vendor Minimum qualifications form

Attachment 01a - 988 Nevada’s Behavioral Health Crisis Care Hub (NBHCCH) RFP

| Vendor Information | |
| --- | --- |
| Name |  |
| Title |  |
| Email |  |
| Phone |  |
| Address |  |

Table 1 - Vendor Information

# mandatory qualifications

Mandatory minimum qualifications as stated in Section 3 of the Scope of Work

| The vendor must meet the eligibility criteria mentioned in Vibrant’s minimum standards for Crisis Contact Centers. (Attachment - 01b\_ 988NBHCCH\_Minimum\_Standards\_for\_Crisis\_Contact\_Centers) (SOW 3.1 a) |
| --- |
| Vendor meets minimum Qualifications:  Yes  No |
| Describe how vendor meets this qualification: |

| The vendors’ solution must meet the minimum lifeline Telephony requirements. (Attachment - 01c\_ 988NBHCCH\_Lifeline Telephony Requirements) (SOW 3.1 b) |
| --- |
| Vendor meets minimum Qualifications:  Yes  No |
| Describe how vendor meets the minimum qualifications: |

| The vendor must at least have 3 years of experience (within 5 years) providing crisis contact center services similar in scope and complexity to that outlined in the Scope of Work (SOW). (SOW 3.1 c) | |
| --- | --- |
| Vendor meets minimum Qualifications:  Yes  No | |
| Describe how vendor meets the qualification: | |
| Provide additional details in support of meeting this qualification (expand the table as necessary) | |
| **Project Title** |  |
| **Date to and from** |  |
| **Client Name** |  |

| The vendor solution must have been implemented within the United States providing 988 Suicide and Crisis lifelines. (SOW 3.1 d) | |
| --- | --- |
| Vendor meets minimum Qualifications:  Yes  No | |
| Describe how vendor’s solution meets the qualification: | |
| Provide additional details in support of meeting this qualification (expand the table as necessary) | |
| **Project Title** |  |
| **Date to and from** |  |
| **Client Name** |  |

| The vendor must at least have one (1) year of Medicaid billing experience within the last five (5) years. (SOW 3.1 e) | |
| --- | --- |
| Vendor meets minimum Qualifications:  Yes  No | |
| Describe how vendor’s solution meets the qualification: | |
| Provide additional details in support of meeting this qualification (expand the table as necessary) | |
| **Project Title** |  |
| **Date to and from** |  |
| **Client Name** |  |

# Desired qualification

| The Vendor shall have knowledge of 911- computer-aid dispatch systems. (SOW 3.2 a) | |
| --- | --- |
| Vendor meets desired Qualifications:  Yes  No | |
| Describe how vendor meets the qualification: | |
| Provide additional details in support of meeting this qualification (expand the table as necessary) | |
| **Project Title** |  |
| **Date to and from** |  |
| **Client Name** |  |

| The vendor shall have experience working with 211 systems.(SOW 3.2 b) | |
| --- | --- |
| Vendor meets desired Qualifications:  Yes  No | |
| Describe how vendor meets the qualification: | |
| Provide additional details in support of meeting this qualification (expand the table as necessary) | |
| **Project Title** |  |
| **Date to and from** |  |
| **Client Name** |  |

| The vendor shall have experience working with national 988 Suicide and Crisis Lifeline administered Vibrant Emotional Health. (SOW 3.2 c) | |
| --- | --- |
| Vendor meets desired Qualifications:  Yes  No | |
| Describe how vendor meets the qualification: | |
| Provide additional details in support of meeting this qualification (expand the table as necessary) | |
| **Project Title** |  |
| **Date to and from** |  |
| **Client Name** |  |