

Unified Network Infrastructure

RFP Phase 1 Template

# Instructions

This Microsoft Word template must be used for all Phase 1 responses. Do not change the margins, font, or font size when using this document. Enter all information in the form blanks provided. Any material beyond the identified space limits will not be considered during evaluation. Additional attachments to this document not specifically allowed by instructions in this document will not be considered during evaluation. Respondents must also complete the Cost Proposal Template. Refer to the [RFP web page](https://www.healthierhere.org/cie/tech-rfp-spring2021/) for further information.

# Respondent Information

## Organization Responding to the RFP

List information for the organization that is responding to the RFP.

Name: Click or tap here to enter text.

(legal name and any applicable trade names)

Address: Click or tap here to enter text.

Website URL: Click or tap here to enter text.

Type of entity: Click or tap here to enter text.

(e.g., corporation, LLC, partnership, nonprofit, social venture)

## Primary Contact at the Responding Organization

List the name, title, and contact information for the individual we should contact with questions or updates.

Name: Click or tap here to enter text. Title: Click or tap here to enter text.

Email: Click or tap here to enter text. Phone: Click or tap here to enter text.

## Authorized Officer for the Responding Organization

List the name, title, and contact information for an individual authorized to make decisions for the organization, represent the team included in this response (if applicable), and commit the organization/team to the content of this response.

Name: Click or tap here to enter text. Title: Click or tap here to enter text.

Email: Click or tap here to enter text. Phone: Click or tap here to enter text.

## Ownership of the Responding Organization

[ ]  Woman-owned

[ ]  BIPOC-owned (Black, Indigenous, People of Color)

## Role of the Responding Organization

Role(s) of your organization for this RFP (Check all that apply. Prime contractor model is significantly preferred.):

[ ]  Prime contractor (i.e., an entity leading a team that together provides all services necessary to host the technology, implement and operate the solution, and integrate partners)

[ ]  Technology product and/or service vendor

Do you provide hosting for your technology or provide it as Software-as-a-Service? Click or tap here to enter text.

[ ]  Implementer, integrator, and operator

What technology platforms do you implement, integrate, and operate? Click or tap here to enter text.

## Experience of the Responding Organization

Years your organization has been in business: Click or tap here to enter text.

If applicable, number of years under the present business name: Click or tap here to enter text.

Years your organization has been providing software or service that meets the requirements of the RFP: Click or tap here to enter text.

# Proposed Solution

1. Based on your understanding of the Connect2 Community Network Plan and RFP Scope of Work, how would your organization architect the Unified Network Infrastructure to achieve our vision and deliver prioritized functionality? If you propose a different architecture than shown in the plan, please let us know why. (up to 5 pages, including diagrams)

Click or tap here to enter text.

1. What specific off-the-shelf technologies would you recommend within the Unified Network Infrastructure and why? What demonstrates your expertise with each recommended technology? List functions/components that require custom development. (table only)

| Vendor, Product Name | Function / Purpose | What demonstrates your expertise with this technology? | Open Source | License Included\* |
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If any of the listed products requires custom development rather than configuration, explain the rational in “Function / Purpose”. If your solution requires more than six off-the-shelf technologies, choose the six most important products to include in this table.

\* Check the box in this column for each technology component for which the respondent will negotiate terms for and obtain any required licenses. Do not check this box if HealthierHere must obtain any required licenses on behalf of the respondent. Licenses included by the respondent are preferred.

1. Describe how the solution you describe and products you list above provide each of the following critical functions:
	1. Resource Directory: Provides the capability to receive submissions from partners, aggregate submissions into a directory, enforce data quality, and share the directory with partners

Click or tap here to enter text.

* 1. Client Demographics: Provides the capability to receive client demographics, enforce data quality, search for clients based on demographic information, and share matching client demographics with partners

Click or tap here to enter text.

* 1. Consent Management: Provides the capability to electronically collect client authorization to collect, use, and share their data, capture scanned copies of paper authorization, and share authorization with partners as part of client data

Click or tap here to enter text.

* 1. Referrals: Provides the capability to receive electronic referrals from referring partners and route them to receiving partners, translating between technical formats needed to bridge disparate referral platforms

Click or tap here to enter text.

* 1. Aggregated Data: Provides the capability to collect, filter, and download data contained in the system to evaluate network operations and performance, community impact, identify service gaps, and support process and quality improvement

Click or tap here to enter text.

* 1. Main Data Management: Provides the capability to master data submitted from multiple sources, reliably merge duplicates, transform data to a common terminology set, and identify and address data quality issues.

Click or tap here to enter text.

* 1. Any other feature or component that is unique to your architecture, solution, or technology components, or that you would like to highlight for evaluation

Click or tap here to enter text.

1. To deliver the solution, with which organization(s) would you partner/subcontract and what role would they play, including organization to operate Unified Network Infrastructure on an ongoing basis? (table only)

| Organization | Role | On Team | Agreement |
| --- | --- | --- | --- |
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For each organization, indicate whether it is included as a team member on the bid of a prime contractor, and whether a MOU, teaming agreement, or other agreement is in place with the organization as part of this bid.

If your team includes more than five team members, list others here:

1. Describe at least 3 specific examples of in-production implementations of data sharing across diverse, independent organizations, ideally among health care and community-based organizations. What makes these examples relevant to implementation success of the Unified Network Infrastructure? (table only, 1.5 page maximum)

| Yearlive | Brief description, including types of organizations sharing information, type of users, data type and volume, cost | Role(s) your organization played | Relevancy toC2CN UNI |
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1. Describe integrations you or a member of your proposed team has completed or is contracted to complete with organizations in King, Pierce, or Snohomish Counties. List those that are completed, under development, or planned along with go-live date or anticipated go-live for each integration. (table only)

| Organization | Type of system integrated and type of data exchanged | Status | Date Live |
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1. Describe your privacy and security program, providing specific examples of applicable solutions to demonstrate your ability and processes to secure and manage sensitive data, including Protected Health Information, that will be exchanged across the solution to various organizations. List relevant certifications and standards that will be applicable to the solution. You may attach relevant certificates. Fill out the checklist below. (e.g., HIPAA, FERPA, 42 CFR Part 2, HITRUST, ISO, NIST, etc.
2. The following controls will be required to support the solution. These are non-exhaustive examples: 1) the ability to limit sharing of specific data only once for one specific purpose/referral with one specific organization, 2) the ability to limit data visibility to specific organization types and/or caregivers/family members, 3) the ability to share certain data types only if additional client authorization is obtained and expire that authorization in its unique timeframe. Describe how your solution supports this level of control and whether it is built into the solution.

Please respond to the following initial questions regarding your organization’s privacy and security practices. If your organization is selected to continue onto the next round of this RFP, additional information regarding your organization’s privacy and security practices will be required.

Yes No

[ ]  [ ]  Does your organization maintain a documented organizational information security and privacy program?

[ ]  [ ]  Does your organization conduct a risk assessment, at least annually, to address information security and privacy risks?

[ ]  [ ]  Do you have a documented security incident response plan?

[ ]  [ ]  Do you have procedures in place to address and meet customer notification obligations in the event of a security incident?

[ ]  [ ]  Has your organization experienced any security breaches in the past five years?

If yes, please describe. Click or tap here to enter text.

[ ]  [ ]  Do you maintain an external written privacy notice/policy?

[ ]  [ ]  Do you obtain approval/consent for data processing where required?

[ ]  [ ]  Do you maintain an inventory of resources (e.g., physical devices, hardware, software, and systems) within the organization?

[ ]  [ ]  Do you maintain a written Business Continuity and Disaster Recovery (BC/DR) Plan?

If yes, how frequently is it tested? Click or tap here to enter text.

[ ]  [ ]  Do you have independent audits conducted of your information security practices?

If yes, how frequently? Click or tap here to enter text.

[ ]  [ ]  Does your company have a completed SSAE or SOC Audit? If so, please provide a copy, and/or copies of any additional relevant external certifications attached to this template.

Please outline procedures your organization has in place to ensure compliance with HIPAA/HITECH requirements.

Click or tap here to enter text.

[ ]  [ ]  Will the solution provide the ability to logically segment or encrypt customer data such that, in the event of subpoena, data may be produced for a single customer only, without inadvertently accessing another customer's data?

[ ]  [ ]  Will the solution encrypt data-at-rest and in transit?

If yes, please specify the applicable encryption protocols that will be implemented. Click or tap here to enter text.

[ ]  [ ]  Are controls in place governing remote access to systems storing or accessing customer data?

[ ]  [ ]  Is multi-factor authentication required for remote access?

[ ]  [ ]  Does your organization adhere to industry standard secure coding practices (e.g., OWASP) in the development of the solution?

If yes, please describe. Click or tap here to enter text.

[ ]  [ ]  Do you have a written record retention and destruction policy?

[ ]  [ ]  Do you conduct vulnerability scanning/penetration tests?

If yes, how frequently? Click or tap here to enter text.

[ ]  [ ]  Do you have a documented policy concerning the installation and timing of security patches, malware protection, and virus definitions?

[ ]  [ ]  Do you conduct pre-employment background checks on all candidates?

[ ]  [ ]  Do you train employees regarding your applicable information security controls, acceptable use, and other IT, security, and privacy policies and procedures?

[ ]  [ ]  Do your information security and privacy policies align with particular industry standards (e.g., ISO-27001, ISO-22307, CoBIT)?

[ ]  [ ]  Do you conduct due diligence of third-party vendor prior to engagement, including those entities you identified as partners on this bid?

[ ]  [ ]  Do you contractually require third-party vendors to comply with information security and privacy standards, practices, laws, and regulations, including those entities you identified as partners on this bid?

[ ]  [ ]  Do you maintain cyber insurance coverage?

1. Describe your high-level implementation plan from award notification to end of year 2022. Why should Connect2 Community Network stakeholders have confidence that this plan and team can deliver? (1 page maximum)

Click or tap here to enter text.

1. List 3 top indicators that your organization will be strong 3 years from now. (1/3 page maximum)

Click or tap here to enter text.

1. How does your organization measure equity and hold itself accountable? (1/3 page maximum)

Click or tap here to enter text.