**Request for Proposal MED-25-002 Quality Improvement Organization Services for Iowa Medicaid**

**Bidder Questions and Agency Responses Round 1 – December 15, 2023**

The table below lists all questions that were received by 3:00 PM CST of November 27, 2023, by the Agency regarding RFP MED-25-002 Quality Improvement Organization Services for Iowa Medicaid and the Agency responses to these questions.

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| Question Number | RFP Page(s) and Section Number(s) | Bidder Question / Clarification / Suggestion for Change | Agency Response |
| 1 | RFP Purpose, page 2 | Would the State consider extending the operations start date to allow for a compliant and successful implementation? | No. The Procurement Timetable on page 2 of the RFP is set so that a contract is in place when the current contract ends so there is no gap in service. |
| 2 | Duration of Contract, page 2 and Attachment F: Cost Proposal | Will the contract be for an initial 2-year contract term as indicated in the RFP text, or an initial 3-year contract term as indicated on the cost proposal? | The Contract duration will be as stated in the Cost Proposal. See RFP correction in Amendment 1. The Contract initial term is 3 years with the ability to extend the contract 3 additional 1-year terms. |
| 3 | Section 1.1 Background, page 4 | The RFP references a report and transformation plan, but the links do not work. Could the State please provide a link in the report? | All links have been fixed in the document “MED-25-002 QIO Request for Proposal Incorporating Amendment 1”. |
| 4 | Section 1.1 Background, page 4 | Will the community-based services redesign project result in future amendments to the scope of work for this contract? | The transformation plan outlines the project focus that will guide Community-Based Services redesign. The potential exists for significant change in the current Long-Term Services and Supports (LTSS) landscape. These changes may impact the QIO contract, though the level of change is not yet known. |
| 5 | Section 1.3.1 Scope of Work, page 11 | Are the key personnel positions identified in this section required to be located in the State of Iowa, even if they are working from home? Can the State provide the Agency remote work policy? | It is the preference of the Agency that key personnel live in the State of Iowa and are able to attend in-person meetings at HHS offices as needed.The HHS Telework Policy link has been added to the MED-25-002 Bidders’ Library. |
| 6 | Section 1.3.1.1.A.2.a Scope of Work, page 13 | We respectfully request a copy of the Agency’s Remote Work Policy. | The HHS Telework Policy link has been added to the MED-25-002 Bidders’ Library. |
| 7 | Section 1.3.1.1.A.6 Scope of Work, page 14 | Do all clinical staff need to be licensed in Iowa, or will the State accept licenses from other states? | Clinical staff must have an Iowa License. Iowa is a multistate license. Starting Jan 2, 2024, a new Nurse Licensure Compact (NLC) rule, 402(2) will be in effect. Nurses relocating to another compact state have 60 days from the time they move to apply for a new license by endorsement in a new primary state of residence. The new rule (effective beginning January 2, 2024) reads:Iowa is a member of the NLC. The NLC is an interstate practice agreement for LPNs and RNs. This increases access to care and allows nurses to practice in participating jurisdictions on a multistate license.  |
| 8 | Section 1.3.1.1.E.3.b.iv Scope of Work, page 16 | On average, how many Ride Alongs have been conducted per year? | On average 5 ride alongs are completed by each MCO per month, so approximately 60 ride alongs per year for each MCO.Based on feedback from federal oversight monitors, the Agency will need to increase the number of Ride Alongs to obtain a statistically valid sample that would be based on monthly enrollment numbers. As an example, if using the December 2023 enrollment numbers, Ride Alongs would need to be 1066 per year, or 88 per month. |
| 9 | Section 1.3.1.1.E.3 Scope of Work, page 16 | What is the aggregated % of service plans reduced by MCOs monthly?What is the average total length of time for MCO Ride Alongs? | SFY23 aggregated average of quarterly service plan reductions is 4.62%. Iowa Total Care                   Amerigroup SFY23Q1 12%                      10%SFY23 Q2 13%                     17%  SFY23Q3 14%                      21%SFY23Q4 15%                      15% Average 13.5%           Average 15.75% The Managed Care Organization (MCO) Ride Alongs referenced in Section 1.3.1.1.E.3 are related to the Person-Centered Service Planning Interdisciplinary Team (IDT) Meetings for MCO Home and Community Based Services (HCBS) enrollees. The average length of time spent in a service plan ride along is 3 hours and 15 minutes, which assumes average drive time of 45 minutes, 90 minutes spent in the IDT meeting, and 60 minutes for the service plan review and follow up documentation process. |
| 10 | Section 1.3.1.1.D Scope of Work, page 16 | What is the annual volume of appeals and hearings prior to and since the period of public health emergency? | For Fee for Service (FFS) and MCO medical decisions appeals and hearings, please reference the QIO Services Monthly Deliverables Report in the MED-25-002 Bidders’ Library. Link is:[https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/current-requests-proposal-rfp](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhhs.iowa.gov%2Fprograms%2Fwelcome-iowa-medicaid%2Fiowa-health-link%2Fcurrent-requests-proposal-rfp&data=05%7C01%7Cpruther%40dhs.state.ia.us%7C4daccd8438474495f4a008dbe9d9ea59%7C8d2c7b4d085a4617853638a76d19b0da%7C1%7C0%7C638360894371675754%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=88Bdni02nr6ePPdMYAcdj95CAxlSJSrNLQ%2FcM9mfAQI%3D&reserved=0) |
| 11 | Section 1.3.1.1.E.2 Scope of Work, page 17 | What current internal and external Iowa Medicaid dashboards are in place and what future dashboards are anticipated?  | There are currently 3 external Medicaid dashboards, the largest being the Iowa Medicaid Dashboard. Along with the dashboards already in place, Medicaid is exploring the possibility of a universal internal dashboard.The 3 current dashboards are located at these links:Iowa Medicaid Dashboard:  [https://app.powerbigov.us/view?r=eyJrIjoiMmIyMTQxNzItZmIwNS00ZDI2LThhMDAtZGI1MzZhNmNiMmM3IiwidCI6IjhkMmM3YjRkLTA4NWEtNDYxNy04NTM2LTM4YTc2ZDE5YjBkYSJ9](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapp.powerbigov.us%2Fview%3Fr%3DeyJrIjoiMmIyMTQxNzItZmIwNS00ZDI2LThhMDAtZGI1MzZhNmNiMmM3IiwidCI6IjhkMmM3YjRkLTA4NWEtNDYxNy04NTM2LTM4YTc2ZDE5YjBkYSJ9&data=05%7C01%7Cpruther%40dhs.state.ia.us%7C53c2eeb70ad8406fde8608dbf5bc0887%7C8d2c7b4d085a4617853638a76d19b0da%7C1%7C0%7C638373960179847211%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=2UN49N%2F3BttpYELwxqFPKs0ZJ8IHcqGP8pX0CkRreU0%3D&reserved=0)Medicaid COVID Unwind: [https://app.powerbigov.us/view?r=eyJrIjoiNzU5ZTM3ZWItNTFhOC00MmE2LWJmMDEtYjY3YjljNjJhODIyIiwidCI6IjhkMmM3YjRkLTA4NWEtNDYxNy04NTM2LTM4YTc2ZDE5YjBkYSJ9](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapp.powerbigov.us%2Fview%3Fr%3DeyJrIjoiNzU5ZTM3ZWItNTFhOC00MmE2LWJmMDEtYjY3YjljNjJhODIyIiwidCI6IjhkMmM3YjRkLTA4NWEtNDYxNy04NTM2LTM4YTc2ZDE5YjBkYSJ9&data=05%7C01%7Cpruther%40dhs.state.ia.us%7C53c2eeb70ad8406fde8608dbf5bc0887%7C8d2c7b4d085a4617853638a76d19b0da%7C1%7C0%7C638373960180003469%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=EDse%2B7iPK57mw9qwdKM1%2FPpZ2U9Tbrdt%2BNdEK1EoAIE%3D&reserved=0)Social Determinants Of Health (SDOH): [https://app.powerbigov.us/view?r=eyJrIjoiZThmZTc5NTctNmU3ZC00YzIzLWE5MTUtYzEyM2RjMjhiZGRjIiwidCI6IjhkMmM3YjRkLTA4NWEtNDYxNy04NTM2LTM4YTc2ZDE5YjBkYSJ9](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapp.powerbigov.us%2Fview%3Fr%3DeyJrIjoiZThmZTc5NTctNmU3ZC00YzIzLWE5MTUtYzEyM2RjMjhiZGRjIiwidCI6IjhkMmM3YjRkLTA4NWEtNDYxNy04NTM2LTM4YTc2ZDE5YjBkYSJ9&data=05%7C01%7Cpruther%40dhs.state.ia.us%7C53c2eeb70ad8406fde8608dbf5bc0887%7C8d2c7b4d085a4617853638a76d19b0da%7C1%7C0%7C638373960180003469%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=zDLspiMHXveM%2BW6i2%2FO%2FmZFWDDY55wcMAfev8yeAEQU%3D&reserved=0) |
| 12 | Section 1.3.1.1.H.1 Scope of Work, page 17 | Is the Contractor responsible for management and updates of telephony system? If so, can the State clarify the specific systems to be supported? | Section 1.3.1.1.H.1 states the Contractor shall manage assigned Agency centralized toll-free telephone lines for communications with Medicaid members.The Agency and its contractors have access to the State’s Iowa Communications Network (ICN) telephone system.  |
| 13 | Section 1.3.1.1.G Scope of Work, page 18 | What is the current monthly volume of requests for information and what are the current Service Level Agreements (SLAs)? | The number of requests for information varies from month to month, but we estimate approximately 1 to 2 requests per month. Due dates and response times vary for Freedom of Information Act (FOIA) and Requests for Information (RFI) and are set when the request is assigned. Internal response times vary from 4-7 calendar days to ensure sufficient time for internal review.  |
| 14 | Section 1.3.1.1.H Scope of Work, page 18 | What is the current monthly call volume for toll-free telephone lines? | Below are the number of inbound calls for each month from January 2023 through November 2023:January 2023 240February 2023 256March 2023 296April 2023 229May 2023 319June 2023 311July 2023 411August 2023 415September 2023 285October 2023 343November 2023 385 |
| 15 | Section 1.3.1.2.A.1.f.v Scope of Work, page 19 | Does this instruction apply to all plans requested under RFP section 1.3.2 or only to the training plan discussed in Section 1.3.1.2.A.1.f? | This instruction applies to the training plan. |
| 16 | Section 1.3.1.2.B Scope of Work, page 20 | Can the Agency provide a copy of the current Contractor’s turnover plan? | Per RFP Section 1.3.1.8, Turnover Phase, this contract phase is activated when the Agency enters into a contract with a new entity (such as a newly awarded contractor) and begins the process of transferring responsibility for operations to that entity. A turnover plan is not currently required from the current contractor. |
| 17 | Section 1.3.1.3.A.5 Scope of Work, page 22 | What is the current volume of Exception to Policy (ETP) requests? | For FFS ETPs, please reference the QIO Services Monthly Deliverables Report in the MED-25-002 Bidders’ Library. Link is:[https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/current-requests-proposal-rfp](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhhs.iowa.gov%2Fprograms%2Fwelcome-iowa-medicaid%2Fiowa-health-link%2Fcurrent-requests-proposal-rfp&data=05%7C01%7Cpruther%40dhs.state.ia.us%7C4daccd8438474495f4a008dbe9d9ea59%7C8d2c7b4d085a4617853638a76d19b0da%7C1%7C0%7C638360894371675754%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=88Bdni02nr6ePPdMYAcdj95CAxlSJSrNLQ%2FcM9mfAQI%3D&reserved=0) |
| 18 | Section 1.3.1.3.B.iv Scope of Work, page 24 | Can you define “Certain Medical Services” further? | Certain Medical Services includes those Medical Services that require prior authorization. The listing of Medical Services requiring prior authorization may be found online.Link is: <https://hhs.iowa.gov/programs/programs-and-services/policies-rules-and-regulations/covered-services-rates-and-payments/prior-authorization> |
| 19 | Section 1.3.1.3.A.9.b Scope of Work, page 24 | What is the Agency’s preferred method of referral to an MCO or MFP Coordinator? | Direct emails to the correct email address are the preferred method of referral to an MCO or MFP Coordinator.  |
| 20 | Section 1.3.1.3.B.1 Scope of Work, page 25 | What is the current volume of Prior Authorizations (PA) by type? | For FFS Utilization Management PAs, please reference the QIO Services Monthly Deliverables Report in the MED-25-002 Bidders’ Library. Link is:[https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/current-requests-proposal-rfp](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhhs.iowa.gov%2Fprograms%2Fwelcome-iowa-medicaid%2Fiowa-health-link%2Fcurrent-requests-proposal-rfp&data=05%7C01%7Cpruther%40dhs.state.ia.us%7C4daccd8438474495f4a008dbe9d9ea59%7C8d2c7b4d085a4617853638a76d19b0da%7C1%7C0%7C638360894371675754%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=88Bdni02nr6ePPdMYAcdj95CAxlSJSrNLQ%2FcM9mfAQI%3D&reserved=0) |
| 21 | Section 1.3.1.3.B.2 Scope of Work, page 27 | What is the current volume of Level of Care (LOC) evaluations by type? | For LOC evaluations by type, please reference the QIO Services Monthly Deliverables Report in the MED-25-002 Bidders’ Library. Link is:[https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/current-requests-proposal-rfp](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhhs.iowa.gov%2Fprograms%2Fwelcome-iowa-medicaid%2Fiowa-health-link%2Fcurrent-requests-proposal-rfp&data=05%7C01%7Cpruther%40dhs.state.ia.us%7C4daccd8438474495f4a008dbe9d9ea59%7C8d2c7b4d085a4617853638a76d19b0da%7C1%7C0%7C638360894371675754%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=88Bdni02nr6ePPdMYAcdj95CAxlSJSrNLQ%2FcM9mfAQI%3D&reserved=0) |
| 22 | Section 1.3.1.4.B Scope of Work, page 32 | What is the current annual volume of HCBS Provider Reviews by type? | For the current annual volume of HCBS Provider reviews by type, please reference the QIO Services Monthly Deliverables Report in the MED-25-002 Bidders’ Library. Link is:[https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/current-requests-proposal-rfp](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhhs.iowa.gov%2Fprograms%2Fwelcome-iowa-medicaid%2Fiowa-health-link%2Fcurrent-requests-proposal-rfp&data=05%7C01%7Cpruther%40dhs.state.ia.us%7C4daccd8438474495f4a008dbe9d9ea59%7C8d2c7b4d085a4617853638a76d19b0da%7C1%7C0%7C638360894371675754%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=88Bdni02nr6ePPdMYAcdj95CAxlSJSrNLQ%2FcM9mfAQI%3D&reserved=0) |
| 23 | Section 1.3.3 Contract Payment Methodology, page 47 | What is the typical length of time it takes for the Agency to verify deliverables and pay the 8% monthly withhold? | The Agency makes efforts to pay in less than 60 days, however this election to pay in less than 60 days shall not act as implied waiver of Iowa law. |
| 24 | Section 2.4 Online Resources, page 48 | The link provided in the Bidder’s Library did not appear to work. The page says, “Please accept our apologies. We can’t find that page.” Can the State please provide the link to the Bidder’s Library? | The link to the Bidders’ Library has been updated and can be accessed with the below link.Link is:[https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/current-requests-proposal-rfp](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhhs.iowa.gov%2Fprograms%2Fwelcome-iowa-medicaid%2Fiowa-health-link%2Fcurrent-requests-proposal-rfp&data=05%7C01%7Cpruther%40dhs.state.ia.us%7C4daccd8438474495f4a008dbe9d9ea59%7C8d2c7b4d085a4617853638a76d19b0da%7C1%7C0%7C638360894371675754%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=88Bdni02nr6ePPdMYAcdj95CAxlSJSrNLQ%2FcM9mfAQI%3D&reserved=0) |
| 25 | Section 2.4 Online Resources, page 49 | The link to the Bidder’s Library is no longer working. Could the Agency please provide a new link to the online resources? | The link to the Bidders’ Library has been updated and can be accessed with the below link.Link is:[https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/current-requests-proposal-rfp](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhhs.iowa.gov%2Fprograms%2Fwelcome-iowa-medicaid%2Fiowa-health-link%2Fcurrent-requests-proposal-rfp&data=05%7C01%7Cpruther%40dhs.state.ia.us%7C4daccd8438474495f4a008dbe9d9ea59%7C8d2c7b4d085a4617853638a76d19b0da%7C1%7C0%7C638360894371675754%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=88Bdni02nr6ePPdMYAcdj95CAxlSJSrNLQ%2FcM9mfAQI%3D&reserved=0) |
| 26 | Section 2.8 Submission of Bid Proposal and Section 3.1 Bid Proposal Formatting, pages 49 & 55 | In the interest of sustainability, please consider a change of delivery requirements from hard copy to an all-electronic submission, preferably via email or Portal upload.In addition, shipping in the winter can be difficult due to weather and other elements outside of the Bidder’s control. If electronic submission via email or portal is not possible, can the State please consider allowing hand delivery? | Per RFP Section 2.8, Submission of Bid Proposal, proposals are to be mailed through the postal service or shipping service. The Agency limits their email size, which prevents electronic submission from being an option. |
| 27 | Section 3.1 Bid Proposal Formatting, page 55 | The RFP requires Bidders to respond using 11-point font (with the exception of charts, graphs, or diagrams). May Bidders also use a smaller, still readable font for each of the following:1. Headers and footers
2. RFP requirement text
3. Tables

In addition, several requested documents (e.g. draft plans, proof of insurance, and QIO status) do not comply with font restrictions as they are not available in a native MS Office format for font adjustments. Please confirm that it is permissible to submit those documents as is.  | Per RFP Section 3.1, Bid Proposal Formatting, the exception to the size of font is specific to charts, graphs, and diagrams. All other portions of the bid must be 11-point or larger. Headers and footers, and RFP requirement text must meet the 11-point font or larger requirement. Tables may be considered a chart and thus part of the exception.If the Bidder does not have permission to edit a document from another entity, that document may be submitted in its original format.If the Bidder creates plans or documents using a non-Word program that does not conform to the RFP font requirements, the Bidder will need to recreate the information in a program or format that meets the RFP font requirements for non-chart, graph, table, or diagram documents. |
| 28 | Section 3.1 Bid Proposal Formatting, page 55 | Can the Bidders exclude each of the following from the sequential numbering requirement:1. Tabs
2. Draft plans
3. Proof of licensure
4. Proof of QIO designation
 | The Agency will permit tabs, proof of licensure or insurance, and proof of QIO designation to be excluded from the sequential numbering requirement, however, these documents must be referenced in a manner that they will be easy to locate and reviewed by the Agency. |
| 29 | Section 3.1 Bid Proposal Formatting, page 55 | Are electronic signatures, such as DocuSign, acceptable? | The Agency will accept certified digital signatures. |
| 30 | Section 3.2.3 Information to Include Behind Tab 3: Bidder’s Approach to Meeting Deliverables, page 57 | Can the Agency provide guidance in how granular the bid response should be in restating Section 1.3 deliverables in Tab 3? Is it sufficient to only restate up to the “capital letter” Level of detail (e.g. under General Obligations, to restate for A. Staffing, B. System and Software Requirements, C. Receipt of Checks, etc.)? | The Bidder should reference, at a minimum, the section levels found in the Technical Proposal Components Table in section 4.3, Proposal Scoring and Evaluation Criteria.For example, 1.3.1.1, General Obligations, would be a minimally sufficient deliverable restatement to be followed by the Bidder’s detailed approach. |
| 31 | Section 3.2.3 Information to Include Behind Tab 3: Bidder’s Approach to Meeting Deliverables, page 57 | Should Tab 3 include a response to Section 1.3.3, Contract Payment Methodology? Section 1.3.3 appears to be informational for Bidders rather than stating SOW requirements. | A response for Section 1.3.3 is not required in Tab 3. |
| 32 | Section 3.2.4.3 Information to Include Behind Tab 4: Bidder’s Experience, page 58 | May Bidders directly submit Letters of Reference with their RFP response document as part of Tab 4? | Per RFP Section 3.2.4.3, letters of reference are to be submitted under Tab 4. All bid proposal documents must be submitted by the Bidder in a complete bid document and any other documents received directly from other entities will not be included or accepted as part of the bid. |
| 33 | Section 3.2.5.3 Information about Project Manager and Key Project Personnel, page 58 | Are all of the staffing positions identified in Section 1.3.1.1 “key project personnel” per Section 3.2.5.3 and that none of the Section 1.3.1.1 positions are “key corporate personnel” per Section 3.5.2.2? This would mean any identified “key corporate personnel” are positions proposed by the Bidder but not named in the RFP document. | Key personnel are defined in RFP Section 1.3.1.1.A. Key Personnel are not included in the definition of Key Corporate Personnel as described in RFP section 3.2.5.2. Also, to be clear, the Key Personnel noted in Section 1.3.1.1.A are the same as the Key Project Personnel noted in Section 3.2.5.3. |
| 34 | Miscellaneous | One of the State Security Standards listed on https://ocio.iowa.gov/standards is the Data Classification Standard. In the Data Classification Standard document and under Elements § 1 Data Classification, a portion of the text is unreadable. Will the State please provide a clean copy of the Data Classification Standard? | To confirm, the link is as follows:<https://ocio.iowa.gov/sites/default/files/standards/2015-05/enterprise_data_classfication_security_standard_final.pdf>This document is readable upon our review. The section you reference: Elements, Data Classification, reads as follows:**Elements** The following are the elements of the Enterprise Data Classification Security Standard. **1. Data Classification:** All data must be classified by the level of protection required. At a minimum data must be classified as either: a. Confidential – Information protected by state or federal law, or b. Public – Information not included in a protected classification. Additional classifications may be used to meet agency requirements. For example, some organizations may use the category of: c. Sensitive: Not explicitly protected by law, but exposure could result in negative impact to government services, state government partners or citizens. |