*For instructions on using this template, please see Notes to Author/Template Instructions on page* 11*. Notes on accessibility: This template has been tested and is best accessible with JAWS 11.0 or higher. For questions about using this template, please contact* [*CMS IT Governance*](mailto:IT_Governance@cms.hhs.gov)*. To request changes to the template, please submit an* [*XLC Process Change Request*](https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/XLC/Downloads/XLCProcessChangeRequestCR.docx) *(CR).*

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|  | Centers for Medicare & Medicaid Services  CMS eXpedited Life Cycle (XLC) |

<Program/Project Name and Acronym>

Acquisition Strategy

Version X.X

MM/DD/YYYY

**Document Number:** <document’s configuration item control number>

**Contract Number:** <current contract number of company maintaining document>

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# Acquisition Strategy Template Overview

An Acquisition Strategy is required when a mission need is defined and a program/project (P/P) will be augmented by contractor support.

The Acquisition Strategy is a top-level description, in sufficient detail to allow senior leadership and other decision authorities to assess whether the strategy makes good business sense, effectively implements laws and policies, and reflects management’s priorities. Once approved, the Acquisition Strategy provides a basis for more detailed planning.

The Acquisition Strategy addresses the critical elements of the project/program to include: management approach; business strategy; risks; technology: resources; requirements roadmap, procurement forecasting; testing; training; milestone schedules; implementation phases; and other logistics support over the entire life cycle. The strategy evolves through an iterative process and becomes more definitive in describing the relationship of the essential elements of a project/program. Each Acquisition Strategy must be updated whenever there is a change to the approved strategy or as the system approach and project/program elements are better designed. Furthermore, it must be tailored to meet the specific needs of individual project/program in compliance with HHS policies.

# Introduction and Background

*Refer to Chapter 3 (Review Chapters 1 & 2) of the HHS Guide for Acquisition Strategy (hereafter simply “the Guide”. [Note: hyperlink/URL will be included when the Guide is published.]*

Summarize work completed to date which initiated the concept of the P/P being considered (for example Mission, Executive Order, Acts, other legislation, etc.) This Initial Phase should include:

1. Background information about the overarching Program/Project (for example implementing the Affordable Care Act, which includes many other P/P such as the Federally Facilitated Marketplace (FFM).
2. Add Dates????
3. Add Responsible Organizations, Offices, etc. (Lead office within Operating/Staff Division where P/PM is assigned)
4. Identify the lead Program Manager for – Describe roles and responsibilities to include IPT and integration required for various other P/Ps
5. Portfolio (List Programs/Projects) and Portfolio Groups (Organizations and/or Offices)
6. Total Projected Cost

# Mission/Business Need and Strategy

*Refer to Chapter 3 (Review Chapter 2) of the Guide. [Note: link/URL will be included when the Guide is published.]*

Identify and clarify the mission need and gain leadership approval, see Section 3.1and 3.2. Define the need (history, challenges that drives mission or implications for acquisition approach.

# Management Approach

*Refer to Chapter 1 (paragraphs 1.2 thru 1.3) and Chapter 2 of the Guide.*

Provide a high-level summary of P/PM methodology. Discuss program management strategies that support the mission and function along with an organized and consistent approach. Consider and apply various characteristics to the AS from Chapter 2. Discuss metrics, key P/PM staff functions and senior leaders including the use of matrix management and Integrated Project Team approaches. Define requirements roadmap and desired outcome. Provide high-level summary of the requirements analysis. Include training requirements. Define and prioritize strategic performance based objectives.

# Business Strategy

*Refer to Chapters 1 and 2, and specifically Chapter 3 (paragraphs 3.2.1thru 3.3.4) of the Guide.*

Identify the number and type of contracts anticipated. Address the contracting approach to include contract types, how competition will be sought, promoted and sustained, source selection procedures, and sources. Explain and provide the analysis and rationale for the contracting strategy. Other areas to consider, high level details:

1. Consideration of Statutes (SB, ACA, Competition in Contracting Act (CICA), etc.)
2. How will the acquisition be funded
3. Type of business arrangements anticipated
4. Estimated dollar value
5. Type of funds
6. Notional discussion Contract Type
7. Length of Contract
8. Commercial Services - Justification if not used
9. Source Selection Process
10. Contract Management – Role of P/PM, Contracting Officer Representative and Contracting Officer

# Risk Management

*Refer to Chapters 1; Chapter 2 (paragraphs 2.1.5 and 2.2.7); Chapter 3 (paragraphs 3.1.2.5 and 3.3.1) of the Guide.*

Address risks and how they will impact the acquisition strategy. Address risk mitigation strategies. Risks include, but are not limited to, changes to the requirement, funding assumptions, contractor’s ability to function, political environment, technology, cost, technical information, performance, and schedule. Address mitigation plans for each identified risk.

# Technology

*Refer to Chapter 2 (paragraphs 2.2.3, 2.2.4, 2.8, 2.10, and 2.11) of the Guide.*

Where appropriate, discuss how this program will support HHS’s enterprise architecture. Address interoperability with other systems, the use of COTS licensed software products, or open systems. Address Information Assurance and privacy considerations. Include information in the OMB guidance for Capital Investment where appropriate for inclusion in the AS.

# Stability and Resources

*Refer to Chapter 2 (paragraphs 2.1.2 thru, 2.1.2.2, 2.1.3, and 2.1.4) and Chapter 3 (paragraphs 3.1.2.2 and 3.1.2.4) of the Guide.*

Use the following table to summarize costs:

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|  |  | **2014** |  | **2016** | **2017** |
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Describe principle sources of funding and/or funding agreements. Address any known funding constraints. Discuss human resources and information management resources needs. Address strategies to balance and achieve cost, schedule, and performance objectives with limited resources.

# Procurement Forecasting

*Refer to Chapter 1 (paragraph 1.1) of the Guide.*

Using *Acquisition Alert 2014-01 HHS Procurement Forecast Guidance*, provide a summary list of all procurement opportunities associated with this program/project. Discuss the level and type of opportunities that may be available for small business involvement.

# Testing

*Refer to Chapter 2 (paragraphs 2.1.3, 2.2.6, 2.8) and Chapter 3 (paragraphs 3.1.2.5, 3.1.2.7, and 3.2) of the Guide.*

Discuss the approach to testing, scheduling, initial operating capability, full operating capability, evaluation of results, approval process and what success looks like.

# Milestone Schedules

*Refer to Chapter 1 (paragraph 1.1); Chapter 2 (paragraphs 2.1.1, 2.1.2, 2.2.1and 2.2.10); Chapter 3 (paragraphs 3.0, 3.1.2.7, 3.2, 3.2.1 and 3.3.1) of the Guide.*

Considering the information in each chapter, provide a high-level milestone schedule which details dates for major events such as: Timelines for tasks related to P/P management, Industry Day, issuance of an RFI/draft RFP, approved Acquisition Plan, issuance of the RFP, receipt of proposals, completion of evaluations and contract award.

# Execution Phases

*Referring to Chapter 4 of the Guide, follow the criteria and provide the required documents.*

2. Acquisition Strategy Record of Changes
3. *Instructions: Provide information on how the development and distribution of the Acquisition Strategy will be controlled and tracked. Use the table below to provide the version number, the date of the version, the author/owner of the version, and a brief description of the reason for creating the revised version.*
4. Table 1: Record of Changes

| 1. Version 2. Number | 1. Date | 1. Author/Owner | 1. Description of Change |
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1. Acronyms
2. Instructions: Provide a list of acronyms and associated literal translations used within the document. List the acronyms in alphabetical order using a tabular format as depicted below.
3. Table 2: Acronyms

| 1. Acronym | 1. Literal Translation |
| --- | --- |
| 1. **ACA** | 1. Affordable Care Act |
| 1. **CICA** | 1. Competition in Contracting Act |
| 1. **FFM** | 1. Federally Facilitated Marketplace |
| 1. **P/P** | 1. Program/Project |
| 1. **P/PM** | 1. Program/Project Manager |
| 1. **RFP** | 1. Request for Proposal |
| 1. **RFI** | 1. Request for Information |
| 1. **SPE** | 1. Senior Procurement Executive |
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1. Glossary
2. Instructions: Provide clear and concise definitions for terms used in this document that may be unfamiliar to readers of the document. Terms are to be listed in alphabetical order.
3. Table 3: Glossary

| 1. Term | 1. Definition |
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1. Referenced Documents
2. Instructions: Summarize the relationship of this document to other relevant documents. Provide identifying information for all documents used to arrive at and/or referenced within this document (e.g., related and/or companion documents, prerequisite documents, relevant technical documentation, etc.).
3. Table 4: Referenced Documents

| 1. Document Name and Location/URL | 1. Issuance Date |
| --- | --- |
| 1. HHS Guide for Acquisition Strategy | 1. 10/2014 (Draft) |
| 1. [Acquisition Alert 2014-01 HHS Procurement Forecast Guidance](http://www.hhs.gov/asfr/ogapa/acquisition/policies/acquisition-alert-2014-01-hhs-procurement-forecast-guidance.html) | 1. 3/21/2014 |
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1. Signatures
2. Changes to this Acquisition Strategy will be coordinated with, and approved by, the undersigned, or their designated representatives.

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| 1. **Program Manager - Recommend Approval** | | | | | | | | | | |
| 1. Name: | | | |  | |  | | 1. Date: | |  |
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| 1. Signature: | | | |  | | | | | | |
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| 1. **Chief Information Officer - Concur with Recommendation** | | | | | | | | | | |
| 1. Name: | | | |  | |  | | 1. Date: | |  |
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| 1. Signature: | | | |  | | | | | | |
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| 1. **Division Head or Designee - Approve Recommendation** | | | | | | | | | | |
| 1. Name: | | | |  | |  | | 1. Date: | |  |
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| 1. Signature: | | | |  | | | | | | |
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| 1. **Head of Contracting Activity** | | | | | | | | | | |
|  |  | 1. Concur with Recommendation (if =/> $20M or High Risk) | | | | | | | | |
|  |  | 1. Approve Acquisition Strategy (if </= $19M) | | | | | | | | |
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| 1. Signature: | | | |  | | | | | | |
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| 1. **Senior Procurement Executive (SPE) -** Approve Acquisition Strategy  (SPE approval needed only if =/> $20M or High Risk) | | | | | | | | | | |
| 1. Name: | | | |  | |  | | 1. Date: | |  |
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2. Notes to the Author / Template Instructions
3. This document is a template for creating an Acquisition Strategy for a given investment or project. The final document should be delivered in an electronically searchable format. The Acquisition Strategy should stand on its own with all elements explained and acronyms spelled out for reader/reviewers, including reviewers outside CMS who may not be familiar with CMS investments.
4. This template includes instructions, boilerplate text, and fields. The developer should note that:

* *Each section provides instructions or describes the intent, assumptions, and context for content included in that section. Instructional text appears in blue italicized font throughout this template.*
* *Instructional text in each section should be replaced with information specific to the particular investment.*
* *Some text and tables are provided as boilerplate examples of wording and formats that may be used or modified as appropriate.*

1. When using this template, follow these steps:
2. *Table captions and descriptions are to be placed centered, above the table.*
3. *Modify any boilerplate text, as appropriate, to your specific investment.*
4. *Do not delete any headings. If the heading is not applicable to the investment, enter “Not Applicable” under the heading.*
5. *All documents must be compliant with Section 508 requirements.*
6. *Figure captions and descriptions are to be placed centered, below the figure. All figures must have an associated tag providing appropriate alternative text for Section 508 compliance.*
7. *Delete this “Notes to the Author / Template Instructions” page and all instructions to the author before finalizing the initial draft of the document.*
8. XLC Template Revision History
9. The following table records information regarding changes made to the XLC template over time. This table is for use by the XLC Steering Committee only. To provide information about the controlling and tracking of the Acquisition Strategy artifact, please refer to page 6 (Record of Changes).
10. Table 5: XLC Template Revision History

| 1. Version 2. Number | 1. Date | 1. Author/Owner | 1. Description of Change |
| --- | --- | --- | --- |
| 1. 1.0 | 1. 06/30/2014 | 1. Celia Shaunessy, CMS/OIS/DITG | 1. Baseline version of template. [See CR 14-002](https://share.cms.gov/office/ois/Services/XLCSC/XLCDocs/14-002_AcqStrategyCRForm.docx). |
| 1. 1.1 | 1. 08/06/2014 | 1. Celia Shaunessy, CMS/OIS/DITG | 1. Changes made per [CR 14-012](https://share.cms.gov/office/ois/Services/XLCSC/XLCDocs/14-012_GeneralUpdates.docx). |
| 1. 2.0 | 1. 10/14/2014 | 1. Celia Shaunessy, CMS/OIS/DITG | 1. Template revised to align with the HHS Guide for Acquisition Strategy. |
| 1. 3.0 | 1. 02/02/2015 | 1. Surya Potu, 2. CMS/OEI/DPPIG | 1. Updated CMS logo. |
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1. Additional Appendices
2. Instructions: Utilize additional appendices to facilitate ease of use and maintenance of the document.