LEXINGTON

RFP-12-2026
HealthTech Solutions, LLC
Supplier Response

Event Information

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Title: Information Technology Consulting and/or Technical Services
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Contact Information

Contact: Todd Slatin
Address: Central Purchasing
Government Center Building
Room 338
200 East Main Street
Lexington, KY 40507
Phone: (859) 2583320
Fax: (859) 2583322
Email: tslatin@lexingtonky.gov

HealthTech Solutions, LLC Information

Address: 2030 Hoover Blvd.
Frankfort, KY 40601
Phone: (502) 352-2460

ONLY ONLINE BIDS WILL BE ACCEPTED! By submitting your response, you certify that you are authorized to represent and bind your company and that you agree to all bid terms and conditions as stated in the attached bid/RFP/RFQ/Quote/Auction documents.

Franklin T. Lassiter
Signature

frank@healthtechsolutions.com
Email

Submitted at 4/20/2026 11:39:44 AM (ET)

Response Attachments

RFP 12-2026 IT Consulting and Technical Services - Vendor Response - HealthTech.pdf

HealthTech Solutions, LLC's response to LFUCG's RFP # 12-2026 for Information Technology Consulting and/or Technical Services

Lexington-Fayette Urban County Government (LFUCG)

RFP # 12-2026

Information Technology Consulting and/or Technical Services

Due Date: 04/20/2026

HealthTech Solutions, LLC
2030 Hoover Blvd.
Frankfort, KY 40601

Proposal Contact:
Elizabeth Linville, Procurement Administrator
Phone: (859) 248-0627
Email: elizabeth@healthtechsolutions.com

HealthTech SOLUTIONS

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Executive Summary

HealthTech, a member of the Health Management Associates (HMA) family of companies; collectively referred to herein as "the HealthTech team", is pleased to submit this proposal to Lexington-Fayette Urban County Government (LFUCG) for Information Technology Consulting and Technical Services RFP. **Solarity, previously operated as a separate entity, has provided services to LFUCG and is now operating as a division of HealthTech Solutions.**

HealthTech will be responding to both Sections 2.1 Technical Services and 2.2 Consulting Services. Since its founding in 2011, HealthTech has focused on helping public-sector organizations leverage technology, data, and program expertise to improve operations, strengthen decision-making, and enhance service delivery. In 2020, HealthTech acquired Solarity, bringing together a team and capabilities that many within LFUCG already know and trust, and ensuring continuity of experience and personnel familiar with LFUCG's environment.

Over the past decade, HealthTech has grown into a firm of more than 250 employees supporting state and local government clients across the country. While we bring national experience and proven practices, our Kentucky roots remain central to our approach. This local presence enables HealthTech to provide responsive, hands-on support while maintaining a strong understanding of regional priorities, governance structures, and operational needs.

Founded in 1985, HMA is a leading independent, national research and consulting firm that provides technical assistance and training, facilitation and strategic planning, research and evaluation, policy development and recommendations, technical report writing, and analytical services with a focus on improving the administration and delivery of public health, healthcare, and social services programs. HMA's team includes approximately 650 consulting colleagues and 850 total employees across all HMA companies, who have provided services in all 50 states, the District of Columbia, and several US territories. Our offices are headquartered in Michigan, and we maintain offices in more than 20 states and Washington, DC.

This combination of national expertise and local knowledge directly supports LFUCG's need for both technical competence and meaningful local engagement.

The HealthTech Team delivers a comprehensive set of services spanning both technical and consulting domains. Under 2.1 Technical Services, we support system design, integration, data management, and implementation activities, helping organizations modernize technology environments and improve system performance and interoperability. Under 2.2 Consulting Services, we provide strategic planning, governance, project management, and advisory services that align technology initiatives with organizational goals and operational realities. Our team's specialized experience across these service areas enables the HealthTech Team to provide both depth of technical expertise and practical, business-aligned solutions tailored to LFUCG's needs.

A core strength of the HealthTech Team is our ability to operate in complex, highly regulated environments that require coordination across stakeholders, systems, and priorities. Our teams support initiatives involving data integration, analytics, system modernization, and program oversight, applying structured methodologies and disciplined delivery practices to ensure successful outcomes. Project management is foundational to every HealthTech Team engagement, with nearly all projects led by certified Project Management Professionals (PMPs), ensuring consistency, accountability, and transparency throughout the project lifecycle. This

disciplined, PMP-led approach supports reliable execution and reinforces our ability to consistently meet project schedules and deliver high-quality results.

The HealthTech Team's capabilities are supported by mature processes and a strong commitment to quality and consistency. Our delivery approach emphasizes disciplined execution, clear governance, and continuous alignment with client expectations, ensuring that projects remain on track and outcomes are achieved as intended. The HealthTech Team provides the depth of expertise needed to support a wide range of technical and consulting services while maintaining the ability to adapt to changing priorities. This balance of scale and responsiveness allows us to efficiently align resources, maintain accountability, and deliver high-quality results across engagements of varying size and complexity. Our organizational capacity allows us to scale resources quickly and effectively, ensuring that LFUCG engagements are staffed appropriately and delivered within required timeframes.

The HealthTech Team's primary location resides in Frankfort providing a distinct advantage in supporting LFUCG. Our proximity to Lexington enables efficient on-site engagement, timely coordination with stakeholders, and rapid response to emerging needs. This accessibility supports stronger collaboration, faster issue resolution, and a more integrated working relationship throughout the duration of each engagement. his local presence reflects the HealthTech Team's commitment to Kentucky-based employment and ensures that LFUCG benefits from both immediate access to resources and long-term partnership continuity.

5. Vendor Requirements

5.1 Technology Assessment (Attachment A)

In response to Attachment A, LFUCG provided a list of categories and technologies. We have recreated the listing from RFP into the chart below to identify the services, average experience of qualified employees, number of employees to which the average applies to and any additional relevant information.

Technology	Experience	Comment
Core Infrastructure		
Microsoft Windows Server (2019, 2022, and latest GA release)	12–15 yrs / 6	Enterprise server administration, patching
Microsoft Windows 10/11 Desktop	10–15 yrs / 7	Enterprise device management
Microsoft 365 (Architecture, Design, Security & Compliance)	12–18 yrs / 8	Tenant design, governance
Microsoft Active Directory / Azure AD / Entra ID	12–18 yrs / 7	Identity, MFA, hybrid
Microsoft Exchange Online (Cloud-first; on-prem Exchange only if required)	10–15 yrs / 6	Cloud-first Exchange
Linux – Various modern distributions (RHEL, Ubuntu, SUSE)	12–20 yrs / 5	Application hosting
Internet Information Services (IIS) (latest supported versions)	10–15 yrs / 5	Web & API hosting
VMware vSphere / ESXi (latest versions)	15–20 yrs / 6	Virtualization

Technology	Experience	Comment
VMware vCenter (latest versions)	15–20 yrs / 5	Centralized VM management
F5 BIG-IP (Load Balancing, WAF, SSL Offload)	10–15 yrs / 4	Load balancing & WAF
Cloud & DevOps		
Microsoft Azure Architecture & Design	12–18 yrs / 7	Enterprise cloud
Microsoft Azure IaaS / PaaS Services	10–15 yrs / 7	VMs, App Services
Microsoft Azure VMs / Key Vault	10–15 yrs / 6	Secure workloads
Microsoft Azure DevOps (CI/CD, Pipelines)	8–12 yrs / 6	CI/CD pipelines
Amazon Web Services (AWS) Architecture & DevOps	10–15 yrs / 5	Multi-account AWS
Infrastructure as Code (IaC)	8–12 yrs / 5	Terraform/ARM
Configuration Management: Ansible, Microsoft Configuration Manager (SCCM/MECM), Chef, Puppet, Vagrant, etc.	10–15 yrs / 6	Automation
Containerization & Orchestration: Docker, Kubernetes (AKS/EKS)	8–12 yrs / 4	AKS/EKS
Node.js (for modern web apps)	6–10 yrs / 3	Web services
Modern CI/CD Tools: GitHub Actions, GitLab CI	6–10 yrs / 4	Modern CI
Database & Data Platforms		
Microsoft SQL Server (2019 and latest GA release)	15–20 yrs / 9	Enterprise OLTP
IBM Db2 (latest supported versions)	12–18 yrs / 3	Legacy systems
Cloud Databases: Azure SQL Database, AWS RDS	10–15 yrs / 6	Cloud DBs
NoSQL: MongoDB, Cosmos DB (if applicable)	8–12 yrs / 3	Distributed data
Application Development		
Microsoft .NET 6+ / .NET Core (modern framework)	14–20 yrs / 6	Enterprise application development
ASP.NET Core (for web apps)	12–18 yrs / 6	Secure web application development
Visual Studio / Visual Studio Code	12–20 yrs / 7	Primary IDEs for enterprise development
Languages: • C# • Python • JavaScript / TypeScript • HTML5 / CSS3	• 14–20 yrs / 6 • 10–15 yrs / 6 • 8–14 yrs / 6 • 10–15 yrs / 6	• Backend & services • Automation, analytics, scripting • Frontend & API logic • UI development
Frameworks & Libraries: • React, Angular, Vue.js • jQuery (legacy support only)	• 8–12 yrs / 5 • 12–18 yrs / 4	• Modern SPA frameworks • Legacy applications

Technology	Experience	Comment
APIs & Web Services: REST, GraphQL	8–12 yrs / 3	Service-oriented architecture, select modern integrations
PHP (only for legacy systems)	15–20 yrs / 2	Legacy support only
GIS & Spatial Technologies		
ESRI ArcGIS Enterprise (latest supported version)	12–18 yrs / 4	Enterprise GIS
ESRI ArcGIS Pro (latest supported version)	10–15 yrs / 4	Desktop GIS
ESRI ArcGIS Online	10–15 yrs / 4	Cloud GIS
ESRI ArcGIS API for JavaScript & Python	8–12 yrs / 3	Automation
Security & Networking		
Next-Gen Firewalls: Palo Alto	12–18 yrs / 4	NGFW
Network Infrastructure: Extreme Networks (wired/wireless), Routing & Switching	15–20 yrs / 6	LAN/WAN
Load Balancing & WAF: F5 BIG-IP, Azure WAF, Cloudflare, Azure Front Door	20+ yrs / 1	Load Balancing
Vulnerability Management: Tenable Nessus, OpenVAS, Shodan	10–15 yrs / 5	Nessus/etc.
Patch Management: Microsoft Endpoint Manager (Intune), WSUS, IBM BigFix/HCL	5-7 yrs / 1	Patch Management, WSUS
SIEM: Splunk, Microsoft Sentinel, managed services	8–12 yrs / 4	Sentinel/Splunk
Endpoint Security: Microsoft Defender for Endpoint	10 yrs / 1	Microsoft Defender
Identity & Access: MFA, Conditional Access, Zero Trust Architecture	10–15 yrs / 6	IAM strategy
ERP & Enterprise Architecture		
PeopleSoft HCM 9.2	15–20 yrs / 4	Public HR
PeopleSoft FSCM 9.2	15–20 yrs / 4	Finance
PeopleTools 8.62+	12–18 yrs / 3	Platform admin

5.2 Software Development

Our Software Development Services

The HealthTech Team brings extensive experience delivering software development services for public-sector clients, supporting complex initiatives that require both technical expertise and alignment with program and operational needs. Our experience spans a wide range of project types, including system modernization efforts, development of custom applications, and implementation of data-driven platforms that support critical business functions. These engagements often require coordination across multiple stakeholders, integration with existing systems, and adherence to strict regulatory and security requirements, all of which the HealthTech Team has consistently navigated as part of our delivery approach. As illustrated in the list below, our teams have delivered software solutions across a diverse set of States and

Territories, demonstrating our ability to operate effectively within varying governance structures, technical environments, and regulatory requirements.

- Alabama
- Alaska
- Arizona
- District of Columbia
- Georgia
- Hawaii
- Idaho
- Kentucky
- Louisiana
- Missouri
- New Mexico
- Oklahoma
- South Carolina
- South Dakota
- Wyoming
- US Virgin Islands
- American Samoa

These engagements span system modernization, custom application development, and data-driven platforms that integrate across multiple systems and stakeholders. In many cases, the HealthTech Team has supported environments where solutions must function within complex ecosystems of legacy and modern systems, requiring thoughtful design, flexible integration approaches, and careful coordination with client teams and third-party vendors. Our teams are experienced in working within these environments to deliver solutions that are both technically sound and operationally practical. This breadth of experience reflects the HealthTech Team's ability to consistently deliver scalable, secure, and high-performing solutions while adapting to the unique needs of each client environment.

HealthTech is appraised as a CMMI DEV/VRT-3 level development vendor. The HealthTech Team adheres to the principles of Agile development, a well-established approach to creating enterprise software that follows iterative production cycles; promotes teamwork; encourages continuous learning and requires adaptive planning from start to finish. Projects delivered via the Agile framework emphasize the value of:

- Human input and interactions—human-centered design
- End user experience
- Close customer collaboration
- Responsiveness to change throughout the development process

Our software development proceeds by defining a series of near-term milestones that can be accomplished over two-week development "sprints," a rigorous process that allows regular client feedback and incorporates new intelligence within each cycle, a means of continuous quality improvement. Our developers take into consideration the inevitable changing requirements and client feedback, resulting in software that evolves and improves over the course of development.

In practice, project leadership and ownership are appropriately shared with the client in service to the success of the overall mission. We collaborate with the client to help define and prioritize requirements and to design solutions that are both cost effective and time sensitive. We work closely with all parties during development, providing incremental updates for review and approval. Iterative and feature-driven cycles reduce risk, increase value, and allow for flexibility. This collaborative, transparent approach provides a rich and rewarding environment for teams to develop robust software products.

A five (5)-point priority checklist guides our development process:

- **People First –** strong collaboration with robust client input and feedback loops
- **User-Centered Design –** rich GUIs in both mobile and web formats, highly responsive in appearance and functionality with a focus on simplicity and ease of use
- **Robust Data Management –** encryption of sensitive information; historical retention of data; audit logging; powerful exports and data mining capacity
- **Clear Business Rules –** exhaustive documentation and alignment of business rules with all automated workflows
- **System Security –** integrity of source code and at all points of system integration; full compliance with applicable security standards; strong encryption and credential hashing; robust backup and fail-safes

Specific Security Protocols for protection from data from loss, unauthorized manipulation, and theft: Countermeasures include redundant storage, authentication, encryption, masking, and obfuscation. System security is handled at multiple levels, from fully disjointed database models using advanced encryption methods to solid firewall configurations. System logs are enabled to allow thorough examination of illicit activity.

Personally Identifiable Information (PII) is secured using high quality data encryption such as Triple DES (3DES). Server web communication is performed over SSL encrypted pipelines to ensure data integrity across the internet. the HealthTech Team will ensure that developed applications meet all applicable federal privacy and security requirements including HIPAA.

Approach to Achieving Objectives for Development

The HealthTech Team's enterprise engagements follow a predictable stepwise process that begins by identifying the tasks necessary to meet the requirements (Discovery; Goal Setting; Requirements Development), and proceeds to execution of identified tasks, quality assurance in meeting project goals, and ultimate transfer of technology to client.

PHASE ONE: Discovery

The HealthTech Team invests considerable effort in discovery, seeking first to map to the human process that our software will replicate and enhance. Through a series of on-site visits and in-depth interviews with stakeholders at all points on the process chain, we determine, and document manual or policy procedures and the ways technology may replace or streamline them. We identify system redundancies; potential for error both in human and machine processes; known or suspected faults; and any potential and extant linkages between current and future system operations. The HealthTech Team will document the client's vendor network with expectation of future outreach and ownership of all third-party integrations. The development team will create, via focus group and guided discussion, an image of the client's ideal state of operations and incorporate that in our design thinking.

In short, we examine in fine detail the client's system (including technology and human action), analyze the data, then deliver our recommendation in the form of a Discovery Document that details both the current state of the system and our recommendations for improvement.

The objective of the discovery phase (and through production) is to create genuine, in-house expertise in the client's work process, both as it exists and in its future iterations. That expertise will inform effective intuition among our development and management teams that promotes greater partnership with the client and leadership ability in decision making and problem solving.

Project Initiation and Goal Setting

Following completion of the discovery phase, the HealthTech Team will schedule a kickoff meeting to be led by the HealthTech Team wherein development and client team members roles are established. In open-ended discussion (possibly extending to a second meeting or concurrent breakouts as needed) we will identify broad goals for projects and sub-systems; and from these goals, timelines and project priorities are established. An Account Manager, Technical Architect, Project Manager, and Software Development Lead will then work with LFUCG to identify and compile the detailed list feature requirements that will provide the framework of architecture for the software product at each Phase of development.

Requirements Development

The HealthTech Team will refine the compiled requirements into two (2) classes of guiding documents:

1. **The System Specification** will cover technical resources and server architecture.
2. **The Requirements Specification** will cover front and back-end functionality in detail.

These documents will be presented to the LFUCG team for periodic review, revision, and eventual sign-off. Once all requirements are approved by the LFUCG team, the Account Manager and Technical Architect will allocate the HealthTech Team and (if needed) partner or subcontractor staff resources based on established LFUCG timelines to create a project plan using Microsoft Project or other preferred facilitating tool.

PHASE TWO: Design, Development, and Implementation

Wireframes Development

The logic and look of a software's user interface is represented by the Wireframes. The Project Manager, Software Architect, and Creative Director will collaborate with the LFUCG team to create the best experience for each of the system's many user types, including field personnel, internal administrative staff, data analysts/researchers and visitors to public areas of the system. Wireframes will be developed by the Creative Director and Graphic Designers and presented to the LFUCG team for feedback, revision, and sign-off. Once Wireframes are approved by the LFUCG team, user interface development starts, including working prototypes. The HealthTech Team will establish a secure development environment (the Dev Site) for the LFUCG team to interact with the system while in progress.

Production and Delivery

The HealthTech Team will develop projects in a series of distinct modules, each presented for LFUCG review. Modular development and approval encourages timely feedback and responsive construction of each component prior to full project completion and review. This process continues until all modules are developed. The Project Manager will communicate status and updates between LFUCG and development teams. The Quality Assurance (QA) team will create test plans, test cases and ensure the software meets specifications. Once approved by the lead QA Analyst, the HealthTech Team will create a complete system build and deploy to a secure User Acceptance Testing (UAT) environment (the Test Site) where the LFUCG team will review functionality. Changes resulting from feedback will be implemented, and the review process repeats through a formal process of change requests until the system is developed and ready for field testing.

User Acceptance, Testing, and Documentation

At this stage, the HealthTech Team will develop User Guides or other supplementary materials as needed. Per LFUCG instruction or protocol, the HealthTech Team will then organize a limited launch of the site to a test group (aka, Beta Testing). The Project Manager will schedule demos and training for the Beta Test group. After successful and sufficient testing, the HealthTech Team will provide LFUCG all requirements documentation, system documentation, source code, and the annotated results of all test cases conducted.

Testing Protocols:

- The HealthTech Team is experienced in the use of AWS DevOps, Jenkins, and Bamboo to perform continuous integration (CI) and continuous delivery (CD)
- The HealthTech Team uses both unit testing and integration testing pipelines for all products under CI – these pipelines are written in Nunit for C# and JEST for JavaScript (Focal, Ralloc, Project Z). We have staff with expert-level professional experience in JUnit and xUnit.
- For manual testing, the HealthTech Team uses test cases in TFS and X-Ray (in Jira) to document preconditions, test plans, and test executions, and to link these to User Stories and Defects
- The HealthTech Team also uses end-to-end pipelines written using the Selenium WebDriver for several products under CI (BRG CareChats). These pipelines directly interface with QA and Staging systems to perform authentication, environment setup, data entry, input validation, verification of user navigation, and validation of proper data storage and execution of algorithms
- The end-to-end pipelines serve as a battery of automated regression tests to provide continuous feedback throughout the development process

Project Training

The HealthTech Team will identify a Key Team comprised of LFUCG staff best positioned to receive, apply, and further disseminate training throughout the agency. Ideally, these staff members will have had contributing roles in discussions and decision making prior to contracted system changes or enhancements. Supervisors in charge of impacted departments will be brought on board.

The HealthTech Team will schedule the duration and method for each training and delineate between online/classroom and ‘hands-on’ instruction. We will prepare all instructional materials, including optional video production and distribution, to assure user familiarity with the operational software, target computer(s), support software and user roles. Instruction will include all specifications and features, plus the techniques, tools, and methodology required to access

The HealthTech Team will provide detailed schedules for implementation of all features. Depending on the size of the project, it may not be feasible to implement each desired feature simultaneously. In instances where a feature affects the entire organization, its components can be introduced on a phased-in basis. The schedules for new system deployments will be coordinated for minimal disruption to the client as a whole. The decisions made here will impact in which order staff are trained and the timing of communicated messages.

Final Launch

Upon final approval, the project site is launched live on a date previously determined by the Project Manager and agreed upon by the LFUCG team. The HealthTech Team and its creative

partners will assist as necessary in the development of public relations (PR) materials or other outreach products to promote a successful launch to target audiences. At this stage, if LFUCG is ready to assume management of the system, the HealthTech Team will transfer operations to LFUCG program technical and administrative staff. The HealthTech Team will be available to provide ongoing management and all necessary maintenance and support as requested by LFUCG.

PHASE THREE: System Enhancement and New Feature Development

The HealthTech Team will be available post launch to collect feedback from the users. Feedback is documented and presented to LFUCG for prioritization and further discussion on resource allocation, sprint planning, development, and roll out. Additional features planned and executed past the launch of originally contracted work will follow a similar stepwise process to that described above (i.e., Discovery; Goal Setting; Requirements Documentations; etc.).

Depending on the scale and scope of a new feature, a Lead Developer and Project Manager (possibly members of QA and UX teams) will lead the Discovery process and associated interviews, code review, data state analysis, and document reviews. This team will work with LFUCG staff to achieve mutual understanding on functionality and devise a sprint plan for development, implementation, and testing of each new feature.

For integration of third-party services and APIs, the HealthTech Team accepts the responsibility to manage vendor relationships on behalf of the client and to take the lead in consulting on version updates, quality control, suitability of product to LFUCG application(s), and if necessary, on pricing and sourcing alternative services and products.

Agile Hybrid Approach

The HealthTech Team proposes the use of a hybrid approach (Agile and Waterfall) because some of the milestones are phased based, therefore, a waterfall approach to delivery is more appropriate. However, internally, all development and product configuration will be done using an agile approach. This hybrid approach will enable us to deliver reports very early on the project which will enable our team to learn and improve during the project.

We will apply project management controls aligned with the PMBOK® process areas to successfully guide project delivery. Where appropriate, we will leverage PMBOK®'s repeatable, iterative processes, tools, and templates to maximize efficiencies. For example, we will utilize existing tools and templates for planning and monitoring risks, issues, work plans, scheduling, resource allocation, time tracking, and budgeting, and we will utilize Microsoft Project for work plan development, baseline tracking, and ongoing schedule management.

We recognize that not all requirements will be known at project start-up, or even at the start of each sprint. The HealthTech Team uses a flexible approach for discovery by allowing discovery to take place throughout the entire DDI lifecycle. At the end of each sprint, we conduct a sprint retrospective by showing LFUCG semi-working code so key stakeholders can identify what they like or do not like. The user stories are very short for a reason – to give the project sponsor the flexibility to refine the requirement and build upon itself from sprint to sprint. To minimize and streamline the dependencies on certain stakeholders, some sprints may be conducted in parallel with other sprints. With this approach, sprints are segregated by workstream to allow flexibility with time needed by certain key stakeholders. The diagram below illustrates our Agile software development process.

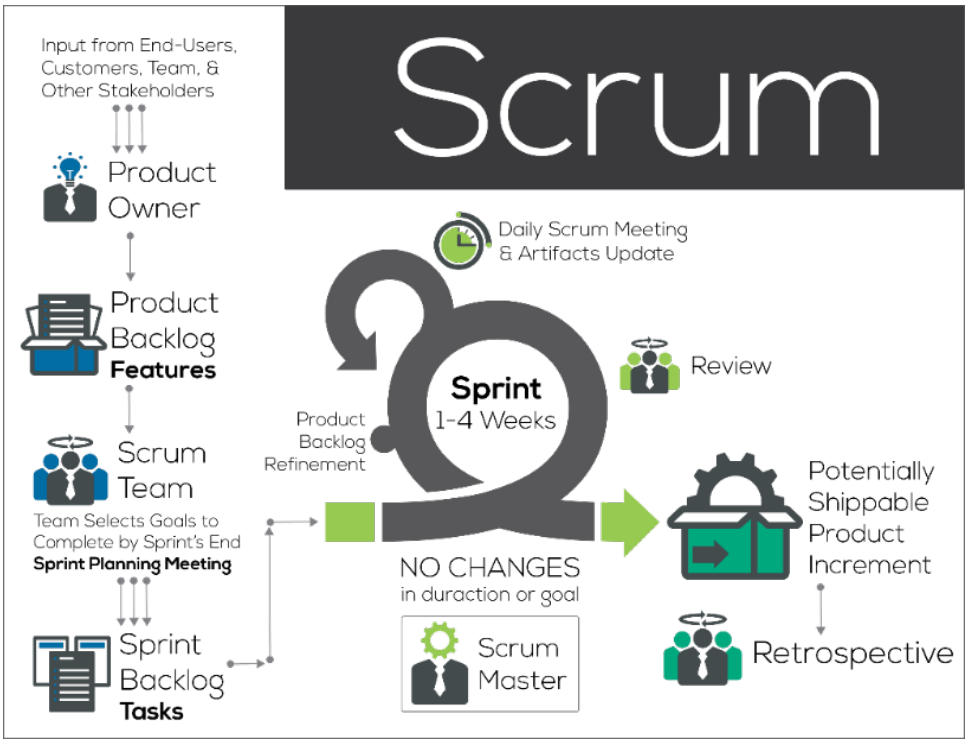

Figure 1: Agile Software Development Process

Requirements Gathering and User Story Creation

The business analyst team will be responsible for facilitating JAD sessions with stakeholders, gathering requirements, and documenting all requirements. Jira is used as a tool by the HealthTech team to track and assign requirements. The requirements management process follows the principles outlined in the CMMI policies and procedures implemented by the HealthTech Team. To develop user stories based on the requirements of LFUCG, we will first create and organize the requirements by Epic using the Jira tool. The Epic provides a high-level activity that a user will accomplish through the system or initiative. Once the Epics are identified, user stories are created based on the business and technical requirements as gathered during the JAD sessions with stakeholders. These user stories support the activities and further describe and elaborate on the processes that need to be developed to meet the use case and Epic. Lastly, tasks and subtasks are developed for each user story. These become the work packages and activities on the project and implementation plan. Each task and subtask are then grouped into releases which provides a roadmap for all the required development activities. Based on the releases identified, the end of a sprint can be marked as a release. For example, in the graphic below, the end of Sprint 2 could be identified as Release 1 and the end of Sprint 3 could be identified as Release 2.

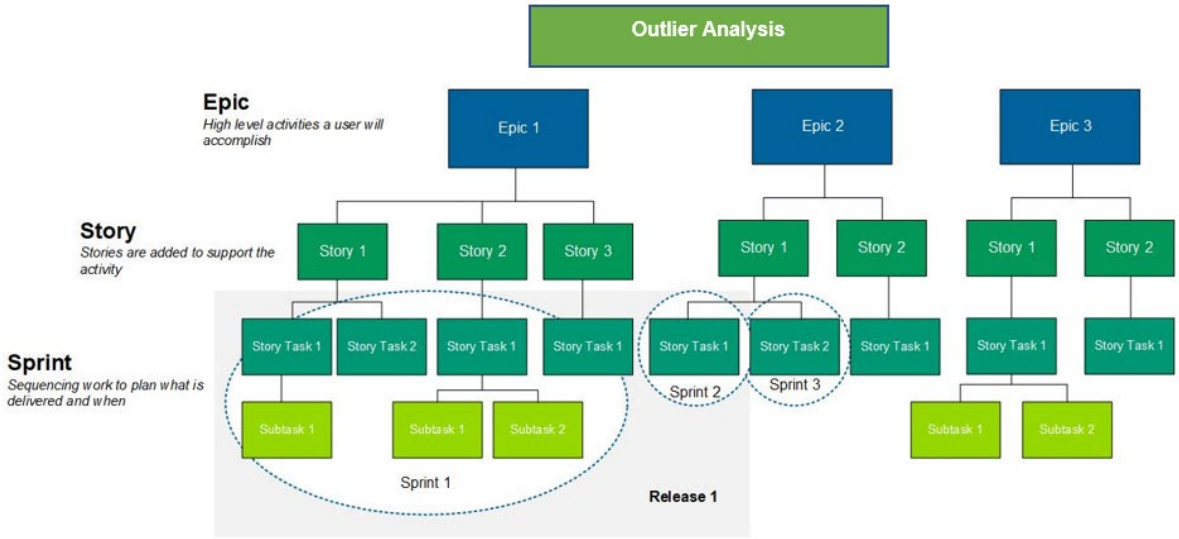

Figure 2: User Story Development

Utilizing Tools for Efficiency

The HealthTech Team uses Jira to track user stories, Epics, and requirements. Jira allows full traceability of the story from concept through the development lifecycle including mapping the product requirements in the Requirements Traceability Matrix (RTM) to its respective Epic, user story, and sprint. Each user story creates a deliverable that can be validated by the quality assurance team and testing analysts.

Release Management

Establishing a process for release management will be critical during the development process. Once user stories are defined, each task and subtask are grouped into releases. The releases dictate a roadmap for product development. Best practices for release management include:

- Automate as much of the process as possible. This includes automated processes for DevOps and testing.
- Establish clear requirements and have documentation to eliminate ambiguity
- Develop acceptance criteria that can be tested and validated
- Integrate regression testing as a part of the release plan to minimize user impact

Sprint Planning and User Story Prioritization

Before the start of each sprint, a sprint planning meeting is held. The Product Owner presents the top items on the backlog and the scrum team selects the work they can complete during the upcoming sprint. Story points are allocated to the user stories during sprint planning. If a user story exceeds 24 story points (or the limit decided by the team), it is broken down into multiple user stories so that each user story does not exceed 24 story points. Smaller user stories make it easier to digest the functionality requested. After the user stories are selected for the sprint, the requirement(s) are then moved from the product backlog to the sprint backlog.

Each day during the sprint, a brief (no longer than 15 minutes) stand-up meeting is held to set the context for each day's work and helps the team stay on track. Team members discuss their progress and any blocks to completing the work for that sprint.

At the end of each sprint, an informal demonstration is held to show the Product Owner (and stakeholders) what was accomplished during the sprint. Any changes or newly discovered items are moved to the product backlog. The velocity of the sprint is also calculated to determine the team's historical performance on differently sized stories. If the 24-point stories always end up dragging through multiple sprints, the stories are re-evaluated and broken into smaller pieces of functionality to fit in the upcoming sprints.

Testing Approach

The HealthTech testing team will develop and execute a Test Management Plan for each software development. The test plan will contain a reporting chain outside of the project to facilitate problem escalation to govern project independence. The independent reporting chain provides a check-and-balance on the project. Following normal testing at the different phases of an SDLC, the HealthTech Team will be performing the following tests:

- **Unit Testing:** Developers are responsible for performing unit testing during the coding/development phase.
- **Regression Testing:** Ensures the previously developed software is unaffected by new releases.
- **Parallel Testing:** Compares the new enterprise application to legacy data to ensure accuracy in the functional characteristics of the application.
- **System/Functional Testing:** Requires all business functions to be tested thoroughly. Test cases are developed that articulate the business flow and detail the inputs and expected results. Such testing ensures the application is addressing all business requirements. The relevant test cases are documented along with the use cases in the RTM to ensure the requirements are tracked from one phase to another within SDLC.
- **Integration/End-to-End Testing:** Allows testing of the system to ensure the business functions interact with other business functions, and the complete workflow is tested thoroughly. This testing requires test cases to be developed that test the system(s) operations as designed from the start to the end. This testing ensures the right data is being passed among various components, sub-systems, or systems so the business function is completely addressed.
- **Security Testing:** Ensures common security issues such as structured query language (SQL) injection and cross-site scripting are addressed.
- **Performance and Load Testing:** Ensures system performance meets SLAs and can consistently perform as the load increases. Using Amazon Web Services (AWS) as the cloud solution allows the HealthTech Team to adjust scaling to test increased loads capable of mirroring production (infrastructure, files, databases, processing, and reporting) and then revert to normal space requirements and scale up/down as needed.

All HealthTech testing documentation is easily accessible to LFUCG and approved vendors/partners via online tools, so they can inspect artifacts and results as well as use the test data, use cases, user stories, and other information to do their own UAT testing. the HealthTech Team will work with LFUCG-assigned resources, if they choose to participate with the project team, in performing the functional, integration, and end-to-end testing.

Based on the HealthTech Team's experience in participating and leading large scale UAT sessions in the Medicaid industry, our UAT approach has been designed to complete the following tasks:

- Provide an objective measure of how the system complies with the requirements
- Measurement of the degree to which the system is “ready”
- Identification of issues, defects, and new requirements that must be analyzed, prioritized, and addressed before go-live or the next product release

The diagram below illustrates our UAT approach:

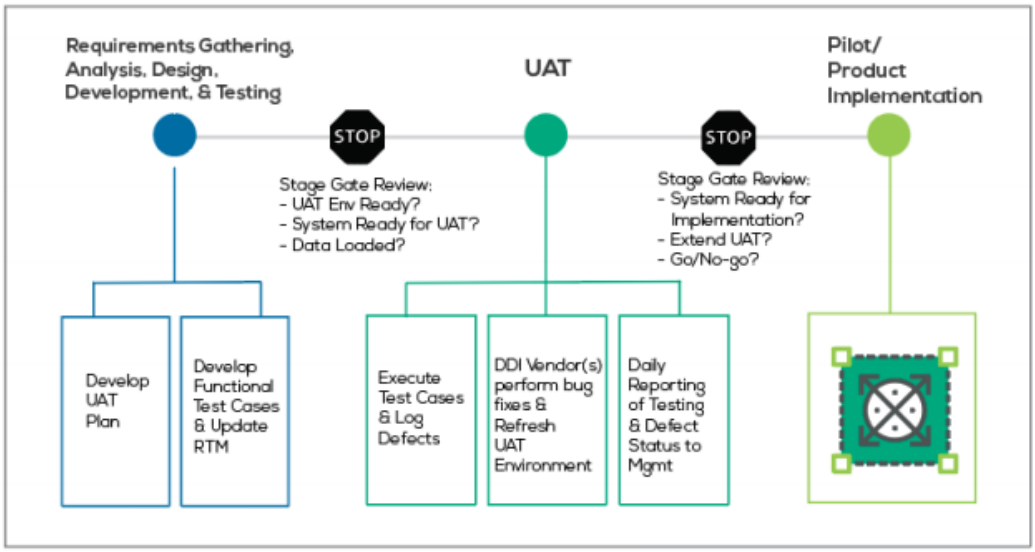

Figure 3: UAT Approach

Pre-UAT Activities

Prior to execution of UAT, the UAT plan and test cases will be developed and a Pre-UAT stage gate review will be completed.

1. Develop UAT Plan

The HealthTech Team will develop a UAT Test Plan that will include detailed tasks to be performed during UAT. The UAT Test Plan will identify milestones, resources, and timelines for the tasks.

The HealthTech Team will review the UAT approach with LFUCG prior to adopting such metrics to measure the quality during UAT. These metrics will be included in the initial UAT Test Plan submitted for review during the Project Initiation Planning phase. Using these metrics throughout the project allows the team to forecast future activities, issues, and incidences and be proactive in approaching tasks with fewer surprises.

The UAT Test Plan will ensure these quality management guidelines are documented and adhered to throughout the UAT phase. The HealthTech Team will work closely with LFUCG to ensure specific testing needs are included in the UAT plan and provide considerations for module or release’s effects on other modules, interfaces, and CMS certification requirements. In this instance we are referencing CMS, but the HealthTech Team has experience completing federal certifications in other domains. As a part of the HealthTech Team’s quality assurance audits, our team will review test plans and results from contractors and determine if any use cases or test scenarios are applicable and useful to UAT testing. The graphic below illustrates the overall components of the HealthTech Team’s UAT Test Plan.

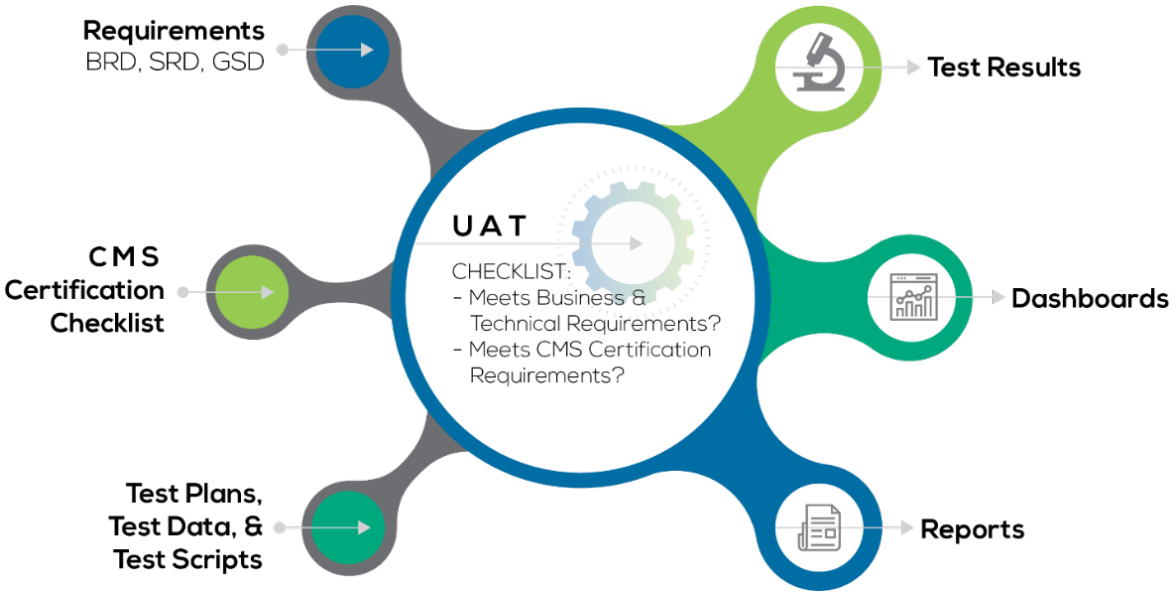

Figure 4: Components of the UAT Test Plan

2. Develop Test Cases

During this phase, the testing team will develop test cases to address the functional, non-functional, and integration requirements identified in the RTM, Business Requirement Document (BRD), and System Requirement Document (SRD). As the test cases are developed, the RTM will be updated appropriately to identify test cases for the requirements.

3. Stage Gate – Pre-UAT

During the stage gate pre-UAT phase, the HealthTech Team will work with the module vendors to ensure all exit criteria for the development and unit testing phases are addressed, and the project is ready to enter UAT. Working with LFUCG, the HealthTech Team will ensure the system is ready for UAT, retrieve access of the module UAT environment, and ensure the database is loaded with requisite code tables and seed data.

Test Methods and Techniques

The testing method used in UAT will be primarily black-box testing where the application will be tested by performing developed test cases.

Due to the modular environment and incremental approach to implementation, regression testing will be critical for the solution. A series of test cases will be defined as regression test cases and automated as applicable using various testing tools including WinRunner. Regression testing will occur as module functionality is added and will be performed with each build and release of the modules. This will ensure the release did not impact prior builds or functionality. UAT will also include interface testing to ensure all input and output files follow the design and address the interface related requirements. Test cases can be tracked using the Atlassian suite of products including Jira and Confluence.

Test Execution Reporting

Prior to UAT, the testing team will complete the pre-UAT activities and training exercises on the tool. Where and when applicable, module vendors will be requested to walk through the system with the testing team to ensure the test cases developed are applicable and valid.

Defect Tracking
An important component of the development process is defect tracking. Defects will be tracked in Jira and reports can be run to monitor the status and assignment of the defects.

Post-UAT Stage Gate Review
At the end of UAT, the HealthTech Team will compile a report providing a list of open defects categorized by severity, a list of requirements that have been met or not met, and an objective assessment and recommendation for the stage gate review. An example for such stage gate review during testing is below:

Seq #	Stage Gate Criteria	Criteria Met?	Observations / Comments	Recommendations / Action Items (Corrective Action Plans for Yellow/Red Items)
1.04	All test cases have been executed to ensure complete coverage.	Criteria Partially Met	Revalidation of 12 defects was not completed due to time constraints.	Since none of the 12 defects were deemed Critical or Major, they be addressed in the next regression testing
1.06	No Blocker or Critical defects that impact business	Criteria Met	There were no Blockers or Critical defects	
1.07	Data Conversion executed successfully	Criteria NOT Met	Data Conversion did not execute due to build issues	Build issues must be resolved before completing Testing phase

Figure 5: Sample Stage Gate Review During Testing

UAT testing will be considered closed once LFUCG has completed all UAT test scenarios successfully and provided approval of UAT success. The HealthTech Team's project Work Plan is developed to ensure LFUCG' testing resources have sufficient time to perform acceptance testing activities and address all outstanding issues and concerns.

The HealthTech Team will ensure all critical issues and high issues are 100% resolved before we "go live" with UAT releases. This will apply to production releases as well. The HealthTech Team understands LFUCG plans to perform UAT on all software releases. UAT will be configured, so LFUCG can conduct continuous UAT in a separate, dedicated environment.

Tools
The HealthTech Team's software development capabilities are supported by a modern, integrated set of tools and technologies that enable the design, development, integration, and operation of scalable, secure solutions. Our teams routinely leverage these tools across the full software development lifecycle, supporting activities such as application development, data integration, analytics, and system interoperability within complex public-sector environments. These technologies are applied in a cohesive manner to ensure that solutions are not only technically sound, but also aligned with business needs, security requirements, and user expectations.

Our experience spans the development of data-driven platforms, secure web applications, and interoperable systems that must integrate across multiple stakeholders and data sources. This includes working within cloud-based environments, implementing role-based access and identity management, and enabling real-time and batch data exchange using industry standards. The tools listed below represent core components that the HealthTech Team are familiar with and have applied across similar engagements.

Key Tools and Technologies include but are not limited to:

- Power BI (Workspaces, Apps, Desktop)
- Snowflake
- Microsoft Azure (PaaS and IaaS)
- Azure API Management (APIM)
- Iguana Interoperability Engine
- FHIR Adapters (HL7, FHIR, X12 standards)
- Verato (Master Data Management)
- Erwin Data Model and Metadata Repository tools
- ArcGIS Pro
- ServiceNow
- Role-Based Access Control (RBAC) and Identity & Access Management
- Single Sign-On (SSO) (e.g., Okta, KOG)
- Security Information and Event Management (SIEM) and encryption technologies

5.3 Consulting Services

Our Consulting Services

Strategy & Architecture

Establishing a clear and actionable technology direction is critical to ensuring that IT investments deliver measurable value and long-term sustainability. The HealthTech Team's Strategy & Architecture services provide the foundation for informed decision-making and long-term technology success. These services align IT investments with organizational priorities, ensuring that technology initiatives directly support business outcomes, regulatory requirements, and evolving stakeholder needs. The HealthTech Team takes a holistic view of the technology environment, evaluating current-state systems, data, and processes to identify gaps, redundancies, and opportunities for modernization. This baseline informs the development of forward-looking strategies and architectural frameworks that guide transformation in a structured and sustainable manner.

A key focus of this work is ensuring that strategic vision translates into practical execution. Roadmaps and architectures are developed with consideration for real-world constraints such as funding, staffing, and technology (such as legacy systems), allowing organizations to move forward with clarity and confidence. Clear standards, integration patterns, and architecture principles help reduce complexity, improve interoperability, and support scalable, secure environments that can evolve alongside organizational needs.

IT Strategic Planning & Roadmaps

The HealthTech Team supports organizations in defining clear, actionable IT strategies that translate business priorities into executable initiatives and measurable outcomes. This effort begins with a comprehensive assessment of the current-state environment, including systems, data, governance structures, and operational processes, to identify strengths, gaps, redundancies, and modernization opportunities. Through structured stakeholder engagement, workshops, and targeted interviews, the HealthTech Team ensures that strategic priorities reflect both organizational objectives and the practical needs of end users and operational teams.

As part of these services, the HealthTech Team conducts current-state assessments, facilitates stakeholder workshops, develops business capability models, and documents baseline technology inventories to establish a clear understanding of the existing environment. This information is used to perform gap analyses and identify opportunities for optimization, consolidation, or modernization.

Building on this foundation, the HealthTech Team develops prioritized, multi-year roadmaps that sequence initiatives based on value, risk, dependencies, and available resources. These roadmaps are designed to be both strategic and executable, incorporating funding considerations, staffing constraints, and technology limitations such as legacy systems. Each initiative is clearly defined with expected outcomes, timelines, and interdependencies, providing a transparent path forward for leadership and stakeholders.

The HealthTech Team further supports roadmap development through the creation of initiative charters, high-level cost and level-of-effort estimates, dependency mapping, and sequencing strategies that reflect operational realities. Where applicable, the HealthTech Team also assists with aligning roadmaps to funding strategies, procurement planning, and implementation phasing to ensure initiatives can move from concept to execution.

In addition, the HealthTech Team provides ongoing support to refine and maintain roadmaps over time, incorporating changes in priorities, regulatory requirements, or technology advancements. This may include periodic roadmap reviews, stakeholder alignment sessions, and updates to reflect lessons learned during implementation.

Enterprise Architecture & Cloud Strategy

The HealthTech Team develops enterprise architecture frameworks that provide a structured and scalable blueprint for how systems, data, and integrations function across the organization. These frameworks establish architecture principles, define system interactions, and standardize data flows and technology patterns to promote consistency, reduce duplication, and enable interoperability across platforms. This structured approach ensures that new and existing systems can operate cohesively while supporting future modernization efforts.

As part of enterprise architecture services, the HealthTech Team develops architecture diagrams, defines system and data integration patterns, establishes technology standards, and documents reference architectures that guide solution design and implementation. These activities provide a clear blueprint for how systems should interact and evolve over time.

A critical component of this work involves aligning architecture decisions with both business and technical objectives. the HealthTech Team evaluates current environments to identify integration challenges, data silos, and performance limitations, then defines target-state architectures that address these issues while supporting scalability, security, and maintainability. These architectures are designed to be adaptable, allowing organizations to evolve their technology landscape without introducing unnecessary complexity or risk. The HealthTech Team also supports architecture governance activities, including participation in design reviews, validation of solution alignment with established standards, and documentation of exceptions or deviations when necessary.

The HealthTech Team also supports the development and execution of cloud strategies tailored to the organization’s operational and technical needs. This includes assessing cloud readiness, defining appropriate deployment models (e.g., hybrid, cloud-first), and designing architectures

that leverage cloud-native capabilities such as elasticity, high availability, and cost optimization. Migration strategies are developed with careful consideration of security, compliance, and business continuity, ensuring that transitions from legacy or on-premises environments are executed with minimal disruption.

Cloud strategy services may include cloud readiness assessments, application and workload evaluations, migration planning, and development of phased transition approaches. The HealthTech Team also assists with defining governance considerations for cloud environments, such as access controls, cost management practices, and operational support models.

Additionally, the HealthTech Team supports the implementation phase of architecture and cloud strategies through solution design guidance, collaboration with technical teams, and validation of configurations to ensure alignment with defined architecture principles. This ensures that strategy and design efforts are effectively carried through to execution.

Governance & Process

Effective governance and well-defined processes are essential to maintaining control, accountability, and consistency across IT initiatives. The HealthTech Team‘s Governance & Process services establish the structure, discipline, and transparency required to effectively manage IT initiatives and ensure alignment with organizational and regulatory expectations. These services focus on creating repeatable, well-defined processes that support consistent decision-making, accountability, and oversight across programs and projects. The HealthTech Team works closely with stakeholders to define governance frameworks that clarify roles, responsibilities, and escalation paths, ensuring decisions are made efficiently and with appropriate visibility.

Effective governance is reinforced through strong process design, particularly in how requirements are captured, validated, and managed throughout the lifecycle of an engagement. Our governance and processes will help to reduce ambiguity, strengthen communication between business and technical teams, and ensure that solutions remain aligned with clearly defined needs. These efforts result in improved program control, enhanced compliance, and more predictable delivery outcomes.

IT Governance & Compliance

The HealthTech Team partners with public sector and healthcare agencies to design, implement, and operationalize robust IT governance and compliance frameworks that promote accountability, transparency, and regulatory alignment while enabling efficient decision-making and operational agility. Our approach integrates governance, risk management, and compliance (GRC) into a cohesive structure that supports both strategic objectives and day-to-day execution.

IT Governance Frameworks and Operating Models

The HealthTech Team supports organizations in establishing clear, sustainable governance frameworks that define how IT decisions are made, communicated, and enforced across the enterprise. We work collaboratively with executive leadership, business owners, and IT stakeholders to define governance bodies, roles, and decision authorities aligned to organizational priorities and regulatory obligations.

Figure 6: Integrated IT Governance, Risk & Compliance Model

Key deliverables typically include:

- Governance charters for executive, IT, and program-level oversight bodies.
- Defined decision-making and escalation pathways.
- RACI matrices clarifying accountability across business, IT, compliance, and audit functions.
- Standardized approval workflows and governance calendars.

The HealthTech Team ensures that governance structures are not theoretical but embedded into normal operating procedures by providing the visibility and control required to manage complex IT environments.

Project Intake, Prioritization, and Oversight

To ensure IT investments are aligned with mission priorities and risk tolerance, the HealthTech Team designs governance models that support consistent project intake, prioritization, and lifecycle oversight. These models enable organizations to evaluate initiatives based on value, risk, compliance impact, and resource capacity. Our approach may include:

- Establishing IT and business review boards.
- Defining stage-gate criteria and approval checkpoints.
- Standardized templates for project intake, business cases, status reporting, and benefits tracking.

- Portfolio-level dashboards to monitor scope, schedule, cost, and risk.

These governance practices help organizations maintain control over IT portfolios, proactively manage risks, and ensure that initiatives remain aligned with strategic and regulatory goals.

Integrated Compliance and Risk Management

Compliance is fully integrated into the HealthTech Team's governance approach rather than treated as a separate or reactive function. We help organizations build audit-ready, enterprise-grade compliance frameworks that align policies, controls, and operational processes with regulatory requirements and internal standards.

Our compliance services include:

- Development and review of enterprise and IT compliance policies and standards.
- Mapping regulatory requirements to operational and technical controls.
- Creation of control documentation, job aids, templates, and forms.
- Support for internal and external audits through structured, well-maintained artifacts.

Proven Experience – Arizona AHCCCS

HealthTech's governance and compliance capabilities are demonstrated through extensive work with Arizona Health Care Cost Containment System (AHCCCS), where we have supported the establishment of a mature, enterprise-wide risk and compliance capability.

Key accomplishments to date include:

- Development of an Enterprise Risk Management (ERM) Framework, including asset repositories, standardized processes, job aids, and templates.
- Delivery of an enterprise risk assessment report and detailed risk assessments with root cause analysis for two high-risk operational areas.
- Creation of a Compliance Operations Management Manual to guide business units in managing compliance activities under a common standard.
- Design of a Compliance Operations Roadmap to support a phased, sustainable maturity model.
- Establishment of the compliance office as a formal enterprise level organization that provides integrated compliance, audit, and risk management support across the agency.
- Development of enterprise compliance policies, protocols, and a Code of Conduct.
- Definition of auditing and monitoring plans, including procedures for investigating and responding to detected offenses.
- Implementation of risk management action plans, prevention strategies, and noncompliance reporting mechanisms.
- Development of an Compliance Operations Master Training Plan to promote a culture of compliance, ethical decision-making, and sustainability.

This work has directly supported AHCCCS in:

- Increasing transparency, integrity, and trust in Medicaid program operations.
- Enabling proactive, informed decision-making.
- Promoting accountability and consistency across business and IT operations.

Ongoing Governance and Compliance Support

Beyond framework development, the HealthTech Team provides hands-on governance support to help organizations operationalize and sustain governance and compliance capabilities. This includes participation in governance meetings, facilitation of decision-making sessions, and monitoring adherence to established processes and standards. Ongoing services may include:

- Risk and issue tracking tied to governance and compliance objectives.
- Monitoring compliance with policies, standards, and governance requirements.
- Continuous improvement recommendations based on observed challenges or evolving regulatory needs.

Through these efforts, the HealthTech Team helps organizations reduce operational and regulatory risk, improve consistency, and ensure IT initiatives are delivered in a controlled, compliant, and mission-aligned manner.

Technical Requirements Gathering

The HealthTech Team supports organizations in capturing, validating, and managing technical and business requirements to ensure that solutions are aligned with stakeholder needs and organizational objectives. This process begins with structured engagement activities, including stakeholder interviews, workshops, and working sessions, to elicit requirements from both business and technical perspectives. The HealthTech Team works to ensure that requirements are clearly defined, testable, and traceable throughout the lifecycle of the engagement.

As part of these services, the HealthTech Team develops requirements documentation such as business requirements documents (BRDs), functional and technical specifications, user stories, and use cases. Requirements are organized, prioritized, and validated with stakeholders to ensure completeness and alignment prior to design and implementation. This structured approach reduces ambiguity and ensures that all parties have a shared understanding of the desired outcomes.

The HealthTech Team also supports requirements traceability by establishing traceability matrices that link requirements to design elements, development activities, and testing outcomes. This ensures that all requirements are accounted for throughout the lifecycle and provides visibility into how requirements are being implemented and validated. In addition, the HealthTech Team facilitates ongoing requirements management to accommodate changes and evolving priorities. This includes supporting change control processes, maintaining requirements backlogs, conducting impact analyses, and updating documentation as needed to reflect approved changes. These practices help ensure that solutions remain aligned with stakeholder expectations while minimizing disruption to project timelines and delivery.

The HealthTech Team may also support validation activities, including participation in design reviews, user acceptance testing (UAT) preparation, and requirements walkthroughs, to confirm that delivered solutions meet defined requirements. This end-to-end approach ensures that requirements are not only well-defined but also effectively implemented and validated.

Risk, Resilience, & Compliance

Maintaining operational stability requires a proactive approach to managing risk and preparing for potential disruptions. The HealthTech Team's Risk, Resilience, & Compliance services focus on protecting critical systems, data, and operations while ensuring organizations are prepared to respond to and recover from disruptions. These services take a proactive approach to identifying

vulnerabilities, assessing risk exposure, and implementing strategies that enhance operational stability and continuity. The HealthTech Team recognizes that resilience extends beyond technology to include processes, personnel, and governance structures that collectively support sustained operations under adverse conditions.

Risk management and continuity planning are addressed as interconnected efforts, ensuring that compliance requirements are met while also preparing organizations for real-world scenarios. Clear recovery objectives, defined response protocols, and structured testing activities comprise the HealthTech Team's protocols to help validate readiness and support continuous improvement. This integrated approach will minimizes downtime, protects critical services, and reinforces confidence among stakeholders.

Disaster Recovery & Business Continuity Planning

The HealthTech Team provides comprehensive Business Continuity and Disaster Recovery (BC/DR) services designed to ensure that critical operations can be sustained and rapidly restored in the event of disruptions. Our approach integrates operational continuity planning with technical recovery strategies, aligning both to the specific systems, services, and risk profiles defined within each engagement. This ensures that continuity procedures, recovery objectives, and response protocols are appropriately scaled rather than uniformly applied.

In addition to planning, the HealthTech Team has established and executed structured BC/DR processes across multiple client environments, including conducting recurring annual disaster recovery tests and tabletop exercises. These activities simulate real-world disruption scenarios, validate response procedures, and ensure that both technical teams and business stakeholders are prepared to execute their roles effectively during an incident. These exercises are designed to test not only system recovery capabilities, but also decision-making, communication workflows, and coordination across internal teams, client stakeholders, and third-party vendors. The HealthTech Team facilitates these sessions in a structured manner, documenting outcomes, identifying gaps, and confirming that recovery time and recovery point objectives can be achieved under realistic conditions. Where gaps are identified, the HealthTech Team works collaboratively with clients to refine processes, update documentation, and strengthen overall readiness.

The HealthTech Team's BC/DR framework addresses common disruption scenarios, supports coordinated response and recovery activities, and incorporates ongoing testing and continuous improvement to maintain readiness. A more detailed description of the HealthTech Team's BC/DR methodology, including activation procedures, recovery approaches, and continuity measures, is provided in the following section.

Program & Project Services

The HealthTech Team's ability to adapt quickly to change and the flexibility of our project management approaches are key differentiators separating us from our competitors. While we use a PMBOK®-based methodology, which is typically used by most for IT projects, our team understands the nuances for adjusting between policy projects, IT projects, etc. We believe formalized project management practices should be interjected into all projects, using standardized templates and processes to manage initiatives — including policy initiatives. Our Project Management methodology is an iterative process, and as such, project planning documents will be revisited throughout the project and baselines will be measured and remeasured to ensure each project is tracking towards a positive outcome. The project life cycle is based on the following key phases as depicted in the diagram below:

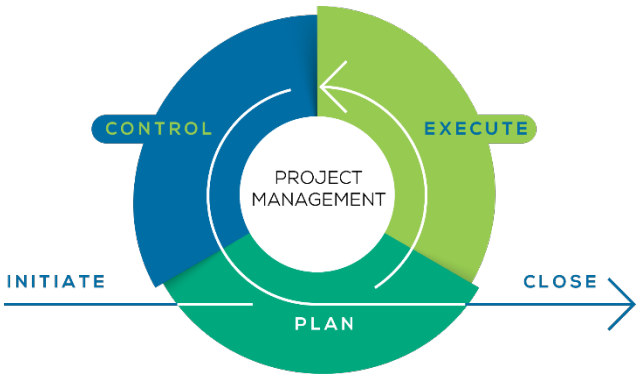

Figure 7: Project Management Phases

Project Initiation: The HealthTech team will conduct a kickoff meeting to formally begin the engagement and will develop a Project Charter document that will articulate the project goals, objectives, and the scope of the project.

Project Planning: This period of the project will focus on planning documents including the development of *Project Management Plan*, the *Communications Management Plan*, and refinement of the *Risk Management Plan*. A discovery period will also be completed to review existing project management processes and practices that the HealthTech Team should align with.

Project Execution: The HealthTech team executes the PMP, including development of deliverables, deliverable review, assessments, and sharing findings and deliverables.

Project Control: The HealthTech team controls and helps ensure the objectives of the project are met by identifying findings and recommendations and delivering reports weekly or as required by the client.

Project Close and Transition: The HealthTech team verifies that all objectives have been met by the project, and that zero findings are still outstanding that could negatively impact the project. The team also conducts a Lessons Learned session. This provides necessary feedback for future initiatives. The HealthTech Team will also prepare a Knowledge Transfer Plan to support the transition of activities after completion of the engagement.

Key Themes

Key components and themes to the overall project management processes for the project include:

- Use of well-established project management processes
- CMMI based processes for SDLC oversight including technical documentation requirements, standardized tracking and traceability, and technical delivery management
- Transparent reporting to stakeholders
- Collaborative environment
- Utilization of deliverable expectation documents (DED)
- Incorporate considerations related to certification across the management plans

Project Management Plan

As discussed earlier when addressing Project Planning, the Project Management Plan (PMP) articulates the foundation and the guardrails for the project during the execution phase. We will create a PMP, using the LFUCG's existing template or ours, as appropriate, to outline, organize, and document the strategy and approach for managing the project and its processes. Our efforts

will result in a complete document that defines the framework of all project work and will be used daily to manage the project. The PMP will be available in the approved Document Repository. The HealthTech Team will collaborate with LFUCG to update the document to ensure it meets all expected criteria, is realistic and bought into by stakeholders. The PMP document may contain the following sections:

- **Introduction:** Provides the high-level overview of the project and what is included in the PMP, the project scope, and an overview of the project deliverables and benefits
- **Roles and Responsibilities:** Identifies the names, roles, and specific responsibilities each participant will perform regarding project planning and the PMP development
- **Management Procedures:** The project will utilize, to the greatest extent possible, the project management practices set forth in the PMBOK® Guide. Many management procedures have been developed and will be applied to the major aspects of each engagement. The procedures are described in further detail in many subsidiary plans that collectively comprise the PMP including the Scope Management Plan, Schedule Management Plan, Cost Management Plan, Risk and Issues Management Plan, Quality Management Plan, Communication Plan, Resource Management Plan, Procurement Management Plan, and Stakeholder Engagement Plan

The PMP will be maintained throughout the project and will be stored in the approved Document Repository and all project stakeholders will have access to the PMP and other relevant project documents and artifacts.

Project Schedule

To ensure the project runs efficiently and there is effective communication and resource management, the HealthTech Team will maintain a detailed project plan and schedule for the duration of SOW engagements. The project plan and schedule will be monitored by the Project Manager and will be updated throughout the life of the project. The project plan will include the scope of work, work breakdown structure, and will be the guide by which the overall project is tracked and maintained on an ongoing basis. The activity milestones achieved from all known deliverables and tasks will be incorporated into the project schedule.

The HealthTech Team will use Microsoft Project as the Work Plan management tool. This tool supports electronic definition of the project's baseline tasks, activities, milestones, deliverables, and dependencies. The tool will have the capability to capture work plan estimates, actuals, estimates to complete, and a reporting capability to see the information in a variety of standard reporting formats. The tool comes equipped with the functionality to develop lists and will be used to automate tracking for an Action Item Register and Decision Log.

Project Monitoring

The HealthTech Team relies on well-defined tolerances for project health, risk, progress, and measures of success to ensure consistent and reliable project assessments. We use a Portfolio and Project Dashboard to monitor and report on all projects and programs.

Since reporting standards can vary from project to project, the HealthTech Team will leverage our experience to refine the reporting standards for the green, yellow, and red status indicators. An example of reporting standards is shown below:

Category	Green	Yellow	Red
Overall	**On track to meet project objectives. There are no red ratings in the subordinate evaluation areas.**	**Tangible concerns exist that objectives will not be met. A mitigation plan is established & approved.**	**Tangible reason to believe that objectives will not be met. No viable mitigation/recovery plan has been established.**
Cost	Meeting planned monthly budget. No cost thresholds have been exceeded.	Not meeting planned monthly budget. Monthly or total Cost thresholds have/may be exceeded. A mitigation plan is established & approved.	Not meeting planned budget. Total Cost thresholds have been exceeded. No approved mitigation plan is in place.
Schedule	Meeting committed schedule and deliveries with a positive time reserve remaining.	Schedule slip is anticipated with a low severity of impact. A mitigation plan is established and approved.	Inability to meet committed schedule or delivery with significant impact. No approved mitigation plan is in place.
Technical	No tangible technical concerns. Technical risks are identified and categorized by severity of impact & probability of occurrence.	Tangible technical concerns exist that objectives will not be met. A mitigation plan is established and approved.	Major technical concerns exist that contract requirements cannot be met. No approved mitigation plan is in place.
Client/Customer	Communication between the project team, customer and stakeholders is open and positive.	The customer has expresses concerns. Some stakeholder communication is guarded. A mitigation plan is established and approved.	The customer has serious concerns. Some stakeholders are adversarial and impacting performance. No approved mitigation plan is in place.
Supplier	Requirements are well defined & negotiated. Deliveries are on time and acceptable.	Requirements are defined but not agreed. A delivery is late but not impacting any major milestones.	One or more late deliveries are driving erosion of a major milestone and/or cost overruns are impacting overall budget.
Staffing	No key positions unfilled or any staff shortages are not impacting schedule or performance	Some key positions have been unfilled for >30 days. Shortfalls are driving schedule and technical status to YELLOW.	Some key positions have been unfilled for >60 days. Shortfalls are driving schedule and technical status to RED.

Figure 8: Portfolio and Project Reporting Standards

Status indicators are an easy way to communicate project health to project stakeholders. The HealthTech Team analyzes the status indicators and develops a precise definition to aid project managers in deciding the health of a particular status. The definitions are displayed with the color indicators on the dashboard as an easy-to-understand visual cue regarding project health.

Status Reports and Project Management Updates

The HealthTech Team's staff are well-versed in the skills of collecting the status of project tasks and assisting project team members to make progress toward project milestones, as well as mitigating roadblocks. Project reporting will be accomplished using a pre-approved template submitted and presented at status meetings on a frequency to be agreed upon. The report provides updates on project work, including tasks and deliverables, and allows requests for additional reporting if required by LFUCG or suggested by the HealthTech Team .

Status meetings are the channel by which weekly, bi-weekly, and/or monthly meetings are held with the project team to review project status, action items, future tasks, risks, and issues, either in person or by conference call. The HealthTech Project Manager will collect status information in an ongoing manner and create an updated report, then prepare an agenda in advance of the status meetings. At the meeting, team reports, discussion, and additional updates will be captured, and the PM will produce meeting notes for approval within two (2) business days of the meeting or as mutually agreed by LFUCG and the HealthTech Team during initiation phase. A status report template will be developed which is not only a brief narrative, but also a visual representation of the project's health using color and trend arrows to depict the categories of overall, budget, quality, resources, schedule, and scope.

Communication Plan

Once work begins on a project, the HealthTech Team will conduct pre-performance conferences or project kickoff meetings with key stakeholders. We want to get to know you personally. These meetings are important communication tools to use at the beginning of contract performance to discuss and document the roles and responsibilities of the project team. Having a good understanding of the standards of performance helps establish a positive relationship between the procurement office and contractor. These standards of performance and expectations about

communication will be outlined in the Communication Plan.

The HealthTech Team will maintain an approved contract administration notification and coordination procedure to be applied in communicating with LFUCG stakeholders regarding system, operational, or contract-related issues and implementing necessary coordination activities. This will be detailed in the project Communication Plan to be reviewed and approved by LFUCG. The Communication Plan will also detail a sign-off authority process for verbal and written communication of decisions, approvals, and work requests that will be documented and archived in a highly accessible, secure location such as the project SharePoint site. The Communication Plan will also detail numerous expectations regarding the meetings and reports that will be necessary for project implementation. The HealthTech proposed Project Manager will be responsible for the maintenance, distribution, and management of risks associated with the Communication Plan. To support collaboration between the HealthTech Team and LFUCG, we propose the use of multiple web-based tools, including Teams, Outlook, and SharePoint, that can be accessed while onsite or in remote locations for improved communication.

Project Closeout and Final Report

As part of successfully closing a project, the HealthTech Team follows recommended PMBOK® guidelines for all our engagements. At the end of the project, the HealthTech team will:

- Submit a final report summarizing our findings and suggestions to LFUCG
- Host a meeting with stakeholders to present and discuss the final report

A final report detailing the project activities and results, highlights and achievements and a summary of the overall project efforts will be developed continuously throughout the project. The HealthTech Team will develop a draft report with our preliminary evaluation — data and findings. The draft report will be submitted to LFUCG for review and feedback. This allows our team to document and address any questions or feedback during the development of the final report recommendations to ensure a complete and accepted deliverable at project closure. During the project closeout phase, the HealthTech Team will deliver a final report.

IT Project Management (Agile, PMI)

The HealthTech Team delivers IT Project Management services using a flexible, methodology-agnostic approach, with experience across Agile, Waterfall, and hybrid delivery models. While our foundation is grounded in PMBOK® standards, we recognize that different projects require different delivery approaches, and we tailor our methodology based on the specific needs, constraints, and objectives of each engagement.

The HealthTech Team has experience managing projects using traditional Waterfall approaches for highly structured, compliance-driven initiatives, Agile methodologies for iterative and fast-paced development efforts, and hybrid models that combine elements of both to balance flexibility with governance. This adaptability ensures that each project is managed using the most effective approach rather than a one-size-fits-all methodology. Building on this flexible foundation, the HealthTech Team delivers end-to-end project management support across the full project lifecycle, including initiation, planning, execution, monitoring and control, and closeout. This includes development and management of key artifacts such as project charters, work plans, schedules, risk and issue logs, status reports, and communication plans. These tools and processes provide the structure needed to maintain control while enabling flexibility where appropriate.

The selected delivery approach directly informs how these processes are executed in practice. For Agile and iterative engagements, the HealthTech Team supports backlog management, sprint planning, daily stand-ups, sprint reviews, and retrospectives. Conversely, for more structured initiatives, the HealthTech Team applies detailed upfront planning, milestone-based tracking, and formal stage gate reviews to ensure alignment with defined requirements and timelines. In hybrid environments, we integrate iterative delivery practices within a broader governance framework to ensure alignment with reporting, compliance, and stakeholder expectations.

Our Project Managers actively coordinate across business and technical teams, manage dependencies, and facilitate decision-making to ensure that work progresses efficiently and risks are addressed proactively, regardless of the delivery methodology in use. The HealthTech Team also emphasizes transparency through consistent reporting, clearly defined status indicators, and regular stakeholder engagement, ensuring that project performance is well understood at all levels.

Additionally, the HealthTech Team supports resource coordination, vendor collaboration, and schedule management, ensuring that all parties remain aligned and that deliverables are completed in accordance with defined timelines and quality expectations. This structured yet adaptable approach enables the HealthTech Team to successfully manage a wide range of IT initiatives while maintaining accountability, quality, and stakeholder confidence.

PeopleSoft HCM & FSCM Consulting

The HealthTech Team provides consulting services to support organizations in the planning, enhancement, and optimization of PeopleSoft Human Capital Management (HCM) and Financial and Supply Chain Management (FSCM) systems. These services are designed to help organizations effectively leverage their existing PeopleSoft environments while aligning system capabilities with business processes and operational needs. As part of these services, the HealthTech Team supports activities such as system assessments, requirements gathering, business process analysis, and identification of opportunities for system configuration or process improvement. This includes working with stakeholders to understand current challenges, document workflows, and recommend solutions that improve efficiency, usability, and data accuracy.

The HealthTech Team may also assist with functional and technical support activities, including configuration guidance, coordination of system updates or enhancements, and validation of system changes through testing and stakeholder review. These efforts help ensure that system modifications align with defined requirements and do not negatively impact existing functionality.

In addition, the HealthTech Team supports reporting and data-related needs within PeopleSoft environments, including identification of reporting requirements, support for data validation efforts, and alignment of system outputs with organizational reporting expectations. This helps organizations improve visibility into key business functions such as workforce management, financial operations, and procurement activities.

Where applicable, the HealthTech Team collaborates with client teams and system vendors to support ongoing maintenance, issue resolution, and continuous improvement efforts, ensuring that PeopleSoft systems remain aligned with evolving business needs and operational priorities.

Training and Administrative

A key differentiator of our service offerings is our overall approach to training development and delivery services. The HealthTech Team has a division of the organization that is focused on training, curriculum development, and customized training delivery. Additionally, the HealthTech Team is an Authorized Training Partner (ATP) of the Project Management Institute (PMI). As part of our engagements, we leverage this expertise and structure to support and deliver the required training services and scope for the needs of our clients. As SOWs are released, we will develop a training plan to meet the specific requirements of LFUCG. These needs could include, but are not limited to:

- SOW specific training to LFUCG resources. Topics for training may include but not be limited to specific technologies, leadership development, project management, reporting, state requirements, federal requirements, and quality assurance
- Ongoing training for any major policy changes or new regulations and procedures
- Providing ongoing training assistance which may include 1:1 support to users and developing materials and assets
- Train the trainer program

During engagements, HealthTech's training team will collaborate with our clients to determine specific needs of education and knowledge transfer efforts for determined training audiences. This planning exercise will consist of the following which will culminate into a comprehensive training plan that will guide the training delivery for the project. Course topics for stakeholders based on service offerings include:

- Course topics
- Course objectives
- Training schedule to meet most anticipated participants' needs
- Evaluation criteria to determine training met objectives
- Resources required to facilitate or maintain training
- Most appropriate and helpful materials for participants
    - Templates, models, PowerPoints, manuals, student workbooks, handouts, agendas, tip sheets, how-to guides, graphics, etc.

A training plan would also list the finalized training schedule and required participation from LFUCG. The most appropriate training approach as determined by LFUCG and the HealthTech Team will be utilized, such as classroom-style, computer-based, hands-on, Train-the-Tainer, webinars, podcasts, and more.

Our comprehensive training plan is designed and developed in the planning phase of the project using the proven adult learning framework of Analysis, Design, Development, Implementation, and Evaluation (ADDIE) Instructional Design Model with a user-centered approach. This model allows an iterative approach with constant and consistent feedback, evaluation, and reviews of trainings, training materials, and plans to ensure the most current knowledge is being shared with participants. Putting the user at the center of the training design allows the training objectives and metrics to be specialized to the State's unique stakeholders. Our team has the exceptional ability to see training through the eyes

Figure 9: ADDIE Phases

of the users to ensure the people involved get the training they need and want.

The training plan that would be developed will provide the overall approach and methodology to create and provide training to all LFUCG stakeholder groups according to the ADDIE framework using an LFUCG-approved curriculum. The training plan details the course, materials, resources, schedule, delivery methods, objectives, and intended participants for the determined training while also taking into consideration any agency specific policies, procedures, and solutions.

Training topics are based on user-specific learning objectives and goals that include real scenarios, simulations, and extensive focus on new and changing processes being implemented during the project. We anticipate multiple courses and trainings being produced for many of the potential engagements resulting from a potential master contract. This will be further defined and articulated in response to each SOW released requiring training activities.

Training exercises will also be developed to mirror the production environment of any IT solutions and will incorporate all interfaces and Data Exchanges as required by system functionality. The HealthTech Team will incorporate policy and business process changes into the training to highlight the ways the system changes, how work is performed, and will introduce realistic process strategies. Furthermore, this plan will comply with all system and business operational standards and service levels of the solution. Our team will remain trained and current on any updates to the training regarding LFUCG solutions, business processes, and federal mandate/rule/policy updates will not be charged to the State or use the pool of modification hours.

Various training modalities will be leveraged. The development and execution of all trainings will occur as detailed in the training plan, on a quarterly basis and will be available in virtual format (videos, eLearning) as approved by LFUCG. Training may be implemented as a blended learning approach that incorporates one (1) or more of the following delivery methods that would be approved by LFUCG:

- **eLearning web-based training (WBT)/computer-based training (CBT) courses** – Self-paced courses that contain interactive activities and assessments. These work best for knowledge, comprehension, and application-level learning. We build courses for active learning where the participants apply new concepts, watch system simulations, and work through a decision-based scenario. Final assessments can be added to the end of a course to ensure comprehension and mastery. This is a great method for use with an IT project. Showing movements and screens within the system are much more effective than just telling participants about them in a classroom environment.
- **Instructor-led classroom** – Facilitated, in-person, instructor-led classroom setup. All instructor-led trainings use training agendas, instructor guides, and approved training curriculum. This method will also include physical handouts for participants, SMEs, and attendees such as activities and worksheets. This is an effective method for business process changes and sessions that may require a lot of explanation.
- **Virtual training** – Live, facilitated, virtual classroom delivered via virtual software such as Zoom or MS Teams. This method should be limited to one (1) hour or less to keep participants engaged for the full amount of time. The training will be interactive to ensure participant comprehension such as answering poll questions, chat questions, or voting. This method would allow live demonstration of the platform, user-facing features, functions, limitations, standards, integration, governance processes, tools, and any other

relevant items. These sessions may be recorded and provided to State-approved internal and external stakeholders for viewing later.

- **Pre-planned refresher trainings** – Post implementation, pre-planned refresher trainings will be prepared and delivered to help facilitate knowledge gains by end-users from the use of the new solution or process. This training will be delivered upon LFUCG request, no later than eight (8) weeks post implementation. We understand that knowledge retention for adult learners varies and can be lost in the excitement of implementing a new solution or process. These refresher trainings will be live and instructor-led to ensure participants can ask questions and receive real-time answers, will review any changes after implementation of the change, and will demonstrate functionality.

Training materials are developed per the training plan created for each engagement. Materials may vary depending on the training topic but could include:

- Web-based training modules
- Presentations
- Instructor/participant guides
- Training agendas, schedule, and announcements
- Brochures, user manuals, and handouts
- Job aids and other helpful materials (FAQs) are created as part of the training materials to provide staff and users with step-by-step guides to specific business and process changes created by the project

All training materials, including delivered recordings and CBT modules will be available 24/7. The final location of this documentation repository will be confirmed with the State during discovery, but we have experience configuring, managing and utilizing SharePoint and various learning management systems for the training repository.

HealthTech's Course Catalog

Listed below are just a few of the various courses that the HealthTech Team offers. The majority of our courses can be offered live on-site and virtually using a variety of web-based formats from on demand Scorm courses to live virtual training on Zoom, WebEx, Google Meet, and MS Teams. Our catalog includes courses that build awareness, understanding, proficiency, and mastery across the following core disciplines:

- Leadership Development & Behavioral Skills
  - Excellence in Leadership Series (strategic leadership, emotional intelligence, communication, coaching, team performance)
  - Adaptive and Reflective Leadership Practices
  - Managing Organizational Change and Transition
  - Communication, Conflict Management, and Crucial Conversations
  - Team Building and Collaboration Workshops
  - Inclusive Leadership and Cultural Competency Training
- Project & Program Management
  - Project Management Fundamentals and Best Practices
  - PMP® and CAPM® Exam Preparation (PMI Authorized Training Partner curriculum)
  - Standards of Project Management, Risk Management, and Stakeholder Engagement

  - Agile, Scrum, and Disciplined Agile and PMI-ACP Certifications
  - Lean Management, Quality Management, and Continuous Improvement
  - Specialized Workshops: Time Management, SMART Objectives, Lessons Learned
- Business Analysis & Process Improvement
  - Business Analysis Primer and Foundations
  - Best Practices in Business Analysis
  - PMI-PBA® and IIBA® CBAP®/CCBA® Exam Prep Bootcamps
  - Process Mapping, Requirements Elicitation, and Value Stream Analysis
- Organizational Change Management (OCM)
  - OCM Primer and Foundations
  - Change Management for Project Sponsors
  - Growing Capacity to Manage Technical Change
  - Prosci-based methodologies tailored to public sector transformation
- Essential Skills for the Modern Workforce
  - Time Management and Prioritization
  - Active Listening and Giving Feedback
  - Technical and Business Writing
  - Emotional Intelligence for Project Managers
  - Best Practices for Effective Teams
- Technology & Productivity Tools
  - Microsoft Suite (Excel, Word, PowerPoint, Teams, Project, SharePoint, Visio, Planner) – Beginner to Advanced
  - Zoom and GoToMeeting Administration
  - DocuSign and Adobe eSignature Training
  - Microsoft Azure, AWS, and Google Cloud Fundamentals
  - ITIL®, HDI®, CompTIA®, VMware®, Citrix®, and Cisco® Certification Programs
- Customized and eLearning Solutions
- Custom course development and tailored Learning Management System (LMS) integrations
- On-demand computer-based trainings (CBT) for refresher and PDU credits
- Interactive hybrid learning paths with built-in evaluation and analytic

Certified Project Management Professional Training

As mentioned in the listing above, HealthTech is an ATP of PMI and offers Project Management Professional (PMP®) certification trainings. This designation reflects HealthTech's ability to deliver PMI-authorized curriculum that aligns with industry standards and best practices, ensuring consistency, quality, and relevance in all training engagements.

Project management is the foundation of every HealthTech engagement, and nearly all of our projects are led by certified Project Management Professionals (PMPs). This ensures that industry-standard methodologies, disciplined delivery practices, and structured governance are embedded from project initiation through closeout. By integrating PMP-certified leadership into our delivery model, the HealthTech Team promotes consistency, accountability, and successful outcomes across all projects, regardless of size or complexity.

HealthTech's PMP training offerings are designed to support both internal staff development and external client needs. Internally, the HealthTech Team maintains a strong culture of professional

development by offering PMP certification training to our team members, resulting in a high concentration of PMP-certified professionals across the organization. This investment ensures that our project teams consistently apply proven project management practices in real-world environments.

For external clients, the HealthTech Team delivers PMP certification training programs tailored to meet the needs of state and local agencies. These programs include structured coursework, exam preparation, and practical application of PMI principles, equipping participants with the knowledge and skills required to successfully obtain PMP certification. The HealthTech Team has achieved a consistently high pass rate among training participants, reflecting the effectiveness of our instructional approach and the depth of our project management expertise.

In addition to certification training, the HealthTech Team supports organizations in strengthening their internal project management capabilities by reinforcing PMI-aligned practices, terminology, and frameworks through both formal training and hands-on application.

Business Continuity and Disaster Recovery (BC/DR)

The HealthTech Team's Business Continuity and Disaster Recovery (BC/DR) approach is designed as a scalable, engagement-driven framework that supports LFUCG's diverse technology environment and mission-critical services, rather than a single system or platform. We recognize that LFUCG requires both continuity of operations and technical recovery capabilities across a broad portfolio of systems, and our approach addresses these needs as complementary, but distinct, disciplines. Business Continuity focuses on maintaining operations during a disruption, while Disaster Recovery focuses on restoring systems and data following an incident.

The HealthTech Team's BC/DR approach is tailored at the engagement level, based on the systems, services, and operational priorities defined within each SOW. This ensures that continuity strategies and recovery objectives are aligned to the criticality of the specific services being supported, rather than applying uniform thresholds across all engagements. Our plans are developed to anticipate, withstand, and recover from disruptions while remaining aligned with LFUCG's operational priorities and technology landscape.

Across engagements, our BC/DR framework is structured to address common risk scenarios relevant to LFUCG's environment, including but not limited to:

- Loss of network connectivity or degradation of communication between systems, cloud environments, or facilities
- Infrastructure or application disruptions caused by cyber incidents, system failures, or third-party service outages
- Loss or degradation of primary hosting environments, whether on-premises or cloud-based
- Restricted or degraded user access to critical systems, applications, or data services

Business Continuity and Disaster Recovery Activation

For LFUCG engagements, the HealthTech Team defines a disruption event as any unplanned occurrence that significantly impacts the availability, integrity, or performance of systems or services supporting business operations. Response activities are structured to first sustain critical operations (Business Continuity) and then restore full system functionality (Disaster Recovery), ensuring a coordinated and prioritized response.

Our response framework follows a structured yet adaptable process that can be scaled based on the engagement:

- **Incident Detection and Assessment –** Monitoring tools and operational teams identify and classify incidents, determining required response actions
- **Coordinated Response Activation –** the HealthTech Team collaborates with LFUCG stakeholders to confirm severity and initiate appropriate continuity or recovery actions
- **Stakeholder Communication –** Defined communication protocols ensure timely updates to LFUCG leadership, technical teams, and relevant partners
- **Continuity Operations –** Temporary processes, alternate workflows, or manual procedures are implemented as needed to sustain critical services during the disruption
- **Recovery and Restoration –** Systems, services, or environments are restored based on predefined recovery strategies aligned to the engagement scope
- **Validation and Resumption –** Systems are validated to ensure functionality, data integrity, and performance prior to full operational resumption
- **Post-Incident Review –** Outcomes are documented, and improvements are incorporated into future BC/DR updates

Technical Recovery and Operational Continuity Approach

The HealthTech Team's BC/DR capabilities leverage modern infrastructure patterns, including cloud and hybrid environments, to support resilient and flexible recovery strategies aligned with LFUCG's technology landscape. Rather than prescribing a single recovery architecture, the HealthTech Team evaluates and implements appropriate solutions based on the systems and services in scope.

These capabilities may include, as applicable to each engagement:

- Geographically distributed environments to reduce exposure to regional disruptions
- Redundant infrastructure configurations to support continuity of operations
- Data protection and replication strategies aligned to defined recovery objectives
- Secure data handling practices to maintain confidentiality and integrity during recovery activities
- Flexible recovery approaches that support both cloud-based and on-premises environments

Assurance Through Testing and Continuous Improvement

The HealthTech Team incorporates testing and continuous improvement practices into all BC/DR activities to ensure ongoing readiness and alignment with LFUCG expectations. Testing approaches are tailored to the scope of each engagement and may include a combination of technical validation and stakeholder-based exercises.

These activities may include:

- Scenario-based recovery testing aligned to the systems and services in scope
- Targeted validation of critical components such as data recovery, access controls, and system functionality
- Stakeholder tabletop exercises to validate communication and decision-making processes

- Documented results and continuous improvement actions to strengthen resilience over time

Integration with LFUCG Operations and Change Management

The HealthTech Team's BC/DR approach is designed to integrate seamlessly with LFUCG's operational and governance practices, ensuring alignment with ongoing system changes, maintenance activities, and project delivery efforts. Rather than functioning as a standalone artifact, continuity and recovery considerations are incorporated into planning, design, and implementation activities where applicable.

This integration ensures that continuity and recovery strategies remain aligned with current system configurations and operational priorities through:

- Defined roles and coordinated response procedures across the HealthTech Team and LFUCG teams
- Alignment with change management and deployment practices to maintain recovery readiness
- Ongoing updates to BC/DR documentation and procedures to reflect evolving environments and requirements

Business Continuity Considerations Beyond Technology

The HealthTech Team recognizes that effective business continuity extends beyond technical recovery and includes the people, processes, and communication structures required to sustain operations during a disruption. Our approach incorporates operational continuity considerations tailored to LFUCG's organizational needs and the specific engagement scope.

Business continuity measures may include:

- Role-based continuity procedures to guide personnel during disruption scenarios
- Structured communication protocols to ensure timely and accurate information sharing
- Maintained and validated contact information for key stakeholders and partners
- Support for remote operations or alternate work arrangements when required

5.4 Security & Compliance

The HealthTech Team understands the importance of system compliance and security within the Information Technology (IT) industry. The healthcare and public health sector is a critical infrastructure sector, and, as such, the HealthTech Team ensures our security standards meet the same federal, state, and industry standards, regulations, and laws to protect the integrity of our company and our clients.

The HealthTech Team aligns its security approach to recognized frameworks while operationalizing controls across key security domains required by LFUCG, including identity and access, endpoint and network security, monitoring and response, data protection, vulnerability management, compliance alignment, and supporting documentation.

Security Framework and Governance Alignment

Our overarching security framework aligns with the National Institute of Standards and Technology (NIST) Cybersecurity Framework. The five (5) core functions of the Cybersecurity Framework allow us to implement the security controls identified in *NIST 800-53 Security and Privacy Controls for Federal Information Systems and Organizations* in a guided and strategic

approach across the organization from the executive level to the operations level. The framework allows us to identify, assess, and manage cyber risks.

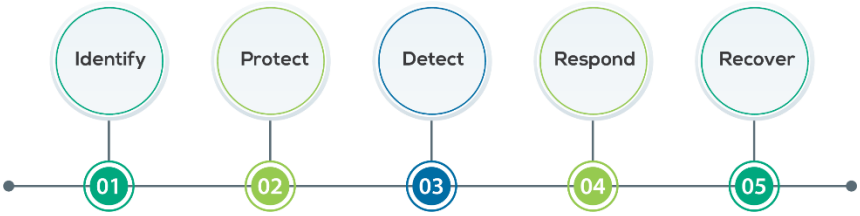

Figure 10: Overarching Security Framework

Vulnerability & Configuration Management (Identify)

Security risk assessments are conducted using the Center for Internet Security (CIS) critical security controls. Using this prioritized set of actions, the HealthTech Team can continually identify risks and implement risk management strategies. This enables us to focus and prioritize our efforts in a way that is consistent with business needs. This is accomplished through asset management, governance, and risk management. Continuous vulnerabilities assessments and remediation are key to maintaining the security of our infrastructure. This includes ongoing configuration management, vulnerability scanning, and remediation processes to ensure systems remain aligned with security baselines and evolving threat landscapes.

Identity, Endpoint & Network Security (Protect)

the HealthTech Team focuses on implementing administrative, technical, and physical safeguards to ensure delivery of critical services. Vulnerability scans and strict adherence to patch management policies allow us to quickly identify and remediate known attack vectors and vulnerabilities. Strict network access controls, continuous monitoring, host-based detection, and enterprise-level antivirus provide us with a fortified network and the tools necessary to remediate any type of infiltration. Identity and access controls are enforced through role-based access, authentication mechanisms, and controlled network entry points to ensure only authorized users and devices can access systems and data. The HealthTech Team will also ensure that all data is restricted to the continental United States.

Monitoring, Detection, & Response (Detect and Respond)

The HealthTech Team employs enterprise-level technologies and controls to monitor attempted security violations and safeguard against data alteration including security breaches. We use Amazon Web Services (AWS), due to their security modules allow filtering of traffic for all data flowing within the network environment. An enterprise-level managed detection and response (MDR) service provides comprehensive threat detection and defense with 24/7 monitoring and alerting and remote incident investigation and response for all endpoints and network devices in our enterprise. This allows us to make changes in real time, as necessary.

This monitoring capability is further reinforced through dedicated operational oversight. Members of the HealthTech Team's security operations team monitor the MDR continuously for anomalous activity and respond to incidents by initiating an incident investigation. A third-party service also monitors our environment 24/7/365, providing an additional layer of independent oversight and validation. Procedures are in place for each category of an alarm. The HealthTech Team follows defined incident response protocols to ensure timely containment, investigation, and resolution of security events, with clear escalation paths and communication procedures.

Business Continuity & Recovery (Recover)

The HealthTech Team has developed a program of recovery plans that allow for us to be a resilient organization with the capability of quickly restoring services, recovering data, and continuing with operations in a broad spectrum of incident and disaster scenarios. There are various means of recovery for the HealthTech Team. Our Incident Response Plan (IRP) and Business Continuity Plan (BCP) cover all aspects of recovery of operations.

The HealthTech Team understands the importance of protecting personal health information (PHI) and our client's confidentiality. All our employees and subcontractors are required to train and pass an assessment on Health Information Portability and Accountability Act (HIPAA) regulations and sign confidentiality agreements. We will ensure all individuals, including any subcontractors, having access to confidential data sign non-disclosure and confidentiality statements to abide by state and federal rules and policies relating to confidentiality at the time of hire. Annually, employees and subcontractors will be required to retake the HIPAA training and renew the non-disclosure and confidentiality agreements.

Compliance Alignment

The HealthTech Team maintains compliance with the following laws, regulations, and guidelines:

- NIST 800-53
- The American Recovery and Reinvestment Act (ARRA)
- Patient Protection and Affordable Care Act (PPAC)
- Title XIX of the Social Security Act
- Title II, Subtitle F, Sections 261 through 264 of HIPAA, Pub. L. 104-191
- Medicaid IT Supplement 11-01-v1.0, Enhanced Funding Requirements: Standards and Conditions (S&C) focus

Documentation, Reporting & Audit Support

To protect our clients, system administrators are alerted immediately through redundant systems of any unauthorized access, malicious software, or unauthorized hardware. This provides us with the ability to respond immediately and report our findings to our client within 30 minutes.

Data transmission is protected using end-to-end encryption, port security, and identity management. All data at rest and in transit is encrypted following the Federal Information Processing Standards (FIPS) 140-2 standards. The AWS environment is segmented into virtual private networks (VPN) that compartmentalize like services, such as databases, using additional security controls dependent upon the data classification and use of the system. Production, testing, management, and disaster recovery environments are further segregated to provide additional layers of security.

Our MDR service provides proactive identification, alerting, and response to cybersecurity threats. The solution is backed by a Security Intelligence Center which has 24/7 analysts who are responding to incidents as indicated by near real-time alerting on the logs from our environment. Through continuous monitoring, we can identify and notify clients of unauthorized access within five (5) minutes of detection. Logs are collected from all endpoints in the environment including user systems, sent securely to a third-party where they are processed by the security information and event management (SIEM), and stored securely for the duration of the contract plus the determined retention policy. As a complete technology stack, the MDR service goes beyond a traditional SIEM and network perimeter defense. It watches for later movements, monitors threat

intelligence feeds, and uses a combination of behavior analytics and a dedicated team of analysts to break the cyber kill chain before it becomes a breach.

The HealthTech Team's Past Performance

The HealthTech Team has supported over 30 states with various projects across the health and human services (HHS) and health information exchange domains. We have worked with multiple Medicaid agencies on improving managed care and service delivery to beneficiaries. Due to our footprint in Kentucky and background of staff, we have an extensive understanding of the policies, regulations, and acts in the Commonwealth as well as its current landscape, initiatives, and programs. HealthTech has a record of prior successful experience in software development and consulting services since 2011.

HealthTech's primary location in Frankfort, Kentucky provides a distinct advantage in supporting LFUCG, enabling close coordination, rapid responsiveness, and a strong understanding of the local and regional landscape. Our proximity to Lexington allows for efficient on-site engagement, timely stakeholder collaboration, and the ability to quickly address emerging needs without the delays often associated with remote or out-of-state vendors. This local presence also reflects the HealthTech Team's familiarity with Kentucky's governmental environment, regulatory context, and operational priorities, allowing us to align more effectively with LFUCG's expectations.

Our team of consulting resources available on bench and within our network continually expands into other market segments across the United States. Although we are based in Kentucky, we have resources across the country and over 30 contracts throughout the United States. The map below provides a listing of these states and organizations.

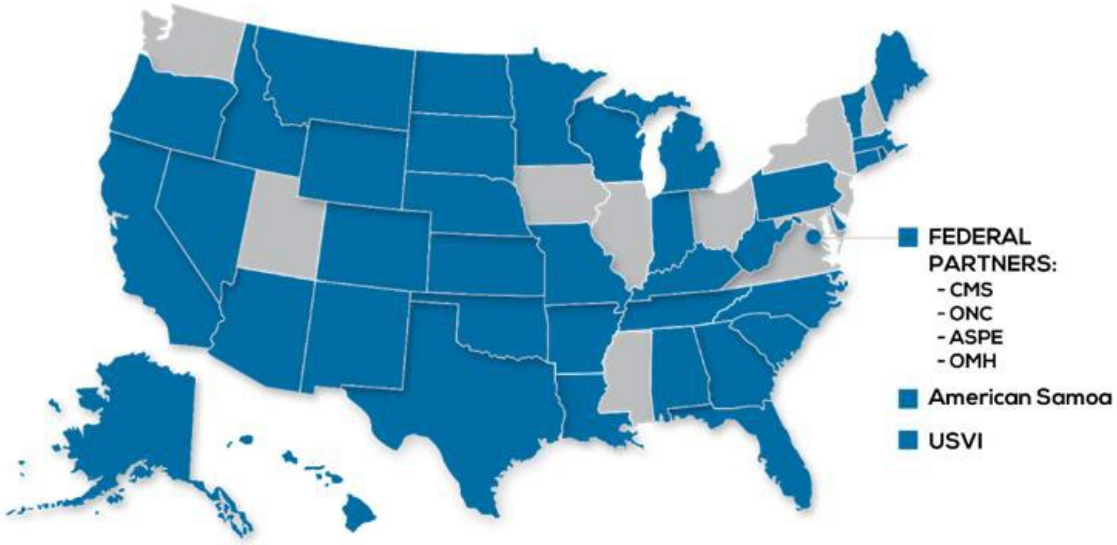

Figure 11: HealthTech's Client Footprint

The HealthTech Team offers a flexible, cost-effective, and comprehensive approach to supporting complex initiatives and evolving organizational needs. Rather than operating as a traditional consulting firm, the HealthTech Team prioritizes delivering measurable value and establishing long-term, trusted partnerships with our clients. This partnership-driven approach enables us to work collaboratively with stakeholders, adapt to changing priorities, and provide solutions that are both practical and sustainable.

This is particularly important in engagements that involve sensitive data, regulatory considerations, and cross-functional coordination, where careful alignment with state and federal requirements is essential. The HealthTech Team's experience in these environments allows us to navigate complexity while maintaining a focus on transparency, accountability, and successful outcomes.

Relevant Experience

To illustrate our capabilities, the HealthTech Team has provided representative examples of past performance supporting similar master contracts and engagement models. These examples demonstrate our ability to deliver a broad range of services across multiple clients, while maintaining consistency, quality, and alignment with client expectations.

The HealthTech Team's acquisition of Solarity in 2020 further strengthens this experience, bringing together established capabilities, resources, and prior client relationships under a unified organization. Many of the resources who previously supported LFUCG through Solarity remain part of HealthTech and are proposed for this engagement, ensuring continuity of knowledge, established working relationships, and familiarity with LFUCG's environment.

The past performance references included in this section reflect work performed by this division of HealthTech, demonstrating both our historical experience and our continued ability to deliver these services today as an integrated organization.

Past Record of Master Contract / Staff Augmentation Services

Arizona Health Care Cost Containment System (AHCCCS) Portfolio

AHCCCS System Integrator: Electronic Data Interchange (EDI) & Operational Data Store (ODS)

HealthTech is the Systems Integrator (SI) for the Arizona Health Care Cost Containment System (AHCCCS) developing business processes and technical solutions for IT systems integration. A key component of this engagement was the design, development, and implementation of a modernized Electronic Data Interchange (EDI) solution, replacing a 20-year-old legacy system. Despite licensing constraints and an accelerated timeline, HealthTech successfully deployed the initial phase, including an EDI validator and secure web portal, within eight (8) months, nearly halving the original schedule. Leveraging Microsoft Azure DevOps (ADO), the team managed the full software development lifecycle, expanding 35 high-level requirements into more than 200 detailed requirements, while overseeing test planning, defect management, and implementation support. Rigorous testing spanning unit, system, user acceptance, and end-to-end validation ensured accuracy and reliability, with business users and external partners engaged in parallel testing to validate outcomes.

In addition to EDI modernization, HealthTech is leading the development of an enterprise Operational Data Store (ODS) that consolidates and integrates data from multiple mission-critical modules to enable advanced analytics and real-time reporting. The ODS currently ingests data from 15 source systems, totaling over 5TB of integrated information. HealthTech designed and implemented the physical and logical data models, API services, and ETL pipelines to support high-performance querying, scalable analytics, and business intelligence use cases. Enhanced reporting capabilities were realized by incorporating record-level data into federated analytics pipelines, providing leadership with actionable insights and improved decision-making capability.

The broader Systems Integration platform, also under HealthTech's purview, encompasses implementation of a Managed File Transfer (MFT) system and an Enterprise Document Management System (EDMS), including historical metadata migration. These components enable seamless interoperability across modules and ensure secure, efficient data exchange through both real-time and batch processes. The integration architecture is designed to align with strict performance SLAs and incorporates robust security practices, including penetration testing, system security planning, and disaster recovery strategies with a 15-minute RPO and 24-hour RTO. Across the portfolio, HealthTech is also responsible for the cloud modernization and optimization of the infrastructure for the products and assets under HealthTech purview within the AHCCCS Azure tenant. This body of work included a review of all components of the infrastructure and providing back a recommendation for improvement of the structure to allow for cost savings and improved efficiency.

Enterprise Risk Management & Compliance Program Advisory Services

The Enterprise Risk Management (ERM) and Compliance Program Advisory Services (CPAS) project was launched to strengthen AHCCCS's enterprise risk management and compliance framework through a standardized, scalable, and data-driven approach. HealthTech is supporting the AHCCCS Compliance Office in building a modern compliance program that promotes ethical governance, ensures alignment with evolving federal and state regulatory requirements, and integrates seamlessly with the Arizona ServiceNow environment. By embedding risk and compliance insights directly into the State's IT ecosystem, AHCCCS leadership can access real-time information to inform enterprise-wide decision-making, monitor organizational performance, and proactively address areas of concern.

This initiative represents Phase One of a multi-phase modernization effort aimed at developing a comprehensive and sustainable compliance capability that supports AHCCCS's long-term operational and strategic objectives. Phase One focuses on the creation of a detailed roadmap and implementation plan for establishing a mature enterprise-wide risk management and compliance function. In addition to technical enablement, HealthTech provides project management oversight, stakeholder engagement, and change management support to ensure that the program is positioned for successful adoption and ongoing effectiveness.

Colorado Department of Healthcare Policy and Finance (HCPF)

HealthTech was engaged by the Colorado Department of Health Care Policy & Financing (HCPF) to provide staff augmentation and consulting services to support Colorado's Medicaid Enterprise Solutions (MES) replacement initiatives, with the primary objective being to obtain final CMS certification for the Colorado Medicaid Management Innovation and Transformation (COMMIT) project. The HealthTech team, serving as the prime contractor, provided program and project management expertise and strategic consultation services to help draft all materials and prepare the State and vendors for the final review with CMS and MITRE resources.

The State successfully received Federal Financial Participation (FFP) back to the go-live date for all COMMIT systems. Colorado expanded the HealthTech presence by contracting to establish an EPMO that would assist with planning, procurement, project management, and CMS certification of Colorado's next generation modular MES. HealthTech began work to develop an EPMO and Technical Advisory Services vendor on July 1, 2019, and now our team provides project management and consultative services for a wide variety of projects across the MES, including all MES procurement and contract management activities, certification, and portfolio management. HealthTech manages over 140 projects within the PMO portfolio.

As part of the EPMO – Technical Advisory Services, HealthTech provides privacy and security related consulting to the State in relation to Medicaid and related system modules. HealthTech assisted Colorado with the development, implementation, and maintenance of a Security and Compliance Program for oversight of their business partners. Tasks included developing an overall project plan for the program, a Business Partner Classification methodology, and developing and advising on a process to review all security documentation. HealthTech also assists in the review of security documentation including System Security Plans (SSPs), Incident Response Plans, Business Continuity/Disaster Recovery Plans, Security Assessment Reports (SAR) and SOC 2, Type II reports to ensure documentation meets all state and federal requirements.

HealthTech also provided consulting to the Colorado Governor's Office of Information Technology (OIT). Our team was requested to improve upon the existing OIT framework to provide a more detailed security risk assessment. HealthTech acted as the Department liaison with OIT for the CMS Authority to Connect (ATC) requirements for the Department's Colorado Benefits Management System (CBMS). CBMS is co-owned by the Department and the Colorado Department of Human Services and administered by OIT. The project was completed on time and within budget.

Centers for Medicare & Medicaid Services (CMS)

HealthTech provided subject matter expertise for the Medicaid Enterprise Team (MeT) contract with CMS through the Urban Institute. HealthTech personnel provided technical assistance to CMS and states on all program aspects including Meaningful Use, HIE, transition to MES, and auditing. As part of MeT, HealthTech led the HIE, Certification, and Auditing Communities of Practice (CoP), development of FAQs, standalone web-based training modules, and various toolkits. HealthTech interviewed states to develop white papers on state practices, including the use of HIE in Medicaid reform initiatives. This engagement provided us with multi-faceted insight on the various federal funding levels available based on which "buckets" projects are placed in and the business value of the multitude of projects and propositions across the country. In addition, we led the development of the CMS Quarterly Regional Office reporting document and the Annual Meaningful Use Data Report used by states to satisfy federal reporting. Our staff were responsible for enhancing and maintaining the EHR Incentive Program Audit Toolkit. In late 2017, our staff developed the eCQM/Provider Directory Toolkit for states to use when making decisions regarding implementing these solutions in their states.

HealthTech assisted states with adding Medicaid data to the emPOWER program so that Medicaid funded HIEs could leverage their existing architecture as a disaster preparedness resource. Additionally, HealthTech explored other ways to leverage Medicaid funded HIE efforts in collaboration with HHS ASPR & CDC funded public health preparedness initiatives. As part of this initiative HealthTech provided guidance, availability and technical support to Medicaid funded HIEs on the use of the emPOWER program as a resource for disaster preparedness. HealthTech conducted research to produce and update a living report that details government sponsored preparedness and response efforts underway that have implications for and direct ties in to HIT/HIE. HealthTech also assisted with documenting Lessons Learned from states who have successfully generated the datasets needed for success of this initiative. HealthTech continued to support CMS and ASPR by providing TA to states participating in the emPOWER Medicaid Pilot.

MeT assisted in obtaining key data sources from CMS, states, and outside entities to analyze and help inform resource development and targeted outreach for CMS and states. Based on analyses, HealthTech assisted with development of issue briefs and in-depth articles that highlight program results and overall impact on the healthcare system. For example, HealthTech conducted a study for CMS of the Electronic Health Information Exchange in Long-term/Post-acute Care (LTPAC): Preparation, Implementation, and Impact. This took a "local, ground up" approach as well, capitalizing on the variation across the country and studying early efforts to prepare for and implement HIE in nursing homes and home health agencies in certain communities. These communities provided a rich learning laboratory for policymakers and providers, focusing on the activities and challenges involved in implementing HIE across the care continuum and the impact of HIE on workflow, workforce, quality, continuity, and cost of care. HealthTech developed a conceptual framework for implementing HIE in nursing homes and home health agencies which organized and synthesized the information gathered through targeted review of literature and stakeholder discussions.

Kentucky Cabinet for Health and Family Services (CHFS) Portfolio

HealthTech currently holds a master contract with Kentucky's Cabinet for Health and Family Services (CHFS). Under this master contract, HealthTech has had the opportunity to review and respond to Individual Project Requests (IPRs) for various project-based consulting services. We have provided an example of one (1) of those engagements below.

Kentucky House Bill 7 (HB7) Hospital Presumptive Eligibility Review

KY House Bill 7 mandated an independent review of hospital-based PE determinations made between January 1, 2020, and July 14, 2022, to ensure hospitals were following all program rules and regulations. HealthTech served as the prime and approached this review with three (3) components: interviews with hospital staff, review of Medicaid eligibility data, and review of hospital-maintained PE determination documents.

Interviews were conducted with both hospital administrative staff and operational (or vendor) staff responsible for conducting PE determinations. These interviews provided insight into each facility's policy and procedures, overall program understanding, and oversight activities in place for both hospital staff and vendors.

As interviews were being conducted, HealthTech reviewed Medicaid data to determine the number of approved PE applicants that filed a full Medicaid application and whether the application was approved or denied. If a full Medicaid application was submitted and approved within 12 months of the PE application, the PE determination was deemed likely accurate.

For any PE recipient that failed to file a full Medicaid application, or filed an application that was denied, HealthTech requested all PE documentation retained by the facility. The HealthTech team reviewed retained documentation and compared it to the information entered in the online PE tool to assess accuracy.

To obtain the data necessary for the review, HealthTech engaged in several weeks of discovery with the Cabinet for Health and Family Services. To complete the analysis, HealthTech needed to identify all hospital-based PE determinations made within the review period and the hospital associated with each determination. The goal was to associate each application with the individual who entered the online application and ensure their connection to the appropriate hospital. However, discovery revealed several gaps in the available data. As a result of this our discovery and data analysis, many system changes were initiated, and the Cabinet expressed intent to

explore other necessary changes to support ongoing monitoring of the PE program. During discovery, HealthTech requested and received several data pulls from various state systems, including the Eligibility and Enrollment system, the Provider Enrollment System, the Medicaid claims management system, and the Kentucky Online Gateway (Single sign-on). HealthTech developed a database to conduct analysis on all data and generate reports on our findings.

Louisiana Office of Technology Services

HealthTech provided consulting services to the State of Louisiana for several years. We have developed a strong relationship with State agencies and have successfully delivered contractual obligations on time and within budget. We held a master contract for IT Staffing Support with the Office of Technology Services (OTS) in which we have completed seven (7) Task Order Requests for Response (TORFR) and have had over 40 staff engaged directly providing support to modernization initiatives and implementations. The master contract followed a standard Task Order issuance process in which we determined viable candidates for the staff augmentation services requested by the respective customer agency. We were able to continually place staff as needed for the Department, including resources for value-added services across the IT infrastructure domain to include providing project management, business analysis support, application support, module certification, strategic planning, and transitioning legacy systems.

HealthTech has held multiple roles in the project engagements we have completed on this master contract. We have included information from the most relevant projects in this engagement. Specifically, from October of 2022 until June of 2024, HealthTech provided business analyst resources to support a wide range of LDH activities under TORFR 5111380. Activities included mapping interdependencies across systems and data flows, supporting scrum testing, assisting procurement activities, developing documentation and requirements, and supporting process, policy, and change management functions. Analysts also conducted strategic planning and helped maintain alignment between applications, hardware, infrastructure, and data environments.

Under TORFR 5112623, spanning from October of 2022 to June of 2024, HealthTech provided Senior Application Programmers and Application Administrators to support the implementation of the Claims and Encounter Processing and Financial Management module projects. These resources leveraged their MMIS transformation experience, claims editing development expertise, and legacy system takeover knowledge to develop data conversion strategies (IT Implementation Services), system testing strategies and scenarios (IT Implementation Services; IT Assessment), and data quality assurance plans (IT Consulting or Professional Services).

Additionally, for TORFR 5121418, from November 2022 until June 2024, HealthTech supported project management, business analysis, outreach, and strategic planning needs for the HDP program and the PECI. The HealthTech team executed project management activities (IT Project and Portfolio Management), advised LDH leadership on compliance and required governmental documentation (IT Advisory Services), coordinated outreach with MCOs, and collaborated with provider enrollment and MMIS vendors to address system edits and claims denials (IT Implementation Services; Business Process Analysis & Improvement).

From November of 2023 until June of 2024, under TORFR 5126628, HealthTech also supplied technical analysts, business analysts, project managers, documentation specialists, and senior testers (IT Staff Augmentation) to support the planning and implementation of multiple MMIS-related modules, including Provider Management, Member Management, Decision Support

System, and Claims/Encounter Processing and Financial Management. Work included analyzing legacy workflows (Business Process Analysis & Improvement), maintaining capability and technical inventories (IT Assessment; Product Management), creating technical framework documentation (IT Consulting or Professional Services), supporting design and rule mapping (Product Management; IT Implementation Services), participating in scrum and testing activities (IT Implementation Services), developing procurement and Implementation Advanced Planning Document (IAPD) materials (IT Project and Portfolio Management; IT Advisory Services), and aiding certification preparation (IT Assessment; IT Advisory Services).

Under TORFR 5120256, from October of 2022 until June of 2024, HealthTech delivered modularity advisory and consultation services across LDH programs (IT Advisory Services; IT Consulting or Professional Services), leading the MAC initiative, engaging stakeholders across Medicaid systems, and serving as certification leads for the Medicaid Modularity program (IT Assessment; IT Project and Portfolio Management). The team worked with LDH and CMS to meet certification requirements, supported DDI preparation (IT Implementation Services), and coordinated IAPD activities (IT Project and Portfolio Management; IT Financial Operations (FinOps)). Additional resources contributed to Quality Assurance (QA) efforts (IT Implementation Services), collaborating with the Agile Center of Excellence on standardized testing processes (Business Process Analysis & Improvement). HealthTech also staffed SMEs across multiple active scrum teams supporting Third Party Liability (TPL), Eligibility and Enrollment (E&E) PHE Unwind testing, and Medicaid Enterprise System (MES) strategy and project management (IT Staff Augmentation; IT Project and Portfolio Management).

Past Record of Performance with LFUCG

Beginning in June 2014, LFUCG selected Solarity, a division of HealthTech Solutions, to serve in the Office of the Chief Information Officer (CIO), providing project management services for several of the city's enterprise projects under the direct supervision of the CIO. In this capacity, Solarity has managed multiple projects, including:

LEXrev Occupational Tax System

The LEXrev project to replace the city's legacy mainframe system with a modern Occupational Tax system that effects every business and individual working within the Lexington-Fayette County municipal borders. This effort not only involved replacing LFUCG's legacy mainframe system, but also reviewing and improving over 30 business processes which affected 25+ key users. Organizational Change Management was a key component to this project's success.

Active Directory Migration

LFUCG contracted Solarity for project and change management business consulting to help define the Active Directory Migration project, use that information to help select a technical vendor, and then manage the design and implementation of its existing Active Directory to support a higher level of security. The objectives of this project are to provide the right mix of project, change, and business consulting to enable LFUCG to meet its project goals most effectively throughout the lifecycle of the project.

LexBud Budget System Update

LFUCG contracted Solarity for project management and change management business consulting services for the city's Budget System update project. The business consultant will serve to review the implementation vendors' (Metaformers, Inc., Oracle Corp, and Linium, Inc.) contract and project plan, provide management services for LFUCG tasks, create and manage

the Change Management Plan, document and manage project risks and issues, and manage all project documentation and artifacts.

GigforLex Gigabit City Project

Utilizing best practices and the appropriate amount of process, the Solarity project manager coordinated the project steering committee, developed a project charter, and established a stakeholder register. Solarity managed RFI development for the city, which proved to be very beneficial to LFUCG's broadband planning, and is a model that could be duplicated in other communities creating cost and resource efficiencies for the Commonwealth.

> *Solarity has been engaged to facilitate Lexington's GigforLex project for about a year. The project manager's facilitation, documentation and diligent follow-up with our vendor RFI responses has been excellent. Solarity's continued interaction has been critical to keep this project moving.*
>
> Aldona Valicenti, Chief Information Officer

IT Applications Division Project Management and Support Services

Beginning in December 2015, LFUCG selected Solarity to implement project management standards in the IT Applications division. The IT Applications division provides software development, software support, and database maintenance for programs used within LFUCG. The section also assists in the purchase, deployment, and maintenance of third-party software solutions. Additionally, the Applications sections also includes the Geographic Information Systems (GIS) office, which maintains all geographic data, supports GIS applications, and provides mapping services to LFUCG and the public. Our work in IT Applications is similar to the work we have performed for the Office of the CIO.

Our work began by documenting each of the 40 projects currently in progress in the division and adding 10 additional projects that had no documentation. Using portfolio management techniques, we have prioritized all the projects using Microsoft Project Server Online and created a dashboard for ease of executive reporting.

Initial work has also included:

- Creation of a skills matrix for the division staff for use in resource management
- Implementation of standard forms and templates
- Establishment of regular meeting cadence among staff
- Beginning work for project governance

As with all our client engagements, we have established clear/documented roles and responsibilities, utilized Microsoft Project Online for scheduling and document sharing, and integrated our standard methodology, which includes:

- Strategic Engagement
- Organizational Change Management

- Portfolio, Project, and Program Management
- Project Leadership and Sponsorship

This work has included project management business consulting services for the following major projects:

- **Microsoft Windows 10 Upgrade:** LFUCG contracted with Solarity in the spring of 2016 to provide project business consulting to ensure successful completion of the project by the deadline set by Microsoft. Through this project, 1,604 machines were inventoried and updated by the deadline, resulting in significant license savings of approximately $320,000.
- **Purchase and Implementation of a new Service Desk Ticketing System:** In 2016 we implemented Cherwell, a new ITIL based support desk system. As a part of this effort, we documented and automated key processes to support the approximately 1,600 end users at the city.
- **Identification & Remediation of existing Access Databases in the Enterprise:** Within this program in 2017 we identified and inventoried 2,694 access databases in the organization. By the end of the engagement, we had eliminated 343 databases, established initials plans to modernize or remediate 2,214, identified 28 that needed investment and inventoried 109 for long-term support.
- **Document and Improve the Annual Lease Computer Project:** This project worked directly with the enterprise desktop support team to document and improve the business process associated with the Dell computer lease program. The key benefits of this work were to align the receipt and return of the leased assets and ensure that lease agreements were adjusted to eliminate the risk of penalty payments and a second lease payment required in a single budget year.
- **Facilitate the move of on-premise Exchange to the Microsoft Cloud:** This project in late 2018 and 2019 involved working closely with Microsoft Preferred Partner vendors to clean-up of the AD environment, migrate the Exchange environment including Public Folder and Share Calendars to the cities Microsoft tenant; and upgrade and migrate the SharePoint instance to the Microsoft Cloud
- **Leadership Development, Process Improvement, and Professional Development:** the Solarity team worked directly with the Director of Information Technology and his staff to develop internal processes, facilitate better team dynamics, evaluate the value and cadence of meetings and clarify roles and responsibilities.
- **Implementation of VX Rail Virtual Server Environment:** Beginning in late 2019 the decision was made to upgrade the aging WM Ware hardware environment to a new Dell VX Rail system. This work is ongoing. To date we have inventoried and migrated 272 systems to the new environment, we have decommissioned and deleted approximately 330 servers. In addition, we have implemented the majority of the 50 RecoveryPoint licenses for business continuity and disaster recovery for key systems in the environment.

Each of these efforts supported the objective of the City Urban County Government to:

- Ensure IT Infrastructure is Reliable and Secure
- Improve IT Efficiency and Effectiveness
- Increase Enterprise Security

- Increase System and Solution Standardization
- Increase Process Automation
- Enhance IT Customer Service & Outcomes

PeopleSoft Upgrade Project

LFUCG contracted Solarity as the project management contractor to manage three (3) separate and related projects, which required the integration of the city's technical staff, business stakeholders, and a software and systems vendor. This three (3) year engagement produced the following successful deliverables:

- Project Management Plans and Working Documents
- Bringing an out of compliance system into support
- Updated underlying infrastructure and ERP middleware
- Diagrams for Finance and Human Capital Management business processes
- Detailed requirements for an ERP upgrade
- Design documents
- Test scripts
- Upgraded ERP system

During the upgrade project, a system failure prompted LFUCG to also migrate the on-premises ERP infrastructure to a hosted cloud environment, expanding the original scope. Solarity's project manager stepped in to define, document, and manage this additional workload alongside the core upgrade, coordinating across LFUCG's technical staff, business stakeholders, and the PeopleSoft vendor to ensure all issues were identified, tracked, and resolved. Despite the added complexity, the engagement was completed successfully.

Information Security Program

During the same period Lexington's city leaders wished to make IT and Security a priority and contracted with Solarity to provide program management business consulting services to manage the various projects and investment needed to modernize the city's information security platform. The effort has provided benefits in:

- Security and Risk Management
- Legacy System Modernization
- Elimination of Technical Debt
- Data Management and Analytics
- Audit and Compliance Activities

6. Engagement Model & Deliverables

The HealthTech Team understands that engagements initiated under this contract will vary in scope, complexity, and objectives, and therefore require a structured yet flexible approach to planning, execution, and delivery. Drawing on our experience supporting state and local governments, the HealthTech Team employs a disciplined delivery framework grounded in PMBOK-aligned project management, Agile and hybrid delivery methods, and clearly defined governance processes. This approach ensures that each engagement is executed with transparency, accountability, and alignment to LFUCG's goals, while allowing for adaptability as requirements evolve.

Each engagement begins with a collaborative discovery and planning effort that brings LFUCG stakeholders and the HealthTech Team together to confirm objectives, define measurable success criteria, and determine the appropriate scope and level of rigor required for that specific engagement. This ensures that activities, deliverables, and documentation are right-sized and aligned to the nature of the work, rather than applying a one-size-fits-all approach. The HealthTech Team emphasizes early alignment, traceability of requirements, and proactive communication to ensure that all deliverables are well-defined, measurable, and aligned to expectations. From this foundation, the HealthTech Team tailors its delivery approach to include only those components necessary to achieve successful outcomes, while maintaining flexibility to expand or refine activities as needs evolve.

The HealthTech Team understands that for each engagement we may be asked to provide:

- Scope of Work (SOW)
- Project Plan
- Architecture & Design
- Implementation
- Knowledge Transfer
- Operational Readiness
- Closeout

These elements represent a comprehensive set of potential services that may be requested; however, the HealthTech Team recognizes that not all components will be required for every engagement. Depending on the size, complexity, and objectives of the SOW, engagements may focus on a subset of these activities, such as planning-only efforts, design support, implementation services, or targeted knowledge transfer. The HealthTech Team will work with LFUCG to confirm which components are applicable at the outset of each engagement and will scale the level of effort accordingly.

7. Cost of Services (Attachment B)

Fee Schedule

The HealthTech Team has developed the fee schedule below to be utilized when responding to LFUCG's SOWs to perform services. Additionally, the HealthTech Team maintains an in-depth training catalog that outlines the description and pricing for all of our Training courses. Upon request, the HealthTech Team can share our full course catalog with LFUCG to determine if there are any additional courses that the agency may desire.

The hourly rate card below is not inclusive of the various roles that may be required to perform the services requested under an SOW, but each role or resource will follow the predefined labor classification below for each of the **Attachment A Technical** and **Attachment B Services** categories identified.

Labor Category	Hourly Rate
Principal Consultant	$225.00
Senior Consultant	$190.00
Consultant	$160.00
Junior Consultant	$135.00

Pricing Model

The HealthTech Team proposes a flexible pricing approach designed to align with the varying scopes, timelines, and levels of uncertainty associated with individual SOWs issued under this contract. Our preferred model is Time and Materials (T&M), as it would provide LFUCG with the greatest level of transparency, adaptability, and control. Under a T&M structure, LFUCG is able to scale resources up or down based on evolving needs, support iterative delivery approaches, and ensure that effort is aligned to actual work performed. This model is particularly well-suited for complex, multi-phase initiatives where requirements may be refined over time or where collaboration and continuous improvement are critical to success.

While T&M is our preferred approach, the HealthTech Team has extensive experience successfully delivering engagements under a variety of pricing structures. We routinely support Fixed Fee arrangements where scope, schedule, and deliverables are well-defined, enabling cost predictability and clear accountability for outcomes. In addition, we have delivered Deliverable-Based and Milestone-Based pricing models, which tie payments to the successful completion and acceptance of defined work products, providing LFUCG with assurance of progress and performance at key intervals.

The HealthTech Team will work collaboratively with LFUCG at the SOW level to recommend and finalize the most appropriate pricing model based on the nature of the work, level of definition, risk profile, and desired outcomes. Regardless of the model selected, our approach emphasizes transparency, clear alignment between scope and cost, and disciplined financial management to ensure value and accountability throughout the engagement.

Additional Charges

The HealthTech Team's pricing structure is designed to be comprehensive and inclusive of all standard costs required to perform the services outlined within each SOW. As such, the HealthTech Team does not anticipate additional charges beyond the agreed-upon pricing model, with the exception of limited, pre-approved travel expenses when applicable.

Given HealthTech's headquarters in Frankfort, Kentucky, and LFUCG's location in Lexington, Kentucky, project activities can be performed locally without the need for routine travel. As a result, the HealthTech Team does not expect to incur, nor pass through, travel-related costs for standard in-person meetings, workshops, or on-site support associated with this engagement. This proximity enables cost efficiency while maintaining consistent, in-person collaboration as needed.

In the event that travel outside of the local area is specifically requested or required by the scope of a future SOW, any associated expenses would be proposed in advance, subject to LFUCG approval, and billed in accordance with LFUCG's travel policies and guidelines. The HealthTech Team remains committed to minimizing any such costs and will leverage virtual collaboration tools whenever appropriate to further reduce the potential for additional expenses.

Attachment B

In response to Attachment B, LFUCG provided a list of categories and services. We have recreated the listing from RFP into the chart below to identify the services, average experience of qualified employees, number of employees to which the average applies to and any additional relevant information.

Services	Experience	Comment
Software Development		
ASP.NET Core (C#)	12–18 yrs / 6	Secure web apps
JavaScript / TypeScript	8–12 yrs / 6	Front-end
Python	10–15 yrs / 6	Automation & analytics
HTML5 / CSS3	3-5 yrs / 3	HTML5, CSS3
Modern Frameworks: React, Angular, Vue.js	3-5 yrs / 3	Angular
RESTful & GraphQL API Development	10–15 yrs / 6	Service design
Database Design & Data Services		
Microsoft SQL Server	15–20 yrs / 9	Enterprise OLTP & reporting
Azure SQL Database	10–15 yrs / 6	Cloud-native SQL
MySQL / PostgreSQL	10–15 yrs / 5	Open-source databases
Oracle Database	15–20 yrs / 4	Enterprise & legacy
ESRI Enterprise Geodatabase	12–18 yrs / 4	GIS enterprise data
NoSQL (MongoDB, Cosmos DB)	8–12 yrs / 3	Distributed data platforms
Consulting Services		
Disaster Recovery & Business Continuity Planning	15–20 yrs / 5	Continuity planning
Technical Requirements Gathering	12–18 yrs / 8	Enterprise BA
IT Strategic Planning & Roadmaps	20+ yrs / 6	Executive advisory
IT Governance & Compliance	18–25 yrs / 6	Public sector
IT Project Management (Agile, PMI)	15–20 yrs / 9	Agile, hybrid, and traditional PM for enterprise IT initiatives
Certified Project Management (PMP)	50+ people with the PMP 7 people with 15–20 yrs experience using the PMP	PMP-certified leadership for complex IT projects
Enterprise Architecture & Cloud Strategy	18–25 yrs / 6	Enterprise architecture, cloud migration, target-state design
PeopleSoft HCM & FSCM Consulting	15–20 yrs / 4	Functional and technical support for PeopleSoft HCM/FSCM
ESRI ArcGIS Enterprise Portal Design & Implementation	12–18 yrs / 4	GIS portal architecture, deployment, governance
Server & Application Implementation		
Microsoft SharePoint Online & Hybrid	12–18 yrs / 6	Collaboration platforms
Microsoft Project Online	10–15 yrs / 5	Portfolio & PM tools
Microsoft SQL Server	15–20 yrs / 8	Enterprise DB
Microsoft Exchange Online (Cloud-first)	10–15 yrs / 6	Messaging systems
Microsoft Windows Server (latest versions)	12–18 yrs / 7	Server OS
VMware vSphere / vCenter	15–20 yrs / 6	Virtualization
ESRI ArcGIS Enterprise	12–18 yrs / 4	GIS platform

Services	Experience	Comment
Apache HTTP Web Server (latest versions)	12–18 yrs / 4	Web hosting
Training Services		
Microsoft 365 & SharePoint Online	10–15 yrs / 6	End-user & admin training
Microsoft Project Online	10–15 yrs / 5	PM training
Microsoft SQL Server	12–18 yrs / 5	DB training
Visual Studio / Visual Studio Code	12–18 yrs / 5	Developer training
VMware vSphere	12–18 yrs / 5	Admin training
ESRI ArcGIS (Online, Portal, Pro)	10–15 yrs / 4	GIS training
Azure Fundamentals & Advanced Services	10–15 yrs / 6	Cloud training
Cybersecurity Awareness & Zero Trust Principles	10–15 yrs / 5	Security training
Network Support Services		
F5 BIG-IP (Load Balancing, WAF), Azure Front Door, AWS WAF, Cloudflare, etc.	10–15 yrs / 4	Load balancing & WAF
Microsoft Active Directory / Entra ID	12–18 yrs / 7	Identity
Microsoft Windows Server	12–18 yrs / 7	Server support
VMware Infrastructure	15–20 yrs / 6	Virtual platforms
Network Architecture & Design (LAN/WAN/Wireless)	15–20 yrs / 6	Enterprise networking
SD-WAN & Network Segmentation	10–15 yrs / 4	Modern networking
Information Security Services		
Policy Development & Review	15–20 yrs / 5	Security governance
Security Planning & Risk Analysis	15–20 yrs / 5	Risk management
Penetration Testing & Vulnerability Assessment	10–15 yrs / 4	Assessments
Risk Management & Compliance (NIST, CIS, ISO 27001)	15–20 yrs / 5	Compliance frameworks
Security Audits & Remediation	15–20 yrs / 5	Audit response
End-User Security Training	10–15 yrs / 5	Awareness
Zero Trust Architecture Design	10–15 yrs / 6	IAM strategy
SIEM/SOAR Implementation (Microsoft Sentinel, Splunk)	8–12 yrs / 4	Monitoring
Endpoint Security & EDR/XDR Deployment	10–15 yrs / 5	Endpoint protection
Enterprise DevOps & Cloud Services		
Cloud Architecture & Design (Azure, AWS)	12–18 yrs / 7	Enterprise cloud
Code Deployment & CI/CD Pipelines	8–12 yrs / 6	Automation
Enterprise System Administration	15–20 yrs / 6	OPS
Version Control (GitHub, GitLab)	8–12 yrs / 6	Source control
Infrastructure as Code (IaC)	8–12 yrs / 5	IaC
Platform as a Service (PaaS)	10–15 yrs / 5	Managed platforms

Services	Experience	Comment
Software as a Service (SaaS)	12–18 yrs / 6	Enterprise SaaS
Infrastructure as a Service (IaaS)	12–18 yrs / 6	Cloud compute
Containerization & Orchestration	8–12 yrs / 4	AKS/EKS
Automation & Configuration Management	10–15 yrs / 6	Automation

8. Company Information

HealthTech Solutions, LLC (HealthTech), an HMA company, is a limited liability company headquartered at 2030 Hoover Boulevard, Frankfort, Kentucky 40601. Founded in 2011 by former Commonwealth of Kentucky staff, HealthTech was established to address the challenges they experienced as government clients working with vendor partners. Our primary lines of business focus on providing technical consulting, project management, and professional services to government clients. We offer a flexible, affordable, and complete approach to complex IT and strategic initiatives and issues. HealthTech's mission is to deliver reliable, high-value technology and strategic support through trusted partnerships, combining deep government experience with dependable, approachable, and strategic service to help our clients achieve their goals. Solarity, a division of HealthTech has provided services for multiple years to LFUCG. We are excited to continue the same level of service that our team has been providing for the LFUCG team.

References

Corporate Reference #1: District of Columbia – State Level Registry (SLR)	
Reference Name:	Eduarda Koch
Reference Phone:	(202) 673-3561
Reference Address:	441 4th Street NW Washington, DC 20001
Contract Dates:	October 2023 – Current
Brief Description of Project Services: HealthTech provides a web-based State Level Registry for the CMS Promoting Interoperability Program (formerly known as the EHR Incentive Program) for providers attesting to the federal incentive program. HealthTech worked with the State to transition from their previous vendor and stand up the solution within 30 days. This included providing technical infrastructure, system conversion, and staff to support application processing. The solution supports all stages of the incentive payment program. HealthTech also supported modifications to the web-based application to provide an administrative workflow through the web-based application, assisting authorized agency personnel in their decision-making process for final approval of attestations and the tracking of payments to providers and reporting requirements. The web-based application also includes an interface application that processes file transactions between the National Level Repository (NLR) and the web-based application. The HealthTech team designed, tested, and maintained the web-based application for compliance with federal requirements for each program year, state and federal reporting needs, and post-payment auditing support.	

Appendix A. Required Forms & Attachments

Affidavit

The remainder of this page has been left blank intentionally.

AFFIDAVIT

Comes the Affiant, Franklin T. Lassiter, and after being first duly sworn, states under penalty of perjury as follows:

1. His/her name is Franklin T. Lassiter and he/she is the individual submitting the proposal or is the authorized representative of HealthTech Solutions, LLC, the entity submitting the proposal (hereinafter referred to as "Proposer").

2. Proposer will pay all taxes and fees, which are owed to the Lexington-Fayette Urban County Government at the time the proposal is submitted, prior to award of the contract and will maintain a "current" status in regard to those taxes and fees during the life of the contract.

3. Proposer will obtain a Lexington-Fayette Urban County Government business license, if applicable, prior to award of the contract.

4. Proposer has authorized the Division of Procurement to verify the above-mentioned information with the Division of Revenue and to disclose to the Urban County Council that taxes and/or fees are delinquent or that a business license has not been obtained.

5. Proposer has not knowingly violated any provision of the campaign finance laws of the Commonwealth of Kentucky within the past five (5) years and the award of a contract to the Proposer will not violate any provision of the campaign finance laws of the Commonwealth.

6. Proposer has not knowingly violated any provision of Chapter 25 of the Lexington-Fayette Urban County Government Code of Ordinances, known as "Ethics Act."

7. Proposer acknowledges that "knowingly" for purposes of this Affidavit means, with respect to conduct or to circumstances described by a statute or ordinance defining an offense, that a person is aware or should have been aware that his conduct is of that nature or that the circumstance exists.

Continued on next page

8. Bidder will comply with all registration requirements as a contractor where required by Section 5-85 of the Code of Ordinances of the Lexington-Fayette Urban County Government. Bidder will utilize as subcontractors on the contract only contractors who are registered as required by Section 5-85 of the Code of Ordinances. Bidder will maintain a "current" status with regard to all contractor registration requirements during the life of the contract and will ensure that all subcontractors maintain a "current" status with regard to all contractor registration requirements during the life of the contract. Bidder has authorized the Division of Procurement to verify the registration of Bidder and Bidder's subcontractors with the Division of Building Inspection.

Further, Affiant sayeth naught.

Franklin T. Lt

STATE OF Kentucky

COUNTY OF Franklin

The foregoing instrument was subscribed, sworn to and acknowledged before me by Franklin T. Lassiter on this the 9th day of April, 2026.

My Commission expires: 01.03.2029

ANNA MARIA DUNN NOTARY PUBLIC ID # KYNP19102 STATE AT LARGE KENTUCKY MY COMM. EXPIRES 01/03/2029

Anna Maria Dunn Anna Maria Dunn
NOTARY PUBLIC, STATE AT LARGE

Equal Opportunity Agreement

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EQUAL OPPORTUNITY AGREEMENT

Standard Title VI Assurance

The Lexington Fayette-Urban County Government, (hereinafter referred to as the "Recipient") hereby agrees that as a condition to receiving any Federal financial assistance from the U.S. Department of Transportation, it will comply with Title VI of the Civil Rights Act of 1964, 78Stat.252, 42 U.S.C. 2000d-4 (hereinafter referred to as the "Act"), and all requirements imposed by or pursuant to Title 49, Code of Federal Regulations, U.S. Department of Transportation, Subtitle A, Office of the Secretary, (49 CFR, Part 21) Nondiscrimination in Federally Assisted Program of the Department of Transportation – Effectuation of Title VI of the Civil Rights Act of 1964 (hereinafter referred to as the "Regulations") and other pertinent directives, no person in the United States shall, on the grounds of race, color, national origin, sex, age (over 40), religion, sexual orientation, gender identity, veteran status, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Recipient receives Federal financial assistance from the U.S. Department of Transportation, including the Federal Highway Administration, and hereby gives assurance that will promptly take any necessary measures to effectuate this agreement. This assurance is required by subsection 21.7(a) (1) of the Regulations.

The Law

- Title VII of the Civil Rights Act of 1964 (amended 1972) states that it is unlawful for an employer to discriminate in employment because of race, color, religion, sex, age (40-70 years) or national origin.

- Executive Order No. 11246 on Nondiscrimination under Federal contract prohibits employment discrimination by contractor and sub-contractor doing business with the Federal Government or recipients of Federal funds. This order was later amended by Executive Order No. 11375 to prohibit discrimination on the basis of sex.

- Section 503 of the Rehabilitation Act of 1973 states:

  The Contractor will not discriminate against any employee or applicant for employment because of physical or mental handicap.

- Section 2012 of the Vietnam Era Veterans Readjustment Act of 1973 requires Affirmative Action on behalf of disabled veterans and veterans of the Vietnam Era by contractors having Federal contracts.

- Section 206(A) of Executive Order 12086, Consolidation of Contract Compliance Functions for Equal Employment Opportunity, states:

  The Secretary of Labor may investigate the employment practices of any Government contractor or sub-contractor to determine whether or not the contractual provisions specified in Section 202 of this order have been violated.

****

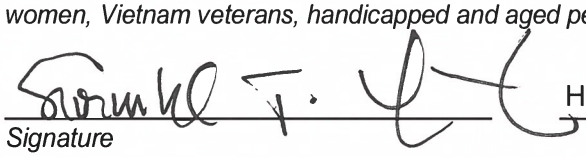
The Lexington-Fayette Urban County Government practices Equal Opportunity in recruiting, hiring and promoting. It is the Government's intent to affirmatively provide employment opportunities for those individuals who have previously not been allowed to enter into the mainstream of society. Because of its importance to the local Government, this policy carries the full endorsement of the Mayor, Commissioners, Directors and all supervisory personnel. In following this commitment to Equal Employment Opportunity and because the Government is the benefactor of the Federal funds, it is both against the Urban County Government policy and illegal for the Government to let contracts to companies which knowingly or unknowingly practice discrimination

in their employment practices. Violation of the above mentioned ordinances may cause a contract to be canceled and the contractors may be declared ineligible for future consideration.

Please sign this statement in the appropriate space acknowledging that you have read and understand the provisions contained herein. Return this document as part of your application packet.

Bidders

I/We agree to comply with the Civil Rights Laws listed above that govern employment rights of minorities, women, Vietnam veterans, handicapped and aged persons.



Signature

HealthTech Solutions, LLC

Name of Business

Workforce Analysis Form

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WORKFORCE ANALYSIS FORM

Name of Organization: HealthTech Solutions, LLC

Categories	Total	White (Not Hispanic or Latino)		Hispanic or Latino		Black or African-American (Not Hispanic or Latino		Native Hawaiian and Other Pacific Islander (Not Hispanic or Latino		Asian (Not Hispanic or Latino		American Indian or Alaskan Native (not Hispanic or Latino		Two or more races (Not Hispanic or Latino		Total	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Administrators	9	1	6							2						3	6
Professionals	238	55	110	3	3	3	4		1	22	29			5	3	88	150
Superintendents																	
Supervisors																	
Foremen																	
Technicians																	
Protective Service																	
Para-Professionals																	
Office/Clerical																	
Skilled Craft																	
Service/Maintenance																	
Total:	247	56	116	3	3	3	4		1	24	29			5	3	91	156

Prepared by: Elizabeth Linville, Procurement Administrator **Date:** 04 / 15 / 2026

(Name and Title)

Revised 2015-Dec-15

LFUCG MWDBE Participation Forms

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DIRECTOR, DIVISION OF PROCUREMENT
LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT
200 EAST MAIN STREET
LEXINGTON, KENTUCKY 40507

NOTICE OF REQUIREMENT FOR AFFIRMATIVE ACTION TO ENSURE EQUAL EMPLOYMENT OPPORTUNITIES AND DBE CONTRACT PARTICIPATION

The Lexington-Fayette Urban County Government has a Certified Minority and Women Business Enterprise seventeen percent (17%) minimum goal including minimum subgoals of five percent (5%) for Minority Business Enterprises (MBE) and a subgoal of twelve percent (12%) for Women Business Enterprises (WBE); a three (3%) minimum goal for Certified Veteran-Owned Small Businesses and/or Certified Service- Disabled Veteran Owned Businesses; and a goal of utilizing Disadvantaged Business Enterprises (DBE), where applicable, for government contracts.

For assistance in locating certified DBEs, MBEs, WBEs, VOSBs and/or VOSBs, contact Sherita Miller at 859/258-3320 or by writing the address listed below:

Sherita Miller, MPA, CPSD
Minority Business Enterprise Liaison
Division of Procurement
Lexington-Fayette Urban County Government
200 East Main Street
Lexington, Kentucky 40507
smiller@lexingtonky.gov
859-258-3323

Firm Submitting Proposal: HealthTech Solutions, LLC

Complete Address: 2030 Hoover Blvd., Frankfort, KY 40601
Street City Zip

Contact Name: Elizabeth Linville Title: Procurement Administrator

Telephone Number: (859) 248-0627 Fax Number: N/A

Email address: elizabeth@healthtechsolutions.com

LEXINGTON

MINORITY BUSINESS ENTERPRISE PROGRAM

Sherita Miller, MPA, CPSD
Minority Business Enterprise Liaison
Division of Procurement
Lexington-Fayette Urban County Government
200 East Main Street
Lexington, KY 40507
smiller@lexingtonky.gov
859-258-3323

OUR MISSION: The mission of the Minority Business Enterprise Program (MBEP) is to facilitate the full participation of minority and women owned businesses in the procurement process and to promote economic inclusion as a business imperative essential to the long- term economic viability of Lexington-Fayette Urban County Government.

To that end the urban county council adopted and implemented Resolution 272-2024 – a Certified Minority and Women Business Enterprise seventeen percent (17%) minimum goal including minimum subgoals of five percent (5%) for Minority Business Enterprises (MBE) and a subgoal of twelve percent (12%) for Women Business Enterprises (WBE); a three (3%) minimum goal for Certified Veteran-Owned Small Businesses and/or Certified Service- Disabled Veteran Owned Businesses; and a goal of utilizing Disadvantaged Business Enterprises (DBE), where applicable, for government contracts.

The resolution states the following definitions shall be used for the purposes of reaching these goals:

Certified Disadvantaged Business Enterprise (DBE) *– a business in which at least fifty-one percent (51%) is owned, managed and controlled by a person(s) who is socially and economically disadvantaged as define by 49 CFR subpart 26.*

Certified Minority Business Enterprise (MBE) *– a business in which at least fifty-one percent (51%) is owned, managed and controlled by an ethnic minority (i.e. Black American, Asian American, Hispanic American, Native American)*

Certified Women Business Enterprise (WBE) *– a business in which at least fifty-one percent (51%) is owned, managed and controlled by a woman.*

Certified Veteran-Owned Small Business (VOSB) *– a business in which at least fifty-one percent (51%) is owned, managed and controlled by a veteran who served on active duty with the U.S. Army, Air Force, Navy, Marines or Coast Guard.*

Certified Service -Disabled Veteran Owned Small Business (SDVOSB) *– a business in which at least fifty-one percent (51%) is owned, managed and controlled by a disabled veteran who served on active duty with the U.S. Army, Air Force, Navy, Marines or Coast Guard.*

The term "Certified" shall mean the business is appropriately certified, licensed, verified, or validated by an organization or entity recognized by the Division of Procurement as having the appropriate credentials to make a determination as to the status of the business.
The following certifications are recognized and accepted by the MBEP:

Kentucky Transportation Cabinet (KYTC), Disadvantaged Business Enterprise (DBE)
Kentucky Minority and Women Business Enterprise (MWBE)
Women's Business Enterprise National Council (WBENC)
National Women Business Owners Corporation (NWBOC)
National Minority Supplier Development Council (NMSDC)
Tri-State Minority Supplier Development Council (TSMSDC)
U.S. Small Business Administration Veteran Small Business Certification (VetCert)
Kentucky Service- Disabled Veteran Owned Small Business (SDVOSB)

To comply with Resolution 272-2024, prime contractors, minority and women business enterprises, veteran owned small businesses, and service-disabled veteran owned small businesses must complete monthly contract compliance audits in the Diverse Business Management Compliance system, https://lexingtonky.diversitycompliance.com/

A list of organizations that certify and/or maintain lists of certified businesses (i.e. DBE, MBE, WBE, VOSB and/or SDVOSB) is available upon request by emailing, Sherita Miller, smiller@lexingtonky.gov.

LEXINGTON

LFUCG MWDBE PARTICIPATION FORM
Bid/RFP/Quote Reference # 12-2026

The MWDBE and/or veteran subcontractors listed have agreed to participate on this Bid/RFP/Quote. If any substitution is made or the total value of the work is changed prior to or after the job is in progress, it is understood that those substitutions must be submitted to the Division of Procurement for approval immediately. **Failure to submit a completed form may cause rejection of the bid.**

MWBE Company, Name, Address, Phone, Email	DBE/MBE WBE/VOSB/SDVOSB	Work to be Performed	Total Dollar Value of the Work	% Value of Total Contract
1.				
2.				
3.				
4.				

The undersigned company representative submits the above list of MDWBE and veteran firms to be used in accomplishing the work contained in this Bid/RFP/Quote. Any misrepresentation may result in the termination of the contract and/or be subject to applicable Federal and State laws concerning false statements and false claims.

HealthTech Solutions, LLC
Company

Company Representative

04/15/2026
Date

Franklin T. Lassiter, Chief Operating Officer
Title

LEXINGTON

LFUCG MWDBE SUBSTITUTION FORM
Bid/RFP/Quote Reference # 12-2026

The substituted MWDBE and/or veteran subcontractors listed below have agreed to participate on this Bid/RFP/Quote. These substitutions were made prior to or after the job was in progress. These substitutions were made for reasons stated below and are now being submitted to the Division of Procurement for approval. By the authorized signature of a representative of our company, we understand that this information will be entered into our file for this project. **Note: Form required if a subcontractor is being substituted on a contract.**

SUBSTITUTED DBE/MBE/WBE/VOSB Company Name, Address, Phone, Email	DBE/MBE/WBE/VOSB/SDVOSB Formally Contracted/ Name, Address, Phone, Email	Work to Be Performed	Reason for the Substitution	Total Dollar Value of the Work	% Value of Total Contract
1.					
2.					
3.					
4.					

The undersigned acknowledges that any misrepresentation may result in termination of the contract and/or be subject to applicable Federal and State laws concerning false statements and false claims.

HealthTech Solutions, LLC
Company

Company Representative

04/15/2026
Date

Franklin T. Lassiter, Chief Operating Officer
Title

LEXINGTON

DOCUMENTATION REQUIRED FOR GOOD FAITH EFFORTS AND OUTREACH PLANS

As affirmed in Resolution Number 272-2024, the Urban County Council has adopted an annual aspirational goal of utilizing at least seventeen percent (17%) of public funds spend from certain discretionary agreements with certified Minority Business Enterprises (MBEs) and certified Woman Business Enterprises (WBEs); utilizing at least three percent (3%) of public funds from certain discretionary agreements with Certified Veteran-Owned Small Business and Certified Service-Disabled Veteran-Owned Small Businesses (VOSBs); and utilizing Disadvantaged Business Enterprises (DBEs) where applicable. Bidders should make every effort to achieve these goals.

Therefore, as an element of the responsiveness of the bid, all Bidders are required to submit documentation of their good faith and outreach efforts to ensure all businesses, including small and disadvantaged businesses such as minority-, woman-, and veteran-owned businesses, have an equal opportunity to compete for and participate in the performance of any subcontracts resulting from this procurement. Examples of good faith and outreach efforts that satisfy this requirement to encourage the participation of, DBEs, MBEs, WBEs, VOSBs and/or SDVOSBs include:

1. Advertised opportunities to participate in the contract in at least two (2) publications of general circulation media; trade and professional association publications; small and minority business or trade publications; and publications or trades targeting minority, women, and disadvantaged businesses not less than fifteen (15) days prior to the deadline for submission of bids to allow, DBEs, MBEs, WBEs, VOSBs and/or SDVOSBs to participate.

2. Attended LFUCG Procurement Economic Inclusion Outreach event(s) within the past year to meet new small businesses, DBEs, MBEs, WBEs, VOSBs and/or SDVOSBs to partner with on LFUCG contracts and procurements.

3. Attended pre-bid/pre-proposal meetings that were scheduled by LFUCG to inform small businesses, DBEs, MBEs, WBEs, VOSBs and/or SDVOSBs of subcontracting opportunities.

4. Sponsored Economic Inclusion event to provide networking opportunities for prime contractors and small businesses, DBEs, MBEs, WBEs, VOSBs and/or SDVOSBs.

5. Requested a list of certified small, DBE, MBE, WBE, VOSB and/or SDVOSB subcontractors or suppliers from LFUCG and showed evidence of contacting the companies on the list(s).

6. Contacted organizations that work with small, DBE, MBE, WBE, and VOSB companies for assistance in finding certified DBEs, MBEs, WBEs, VOSB and/or SDVOSBs to work

on this project. Those contacted and their responses must be a part of the bidder's outreach efforts documentation.

7. Sent written notices, by certified mail, email, or facsimile, to qualified, certified small businesses, DBEs, MBEs, WBEs, VOSBs and/or SDVOSBs soliciting their participation in the contract not less than seven (7) days prior to the deadline for submission of bids to allow them to participate effectively.

8. Followed up initial solicitations by contacting small businesses, DBEs, MBEs, WBEs, VOSBs and/or SDVOSBs via tailored communications to determine their level of interest.

9. Provided the interested small businesses, DBEs, MBEs, WBEs, VOSBs and/or SDVOSBs with adequate and timely information about the plans, specifications, and requirements of the contract.

10. Selected portions of the work to be performed by small businesses, DBEs, MBEs, WBEs, VOSBs and/or SDVOSBs in order to increase the likelihood of subcontracting participation. This includes, where appropriate, breaking out contract work items into economically feasible units to facilitate small, DBE, MBE, WBE, VOSB and/or SDVOSB participation, even when the prime contractor may otherwise perform these work items with its own workforce.

11. Negotiated in good faith with interested small businesses, DBEs, MBEs, WBEs, VOSBs and/or SDVOSBs, not rejecting them as unqualified without sound reasons based on a thorough investigation of their capabilities. Any rejection must be so noted in writing with a description as to why an agreement could not be reached.

12. Included documentation of quotations received from interested small businesses, DBEs, MBEs, WBEs, VOSBs and/or SDVOSBs that were not used due to uncompetitive pricing or were rejected as unacceptable and/or copies of responses from firms indicating that they would not be submitting a bid.

    a. Bidder has to submit sound reasons why the quotations were considered unacceptable. The fact that the bidder has the ability and/or desire to perform the contract work with its own forces will not be considered a sound reason for rejecting a small business', DBE's MBE's, WBE's, VOSB's and/or SDVOSB's quote. Nothing in this provision shall be construed to require the bidder to accept unreasonable quotes in order to satisfy the participation goals.

13. Made an effort to offer assistance to or refer interested small businesses, DBEs, MBEs, WBEs, VOSBs and/or SDVOSBs to obtain the necessary equipment, supplies, materials, insurance and/or bonding to satisfy the work requirements of the bid proposal.

14. Made efforts to expand the search for small businesses, DBEs, MBEs, WBEs, VOSBs and/or SDVOSBs beyond the usual geographic boundaries.

15. Other – any other evidence that the bidder submits that may demonstrate that the bidder has made reasonable efforts to include small, DBE, MBE, WBE, VOSB and/or SDVOSB participation.

Bidder must document, with specificity, each of the efforts it made to include small businesses, DBEs, MBEs, WBEs, VOSBs and/or SDVOSBs as subcontractors in the procurement, including the date on which each effort was made, the medium through which each effort was made, and the outcome of each effort.

> **Note: Failure to submit the documentation requested in this section may be cause for rejection of bid. Bidders may include any other documentation deemed relevant to this requirement which is subject to review by the MBE Liaison. Documentation of Good Faith and Outreach Efforts must be submitted with the Bid, regardless of the proposed level of small, DBE, MBE, WBE, VOSB and/or SDVOSB participation in the procurement. If the Good Faith and Outreach Effort documentation is not submitted with the bid response, the bid may be rejected.**

OUTREACH EFFORTS EVALUATION

Outreach efforts demonstrated by the bidder or respondent will be evaluated on a pass/fail basis.

ATTACHMENT A – SMALL AND DISADVANTAGED, MINORITY-, WOMEN-, AND VETERAN-OWNED BUSINESS OUTREACH PLAN

Proposer Name:	**HealthTech Solutions, LLC**	**Date:**	**04/15/2026**
Project Name:	**Information Technology Consulting and/or Technical Services**	**Project Number:**	**12-2026**
Contact Name:	**Elizabeth Linville, Procurement Administrator**	**Telephone:**	**859-248-0627**
Email:	**elizabeth@healthtechsolutions.com**		

The mission of the Minority Business Enterprise Program is to facilitate the full participation of disadvantaged businesses, minority-, women-, veteran-, and service-disabled veteran-owned businesses in the procurement process and to promote economic inclusion as a business imperative essential to the long -term economic viability of Lexington-Fayette Urban County Government.

To that end, small and disadvantaged businesses, including minority-, woman-, veteran-, and service-disabled veteran-owned businesses, must have an equal opportunity to be utilized in the performance of contracts with public funds spent from certain discretionary agreements. By submitting its offer, Bidder/Proposer certifies that it has taken, and if there are further opportunities will take, reasonable steps to ensure that small and disadvantaged businesses, including minority-, woman-, veteran-, and service-disabled veteran-owned businesses, are provided an equal opportunity to compete for and participate in the performance of any subcontracts resulting from this procurement.

The information submitted in response to this clause will not be considered in any scored evaluation. Failure to submit this form may cause the bid or proposal to be rejected.

Is the Bidder/ Proposer a certified firm? Yes ☐ No ☒

If yes, indicate all certification type(s):

DBE ☐ MBE ☐ WBE ☐ SBE ☐ VOSB/SDVOSB ☐

and supply a copy of the certificate and/or certification letter if not currently listed on the city's Minority Business Enterprise Program's (MBEP) certified list.

1. Include a list of firms that Bidder/ Proposer has had a contractual relationship with within the last two years that are minority-owned, woman-owned, veteran-owned or small businesses, regardless of their certification status.

2. Does Bidder/Proposer foresee any subcontracting opportunities for this procurement?

Yes ☐ No ☒

If no, please explain why in the field below. Do not complete the rest of this form and submit this first page with your bid and/or proposal. HealthTech maintains a resource bench of approximately 250 employees with a broad ranges of skillsets and experience. Based on our resource bench and locality to Lexington, HealthTech believes that we can fulfill all scope of work requests with our own resources. If necessary, HealthTech will pursue partnerships with other firms to complete the requested scope of work and in doing so will be sure to conduct outreach to both certified and non-certified firms to find the best partner to support LFUCG's efforts. HealthTech understands that LFUCG has a Certified Minority and Women Business Enterprise 17% minimum goal to include 5% MBE, and 12% WBE/VOSB/SDVOSB/DBE where applicable for government contracts. This RFP is to establish a master contract of prequalified vendors, does not guarantee work, and will require response to competitive SOWs. As such, HealthTech will meet MBE/WBE goals, as applicable, at the time of submission to the SOWs based on the subject matter. HealthTech has existing relationship with multiple certified MBE/WBE organizations, and we will work diligently to allow their participation on the SOWs released as a result of this master contract, when applicable. Upon request, HealthTech can show documentation regarding our ability and willingness to expand beyond our usual geographic boundaries for other solicitations when applicable.

If yes, please complete the following pages and submit all pages with your bid and/or proposal.

Describe the steps Bidder/Proposer took to solicit small and disadvantaged businesses, including MBEs, WBEs, VOSBs, and SDVOSBs, for subcontracting opportunities for this procurement.

3. Check the good faith and outreach efforts the Bidder/Proposer used to encourage the participation of small and disadvantaged businesses including, MBEs, WBEs, VOSBs and SDVOSBs:

☐ Bidder placed advertisements in search of prospective small businesses, DBEs, MBEs, WBEs, VOSBs and/or SDVOSBs for the solicitation.

☐ Bidder attended LFUCG Procurement Economic Inclusion Outreach event(s) within the past year.

☐ Bidder attended pre-bid and/or pre-proposal meetings for this solicitation.

☐ Bidder sponsored an Economic Inclusion Outreach event.

☐ Bidder requested a list of certified small, DBE, MBE, WBE, VOSB and/or SDVOSB subcontractors or suppliers from LFUCG.

☐ Bidder contacted organizations that work with small, DBE, MBE, WBE, VOSB and/or SDVOSB companies.

☐ Bidder sent written notices to certified small, DBE, MBE, WBE, VOSB and SDVOSB businesses.

☐ Bidder followed up to initial solicitations with interested small, DBE, MBE, WBE, VOSB and/or SDVOSB.

☐ Bidder provided small, DBE, MBE, WBE, VOSB and/or SDVOSB businesses interested in performing the solicited work with prompt access to the plans, specifications, scope of work, and requirements of the solicitation.

☐ Bidder made efforts to segment portions of the work to be performed by small businesses, DBEs, MBEs, WBEs, VOSBs and/or SDVOSBs, including dividing sub-bid/partnership opportunities into economically feasible units/parcels, to facilitate participation.

☐ Bidder negotiated in good faith with interested small, DBE, MBE, WBE, VOSB and/or SDVOSB businesses.

☐ Bidder provided adequate rationale for rejecting any small business', DBEs, MBEs, WBEs, VOSBs or SDVOSBs for lack of qualifications.

☐ Bidder offered assistance in obtaining bonding, insurance, financial, equipment, or other resources to small businesses, DBEs, MBEs, WBEs, VOSBs and/or SDVOSBs, in an effort to assist them in meeting project requirements.

☐ Bidder made efforts to expand the search for small businesses, DBEs MBEs, WBEs, VOSBs and/or SDVOSBs beyond the usual geographic boundaries.

☐ Bidder made other reasonable efforts to include small businesses, DBEs, MBEs, WBEs, VOSBs and/or SDVOSBs participation.

4. Bidder/Proposer must include documentation, including the date each effort was made, the medium through which each effort was made, and the outcome of each effort with this form, regardless of the level of small, DBE, MBE, WBE, VOSB and/or SDVOSB participation. Examples of required documentation include copies of email communications, copies of

newspaper advertisements, or copies of quotations received from interested small businesses, DBEs, MBEs, WBEs, VOSBs or SDVOSBs.

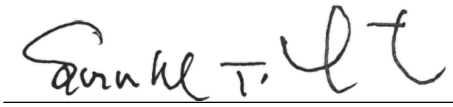
Click or tap here to enter text.

For detailed information regarding outreach efforts that satisfy the MBE Program's requirements, please see "Documentation Required for Good Faith Efforts and Outreach Plans" page.

Note: The Bidder/Proposer must be willing to report the identity of each subcontractor and the value of each subcontract to MBEP if awarded a contract from this procurement.

Failure to submit the documentation requested may be cause for rejection of the bid. Bidders may include any other documentation deemed relevant to this requirement, which is subject to review by the MBE Liaison. Documentation of Good Faith and Outreach Efforts must be submitted with the bid, regardless of the proposed level of SBEs, DBEs, MBEs, WBEs, VOSBs and/or SDVOSBs participation in the procurement. If the Good Faith and Outreach Effort Form and associated documentation is not submitted with the bid response, the bid may be rejected.

The undersigned acknowledges that all information is accurate. Any misrepresentations may result in termination of the contract and/or be subject to applicable Federal and State laws concerning false statements and claims.

HealthTech Solutions, LLC	
Company	**Company Representative**
04/15/2026	Chief Operating Officer
Date	**Title**

4870-1925-6809, v. 1

General Provisions

The remainder of this page has been left blank intentionally.

GENERAL PROVISIONS

1. Each Respondent shall comply with all Federal, State & Local regulations concerning this type of service or good.

   The Respondent agrees to comply with all statutes, rules, and regulations governing safe and healthful working conditions, including the Occupational Health and Safety Act of 1970, *29 U.S.C. 650 et. seq.*, as amended, and KRS Chapter 338. The Respondent also agrees to notify the LFUCG in writing immediately upon detection of any unsafe and/or unhealthful working conditions at the job site. The Respondent agrees to indemnify, defend and hold the LFUCG harmless from all penalties, fines or other expenses arising out of the alleged violation of said laws.

2. Failure to submit ALL forms and information required in this RFP may be grounds for disqualification.

3. Addenda: All addenda and IonWave Q&A, if any, shall be considered in making the proposal, and such addenda shall be made a part of this RFP. Before submitting a proposal, it is incumbent upon each proposer to be informed as to whether any addenda have been issued, and the failure to cover in the bid any such addenda may result in disqualification of that proposal.

4. Proposal Reservations: LFUCG reserves the right to reject any or all proposals, to award in whole or part, and to waive minor immaterial defects in proposals. LFUCG may consider any alternative proposal that meets its basic needs.

5. Liability: LFUCG is not responsible for any cost incurred by a Respondent in the preparation of proposals.

6. Changes/Alterations: Respondent may change or withdraw a proposal at any time prior to the opening; however, no oral modifications will be allowed. Only letters, or other formal written requests for modifications or corrections of a previously submitted proposal which is addressed in the same manner as the proposal, and received by LFUCG prior to the scheduled closing time for receipt of proposals, will be accepted. The proposal, when opened, will then be corrected in accordance with such written request(s), provided that the written request is contained in a sealed envelope which is plainly marked “modifications of proposal”.

7. Clarification of Submittal: LFUCG reserves the right to obtain clarification of any point in a bid or to obtain additional information from a Respondent.

8. Bribery Clause: By his/her signature on the bid, Respondent certifies that no employee of his/hers, any affiliate or Subcontractor, has bribed or attempted to bribe an officer or employee of the LFUCG.

9. Additional Information: While not necessary, the Respondent may include any product brochures, software documentation, sample reports, or other documentation that may assist LFUCG in better understanding and evaluating the Respondent's response. Additional documentation shall not serve as a substitute for other documentation which is required by this RFP to be submitted with the proposal,

10. Ambiguity, Conflict or other Errors in RFP: If a Respondent discovers any ambiguity, conflict, discrepancy, omission or other error in the RFP, it shall immediately notify LFUCG of such error in writing and request modification or clarification of the document if allowable by the LFUCG.

11. Agreement to Bid Terms: In submitting this proposal, the Respondent agrees that it has carefully examined the specifications and all provisions relating to the work to be done attached hereto and made part of this proposal. By acceptance of a Contract under this RFP, proposer states that it understands the meaning, intent and requirements of the RFP and agrees to the same. The successful Respondent shall warrant that it is familiar with and understands all provisions herein and shall warrant that it can comply with them. No additional compensation to Respondent shall be authorized for services or expenses reasonably covered under these provisions that the proposer omits from its Proposal.

12. Cancellation: If the services to be performed hereunder by the Respondent are not performed in an acceptable manner to the LFUCG, the LFUCG may cancel this contract for cause by providing written notice to the proposer, giving at least thirty (30) days notice of the proposed cancellation and the reasons for same. During that time period, the proposer may seek to bring the performance of services hereunder to a level that is acceptable to the LFUCG, and the LFUCG may rescind the cancellation if such action is in its best interest.

A. Termination for Cause

(1) LFUCG may terminate a contract because of the contractor's failure to perform its contractual duties

(2) If a contractor is determined to be in default, LFUCG shall notify the contractor of the determination in writing, and may include a specified date by which the contractor shall cure the identified deficiencies. LFUCG may proceed with termination if the contractor fails to cure the deficiencies within the specified time.

(3) A default in performance by a contractor for which a contract may be

terminated shall include, but shall not necessarily be limited to:

(a) Failure to perform the contract according to its terms, conditions and specifications;

(b) Failure to make delivery within the time specified or according to a delivery schedule fixed by the contract;

(c) Late payment or nonpayment of bills for labor, materials, supplies, or equipment furnished in connection with a contract for construction services as evidenced by mechanics' liens filed pursuant to the provisions of KRS Chapter 376, or letters of indebtedness received from creditors by the purchasing agency;

(d) Failure to diligently advance the work under a contract for construction services;

(e) The filing of a bankruptcy petition by or against the contractor; or

(f) Actions that endanger the health, safely or welfare of the LFUCG or its citizens.

B. At Will Termination

Notwithstanding the above provisions, the LFUCG may terminate this contract at will in accordance with the law upon providing thirty (30) days written notice of that intent, Payment for services or goods received prior to termination shall be made by the LFUCG provided these goods or services were provided in a manner acceptable to the LFUCG. Payment for those goods and services shall not be unreasonably withheld.

13. Assignment of Contract: The contractor shall not assign or subcontract any portion of the Contract without the express written consent of LFUCG. Any purported assignment or subcontract in violation hereof shall be void. It is expressly acknowledged that LFUCG shall never be required or obligated to consent to any request for assignment or subcontract; and further that such refusal to consent can be for any or no reason, fully within the sole discretion of LFUCG.

14. No Waiver: No failure or delay by LFUCG in exercising any right, remedy, power or privilege hereunder, nor any single or partial exercise thereof, nor the exercise of any other right, remedy, power or privilege shall operate as a waiver hereof or thereof. No failure or delay by LFUCG in exercising any right, remedy, power or privilege under or in respect of this Contract shall affect the rights, remedies, powers or privileges of LFUCG hereunder or shall operate as a waiver thereof.

15. Authority to do Business: The Respondent must be a duly organized and authorized to do business under the laws of Kentucky. Respondent must be in good standing and have full legal capacity to provide the services specified under this Contract. The Respondent must have all necessary right and lawful authority to enter into this Contract for the full term hereof and that proper corporate or other

action has been duly taken authorizing the Respondent to enter into this Contract. The Respondent will provide LFUCG with a copy of a corporate resolution authorizing this action and a letter from an attorney confirming that the proposer is authorized to do business in the State of Kentucky if requested. All proposals must be signed by a duly authorized officer, agent or employee of the Respondent.

16. Governing Law: This Contract shall be governed by and construed in accordance with the laws of the Commonwealth of Kentucky. In the event of any proceedings regarding this Contract, the Parties agree that the venue shall be the Fayette County Circuit Court or the U.S. District Court for the Eastern District of Kentucky, Lexington Division. All parties expressly consent to personal jurisdiction and venue in such Court for the limited and sole purpose of proceedings relating to this Contract or any rights or obligations arising thereunder. Service of process may be accomplished by following the procedures prescribed by law.

17. Ability to Meet Obligations: Respondent affirmatively states that there are no actions, suits or proceedings of any kind pending against Respondent or, to the knowledge of the Respondent, threatened against the Respondent before or by any court, governmental body or agency or other tribunal or authority which would, if adversely determined, have a materially adverse effect on the authority or ability of Respondent to perform its obligations under this Contract, or which question the legality, validity or enforceability hereof or thereof.

18. Contractor understands and agrees that its employees, agents, or subcontractors are not employees of LFUCG for any purpose whatsoever. Contractor is an independent contractor at all times during the performance of the services specified.

19. If any term or provision of this Contract shall be found to be illegal or unenforceable, the remainder of the contract shall remain in full force and such term or provision shall be deemed stricken.

20. Contractor [or Vendor or Vendor's Employees] will not appropriate or make use of the Lexington-Fayette Urban County Government (LFUCG) name or any of its trade or service marks or property (including but not limited to any logo or seal), in any promotion, endorsement, advertisement, testimonial or similar use without the prior written consent of the government. If such consent is granted LFUCG reserves the unilateral right, in its sole discretion, to immediately terminate and revoke such use for any reason whatsoever. Contractor agrees that it shall cease and desist from any unauthorized use immediately upon being notified by LFUCG.

Signature

04/09/2026
Date