



**CALIFORNIA MASTER AWARD SCHEDULE (CMAS)**  
**DEPARTMENT OF CORRECTIONS AND REHABILITATION**  
**CALIFORNIA PRISON HEALTH CARE SERVICES**  
**STATE OF CALIFORNIA**

**REQUEST FOR OFFER**

**INFORMATION TECHNOLOGY (IT) CONSULTING SERVICES**  
**LEVERAGED PROCUREMENT AGREEMENT**  
**MICROSOFT SOLUTION DEVELOPER**  
**RFO #11-044-ITS**

**ADDENDUM #1**

**BACKGROUND**

The California Department of Corrections and Rehabilitation (CDCR), California Prison Health Care Services (CPHCS), is requesting offers for a Microsoft Solution Developer to design, develop and support Microsoft clinical applications within CPHCS' health care information technology (IT) environment. Contractor will work in conjunction with CPHCS' Health Care Applications Development and Support Unit, and Allied Health Services, to provide all development, implementation, maintenance, and knowledge transfer activities in support of CPHCS' Clinical Applications Migration (CAM) project.

Contractor will report to CPHCS' Deputy Chief Information Officer (DCIO), Clinical Applications, or designee(s). In submitting an offer vendor must comply with the instructions found herein.

The term of the proposed Agreement is targeted for June 20, 2011, through December 19, 2012. CPHCS reserves the option to extend the Agreement for an additional eighteen (18) months at the same rate of award and/or to add additional funds up to the maximum CMAS threshold. The contract award is subject to availability of funds approved for this purpose and renewal of the IT CMAS.

All offers must be signed by an authorized officer of the company or firm who has legal and binding authority. By submitting an offer, your firm agrees to the terms and conditions stated in this Request for Offer and in accordance with your authorized Leveraged Procurement Agreement (i.e., California Multiple Award Schedule [CMAS] contract).

Offers are due by **4:00 p.m., Monday, June 6, 2011. Responses and any required copies must be submitted by electronic mail and clearly labeled to the department contact noted below.**

**Department Contact:**

California Prison Health Care Services  
Attention: CYNTHIA BASA  
P.O. Box 4038  
Sacramento, CA 95812-4038  
(916) 324-8045

**ACTION(S)**

1. Exhibit A (Statement of Work) has been revised as follows:

## EXHIBIT A STATEMENT OF WORK

### A. BACKGROUND AND PURPOSE

The California Prison Health Care Receivership Corporation is a non-profit organization created to house activities of the Federal Receiver. United States District Court Judge, Thelton E. Henderson, established the Receivership as the result of a 2001 class action lawsuit (Plata v. Schwarzenegger) brought against the State of California over the quality of medical care in the State's prison system.

All activities of the Receivership have one common purpose: to create a collaborative environment where custody and health care staff improve upon the quality of medical services in California prisons in order to meet constitutional standards while reducing avoidable morbidity and mortality. The Receiver has adopted six goals that are necessary for CDCR's health care program to meet rise to constitutionally acceptable and sustainable levels. The goals are: 1) ensure timely access to health care services; 2) establish a prison medical program addressing the full continuum of health care services; 3) recruit, train and retain a professional quality medical workforce; 4) implement a quality assurance and continuous improvement program; 5) establish medical support infrastructure; and 6) provide for necessary clinical, administrative and housing facilities.

California Prison Health Care Services (CPHCS) has embarked on a number of IT projects necessary to achieve the Receiver's efforts in raising the level of health care of patient-inmates to constitutional standards. Some of these projects include, but are not limited to Clinical Data Repository (CDR), Barcode Medication Administration Record (bMAR), Mental Health Tracking System (MHTS), Census and Discharge Data Information System (CADDIS), and Central Fill Pharmacy. Many of CPHCS healthcare applications are developed using Microsoft .Net Framework, Windows Communication Foundation (WCF) Services, SQL Server database, SQL Server Reporting Services, and SharePoint technologies. CPHCS is embarking on an initiative to migrate these applications to a new data center, and the intent of this solicitation is to seek consulting services to support CPHCS staff during the data center migration.

CPHCS currently has two (2) Microsoft CRM-based applications and a SharePoint server cluster.

The systems, including Production, Stage, Quality Assurance (QA), and Development environments, are composed of all of the following:

1. Twenty-four (24) virtual servers;
  - Deployed using VMWare virtualization software.
  - Supported by HP c7000 blade chassis hardware.
  - Twelve (12) servers running Microsoft Windows Operating System (OS) and various components of Microsoft CRM software suite.
  - Twelve (12) servers running Microsoft Windows Operating System (OS) and various components of Microsoft Office SharePoint Server (MOSS).
2. Four (4) environment iterations; and
  - Production. Requires 24x7 uptime. Hosts housing secured HIPAA data.

- Stage. Serves as a replicated copy of the Production environment. Used as a final pre-deployment QA environment.
  - QA. A low volume environment for testing and quality assurance.
  - Development. The primary environment for application coding, and development testing and debugging.
3. Each environment iteration serves as a deployment of the following:
- MS Dynamics CRM Front End;
  - MS Dynamics CRM Async Workflow;
  - MS Internet Information Services (IIS);
  - MS SQL Server Database;
  - MS SQL Server Reporting Services (SSRS);
  - MS Windows Office SharePoint Front End;
  - MS Windows Office SharePoint Index Crawler; and
  - MS Office integration service.

~~CPHCS clinical applications shall be deployed into production for a user-base distribution across thirty-three (33) adult-correctional institutions and headquarters. The current clinical applications implementation is located within a privately-operated Tier-III datacenter. Contractor's efforts will support the clinical applications migration to a new publicly-operated Tier-III datacenter with new hardware and infrastructure.~~

~~The new clinical applications deployment will be designed and built by CPHCS under the guidance of CPHCS' Clinical Applications Migration Manager. Contractor will support CPHCS' Clinical Applications Solution Architect to migrate Microsoft SQL database components integrated with CPHCS' clinical applications to the new Tier-III datacenter.~~

~~All clinical applications migration efforts require extensive collaboration between Developers, Application Architects, Subject Matter Experts (SMEs), Project Managers (PMs), CPHCS management and staff, and other external stakeholders. The migration team including contractors are anticipated to have fifteen personnel in total and will report to CPHCS' Clinical Applications Migration Manager or designee.~~

~~CPHCS seeks a consultant or a team of consultants to provide design, development, configuration, testing, deployment, support, maintenance and knowledge transfer activities for Microsoft SQL database migration related to the clinical applications migration. The consultant(s) may work with all major CPHCS Information Technology (IT) projects and collaborate with medical professionals.~~

~~CPHCS clinical applications shall be deployed into production for a user-base distribution across thirty-three (33) adult-correctional institutions and headquarters. The current clinical applications implementation is located within a privately-operated Tier-III datacenter. Contractor's efforts will support the clinical applications migration to a new publicly-operated Tier-III datacenter with new hardware and infrastructure.~~

~~The new clinical applications deployment will be designed and built by CPHCS under the guidance of CPHCS' Clinical Applications Migration Manager. Contractor will support CPHCS' Clinical Applications Solution Architect to migrate Microsoft SQL database Solutions (e.g., Microsoft SharePoint, Microsoft CRM) components integrated with CPHCS' clinical applications to the new Tier-III datacenter.~~

All clinical applications migration efforts require extensive collaboration between Developers, Application Architects, Subject Matter Experts (SMEs), Project Managers (PMs), CPHCS management and staff, and other external stakeholders. The migration team including contractors are anticipated to have fifteen personnel in total and will report to CPHCS' Clinical Applications Migration Manager or designee.

CPHCS seeks a consultant or a team of consultants to provide design, development, configuration, testing, deployment, support, maintenance and knowledge transfer activities for Microsoft ~~SQL database~~ Solutions migration related to the clinical applications migration. The consultant(s) may work with all major CPHCS Information Technology (IT) projects and collaborate with medical professionals.

## **B. CONTRACTOR QUALIFICATIONS**

Contractor must meet all of the following Mandatory Qualifications to be considered for award. Contractors will be evaluated on expertise and experience stated in the resume against the mandatory qualifications. At discretion of CPHCS, interviews may be a part of the selection process.

### **Mandatory Qualifications:**

1. At least five (5) years experience developing solutions using Microsoft Dynamics Customer Relationship Management (CRM) 4.0 and/or 2011;
2. At least five (5) years experience implementing client interface forms, approval process, and workflow events in CRM;
3. At least five (5) years experience configuring database entities and relationships per Microsoft CRM development practices;
4. At least five (5) years development experience with Windows SharePoint Services (WSS) and Microsoft Office integration;
5. At least five (5) years experience developing solutions using Microsoft Office SharePoint Server (MOSS) 2007 and/or 2010;
6. At least five (5) years of experience in the design, implementation, and administration of SharePoint sites and servers using best practices;
7. At least three (3) years experience developing reports using Microsoft SQL Server Reporting Services (SSRS) 2005 and/or 2008;
8. Experience analyzing, troubleshooting, debugging, and optimizing CRM and MOSS components within a complex application;
9. Experience monitoring, supporting and maintaining the normal functioning of the CRM and SharePoint applications in a health care system;
10. Experience performing application design, development and administration services in a lead capacity;
11. Knowledge and experience of the various phases of the System Development Life Cycle (SDLC); and
12. Experience producing requirements document, system architecture, application architecture, system interfaces, data model, configuration management document, and procedural manuals.

**Desirable Qualifications:**

1. Possession of Microsoft Certified Technology Specialist (MCTS), Microsoft Certified IT Professional (MCITP) Database Administrator/Developer SQL Server 2005/2008, Microsoft Certified Solution Developer (MCSD) or IT career certification(s) acknowledging area of specialization;
2. Database design, migration, and implementation skills and experience using Microsoft SQL Server 2005, 2008 R1 and/or 2008 R2;
3. Strong understanding of data warehouse concepts with demonstrated experience building dimensions and fact tables models;
4. Data modeling and managing expertise in an enterprise data warehousing environment;
5. Experience performing database design, development and administration services in a lead capacity;
6. Knowledge and experience in design, development, and administration of SharePoint sites using best practices;
7. Experience deploying enterprise technology solutions within a health care and/or correctional environment;
8. Ability to understand business requirements and translate into requirements for solution capabilities;
9. Strong analytical skills to assess current application and infrastructure architecture, and identify improvement opportunities;
10. Knowledge of State IT policy and governance processes;
11. Knowledge of CPHCS and/or CDCR operations; and
12. Ability to work in a team environment as well as independently.

**C. SCOPE OF SERVICES**

Contractor shall perform all of the following deliverable tasks:

1. Develop Microsoft Solutions Architecture Documentation;

Collaborate with CPHCS SMEs to develop Microsoft Solutions (e.g., Microsoft CRM, Microsoft SharePoint) documentation.

**Deliverable(s)**

1. Microsoft Solutions system architecture;
2. Microsoft Solutions application architecture;
3. Microsoft Solutions system infrastructure architecture;
4. Microsoft Solutions data model;
5. Microsoft Solutions system interfaces; and
6. Microsoft Solutions system hardware and software component listing.

Acceptance Criteria

Approval of deliverables by CPHCS' DCIO or designee within six (6) weeks of agreement execution.

2. Develop Microsoft Solutions System Migration Schedule;

Contractor shall meet with CPHCS' Deputy Chief Information Officer (DCIO), or designee to gain understanding of design requirements and CPHCS' Microsoft Solutions system as part of CPHCS' clinical applications.

Deliverable(s)

Collaborate with CPHCS' Subject-Matter Experts (SMEs) to develop the migration schedule for all of the following:

1. Microsoft Dynamics CRM applications;
2. Microsoft SharePoint servers;
3. Microsoft SharePoint sites;
4. SSRS reports; and
5. Data, code, logs, and files.

Acceptance Criteria

Approval of deliverables by CPHCS' DCIO or designee within four (4) weeks of agreement execution.

3. Develop Microsoft Solutions Procedural Documentation;

Collaborate with SMEs to develop CPHCS' Microsoft Solutions system migration procedural documentation.

Deliverable(s)

1. Microsoft Solutions system release management document;
2. Microsoft Solutions system deployment management document;
3. Microsoft Solutions system support and maintenance document;
4. Microsoft Solutions system monitoring and management document; and
5. Microsoft Solutions system disaster recovery management document.

Acceptance Criteria

Approval of deliverables by CPHCS' DCIO or designee within ten (10) weeks of agreement execution.

4. Execute Microsoft Solutions System Migration Plan;

Collaborate with CPHCS SMEs to execute Microsoft Solutions system migration according to Migration Plan.

Deliverable(s)

1. With CPHCS assistance, migrate all Microsoft Solutions system components according to the Microsoft Solutions Migration Plan as part of the clinical applications migration;
  - a. Contractor shall complete and/or assist CPHCS to complete all migration tasks listed on the Microsoft Solutions Migration Schedule;
  - b. Contractor shall ensure migrated Microsoft Solutions system components comply with CPHCS approved architecture; and
  - c. Unless otherwise directed, Microsoft Solutions system migration execution must be completed and delivered according to schedule.
2. Daily verbal, and weekly written, Microsoft Solutions system migration reports that include, but are not limited to, all of the following:
  - a. Accomplishments;
  - b. Upcoming tasks;
  - c. Key decisions made and/or issues resolved;
  - d. Pending risks and issues for resolution; and/or
  - e. Impediments to migration progress.
3. Report status to all stakeholders regarding deliverable(s) completed, deliverable(s) in progress, migration risk(s), issue(s), and constraint(s), and key application support decision(s);
4. Provide operational support for services deployed in production, stage, test, development and DR environments;
5. Report gaps between current implementation and best practice implementations;
6. Identify existing and/or potential deficiencies and/or points of failure;
7. Recommendation(s) for resolution of existing and/or potential deficiencies and/or points of failure that have been identified.

Acceptance Criteria

Approval of deliverables by CPHCS' DCIO or designee.

5. Microsoft Solutions System Migration Knowledge Transfer.

Collaborate with CPHCS SMEs to provide Microsoft SQL Migration knowledge transfer to CPCHS' staff, management, SMEs, and stakeholders.

Deliverable(s)

1. On the job training sessions:
  - a. Formal training sessions to CPHCS personnel or designee(s) on a monthly basis (i.e., twelve [12] training sessions); and
    - i. Formal training sessions shall be one hour; and
    - ii. Formal training sessions shall be given to project stakeholders, application owners, CPHCS management, and support staff.

- b. Informal training sessions that provide knowledge transfer to enhance clinical applications project goals and methodologies.
  - i. Informal training is estimated to be fifty-two (52) one-hour sessions, is considered ad-hoc, and shall be provided to CPHCS' migration team.
2. Written Knowledge Transfer reports that describe all of the following:
  - a. Specific training title;
  - b. Training attendee(s);
  - c. Training date and time;
  - d. Training material provided; and
  - e. Any special requests or action items resulting from training.
3. Provide technical documentation (i.e., Microsoft Solutions System Architecture White Papers) to CPHCS' management.<sup>5</sup>
  - a. One White Paper shall be developed for external dissemination; and
  - b. One White Paper shall be developed for internal stakeholders, at minimum twenty (20) pages.

#### Acceptance Criteria

Approval of deliverables by CPHCS' DCIO or designee.

#### **D. DELIVERABLE ACCEPTANCE CRITERIA**

1. All completed work shall be submitted to the CPHCS' DCIO, or designee, for review, approval or rejection.
  - A Deliverable Expectations Document and/or Deliverable Acceptance Document must be submitted by Contractor and approved by CPHCS' DCIO, or designee.
2. It is CPHCS' sole determination as to whether a deliverable has been successfully completed and is acceptable to CPHCS' DCIO, or designee.
  - CPHCS will review and validate deliverables prior to final acceptance.
  - If a deliverable is not accepted, the State shall provide the reason, in writing, within ten (10) business days of receipt of said deliverable.
3. All documents, reports, recommendations, white papers, and diagrams will be generated using standardized formats and templates provided by CPHCS.
4. All documents, analyses, reports, recommendations, white papers, and diagrams will be submitted to CPHCS' DCIO, or designee, and produced using the following tools:
  - Microsoft Word;
  - Microsoft PowerPoint;
  - Microsoft Visio;
  - Microsoft Excel; and
  - Microsoft Outlook.

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<sup>5</sup> A total of two (2) White Papers shall be provided.

## **E. ASSUMPTIONS AND CONSTRAINTS**

1. Any modifications to SOW of the ensuing Agreement will be defined, documented and mutually agreed upon by Contractor and CPHCS' CIO, or designee.
2. Services not specified in Scope may only be performed pursuant to a work authorization signed by CPHCS.
3. CPHCS reserves the right to renegotiate services deemed necessary to meet the needs of the project according to State priorities. CPHCS and Contractor shall mutually agree to all changes; and renegotiated services outside the scope of original contract may require control agency approval prior to commencement of work.

- **Work Authorization**

Either party may at any time propose a change to Scope. If Contractor believes that such change will increase Contractor's costs or delay completion, the parties will negotiate in good faith to try to accommodate such requests. Contractor will price any additional fees, at CPHCS' option, based on time and material rate(s) or fixed cost. Contractor will disclose and explain to CPHCS its method of pricing a change order. At CPHCS' request, the parties will use project estimation tools to aid in determining pricing and to ensure that it is competitive in the marketplace. No change will be effective unless and until set forth in a written amendment to the Agreement, which is approved and signed by the parties. Any agreed upon modifications will be performed by Contractor in accordance with the amendment and Agreement provisions. Any failure to agree to a proposed change will not impair the enforceability of other Agreement terms or in Scope.

4. CPHCS and Contractor are mutually obligated to keep open channels of communications to ensure successful performance of the ensuing Agreement. Both parties are responsible for communicating any potential problem(s) or issue(s) to CPHCS' CIO, or designee, and the Contractor, respectively, within eight (8) hours of becoming aware of said problem(s).
5. Contractor must submit, in advance, a resume of all personnel substitutions. All Contractor personnel substitutions must be approved by the CPHCS' CIO, or designee, prior to substituted personnel commencing work.
6. CPHCS, in its sole discretion, reserves the right to require Contractor to substitute personnel.
7. Contractor represents that it has, or shall secure at its own expense, all staff to perform services described in the ensuing Agreement.
8. Contractor certifies that it has appropriate systems and controls in place to ensure that State funds will not be used in performance of this Agreement for the acquisition, operation, or maintenance of computer software in violation of copyright laws.

## **F. CPHCS ROLES AND RESPONSIBILITIES**

1. CPHCS will provide cubicle accommodations at 660 J Street, Sacramento, California or at another designated location in the greater Sacramento area. Accommodations may include a desk, telephone, computer hardware, and software necessary for performance of the work.

2. CPHCS will not provide consultant(s) with smart phones, cell phones, etc.
3. CPHCS will be responsible to monitor and review services as invoiced.
4. CPHCS will help resolve and escalate issues within the organization, as necessary.
5. CPHCS may provide Contractor access to applicable files, reports, contracts, documents, and other relevant information.
6. CPHCS will provide staff availability for consultation meetings.
7. Provision of clerical or other support services is strictly at the option of CPHCS. Contractor should assume that CPHCS will not provide any assistance of a clerical nature for documents or telephone support.

#### **G. CONTRACTOR ROLES AND RESPONSIBILITIES**

In addition to Scope of Services specified in Item C, above, Contractor is required to do all of the following:

1. Provide input with other project team members for maintenance of overall project schedules and plans;
2. Collaborate with CPHCS' DCIO, or designee, to ensure CPHCS system and business process acceptance and the ability for clinical applications related systems to meet CPHCS requirements;
3. Collaborate with staff members to identify issues and risks, maintain decision and issue log, and ensure prompt resolution of issues;
4. Participate in clinical applications project meetings and other meetings as necessary;
  - CPHCS estimates one-hundred (100) scheduled one-hour meetings on an annual basis; and
  - CPHCS estimates one-hundred (100) unscheduled one-hour meetings may be requested by CPHCS' DCIO or designee.
5. Meet with CPHCS staff and/or SMEs to develop logistics, plans, documentation, and review products, upon request;
  - CPHCS estimates one-hundred (100) one-hour meetings for this task.
6. Comply with all applicable State and Agency policies and procedures, including those enumerated in Exhibit C (Special Provisions).
  - By accepting Agreement, Contractor (including personnel) acknowledges that he/she has read and agrees to the provisions of Exhibit C;
7. Return all State property including security badges, computer laptop, work products, etc., prior to termination of Agreement;
8. Be tested for Tuberculosis and certified to be free of tuberculosis on the TB Infectious Free Staff Certification in order to gain entrance to the Institutions;
9. Complete a Request for Gate Clearance Form, Application for Identification Card, and/or Emergency Notification form in order to gain entrance to the institutions;
10. Agree to abide by the Digest of Laws Related to Association with Prison Inmates; and
11. Perform any other duties as requested by CPHCS' CIO or designee.

**H. PERIOD OF PERFORMANCE**

It is anticipated that the ensuing Agreement will begin June 20, 2011 through December 19, 2012. CPHCS reserves the option to extend Agreement for up to an additional eighteen (18) months at the same rate of award, and/or to add additional funds up to the maximum CMAS threshold.

**I. EVALUATION OF CONTRACTOR**

The Deputy Chief Information Officer, Clinical Applications, or designee, will complete a written evaluation of Contractor's performance under the ensuing Agreement within sixty (60) days following the term end date. The evaluation shall be prepared on the Contract/Contractor Evaluation Form (STD 4) and maintained in the Agreement file for three (3) years. If Contractor's performance is deemed unsatisfactory, a copy of the evaluation shall be sent to the California Department of General Services (DGS), Office of Legal Services (OLS), within five (5) days, and to Contractor within fifteen (15) days, following completion of the evaluation.

"Days" means calendar days unless otherwise specified.

**J. TERMINATION**

Notwithstanding provisions #21, #22, and #23 of the State's General Provisions – IT (GSPD 401-IT, effective 06/08/2010), CPHCS reserves the right to terminate the ensuing Agreement immediately with or without cause.

**K. CPHCS CONTRACT MANAGER**

DEPUTY CHIEF INFORMATION OFFICER  
Clinical Applications  
California Prison Health Care Services  
P.O. Box 4038  
Sacramento, California 95812-4038