



**Questions and Answers No. 1**  
**CATS+ TORFP # F50B4400009, F50B4400010, F50B4400011, F50B4400012**  
**Agency Independent Verification & Validation (IV&V)**  
**Department of Health and Mental Hygiene (DHMH) and Other Agencies**

Ladies/Gentlemen:

This list of questions and responses is being issued to clarify certain information contained in the above referenced TORFP. The statements and interpretations contained in the following responses to questions by potential Offerors are not binding to the State, unless an addendum expressly amends the TORFP. Nothing in the State's response to these questions is to be construed as agreement to or acceptance by the State of any statement or interpretation on the part of the vendor.

1. For human resource planning and bid decision-making purposes, regarding this procurement and possible upcoming State IV&V procurements:
  - a. Is the State going to be releasing multiple, separately bundled IV&V procurements in the near future, like it did in 2010?

**RESPONSE: The State cannot comment on future procurements.**

- b. If yes, will the format of those IV&Vs be like the format of this procurement, where one of the IV&Vs will comprise multiple project IV&Vs performed concurrently?

**RESPONSE: The State reserves the right to bundle IV&Vs in the future similar to this solicitation.**

2. Since the inception of the State's IV&V program, for each multi-project IV&V contract, each project IV&V was performed one at a time (with some possible overlap once a single project IV&V had begun).
  - a. What was the rationale for having the IV&V of all four projects in IV&V #F50B4400009 be performed concurrently?

**RESPONSE: The four projects are high priority to the State and require immediate attention.**

- b. Because of the very detailed nature of IV&Vs (required to ensure the most accurate findings), has the State considered the risk to the thoroughness or quality of the IV&Vs, when four (and possibly five) projects are assessed at the same time?

**RESPONSE: The State acknowledges that the size of an IV&V team will need to be larger to ensure a quality review of each project.**

3. For IV&V #F50B4400009, for the deliverables that are meetings (e.g., Kick-Off Meeting, Internal Presentation and Agency Presentation):
- Will there be a single/combined meeting for each deliverable that includes all four DHMN projects?

**RESPONSE: The Kick-off Meeting and Internal DoIT presentations are likely to be single combined meetings. The Agency presentations will likely involve each project team separately.**

- If yes, currently, these meetings for a single project IV&V can last an hour (or more). Does the State anticipate that these meetings could now last 3 or more hours?

**RESPONSE: Yes.**

- If not, is there the expectation that less detail will be presented in these meetings?

**RESPONSE: No.**

4. While the due dates for the Findings Report related deliverables for IV&V #F50B4400009 are about four weeks longer than past single project IV&V due dates:
- Can Contractors propose revised deliverable due dates in line with the time the Contractor estimates is needed to perform high-quality and thorough concurrent IV&Vs?

**RESPONSE: No. At the time of proposal submission, the Offeror shall commit to the deliverable due dates listed in the TORFP.**

- If yes, will a Contractor's proposal that includes longer deliverable due dates be scored lower than Contractors that propose the TORFP prescribed due dates?

**RESPONSE: Please see the Response to Question 4 (a).**

5. For IV&V # F50B4400009, deliverable 2.6.2.8, because the Contractor does not know how many of the four DHMH projects will need corrective action, it is difficult to calculate a fixed price for developing the CAP.
- What guidance can the State provide regarding the assumptions a Contractor should make when pricing this deliverable?

**RESPONSE: If a Corrective Action Plan (CAP) is necessary, the time has been accounted for in the price structure. There are several options listed in Section 2.6.2.9 (a – d) to support the one or multiple CAPs.**

- If a Contractor calculates the cost of this deliverable, for example, assuming two of the projects will need a CAP (and this is noted in the Contractor's proposal assumptions), and if in fact, all four projects need a CAP, would the State be open to modifying the fixed price for this deliverable?

**RESPONSE: No. Please see the response to question #5 (a).**

6. Section 2.1 states there may be up to three additional IV&Vs. Will these be single project IV&Vs, or could a single IV&V contain more than one project like IV&V #F50B4400009?

**RESPONSE: The three additional fixed price IV&Vs will be single project IV&Vs.**

7. Attachment 12, section 1.1.1.A, states Contractors shall have provided at least two (2) personnel with a combined total of 6 years IV&V or project management experience with government medical systems.
- a. While the resumes of these individuals are to be included in the proposal, this requirement does not mean that these two individuals need to be bid on the Contractor's team for this procurement, correct?

**RESPONSE: No, that is incorrect. The proposed individuals are required to be on the Offeror's team for this solicitation. Please see Attachment 12 section 1.1.1**

- b. If a Contractor does bid one or both of these individuals (and they are strong personnel), will the Contractor receive a higher technical score than a Contractor that bids equally strong personnel (with the required medical system experience), but who did not perform the work while employed by the Contractor?

**RESPONSE: Please see Section 4.2 of the TORFP to determine the evaluation factors for this TORFP.**

8. Section 1.5 states an MBE goal of 30 percent shall apply to the TORFP (not each individual IV&V). However, do prime Contractors need to ensure that 30% of IV&V #F50B4400009 is given to MBEs to ensure the overall goal is met in case the TBD IV&Vs are not exercised (as has happened on past IV&Vs)?

**RESPONSE: Yes.**

9. When does the State expect the project to start?

**RESPONSE: The IV&Vs will start immediately after award of the Task Order.**

10. Section 2.8 - Would you please confirm that either the master contractor or one of its subcontractors must possess corporate past performance with a medical or government medical program? Would the State consider proposed personnel experience to meet this minimum qualification?

**RESPONSE: Either the Master Contractor or one of its subcontractors (collectively the team) must possess the past performance. The State will not consider the experience of proposed personnel to meet this minimum qualification.**

11. When do you anticipate making an award and issuing an NTP for each IV&V?

**RESPONSE: Please see the Response to Question 9.**

12. Attachment 2 (Form D-1, Form D-2, Form D-3, Form D-4, Form D-5), Attachment 3, Attachment 9, and Attachment 10 all reference only F50B4400009 and not the other IV&V numbers. Shouldn't these all be changed to F50B4400009- F50B4400012?

**RESPONSE: Yes, please see Amendment #1.**

13. The GOMA directive for contract MBE participation suggests that a 19% participation rate is acceptable for IT related projects. The CATS Plus Master Contract goal is 20%. Now that sub goals have been added that will require SBR primes to include additional teaming partners, this will add to overhead costs and likely restrict personnel assignments. As an alternative, would the state consider reducing the MBE participation rate to 19%? Because this is an SBR procurement, the chances are good that MBE organizations will bid as primes. Many procurements recently issued have no MBE requirement, and in light of these facts, we believe a 30% participation level to be extremely challenging to achieve when subgoals are added.

**RESPONSE: The State will not reduce the MBE goal to 19%. Every TORFP is assessed for subcontracting potential and an MBE goal is set accordingly.**

14. RFP page 20 section 2.5.5.1 lists objective 6 as "other assessment objectives tailored to specific project circumstances." This is so broadly defined as to render it extremely difficult to estimate its level of effort. Will the state consider moving this objective to be included in the "Non-standard" IV&V so that it can be based on the labor category rates defined in Attachment A?

**RESPONSE: No. It is not the State's intent to use objective 6 for tasks that would fall outside the scope of a standard IV&V. The State will utilize a non-standard IV&V for a project with an unusual scope of work.**

15. Which documents will be available in the reading room?

**RESPONSE: At this time, the State does not have any documents available in the reading room.**

16. Do any of the DHMH projects share the same team members? For example, is there a DHMH or DHMH contractor who has project management responsibilities for more than one of the DHMH projects identified?

**RESPONSE: Contractor resources are not shared between projects, however there is crossover of some DHMH resources between projects.**

17. On page 31, section 2.8, bullet #1 ( the second listed #1 that leads in with "The Master Contractor's team ....."). The requirement is for "demonstrated experience of at least one engagement shall be with a medical **OR** government medical program such as Medicaid, Medicare, OR state equivalent."

- a. Could you please clarify if commercial medical program experience would qualify?

**RESPONSE: Yes, commercial medical program experience will qualify. Please see Amendment #1.**

- b. Also, could you elaborate on what other type of system ( either specific or in general) would be considered and meet the “state equivalent” system requirement?

**RESPONSE: The project must be similar to the projects the state intends to assess with this TORFP. See sections 2.5.1, 2.5.2, 2.5.3 and 2.5.4**

18. Since this is the first time we’ve seen this, if could you please elaborate on what the thinking was to combine four IV&V’s from one agency into one contract?

**RESPONSE: Please see the Response to Question 2 (a).**

Thank you,

Michael G. Meinl  
Procurement Officer

End of Question and Answer # 1



**Questions and Answers No. 2**  
**CATS+ TORFP # F50B4400009, F50B4400010, F50B4400011, F50B4400012**  
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1. Page 70, Section 2 - is the contractor only expected to discuss IV&V-specific information for IV&V #F50B4400009 in the proposal and not for IV&Vs F50B4400010-F50B4400012?

**RESPONSE: Yes, only specific information regarding F50B4400009. The TBD IV&Vs are unknown at this point.**

2. The TORFP asks for references for the Master Contractor only. Is it correct to assume that references are not required for individual proposed personnel?

**RESPONSE: That is correct.**

3. May we have permission to submit all attachments in PDF instead of having one of them in Word?

**RESPONSE: Please follow the submission instructions in Section 1.3. In addition, the technical proposal may be submitted in both Word and PDF versions.**

4. Could you please let us know if there is an incumbent for this (IV&V) DHMH opportunity?

**RESPONSE: There is no incumbent for this solicitation.**

Thank you,

Michael G. Meinl  
Procurement Officer

End of Question and Answer # 2