



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

dba

VALLEYWISE HEALTH

Integrated Program Management Office

2601 E. Roosevelt St., Building 2610B

Phoenix, Arizona 85008-6092

REQUEST FOR QUALIFICATIONS (RFQ)

SOLICITATION NO. 480-90-20-004-RFQ

FOR

VENDOR/DESIGN PROFESSIONAL

Response Due Date & Time:

February 3, 2020

NLT 1:00 PM AZ Time

This Project is part of the Care Reimagined Capital Improvement Bond Program (previously Proposition 480). The selected Design Professional for this project will NOT be precluded from submitting and receiving awards for any other Care Reimagined Capital Improvement Bond Program projects, nor be given any preference for the award of any other project contract.



RFQ Due Date: February 3, 2020

Vendor/Design Professional

Solicitation No. 480-90-20-004-RFQ

RFQ ISSUANCE DATE: December 23, 2019

SUBMITTAL DUE DATE AND TIME: February 3, 2020, no later than 1:00 PM AZ Time

SUBMITTAL LOCATION: Hand Deliver
Valleywise Health
Integrated Program Management Office
2611 E Pierce St. 2nd Floor*
Phoenix, AZ 85008

* Located on Pierce Street. See map provided (Exhibit B).

Express Mail Delivery
Valleywise Health
Integrated Program Management Office
2611 E Pierce St. 2nd Floor
Diane Latimore, Contracts Specialist Sr
Diane.Latimore@valleywisehealth.org

QUESTIONS AND CORRESPONDENCE: All questions must be submitted via email only by 10:00 AM AZ Time, January 6, 2020. Answers to questions and other clarifications will be in the Addenda issued through the Valleywise Health Website at on or before 1:00 PM AZ Time, January 13, 2020.

A Pre-Submittal Meeting will not be held.

PRE-SUBMITTAL MEETING: This is a one-step solicitation, as specified by the Maricopa County Special Health Care District Procurement Code. The successful Respondent, if any, will be selected at the end of the RFQ process.

ONE-STEP PROCESS:

TABLE OF CONTENTS

Request for Qualifications

Page

SECTION I: LEGAL ADVERTISEMENT	5
SECTION II: PROCUREMENT SCHEDULE.....	7
SECTION III: INSTRUCTIONS TO RESPONDENTS.....	7
Instruction 1: Defined and Controlling Terms	7
Instruction 2: Minimum Requirements for Respondents	9
Instruction 3: Acceptance of Contract Documents.....	9
Instruction 4: Respondents' Pre-Submittal Obligations and Representations.....	10
Instruction 5: Preparation of Qualifications	11
Instruction 6: Errors, Inquiries and Addenda	14
Instruction 7: Pre-Submittal Meeting.....	15
Instruction 8: RFQ Submittal, Due Date and Time.....	15
Instruction 9: Withdrawal of Response	15
Instruction 10: Response Opening	15
Instruction 11: Valleywise Health Reserved Rights.....	15
Instruction 12: Additional Prohibitions and Restrictions	16
Instruction 13: Acceptance Period	18
Instruction 14: Evaluation	18
Instruction 15: Protests.....	18
SECTION IV: PROJECT DESCRIPTION.....	18
SECTION V: SCOPE OF WORK	19
SECTION VI: PROPOSAL CONTENTS	20
SECTION VII: EVALUATION	24
SECTION VIII: AWARD	29

ATTACHMENTS:

1 Offer and Acceptance	30
2 Reference Form	31
3 Addendum Acknowledgement	32
4 Legal Worker Certification	33
5 Non-Collusion Affidavit	34
6 Organizational Information	35
7 Exceptions to RFQ Requirements and/or Contract Provisions	37
8 Valleywise Health Commercial Credit Card Program	38
9 Vendor Registration Form/Taxpayer I.D. Number	39
10 Contractor Employment Record Verification Requirement	41
11 Proprietary and/or Confidential Information.....	43
12 Conflict of Interest Certification	44
13 Anti-Lobbying Certification.....	45
14 Certification Regarding Debarment, Suspension, Proposed Debarment, and Other Responsibility Matters.....	46

EXHIBITS (not to be submitted with Response):



A Insurance Requirements 48

B Map of Valleywise Health Campus and Care Reimagined 53

SECTION I: LEGAL ADVERTISEMENT

Valleywise Health Solicitation NO. 480-90-20-004-RFQ

DESIGN REQUIREMENTS AND SPECIFICATIONS FOR

VENDOR/DESIGN PROFESSIONAL

December 23, 2019

Maricopa County Special Health Care District dba Valleywise Health – Integrated Program Management Office (IPMO) is seeking to identify, qualify, and partner with an independent 3rd party to investigate the potential of developing a single universal mobile device that manages and orchestrates the flow of real time communication and information between patients, clinical staff and administrative personnel in a seamless manner.

If your firm is interested in being considered for this project, you may obtain a copy of the RFQ packet at the Valleywise Health website: <https://valleywisehealth.org/community/care-reimagined/get-involved/>.

Any/all associated addenda for this RFQ will be available at the Valleywise Health website: <https://valleywisehealth.org/community/care-reimagined/get-involved/>. The Respondent bears sole responsibility to check the website for any/all addenda. Valleywise Health will not email or send out copies or notifications of any/all addenda(s).

This is a one-step solicitation as specified by the Maricopa County Special Health Care District Procurement Code. The successful Respondent will be selected and recommended to the Valleywise Health Board of Directors for Award. No contract shall exist until properly and formally approved for Award and fully executed by the Respondent and the properly authorized Valleywise Health Board of Directors.

Response Due Date and Time: February 3, 2020 no later than 1:00 PM AZ Time.

Sealed Proposals will be received by hand delivery or express mail only.

Valleywise Health
Integrated Program Management Office
2611 E Pierce St. 2nd Floor

Proposals received by the correct date and time will be opened and only the name of the Respondents shall be publicly read. All other information contained in the RFQ shall remain confidential until the award is made. All Submittals received after the time stated in this RFQ will



not be considered and will be returned to the Respondent unopened. The Respondent assumes the risk of any delay in delivery of its Proposal, including without limitation, delay in the U.S. Mail or in the handling of the mail by employees of Valleywise Health. Whether sent by mail or by means of personal delivery, the Respondent assumes responsibility for having the Proposal deposited on time at the place specified.

This announcement does not commit Valleywise Health to award a contract and Valleywise Health shall not reimburse any Respondent for any costs incurred in the preparation of a response. Valleywise Health reserves the right to accept or reject, in whole or in part, any or all responses submitted and/or to cancel this announcement and/or RFQ. Valleywise Health reserves the right to waive any informality or irregularity in any Proposal's received and to be the sole judge of the merits of the respective Proposal's received. Any contract awarded shall be based upon the response determined by Valleywise Health most advantageous to the Valleywise Health. No contract shall exist unless and until properly executed by Valleywise Health, including formal approval by the Valleywise Health Board when required. The Maricopa County Special Health Care District Procurement Code ("Procurement Code") governs this procurement and is incorporated into the RFQ by this reference. If there is any conflict between this advertisement and the terms of the RFQ or any applicable code or statute, the RFQ, code and/or statute shall prevail over this advertisement

**RESPONDENTS ARE STRONGLY ENCOURAGED TO
CAREFULLY READ THE ENTIRE RFQ.**

SECTION II: PROCUREMENT SCHEDULE

Procurement Schedule for this RFQ - dates may be changed by Addendum:

- | | |
|--|--|
| A. RFQ issued | Date and time as set forth on Page 2 of this RFQ |
| B. Questions due to Integrated Program Management Office | Date and time set forth on Page 2 of this RFQ |
| C. Proposals due | Date and time set forth on Page 2 of this RFQ |
| E. Interviews | W/C March 9, 2020 |
| F. Selection process completed, and selected firm notified | March 16, 2020 |

SECTION III: INSTRUCTIONS TO RESPONDENTS

INSTRUCTION 1: DEFINED AND CONTROLLING TERMS

- 1.01 Definitions: Terms used in this RFQ have the meanings indicated in the Contract, the General Conditions, the Project Specifications, Special Provisions, and Contract Documents, as applicable. Additional terms used in this RFQ have the meanings indicated below:
- A. “Consultant” shall mean any consultant who enters into a Contract with Valleywise Health or Design Professional for design or consulting services which relate to or impact the Design Services to be provided by the Vendor/Design Professional under the Contract Documents.
 - B. “Vendor/Design Professional” or “DP” shall mean the qualified, accredited or certified, firm or corporation who furnishes Design Services under the Contract Documents.
 - C. “Design Services” shall mean any and all services to be provided under the Contract Documents and may include, but not limited to: review of and response to Request for Information, approval and certification of progress payment applications; substantial Completion, and Final Acceptance and Completion, if so designated, and any and all other services required for the full, professional and timely performance by the Design Professional and its Consultants.
 - D. “Firm” shall mean each or any of the individuals, firms, partnerships, joint ventures, corporations or other legal entities submitting their qualifications in response to this RFQ.
 - E. “General Conditions” mean the General Conditions adopted by Valleywise Health and which apply to all Valleywise Health construction Projects.

- F. "EMR" shall mean the published Experience Modification Rate is the ratio of actual losses to expect losses over a rolling three-year period average for the Respondent.
 - G. "Firm" shall mean each or any of the individuals, firms, partnerships, joint ventures, corporations or other legal entities submitting their qualifications in response to this RFQ.
 - H. "IPMO" shall mean the Valleywise Health Integrated Program Management Office.
 - I. "Valleywise Health" shall mean the Maricopa County Special Health Care District dba Valleywise Health.
 - J. "Valleywise Health Website" shall mean <https://valleywisehealth.org/community/care-reimagined/get-involved/>. "Procurement Code" shall mean the Maricopa County Special Health Care District Procurement Code which governs this procurement and is incorporated in this RFQ by this reference.
 - K. "Project" shall mean the Project set forth in Section IV Project Description set forth above.
 - L. "Proposal" shall mean a response submitted in response to this RFQ.
 - M. "Respondent" shall have the same meaning as "Firm."
 - N. "Response" or "Submittal" shall mean the Proposal.
 - O. "Site" the physical location where the Project is located and any ancillary or adjacent areas to be utilized by Contractor and/or Town in relation to the Project.
- 1.02 Valleywise Health has additional guidelines, procedures and requirements applicable to work performed at or on any Valleywise Health sites and/or to the contractors, personnel, employees, subcontractors and others working on or at Valleywise Health sites and facilities, including, without limitation: Contractor's Guide, Valleywise Health Orientation Packet, Procurement Code, and all guidelines, procedures and requirements set forth in Appendix 1 to the General Conditions.

INSTRUCTION 2: MINIMUM REQUIREMENTS OF RESPONDENTS

- 2.01 Professional License/Certification Registration: Architects, engineers, consultants and other professionals engaged in providing Design Professional Services for Valleywise Health shall be licensed or certified by and/or registered with the State of Arizona as required pursuant to A.R.S. § 32-121, et seq., for the types of work included in Design Professional Services to be rendered by them related to the Project that is subject of this RFQ.
- 2.02 Legal Worker Certification: To ensure Valleywise Health's compliance with Arizona Revised Statutes § 41-4401, every Respondent must comply with Arizona Revised Statutes § 23-214(A) and all federal immigration laws and regulations that relate to its employees, and each Respondent must certify its compliance by completing, signing and returning the form provided as **Attachment 4** hereto.

- 2.03 **No Israel Boycott:** Valleywise Health is prohibited by Arizona Revised Statutes § 35-393.01 from entering to a contract with any company for construction or other services unless the contract with the company includes a written certification that the company is not currently engaged in, and will not, for the duration of the contract, engage in, a boycott of Israel. By submitting a Response, a Respondent represents to Valleywise Health that it is not currently engaged in a boycott of Israel and that it will agree to language in the contract prohibiting any such boycott for the duration of the contract.
- 2.04 **Insurance:** Respondent must have or obtain within the time period set by Valleywise Health, the Insurance coverage's and certifications and fully comply with the insurance requirements set forth in the General Conditions and in **Exhibit A** to this RFQ.
- 2.05 **Failure to Meet Minimum Requirements:** Any violation or failure to meet the requirements of this **Instruction 2** may, at the sole option of Valleywise Health, cause a Response to be considered non-responsive and/or the Respondent being deemed non-responsible resulting in the rejection of the Response, and may result in cancellation or termination of the resultant Contract if discovered after the Contract has been awarded.

INSTRUCTION 3: ACCEPTANCE OF CONTRACT DOCUMENTS

- 3.01 **Valleywise Health Standard Contract:** Valleywise Health has developed standard forms of Contract and General Conditions. If selected, as the Consultant for this Project, a Respondent agrees to execute this form of Contract Documents. Provisions in a Response that conflict with, and/or exceptions to, and/or requests for changes in, Valleywise Health's contract terms, General Conditions, Special Conditions, Exhibits and/or other Contract Documents may result in a Response being considered nonresponsive and rejected. By submitting a Response, a Respondent also acknowledges its understanding and agreement that Valleywise Health may make changes in the standard form of contract documents and that therefore the form of contract documents presented to the successful Respondent may be different from the form of contract documents referenced above, in which case the successful Respondent will be given the opportunity to review the changes.
- 3.02 **Contract Documents:** The Contract Documents may include, without limitation, this RFQ, any addenda to this RFQ issued by Valleywise Health, the Proposal of the successful Respondent, and such other terms as Valleywise Health determines are in its best interest and appropriate for the Project.
- 3.03 **Prior Contracts Not Applicable:** Any previous agreements, contracts, or other documents, which have been executed between the Respondent and Valleywise Health, if any, are not applicable to this RFQ or any resultant contract.

INSTRUCTION 4: RESPONDENTS' PRE-SUBMITTAL OBLIGATIONS AND REPRESENTATIONS

- 4.01 **Respondent's Obligations:** It is the responsibility of each Respondent before submitting a Proposal to:

- A. Examine and carefully study the RFQ, and any data and reference items identified in the Solicitation Document and, posted on the Valleywise Health Website including Contracts, and General Conditions
 - B. Become familiar with and satisfy itself as to all Laws and Regulations that may affect cost, progress, and performance of the Services;
 - C. Become aware of the general nature of the Consultant Services to be performed by Respondent and others on the Project that relates to the Consultant Services as indicated in the RFQ;
 - D. Determine that the RFQ is generally sufficient to indicate and convey understanding of all terms and conditions for the performance and furnishing of the Services.
- 4.02 Respondent's Representations: By signing and submitting its Proposal, Respondent represents, certifies and agrees that:
- A. Respondent has complied with every requirement of this Instruction and the RFQ;
 - B. The submission of the Response did not involve collusion or other anti-competitive practices;
 - C. The Respondent shall not discriminate against any employee or applicant for employment in violation of the Federal Executive Order 11246;
 - D. The Respondent has not given or offered to give, and does not intend to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted Response;
 - E. Failure to sign the Response, or the falsity of a statement in a signed Response, shall void the submitted Response or any resulting contracts, and the Respondent may be disbarred;
 - F. The Respondent is current in all obligations due to Valleywise Health, if any;
 - G. Based on the information and observations referred to in the preceding Instruction 4.01, that at the time of submitting its Proposal, no further examinations, investigations, explorations, tests, studies, or data are necessary for the determination of its Proposal and that Respondent has the financial, bonding, technical and resource capacity and capability to fully and timely perform the Scope of Services in accordance with the other terms and conditions of the RFQ and the Contract Documents; and,
 - H. There will be no subsequent financial or time adjustment, other than that provided by the subsequent Contract, for lack of such familiarization.

INSTRUCTION 5: PREPARATION OF PROPOSAL

- 5.01 Proposal Contents: All Proposals shall include all the information, documents, Attachments and other items set forth in Section VI Proposal Contents below, fully completed. In the case of any conflict between this **Instruction 5** and the requirements set forth in Section VI, Section VI shall control.

DO NOT PROVIDE ANY SOLUTIONS FOR THIS PROJECT; THIS IS A QUALIFICATIONS BASED SELECTION.

- 5.02 Response Format: All Responses shall include:
- A. A one-page cover letter;
 - B. One (1) unbound original 8.5" x 11" document (clearly marked "Original" on the outside cover, may be clipped or placed in folder);
 - C. Seven (7) bound 8.5" x 11" hard copies (each clearly marked "Copy" on the outside cover); and
 - D. Two (2) flash drives containing an electronic, editable pdf version of the Proposal.
- 5.03 Simple and Clear: Responses should be prepared simply and economically, providing adequate information in a straightforward and concise manner. The Proposal must display clearly and accurately the capability, knowledge, experience and capacity of the Firm to meet all the requirements of this RFQ, including those set forth in Section V Scope of Work and responds to the evaluation criteria in Section VII Evaluation of this RFQ. It is highly recommended that the Proposal be organized and/or tabbed in a similar order as Section VI, Proposal Contents.
- 5.04 Proposal Format and Length: All Responses must be in ink or typewritten and must not exceed fourteen (14) pages in length exclusive of 1) the Cover Letter, 2) Table of Contents, 3) Section VI- Proposal Contents, paragraph 1.B.2 items a thru g, 4) Resumes, and 5) additional documents referenced in paragraph 5.05.
- A. Double-sided pages count as two pages toward the total page count. Minimum font size is 10 pt.
 - B. No oral, telegraphic, electronic, facsimile, or telephonic responses or modifications will be considered.
 - C. Index tabs may contain photographs as long as there is no other identifying information contained thereon with respect to the photographs. If any photographs are included and identifiable as to their respective project the index tabs will be counted as a page and included in the page count.
- 5.05 Additional Submittals: The following Attachments must be completed and submitted within the Respondent's Proposal but are not included in the page limit:
- A. Offer and Acceptance (**Attachment 1**)
 - B. References (**Attachment 2**);

- C. Addendum Acknowledgement (if no Addendum issued insert “None”) (**Attachment 3**);
 - D. Legal Worker Certification (**Attachment 4**);
 - E. Non-Collusion Affidavit (**Attachment 5**);
 - F. Organizational Information (**Attachment 6**)
 - G. Exceptions to RFQ Requirements and/or Contract Provisions (**Attachment 7**)
 - H. Valleywise Health Commercial Credit Card Program form (**Attachment 8**);
 - I. Vendor Registration Form/Taxpayer I.D. Number (**Attachment 9**);
 - J. Contractor Employment Record Verification Requirement (**Attachment 10**)
 - K. Proprietary and/or Confidential Information (**Attachment 11**);
 - L. Conflict of Interest Certification (**Attachment 12**);
 - M. Anti-Lobbying Certification (**Attachment 13**); and
 - N. Certification Regarding Debarment, Suspension, Proposed Debarment, and Other Responsibility Matters (**Attachment 14**).
 - O. Business Requirements Goal Alignment, Functional and Non-Functional Detailed Requirements (**Attachment 15**).
 - P. User Scenarios/Use Cases (**Attachment 16**).
 - Q. Vendor Profiling (**Attachment 17**).
 - R. Budgetary Drivers (**Attachment 18**).
- 5.06 Other Forms: All other forms provided are for reference only and do not need to be included in the Response.
- 5.07 Contract Exceptions: The Respondent shall clearly identify any/all exceptions to the RFQ specifications or contract terms on **Attachment 7**. This is the only means for a Respondent to identify any/all exceptions to the specifications in this RFQ and/or Valleywise Health’s standard Contract terms, including the General Conditions. Exceptions raised at a later time, or in any other location of a Response, will not be considered in any negotiations. Respondents may review the Contract and General Provisions at: <https://valleywisehealth.org/community/care-reimagined/get-involved/#vendors>. **Exceptions to Valleywise Health’s standard Contract terms, General Conditions, and/or the terms of this RFQ may, in Valleywise Health’s sole discretion, be basis for the Response to be rejected as non-responsive.**
- 5.08 Public Record/Confidential Information:

- A. If a person believes that a response, offer, specification, or protest contains information that should be withheld as proprietary or confidential, a statement advising Valleywise Health of this fact shall accompany the submission and the information shall be identified on **Attachment 11**.
 - B. The information identified by the person as confidential shall not be disclosed until Valleywise Health makes a written determination whether the information must be disclosed under Arizona law. If Valleywise Health determines that the information must be disclosed, Valleywise Health will provide the Respondent with notice of such fact, and that the Respondent has five (5) days within which to file a legal action protesting the planned disclosure. If no legal action is taken within the time specified, Valleywise Health will disclose the information and will not be responsible for any claims or losses arising from or related to such disclosure.
- 5.09 Signature: The Response shall be submitted with an original ink signature by a person authorized to sign the offer. If the Respondent is a corporation or other legal entity, the Response must be signed in the legal name of the corporation followed by the name of the state of incorporation or organization and the legal signature of an officer or other person authorized to bind the corporation or other legal entity to a contract. Unsigned Responses will be considered nonresponsive and will be rejected.
- 5.10 Time: Periods of time, stated as number of days, shall be calendar days.
- 5.11 Modifications: Erasures, interlineations, or other modifications in the Response shall be initialed in original ink by the authorized person signing the Proposal. No Response shall be altered, amended, or withdrawn after the specified due date and time.
- 5.12 No Reimbursement: Valleywise Health shall not reimburse the cost of developing, presenting, submitting or providing any Response to this solicitation, or any other costs or expenses of any respondent.

INSTRUCTION 6: ERRORS, INQUIRIES AND ADDENDA

- 6.01 Errors: It is the responsibility of all Respondents to examine the entire RFQ package and seek clarification of any item or requirement and to check all responses for accuracy before submitting a Response. Negligence or errors in preparing a Response confers no right of withdrawal or correction after Response due date and time.
- 6.02 Notice of Errors: Should a Respondent find any ambiguity, conflict, inconsistency, omission or other error in the RFQ or should the Respondent be in doubt as to its meaning, he or she shall at once notify the contact person listed on page 2 of this RFQ, via email only, and ask that the RFQ be clarified or modified. If prior to the date fixed for submission of Responses, a Respondent knows of or should have known of an error in the RFQ, but fails to notify Valleywise Health of the error, the Respondent shall bid at its own risk, and if awarded the contract shall not be entitled to additional compensation or time by reason of the error or its later correction.
- 6.03 Questions: All questions regarding the contents of this solicitation and the solicitation process (including requests for ADA accommodations), shall be directed to the contact

person listed, via email only, and shall be submitted no later than the stated deadline for submitting questions on page 2 of this RFQ. Questions improperly submitted and/or received by Valleywise Health after the deadline will not be answered.

- 6.04 Answers: Answers to the written questions or requests for clarification or modification of the RFQ submitted by Respondents, as well as any other changes to the RFQ, will be provided by the date and time set forth on page 2 of this RFQ in the form of Addenda via the Valleywise Health Procurement website: <https://valleywisehealth.org/community/care-reimagined/get-involved/>.
- 6.05 Correspondence: Any correspondence related to the RFQ should refer to the appropriate RFQ ID, page and paragraph number. However, the Respondent shall not place the RFQ ID on the outside of any envelope containing questions since such an envelope may be identified as a sealed Response and may not be opened until after the official RFQ due date and time.
- 6.06 Addendum: It is each Respondent's obligation to assure that it has received and reviewed all Addenda issued. Each Respondent shall acknowledge receipt of Addenda by completing, signing and returning **Attachment 3** hereto. Failure by a Respondent to acknowledge receipt of all Addenda may result in that Respondent's Response being deemed non-responsive and possibly rejected. Addenda returned to Valleywise Health separately from a Response will not be accepted.

INSTRUCTION 7: PRE-SUBMITTAL MEETING

Pre-Submittal Meeting will not be held, as set forth on Page 2 of this RFQ.

INSTRUCTION 8: PROPOSAL SUBMITTAL, DUE DATE AND TIME

- 8.01 Submittal: Each Response shall be submitted in a sealed container with the RFQ name, Solicitation number, and Respondent's name and address clearly indicated on the envelope.
- 8.02 Due Date and Time: Respondents must submit their response to the Valleywise Health Integrated Program Management Office by the Due Date and Time and at the address or physical location listed on page 2 of this RFQ. Responses will be accepted by Valleywise Health during normal business hours until the Due Date and Time specified.
- 8.03 Timely Delivery: It is the responsibility of the Respondent to ensure on-time delivery of the Response to the address listed on page 2 of this RFQ. Late Responses shall not be considered under any circumstances.
- 8.04 Late Responses: Any Proposal or other Response received after the Response Due Date and Time will be rejected as non-responsive and returned to the sending Respondent unopened.

INSTRUCTION 9: WITHDRAWAL OF RESPONSE

At any time prior to the specified Response Due Date and Time, a Respondent may withdraw the Response in person or by submitting a request in writing or via e-mail to the contact person whose name appears on page 2 of this RFQ. Any request to withdraw a Response must be made by a duly

authorized representative of the Respondent. Respondent is responsible for making arrangements and paying any and all expenses associated with the return of the Response.

INSTRUCTION 10: RESPONSE OPENING

Responses shall be opened at 1:10 PM AZ Time on the proposal due date, at the submittal location as set forth on page 2 of this RFQ. The name of each Respondent shall be publicly read and recorded in the presence of a witness. All other information received in response of this RFQ shall be shown only to Valleywise Health personnel having legitimate interest in the evaluation process. After award of the contract, the successful Response and Respondent ranking shall be open for public inspection.

INSTRUCTION 11: Valleywise Health RESERVED RIGHTS

Notwithstanding any other provision of this RFQ, Valleywise Health expressly reserves the right to:

- a. Extend the date by which Responses are due;
- b. Withhold the award or cancel this RFQ for any reason Valleywise Health determines;
- c. Reject any or all Responses, in whole or in part;
- d. Waive any immaterial defect, irregularity or informality in any Response;
- e. Reissue an RFQ;
- f. Unless the Respondent states otherwise, award by individual line item, by group of line items, or as a total, whichever is deemed most advantageous to Valleywise Health. If a Respondent's Response is an "all or nothing" offer, it must be expressly so indicated in the Response; and/or
- g. Exercise any and/or all other rights available to Valleywise Health under the terms of the RFQ, the Procurement Code, at law, or in equity.

INSTRUCTION 12: ADDITIONAL PROHIBITIONS AND RESTRICTIONS

- 12.01 Interest in More Than One Response: No person, firm, partnership, joint venture, corporation or other legal entity shall be permitted to submit more than one (1) Response for the same project. A person, firm, partnership, joint venture, corporation or other legal entity that has submitted a sub-consultant Response to a Respondent is disqualified from submitting a Response for the Project as a Respondent. A person, firm, partnership, joint venture, corporation or other legal entity shall be allowed to submit a sub-consultant Response to more than one (1) Respondent.
- 12.02 Lobbying/Influence/Gratuities: As prescribed in HS-902 of the Valleywise Health Procurement Code, any attempt to influence an employee or agent to breach the Valleywise Health Ethical Code of Conduct, or any unethical conduct, may be grounds for Disbarment or Suspension under HS-702.

- A. An attempt to influence includes, but is not limited to:

1. Any Respondent, or any agent, representative or affiliate of a Respondent, offering or providing a gratuity, gift, tip, present, donation, money, entertainment or educational passes or tickets, or any type of valuable contribution or subsidy, that is offered or given with the intent to influence a decision, obtain a contract, garner favorable treatment, or gain favorable consideration of any kind. Paying the expense of normal business meals, which are generally made available to all eligible persons, shall not be prohibited by this provision.
 2. Any communication regarding this solicitation for the purpose of influencing the process or the award, between any Respondent, or any agent, representative or affiliate of a Respondent, and Valleywise Health, including but not limited to Valleywise Health's Board of Directors, officers, employees, and/or consultants hired to assist in the solicitation, is prohibited.
 3. Consultants that comprise the IPMO Core Team are: Vanir CM; INNOVA Health Solutions; Blue Cottage Consultants; Siegel + Gale; Land Advisors Organization; and NNR Multicultural
- B. This prohibition is imposed from the time of the first public notice of the solicitation until Valleywise Health cancels the solicitation, rejects all responses, awards a contract, or otherwise takes action which ends the solicitation process. This section shall not prohibit public comment at any public meeting of the Valleywise Health Board.
- C. This prohibition shall not apply to communication with the official contact(s) specifically identified in the solicitation, or to Valleywise Health-initiated communications, made for the purposes of conducting the procurement, and in the manner prescribed in the solicitation, including but not limited to pre-bid conferences, clarification of Responses, presentations if provided for in the solicitation, requests for Best and Final Responses, contract negotiations, interviews, protest/appeal resolution, or surveying nonresponsive Respondents.
- 12.03 Restriction on Communications: Respondents and members of their teams shall not communicate concerning this RFQ with Valleywise Health's Program Manager, any Valleywise Health Consultant or Project Manager, Selection Committee members, or employees of Valleywise Health, except as stipulated in Inquiries and Addenda above. A Respondent's failure to abide by this requirement may result in rejection of a Response.
- 12.04 Disbarment/Clarification: A Respondent (including each of its principals) who is currently disbarred, suspended or otherwise lawfully prohibited from any public procurement activity may have its Response rejected. Valleywise Health reserves the right to obtain Respondent clarifications where necessary to arrive at a full and complete understanding of Respondent's service, product, and/or Response. Clarification means a communication with a Respondent for the sole purpose of eliminating ambiguities in the Response and does not give Respondent an opportunity to revise or modify its Response.
- 12.05 All Remedies Available: With regard to any violation of any of the provisions of this Instruction 12, Valleywise Health expressly reserves the right to pursue any and all remedies available to it under the Valleywise Health Procurement Code, at law or in equity, including, but not limited to, the following:

- A. Any violation of this Section discovered before an award of the resultant contract may, in Valleywise Health's sole discretion, subject a Respondent to a warning letter, rejection of its Response, or disbarment, depending on the nature of the violation.
- B. If a violation of this Section is discovered after the resultant contract has been awarded, Valleywise Health may, by written notice to the Respondent, cancel the resultant contract. In the event Valleywise Health cancels the resultant contract pursuant to this provision, Valleywise Health shall be entitled, in addition to any and all other available rights and remedies, to withhold or recover from the Respondent the amount of any gratuity provided and any and all incidental and/or consequential damages incurred by Valleywise Health as a result of the violation.

INSTRUCTION 13: ACCEPTANCE PERIOD

- 13.01 In order to allow for an adequate evaluation, Valleywise Health requires all Proposals to be valid and irrevocable for one hundred and twenty (120) days after the opening time and date and each Respondent agrees that it will hold open its Response for such period.
- 13.02 No contract or agreement, expressed or implied, shall exist between Valleywise Health and any Respondent, or be binding on Valleywise Health, before formal approval by the Valleywise Health Board and the execution of the resulting written contract by both parties.
- 13.03 If agreement on the terms of a resultant Contract cannot be reached after a period deemed reasonable by Valleywise Health in its sole discretion, Valleywise Health may negotiate and enter a Contract with any other Respondent who submitted a timely and responsive Response to this RFQ, as provided by law.

INSTRUCTION 14: EVALUATION

Evaluation of timely and responsive Proposals submitted by responsible Respondents shall be based upon the evaluation process and criteria set forth in Section VII to this RFQ.

INSTRUCTION 15: PROTESTS

Valleywise Health believes that it can best maintain its reputation for treating firms, contractors, etc., in a fair, honest, and consistent manner by conducting solicitations in good faith and by granting competitors an equal opportunity to win an award. If a Respondent believes that Valleywise Health has fallen short of these goals, it may submit a written protest pursuant to the Valleywise Health Procurement Code, Article 7, Section HS-705. Protests should be directed to the District Director of Procurement & Contracts.

SECTION IV: PROJECT DESCRIPTION

- A. Maricopa County Health Care District, d.b.a. Valleywise Health is an Enterprise-level program that addresses expanding Hospital Outpatient Department freestanding buildings.
- B. Project is for Valleywise Health.

SECTION V: SCOPE OF SERVICES

Purpose and Scope of this Specification:

This document will establish design goals along the following domains refer to in-scope items

Mobile Device Considerations

Secure (HIPAA) text messaging from a VALLEYWISE HEALTH provided clinical handset on a VALLEYWISE HEALTH network

Secure (HIPAA) text messaging from a provider's personal device on an untrusted network (e.g. Starbucks)

Alert notification – basic mode, the device is alarming, but the parameters of the alarm is unknown

Alert notification – advance mode, the detailed values of the device that is in alarm is known

Real-time vitals and waveform display

Image capture and send function

Video conferencing

Real-time messaging

Voice controlled vs touch feature

EMR portal interoperability

Staff roster access

Workflow creation

Documentation entry vs. display

Barcode reader features

Meds verification

Different devices for clinical vs non-clinical staff – reduced variability is a key consideration

Middleware-ESB Considerations

Which RTHS systems will be routed through an intelligent middleware (ESB) layer to increase device interoperability. Considerations may include:

nurse call

physiological monitors

infant protection

security

building automation

RTLS alerts

Surgical information Systems (T-DOC)

RIS

LIS

Determine the level of middleware decision making (viz. ETL translation, prioritization based on pre-defined clinical parameters to support real-time actionable information)

Staff assignments viz. defined relationship between staff, device and patient

Non-clinical staff is considered part of the CC&C workflow (e.g. EVS, Transport, security)

Nurse Call Considerations

Traditional Nurse Call performs two important functions

- Enable patients to communicate with Staff

- Enable care teams to communicate with each other regarding care

Key consideration here is defining calls beyond the traditional that will be initiated (e.g. Code STEMI, lift assist, EVS tasks, man-down, transport tasks)

- Determine the level of system integration with CC&C specific device

- Determine the level of system integration with middleware - ESB

- Define the scope of a nurse call solution viz. integration with handset, and middleware, staff assignments, escalations, alarm notification etc

Monitoring Considerations:

- Monitoring real-time vitals and waveform display

- Real-time staff assignments

- Alerts prioritization to reduce alarm fatigue

- Central monitoring staff orchestration

In Scope (subject to verification)

- Alarm filtering and management

- Alarms and notifications, and other bedside system interfaces

- Bed management and patient throughput, and logistics interfaces

- Building control and monitoring system interfaces

- Clinician directory

- Electronic health record system interfaces

- Enterprise PBX and IP telephony system Interfaces

- Housekeeping, dietary, pharmacy and transition management interfaces

- Master, duty, patient and emergency pull stations

- Mobile device support (DECT phones, IP phones, smartphones, tablets, wearables)

- Patient event notifications

- Patient management and clinical system interfaces

- Patient satisfaction and quality metrics

- Person and asset tracking context

- Presence status

- Reporting and analytics

- Secure messaging

- Staff and scheduling system interfaces

SECTION VI: PROPOSAL CONTENTS

1. Required Proposal Contents in Addition to Attachments:

- A. A transmittal/cover letter that introduces the Respondent, confirming that all elements of the RFQ have been read and understood, and summarizes the Respondent's interest in the work. The transmittal letter shall be one (1) page maximum and signed by an individual authorized to bind the Firm contractually. The letter shall include an acknowledgement that the firm agrees to engage with Valleywise Health and has read and accepted the contractual language indicated in the Valleywise Health professional consultant agreement.
- B. Respondent's Capabilities
 - 1. Provide a general description of the Respondent and/or team that is proposing to provide Design Professional Services. Explain the legal organization of the proposed Respondent or team. Provide an organization chart showing key personnel. Explain what personnel and other resources will be used to undertake the work and individual main office locations of personnel and other resources (i.e.; sub-consultants).
 - 2. Provide the following information:
 - a. List the Arizona professional and contractor licenses held by the Respondent/team and the key personnel who will be assigned to this project. Provide the license number and explain if held by an individual or the Respondent.
 - b. Identify any contract or subcontract held by the Respondent or officers of the Respondent, which has been terminated within the last five years, if any. Identify any claims arising from a contract resulting in litigation or arbitration within the last three years, if any. If applicable, briefly describe the circumstances and the outcomes.
 - c. Provide a statement to the Respondent's insurability from a company or companies lawfully authorized to transact insurance business in the State of Arizona and rated at least B++ in the company's current A.M. Best Company rating. The finalist Consultant will be required to furnish a certificate(s) of insurance meeting Valleywise Health's insurance requirements.
 - d. Provide a letter from the Respondent's insurance company stating the Workers' Compensation Experience Modification Rate (EMR) for the past three (3) years. The letter shall be on the insurance company's letterhead and shall be signed by an appropriate individual employed by the insurance company. Provide the Respondent's **Days Away** from work, job **Restrictions**, and/or job **Transfers** "**DART**" rate (please refer to the following website if

you are unclear as to what a DART rate is, or you require a DART rate calculator).

- e. Provide the Respondent's last three years of EMR. All contractors working on projects for Valleywise Health shall have a three-year average EMR of 1.0 or lower. Respondents that have a three-year average EMR above 1.0 may be considered non-responsible, and the Response rejected.

C. Experience on Similar Projects

1. Identify a minimum of two (2) and no more than five (5) comparable site adaptation projects in which the Respondent served as DP in the last five (5) years. Special consideration will be given to Respondents that have provided DP Services on similar successful projects requested in this RFQ. These include either completed or ongoing projects.
2. Identify how many site adaptation projects the team completed over the past five (5) years.
3. Include samples of site adaptation projects for the healthcare industry.
4. For each comparable project identified, provide the following:
 - a. Description of project
 - b. Role of the Respondent in design and in construction including brief scope, challenges, results, and benefits the customer gained from your work
 - c. Project Owner's name, address, phone number and email address
 - d. Reference information: See **Section F** below
5. Identify if the individuals in the proposed project team for this project have successfully worked together in the past by completing the projects described in the references. If so, state the project(s) and the individual's names.

D. Key Staff Qualifications/Resumes

1. List the proposed key staff individuals to be assigned to the project and identify the position for each proposed individual on the project team. Include a resume describing applicable qualifications and experience for each proposed individual. List examples of the proposed individuals experience on similar projects, identifying project size, schedule, complexity, and specific roles held.
2. Management skills should include, but are not limited to:
 - a. The ability to gain the immediate confidence and respect of each team member
 - b. Possess experience in working with diversity without compromising fairness or project delivery;

3. Identify the home office location of key staff on this project, the length of time they have been employed with the Respondent, and the percent of work expected to be completed locally for each of the key staff members. Identify how key staff members have completed similar projects. If personnel or projects from a parent company or different companies are being included in the response, describe the average yearly percentage of time that the individual is dedicated to providing site adaptation design services, and what other services the individual normally provides.

E. Project Understanding and Project Approach

1. Discuss the major issues your team has identified on this type of project and how you intend to address those issues. Explain how the project team will demonstrate their complete and comprehensive knowledge of the work required to complete the project.
2. Provide information on how your Project team would apply combined experience, management approach, team organization and qualifications. Explain the team's understanding of the major tasks necessary to complete the project.
3. Explain what makes the Respondent stand out above its peers and why the Respondent should be chosen as the most qualified Design Professional for this project.
4. Provide background information for each of the following: history, values, Statement of Philosophy and work ethic.
5. Identify the Respondent's date of establishment, office locations, and staff credentials.
6. Demonstrate the Respondent's ability to be independent and have no conflicts of interest.
7. Identify if personnel or projects from a parent company or different companies are being included in the response. If so, describe the primary business of the parent company and companies.
8. Provide the Respondent's Sustainability Policy.
9. List the benefits to Owners of working with your company.
10. Service Approach: Discuss how your service approach incorporates your values, philosophy and work ethic. Demonstrate with examples.
11. Discuss your Best Practices and Approach Standards.
12. Provide examples that give specific outcomes Owners received as a result of your

design review involvement.

13. Provide detail regarding your philosophy of collaboration within the team. Illustrate how your firm handles conflict.

14. Provide your firm's communication philosophy, including any company policies or procedures that drive the approach.

15. Describe, if any, unique communication and/or quality assurance processes your firm will incorporate that ensure that the design process meets the Owner's expectations.

F. References/Past Performance Form

Include the name, contact person, address and telephone number of professional references who can comment on the Respondent's professional services capabilities. References must be current, and should be relevant to the required services. The Reference form included as **Attachment 2** hereto must be completed for each reference and included in Respondent's Response.

G. Partnership or Joint Venture

If the firm submitting a Proposal is a Partnership or a Joint Venture, an additional half page shall be added to the Proposal to fully explain the relationship and past experience of the Partnership or Joint Venture. The explanation shall detail how the relationship will work and who is responsible for what portions of the work.

- 2. Required Attachments:** Attachments listed under Instruction 5 above must be included in the Proposal and unless otherwise indicated, are not included in the page limit.

SECTION VII: EVALUATION

- 1. Mandatory Compliance:** This is a compliance section and carries no evaluation points. Respondents must meet minimum criteria as specified below to receive further consideration.

A. Professional Standing:

1. The Arizona Corporation Commission shall properly have certified the Design Professional for corporation and limited liability companies.
2. The Consultant must be properly registered, accredited, or certified at the time of submission.
3. The Consultant must have been in continuous business for a minimum of five years.

B. Financial Stability:

1. Copies of audited financial statements are not required with the Submittal. Prior to the final selection, Valleywise Health reserves the right to require the Consultant to provide a copy of the Respondent's financial statements for the previous two fiscal years
2. Valleywise Health reserves the right to make such additional investigations as it deems necessary to establish the competence and financial stability of any Respondent submitting a Response.
3. **Evaluation Criteria for Proposals and Scoring:** This is an evaluation section which establishes criteria and the associated total maximum points for each category.

A. Experience on Similar Project (150 Points):

1. Special consideration will be given to Respondents that have provided Site Adaptation Design Services that are similar in nature to the proposed Valleywise Health project. Similar projects to this RFQ could include:
 - a. Completion of new HOPD facilities similar in scope within the last ten (10) years.
 - b. Completed project(s) complexity.

B. Vendor Qualifications (200 Points):

1. Team organization and structure, including that of consultants.
 - a. Key team member's resumes and experience.
2. Proximity of Respondent to the Valleywise Health campus.
3. Previous project team's experience working together on the projects described in the referenced similar projects.
4. Apparent resources and capacity to meet the needs of this project, including team continuity and management throughout the project.

C. Project Approach and Project Execution (100 Points):

1. Describe your project approach and any major issues your team has identified on this type of project.
2. Design experience with Valleywise Health's strategic brand ideals and facility design.
3. Philosophy and approach for working with Valleywise Health as the Valleywise Health team develops the project design requirements.
4. Respondent's acknowledgement and understanding of the Valleywise Health team approach.

5. Describe how Respondent will ensure that Valleywise Health/Care Reimagined will be successful on the project.
7. Explain Respondent's method of developing and designing to budget.
 - a. Discuss major issues your team has identified on this type of project and how you intend to address those issues.
 - b. Explain how the project team will demonstrate complete and comprehensive knowledge of the work required to complete the project.
 - d. Describe the Respondent's understanding of scope and tasks necessary for successful completion of this project.
 - e. Describe the differentiation of Respondent from peers.

D. References (50 Points):

Submit 2 references applicable to this RFQ

E. Requirements alignment Scoring (600 points broken into the following)

Business Requirements Goal Alignment (100 Points)

Describes how well your solution is mapped to the values defined by Valleywise Health strategy

Functional Requirements (150 Points)

Describes the functional capabilities and levels of sophistication of your solution set

Non-Functional Requirements (150 Points)

Describes the technical capabilities and standards including availability and reliability of your solution set

User Scenarios (200 Points)

Describes specific business and clinical challenges your solution must meet and demonstrate

Proposal Evaluation Process:

- A. Selection Committee: An appropriately qualified Selection Committee shall evaluate the Responses and performance data that are submitted in response to the RFQ for the proposed contract.
 1. The Selection Committee will evaluate the Responses submitted in response to this RFQ. The evaluation will be to determine the qualifications of each Respondent to Services under this RFQ based on the selection criteria listed herein.
 2. In making its determination, the Selection Committee will evaluate the Response, client references, interviews (for Respondents on the shortlist only), and additional information received or obtained by the Selection Committee. The Committee may

request or obtain additional information at any time during the selection process through interviews, presentations, correspondence, and visitation of completed projects or otherwise.

3. During the selection process, Valleywise Health will evaluate each Response to determine which Respondent, if any, is shortlisted.
- B. Shortlist: In order of preference, based on criteria established by the Selection Committee and included in the RFQ, a short list of no more than three (3) Respondents deemed to be the most qualified to provide the Design Professional Services by the Selection Committee will be established.
- C. Team Oral Presentation/Interview: The Selection Committee may interview each Respondent on the shortlist so that they may present their credentials, comparable past work and any ideas they wish to share with the Selection Committee.
1. A letter invitation will be sent via email to each interviewed Respondent with the specific evaluation and scoring criteria along with the date and time of the interview.
 2. The order in which the Respondents appear before the Selection Committee will be determined by the Procurement Officer.
 3. The interview will be a roundtable format, and 60 minutes in length.
 4. The number of Consultant participants during the interview shall be limited to six (6) individuals.
- D. Shortlisted Respondents Evaluation: The Evaluation Committee will evaluate finalist Respondents after the oral presentations/interviews based on the criteria described below.
1. Finalist Respondents Team Interview (Maximum 300 Points): Valleywise Health's Selection Committee will evaluate interviews based on the team's ability to effectively communicate, the Committee's assessment of the team's ability to work successfully with each other and Valleywise Health staff, and the team's responses to questions. Valleywise Health may also ask Respondents to submit written responses to some questions in advance of the interviews.
 2. Strategic Fit (Maximum 200 Points): Valleywise Health will evaluate the proposed team based on overall best fit with Valleywise Health goals and objectives. The Committee will consider solution simplicity, overall alignment with the requirements set forth in the RFQ, including compliance with contract terms and conditions as well as any and all additional findings from Valleywise Health's due diligence process.
- E. Ranking: After interviews have been completed, the Selection Committee will then rank the Respondents deemed to be the most qualified to provide the Design Professional Services stated herein.
- F. Negotiation: Valleywise Health shall enter into negotiations for a contract with the highest qualified Respondent on the shortlist for the Design Professional. The negotiations shall include consideration of compensation and other contract terms that Valleywise Health determines to be fair and reasonable. In making this decision, Valleywise Health shall take

into consideration the estimated value, scope, complexity and nature of the Design Professional Services to be rendered.

1. If negotiations are successful, Valleywise Health will request approval from the appropriate Valleywise Health Board of Directors to execute Valleywise Health's standard contract for the Consultant Professional Design.
 2. If Valleywise Health is unable to negotiate a satisfactory agreement with the highest ranked Respondent, negotiations with that Respondent will be formally terminated.
 3. Valleywise Health may then undertake negotiations with the next highest ranked Respondent in sequence until an agreement is reached or determine to reject all Proposals and re-solicit the RFQ or use another selection process that Valleywise Health deems prudent.
 4. Should negotiations result in a contract, the agreement will be subject to all the provisions of Valleywise Health Procurement Code and will include all the terms, clauses, and conditions required by the Valleywise Health Procurement Code.
- 4. Notice of Intent to Award:** The next step will be for Valleywise Health to issue a Notice of Intent to Award, and, if applicable, notices of the intent not to award to some Respondents. Valleywise Health reserves the right to cancel this RFQ, to reject any or all Responses, and to waive or decline to waive any irregularities in any submitted Responses, or to withhold the award for any reason it may determine in the best interest of Valleywise Health.
- 5. Delivery of Insurance Policies or Certificates and Execution of Contract Documents:** Within ten (10) days of receipt of notice of intent to award, the successful Respondent shall deliver to Valleywise Health the required insurance policies or certificates in a form satisfactory to Valleywise Health. Policies or Certificates must reference Valleywise Health/IPMO Project Number and Valleywise Health Project Name with the original submission and with each and every updated submission thereafter. Failure to do so may result in rejection of the successful Respondent's Response and withdrawal of the Notice of Intent to Award. Promptly after Valleywise Health receives satisfactory insurance policies or certificates Valleywise Health will deliver to the successful Respondent the signed Acceptance and Offer and Contract Award, Attachment 1.
- 6. Vendor Registration:** All vendors/contractors are required to register in Valleywise Health's Vendor Portal, create a company profile, and supply company-level data for authentication and credentialing by Valleywise Health's third-party partner, Vendormate. Vendor registration allows Valleywise Health to access a vendor's data to process payments in a timely manner, ensure compliance with internal controls and regulatory requirements, and review accurate and complete vendor/contractor information to maintain ongoing relationships. During the term of the agreement, Contractor agrees to register in Valleywise Health's Vendor Portal at <https://mihs.vendormate.com> and is responsible for the annual registration fee payable to Vendormate. Fees may vary based on your company's risk profile. Failure to register and maintain a current registration will prevent issuance of payment for any product or service rendered. Representatives of the Contractor that require onsite access to Valleywise Health's facilities may be required to fulfill additional requirements and pay additional fees for more extensive authentication and credentialing.

- 7. Changes in Respondent Organization:** In order for a Respondent to remain qualified for award under this RFQ after it has been shortlisted, unless otherwise approved in writing by Valleywise Health, the Respondent's organization as identified in its Response must remain intact for the duration of the project. If a Respondent wishes to make changes in the Respondent Team Members or Key Personnel identified in its Response, including, without limitation, additions, deletions, reorganizations and/or role changes, the Respondent shall submit to Valleywise Health a written request for approval of the change. Any such request shall be addressed to Valleywise Health's designated point-of-contact for this RFQ. If a request is made from a Respondent to allow the deletion or role change of any Respondent Team Member or Key Personnel identified in its Response, the Respondent shall submit such information as may be required by Valleywise Health to demonstrate that the changed Team Member meets the RFQ criteria. Valleywise Health is under no obligation to approve such requests and may approve or disapprove an entire request, or any portion of a request, in its sole discretion.

Valleywise Health reserves the right to require the removal of any member of the Respondent's team at any time during the project duration, with the approval of the IPMO Project Executive and/or Procurement Officer.

SECTION VIII: AWARD

This is a one-step solicitation, as specified by the Maricopa County Special Health Care District Procurement Code. The successful Respondent, if any, will be selected and recommended by the Selection Committee to the Valleywise Health Board of Directors for Award. Any contract resulting from this RFQ will be awarded consistent with the appropriate Valleywise Health authority under the current Valleywise Health Authorization and Responsibility Matrix as approved by the Board of Directors, the Procurement Code and applicable statutes. No contract shall exist until the final written contract is properly and formally approved for award and fully executed by the Consultant and the Valleywise Health Board of Directors. Total scope of award will be issued utilizing multiple amendments.



ATTACHMENT 1: OFFER AND ACCEPTANCE

By signing below, the Respondent hereby certifies that:

- * They have read, understand, and agree that acceptance by Valleywise Health of the Respondent's Response by the issuance of an executed contract; notice to proceed and purchase order will create a binding contract;
- * They agree to fully comply with all terms and conditions as set forth in the Valleywise Health Procurement Code, and amendments thereto, together with the specifications and other documentary forms herewith made a part of this specific procurement;

The person signing the Response certifies that he/she is the person in the Respondent's organization responsible for, or authorized to make, decisions.

The Respondent is a corporation or other legal entity.

No attempt has been made or will be made by the Respondent to induce any other Respondents or person to submit or not to submit a Response to this RFQ.

- ☐ All amendments to this RFQ issued by Valleywise Health have been received by the person/organization below. All amendments are signed and returned with the Response.
- ☐ No amendments have been received.

The terms and conditions in this Response are valid for 180 days from the date of submission.

Company Name: _____			Contractor FEIN/SSM: _____	
Company Account Manager			Payment Terms: _____	
Address	City	State	Zip Code	Telephone: _____
				Email: _____

Authorized Signature	Typed Name	Title	Date
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ACCEPTANCE OF OFFER AND CONTRACT AWARD (For Valleywise Use Only)

Your offer is hereby accepted. The Contractor is now bound to sell the materials and/or services listed by the attached award notice based upon the solicitation, including all terms conditions, specifications, amendments, etc., and the Contractor's offer as accepted by the District.

Attested by: _____ Valleywise Signatory Authority Date: _____ Valleywise Health Contract# _____	Contract Term: Effective Date: Expiration Date:
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ATTACHMENT 2: REFERENCE FORM

1. Company Name: _____

Name of Person: _____

Address: _____

Phone Number: _____

Email Address: _____

Bid # or Project # _____

Budget and Date of Completion _____

Brief Project Description: _____

(Including Partnering Team)

ATTACHMENT 3: ADDENDUM ACKNOWLEDGMENT

RECEIPT BY THE UNDERSIGNED OF THE FOLLOWING ADDENDA IS HEREBY ACKNOWLEDGED:

ADDENDUM NUMBER: 1 DATED: _____

ADDENDUM NUMBER: 2 DATED: _____

ADDENDUM NUMBER: 3 DATED: _____

ADDENDUM NUMBER: 4 DATED: _____

ADDENDUM NUMBER: 5 DATED: _____

ADDENDUM NUMBER: 6 DATED: _____

(Respondent)

(Address Line 1)

(Print Name)

(Address Line 2)

(Print Title)

(Phone)

(Signature Required)

(Fax)

(Email Address)

(Federal Taxpayer ID Number)

ATTACHMENT 4: LEGAL WORKER CERTIFICATION

(Date)

Maricopa County Special Health Care District
d/b/a Valleywise Health
Contracts Management Department
2611 East Pierce Street
Phoenix, Arizona 85008-6092

As required by Arizona Revised Statutes §41-4401, Valleywise Health is prohibited, after September 30, 2008 from awarding a contract to any contractor who fails, or whose subcontractors fail, to comply with Arizona Revised Statutes § 23-214-A. The undersigned entity warrants that it complies fully with all federal immigration laws and regulations that relate to its employees, that it shall verify, through the employment verification pilot program as jointly administered by the U.S. Department of Homeland Security and the Social Security Administration or any of its successor programs, the employment eligibility of each employee hired after December 31, 2007, and that it shall require its subcontractors and sub-subcontractors to provide the same warranties to the below entity.

The undersigned acknowledges that a breach of this warranty by the below entity or by any subcontractor or sub-subcontractor under any Contract resulting from this solicitation shall be deemed a material breach of the Contract, and is grounds for penalties, including termination of the Contract, by Valleywise Health. Valleywise Health retains the right to inspect the records of the below entity, subcontractor and sub-subcontractor employee who performs work under the Contract, and to conduct random verification of the employment records of the below entity and any subcontractor and sub-subcontractor who works on the Contract, to ensure that the below entity and each subcontractor and sub-subcontractor is complying with the warranties set forth above.

(Respondent)

(Address Line 1)

(Print Name)

(Address Line 2)

(Print Title)

(Phone)

(Signature Required)

(Fax)

(Email Address)

(Federal Taxpayer ID Number)

ATTACHMENT 5: NON-COLLUSION AFFIDAVIT

STATE OF ARIZONA

COUNTY OF MARICOPA

_____ being first duly sworn, deposes and says:

That he/she is _____ of _____,
(Title) (Name of Business)

bidding on Solicitation No. 480-90-20-004-RFQ for Design Professional in the County of Maricopa, State of Arizona.

That, in connection with the above-mentioned project, neither he/she, nor anyone associated with the aforesaid business, has, directly or indirectly, participated in any collusion, entered into any contract, combination, conspiracy or other act in restraint of trade or commerce in violation of the provisions of A.R.S. § 34-251, Article 4, as amended.

(Signature of Affiant)

Subscribed and sworn to before me this _____ day of _____, 20_____.

My Commission Expires: _____

(Notary Public)

ATTACHMENT 6: ORGANIZATIONAL INFORMATION

The Respondent shall use this document to describe the background of its company, its size, resources and details of relevant experience.

1. Name of Respondent: _____
dba: _____
2. To whom should correspondence regarding this contract be addressed?
Individual's Name: _____
Company Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____ Email address: _____
Contact Person (if different from above): _____
3. Date business was established: _____
4. Ownership (e.g., public company, partnership, subsidiary): _____
5. Primary line of business: _____
6. Total number of employees: _____
7. Is your agency acting as the administrative agent for any other agency or organization? _____
If yes, describe the relationship in both legal and functional aspects.
8. Does the organization have any uncorrected audit exceptions? _____
If yes, please explain.
9. Has any government agency, including but not limited to state or federal, ever made a finding of non-compliance with any relevant civil rights requirement with respect to your program? _____
If yes, please explain.

10. Have there ever been any felony convictions of any key personnel (i.e., Administrator, CEO, Financial Officers, major stockholders or those with controlling interest)? _____
If yes, please explain:

11. Has anyone in your organization, or has your organization, ever been restricted or, in any way sanctioned, or excluded from participation in any governmentally funded healthcare programs including, but not limited to, Medicare or Medicaid/AHCCCS? _____
If yes, please explain.

ATTACHMENT 7: EXCEPTIONS TO RFQ REQUIREMENTS AND/OR CONTRACT PROVISIONS

Respondents must use this section to state any exceptions to the RFQ requirements and/or any requested language changes to the terms and conditions, contract, etc.

This is the only time Respondents may contest these issues. Requests for changes after the date Responses are due will not be considered and could subject the Respondent to non-award on grounds of non-responsiveness.

Please sign and include the following statement with your Response.

I have read Valleywise Health's Contract Provisions and:

- ☐ I accept them
- ☐ I have stated my exceptions and have included them in this Response.

Printed Name of Authorized Individual

Name of Submitting Organization

Signature of Authorized Individual

Date



ATTACHMENT 8: Valleywise Health COMMERCIAL CREDIT CARD PROGRAM

Valleywise Health's preferred method of payment is the Commercial Credit Card Program with Commerce Bank. Once an approved Contractor invoice is received, payments made via credit card with Commerce Bank would result in quicker turnaround time for payments. If the successful Respondent indicates that they will accept such payment, further information will be available at time of award. Please indicate below whether or not you would be willing to accept credit card payments.

Yes ☐

No ☐

Comments: _____

Printed Name of Authorized Individual

Name of Submitting Organization

Signature of Authorized Individual

Date

Email

Address: _____

ATTACHMENT 9: VENDOR REGISTRATION FORM/TAXPAYER I.D. NUMBER

Document follows.

Form W-9 (Rev. November 2005) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give form to the requester. Do not send to the IRS.					
Print or type See specific instructions on page 2.	Name (as shown on your income tax return)						
	Business name, if different from above						
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ <input type="checkbox"/> Exempt from backup withholding						
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)					
	City, state, and ZIP code						
List account number(s) here (optional)							
Part I Taxpayer Identification Number (TIN)							
Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.							
Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Social security number</td> </tr> <tr> <td style="text-align: center;"> <div style="display: flex; justify-content: space-around;"> <div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> </div></td> </tr> <tr> <td style="text-align: center;">OR</td> </tr> <tr> <td style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="text-align: center;"> <div style="display: flex; justify-content: space-around;"> <div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> </div></td> </tr> </table>			Social security number	<div style="display: flex; justify-content: space-around;"> <div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> </div>	OR	Employer identification number	<div style="display: flex; justify-content: space-around;"> <div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> </div>
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Part II Certification							
Under penalties of perjury, I certify that:							
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and							
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and							
3. I am a U.S. person (including a U.S. resident alien).							
Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> Sign Here Signature of U.S. person ▶ </td> <td style="width: 50%; vertical-align: top;"> Date ▶ </td> </tr> </table>			Sign Here Signature of U.S. person ▶	Date ▶			
Sign Here Signature of U.S. person ▶	Date ▶						
Purpose of Form							
A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.							
U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:							
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),							
2. Certify that you are not subject to backup withholding, or							
3. Claim exemption from backup withholding if you are a U.S. exempt payee.							
In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.							
Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.							
For federal tax purposes, you are considered a person if you are:							
<ul style="list-style-type: none"> • An individual who is a citizen or resident of the United States, • A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or • Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information. 							
Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.							
The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:							
<ul style="list-style-type: none"> • The U.S. owner of a disregarded entity and not the entity, 							

ATTACHMENT 10: CONTRACTOR EMPLOYMENT RECORD VERIFICATION REQUIREMENT

*The following is provided for informational purposes only related to this solicitation. Any Respondent awarded a contract subsequent to this solicitation will be expected, upon request by Valleywise Health, to submit the forms in this **Attachment 10** as a condition of the Contract.*

NOTE: IT IS NOT NECESSARY TO INCLUDE THE DOCUMENTS IN ATTACHMENT 10 WITH YOUR RESPONSE. Maricopa County Special Health Care District, dba, Valleywise Health (“Valleywise Health”)

Contractor Employment Record Verification Form and Employee Verification Worksheet

Complete and return within 30 days of receipt or as specified in cover letter to:

**Valleywise Health
Contracts Management
2611 E. Pierce St., 2nd FL
Phoenix, AZ 85008**

A.R.S. § 41-4401 requires as a condition of your contract verification of compliance by the contractor and subcontractors with the Federal Immigration and Nationality Act (FINA), all other Federal immigration laws and regulations, and A.R.S. § 23-214 related to the immigration status of its employees.

By completing and signing this form and attached Employee Verification Worksheet the Contractor shall attest that it and all subcontractors performing work under the cited Valleywise Health contract meet all conditions contained herein. Failure to complete and submit this form and attached worksheet on or before the request date to the above cited address and/or the falsification of any information provided herein shall be considered a material breach of the contract.

Contract Number:		
Name (as listed in the contract):		
Address:		
City:	State:	Zip:

I hereby attest that:

1. The contractor complies with the Federal Immigration and Nationality Act (FINA), all other Federal immigration laws and regulations, and A.R.S. § 23-214 related to the immigration status of those employees performing work under this contract.
2. All subcontractors performing work under this contract comply with the Federal Immigration and Nationality Act (FINA), all other Federal immigration laws and regulations, and A.R.S. § 23-214 related to the immigration status of their employees.
3. The contractor has identified all contractor and subcontractor employees who perform work under the contract on the attached Employee Verification Worksheet and has verified



compliance with Federal Immigration and Nationality Act (FINA), all other Federal immigration laws and regulations, and A.R.S. § 23-214.

Signature of Contractor (Employer) or Authorized Designee:

Signature

Printed Name

Title

Date

Contractor Name: _____

Authorized Signature

Date:

(Please copy and complete as necessary)

Employee Name – Please Print	Employee Name – Please Print

ATTACHMENT 11: PROPRIETARY AND/OR CONFIDENTIAL INFORMATION

Due to the fact that Valleywise Health is subject to Arizona's Public Records Act, Title 39 Chapter 1 of the Arizona Revised Statutes, Respondent is advised that any documents it provides to Valleywise Health in response to a solicitation will be available to the public if a proper Public Records Request is made, except that Valleywise Health is not required to disclose or make available any record or other matter that reveals proprietary information provided to Valleywise Health by a Respondent that is from a non-governmental source. Reference A.R.S. § 48-5541.01(M)(4)(b).

Pursuant to the Valleywise Health Procurement Code (HS-104, Confidential or Proprietary Information), any specific documents or information that the Respondent deems to be proprietary and/or confidential must be clearly identified as such along with justification for its proprietary and/or confidential status.

The Respondent may not claim that the entire Proposal or the entire submission is proprietary and/or confidential. It is the Respondent's responsibility to clearly identify each document and each piece of information in their submission that is proprietary and/or confidential. The final determination of nondisclosure, however, rests with the Procurement Officer.

Firms should be aware that if a court determines that the Respondent's information is not proprietary and/or confidential; Valleywise Health will be required to disclose such information pursuant to a public records request. In such cases, the Respondent understands and agrees that Valleywise Health shall comply with the court's determination and the Respondent shall not hold Valleywise Health liable for any costs, damages or claims whatsoever related to releasing the information.

This is the only notice that will be given to Respondents regarding the Respondent's responsibility to clearly identify its proprietary and/or confidential information. If a public records request is submitted to Valleywise Health and the Respondent did not clearly identify its proprietary and/or confidential information at the time their Proposal was submitted, Valleywise Health will not provide Respondents with any subsequent notice or opportunity to identify proprietary and/or confidential documents or information.

I hereby certify that I acknowledge acceptance of the terms above and that I have:

- ☐ Determined that no documents or information contained within this Proposal are proprietary and/or confidential in nature.
- ☐ Clearly identified specific documents or information that are deemed to be proprietary and/or confidential and have justified the reason for the proprietary status of any identified documents or information contained herein.

Printed Name of Authorized Individual

Name of Submitting Firm

Signature of Authorized Individual

Date

ATTACHMENT 12: CONFLICT OF INTEREST CERTIFICATION

The undersigned certifies that to the best of his/her knowledge: **(check only one)**

- () There is no officer or employee of Valleywise Health who has, or whose relative has, a substantial interest in any contract resulting from this request.
- () The names of any and all public officers or employees of Valleywise Health who have, or whose relative has, a substantial interest in any contract resulting from this request, and the nature of the substantial interest, are included below or as an attachment to this certification.

(Firm)

(Address)

(Signature Required)

(Phone)

(Print Name)

(Email)

(Print Title)

(Federal Taxpayer ID Number)

ATTACHMENT 13: ANTI-LOBBYING CERTIFICATION**Certification and Disclosure Regarding Payments to Influence Certain Federal Transactions**

In accordance with Federal Acquisition Regulation ("FAR"), 52.203-11, Certification and Disclosure Regarding Payments to Influence Certain Federal Transactions:

- (a) The definitions and prohibitions contained in the clause, at FAR 52.203-12, Limitation on Payments to Influence Certain Federal Transactions, included in this solicitation, are hereby incorporated by reference in paragraph (b) of this certification.
- (b) The offeror, by signing its offer, hereby certifies to the best of his or her knowledge and belief that on or after December 23, 1989:
- (1) No Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress on his or her behalf in connection with the awarding of this contract;
 - (2) If any funds other than Federal appropriated funds (including profit or fee received under a covered Federal transaction) have been paid, or will be paid, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress on his or her behalf in connection with this solicitation, the offeror shall complete and submit, with its offer, OMB standard form LLL, Disclosure of Lobbying Activities, to the Contracting Officer; and
 - (3) He or she will include the language of this certification in all subcontract awards at any tier and require that all recipients of subcontract awards in excess of \$100,000.00 shall certify and disclose accordingly.
- (c) Submission of this certification and disclosure is a prerequisite for making or entering into this contract imposed by section 1352, Title 31, United States Code. Any person who makes an expenditure prohibited under this provision or who fails to file or amend the disclosure form to be filed or amended by this provision, shall be subject to a civil penalty of not less than \$10,000.00, and not more than \$100,000.00, for each such failure.

(Firm)

(Address)

(Signature Required)

(Phone)

(Print Name)

(Email)

(Print Title)

(Federal Taxpayer ID Number)

Date: _____

**ATTACHMENT 14: CERTIFICATION REGARDING DEBARMENT, SUSPENSION, PROPOSED
DEBARMENT, AND OTHER RESPONSIBILITY MATTERS**

In accordance with Federal Acquisition Regulation, 52.209-5, Certification Regarding Responsibility Matters:

1. The Offeror certifies, to the best of its knowledge and belief, that:
 - A. The Offeror and/or any of its Principals:
 - (i) (Check one) **Are** () or **are not** () presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal agency; (The debarred list (List of Parties Excluded from Federal Procurement and Non-Procurement Programs) is at <http://epls.arnet.gov> on the Web.)
 - (ii) (Check one) **Have** () or **have not** (), within a three-year period preceding this offer, been convicted of or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, state, or local) contract or subcontract; violation of Federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property; and
 - (iii) (Check one) **Are** () or **are not** () presently indicted for, or otherwise criminally or civilly charged by a governmental entity with, commission of any of the offenses enumerated in paragraph (a)(1)(i)(B) of this provision.
 - B. The Offeror (Check one) **has** () or **has not** (), within a three-year period preceding this Proposal, had one or more contracts terminated for default by any Federal agency.
2. "Principals", for the purposes of this certification, means officers; directors; owners; partners; and, persons having primary management or supervisory responsibilities within a business entity (*e.g.*, general manager; plant manager; head of a subsidiary, division, or business segment, and similar positions).
3. This certification concerns a matter within the jurisdiction of an Agency of the United States and the making of a false, fictitious, or fraudulent certification may render the maker subject to prosecution under Section 1001, Title 18, United States Code.
4. The Offeror shall provide immediate written notice to the Contracting Officer if, at any time prior to contract award, the Offeror learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. A certification that any of the items in paragraph (A) of this provision exists will not necessarily result in withholding of an award under this solicitation. However, the certification will be considered in connection with a determination of the Offeror's responsibility. Failure of the Offeror to furnish a certification or provide such additional information as requested by the Contracting Officer may render the Offeror non-responsible.
6. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render, in good faith, the certification required by paragraph (A) of this provision. The knowledge and information of an Offeror is not required to exceed that which is normally possessed by

ATTACHMENT 15: Business Requirements Goal Alignment, Functional and Non-Functional Detailed Requirements

The following section defines the Business goals, and functional and non-functional characteristics of a Clinical Communication and Collaboration system (CC&C). Business goals discusses what the CC&C must do; function speaks to how the CC&C solution behaves and speaks to its capabilities. Non-Functional speaks to the technical underpinnings in terms of performance and reliability.

Business Requirements

ReQ ID	Requirement	Comments
CC-BG-001	Quality of Care	
CC-BG-001.1	Provide quick access to critical information	
CC-BG-001.2	Initiate timely testing and results notification	
CC-BG-001.3	Making evidence informed decisions	
CC-BG-001.4	Access to a knowledgebase to influence decision making	
CC-BG-002	Care Transition	
CC-BG-002.1	Transparency of life cycle of care	
CC-BG-002.1.1	Pre-registration	
CC-BG-002.1.2	Registration (outpatient)	
CC-BG-002.1.3	Registration (admission)	
CC-BG-002.1.4	Throughput (between care areas)	
CC-BG-002.1.5	Discharge (home)	
CC-BG-002.1.6	Discharge (other)	
CC-BG-002.1.7	Continuum of care (follow-up) - Improve point of care coordination by improving follow-up process	
CC-BG-003	Clinical Workflows	
CC-BG-003.1	Provide consistent care across patients and practitioners	
CC-BG-003.2	Access to clinical information and medical alerts	
CC-BG-003.3	Improved access to diagnostic tools	
CC-BG-003.4	Simplify access to multiple sources of information through a single interface	

ReQ ID	Requirement	Comments
CC-BG-004	Patient Experience	
CC-BG-004.1	Improve patient understanding	
CC-BG-004.2	Reducing waits and harmful delays	
CC-BG-004.3	Increase patient empowerment and engagement	
CC-BG-004.4	Timely patient satisfaction – post discharge service recovery	
CC-BG-004.5	Realtime service recovery notification – post patient rounding	
CC-BG-005	Patient Safety	
CC-BG-005.1	Provide accurate and timely treatment	
CC-BG-005.2	Requesting appropriate investigations	
CC-BG-005.3	Access to immediate information	
CC-BG-005.4	Monitoring patient condition	
CC-BG-006	Response Times	
CC-BG-006.1	Improve communication between care teams	
CC-BG-006.2	Immediate access to patient information	

Functional Requirements

ReQ ID	Functional Requirement	Comments
CC-FR-01	Secure Messaging	
CC-FR-01.1	Text	
CC-FR-01.2	Multimedia (voice, video, images)	
CC-FR-01.3	File capture and transfer	
CC-FR-01.4	Secure Email	
CC-FR-01.5	Secure eFax	
CC-FR-01.6	Send Receive transaction - Audit capture	
CC-FR-01.7	Ad Hoc virtual distribution grouping	
CC-FR-01.8	Directory led distribution list	
CC-FR-01.9	Paging emulation – inter-site	
CC-FR-01.10	Paging emulation – intra-site	

ReQ ID	Functional Requirement	Comments
CC-FR-01.11	Message requests to EVS	
CC-FR-01.12	Message requests to Transportation group	
CC-FR-01.13	Message Patients directly (via MyChart for availability)	
CC-FR-01.14	Support for group messaging derived from user determined ad hoc lists	
CC-FR-01.15	Support for group messaging derived from pre-assigned care team members	
CC-FR-02	Voice Features	
CC-FR-02.1	Inter-departmental communication	
CC-FR-02.2	Intra-departmental communication	
CC-FR-02.3	Inter-site communication (VALLEYWISE HEALTH)	
CC-FR-02.4	Inter-entity communication	
CC-FR-02.5	Care team grouping communication	
CC-FR-02.6	Urgent internal communication	
CC-FR-02.7	Urgent external communication	
CC-FR-02.8	Speed dial configuration department (role) specific	
CC-FR-02.9	Single press panic button	
CC-FR-02.10	AD HOC staff availability – unavailability setting and view	
CC-FR-02.11	Push to Talk (device to mobile device) – bi-directional alerting feature	
CC-FR-02.12	Push to Talk (mobile device to mobile device)	
CC-FR-02.13	Video Conferencing and collaboration 1:1	
CC-FR-02.14	Video Conferencing and collaboration 1: n	
CC-FR-02.15	Voice Recognition (Hands Free)	
CC-FR-02.16	Notification from live CCTV camera feeds	
CC-FR-02.17	Access to live CCTV camera feeds	

ReQ ID	Functional Requirement	Comments
CC-FR-02.18	Redirect numbers temporarily to other available staff members	
CC-FR-02.19	Interpretation services feature AV and HD sound	
CC-FR-02.20	Urgent call intercept feature	
CC-FR-02.21	Intuitive call transfer feature	
CC-FR-02.22	Silent call assist feature	
CC-FR-02.23	Scream paging assist	
CC-FR-02.24	Support for group messaging derived from user determined ad hoc lists	
CC-FR-02.25	Support for group messaging derived from pre-assigned care team members	
CC-FR-02.26	Call sent and received transaction - Audit capture	
CC-FR-02.27	Voice mail to text capability	
CC-FR-02.28	Device should be able to conference another party (3- party conference)	
CC-FR-02.29	Device should have multiple lines to handle multiple calls simultaneously (minimum two calls)	
CC-FR-02.30	Device should have the ability to put lines on hold	
CC-FR-02.31	Device should be able to forward and integrate to the voicemail system	
CC-FR-02.32	Device should be able to integrate to Telecom Notification System (WebEx) On Call schedule	
CC-FR-03	Integration and interoperability	
CC-FR-03.1	EMR (EPIC)	
CC-FR-03.1.1	Access to EPIC (Read only)	
CC-FR-03.1.2	Access to EPIC (Read Write) and document directly in EPIC	
CC-FR-03.1.3	Smart Board (White Board) integration	
CC-FR-03.1.4	Alert-notification of critical lab results	

ReQ ID	Functional Requirement	Comments
CC-FR-03.1.5	Alert-notification of AMA ¹ results	
CC-FR-03.1.6	Alert-notification of STEMI ²	
CC-FR-03.1.7	Alert-notification of CXR ³ anomalies	
CC-FR-03.1.8	Upload PFT ⁴ data to EPIC	
CC-FR-03.1.9	Alert-notification of SEPSIS	
CC-FR-03.1.10	View medical device monitor live feeds	
CC-FR-03.1.11	Route live feeds to cardiologists	
CC-FR-03.1.12	Alert-notification of CODES	
CC-FR-03.1.13	Notification of patient “no-shows”	
CC-FR-03.1.14	Notification of patient registration	
CC-FR-03.1.15	View-search lab results	
CC-FR-03.1.16	Alert-notification pharmacy	
CC-FR-03.1.17	Alert-notification for select doors within a unit	
CC-FR-03.1.18	Alert-notification for patient monitoring (babies, prisoners)	
CC-FR-03.1.19	View EPIC new orders	
CC-FR-03.1.20	View EPIC work lists	
CC-FR-03.1.21	Payment notification	
CC-FR-03.1.22	Billing notification	
CC-FR-03.1.23	Referrals from Home Health	
CC-FR-03.1.24	Rounding enablement	
CC-FR-03.1.25	Escalation of alerts and notifications	
CC-FR-03.1.26	View bed board information	
CC-FR-03.1.27	Alert-notification of bed availability	
CC-FR-03.1.28	Task assignment and reminders	
CC-FR-03.1.29	Print discharge information from device	
CC-FR-03.1.30	Patient waiting room status	
CC-FR-03.2	Mass casualty alerting	

¹ Antimitochondrial Antibody Tests

² ST-segment Elevation Myocardial Infarction

³ Chest X-Ray

⁴ Pulmonary Function Test

ReQ ID	Functional Requirement	Comments
CC-FR-03.3	Wayfinder for Guest Services	
CC-FR-03.4	Location services for transporters	
CC-FR-03.5	Medical grade applications viz. drug library	
CC-FR-03.6	Medical grade applications viz. growth chart	
CC-FR-03.7	Medical grade applications viz. Resuscitation timers	
CC-FR-03.8	Medical grade applications viz. code dosing	
CC-FR-03.9	Medical grade applications viz. Epocrates	
CC-FR-03.10	Simplified view and access of care team members' profile	
CC-FR-03.11	Immediate request notification from intra- care team members	
CC-FR-03.12	Immediate request notification from inter- care team members	
CC-FR-03.13	Simplified device checkout assignment and reassignment	
CC-FR-03.14	Track board view of assigned devices	
CC-FR-03.15	Point of care testing capabilities Blood analyzer	
CC-FR-03.16	Hands free communication within OR	
CC-FR-03.17	Credit-Debit card scanner	
CC-FR-03.18	TempTrak monitoring and alerting	
CC-FR-04	Data Analytics and Reporting	
CC-FR-04.1	Air printing	
CC-FR-04.2	Dashboards-scorecards	
CC-FR-04.2.1	BI Drill-down features	
CC-FR-04.2.2	BI repository - EPIC	
CC-FR-04.2.3	BI repository – Kronos	
CC-FR-04.2.4	BI repository - HPM	
CC-FR-04.3	Access to Radiology (RIS) data	
CC-FR-04.4	Access to Clinical Image Repository (CIR) data	
CC-FR-05	Integration with other Systems	
CC-FR-05.1	Integration with Nurse Call	

ReQ ID	Functional Requirement	Comments
CC-FR-05.1.1	Call assist notification	
CC-FR-05.1.2	Patient “wait” device to allow patients access to select areas	
CC-FR-05.2	Access to staff scheduling (KRONOS)	
CC-FR-05.3	Access to RFID telemetry location and condition sensing (RTLS)	
CC-FR-05.4	Electronic signature capability	
CC-FR-06	Alarms and notification platform	
CC-FR-06.1	Basic	
CC-FR-06.2	Advanced	
CC-FR-07	Interactive patient care system	
CC-FR-07.1	Menu Planning	
CC-FR-07.2	Environmental Control	
CC-FR-07.3	TV	
CC-FR-07.4	Gaming	
CC-FR-07.5	Make and receive calls via VoIP	
CC-FR-08	Scanning	
CC-FR-08.1	Leverage imbedded camera system for scanning	
CC-FR-08.1.1	Bar code UPC-EAN	
CC-FR-08.1.2	Matrix Bar Code QR	
CC-FR-08.1.3	Pharmacode	
CC-FR-09	Contact lists	
CC-FR-09.1	Organizational directory with varying degrees of granularity and photo	
CC-FR-09.2	Clinician directory with varying degrees of granularity and photo	
CC-FR-09.3	On call directory (roles based)	
CC-FR-09.4	Presence status indicator	
CC-FR-10	Patient event notifications	
CC-FR-10.1	Site-specific Registration	

ReQ ID	Functional Requirement	Comments
CC-FR-10.2	Admission	
CC-FR-10.3	Transfer	
CC-FR-10.4	Discharge	
CC-FR-10.5	Presence status	
CC-FR-11	Support for family members and caregivers	

Non-Functional Requirements

ReQ ID	Non- Functional Requirement	Category
CC-NFR-01	Resilience Tier is 0	
CC-NFR-02	Redundancy is HA – Active-Active	
CC-NFR-03	Support for LAN speeds at 1Gb	
CC-NFR-04	Support for Wireless 802.11.AC	
CC-NFR-05	Support for two factor authentication mechanism	
CC-NFR-06	Seamless phone assignment - registration	
CC-NFR-07	Find-me utility	
CC-NFR-08	Remote wipe features	
CC-NFR-09	Support for transport encryption TLS	
CC-NFR-10	Support for data encryption FIPS 140-2	
CC-NFR-11	Mean Opinion Score (MOS) thresh hold <4.03	
CC-NFR-12	Delay Thresh hold <=150ms	
CC-NFR-13	Jitter Buffer Loss <0.05%	
CC-NFR-14	Data loss <=0.50%	
CC-NFR-15	QoS enabled	
CC-NFR-16	Performance (LoP) <50ms	
CC-NFR-17	Supported platform Apple IOS	
CC-NFR-18	Supported platform Android	
CC-NFR-19	Hardware features – non-dedicated hardware bar code scanner	
CC-NFR-20	Hardware features – device containerization and encryption supporting MDM engine: XenMobile	
CC-NFR-21	Hardware features – Loss - Theft location finder (supporting MDM engine: XenMobile)	
CC-NFR-22	Hardware features – push to talk	
CC-NFR-23	Hardware features – Paging emulation	
CC-NFR-24	Integration into Avaya VoIP – SIP integration for inbound and outbound calling	
CC-NFR-25	Gyroscopic features to monitor phone orientation	

ReQ ID	Non- Functional Requirement	Category
CC-NFR-26	E911 Location aware	
CC-NFR-27	Battery management and optimization	
CC-NFR-28	Contactless battery charging units	
CC-NFR-29	Registration of device to care team member removes previous transactions from device	
CC-NFR-30	Device supports Bluetooth 4+	
CC-NFR-31	Bluetooth ear buds	
CC-NFR-32	Hands free communication	
CC-NFR-33	Comply with VALLEYWISE HEALTH Infection control protocols	
CC-NFR-34	Support for valid encryption processes for data at rest that are consistent with NIST Special Publication 800-111	
CC-NFR-35	Support for valid encryption processes for data in motion that comply, as appropriate, with NIST Special Publications 800-52	
CC-NFR-36	Ability to recall deleted messages	
CC-NFR-37	Read receipt on all messages	
CC-NFR-38	LCM support for user and device digital identity certificates	

ATTACHMENT 15: User Scenarios/Use Cases

Provide a summary of the major functions that the solution will perform.

A business scenario:

- Describes a significant business need
- Identifies, documents, and ranks the problem that is driving the scenario
- States the desired objectives
- Shows the “Actors” and where they fit in the business model
- Is specific, and measurable, and uses clear metrics for success

The following section details the use cases a Mobile solution must provide. You will be required to demonstrate your solution’s capability via the use cases stated below.

Use Case CC-UC-01: Staff Directory		Category: Future State
Ownership: Scheduling Service		
Description: Users are able to find any provider in the organization, see contact information, call, e-mail contact and create a list of favorite contacts in mobile device and have visibility to this in Epic.		
Actors: All clinical personnel		
Prerequisites:		
<ol style="list-style-type: none"> 1. The user will be using the communication platform of choice 2. User will have access to Epic 		
Impact/Issue: The current on-call schedule is only available in an application external to the EMR. Availability and communication should come from the Epic EMR and any associated handheld device.		
Main Scenario:		
IP Clinical User	SYSTEM	
1. Clinical user 1 identifies need to contact another clinician	All systems, Epic and Windows printing, RICOH	
2. Clinical user 1 navigates to patient in Epic, mobile or desktop		
3. Clinical user 1 reviews patients treatment team and identifies clinical user 2 needed to communicate with	Patient treatment team will display current list of assigned clinicians based on on-call scheduling	
4. Clinical User 1 sees current clinician on-call for service	This is pulled from current on-call schedule	
5. Clinical user 1 clicks contact and writes communication to clinical user 2	Push notification sent to clinical user 2	

Use Case CC-UC-02: Push Notification		Category: Current State
Ownership: Clinical Staff		
Description: Users are able to send and receive real-time push notifications		
Actors: All clinical personnel		
Prerequisites: The user will be using the communication platform of choice		
Impact/Issue: Real time push type communication needs to be available to share a variety of events real-time.		
Main Scenario:		
IP Clinical User		SYSTEM
1.	Patient has a critical lab result, there is a new STAT order or a Patient ADT event	Epic
2.	Clinical user will receive notification on communication device with information relating to order, result, event.	
3.	Action on notification files confirmation of receipt back to sending system	

Use Case UC-CC-03: Patient Experience Real Time Service Recovery		Category: Future State
Ownership: Clinical Staff/ Ancillary Staff/ Administrative Staff		
Description: Real time push notification related to patient feedback pre and post discharge		
Actors: All Leadership		
Prerequisites: The user will be using the communication platform of choice		
Impact/Issue: Service Recovery is limited when real-time data is not presented to Leaders with ample time to make a difference.		
Main Scenario:		
A. Inpatient Rounding by Leaders B. Post Discharge NRC Patient Follow-up		SYSTEM
4. A. Leader rounds on patient units (ip and op) and documents on device individual feedback	A. Mobile Device B. Patient telephone x 2 then Email x 1	
5. B. 24 hour post discharge patient receives a phone call with question pod automated survey. Patient enters response via telephone		
6. A. Individual feedback is routed to leaders of patient's care experience/ or department where intervention or service recovery is needed. <ul style="list-style-type: none"> a. Feedback routed to both department leader and department of service concern. b. Clear delineation of ownership and accountability will be communicated via device. 	A. Mobile Device	
7. B. Automated Survey results requiring following will be routed in the same fashion as patient rounding per department and area of concern <ul style="list-style-type: none"> a. Feedback routed to both department leader and department of service concern. b. Clear delineation of ownership and accountability will be communicated via device. 	B. NRC to Mobile Device	
8. A. Service Recovery Follow-up actions will be documented in detail and marked as completed.	C. Mobile Device	
9. Leaders have the ability to analyze data around patient experience to identify trends and areas of opportunity.	A. Mobile Device Analytics platform - portal	

Use Case UC-CC-04: Medical and BH Code Notification		Category: Future State
Ownership: Clinical Staff		
Description: Users are able to call a behavioral code or medical code		
Actors: All clinical personnel		
Prerequisites: The user will be using the communication platform of choice		
Impact/Issue: Staff will be able to use mobile device to alert a code or care team in an emergency setting.		
Main Scenario:		
IP Clinical User/BH Clinical Team		SYSTEM
1. Care provider is faced with a patient who need medical care or is deemed a BH concern. Care provider will quickly access patient from patient list and choose a medical code or BH code	Epic	
2. Code Team (Medical or BH) will received a distinct message	EPIC/Mobile Device	
3. Confirmation of Acknowledgement received on sender's device via message and alert sound.		
4. Acknowledgment of receipt filed on device of recipient.		

Use Case CC-UC-05 Fast Registration, Triage, Assess and Treatment - ED Setting Category: Future State	
Ownership: Clinical/Ancillary Services	
Description: Fast Reg, Triage, Assess and Treat Care Enablement (Non-Emergent)	
Actors: All clinical/ancillary personnel	
Prerequisites: The user will be using the communication platform of choice. User will have access to Epic	
Impact/Issue: Patient's registration, triage and placement will be managed via mobile device.	
Main Scenario: Patient's will start registration process via mobile device in ED waiting area. Initial triage assessment will be captured on device as well. Patient key care orders, bed placement and communication channels captured in mobile encounter.	
1. Patient and family walk into the ED – there is a line to register	
2. Registration staff use mobile device to gain key information about patient from patient or family.	EPIC/Mobile Device
3. Notification of patient arrival is sent to Triage RN	
4. Ability to escalate patient priority at registration/ triage with an integrated feature that sends notification to CRL – defined by simplified clinical symptom understood by ED reg staff.	
5. In non-emergent setting, reg staff confirm mobile communication preference for patient notification – push alerts to patient family/designee specific to patient location only.	
6. This would integrate with the bed location in the EMR. Patient arrival to assigned bed would alert control desk to initiate bedside greeting and handoff Alert would be acknowledged once RN or care provider (per staffing matrix) entered patient room	
7. Key first vital signs would be visible to the care provider on mobile device (determined by the care path per care area – ED might differ than Med Surg)	
8. Direct documentation of initial assessment (nurses and/or providers) would occur via mobile devices with simplified button choices and stylus if needed for unique assessment details.	
9. Integrated camera on mobile device would be used for baseline photos of injury and/or patient identification.	
10. Key tests would be available for quick select from lab, radiology, and respiratory.	
11. Patient movement would be linked from ED room to other locations patient travels to. Status boards updated of patient location when at new location for greater than 5 minutes	
12. Testing ordered from devices will be result to the device plus populate the EMR.	

Use Case CC-UC-05 Fast Registration, Triage, Assess and Treatment - ED Setting Category: Future State
Ownership: Clinical/Ancillary Services
Description: Fast Reg, Triage, Assess and Treat Care Enablement (Non-Emergent)
Actors: All clinical/ancillary personnel
Prerequisites: The user will be using the communication platform of choice. User will have access to Epic
Impact/Issue: Patient's registration, triage and placement will be managed via mobile device.
13. Device work list autogenerated when tests/exams ordered, or other orders placed from mobile device. Allowing the care provider to quick check when results are back and communicated to patient/family. This worklist could be used for patient hand off to other care providers taking over while patient ins same location or for handoff with a focus on completed and remaining items to address or wait for results.
14. Result sharing can occur from mobile device directly or can be projected to larger monitor in room.
15. Medication administration can be documented on device during the administration process which includes bar code scanning the patient armband. If arm band not on patient, duplicate armband can be requested via device. Picture reference used for quick admin needs.

Use Case CC-UC-06: Patient Discharge		Category: Current State
Ownership: Nursing		
Description: Process for patient discharge home with remote print		
Actors: Physicians and Nursing staff		
Prerequisites: The users require communication devices (i.e. pager, mobile phone), system network access, and printing privileges (RICOH).		
Impact/Issue: The process to discharge a patient requires multiple steps causing waste through over processing – would like to bring the steps in the process closer together.		
Main Scenario:		
VALLEYWISE HEALTH MMC USER: Physician		SYSTEM
6. Physician logs into computer workstation Username/Password		Network
7. Physician opens EMR to write discharge orders <ul style="list-style-type: none"> a. Click on Hyperspace PRD desktop icon b. Search for patient c. Double click to open chart d. Select Manage Orders e. Complete Discharge Order Set f. Choose method of sending prescriptions <ul style="list-style-type: none"> i. E-Script to pharmacy directly ii. Print paper prescriptions to deliver to unit iii. Remote Print – send to RICOH printer for RN to print. 		EPIC RICOH – Remote print selected in this scenario
8. Physician reviews the patients signed-in care team in EMR to determine who the patients primary nurse is <ul style="list-style-type: none"> a. Identifies name and ASCOM# b. Locates phone c. Calls RN to inform of discharge orders 		EPIC ASCOM
Main Scenario:		
VALLEYWISE HEALTH MMC USER: Nurse		SYSTEM
1. RN logs into computer workstation <ul style="list-style-type: none"> a. Username/Password 		Network
2. RN opens EMR to verify discharge orders <ul style="list-style-type: none"> a. Click on Hyperspace PRD desktop icon b. Search for patient c. Double click to open chart d. Click 'Navigators' tab e. Select 'Discharge' f. Confirm d/c orders are present g. Review for e-scripted medications 		EPIC
3. RN does not find discharge prescriptions listed as e-scripted <ul style="list-style-type: none"> a. Not found printed 		EPIC
4. RN identifies the need to call physician to identify location of scripts		
5. RN opens Internet search engine <ul style="list-style-type: none"> a. Type The Vine 		Network
6. RN opens WebEx search on The Vine <ul style="list-style-type: none"> a. Click on Phone/Web-X tab 		Web-X
7. RN sends text page message to provider via WebEx <ul style="list-style-type: none"> a. Type Physician name 		Web-X Pager device

Use Case CC-UC-06: Patient Discharge		Category: Current State
Ownership: Nursing		
Description: Process for patient discharge home with remote print		
Actors: Physicians and Nursing staff		
Prerequisites: The users require communication devices (i.e. pager, mobile phone), system network access, and printing privileges (RICOH).		
Impact/Issue: The process to discharge a patient requires multiple steps causing waste through over processing – would like to bring the steps in the process closer together.		
	<ul style="list-style-type: none"> i. Search for a team to find On-Call schedule b. Enter alphanumeric page c. Click send 	
8.	RN opens EMR to document provider notify <ul style="list-style-type: none"> a. Click on Hyperspace PRD desktop icon b. Search for patient c. Double click to open d. Click 'Navigators' tab e. Select 'Provider Notify' f. Document interaction 	EPIC
9.	Provider hears pager alert that there is a new page.	Pager
10.	Provider reviews message regarding location of the prescriptions	Pager device presents new page message
11.	Provider finds phone <ul style="list-style-type: none"> a. Calls RN <ul style="list-style-type: none"> i. Informs RN Prescriptions have been remote printed 	
12.	RN receives call regarding location of prescriptions	ASCOM
13.	RN manually enters patients ID# into printer <ul style="list-style-type: none"> a. Selects print b. Receives printed prescriptions 	RICOH
14.	RN identifies that patient would like to use VALLEYWISE HEALTH pharmacy	
15.	RN Prints 'Facesheet' from EMR and attaches to printed prescriptions <ul style="list-style-type: none"> a. Selects 'print' on Facesheet b. Badge into printer <ul style="list-style-type: none"> i. Select print ii. Receive printed prescriptions 	EPIC RICOH
16.	RN sends Facesheet and printed prescriptions to Pharmacy via pneumatic tube system	
17.	RN calls Pharmacy to inform prescriptions are on their way	ASCOM
18.	Pharmacy receives phone call, Facesheet and printed prescriptions	ASCOM

Use Case CC-UC-06: Patient Discharge		Category: Current State
Ownership: Nursing		
Description: Process for patient discharge home with remote print		
Actors: Physicians and Nursing staff		
Prerequisites: The users require communication devices (i.e. pager, mobile phone), system network access, and printing privileges (RICOH).		
Impact/Issue: The process to discharge a patient requires multiple steps causing waste through over processing – would like to bring the steps in the process closer together.		
19. RN sends transport request in EMR	EPIC	
a. Open EHR		
b. Click 'Unit Manager'		
c. Highlight patient		
d. Click 'Patient Transport'		
e. Fill out transport request form		
20. Document patient information on discharge center flowsheet	EPIC	
21. Call discharge center and inform of patient's needs	ASCOM	
a. Need to pick up prescriptions prior to leaving		
22. Transporter arrives to unit and calls RN to inform they are there to pick-up patient	ASCOM	
23. RN receives call	ASCOM	
a. Updates transporter to stop by pharmacy prior to d/c center		
24. RN calls Pharmacy to check status of prescription and inform patient is in route.	ASCOM	
25. Pharmacy receives call and ensures prescriptions are filled.	ASCOM	
26. Patient discharged	EPIC	
a. RN documents discharge and events		
b. Discharge in system		

Use Case CC-UC-07: Receiving pages while in surgery		Category: Current State
Ownership: Surgery Department		
Description: Surgeons receive calls and pages they are unable to respond to while scrubbed in for surgery.		
Actors: Surgeons and nursing staff		
Prerequisites: The user requires a communication device (i.e. pager)		
Impact/Issue: The primary method for contacting physicians is through page via WebEx system. Surgeons are unable to answer/view these pages to see if they are urgent.		
Main Scenario:		
VALLEYWISE HEALTH MMC USER	SYSTEM	
9. RN logs into computer workstation	Network	
a. Username/Password		
10. RN opens The Vine	Network	
a. Open internet search		
b. Type The Vine		
11. RN opens WebEx search	Web-X	
a. Click on Phone/Web-X tab		
12. RN sends text page message to provider via WebEx	Web-X	
a. Type Physician name	Pager device	
i. Search for a team to find On-Call schedule		
b. Enter alphanumeric page		
c. Click send		
13. Provider hears pager alert that there is a new page.	Pager device presents new page message	
14. Provider prepped for surgery unable to check new page		
a. Must choose to leave procedure (and require getting scrubbed back in) causing potential OR delay, to check the pager or wait to check until after procedure, risking missing a potentially urgent page.		
15. RN opens EMR to document provider notify	EPIC	
a. Click on Hyperspace PRD desktop icon		
b. Search for patient		
c. Double click to open		
d. Click 'Navigators' tab		
e. Select 'Provider Notify'		
f. Document notification attempts		
16. RN does not receive call-back from provider	ASCOM	
a. Unsure if page went through or was received and not yet acted on		
17. RN pages again or escalates contact until call-back is received. Documents attempts in EPIC.	WebEX Pager Ascom EPIC	

Use Case UC-CC- 08: Patient Experience Real Time Inpatient Service Recovery Category: Future State		
Ownership: Clinical Staff/ Ancillary Staff/ Administrative Staff		
Description: Real time push notification related to patient feedback pre-discharge		
Actors: All Leadership		
Prerequisites: The user will be using the communication platform of choice		
Impact/Issue: Service Recovery is limited when real-time data is not presented to Leaders with ample time to make a difference.		
Main Scenario:		
Inpatient Rounding by Leaders	SYSTEM	
1. Leader rounds on patient units (inpatient and outpatient) and documents on device individual feedback	A. Mobile Device	
2. Individual feedback is routed to leaders of patient's care experience/ or department where intervention or service recovery is needed. <ul style="list-style-type: none"> A. Feedback routed to both department leader and department of service concern. B. Clear delineation of ownership and accountability will be communicated via device. 	D. Mobile Device	
3. Service Recovery Follow-up actions will be documented in detail and marked as completed.	A. Mobile Device	
4. Leaders have the ability to analyse data around patient experience to identify trends and areas of opportunity.	B. Mobile Device Analytics platform - portal	

Use Case UC-CC-09: Patient Experience Post Discharge Service Recovery Category: Future State		
Ownership: Clinical Staff/ Ancillary Staff/ Administrative Staff		
Description: Real time push notification related to patient feedback post discharge		
Actors: All Leadership		
Prerequisites: The user will be using the communication platform of choice		
Impact/Issue: Service Recovery is limited when real-time data is not presented to Leaders with ample time to make a difference.		
Main Scenario:		
Post Discharge NRC Patient Follow-up	SYSTEM	
1. 24-hour post discharge patient receives a phone call with question pod automated survey. Patient enters response via telephone	A. Patient telephone x 2 then Email x 1	
2. Automated Survey results requiring follow-up will be routed to leaders of patient's care experience/ or department where intervention or service recovery is needed. <ul style="list-style-type: none"> a. Feedback routed to both department leader and department of service concern. b. Clear delineation of ownership and accountability will be communicated via device. 	E. Mobile Device F. NRC to Mobile Device	
Service Recovery Follow-up actions will be documented in detail and marked as completed.	B. Mobile Device	
Leaders have the ability to analyze data around patient experience to identify trends and areas of opportunity.	G. Mobile Device Analytics platform - portal	

Use Case Summary

ReQ ID	Description	Objective	Additional Comments
CC-UC-01	Staff Directory	Users are able to find any provider in the organization, see contact information, call, e-mail contact and create a list of favorite contacts in mobile device and have visibility to this in Epic.	
CC-UC-02	Push Notification	Users are able to send and receive real-time push notifications	
CC-UC-03	Patient Experience Real Time Service Recovery	Real time push notification related to patient feedback during their outpatient hospital visit.	
CC-UC-04	BH and Medical Code Activations	Efficient activation of Medical or BH Code from mobile device.	
CC-UC-05	Fast Registration, Triage, Assess and Treatment - ED Setting	Efficiency in registration to care process for patients, families, nurses and providers in the ED setting.	
CC-UC-06	Patient Discharge	Triage Assess and Care Platform	
CC-UC-07	Receiving pages while in surgery	Surgeons receive calls and pages they are unable to respond to while scrubbed in for surgery	
CC-UC-08	Patient Experience Real Time Inpatient Service Recovery	Real time push notification related to patient feedback during their hospital visit.	
CC-US-09	Patient Experience Post Discharge Service Recovery	Real time push notification related to patient feedback post discharge	

ATTACHMENT 17: Vendor Profiling

ReQ ID	Functional Requirement	Category
CC-VP-01	Vendor Profiling and Viability	
CC-VP-01.1	Provide market share and positioning of your organization	
CC-VP-01.2	Provide Financial viability and strength of your organization	
CC-VP-01.3	Provide profile of Account team experience as it relates to technology and hospital base (current contracts if any are not relevant)	
CC-VP-01.4	Provide documents that speak to service level agreements	
CC-VP-01.5	Provide details of your customer care and support model	

ATTACHMENT 18: Budgetary Drivers

Please indicate the unit cost drivers for your solution by completing the following matrix.
You are free to add or qualify your response

ReQ ID	Functional Requirement	Qualifier	Cost (\$)	SME Reviewed / Approved
CC-BD-01	Software cost drivers			
CC-BD-01.1	Integration Software Engine			
CC-BD-01.2	Application software			
CC-BD-01.2.1	Module 1			
CC-BD-01.2.2	Module 2			
CC-BD-01.2.3	Module n (insert as required)			
CC-BD-01.3	Device-based software client (or agent)			
CC-BD-01.4	Integration into Directory Services (AD)			
CC-BD-01.5	Integration per Clinical System (e.g. EMR, Nurse Call)			
CC-BD-01.6	Integration per Medical Device Type or			
CC-BD-01.7	Integration per Medical Device			
CC-BD-01.8	Integration into VOIP system			
CC-BD-01.9	Integration into a generic system (e.g. HIMMS, KRONOS, SCHEDULER)			
CC-BD-01.10	Integration – other systems (e.g. paging system)			
CC-BD-01.11	Integration per device (Mobile, iPad, Tablet etc.)			
CC-BD-02	Hardware cost drivers			
CC-BD-02.1	Platform (CPU driven?)			
CC-BD-02.1.1	Production instance			
CC-BD-02.1.2	Test Instance			
CC-BD-02.1.3	QA instance			
CC-BD-02.1.4	DR Instance			
CC-BD-03.6	Mobile device (if on offer)			
CC-BD-03.7	DBMS SQL			
CC-BD-03	Implementation services (\$ per hour)			
CC-BD-03.1	Analysis			
CC-BD-03.2	Design			

ReQ ID	Functional Requirement	Qualifier	Cost (\$)	SME Reviewed / Approved
D-03.3	Build and Test			
D-03.4	Deploy			
D-03.5	Education & Training			
D-03.6	Training (certification based)			
CC-BD-04	Run Maintain (Operationalization)			
D-04.1	Software support license			
D-04.2	Hardware support license			

a prudent person in the ordinary course of business dealings.

7. The certification in paragraph 1 above is a material representation of fact upon which reliance was placed when making award. If it is later determined that the Respondent knowingly rendered an erroneous certification, in addition to other remedies available to the Government, the Contracting Officer may terminate the contract resulting from this solicitation for default.

(Firm)

(Address Line 1)

(Print Name)

(Address Line 2)

(Print Title)

(Phone)

(Signature Required)

(Fax)

(Email Address)

(Federal Taxpayer ID Number)

(Date)

PHOENIX 54381-39 347904v2

EXHIBIT A: INSURANCE REQUIREMENTS FOR REFERENCE ONLY

*The following is provided for informational purposes only related to this solicitation. Any Respondent awarded a contract subsequent to this solicitation will be expected, upon request by Valleywise Health, to submit the forms in this **EXHIBIT A** as a condition of the Contract.*

NOTE: IT IS NOT NECESSARY TO INCLUDE THE DOCUMENTS IN EXHIBIT A WITH YOUR RESPONSE.

A. These Insurance Requirements apply to the party contracting with Valleywise Health Vendor/Design Professional working or providing services in relation to the Project pursuant to the Contract, Job Order, Project Order, or other agreement with Valleywise Health to which this Exhibit A is attached as an Exhibit.

B. Vendor/Design Professional, as applicable, shall obtain and submit to Valleywise Health before any Work or Services are performed, certificates from the insurance carriers indicating the presence of coverages and limits of liability as set forth in the Contract Documents, but in no event shall the coverages and limits be less than those specified as follows:

1. Workers' Compensation:

(a) Coverage A: Statutory Benefits.

(b) Coverage B: Employer's Liability.

Bodily Injury by accident \$1,000,000.00 each accident

Bodily Injury by disease \$1,000,000.00 policy limit

Bodily Injury by disease \$1,000,000.00 each employee

(c) Coverage must include a Waiver of Subrogation endorsement.

(d) Where applicable, the U.S. Longshore and Harbor Workers Compensation Act Endorsement shall be attached to the policy.

2. Commercial General Liability:

Each Occurrence Limit \$1,000,000.00

Personal Injury/Advertising Injury Limit \$1,000,000.00

Products/Completed Operations Aggregate Limit \$2,000,000.00

General Aggregate Limit \$3,000,000.00

(other than Products/Completed Operations)

(a) Coverage must include a Waiver of Subrogation endorsement.

3. Pollution Legal Liability \$1,000,000.00

(Applicable as to any pollutants or hazardous waste exposures as part of the Work). Contractor/CMAR/Consultant/Design Professional shall maintain insurance covering losses caused by pollution conditions (including mold) that arise from the Work.

4. Privacy, Security and Data Breach:

Each Claim/Occurrence	\$3,000,000.00
Aggregate	\$3,000,000.00

Privacy, security or data breach coverage, which such coverage may be provided via a separate policy or as an endorsement to any other policy the Vendor/Design Professional maintains.

5. Other Requirements

- (a) All policies must contain an endorsement affording an unqualified thirty (30) days' notice of cancellation to the additional insured(s) in the event of cancellation, non-renewal or material reduction in coverage.
- (b) All policies must be written by insurance companies whose rating, in the most recent Best's Rating Guide, is not less than A VIII. All coverage forms must be acceptable to Valleywise Health.

C. Additional Insureds. The insurance coverage, except Workers' Compensation and Errors and Omissions, required by this Exhibit A, shall name Valleywise Health, its agents, representatives, officers, directors, officials and employees (excluding contractors, architects, inspectors or any other party in direct privity of contract with Valleywise Health solely to perform work or services in relation to the Projects) as Additional Insureds. The endorsement shall include the following language or equivalent: "Such coverage as is afforded by this policy for the benefit of the additional insured(s) is primary and any other coverage maintained by such additional insured(s) shall be non-contributing with the coverage provided under this policy."

D. Rental Equipment. In the event that rental of equipment is undertaken to complete and/or perform the Work, Vendor/Design Professional agrees that it shall be solely responsible for such rental equipment. Such responsibility shall include, but not be limited to, theft, fire, vandalism and use by unauthorized persons.

E. Personal Property. In the event that materials or any other type of personal property ("personal property") is acquired for the Project or delivered to the Project site, Vendor/Design Professional agrees that it shall be solely responsible for such property unless and until it becomes a fixture on the Project, or otherwise is installed and incorporated as a



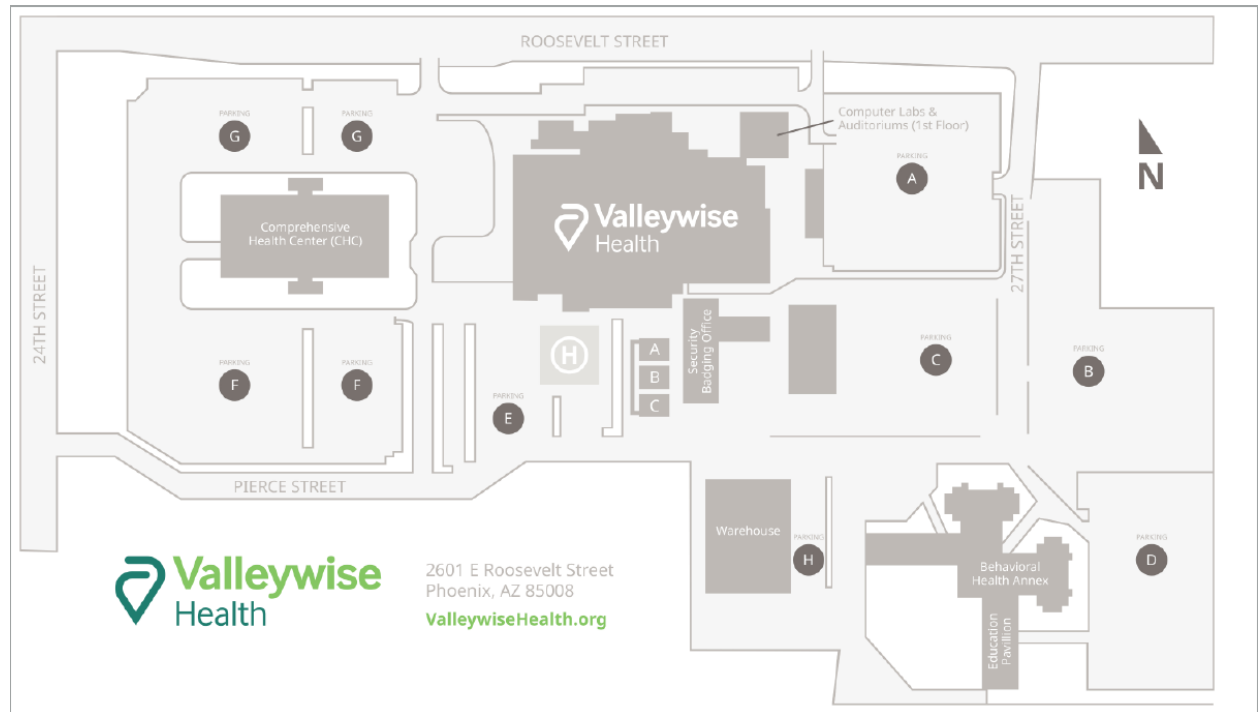
final part of the Project. Such responsibility shall include, but not be limited to, theft, fire, vandalism and use by unauthorized persons.

F. Additional Provisions. Any additional provisions specific to the Project are attached hereto or to the applicable Contract Documents or Project Order. In the event of any conflict between the attached terms and the terms of this Exhibit, the Vendor/Design Professional shall comply with the more stringent provisions.

G. Right to Increase Limits. Valleywise Health reserves the right, in its sole discretion, to require higher limits of liability coverage if, in Valleywise Health's opinion, operations by or on behalf of Vendor/Design Professional create higher than normal hazards.

END OF EXHIBIT A

**EXHIBIT B: MAP OF Valleywise Health CAMPUS & CARE REIMAGINED
FOR REFERENCE ONLY**



END OF EXHIBIT B