customer acceptance, we will obtain a fresh copy of your data and re-run the script immediately prior to go-live. We can typically run the final migration script over a weekend, minimizing the amount of time between go-dark and go-live.

After the final migration we will provide DHHS with a summary report, and identify any residual data errors and omissions carried-over from the legacy database that arose after (or were otherwise not resolved during) the customer review/acceptance process.

Once we have completed system configuration and data migration, we will begin setting-up user accounts (including role-based permissions) and scheduling acceptance testing and training.

Once stakeholders feel comfortable using the system – and comfortable that the system meets the core business requirements of DHHS – we will schedule a cutover date to the production system. As this cutover date approaches, we will provide comprehensive transition assistance. Inevitably, some staff will feel anxious about using a new system; we will do whatever it takes to ensure a smooth transition from your legacy software to our GetCare platform.

Based on our review of the functional and technical requirements put forth in the RFP we believe that GetCare would be a great fit for DHHS, and we would welcome the opportunity to provide stakeholders with a firsthand demo of the system.