**Attachment F**

**26-84370 Indiana Emergency System(s)**

**Technical Proposal**

**Instructions: Please supply all requested information in the areas shaded yellow and indicate any attachments that have been included to support your responses. Any attachments must indicate the question number and/or letter. Should you forgo use of this document, the Technical Proposal response should be no greater than 20 pages in total. The Yes/No section must be completed using this form.**

Describe your company and proposed project experience. Include the following information, at a minimum:

1. A list of organizations for which you have delivered system solution(s) and services similar in size and scope.
   1. Include the client’s name, project description and goals, the solution used (clearly stating if it is the solution you are proposing for IDOH), the functionality included (e.g. provider management, case management, program management), who hosted the solution, your project role, duration of the role, whether the solution has been implemented, and project results.
   2. Describe any problems and failures that you encountered in delivering your services, how these were resolved, and what the lessons learned were.
2. Your M&O experience for similar systems, especially with respect to your proposed solution. Include the following information, at a minimum: infrastructure management, application monitoring, incident management, access management, helpdesk, business continuity, and disaster recovery.
3. Any formal corrective actions that your company has experienced under previous contracts.

**OR**

Mandatory Requirement 1: The respondent has successfully implemented a similar system for at least one state or local agency in the previous 5 years. If YES, please specify the state or local agency(s) below and provide details on that project...

**General Requirements and Definitions**

1. Please list any additional terms and definitions used by your company or industry that you would like the State to consider incorporating in the contract. The State will not accept terms and definitions introduced after award during contract finalization and implementation.

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1. Please confirm you have carefully reviewed all requirements listed in RFP Section 1.4. Should your company have any exceptions, substitutions, or conditions for the State’s consideration, please list them below. The State will not accept exceptions, substitutions, or conditions introduced after award, during contract finalization and implementation.

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1. **Healthcare Infrastructure Status Information System**
2. The Respondent must provide a description regarding how it will meet and address the requirements of the following:

* Essential Elements of Information required for Indiana health care readiness emergency management.
* Ensure IDOH has full and complete access/control of real time submitted data along with key stakeholders and partners of IDOH.

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1. The Respondent must provide details of how they plan to provide comprehensive tracking and reporting of EEI’s to include but not be limited to the following:

* Bed capacity and utilization (e.g., ICU, med/surg, pediatric, behavioral health)
* Ventilator availability
* Generator and power status
* Emergency department functionality
* Staffing levels and shortages
* Surge capacity and Mass Causality Triage indicators
* Diversion Status
* Telecommunications Status
* Facility Water Status
* Electronic Medical Records Status

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1. The system must support interoperability with hospital and EMS providers for frequent and automated data flow. The system must also be able to provide dashboards (at the healthcare facility, EMS unit, district, and state level) and other methods to take all data elements within the system and turn it into digestible information that can be shared amongst key stakeholders.

The system must support connections with out-of-state health systems, state and locally operated healthcare facility and EMS tracking systems. These connections will support cross-border transportation and situational awareness. Please explain how each item below will be monitored and maintained:

* 1. How will you push & pull data from hospitals and healthcare facilities at a minimum of every 15 minutes.

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* 1. How will you implement and manage all technical specifications and assistance regarding the pushing of data*.*

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* 1. How will you provide real time dashboards building capability utilizing real time EEI data input.

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* 1. How will you ensure all dashboards are developed in coordination with IDOH to ensure all IDOH Office of Public Affairs (OPA) and Office of Data and Analytics (ODA) standards are met for a visually aesthetic and cohesive usefulness for executive leadership and real time decision making.

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**User Interface Requirements**

1. Please provide an example and/or explain the following User Interface Requirements:

a. Ability for users/administrators to send network, county, district, statewide, mass casualty alerts to other users

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b. Ability to tie into other patient tracking systems

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c. Design a user-friendly dashboard for administrators to view key metrics, such as bed and ventilator availability, volunteer status, and recent notifications

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d. Provide a reporting tool that can generate reports on-demand or on a scheduled

basis, with options to export to different formats (PDF, Excel, etc)

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e. Website with login information as the portal

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f.Please provide an example of a dashboard that you currently use which would reflect relevant information to this solicitation

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**Security and Compliance**

1. Explain your robust security protocols to protect sensitive health data and personal information, including encryption and access controls. This includes but is not limited to protecting personal information such as Social Security Numbers

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1. Explain how you will meet (and continue to ensure accuracy) of the requirements of compliance and reporting

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**Testing and Quality Assurance**

1. Please describe your testing procedure to ensure the system meets all functional requirements and can handle large volumes of data. Please ensure that it is also able to ensure scale appropriately

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**Application Programming Interface (API)**

1. Describe how your proposed system will integrate seamlessly with existing state and partner systems (including IDHS WebEOC, hospital EMRs, EMS CAD systems, and 911 PSAP CAD platforms). Identify integration methods (e.g., REST API, SOAP, FHIR interfaces, secure file transfer) and how these reduce manual reporting.

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1. Explain how your system enables continuous or scheduled automated data uploads from hospitals and healthcare systems. Include a description of how real-time operational data (e.g., bed availability, diversion status, staffing, critical resource levels) will be maintained and updated.

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1. Describe how your solution complies with national data standards (e.g., HL7, FHIR, NEMSIS, EDXL). Provide details on how compliance will be verified and maintained across partner systems.

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1. Explain how your system supports both inbound and outbound data sharing to ensure all participating entities have access to consistent and current information. Include examples of previous implementations with similar functionality.

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1. Detail how your system supports connections with out-of-state health systems and other regional or local healthcare facility and EMS tracking systems. Describe the mechanisms for data security, validation, and continuity of operations across jurisdictional boundaries.

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1. List all proposed APIs, their intended functions, and the external systems they will interface with (e.g., HIS/EMR, Public Health Systems, EMS, State/Federal Platforms). Provide documentation and testing plans for each API. Explain your methods for managing authentication, encryption, and access control.

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1. Describe how automated workflows will collect, validate, and display data without requiring manual input. Explain how thresholds, alerts, and data-quality checks are configured and managed.

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1. Outline your plan for interface testing, data validation, and synchronization in collaboration with IDOH, hospitals, and healthcare facilities. Specify how you will demonstrate successful integration with at least three EMR platforms and one EMS data source prior to system launch.

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1. Describe your security framework and compliance plan with HIPAA, HITECH, and state data security standards. Identify security protocols for authentication, encryption, and auditing. Provide examples of how compliance has been verified for similar government implementations.

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**Offline Functionality and Extended Downtime**

1. Explain how your system maintains critical operational functionality during periods of limited or no connectivity. Identify what data (e.g., bed capacities, staffing, equipment availability) remains available to users in offline mode.

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1. Describe how users can record, store, and access data offline, and how the system ensures no loss or duplication of data once connectivity is restored.

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1. Provide details on the process your system uses to synchronize offline data with the main database once connectivity is re-established. Include validation methods used to ensure integrity and consistency of transferred records.

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1. Explain how your system architecture supports continuity of operations during outages and rapid restoration of full service. Identify technologies or frameworks (e.g., local cache, edge processing, redundancy) used to ensure reliability.

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**User Support and Training**

1. Confirm that your organization will provide a dedicated specialist responsible for designing and implementing system changes. Describe their qualifications and expected involvement during and after implementation.

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1. Detail your proposed training approach for system administrators and end users. Include training methods (e.g., virtual sessions, hands-on workshops, train-the-trainer), materials provided, and competency assessment methods.

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1. Describe how your organization will provide 24/7 technical support during incidents and regular business hours. Explain your tiered support structure, including escalation pathways and response time commitments.

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1. Explain how you will provide on-site or remote support during declared emergency activations. Describe procedures for deploying technical resources rapidly in response to emergencies.

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1. Identify all user support materials you will provide, such as manuals, online knowledge bases, video tutorials, and help-desk portals. Provide links or examples from prior projects if available.

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1. **Pre-Hospital Care and Patient Movement Tracking System**

**System Description**

1. Provide a detailed description of your proposed Pre-Hospital Care and Patient Movement Tracking System, including its core architecture, functionality, and alignment with this Scope of Work. Describe how your system enhances emergency coordination, patient tracking, and real-time operational awareness across healthcare and EMS networks.

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1. List and briefly describe at least three previous implementations of similar systems (preferably at the state or regional level). Include client names, project scope, and outcomes achieved.

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**Integration Capabilities**

1. Integration with 9-1-1 Public Safety Answering Points (PSAPs). Explain how your system integrates with local and regional 9-1-1 PSAP Computer Aided Dispatch (CAD) systems. Describe the data flow, frequency of updates, and how the system supports real-time communication between dispatchers, EMS providers, and hospitals.

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1. Hospital and EMS Interoperability. Describe how your system interfaces with hospital status systems and Electronic Medical Record (EMR/EHR) platforms. Explain how frequent, automated data flows are maintained to support patient tracking and care coordination.

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1. Provide details on how your system will connect with the Indiana Department of Homeland Security (IDHS) WebEOC platform for situational awareness and reporting. Include data elements exchanged, update frequency, and authentication mechanisms.

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1. Cross-Border and Multi-Jurisdictional Data Exchange. Describe how your system supports connections with out-of-state health systems or other jurisdictional data sources. Explain how data integrity, privacy, and synchronization are maintained during these exchanges.

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**Essential Elements of Information (EEI)**

1. Explain how your system captures and manages the following EEI components: Patient destination alerts for emergency transport; Real-time tracking of EMS unit status and location; Ambulance availability and response times; Hospital diversion status and capacity (including bed type availability); Patient triage status and critical care needs; Describe your data collection methods and update intervals.

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1. Real-Time Data Visualization. Provide examples or mockups of dashboards or interfaces that display EEI data in real time. Explain how users can filter, sort, and export EEI data for situational decision-making.

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**Application Programming Interface (API)**

1. Describe your API framework, including supported standards (HL7, FHIR, NEMSIS, EDXL) and methods used to ensure seamless integration with external systems. Explain how your APIs are secured, versioned, and documented for partner use.

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1. Describe how your system performs continuous or scheduled automated data uploads from hospitals and EMS systems. Explain how data quality, accuracy, and timeliness are maintained.

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1. Explain how your APIs support both inbound and outbound data exchange across healthcare and emergency management platforms. Describe synchronization frequency and latency expectations.

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1. Identify the specific systems your APIs will connect to, including: Hospital Information Systems (HIS) and EMR/EHR platforms; Public Health Systems (e.g., syndromic surveillance, labs, emergency ops databases); EMS systems (patient transport, hospital destination); State/Federal situational awareness platforms; Describe the testing tools, documentation, and sandbox environments available to external partners.

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1. Detail the authentication, authorization, and encryption protocols implemented (e.g., OAuth 2.0, TLS 1.3, MFA, role-based access control). Explain how access permissions are managed and audited.

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1. Describe how your system automates data collection and validation. Explain how configurable alerts or thresholds (e.g., bed capacity limits, resource shortages) are established and managed.

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1. Provide a detailed plan for interface testing and data validation in collaboration with hospitals, healthcare coalitions, and state agencies. Confirm your ability to demonstrate successful integration with at least three EMR platforms and one EMS data source prior to full launch.

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1. Explain how your system and APIs comply with HIPAA, HITECH, and Indiana data security standards. Provide details on encryption, access control, incident monitoring, and third-party security audits.

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**User Interface**

1. Explain how your platform connects to existing patient tracking systems used by EMS and healthcare facilities. Describe your approach to data synchronization and validation between systems.

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1. Dashboard Design and Accessibility. Provide examples or screenshots of your user dashboards. Describe how the dashboard displays key metrics such as: EMS response times; Patient tracking data; Hospital status and diversion; Alerts and notifications; Explain how dashboards can be customized by role or jurisdiction.

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1. Describe your reporting tools, including capabilities for on-demand or scheduled report generation. Identify available export formats (PDF, Excel, CSV) and describe how reports can be automated.

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1. Explain how the system supports patient reunification during mass casualty incidents or large-scale emergencies. Describe integration with hospital registration or family assistance systems, if applicable.

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1. Confirm that the system is fully functional on laptops, tablets, and smartphones. Identify any minimum device or browser requirements.

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**Security and Compliance**

1. Describe how your system protects sensitive health and personal data. Include encryption methods, intrusion detection, and role-based access control mechanisms.

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1. Explain how your organization ensures and documents ongoing compliance with HIPAA, HITECH, and state cybersecurity standards. Include your protocols for incident response and reporting.

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**Testing and Quality Assurance**

1. Describe your UAT process, including participant selection, test scripts, and validation criteria. Explain how feedback is captured and incorporated into the final product.

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1. Outline your approach to testing system scalability under high data loads and multiple simultaneous users. Describe metrics used to evaluate response time, stability, and throughput.

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**Data Submission and Governance**

1. Describe how your system ensures timely, accurate submission of required data to the Indiana Department of Health and partner agencies. Explain your data governance model and how compliance with reporting schedules is maintained.

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1. Confirm that all data collected or generated remains the property of IDOH and its partners. Describe how data retention, deletion, and access requests are managed.

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**User Support and Training**

1. Describe your proposed support structure, including levels of service (Tier 1–3), response times, and escalation procedures. Confirm 24/7 support availability during incidents and normal operations.

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1. Explain how initial and ongoing user training will be conducted for administrators and end-users. Include delivery formats (in-person, virtual, e-learning) and curriculum scope.

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1. Describe your capability to provide on-site technical support during emergency activations or declared incidents.

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1. List the types of user documentation that will be available (manuals, knowledge base, FAQs, online help center). Include examples or screenshots from previous projects if available.

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**Offline Functionality and Extended Downtime**

1. Explain how the system maintains critical functionality during network outages or limited connectivity. Specify what data and features remain accessible offline (e.g., bed capacity, staffing levels, patient transport records).

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1. Describe how users can enter and store data offline. Explain how the system automatically synchronizes offline data once connectivity is restored, including validation protocols to prevent data loss or duplication.

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1. Describe how critical alerts and notifications are managed during offline or degraded network conditions. Include methods for queueing or caching messages for later delivery.

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**Additional Considerations**

1. Confirm whether your system includes both a web-based and mobile application. Describe functionality available within the mobile app, especially for EMS personnel in the field.

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1. Explain how your platform can accommodate future integration with new data sources or partner systems without major redevelopment.

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1. Describe any innovative or value-added capabilities (e.g., predictive analytics, GIS mapping, AI-driven triage prioritization) that extend beyond minimum requirements.

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1. **Volunteer Registry, Notification, and Accountability System**

**System Overview**

1. System Description and Compliance. Provide a detailed description of the proposed Volunteer Registry, Notification, and Accountability System, including its architecture, major components, and functionality. Explain how the system complies with ESAR-VHP (Emergency System for Advance Registration of Volunteer Health Professionals) requirements and supports statewide emergency preparedness and response operations.

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1. Describe how your system supports volunteer management, coordination, and accountability during various emergencies (e.g., natural disasters, pandemics, terrorism incidents). Provide examples of successful deployments or implementations for other states or jurisdictions.

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1. Explain how your system aligns with whole-community planning principles, ensuring inclusivity of both healthcare and non-medical volunteers.

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**Multi-Channel Notifications**

1. Notification Capabilities. Describe your system’s ability to send mass or targeted notifications via voice call, SMS text, and email. Explain how message delivery status and volunteer responses are tracked and logged in real time.

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1. Message Customization and Prioritization. Explain how administrators can create and manage customizable messaging templates, prioritize urgent communications, and tailor messages by region, skill set, or deployment group.

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1. Notification Registration Options. Describe how individuals can opt-in to receive notifications without creating a full volunteer profile. Explain how these users can later transition to full registration if desired.

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**Volunteer Registration and Credential Verification**

1. Volunteer Profile Management. Explain how your system supports secure volunteer profile creation, updating, and management. Describe the registration workflow for volunteers and administrators.

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1. Licensure Verification. Describe how the system integrates with national and state professional licensing agencies (e.g., Indiana Professional Licensing Agency) to verify credentials and professional standing. Explain whether verification is automated, manual, or hybrid, and how frequently licensure status is refreshed.

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1. ESAR-VHP Tier Alignment. Explain how your system validates identity and licensure in accordance with ESAR-VHP Tier Levels. Provide an overview of how volunteer categorization and credential validation workflows are managed.

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1. Registration Modalities. Confirm support for the following registration methods and describe each process: Self-registration via public website; Administrator registration; Bulk upload or data import registration; Include security measures and validation steps for each method.

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**On-Site Volunteer Accountability and Incident Management**

1. Check-In/Check-Out Functionality. Describe how the system enables real-time volunteer check-in and check-out during deployments or exercises. Explain how timestamps and location data are captured and recorded.

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1. Volunteer Location and Activity Tracking. Explain how your system tracks volunteer location, time on site, assigned role, and tasks performed during an activation. Identify whether this capability uses GPS, barcode/QR scanning, or other technologies.

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1. Incident Commander Dashboard. Describe the dashboard interface available to incident commanders and authorized personnel for volunteer accountability and resource management. Include features for monitoring volunteer deployment status, shift duration, and demobilization tracking.

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**System Integration and Interoperability**

1. Integration with State and Federal Systems. Describe how your system interfaces with public health, healthcare, and emergency management platforms used by the State of Indiana. Include examples of current or previous integrations.

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1. Data Exchange Formats and Standards Explain. how your system supports data import/export in standard formats (e.g., CSV, XML, JSON). Describe your approach to API development, versioning, and documentation for interoperability.

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1. Interoperability Testing. Outline your plan for testing data exchange and integration with State systems prior to implementation. Include the timeline, validation process, and expected partner involvement.

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**Security and Compliance**

1. Cybersecurity Framework. Describe your system’s adherence to cybersecurity standards. Explain how encryption, user authentication, and intrusion monitoring are implemented to safeguard volunteer data.

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1. Access Control and Audit Trail. Explain how role-based access controls (RBAC) are managed. Describe the audit trail capabilities for tracking user access, modifications, and administrative activity.

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1. Compliance with State and Federal Regulations. Confirm and describe compliance with all applicable federal and state volunteer management regulations, including ESAR-VHP and state data-protection laws. Provide copies or summaries of recent third-party security assessments or certifications (if available).

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**User Support and Training**

1. Implementation and Change Management Support. Describe the role of your dedicated implementation specialist or project manager in guiding system configuration and future updates.

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1. Training Plan. Provide an overview of your initial and ongoing training for system administrators and end-users. Identify delivery methods (e.g., in-person, virtual, e-learning) and post-training evaluation methods.

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1. Technical Support Services. Describe your 24/7 technical support model, including points of contact, escalation procedures, and service level agreements (SLAs). Include support available during declared incidents or public health emergencies.

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1. User Documentation and Resources. List all user resources you will provide, such as: Administrator and end-user manuals; Knowledge base or FAQ library; Online help center or chatbot assistance. Include examples or links to comparable materials from other projects, if available.

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**Reporting and Analytics**

1. Reporting Capabilities. Describe how your system generates customizable reports on: Volunteer availability; Licensure status; Deployment history; Communication metrics. Explain how these reports can be filtered, exported, and scheduled for distribution.

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1. Dashboard and Visualization Tools. Provide examples of dashboard interfaces available to leadership for real-time situational awareness, after-action reviews, and resource planning. Describe how dashboards can be customized by user role or jurisdiction.

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1. After-Action Review Support. Explain how your system captures data and metrics to support after-action reviews (AARs) and improvement planning following activations or exercises.

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**Additional Considerations**

1. System Interoperability and Scalability. Describe how your platform can accommodate additional user groups, new modules, or statewide system integrations in the future.

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1. Accessibility and User Experience. Explain how the system ensures ADA compliance, user accessibility, and responsive design for multiple devices (desktop, tablet, mobile).

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1. Innovation and Continuous Improvement. Describe any innovative features or technologies) that enhance system performance or usability. Explain how your organization incorporates user feedback and continuous improvement into software updates.

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**StateRAMP & GovRAMP**

1. The program and subsequent continuous monitoring requirements outlined in the policy are expected to align closely with StateRAMP dba GovRAMP best practice and is expected to be finalized and implemented by October 14, 2025. Prospective vendors should keep all the foregoing in mind as they prepare their proposals and be confident that any proposals, they ultimately choose to submit are flexible enough to accommodate commonly accepted industry practices and standards in the typical state government-required RAMP. Please confirm that you have read and understand the policies set forth regarding StateRamp & GovRAMP as they relate to all 3 components of this solicitation; A. HealthCare Infrastructure Status Information System, B. Pre-Hospital Care and Patient Movement Tracking System, C. Volunteer Registry, Notification, and Accountability System.

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1. Please confirm that all StateRamp & GovRAMP costs are included within your Attachment D; Cost Proposal. This cost must be included within each of the 3 components, A. HealthCare Infrastructure Status Information System, B. Pre-Hospital Care and Patient Movement Tracking System, C. Volunteer Registry, Notification, and Accountability System.

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