

***RESPONSE PACKET***  
***REVISED***  
***710-24-0001***

## RESPONSE SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:			
Address:			
City:		State:	
		Zip Code:	
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit		
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American		
	AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>		
PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for solicitation related matters.</i>			
Contact Person:		Title:	
Phone:		Alternate Phone:	
Email:			
CONFIRMATION OF REDACTED COPY			
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.  <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Solicitation Terms and Conditions for additional information.</i>			
ILLEGAL IMMIGRANT CONFIRMATION			
By signing and submitting a response to this <i>Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants and <b>shall not</b> employ or contract with illegal immigrants during the term of a contract awarded as a result of this solicitation.			
ISRAEL BOYCOTT RESTRICTION CONFIRMATION			
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel and <b>shall not</b> boycott Israel during the term of a contract awarded as a result of this solicitation.			
<input type="checkbox"/> Prospective Contractor does not and <b>shall not</b> boycott Israel.			

**An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.**

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Solicitation* may cause the Prospective Contractor's response to be rejected.

**Authorized Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Printed/Typed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PROPOSED SUBCONTRACTORS FORM

• **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

**PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.**

*Type or Print the following information*

Subcontractor's Company Name	Street Address	City, State, ZIP

☐ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

## SECTIONS 1 – 4: VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: \_\_\_\_\_

*Use Ink Only.*

Printed/Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_

# CONFLICT OF INTEREST AFFIDAVIT

1. The Vendor must adhere to the following conflict of interest requirements prior to and throughout the life of the awarded Contract:
  - a. The selected Contractor shall not be a Related Organization to any Department of Human Services (DHS) certified or licensed provider organization. In addition, the selected Contractor must not employ individuals related to any DHS certified or licensed provider organization or sub-contract with any DHS certified or licensed provider organization or its staff.
  - b. The selected Contractor shall not be a State agency (including without limitation, human development centers).
  - c. The selected Contractor shall not claim reimbursement for any Medicaid-covered services.
  - d. The selected Contractor must ensure that the persons conducting the assessments shall not be related by blood or marriage to the individual being assessed or to any paid caregiver of the individual being assessed or to any paid caregiver of the individual being assessed, financially responsible for the individual being assessed, empowered to make financial health related decisions of behalf of the individual being assessed, and shall not benefit financially from the provision of assessed needs.
2. The Vendor must sign the Conflict-of-Interest Affidavit in the Technical Proposal Packet.
3. The Vendor agrees to the Organizational or Personal Conflict of Interest policy as presented in Attachment G.

***An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.***

The signature below signifies agreement that any conflict of interest as described above **may cause the Prospective Contractor's response to be rejected.**

**Authorized Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Printed/Typed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# INFORMATION FOR EVALUATION

- Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.
- **Do not** include additional information if not pertinent to the itemized request.

	Maximum RAW Score Available
<b>E.1 VENDOR EXPERIENCE</b>	<b>Total E.1: 30</b>
<p>A.1. Describe your company's or your company and your subcontractor's experience working on similar independent functional assessments for Medicaid waiver, home and community- based services or long -term services and support projects for other state Medicaid programs or similar human services programs.</p> <p>A.2 Describe your company's experience with Contract Transitions and Implementation projects.</p> <p>A.3 Describe how does this experience meet the requirements of this RFP?</p> <p>A.4. Describe your company's experience developing and conducting educational trainings to support provider and stakeholders. Specifically, describe your experience in the following areas:</p> <ul style="list-style-type: none"> <li>a. On-site coaching</li> <li>b. Website development and operations</li> <li>c. Helpline Support</li> <li>d. Live webinars</li> <li>e. Train the trainer</li> </ul> <p>A.5. Describe your company's experience conducting outreach strategies to engage Beneficiaries and providers with scheduling independent assessments. .</p> <p>A.6. Describe any and all subcontractors listed on your Proposed Subcontractors Form, the tasks for which they will be responsible, and your plan for supervision and corrective action, if needed.</p>	30
<b>E.2 ASSESSMENT AND REASSESSMENT OPERATIONAL SERVICES</b>	<b>Total E.2: 155</b>
<p>A.1. Describe how you will obtain the MNChoices assessment tool and utilize AR specific algorithms to continue existing independent assessments.</p> <p>A. 2. Describe how your company will meet the Additional Assessment, , and Tier Determination Requirements set forth in RFP Section 2.5.1</p>	10
<p>B.1 Describe your company's experience with administering the MN Choices functional assessment to the Elderly, Aging, and Physically Disabled population for the purpose of determining functional need.</p> <p>B.2. Describe your company's plan for ongoing administration of already scheduled Elderly, Aging and Physically Disabled independent assessments taking into consideration the proposed volumes for each: ARChoices in Homecare, Living Choices Assisted Living, PACE, Personal Care, and Independent Choices.</p> <p>B. 3 Describe how you propose to assume the existing assessment schedule with no break or delays in assessments.</p> <p>B.4. Describe your company's plan to complete all emergency assessments within seven (7) calendar days after referral.</p> <p>B.5. Describe your company's plan to ensure Assessment Scheduling Protocol in RFP Section 2.5.1.K.4 are met.</p> <p>B.6. Describe your company's plan to ensure Reassessment Scheduling and Notification Requirements in RFP Sections 2.5.1.K.5 and 2.5.1.K.6 are met.</p> <p>B.7. Describe your company's plan to ensure Assessment Notification Requirements in RFP Section 2.5.1.K.6 are met and plans for ways of additional outreach for non-responsive beneficiaries. The State is interested in utilizing technology to automate assessment notifications to beneficiaries. Please describe your company's plan to move away from a paper heavy process to a more automated process.</p> <p>B.8. Describe your company's proposed role in any administrative hearing process, legal proceeding or any form of formal dispute as a result of Beneficiary appeal for both eligibility assessments and a reduction or denial of services and how this proposal meets the requirements set forth in RFP.</p>	40

<p>C.1. Describe your company's experience with administering the MN Choices functional assessment to the behavioral health population or experience with other behavioral health assessments for the purpose of determining Serious Emotional Disturbance and Serious Mental Illness.</p> <p>C.2. Describe how your company's ability to implement an assessment protocol adhering to needed volume of assessments.</p> <p>C.3. Describe your company's plan to interact and exchange data electronically with the DHS designee, both for referrals and the transmission of assessment and Tier Determination results.</p> <p>C.4. Describe your company's plan for administering behavioral health Year 1 Assessments taking into consideration the proposed volumes for adults and children. Describe how you propose to assume existing assessment schedule with no break or delays in assessments.</p> <p>C.5. Describe your company's plan for ensuring all Beneficiaries receive a reassessment on an annual basis.</p> <p>C.6. Describe your company's plan for administering emergency assessments within seven (7) calendar days after referral for the estimated monthly emergency assessment volume.</p> <p>C.7. Describe your company's plan to ensure Assessment Scheduling Protocol are met as set forth in RFP Section 2.5.1.L.4</p> <p>C.8. Describe your company's plan to ensure Reassessment Scheduling and Notifications Requirements in RFP Section 2.4.1.L.5 are met.</p> <p>C.9. Describe your company's plan to ensure Assessment Notification Requirements in RFP Section 2.5.1.L.6 are met.</p> <p>C.10. Describe your company's proposed role in any administrative hearing process, legal proceeding or any form of formal dispute as a result of Beneficiary appeal for both eligibility assessments and a reduction or denial of services and how this proposal meets the requirements set forth in RFP Section 2.5.1.L.7.</p>	50
<p>D.1. Describe your company's experience with administering the MN Choices functional assessment to the Intellectual/Developmental Disability (ID/DD) population or other ID/DD assessments for the purpose of determining the severity of functional deficits with the beneficiary.</p> <p>D.2. Describe your company's ability to implement an assessment protocol adhering to needed volume of assessments.</p> <p>D.3. Describe your company's plan to interact and exchange data electronically with DDS.</p> <p>D.4. Describe your company's plan for administering DD Year 1 Assessments taking into consideration the proposed volumes for CES waiver clients, ICF clients, and HDC clients.</p> <p>D.5. Describe how you propose to assume existing assessment schedule with no break or delays in assessments.</p> <p>D.6. Describe your company's plan for ensuring all beneficiaries receive a reassessment on a three-year cycle. Specify whether your company would stagger reassessments over the three-year period.</p> <p>D.7. Describe your company's plan for administering emergency assessments within twenty-four (24) hours after referral for the estimated monthly emergency assessment volume.</p> <p>D.8. Describe your company's plan to ensure Assessment Scheduling Protocol listed in RFP Section 2.5.1.M.4 are met.</p> <p>D.9. Describe your company's plan to ensure Reassessment Scheduling Protocol and Notification Requirements listed in RFP Section 2.5.1.M.5 are met.</p> <p>D.10. Describe your company's plan to ensure Assessment Notification Requirements listed in RFP Section 2.5.1.M.6 are met.</p> <p>D.11. Describe your company's proposed role in any administrative hearing process, legal proceeding or any form of formal dispute as a result of Beneficiary appeal for both eligibility assessments and a reduction or denial of services and how this proposal meets the requirements set forth in RFP Section 2.5.1.M.7.</p>	55
<b>E.3 ASSESSORS STAFFING AND ASSESSMENT SERVICES</b>	<b>Total E.3: 100</b>
<p>A.1. Describe your company's plan to ensure each assessor is trained, qualified, and fully equipped to administer the particular Assessment instrument which he/she is assigned.</p> <p>A.2. Describe your company's plan to ensure any required Clinical Staff obtain/maintain appropriate State of Arkansas licensure.</p> <p>A.3. Describe how you will ensure each required Clinical Staff person meets the additional requirements set forth in RFP Section 2.5.2.E.2.</p> <p>A.4. Describe how you will ensure that each Assessor meets the requirements of RFP section 2.5.2.E.3.</p> <p>A.5. Describe how you will ensure each Beneficiary receives culturally competent and linguistically appropriate services from your company.</p>	35

<p>A.6. Describe your company's plan for ensuring that persons conducting the assessment/s are not related by blood or marriage to the individual or to any paid caregiver of the individual, financially responsible for the individual, empowered to make financial or health-related decision of behalf of the individual and would not benefit financially from the provision of assessed needs.</p> <p>A.7. Describe your company's plan to maintain the capacity to provide clinical consultation to assessors during the assessment process.</p>	
<p>Elderly, Aging and Physically Disabled</p> <p>B.1. Describe your plan for hiring a sufficient number of qualified registered nurses who will administer all assessments to complete the requirements of this RFP beginning at Go-live.</p> <p>B.2. Describe any additional staffing requirements based on the assessment tool you are proposing for how your company will ensure these requirements are met.</p> <p>B.3. Describe how your staff will receive referrals for assessments, conduct assessments in the field, and use the assessment results to make a Tier Determination.</p> <p>B.4. Describe your policies and procedures for staff who will have contact with Beneficiaries in the field.</p>	20
<p>Behavioral Health</p> <p>C.1. Describe your plan for hiring a sufficient number of qualified staff or registered nurses who will administer all Behavioral Health assessments to complete the requirements of this RFP beginning at transition.</p> <p>C.2. Describe how your staff will receive referrals for assessments, conduct assessments in the field, and use the assessment results to make a Tier Determination.</p> <p>C.3 Describe your policies and procedures for staff who will have contact with Beneficiaries in the field.</p>	15
<p>DDS</p> <p>D.1. Describe how your company will utilize the most highly qualified standard of assessor as defined by the instrument being used describe your plan for hiring a sufficient number of qualified assessors to complete the requirements of this RFP beginning at the June 1, 2024 transition date.</p> <p>D.2. Describe your company's plan to ensure that all assessors have at least two (2) years' experience with the developmental/intellectually disabled population and meet any additional requirements of a Qualified Developmental Disability Professional (QDDP).</p> <p>D.3. Describe your company's plan to provide documentation of assessor er qualifications to DHS.</p> <p>D.4. Describe your company's process to ensure that all relevant training and/or certification required for use of instrument be maintained throughout the life of this contract.</p> <p>D.5. Describe how your staff will receive referrals for assessments, conduct assessments in the field, and use the assessment results to make a Tier Determination.</p> <p>D.6. Describe your policies and procedures for staff who will have contact with Beneficiaries in the field.</p>	30
<b>E.4 INFORMATION TECHNOLOGY PLATFORM AND SERVICES</b>	<b>Total E.4: 130</b>
<p>A.1. Describe your company's IT Platform and your plan for implementing and operating an IT platform capable of the management and administration of the Independent Assessment Instruments, and Tier Determinations in accordance with the requirements set forth in RFP.</p> <p>A.2. Describe how your IT Platform will meet all requirements in time for the June 1, 2024 transition date including timeframes and start dates for the following tasks:</p> <ol style="list-style-type: none"> <li>1) technology development with assessment entry, reporting and data integration</li> <li>2) disconnected assessment data entry, and</li> <li>3) access for multiple operating systems.</li> </ol> <p>A.3. Describe how you will convert and load State data from incumbent contractor IT system.</p> <p>If proposing a phased approach, describe your company's recommended phased timeline and approach.</p>	15
<p>B.1. Describe your company's plan to develop and implement referral Intake as a part of the IT Platform that fulfills the requirements in RFP Section 2.5.3.B.2.</p> <p>B.2. Describe your system's ability to accept batched referrals.</p> <p>B.3. Describe your system's ability to receive paper or secure emails from the State and upload them to the system.</p> <p>B.4. Describe your IT Platform's calendaring system.</p>	70



<p>B.5. Describe your company's proposed user roles and access levels, for Vendor and State staff, for the IT Platform.</p> <p>B.6. Describe your IT platform's ability to satisfy the functionality and feature capabilities and requirements set forth in RFP Section 2.5.3.C, including your ability to add or modify Assessment and Reassessment Instrument in the future.</p> <p>B.7. Describe your company's ability to make Assessment Instruments housed in the IT platform available on laptops and/or tablets, and the ability for these tools to be fully operational in the absence of an internet connection.</p> <p>B.8. Describe your plans for providing mobile access for the assessment platform, whether by mobile application or a website optimized for mobile devices. If you are proposing a phased approach for mobile application development, please describe your company's phased timeline and approach.</p> <p>B. 9 Describe your plans for offering federal approved, HIPAA compliant video telehealth option for eligible reassessments.</p> <p>B.10. Describe your automated workflow process.</p> <p>B.11. Describe your IT Platform's database and the functionality of querying data by both contracted and state staff.</p> <p>B.12. Describe your company's plan to develop, implement, and utilize a Population-Specific Tier Determination process based on assessment/ing results in accordance with RFP Section 2.5.3.D.1.</p> <p>B.13. Describe your IT platform's capability for receiving and tracking the status of all appeals of the results of an Independent Assessment and/or Tier Determination. made by a Beneficiary.</p> <p>B.14. Vendors may propose a phased approach for web browser functionality with initial implementation supporting web-browsers that are common to state and assessor browsers, and later phasing in additional browsers. If you are proposing a phased approach, describe your company's phased timeline and approach.</p>	
<p>C.1. Describe how your IT platform satisfies the additional Features required in RFP Section 2.5.3.F.</p> <p>C.2. Describe your company's plan to provide technical assistance, troubleshooting, and help desk services with trained staff as required by RFP Section 2.5.3.G.1.</p> <p>C.3. Describe your company's plan to have IT support staff available per the requirements set forth in RFP Section 2.5.3.G.1.b/2.5.3.G.2</p>	15
<p>D.1. Describe your company's plan to provide in-person and web-based IT Platform trainings to State staff that accomplish the minimum required tasks set forth in RFP Section 2.5.3.M</p> <p>D.2. Describe your company's plan to develop methods and algorithms to identify incomplete assessments/s, logical errors within assessments/s, logical errors across assessments/s, logical errors related to Tier Determinations, and unusual frequencies as part of the quality assurance process required in RFP Section 2.5.3.H</p> <p>D.3. Describe your company's plan to fulfill the System Updates and Changes requirements outlined in RFP Section 2.5.3.I</p> <p>D.4. Describe your company's plan to fulfill the Privacy and Security Requirements outlined in RFP Section 2.5.3.J</p> <p>D.5. Describe your company's plan to fulfill the On-site Security Requirements set forth in RFP Section 2.5.3.K</p> <p>D.6. Describe your Disaster Recovery and Business Continuity plan.</p>	30
<b>E.5 BENEFICIARY AND PROVIDER TRAINING AND SUPPORT SERVICES</b>	<b>Total E.5: 45</b>
<p>A.1 Describe your company's plan to establish and maintain the required call center and how you will ensure metrics in the RFP are met as outlined in RFP Section 2.5.4.B. The State is interested in utilizing technology as much as possible to improve customer service. Please describe your plan to move towards any available artificial intelligence options for your call center or any other technology.</p> <p>A.2. Describe your plan for developing and maintaining a website that is easy to access, user-friendly, and compliant with the required capabilities outlined in RFP Section 2.5.4.A.6</p> <p>A.3. Describe your company's plan to provide a help line dedicated to responding to the individualized needs of each population's provider community with the required items outlined in RFP Section 2.5.4.A</p> <p>A.4. Describe your plan for creating and distributing training manuals for each Division's provider community.</p>	25

A.5. Describe your company's plan to notify providers of and perform live webinars in accordance with the schedule and guidelines in RFP Section 2.5.4.A.6	
<p>B.1. Describe your proposed staffing plan for support, training and related services, and your process for maintaining a staffing level of your proposed staffing plan.</p> <p>B.2. Describe your plan for recruiting and training staff to meet the minimum staff requirements as set forth in RFP Section 2.5.5.B., and your plan for retaining these staff members.</p>	10
<p>C.1. Provide a proposed timeline that outlines your company's plan to accomplish the following milestones during Start-up in preparation for the Go-live for Assessment Instruments and Tier Determinations:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Assessment of Educational Needs</li> <li><input type="checkbox"/> Development of Training Curriculum and Materials with DHS</li> <li><input type="checkbox"/> Website Development</li> <li><input type="checkbox"/> Intensive Period Operations, RFP Section 2.5.8.D</li> <li><input type="checkbox"/> Exit Transition Period, RFP Section 2.5.8.E</li> </ul> <p>C.2. Provide a general end-of-contract transition plan which addresses the key components outlined in the RFP.</p>	10
<b>E.6 QUALITY ASSURANCE SERVICES</b>	<b>Total E.6: 20</b>
<p>A.1. Describe your company's plan to develop and implement a quality monitoring process operated by a quality assurance monitor, per the requirements set forth in RFP Section 2.5.6(A).</p> <p>A.2. Describe your process for completing reviews of assessments, reassessments, and tier determinations.</p> <p>A.3. Describe your plans for providing remediation when staff do not meet the 85% inter-rater reliability rate.</p> <p>A.4. Describe your company's system to receive, investigate, and respond to complaints from Beneficiaries and/or their family or guardians in accordance with the requirements set forth in Section 2.5.6.B</p>	20
<b>E.7 KEY PERSONNEL AND STAFFING SERVICES</b>	<b>Total E.7: 35</b>
<p>A.1. If you are naming the Project Director and the Project Manager in your proposal, describe in detail how the proposed full-time administrator (Project Director) and full-time Project Manager's experience and qualifications relate to their specific responsibilities. Include a resume for your Project Director and Program Manager. If you will be filling these positions at a later date, include position descriptions including minimum credentials. If you are proposing position descriptions for Key Personnel, describe your process for filling these positions, seeking approval from the Contract Monitor, and how you will ensure Key Personnel are in place by the date of Contract Commencement.</p> <p>A.2. Describe your plan for substitution or replacement of Key Personnel.</p> <p>A.3. Describe your proposed staffing plan and your process for maintaining staffing levels in accordance with your proposed staffing plan.</p> <p>A.4. Describe your company's plan to conduct state and federal criminal background and Central Registry checks for all employees, agents, and sub-Contractors who have direct contact with the assessed individuals that are compliant with A.C.A. § 20-38-105.</p> <p>A.5. Describe your process for ensuring all clinical staff have the appropriate State of Arkansas licensing and that proof of licensing credentials shall be shown to the State upon request.</p> <p>A.6. Describe your policies and procedures to routinely monitor your staff and subcontractors for individuals debarred or excluded for participation in the Contract.</p> <p>A.7. Describe your company's plan to report Maltreatment of Children and Adults per the requirements set forth in RFP Section 2.5.5.E.</p>	35
<b>E.8 REPORTING SERVICES</b>	<b>Total E.8: 20</b>

<p>A.1. Describe your company's plan to prepare and distribute Monthly Program Performance Reports that meet the timeliness standards and contain the items required in RFP Section 2.5.7.A.1.</p> <p>A.2. Describe your company's plan to prepare and distribute Annual Program Performance Reports that meet the timeliness standards and contain the items required in RFP Section 2.5.7.A.2.</p> <p>A. 4. Describe your company's plan for development and use of a dashboard to be used by company and DHS staff members to track company performance.</p>	20
<b>E.9 TRANSITION AND IMPLEMENTATION SERVICES</b>	<b>Total E.9: 35</b>
<p>A.1. a. Describe which member(s) of your proposed team will attend, in person in Little Rock, either the Contract Kickoff Meeting or individual Division-Specific Tier Determination Meetings.</p> <p>b. Describe what practices your company has found effective in similar meetings.</p> <p>c. Describe your process for developing a deployment plan that meets the requirements and the timeliness standards in RFP Section 2.5.8.C.</p> <p>A.2. Describe your process for completing IT Platform Testing.</p> <p>A.3. Describe your process for completing User Acceptance Testing.</p> <p>A.4. Describe your process for developing and delivering an Operational Readiness Checklist that meets the timeliness standards of RFP Section 2.5.8.D.</p> <p>A.5. Describe how you will complete the items contained in the Operational Readiness Checklist in time for the Go-live.</p> <p>A.6. Provide a Work Plan that includes the specific methodology and techniques to be used in providing the required services as outlined within the Request for Proposal. The Work Plan should include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Outline of the overall management concepts employed by your company</li> <li><input type="checkbox"/> Project management plan</li> <li><input type="checkbox"/> Project control mechanisms</li> <li><input type="checkbox"/> Overall timelines</li> <li><input type="checkbox"/> Project deadlines considered contract deliverables incorporating email and text scheduling capability</li> </ul> <p>A.7. Describe the Implementation Milestones your company has provided in Table B.4 under the Information Technology Platform Costs tab in the Bid Price Sheet.</p>	35