**HUMAN SERVICES DEPARTMENT**

**INCOME SUPPORT DIVISION**

**REQUEST FOR PROPOSALS (RFP)**

**Consulting Services**



**RFP# 17-630-9000-0008**

Release Date – April 10, 2017

Amendment 1

Proposal Due Date – May 11, 2017

**Request for Proposals # 17-630-9000-0008 is amended as follows:**

 **From:**

[**APPENDIX K**](#_Toc478122643) [**MANDATORY REQUIRMENTS REPONSE FORM 3**](#_Toc478122644)

**To:**

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**I. INTRODUCTION**

**B. BACKGROUND INFORMATION**

**Page 1**

**From:**

1. **BACKGROUND INFORMATION**

The Income Support Division (Sean Pearson, Acting Director) administers public assistance programs for New Mexico, including TANF, the Community Services Block Grant, Low Income Home Energy Assistance (LIHEAP) and the Refugee Resettlement programs. In FY 14, 199, 417 families (40,212 individuals), or 1 in 5 New Mexicans, were receiving Supplemental Nutrition Assistance Program (SNAP) benefits, and 13, 816 families (35,890 individuals) were receiving TANF. For LIHEAP, 60,362 families received an average benefit of $124. ISD personnel are located in one central office in Santa Fe and 35 field offices around the state. There is at least one (1) field office in each of New Mexico’s 33 counties, except Los Alamos.

**To:**

1. **BACKGROUND INFORMATION**

The Income Support Division (Sean Pearson, Acting Director) administers public assistance programs for New Mexico, including TANF, the Community Services Block Grant, Low Income Home Energy Assistance (LIHEAP) and the Refugee Resettlement programs. ISD personnel are located in one central office in Santa Fe and 33 field offices around the state.

As of February 2017, 255,189 families were receiving Supplemental Nutrition Assistance Program (SNAP) benefits, and 11,966 families were receiving TANF. For LIHEAP, 58,846 households received an average benefit of $228.

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**From:**

**APPENDIX K**

**MANDATORY REQUIRMENTS REPONSE FORM**

**MANDATORY REQUIRMENTS REPONSE FORM**

Instructions: For each item, indicate in the “Reference” column the location of reference(s) to appropriate discussion(s) of the requirement within the proposal – including items in Binder #3.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Requirement** | **Sub Tasks** | **Business Requirements** | **Yes** | **No** | **Reference (Page & Paragraph)** |
| IV.B.1.a. Organizational Experience Narrative | i. | Relevant Experience |  |  |  |
| ii. | Dates of Service |  |  |  |
| iii. | Technical Resources |  |  |  |
| iv. | Other State Contracts |  |  |  |
| IV.B.2.a. External Organizational References | i. | Required Number of References |  |  |  |
| ii. | Reference Questionnaire |  |  |  |
| IV.B.2.b. External References for Subcontractors | i. | Required Number of References |  |  |  |
| ii. | Reference Questionnaire |  |  |  |
| IV.B.3.a. Financial and Corporate Stability  | i. | Financial Statements |  |  |  |
| ii. | Audit Opinions |  |  |  |
| iii. | Mergers, Acquisitions, or Sales Disclosure |  |  |  |
| +IV.B.4.a. Staff Experience | i. | Core Team |  |  |  |
| ii. | Time Allocation |  |  |  |
| iii. | Organizational Chart |  |  |  |
| iv. | Staff Resumes |  |  |  |
| IV.B.4.b. Senior Project Manager | i. | Minimum Qualifications |  |  |  |
| ii. | Resume |  |  |  |
| IV.B.4.c. Operations Manager | i. | Resume |  |  |  |
| IV.B.4.d. Employer Outreach Manager | i. | Resume |  |  |  |
| IV.B.4.e. Technical Manager | i. | Resume |  |  |  |
| IV.B.5.a. Core Staff References | i. | References |  |  |  |
| ii. | Restrictions |  |  |  |
| IV.B.6.a. Operational Requirements | i. | General |  |  |  |
| ii. | Customer Relations |  |  |  |
| iii. | Dedicated Staff |  |  |  |
| IV.B.6.b. Telephone Service | i. | Toll-Free Telephone Lines |  |  |  |
| ii. | Staffing |  |  |  |
| iii. | Call Resolution |  |  |  |
| iv. | Call Wait-Time |  |  |  |
| v. | Bi-lingual service |  |  |  |
| IV.B.6.c. Project Plan | i. | Plan Draft |  |  |  |
| ii. | Project Management |  |  |  |
| iii. | Final Draft |  |  |  |
| IV.B.6.d. Employer Reporting | i. | No Cost to Employers |  |  |  |
| ii. | Receipt of Reports |  |  |  |
| iii. | Employer Written Correspondence |  |  |  |
| iv. | Employer Fax Correspondence |  |  |  |
| v. | W-4 Employer Reporting |  |  |  |
| vi. | Duplicate Reporting |  |  |  |
| vii. | Reporting Corrections |  |  |  |
| viii. | Technical Assistance |  |  |  |
| IV.B.6.f. Outreach | i. | Develop Program |  |  |  |
| ii. | Materials and Mailing |  |  |  |
| IV.B.6.f. OutreachIV.B.6.g. IVR System | iii. | Notification of Changes |  |  |  |
| iv. | Notifying Employers for Improvements |  |  |  |
| v. | Compliance Analysis and Outreach |  |  |  |
| vi. | Non-Compliance Notices |  |  |  |
| vii. | On-site Employer visits |  |  |  |
| i. | System Requirements |  |  |  |
| ii. | Message Retrieval |  |  |  |
| IV.B.6.g. IVR SystemIV.B.6.h. Activity Reports | iii. | Reporting Website |  |  |  |
| i. | Monthly Summary Report (General) |  |  |  |
| ii. | Monthly Summary Report (Additional) |  |  |  |
| IV.B.6.h. Activity ReportsIV.B.6.i. Provide Data to Other State AgenciesIV.B.6.j. Access to Offeror’s System | iii. | Annual Report |  |  |  |
| i. | Transmit files |  |  |  |
| i.  | Access for Designated Agency Staff |  |  |  |
| IV.B.6.k. Vacancies | i.  | Notification |  |  |  |
| IV.B.6.l. Non-Compliance | i.  | Corrective Action Plan |  |  |  |
| IV.B.6.m. Complaints, Conflict, and Issue Reporting | i. | Agency Notification |  |  |  |
| IV.B.6.l. Non-Compliance | ii. | Agency Constituent Services |  |  |  |
| IV.B.6.n. InspectionsIV.B.6.p. Billing | i.  | Office Inspections by State |  |  |  |
| i.  | Monthly Invoices |  |  |  |
| IV.B.7.a. Transition Plan | i. | General Requirements |  |  |  |
| IV.B.6.p. Billing | ii. | Written Plan |  |  |  |
| IV.B.7.a. Transition PlanIV.B.8.a. Turnover Plan | iii. | Plan Content |  |  |  |
| iv. | Approval of Written Plan |  |  |  |
| v. | Reporting |  |  |  |
| vi. | Liaison(s) |  |  |  |
| vii. | Security |  |  |  |
| viii. | Onsite Senior Project Manager |  |  |  |
| ix. | Follow-up with Incumbent |  |  |  |
| x. | Overruns |  |  |  |
| i. | General |  |  |  |
| ii. | Written Plan |  |  |  |
| IV.B.8.a. Turnover PlanIV.B.9.a. Cost Proposal | iii. | Plan Content |  |  |  |
| iv. | Follow-Up |  |  |  |
| v. | Calls Received After Turnover |  |  |  |
| i. | General |  |  |  |
| ii. | Cost Response Forms |  |  |  |
| IV.B.9.a. Cost Proposal**Requirement**IV.C.1.a. Technical Assistance | iii. | Costs |  |  |  |
| iv. | Annual Transaction Volume |  |  |  |
| v. | Technical Cost Proposal Response Form |  |  |  |
| vi. | CPI Adjustment |  |  |  |
| **Sub Tasks** | **Technical Requirements** | **Yes** | **No** | **Reference (Page & Paragraph)** |
| i.  | Resources |  |  |  |
| **Requirement** | ii.  | State and Federal Staff Assistance |  |  |  |
| IV.C.1.b. Technical SupportIV.C.2.a. Data | i.  | Resources |  |  |  |
| i.  | Rights to Data |  |  |  |
| IV.C.1.b. Technical Support | ii.  | Security Plan |  |  |  |
| IV.C.2.a. DataIV.C.3.a. System and Data Security | iii.  | Backup Plan |  |  |  |
| iv.  | Data Retention |  |  |  |
| v.  | CSED Help Desk |  |  |  |
| i.  | Security Plan |  |  |  |
| ii.  | Virus etc. Protection |  |  |  |
| IV.C.3.a. System and Data SecurityIV.C.3.b. Confidentiality | iii.  | Password Protection |  |  |  |
| iv.  | Access Restrictions |  |  |  |
| v.  | Reports and Magnetic Media Storage |  |  |  |
| i.  | Agreement |  |  |  |
| ii.  | Security Plan |  |  |  |
| IV.C.3.b. ConfidentialityIV.C.4.a. Disaster Recovery and Business Continuity | iii.  | Safeguarding Information |  |  |  |
| iv.  | Safeguard Awareness |  |  |  |
| v.  | Statement of Confidentiality Form |  |  |  |
| vi.  | Breaches |  |  |  |
| vii.  | Sharing Information |  |  |  |
| viii.  | Data Lists |  |  |  |
| ix.  | Safeguarding of Reports and Magnetic Media |  |  |  |
| x.  | Document Destruction |  |  |  |
| i.  | Plan |  |  |  |
| ii.  | Monthly Backup Procedures |  |  |  |
| IV.C.4.a. Disaster Recovery and Business Continuity | iii.  | Quarterly Updates |  |  |  |
| iv.  | Documentation |  |  |  |
| v.  | Annual Testing |  |  |  |
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