STATE OF CONNECTICUT
OFFICE OF THE HEALTHCARE ADVOCATE
STATE INNOVATION MODEL PROGRAM MANAGEMENT OFFICE

REQUEST FOR PROPOSALS (RFP)

COMMUNITY & CLINICAL INTEGRATION PROGRAM (CCIP) TRANSFORMATION VENDOR

The State Innovation Model (SIM) Program Management Office (PMO) seeks a contractor to provide technical assistance, learning collaborative, and community health collaborative support to healthcare providers as part of the SIM Community & Clinical Integration Program (CCIP).

Services include, but are not limited to, deploying a comprehensive technical assistance strategy that will lead to the achievement of CCIP core standards in comprehensive care management, health equity interventions, and behavioral health integration, as well as any selected CCIP elective standard in oral health integration, comprehensive medication management, and E-consults. The strategy must promote peer learning and supports through a learning collaborative, as well as have a robust evaluation approach. Additionally, the contractor will convene or facilitate Community Health Collaboratives of clinical and community stakeholders to develop consensus coordination protocols.

This is a competitive procurement. The anticipated maximum award is **$3.25 million**.

http://das.ct.gov/cr1.aspx?page=12

Applicable Dates:

RFP Release Date	**6/29/16**
Letter of Intent to Apply Due Date:	**7/14/16**
Application Due Date:	**8/18/16 3 p.m. Eastern Time**
Anticipated Issuance of Notice of Award:	**9/06/16**
Anticipated Period of Performance:	**10/01/16 - 9/30/19**

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1 EXECUTIVE SUMMARY

The Community & Clinical Integration Program (CCIP) is designed to transform care delivery in healthcare organizations across Connecticut and enable better care at lower cost for Medicare, Medicaid, and commercial enrollees. The vendor selected through this Request for Proposals (RFP) will provide **technical assistance** and **peer learning support** to Advanced Networks[1] and Federally Qualified Health Centers (FQHCs) that have entered into shared savings program contracts under which they are accountable for clinical quality and total cost of care. The purpose of the technical assistance and peer learning support is to enable these Advanced Networks and FQHCs to make progress toward or fully achieve CCIP standards. The vendor will also **convene and facilitate** Community Health Collaboratives in three or more target regions in support of CCIP goals.[2]

Any questions related to this grant program should be directed to:

Mark Schaefer, Director, Healthcare Innovation, Connecticut State Innovation Model:
Mark.Schaefer@ct.gov

Applications must be submitted electronically on or before August 18, 2016 at 3pm to
Mark.Schaefer@ct.gov

RFP Name	Community & Clinical Integration Program Transformation Vendor
RFP Release Date	June 29, 2016
Electronic Location of Request for Proposals	http://das.ct.gov/cr1.aspx?page=12
Letter of Intent Due Date	July 14, 2016
Request for Proposals Application Due Date	August 18, 2016
Anticipated Notice of Award	September 8, 2016
Period of Award	October 1, 2016 – September 30, 2019
Anticipated Total Available Funding	Up to $3.25 million
Anticipated Number of Awards	One award
Eligible Applicants	Organizations that have expertise in health care delivery transformation, change management, community and clinical integration, and quality improvement

[1] Advanced Networks are physician group practices, independent practice associations or clinically integrated networks that have entered into a shared savings program agreement with at least one public or private payer in which they are accountable for quality and total cost of care.

[2] This project is supported by Funding Opportunity Number CMS-1G1-14-001 from the U.S Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.

2 FUNDING OPPORTUNITY DESCRIPTION

2.1 FUNDING OPPORTUNITY PURPOSE

This Request for Proposals (RFP) is for the purpose of selecting a Community & Clinical Integration Program (CCIP) transformation vendor to assist CCIP participating Advanced Networks and Federally Qualified Health Centers (FQHCs) in making progress toward or achieving CCIP standards. The applicant that is selected to serve as the CCIP transformation vendor will work closely with CCIP participants ("Participating Entities") to enable them to improve their health care delivery capabilities and level of community and clinical integration for the populations they serve, regardless of payer.

Note: The PMO strongly encourages Applicants to review the complete ("CCIP Report") for the full description of the CCIP:
http://www.healthreform.ct.gov/ohri/lib/ohri/work_groups/practice_transformation/ccip_standards/ccip_report_4-13-16_draft_5_14.pdf.

2.2 BACKGROUND INFORMATION

Connecticut's State Innovation Model Initiative

Created by the Affordable Care Act, the Center for Medicare and Medicaid Innovation (CMMI) aims to explore innovations in health care delivery and payment that will improve the health of the population, enhance quality of care and lower costs through improvement (the "Triple Aim"). In December of 2014, Governor Malloy and the state of Connecticut applied for and was awarded a $45 million CMMI State Innovation Model (SIM) grant. The SIM initiative is intended to test state-led, multi-payer health care payment and service delivery models over a four year (2015-2019) period. SIM will help Connecticut achieve its vision to establish a whole-person-centered healthcare system that improves community health and eliminates health inequities; ensures superior access, quality, and care experience; empowers individuals to actively participate in their health and healthcare; and improves affordability by reducing health care costs.

Please see the Driver Diagram on the next page for an overview of the SIM aims and drivers.

CT SIM Website: http://www.healthreform.ct.gov/ohri/site/default.asp

SIM Program Management Office

The State Innovation Model Program Management Office ("SIM PMO") is located within the Connecticut Office of the Healthcare Advocate and is responsible for administering the Connecticut Healthcare Innovation Plan and the Connecticut State Innovation Model (SIM) Test Grant including the conduct of meetings, managing contracted transformation support, overseeing evaluation efforts, and communicating with stakeholders and state government. The SIM PMO is directly responsible for the conduct of several SIM initiatives, including CCIP.

Exhibit 1: State Innovation Model Driver Diagram

<table>
<tr><th>Aim</th><th>Primary Driver</th><th>Secondary Driver</th></tr>
<tr><td rowspan="15">By 2020 Connecticut will:

Improve Population Health while Reducing Health Disparities
Reduce statewide rates of diabetes, obesity, and tobacco use

Improve Health Care Outcomes while Reducing Health Disparities
Improve performance on key quality measures, increase preventative care and consumer experience, and increase the proportion of providers meeting quality scorecard targets

Reduce Rate of Healthcare Spending
1-2% percentage point reduction in annual healthcare spending growth</td><td rowspan="4">Promote policy, systems, & environmental changes, while addressing socioeconomic factors that impact health</td><td>Engage local and state health, government, and community stakeholders to produce a population health plan</td></tr>
<tr><td>Identify reliable & valid measures of community health improvement</td></tr>
<tr><td>Develop detailed design for Health Enhancement Communities (HECs) and Prevention Service Centers (PSC)s that include financial incentive model to reward communities for health improvement</td></tr>
<tr><td>Build community structures and capabilities to improve health</td></tr>
<tr><td rowspan="3">Engage consumers in healthy lifestyles, preventive care, chronic illness self-management, and healthcare decisions</td><td>Incentivize healthy choices by engaging employers to spread use of Value-Based Insurance Designs</td></tr>
<tr><td>Provide transparency on cost and quality by creating a public common scorecard to report provider performance</td></tr>
<tr><td>Hold public meetings, focus groups, listening tours, and other outreach strategies for healthcare consumers</td></tr>
<tr><td rowspan="4">Promote payment models that reward improved quality, care experience, health equity and lower cost</td><td>All payers in CT use financial incentives to reward improved quality and reduced cost: launch Medicaid Quality Improvement & Shared Savings Program (MQISSP)</td></tr>
<tr><td>Engage payers to increase proportion of CT population with a primary care provider responsible for quality and total cost of care</td></tr>
<tr><td>Create a statewide multi-payer core quality measure set for use in value-based payment models</td></tr>
<tr><td>Develop and deploy measurement solutions to support the use by all payers of EHR-based, outcome, health equity and care experience measures in value-based payment scorecards</td></tr>
<tr><td rowspan="5">Strengthen capabilities of Advanced Networks and FHQCs to delivery higher quality, better coordinated, community integrated and more efficient care</td><td>Community & Clinical Integration Program (CCIP): Provide technical assistance & awards to MQISSP Participating Entities to achieve best-practice standards in: comprehensive care management; health equity improvement; & behavioral health integration</td></tr>
<tr><td>Promote use of Community Health Workers through developing policy framework, outreach, and toolkit</td></tr>
<tr><td>Networks receive timely alerts for hospital related care events even when the hospital is not in their network</td></tr>
<tr><td>Enhance analytics and efficient health information sharing across the health neighborhood</td></tr>
<tr><td>Advanced Medical Home (AMH) Program: Provide support to primary care practices, within MQISSP Participating Entities, that are not medical homes to become AMHs</td></tr>
</table>

Care Delivery Reform Strategy

A core strategy of the SIM initiative is to promote the transformation of care delivery services so that care is consistently coordinated and person-centered. Transforming care to be truly person-centered is a process that takes place at multiple levels. Recognizing that many of the services and resources that need to be incorporated in a truly person-centered healthcare delivery system lie outside of the individual primary care office, CCIP is intended to support a higher standard of care delivery that is better integrated with clinical and community partners.

CCIP is intended to support Participating Entities by providing them with technical assistance and peer learning support to a) improve care for individuals with complex health needs, b) introduce new care processes to reduce health equity gaps, and c) improve access to and integration of behavioral health services. In each of these areas, there are sizable opportunities to improve care, especially by helping care teams to identify cultural, language, and social factors that are barriers to care and address these barriers through community linkages and new team members such as Community Health Workers.

The CCIP program is intended to complement the SIM Advanced Medical Home (AMH) program, which focuses on helping primary care practices achieve NCQA Patient Centered Medical Home (PCMH) recognition, an important building block for a person-centered, team-based, and coordinated care. CCIP is also intended to support the Medicaid Quality Improvement and Shared Savings Program (MQISSP) and its associated required elements. The combined effect of the MQISSP required elements and the CCIP standards is to strengthen the capabilities of Connecticut's increasingly accountable provider community.

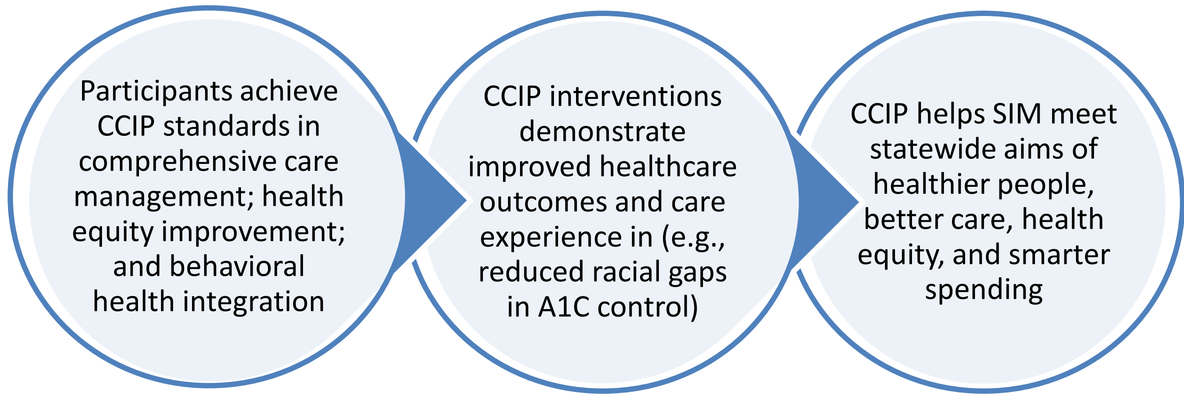
Our care delivery strategy, including CCIP and its technical assistance support, aligns with the overall aims of SIM:

1. **Improve population health while reducing health disparities**
2. **Improve healthcare outcomes while reducing health disparities**
3. **Reduce the rate of growth in healthcare spending**

2.3 CCIP Components

2.3.1 Program Model and Goals

The primary goal of the CCIP program is to ensure that Participating Entities have the capabilities necessary to effectively support individuals with complex health care needs, to identify and reduce health equity gaps, and to better identify and support individuals with behavioral health needs. These CCIP capabilities are reflected in the core standards. Participating Entities will track quality measures to ensure that new activities and care processes result in demonstrated improvements in healthcare outcomes, in turn contributing to the achievement of SIM's statewide aims.



SIM funded technical assistance and peer learning support in the form of a learning collaborative are the primary means by which organizations will be supported in achieving the core and elective capabilities. Transformation awards of up to $500,000 will also be made available to CCIP Participating Entities to help support the costs associated with working toward achievement of the standards. The SIM PMO will administer the Transformation Awards. Finally, Community Health Collaboratives will provide a vehicle for developing consensus protocols for coordination and the use of shared resources for the benefit of all Participating Entities and their clinical and community partners.

Exhibit 2: Core supports provided to CCIP Participating Entities*

**Note that all supports listed in this exhibit, except for Transformation Awards, will be conducted by the CCIP Transformation Vendor*

Through this RFP, the SIM PMO intends to fund one successful applicant to serve as the CCIP transformation vendor ("vendor"). The SIM PMO is seeking a vendor that proposes the most efficient and effective approach to helping Participating Entities work toward the achievement of CCIP standards and facilitating Community Health Collaboratives.

Please refer to the CCIP Report in addition to the summary information and requirements contained in this RFP.

2.3.2 Standards

The CCIP standards build on existing medical home and care coordination programs in Connecticut. They are based on local and national best practices that have been shown to improve health care outcomes, improve health equity, and reduce costs. There are three required core standards on which Participating Entities must focus and three elective standards that they can voluntarily request assistance in meeting.

The three core standards include:

1. **Comprehensive care management:** These standards establish a person-centered process for identifying and managing the care of individuals with complex health care needs, including using multi-disciplinary comprehensive care teams. They will enable the effective identification of individuals who would benefit from comprehensive care management, engage those individuals, and coordinate services by using an expanded care team that includes community-based service and support providers.
2. **Health equity improvement:** Part 1 of these standards focus on continuous health equity gap improvement including analytic capabilities to routinely identify disparities in care, conduct root cause analyses to identify the best interventions, and develop the capabilities to monitor the interventions. Part 2 specifies an intervention that uses a community health worker to address an identified equity gap.
3. **Behavioral health integration:** These standards incorporate best-practice processes to identify individuals with unidentified behavioral health needs in the primary care setting and addressing the need.

Technical assistance will also be available for three additional elective standards to Participating Entities that seek to improve care in the following areas:

4. **E-Consults:** E-consults are a telehealth system in which primary care providers consult with a specialist reviewer electronically prior to referring an individual to a specialist for a face to face non-urgent care visit. This can improve the quality of primary care management, enhance the range of conditions that a primary care provider can effectively treat in primary care, and reduce avoidable delays and other barriers (e.g., transportation) to specialist consultation.
5. **Comprehensive Medication Management (CMM):** This intervention is intended to improve care for patients with complex therapeutic needs who would benefit from a comprehensive personalized medication management plan. CMM is a system-level, person-centered process of care provided by credentialed pharmacists to optimize the complete drug therapy regimen for a patient's given medical condition, socio-economic conditions, and personal preferences. The

model depends on pharmacists working collaboratively with physicians and other healthcare professionals to optimize medication use in accordance with evidence-based guidelines.

6. **Oral Health Integration:** These standards provide best-practice processes for the primary care practices to routinely perform oral health assessments with recommendations for prevention, treatment and referral to a dental home.

Each CCIP standard contains elements and their respective criteria. Note that future reference to CCIP standards includes the associated elements, criteria, and details.

Please refer to Appendices A and B of the CCIP Report to view the complete CCIP standards.

2.3.3 Community Health Collaboratives

The vendor will also be charged with establishing or engaging **Community Health Collaboratives** in three or more regions of the state. The purpose of these collaboratives is to facilitate more efficient coordination among healthcare providers and community organizations or other community entities in the service of better healthcare outcomes. The vendor will work with these collaboratives to develop standardized protocols for linking community resources with clinical service providers in a geographic area.

Please refer to Appendix C of the CCIP Report for a more complete description of the Community Health Collaboratives.

2.3.4 Projected Enrollment Numbers

The SIM PMO is estimating that approximately 15 Participating Entities (14 Advanced Networks & 1 Federally Qualified Health Center) will be supported by the vendor, encompassing about 1,400 primary care providers. CCIP will be implemented in two waves. Estimated Participating Entities and intervention period for each wave are provided in the table below:

Table: Projected Enrollment Numbers in MQISSP and CCIP

Participating Entity	Wave 1: 1/1/2017 – 3/31/2018	Wave 2 1/1/2018 – 3/31/2019	Total
Anticipated number of Participating Entities	3-6	7-9	**10-15**

The PMO estimates that there are nearly twenty Advanced Networks in Connecticut. Advanced Networks vary in size, with small networks of fewer than 50 providers and others with more than 500. The SIM PMO estimates that approximately 1,400 primary care providers affiliated with Participating Entities will benefit from CCIP technical assistance support. The above figures are provisional and subject to change. The actual number of Participating Entities and primary care providers will depend on the results of the Department of Social Services (DSS) procurement for MQISSP.

The letter of intent for MQISSP is due the first week of July. Please check http://das.ct.gov/cr1.aspx?page=12 in early July for updated participation estimates for Wave 1.

2.3.5 Participating Entities

Only Advanced Networks and FQHCs that are participating in the Medicaid Quality Improvement & Shared Savings Program (MQISSP) will be eligible for CCIP transformation support. Advanced Networks and FQHCs that are participating in the Transforming Clinical Practices Initiative (TCPI), a separate federal practice transformation grant awarded to some practices and FQHCs, are not eligible to participate in CCIP. DSS has embedded requirements related to CCIP standards within the MQISSP Request for Proposals (RFP). All entities selected to participate in CCIP will be those that also participate in MQISSP.

DSS and the SIM PMO agree that it will be useful to test the CCIP standards. Therefore, in the first wave of MQISSP procurement for the project period starting January 1, 2017, DSS and the SIM PMO have agreed to permit MQISSP applicant entities to choose whether or not they will be bound by the CCIP standards. The DSS MQISSP RFP for Wave 1 offers two tracks, from which applicant entities must choose:

- Track 1 will require MQISSP Participating Entities to participate in CCIP technical assistance, engage in the transformation process, and make progress towards achieving CCIP standards but will not require demonstrated achievement of the CCIP standards as a condition for continued participation in MQISSP.
- Track 2 will enable MQISSP Participating Entities to indicate that they agree to be bound by CCIP standards. These Participating Entities must achieve the core CCIP standards within 15 months of the MQISSP start date. *Only Track 2 Participating Entities will be eligible for transformation awards*.

Over the course of the MQISSP performance period for Wave 1, the experience of Participating Entities will be reviewed and the standards may be adjusted. For the Wave 2 MQISSP procurement, achievement of the CCIP standards, as revised, will be a condition for all MQISSP Participating Entities, including those entities that were exempt during the first wave.

Participating Entities may request accommodations that the vendor will be required to validate, pending PMO approval, and incorporate into the transformation plan. These include the follow:

- Requirement Accommodation: Participating entities can request an exemption from or adjustment to a CCIP requirement that conflicts with, or would otherwise disrupt, their activities in relation to DSS programs such as PCMH or the CHNCT or Beacon Health Options ICM Program.
- Hardship Accommodation: Participating entities can request an accommodation if the costs associated with meeting a requirement presents an insurmountable barrier.
- Timetable Accommodation: Participating entities in Track 2 may request an additional 6-months to meet CCIP standards.
- Alignment Accommodation: Participating entities can request an accommodation if a requirement does not fully align with the Advanced Network's care delivery model and the needs of its patient populations

More information about the two track approach and accommodations can be found in the CCIP Report.

2.3.6 Coordination with Other Initiatives

CCIP must not duplicate or disrupt other care delivery efforts and transformation services. The CCIP Transformation Vendor must help ensure that the achievement of CCIP standards complements the Participating Entities' participation with, at a minimum, the following programs.

- **Department of Social Services Patient Centered Medical Home Program**
- **Department of Social Services Intensive Care Management Program**
- **Child Development Info-line and DPH Children and Youth with Special Health Care Needs (CYSHCN) care coordination centers** - The vendor will be expected to coordinate the provision of technical assistance with the Child Health and Development Institute, which provides pediatric practices with assistance in using the Child Development Infoline and care coordination services of the DPH Children and Youth with Special Health Care Needs (CYSHCN). The Child Development Infoline provides access to care coordination services that CCIP Participating Entities may otherwise put into place to enable their pediatric practices to achieve the *Standard 1: Comprehensive Care Management*. The Child Health and Development Institute will act as a partner (rather than subcontractor) with the vendor in the provision of pediatric practice transformation support as it pertains to care coordination.

In addition, the vendor must coordinate with the following transformation services to ensure that duplication is avoided, and to ensure that the Participating Entities' interaction with other transformation programs is coordinated to avoid additional burden or confusion:

- **Community Health Network of CT (CHNCT) PCMH Glide Path Program:** The vendor is expected to coordinate with CHNCT staff, who may be providing technical assistance to practices affiliated with Participating Entities as part of the DSS PCMH program.
- **State Innovation Model Advanced Medical Home (AMH) Program:** The vendor is expected to coordinate with the AMH technical assistance provider, who may be working with practices affiliated with Participating Entities to help them achieve AMH program requirements.
- **SIM Health Information Technology Investments:** Many of the capabilities promoted in CCIP depend on health information technology (HIT). The SIM model test grant proposes to fund a menu of technology tools that could serve as enablers to Participating Entities. The vendor will ensure that CCIP implementation is coordinated with any SIM HIT assessments and deployments. The vendor may also be required to incorporate technology solutions into the change management strategy and curriculum as appropriate.

The vendor must examine any additional potential coordination issues and establish processes (such as coordination protocols) to ensure that capabilities pursued as part of CCIP harmonize with other initiatives. Potential initiatives for which a process may have to be developed may include:

- **Wraparound New Haven**
- **Department of Children and Family and Beacon Health Options Care Management Entities for children with serious behavioral health needs**

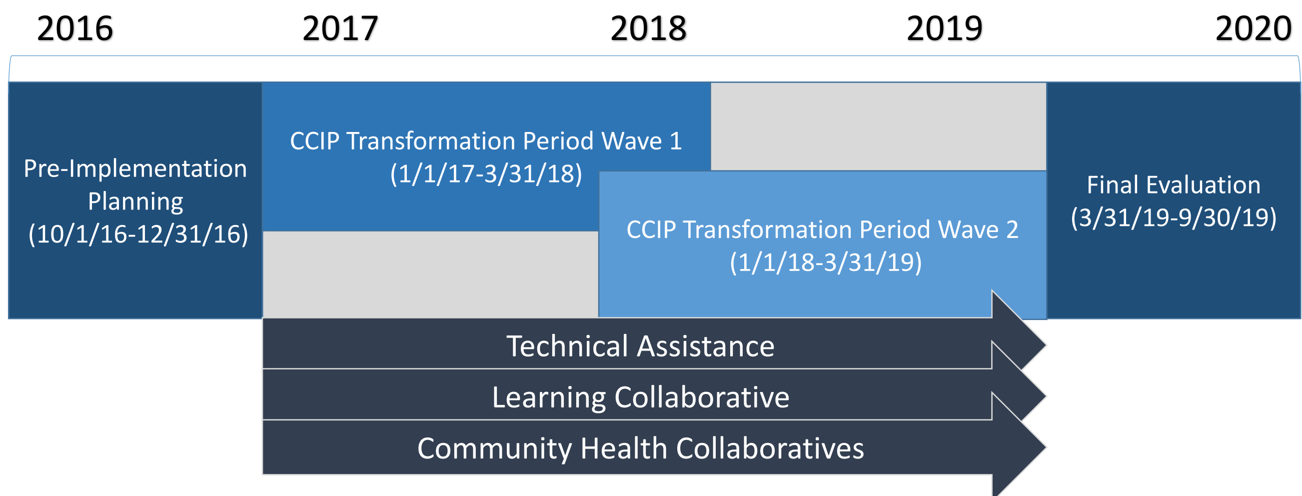
Coordination with other initiatives is discussed in further detail on pages 37 through 43 of the CCIP Report.

2.4 Required Service Components and Scope of Work

The PMO seeks a vendor with the experience, capacity and expertise to serve as the State's CCIP transformation vendor. The scope of work for the CCIP vendor includes the following:

- **Pre-implementation Planning**
- **Transformation and Technical Assistance**
- **Learning Collaborative**
- **Community Health Collaboratives**
- **Final Evaluation**

Exhibit 3: Timeline and Core Scope of Work



Detailed information about each scope of work component is contained in the subsequent subsections.

2.4.1 Pre-implementation Planning

2.4.1.1 Develop Implementation Package

The vendor shall develop and maintain an **Implementation Package** that details its change management strategy including a comprehensive plan for technical assistance, learning collaboratives, Community Health Collaboratives, and evaluation.

The Implementation Package must include, at a minimum, the following:

- Conceptual model for system redesign and description of change strategy and goals
- Activities that comprise the **Technical Assistance,** described in Section 2.4.2, including:
    - Standardized assessment tool (readiness, on-going, post) and process
    - Transformation Planning tool and process
    - Transformation Curriculum content. The vendor must ensure that the strategies and activities detailed are linked to progress towards the achievement of (Wave 1, Track 1) or

the achievement of (Wave 1, Track 2 or Wave 2) all elements of the CCIP core and elective standards in the 15-month performance period

    - Change tactics and activities (Participating Entity and vendor)
    - Tools and interventions that the vendor will deploy to facilitate the achievement of each standard. Description must include detail about the type (on-site, webinar, conference call, meetings) and amount of training and technical assistance that will be provided, and the resources that the vendor will make available to each Participating Entity
    - Approach to engaging the Participating Entities' leadership and change management staff, as well as practices within the network
    - Strategy for ensuring that the Participating Entity is equipped with the tools and strategies to lead the change management process within their organization in a way that is feasible and sustainable
    - Approach to coordination with other transformation initiatives (see Section 2.3.6) including the identification of other resources and supports that the Participating Entity can leverage in their work to transform
    - Transformation sequence, timetable, and process
    - Plan for assessing progress against the standards, quantitative measures of clinical process and outcome, and on-site validation at the conclusion of the transformation period.
- Strategy and activities that comprise the **Learning Collaborative** described in Section 2.4.3.
- Strategy and activities that comprise the **Community Health Collaboratives** described in Section 2.4.4
- **Project Management and Project Plan**
- **Evaluation Plan** that details how the vendor will undertake evaluation activities to assess its performance in each of the major initiatives. The vendor must have a means for generating and documenting its impact on the Participating Entities and producing data that captures the achievements of Community Health Collaboratives.

The vendor must coordinate with the SIM PMO and DSS to propose adjustments to the Implementation Package for the second wave based on lessons learned and potential changes to the standards. The vendor must work closely with the SIM PMO and DSS in developing a revised Wave 2 package, which must be approved by the SIM PMO prior to implementation.

2.4.1.2 Conduct Scan for Community Health Collaborative Planning

The PMO will identify three or four target communities within which the vendor will convene and facilitate Community Health Collaboratives. The target communities will be selected in October 2016 after DSS selects MQISSP Participating Entities. The PMO may consider the number of MQISSP Participating Entities and the overall level of value-based payment penetration as considerations in selecting target communities.

As part of Community Health Collaborative planning, the vendor must undertake a survey of existing health and healthcare related collaborative structures in areas where Participating Entities operate. This scan must determine whether and how the approach to establishing Community Health Collaboratives

can mobilize existing partnerships and resources. For example, there are collaboratives in Connecticut that are comprised of diverse stakeholder groups focused on supporting more effective care transitions, reducing readmissions, and addressing social determinant risks. Other groups have emerged in response to hospitals' Community Health Needs Assessments and Community Benefit requirements.

The environmental scan will also examine potential participants in the collaborative such as Local Mental Health Authorities, housing and food assistance providers, community pharmacies, members of the non-profit and faith communities, and other community assets and resources. This scan may be undertaken in partnership with the Department of Public Health (DPH) and in collaboration with other state health government stakeholders.

Additional requirements for Community Health Collaboratives can be found in Section 2.4.4 and in Appendix C of the CCIP Report.

2.4.1.3 Harmonize with the Transforming Clinical Practices Initiative (TCPI)

The vendor should examine the approach and supporting materials that comprise the federal TCPI practice transformation effort and harmonize to the extent that it is beneficial to the technical assistance process.

The Centers for Medicare and Medicaid Services (CMS) recently launched TCPI to help clinicians achieve health transformation. TCPI funds Practice Transformation Networks (PTNs) to lead practice transformation and peer learning activities across primary care and specialty practices. Two entities that are recruiting practices in Connecticut have been awarded TCPI funding: Community Health Center Association of Connecticut (CHCACT PTN), and UConn Health (Southern New England PTN). Due to the similarity between TCPI and CCIP, practices and FQHCs that participate in TCPI are not eligible to participate in CCIP.

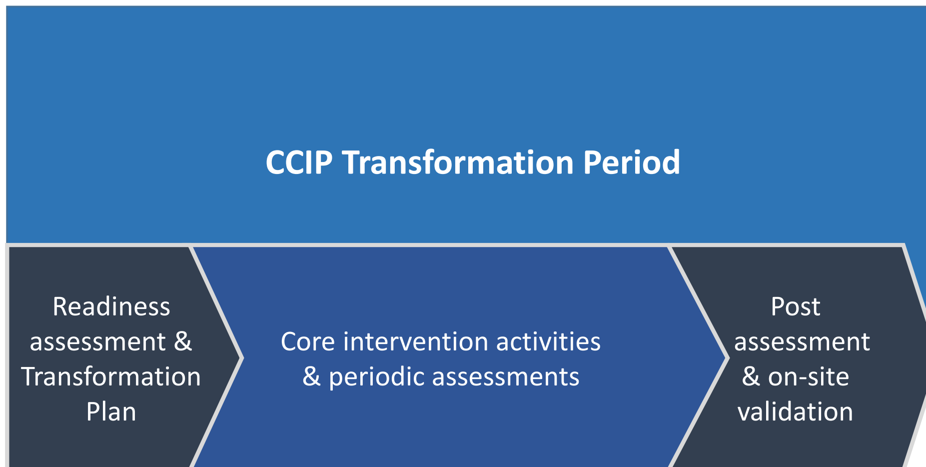
SIM and TCPI are federally funded programs, both of which include a focus on practice transformation and technical assistance. CMMI has instructed SIM and PTN grant recipients to work together to coordinate the administration of these programs with the aim of promoting harmonization and ensuring that duplication is avoided. Although the PMO will not provide CCIP transformation services to TCPI participants, the SIM PMO wishes to leverage and align with TCPI approaches so that statewide transformation efforts present a more unified approach.

2.4.2 Technical Assistance

Technical assistance to each Participating Entity will occur over a 15-month period, but may be extended by six months for a total of 21 months. The technical assistance for each Participating Entity shall include the following components:

- Readiness Assessment and Transformation Plan development
- Core interventions and activities with periodic assessments
- Post assessment of performance of the Participating Entity with on-site validation

Exhibit 4: Technical Assistance Phases and Activities during the Transformation Period



2.4.2.1 Develop and Deploy Assessment Strategy

The vendor will lead the assessment and validation of CCIP Participating Entities. The vendor will develop and deploy comprehensive assessments that will document initial capabilities and gaps while also providing the means to track Participating Entities progress towards achieving CCIP standards and clinical process and outcome targets. **The PMO anticipates that the assessment will be the means by which the vendor assesses each Participating Entity's progress.**

The assessment strategy must capture, at a minimum:

- Core and elective standards achieved and level of improvement. The vendor must develop an approach and criteria to determine how to evaluate progress against each CCIP core and elective standard. The assessment must be sensitive to progress that is limited in scope and scale, e.g., capabilities that have been achieved by only a subset of practices.
- Quantifiable improvements from baseline on a set of clinical process and outcome measures (e.g., readmissions, A1C testing or control, care experience) chosen with the Participating Entity.
    - Participating Entities will be required to track and report quarterly on its chosen measures for each core standard and selected elective standards. These measures should demonstrate the impact of the CCIP intervention on improving quality of care and care experience across the network.
    - The vendor must work with entities to select appropriate measures and must have a strategy to collect and analyze aggregate results as part of the assessment process.
- Progress on a set of quantitative pace indicators related to achieving CCIP standards. The vendor must set up a process with the CCIP Participating Entity to obtain this information. For example, the number of individuals with complex health needs who have been identified, referred, and received services from a comprehensive care team.
- Progress on milestones and activities identified in the Transformation Plan.

The assessment strategy for each CCIP Participating Entity must include an initial **readiness assessment**, **periodic formative assessment(s)**, and a **summative post-assessment with on-site validation**.

Readiness Assessment

The initial readiness assessment must include a gap analysis that, at a minimum:

- Determines which standards have already been met
- Documents baseline performance on chosen clinical process and outcome measures
- Determines the resource and work flow intensity required by the Participating Entity in order to achieve the standards over the 15 month period.
- Assesses the feasibility of fulfilling the core intervention standards over the 15-month support period based on the current state of the organization's capabilities and resources.
- Assesses whether the standards fully align with the needs of the Participating Entity and its patient populations.

The information from the readiness assessment must inform the development of the Transformation Plan, described in the next section.

The vendor is expected to begin the readiness assessments once the assessments have been approved by the PMO and agreements with Participating Entities have been signed. We anticipate that this will be prior to the formal start date of the 15-month period (January 1, 2017 for Wave 1).

Periodic Assessment(s)

The vendor must conduct periodic re-assessments at intervals to be determined in the Implementation Package. The periodic assessments must enable continuous quality improvement by providing actionable information to the Participating Entity, the vendor, and the SIM PMO. The vendor must share assessment results and other information about progress with Participating Entities in a timely and accessible way, to allow for adjustments to the interventions and activities. For example, the vendor may develop a dashboard feature for Participating Entities to track their achievement of CCIP standards, share resources, and provide tools.

The vendor must work with the SIM PMO and the Participating Entities to identify opportunities to aggregate and report data on the effectiveness of these interventions to promote the population health goals of Connecticut.

Post-Assessment

The post-assessment must include a validation process with an on-site component to confirm whether and to what extent CCIP standards and associated capabilities were achieved by the Participating Entity.

Evaluating Vendor Services

In addition to assessing the progress of CCIP Participating Entities, the vendor must have a strategy to monitor the impact of the vendor's technical assistance services, for example:

- Participating Entity satisfaction with support provided, including feelings of burden and belief that vendor adjusts to unique needs.
- Level of leadership and practice-level participation in technical assistance services (e.g., number of people participated in webinar, frequency of visits to interactive dashboard/website).

2.4.2.2 Develop Transformation Plans

The vendor must work with each Participating Entity to develop a Transformation Plan that is customized to their needs, strengths, and priorities. At a minimum, the Transformation Plan must including the following:

- Vision and Commitment to Change:
    - Document the Participating Entity's vision and goals.
    - Provide written commitments from Participating Entity's leadership to work with the vendor and advance their capabilities to meet CCIP standards.
    - Identify the leadership team and other key personnel including titles, roles and functions in relation to the change management process, qualifications, and time allocated to CCIP.
- Readiness Assessment results including the gap analysis, assets, priorities, and level of readiness of the Participating Entity and its practices.
- Tasks and activities that the Participating Entity will undertake in support of practice transformation including but not limited to:
    - Management and accountability;
    - Providing quality improvement expertise and support with regard to operational, financial and business process redesign;
    - Providing clinical guidance, expertise, and support within the organization and among affiliated practices to support dissemination;
    - Engaging the affiliated practices and providers and sustaining that engagement throughout the transformation period;
    - Preparing protocols for coordination with Intensive Care Management Programs administered by Beacon Health Options and Community Health Network of Connecticut, care coordination services provided by or with the facilitation of the Child Development info-line.
- Tasks and activities that the vendor will undertake with respect to technical assistance and support.
- Target populations including summary analysis of issues affecting the populations and the ecosystem in which an organization operates.
- Progress Monitoring:
    - Document the baseline and targets of chosen clinical process and outcome measures for each core and selected elective standard.
    - Document the milestones, deliverables, pace indicators and associated sequence and timeline, which will lead to the achievement of each core and selected elective standard.

If it is determined by the vendor and Participating Entity that it will not be possible to fulfill all core standards over the 15 months, the vendor and the Participating Entity may prioritize which standards will be implemented first. The Participating Entity will be required to submit a plan for meeting the remaining standards during an extension period not to exceed six months.

In addition to the above, the Transformation Plan should document any accommodations needed based on the gap analysis. The Transformation Plan must capture this request, justification, and alternative strategy to advance in that capability.

2.4.2.3 Conduct comprehensive change management strategy

The vendor must deploy a comprehensive change management strategy for each Participating Entity in accordance with the Transformation Plans. The change management strategy must lead to progress toward (Wave 1, Track 1) or the achievement of (Wave 1, Track 2 and Wave 2) the CCIP core and selected elective standards.

To ensure sustainability and buy-in from the Participating Entity the vendor should deploy its change management approach in a way that places significant accountability for transformation on the network and its practices. The vendor should work with the Participating Entity to ensure that it has the tools and support it needs to undertake care delivery improvements.

The vendor’s approach should rely on evidence-based approaches to change management, quality improvement interventions (e.g., Plan-Do-Study-Act, PDSA); building organizational leadership and clinician buy-in and commitment; and learning diffusion. Participating Entities may benefit from an understanding of the science of improvement, change management, and performance measurement. Accordingly, the transformation vendor must provide access to training and resources to support networks in their quality improvement efforts.

2.4.3 Learning Collaborative

The CCIP Transformation Vendor will be responsible for offering structured peer-to-peer learning support in the form of a learning collaborative. The learning collaborative is intended serve as a complement to the technical assistance process. Peer activities should support the change process, e.g., by sharing expertise, rapid cycle feedback, lessons learned, and approaches to identifying and resolving barriers in the service of working toward achievement of the core and elective standards.

The learning collaborative approach will be developed by the vendor and must include a mix of strategies and differentiated learning opportunities, such as:

- quarterly in-person learning conferences on similar issues for a subset of practices across networks;
- an interactive web-based platform with resources and discussion boards;
- opportunities for Participating Entities to share best practices and challenges with one another; and
- focus groups or affinity groups based on shared commonalities or barriers across the cohort.

The vendor must have a strategy for bringing necessary subject matter expertise to the learning collaborative based on identified needs. The learning collaborative approach, including how networks will be engaged, topics covered, and the types of expertise and resources that will be provided must be detailed by the vendor in the Transformation Package.

2.4.4 Community Health Collaboratives

The vendor will be responsible for convening or facilitating **Community Health Collaboratives** for the purpose of developing:

- consensus protocols to better standardize the linkage to and provision of socio-economic services related to the health needs of patients and care transition coordination among community participants, and
- a sustainable plan for collaboration regarding protocol evaluation and improvement.

Advanced Networks and FQHCs that are operating in the local community will be strongly encouraged to participate in the collaboratives, whether or not they are participating in MQISSP and CCIP.

The vendor may serve as a facilitator rather than convener where an acceptable collaborative already exists. The vendor will be expected to work with the existing collaborative to support its efforts and ensure that Participating Entities are actively engaged. In this case, the vendor will work with the convener to facilitate a process for establishing consensus protocols. If a collaborative structure does not exist in the target catchment area, the vendor will be responsible for convening such a collaborative. The vendor will work closely with the SIM PMO, and relevant local and state agencies, in convening the collaborative. The vendor will also provide assistance in developing the necessary collaborative agreement and/or memorandum of understanding templates for use by stakeholders to facilitate collaboration.

The vendor must facilitate, and manage the collaborative process for a period of at least one year, during which the protocols must be completed and implemented. The PMO anticipates that monthly meetings of the collaborative may be required. The collaborative will be encouraged to update and modify these protocols over time given the results of the analytics and the feedback from collaborative participants. The vendor must assist the collaborative with developing a Continuous Quality Improvement (CQI) strategy to review, analyze and share collaborative-generated data and to use such data as the basis for adjustments to the protocols.

The vendor must also work with the collaborative to develop a sustainability plan. While the convening responsibility may initially reside with the transformation vendor, we envision that the responsibilities to maintain each Community Health Collaborative will be transitioned to a lead entity according to a transfer plan agreed upon by the participating stakeholders.

Please review additional vendor requirements in Section 2.4.1.2, and in the CCIP Report.

2.4.5 Final Evaluation

During the evaluation period, the vendor will analyze all available information and data to produce a final **CCIP Evaluation Report,** which shall include, at a minimum**:**

- Synthesis of all assessment results across Participating Entities
- Characteristics and processes of Participating Entities that hindered or contributed to achieving CCIP standards and improving the quality of care
- Barriers Participating Entities encountered and effective mitigation techniques
- CCIP standards that were particularly difficult to achieve and why

- Successes, barriers and challenges with respect to the Learning Collaborative and Community Health Collaboratives
- Lessons learned and recommendations for future care delivery transformation efforts
- Evaluation data reflecting satisfaction with vendor services and overall performance
- Recommendations for state or municipal policy changes that could support advancements in care delivery

2.4.6 Other Requirements

Presentations and Information Sharing

SIM encompasses an active and diverse governance structure which includes the Practice Transformation Task Force and Healthcare Innovation Steering Committee led by Lieutenant Governor Nancy Wyman. The vendor will be expected to provide requested information to SIM committees in a timely and comprehensive manner. The vendor will also be expected to be available to provide quarterly presentations on the progress of the CCIP initiative and their work with Participating Entities.

Monitoring Whether Participating Entities are in “Good Standing”

Participating Entities in Wave 1, Track 2 or Wave 2 of MQISSP will be required to achieve the core standards within 15 months of Wave 1 implementation as a condition for continued participation in MQISSP. While Participating Entities are working towards achievement of the standards, they must remain in “good standing” with respect to program participation. Good standing means a Participating Entity is making progress towards achieving CCIP standards and is continuing to engage in the CCIP initiative as evidenced by participation in scheduled meetings, webinars, transformation activities, and in data collection activities as assessed by the vendor.

The vendor must monitor the progress of Participating Entities and determine whether or not they are in good standing. The vendor must work with Participating Entities that are not in good standing to develop a plan to return them to a level of full participation.

The vendor must assess achievement of the core standards at the end of the transformation period by means of the post-assessment and on-site validation process (see Section 2.4.2). The PMO will use this information as the basis for certification or designation. The status of each participant will be communicated to DSS at established intervals.

Reporting

The vendor will be responsible for providing required quarterly, annual and final (at the end of the contract period) reporting in a form prescribed by the SIM PMO. These reports will include how funds were used, describe project or model progress, and describe any barriers, delays, and measurable outcomes. A final report must be submitted that summarizes the outcomes of that period and key learnings. Awardees must agree to cooperate with any State and Federal evaluations of the model and performance results and provide requested information in a timely way.

2.4.7 Schedule of Deliverables

The following table lists high-level deliverables associated with the required scope of work detailed in Section 2.4. The applicant will also be responsible for the milestones and timelines as part of their project plan.

Exhibit 5: Overview of Scope of Work Deliverables and Timing

	CCIP transformation vendor responsibility	Wave 1	Wave 2
Pre-Implementation Planning	Develop Implementation Package	Contract start date – 11/15/16	N/a
	Final Implementation Package due	11/30/16	N/a
	Community Health Collaborative scan and planning	Contract start date - 11/30/16	9/1/16-11/30/16
	Revise Implementation Package based on Wave 1 experience	N/A	10/1/17-11/30/17
Technical Assistance*	Participating Entity on-boarding; begin readiness assessments	12/1/16-1/30/17	12/1/17-1/30/18
	Develop Transformation Plans	By 2/28/17	By 2/28/18
	Conduct core technical assistance activities, care delivery interventions, and assessments	1/1/17-3/31/18	1/1/18-3/31/19
Learning Collaborative	Conduct Learning Collaborative	1/1/17-3/31/18	1/1/18-3/31/19
Community Health Collaboratives	Convene and facilitate Community Health Collaboratives	1/1/17-3/31/18	1/1/18-3/31/19
Final Evaluation	Summative evaluation and analysis	N/A	3/31/19-9/30/19
	CCIP Post Implementation Analysis Report due	N/A	By 9/30/19

*Includes option of 6 month extension for Participating Entities

3 AWARD INFORMATION

3.1 AWARD AMOUNT

The SIM PMO expects to award one respondent the right to negotiate a contract in response to this RFP. The resulting contract is expected to be no greater than $3.25 million for a three-year period of performance. The right to negotiation will be awarded with consideration for the best value of the proposal for the State, the projected impact of the transformation vendor applicant in facilitating improvements in the healthcare system, the quality of each application and stated commitment and ability to meet the goals of the project. The resulting Contract may have a value less than the maximum award amount. The resulting contract will be subject to availability of funds.

Furthermore, the contract may allow for an adjustment of the contract value based on a number of factors such as:

- Number of Participating Entities selected for MQISSP Wave 2;
- Scale of Participating Entities;
- Number of Participating Entities that choose to pursue elective standards; and
- Number of Community Collaboratives established and/or engaged.

3.2 ELIGIBILITY INFORMATION

The PMO seeks a transformation vendor with the experience and expertise to serve as the State's partner in supporting CCIP Participating Entities in transforming their care delivery models to improve health outcomes, improve health equity, and reduce costs. The PMO is receptive to applications from local, regional, or national organizations. Examples of the types of organizations expected to apply include those with expertise in health care delivery transformation, change management, community and clinical integration, and quality improvement efforts.

To be eligible, an organization must be recognized as a single legal entity by the state where it is incorporated, and must have a unique Taxpayer Identification Number (TIN) designated to receive payment. Applications will be screened to determine eligibility for further review using criteria detailed in this RFP and in applicable law.

3.3 PERIOD OF PERFORMANCE

The anticipated Period of Performance for the CCIP Transformation Vendor is October 1, 2016 through September 30, 2019. The period of performance includes one 15-month performance period for Wave 1 and one 15-month performance period for Wave 2, either of which may be extended six months for a total performance period of 21 months. Wave 1 Participating Entitles are expected to begin working with the transformation vendor on December 1, 2016 and Wave 2 Participating Entitles on December 1, 2017.

The SIM PMO will evaluate the CCIP transformation vendor's success in achieving the negotiated targets and milestones contained in the resulting contract. The SIM PMO reserves the right to eliminate the Wave 2 scope and funding if the Contractor's performance is unsatisfactory.

3.4 Termination of Award

Continued funding is dependent on satisfactory performance against operational performance measures and a decision that continued funding is in the best interest of the State. Proposals will be funded subject to meeting terms and conditions specified in the resulting Contract. Awards may be terminated if these terms and conditions are not met.

3.5 Issuing Office and Contract Administration

The SIM PMO is issuing this Request for Proposal (RFP) and is the only contact in the State of Connecticut (State) for this competitive bidding process. The address of the issuing office is as follows:

Name:	Mark Schaefer
Address:	P.O. Box 1543
	Hartford, CT 06144
E-Mail:	mark.schaefer@ct.gov

3.6 Official Contact

The SIM PMO has designated the individual below as the Official Contact for purposes of this RFP. All communications with the Official Contact must be in writing.

The Official Contact is the only authorized contact for this procurement and, as such, handles all related communications on behalf of the Department. Respondents, Prospective Respondents, and other interested parties are advised that any communication with any other Department employee(s) (including appointed officials) or personnel under contract to the Department about this RFP is strictly prohibited. Respondents or Prospective Respondents who violate this instruction risk disqualification from further consideration.

Name:	Mark Schaefer
Address:	P.O. Box 1543
	Hartford, CT 06144
E-Mail:	mark.schaefer@ct.gov

3.7 ANTICIPATED SUBSTANTIAL INVOLVEMENT BY AWARDING OFFICE

The SIM PMO anticipates substantial involvement in the implementation of the contract of the CCIP vendor. The SIM PMO will monitor and evaluate awardees' activities performed under the resulting Contract.

Respondents should propose plans and budgets without any assumption of operational programmatic support from the awarding office. However, the Respondent may propose specific support they will require from the PMO to perform the tasks proposed in any resultant contract. Notwithstanding any Respondent's proposed tasks for the PMO to the contrary, the PMO will retain ultimate decision making authority required to ensure project tasks are completed. Specific PMO responsibilities are:

a) *Program Director:* The Director of Healthcare Innovation or his designee will be responsible for monitoring program progress and will have final authority to approve/disapprove program deliverables.

b) *Approval of Deliverables:* The Director of Healthcare Innovation or his designee will review, evaluate, and approve all deliverables prior to the contractor being released from further responsibility.

4 APPLICATION AND SUBMISSION INFORMATION

4.1 APPLICATION CONTENT AND REQUIRED FORM SUBMISSION

This Request for Proposals serves as the application package and contains all the instructions to enable a potential applicant to apply. The application should be written primarily as a narrative with detailed specific actions highlighted to emphasize the proposed activity of the applicant. The application must include the standard forms required for all State contracts.

4.1.1 Letter of Intent to Apply

Respondents are strongly encouraged to submit non-binding Letters of Intent to Apply (LOI). Please refer to the Executive Summary related to the Letter of Intent due date.

Please submit your CCIP Transformation Vendor Letter of Intent by email to:
Mark Schaefer, Director, Healthcare Innovation, Mark.Schaefer@ct.gov.

The LOI should provide a brief description of the organization applying. The LOI must clearly identify the sender, including name, mailing address, telephone number, and email address. There are no format requirements for the LOI.

4.1.2 Respondents' Questions

The SIM PMO encourages Respondents to submit questions seeking clarification of the RFP requirements. The PMO will respond to all questions in one or more official addenda that will be posted to the Department of Administrative Services (DAS) website (http://das.ct.gov/cr1.aspx?page=12).

Respondents should submit questions to the PMO as they arise. The PMO will accept questions submitted to the PMO until 3:00 PM EST on August 11, 2016. Questions must be submitted to the PMO by e-mail (mark.schaefer@ct.gov). The PMO will not respond to questions received after the above deadline. The PMO will make every effort to respond to questions within 5 business days of receipt. Respondents are advised to raise questions early in the process so that responses will be received well in advance of the proposal due date.

4.1.3 Overview of Response Content and Scoring

The table below summarizes the Response content requirements and evaluation weights, where applicable:

CCIP TRANSFORMATION VENDOR APPLICATION PACKAGE	Points
I. Proposal Face Sheet	**Required**
II. Transmittal Letter	**Required**
III. Project Abstract	**Required**
IV. Project Narrative	**50**
V. Organizational Qualifications and Project Management	**30**
VI. Budget Narrative	**20**
VII. Work samples in support of Project Narrative	**N/A**
VIII. Standard Forms	**Required**
GRAND TOTAL	**100**

Requirements regarding response contents are further detailed in **Section 5. Application Details.**

4.1.4 Submission Requirements

The Response must be submitted in electronic-format to mark.schaefer@ct.gov no later than the established deadline date and time as listed in the Executive Summary. All documents should be submitted as PDFs, with the exception of the budget (Attachment D), which should be submitted as an Excel spreadsheet.

4.1.5 Format Requirements

In order to ensure readability by reviewers, fairness in the review process, and consistency among applications, each application must follow the following specifications to be reviewed:

- Use 8.5" x 11" letter-size pages with 1" margins (top, bottom, and sides). Other paper sizes will not be accepted.
- All pages of the Response must be paginated in a single sequence.
- Font size must be no smaller than 12-point with an average character density no greater than 14 characters per inch, inclusive of charts and tables.
- Format requirements and page limits are as follows:
  - Transmittal letter – 2 pages, single-spaced
  - Project abstract – 1 page, single spaced
  - Project Narrative – 25 pages, double spaced

    - Organizational Qualifications and Project Management – 8 pages, double spaced, resumes do not count towards the page limit
    - Budget Narrative – 8 pages, double spaced, the budget spreadsheet does not count towards the page limit
    - Work samples – No page limit
- Charts and tables may be single-spaced. However, charts and tables should not be used to avoid the double-spaced narrative requirement.

4.2 PROCUREMENT PROCESS

4.2.1 Contract Execution

The contract developed as a result of this RFP is subject to State contracting procedures for executing a contract, which includes approval by the Connecticut Office of the Attorney General. Contracts become executed upon the signature of the Office of the Attorney General and no financial commitments can be made until and unless the contracts have been approved by the Office of the Attorney General. The Office of the Attorney General reviews the contract only after the Program Director and the Contractor have agreed to the provisions.

4.2.2 Acceptance of Content

If acquisition action ensues, the contents of this RFP and the Response of the successful Respondent will form the basis of contractual obligations in the final contract.

The resulting contract will be a Personal Service Agreement (PSA) contract between the successful Respondent and the PMO. The Respondent's submission must include a Statement of Acceptance, without qualification of all terms and conditions within this RFP and the Mandatory Terms and Conditions for a PSA contract (see Attachment B).

Any Response that fails to comply in any way with this requirement may be disqualified as non-responsive. The PMO is solely responsible for rendering decisions in matters of interpretation on all terms and conditions.

4.2.3 Debriefing

The PMO will notify all Respondents of any award issued as a result of this RFP. Unsuccessful Respondents may, within thirty (30) days of the signing of the resultant contract(s), request a Debriefing of the procurement process and its submission by contacting the Official Contact in writing at the address previously given. A Debriefing may include a request for a copy of the evaluation tool, and a copy of the Respondent's scores including any notes pertaining to the Respondent's submission. Debriefing information that has been properly requested shall be released within five (5) business days of the PMO's receipt of the request.

Respondents may request a Debriefing meeting to discuss the procurement process by contacting the Official Contact in writing at the address previously given. Debriefing meetings that have been properly requested shall be scheduled within fifteen (15) days of the PMO's receipt of a request.

A Debriefing will not include any comparisons of unsuccessful proposals with other proposals.

4.2.4 Appeal Process

The Respondent may appeal any aspect of the competitive procurement; however, such appeal must be in writing and must set forth facts or evidence in sufficient and convincing detail for the PMO to determine whether – during any aspect of the competitive procurement – there was a failure to comply with the State's statutes, regulations, or standards concerning competitive procurement or the provisions of the Procurement Document. Appeals must be submitted by the Respondent to Victoria Veltri (victoria.veltri@ct.gov), with a copy to the Contract Administrator.

Respondents may submit an Appeal to the PMO any time after the submission due date, but not later than thirty (30) days after the PMO notifies Respondents about the outcome of a competitive procurement. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the thirty (30) days.

Following the review process of the documentation submitted, but not later than thirty (30) days after receipt of any such Appeal, a written decision will be issued and delivered to the Respondent who filed the Appeal and any other interested party. The decision will summarize the PMO's process for the procurement in question; and indicate the Agency Head's finding(s) as to the merits of the Respondent's Appeal.

Any additional information regarding the Debriefing and/or the Appeal processes may be requested from the Official Contact for this RFP.

4.2.5 Contest of Solicitation of Award

Pursuant to Section 4e-36 of the Connecticut General Statutes, "Any Respondent or RESPONDENT on a state contract may contest the solicitation or award of a contract to a subcommittee of the State Contracting Standards Board…" Refer to the State Contracting Standards Board website at **www.ct.gov/scsb**.

4.2.6 Disposition of Responses- Rights Reserved

Upon determination that its best interests would be served, the PMO shall have the right to the following:

1. **Cancellation:** Cancel this procurement at any time prior to contract award.
2. **Amend procurement:** Amend this procurement at any time prior to contract award.
3. **Refuse to accept:** Refuse to accept, or return accepted Responses that do not comply with procurement requirements.

4. **Incomplete Business Section**: Reject any Response in which the Business Section is incomplete or in which there are significant inconsistencies or inaccuracies. The State reserves the right to reject all Responses.
5. **Prior contract default:** Reject the submission of any Respondent in default of any prior contract or for misrepresentation of material presented.
6. **Received after due date:** Reject any Response that is received after the deadline.
7. **Written clarification:** Require Respondents, at their own expense, to submit written clarification of their Response in a manner or format that the PMO may require.
8. **Oral clarification:** Require Respondents, at their own expense, to make oral presentations at a time selected and in a place provided by the PMO. Invite Respondents, but not necessarily all, to make an oral presentation to assist the PMO in their determination of award. The PMO further reserves the right to limit the number of Respondents invited to make such a presentation. The oral presentation shall only be permitted for clarification purposes and not to allow changes to be made to the submission.
9. **No changes:** Allow no additions or changes to the original Response after the due date specified herein, except as may be authorized by the PMO.
10. **Property of the State:** Own all Responses submitted in response to this procurement upon receipt by the PMO.
11. **Separate service negotiation:** Negotiate separately any service in any manner necessary to serve the best interest of the State.
12. **All or any portion:** Contract for all or any portion of the scope of work or tasks contained within this RFP.
13. **Most advantageous Response:** Consider cost and all factors in determining the most advantageous Response for the PMO when awarding the right to negotiate a contract.
14. **Technical defects:** Waive technical defects, irregularities and omissions, if in its judgment the best interests of the PMO will be served.
15. **Privileged and confidential communication:** Share the contents of any Response with any of its designees for purposes of evaluating the Response to make an award. The contents of all meetings, including the first, second and any subsequent meetings and all communications in the course of negotiating and arriving at the terms of the Contract shall be privileged and confidential.
16. **Best and Final Offers:** Seek Best and Final Offers (BFO) on price from Respondents upon review of the scored criteria. In addition, the PMO reserves the right to set parameters on any BFOs it receives.
17. **Unacceptable Responses:** Reopen the bidding process if the PMO determines that all Responses are unacceptable.

4.2.7 Qualification Preparation Expenses

The PMO assumes no liability for payment of expenses incurred by Respondents in preparing and submitting Responses to this procurement.

4.2.8 Response Date and Time

To be considered for selection a Response must be received by the PMO by the date and time stated in the Executive Summary of this RFP. Respondents should not interpret or otherwise construe receipt of a Response after the closing date and time as acceptance of the Response, since the actual receipt of the document is a clerical function. The PMO suggests the Respondent e-mail the proposal with receipt confirmation. Respondents must address all RFP communications to the PMO.

4.2.9 Assurances and Acceptances

1. **Independent Price Determination**: By submission of a Response and through assurances given in its Transmittal Letter, the Respondent certifies that in connection with this procurement the following requirements have been met.
    a. Costs: The costs proposed have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such process with any other organization or with any competitor;
    b. Disclosure: Unless otherwise required by law, the costs quoted have not been knowingly disclosed by the Respondent on a prior basis directly or indirectly to any other organization or to any competitor;
    c. Competition: No attempt has been made or will be made by the Respondent to induce any other person or firm to submit or not to submit a Response for the purpose of restricting competition;
    d. Prior Knowledge: The Respondent had no prior knowledge of the RFP contents prior to actual receipt of the RFP and had no part in the RFP development; and
    e. Offer of Gratuities: The Respondent certifies that no elected or appointed official or employee of the State of Connecticut has or will benefit financially or materially from this procurement. Any contract arising from this procurement may be terminated by the State if it is determined that gratuities of any kind were either offered to or received by any of the aforementioned officials or employees from the contractor, the contractor's agent or the contractor's employee(s).
2. **Valid and Binding Offer:** Each Response represents a valid and binding offer to the PMO to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto.
3. **Press Releases**: The Respondent agrees to obtain prior written consent and approval from the PMO for press releases that relate in any manner to this RFP or any resulting contract.
4. **Restrictions on Communications with PMO Staff:** The Respondent agrees that from the date of release of this RFP until the PMO makes an award that it shall not communicate with PMO staff on matters relating to this RFP except as provided herein through the PMO. Any other communication concerning this RFP with any of the PMO's staff may, at the discretion of the PMO, result in the disqualification of that Respondent's Submission.
5. **Acceptance of the PMO's Rights Reserved:** The Respondent accepts the rights reserved by the PMO.

6. **Experience**: The Respondent has sufficient project design and management experience to perform the tasks identified in this RFP. The Respondent also acknowledges and allows the PMO to examine the Respondent's claim with regard to experience by allowing the PMO to review the related contracts or to interview contracting entities for the related contracts.

4.2.10 Incurring Costs

The PMO is not liable for any cost incurred by the Respondent prior to the effective date of a contract.

4.2.11 Statutory and Regulatory Compliance

By submitting a proposal in response to this RFP, the proposer implicitly agrees to comply with all applicable State and federal laws and regulations, including, but not limited to, the following:

1. Freedom of Information, C.G.S. § 1-210(b). This Contract is subject to C.G.S. § 1-1210(b). The Freedom of Information Act (FOIA) requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-1210(b). The proposer shall indicate if it believes that certain documents or a portion(s) of documents, as required by this RFP is confidential, proprietary or trade secret by clearly marking such in its response to this RFP. The State will make an independent determination as to the validity under FOIA of the proposer's marking of documents or portions of documents it believes should be exempt from disclosure. While a proposer may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The proposer has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.
2. Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive. CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to insure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.
3. Consulting Agreements, C.G.S. § 4a-81. Proposals for State contracts with a value of $50,000 or more in a calendar or fiscal year, excluding leases and licensing agreements of any value, shall include a consulting agreement affidavit attesting to whether any consulting agreement has been entered into in connection with the proposal. As used herein "consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (a) Providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (b) Contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information or (c) Any other similar activity related to such contract. Consulting agreement does not include any agreements entered into with a consultant who is registered under the provisions of C.G.S. Chapter 10 as of the date such affidavit is submitted in

accordance with the provisions of C.G.S. § 4a-81. The Consulting Agreement Affidavit (OPM Ethics Form 5) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms
IMPORTANT NOTE: A proposer must complete and submit OPM Ethics Form 5 to the Department with the proposal.

4. Gift and Campaign Contributions, C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8 and No. 7C, Para. 10; C.G.S. § 9-612(g)(2). If a proposer is awarded an opportunity to negotiate a contract with an anticipated value of $50,000 or more in a calendar or fiscal year, the proposer must fully disclose any gifts or lawful contributions made to campaigns of candidates for statewide public office or the General Assembly. Municipalities and CT State agencies are exempt from this requirement. The gift and campaign contributions certification (OPM Ethics Form 1) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms
IMPORTANT NOTE: The successful proposer must complete and submit OPM Ethics Form 1 to the Department prior to contract execution.

5. Nondiscrimination Certification, C.G.S. §§ 4a-60(a)(1) and 4a-60a(a)(1). If a proposer is awarded an opportunity to negotiate a contract, the proposer must provide the Department with written representation or documentation that certifies the proposer complies with the State's nondiscrimination agreements and warranties. A nondiscrimination certification is required for all State contracts–regardless of type, term, cost, or value. Municipalities and CT State agencies are exempt from this requirement. The nondiscrimination certification forms are available on OPM's website at http://www.ct.gov/opm/fin/nondiscrim_forms.

IMPORTANT NOTE: The successful proposer must complete and submit the appropriate nondiscrimination certification form to the awarding Department prior to contract execution.

4.2.12 Key Personnel

The PMO reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The department also reserves the right to approve replacements for key personnel who have terminated employment. The PMO further reserves the right to require the removal and replacement of any of the proposer's key personnel who do not perform adequately, regardless of whether they were previously approved by the PMO.

4.2.13 Other

Bidding on and/or being awarded this contract shall not automatically preclude the Respondent from bidding on any future contracts related to the SIM.

Continued funding is contingent upon the ongoing availability of funds, satisfactory program performance, and demonstrated need for these services. Applicants should note that any contracts developed as a result of this RFP are subject to the PMO's contracting procedures, which includes approval by the Office of the Attorney General.

5 APPLICATION DETAILS

5.1 CONTENT REQUIREMENTS

Respondents will be expected to provide the following in support of their Response:

I. **Proposal Face Sheet:** See Attachment A

II. **Transmittal Letter:** No more than two (2) pages that addresses:
   - The Applicant accepts without qualification:
     - Assurances and Acceptance (RFP Section 4.2.9);
     - all Mandatory Terms and Conditions;
   - Brief statement outlining experience and qualifications to undertake this project;
   - A statement that any submitted response and cost shall remain valid for one hundred twenty (120) days after the proposed due date or until the contract is approved, whichever comes first; and
   - **Evidence of Qualified Entity:** The respondent shall provide written assurance to the PMO from its legal counsel that it is qualified to conduct business in Connecticut and is not prohibited by its articles of incorporation, bylaws, or the law under which it is incorporated from performing the services required under any resultant contract.
   - **Sanction – Disclosure:** The respondent shall provide a statement that attests that no sanction, penalty or compliance action has been imposed on the Respondent within three years immediately preceding the date of this RFP. If the Respondent proposes the use of a subcontractor, each proposed subcontractor must provide the same statement.
   - **Small, Minority or Women's Business Enterprise:** Section 32-9e of the Connecticut General Statutes, superseded by Section 4a-60g sets forth the requirements of each executive branch agency relative to the Connecticut Small Business Set-Aside program. Pursuant to that statute, twenty-five (25%) of the average total of all contracts let for each of the three previous fiscal years must be set aside. The PMO requires that the Resultant Contractor make a "good-faith effort" to set aside a portion of this contract for a small, minority or women's business enterprise as a subcontractor. Such subcontractors may supply goods or services. Prospective Respondents may obtain a list of firms certified to participate in the Set-Aside program by contacting the Department of Administrative Services at the DAS website. The respondent shall describe its intention to set aside a portion of this contract for a small, minority or women's business enterprise as a subcontractor.

III. **Project Abstract:** A one-page, single spaced abstract should serve as a succinct description of how the funds will be used, the goals of these activities, the total budget, and projected quality and cost outcomes.

IV. **Project Narrative:** The application narrative is expected to describe the scope of work for which funding is being requested and its relationship to the applicant's assist Participating Entities in meeting to meet the CCIP standards. Required contents of the narrative can be found in **Section 5.2. Evaluation and Selection Criteria.**

V. **Organizational Qualifications and Project Management:** A project plan, staffing structure, deliverables description, and timeline for completion of the proposed activities. This includes a project plan with implementation timelines and milestones. Required contents can be found in **Section 5.2. Evaluation and Selection Criteria.**

VI. **Budget Narrative.** Budget Narrative guidance is found in Attachment C, and **Section 5.2. Evaluation and Selection Criteria**. Budget narrative must be accompanied by the proposed budget using the spreadsheet in Attachment D.

VII. **Standard Forms:**

- Procurement Agreement Signatory Acceptance (with proposal, see Attachment B)
- Consulting Agreement Affidavit (with proposal, OPM Ethics Form 5, see section 4.2.11)
- Gift and Campaign Contributions (prior to contract, OPM Ethics Form 1, see section 4.2.11)
- Nondiscrimination Certification Form (prior to contract, see section 4.2.11)
- Affirmation of Receipt of State Ethics Laws Summary (with proposal, OPM Ethics Form 6)
- Iran Certification (with proposal, OPM Ethics Form 7)

5.2 Evaluation and Selection Criteria

This section fully describes the evaluation criteria for this RFP. The review criteria are based on a total of 100 points allocated across the Project Narrative (50 points), Organizational Qualifications and Project Management (30 points), and Budget Narrative (20 points).

PROJECT NARRATIVE (TOTAL: 50 POINTS)

The Project Narrative is expected to address how the Respondent will carry out the required service components.

1. **Overall project (5 points)**
    a. Describe the Respondent's perspective on the work envisioned in this RFP. How does the Respondent conceptualize systems change? What is the Respondent's overall model and approach?
    b. Describe how the work will be organized and managed.

2. **Proposed Approach to Technical Assistance (23 points)**
    a. Describe the approach to engaging the Participating Entities. How does the approach vary by phase of work? How will the Respondent engage leadership and create buy-in and excitement for transformation?
    b. Describe the model for assessment (pre, ongoing, post).
        i. How will the Respondent develop and implement a gap analysis and ensure that the resulting information is actionable and applicable to achievement of the CCIP standards? How will the vendor gain the insights needed to inform the transformation strategy? How will the pre-assessment be used to inform the development of the Transformation Plan?

ii. Describe the strategy for assessing and reporting on Participating Entities progress towards meeting CCIP standards and goals. Discuss the level of burden that progress assessment will impose on Participating Entities.
iii. Describe the strategy for assessing and reporting on quantitative clinical process and outcome metrics. Describe the Respondents' strategy for compiling, organizing, and using quantitative progress information to inform progress and to make adjustments.
iv. Discuss assessment tools and methods including those that will be developed for the project and those that the Respondent is already using.
v. Describe how the assessment and gap analysis examine outward facing capabilities such as the extent to which the Participating Entities has partnerships or interfaces with community supports and resources.
vi. Discuss the Respondent's approach to on-site validation.

c. Describe the process for developing the Transformation Plan with each Participating Entity. Discuss planning tools and methods including those that will be developed for the project during the pre-implementation phase and those that the Respondent is already using. Describe how quantitative baseline metrics and targets or goals will be established (process and outcome) and incorporated into the plan.
d. Describe the technical assistance and change management process.
    i. How and in what ways do you envision you will have to press participants to move beyond their comfort zone and in what areas?
    ii. What tools and methods will be used to support the technical assistance process, e.g., workflow analysis, process re-engineering, policy and procedures, training, etc.?
    iii. What curriculum content will be required? What content already exists and what will have to be developed for this project?
    iv. How will the approach and resource requirements vary based on the characteristics of the organizations (e.g., 5 practices vs 200 practices, hospital anchored network vs primary care only, level of readiness)?
    v. How will the Respondent propose that Participating Entities organize and manage their part in the transformation process?
    vi. How much time will be spent on-site with each Participating Entity? How much time will be spent using other modes of engagement, e.g., video-conference, webinar, etc.?
e. Please provide a table that illustrates and summarizes how, for each core and elective standard, the response to questions c and d varies.
f. Identify the most significant risks to the technical assistance and how those risks can be mitigated.
g. The Respondent may include work samples that support the response contained in the Project Narrative. Work samples will not be included in the page limit for the Project Narrative.

Note well: The Response will be judged in part on the extent to which the Respondent has materials developed and available at the start of the Pre-Implementation Phase, recognizing

that further development of the approach and content will occur during the Pre-Implementation Phase.

Note well: Preference may be given to applicants that can demonstrate an approach that harmonizes with TCPI, for example, by leveraging practice transformation materials, tools, and strategies developed at the federal level as part of TCPI. See e.g., TCPI change package, practice assessment tool, Learning and Action Network White Papers, and others).

3. Proposed Approach to Learning Collaborative (10 points)

a. Describe the approach to engaging the Participating Entities. Does the approach vary by phase?
b. Describe the nature, intensity, duration and content of peer-learning activities.
c. Describe the Respondent's strategy in implementing a learning collaborative, including maintaining engagement, differentiating learning, and promoting peer sharing of challenges and best practices.

4. Proposed Approach to Community Health Collaboratives (12 points)

a. Describe how Respondent views its role with respect to Community Health Collaboratives and how its work with Collaboratives will enable and support activities that are the focus of the core standards.
b. Describe the Respondent's strategy for undertaking the environmental scan to determine whether existing collaborative exist.
c. Describe the Respondent's approach to recruiting stakeholders (new or additional) to support the work of the Collaborative.
d. Describe the Respondent's approach to convening and facilitating and the process it will undertake to develop coordination protocols.
e. Describe how the Respondent will undertake the specific activities related to convening and/or supporting these collaboratives.

ORGANIZATIONAL QUALIFICATIONS AND PROJECT MANAGEMENT (30 POINTS)

This section must describe the background and experience of the Respondent's organization and subcontractors (if any) and include details regarding its size and resources, its experience relevant to the functions to be performed under this contract and recent contracts for similar services. The organization must demonstrate the organizational capacity and expertise to successfully serve as the transformation vendor for CCIP Participating Entities and facilitator of Community Health Collaboratives. Project management should be well described. The staff or consultants proposed to lead the effort should have the skills and experience needed to ensure an efficient and effective implementation.

In the narrative of this section the Respondent shall provide information on the following:

1. Qualifications and Experience

a. Describe the Respondent's overall qualifications and background to carry out a project of this nature and scope, including its experience with network and practice transformation, change management, quality improvement interventions, evaluation, facilitating diverse stakeholders, building community connections, and others. The Respondent should

emphasize those activities that align with the content areas reflected in the CCIP standards and the community-based activities envisioned for Community Health Collaboratives.

b. Identify all other state or federal agencies, and commercial vendors, with which the organization has had a contract in the past five years, and designation to whether the contract is similar to the scope of work of this project. If similar, please include the description of the project and the amount of the initial and final contract.
c. Describe your experience with other similar transformation initiatives. What did you learn from your successes and failures that you would apply to this contract, if awarded?

2. Organizational Structure

a. Provide an organizational structure of the company indicating lines of authority and a functional organization chart of the organization detailing how the proposed project structure fits within the entire structure of the organization
b. Describe how the proposed project structure will manage and operate the project proposed by the bidder.

3. Project Management

The staff and consultants proposed to lead this effort should have the skills and experience needed to ensure efficient and effective implementation.

a. Explain the staffing and management model of its organization as well as for the specific team who would be working with the PMO in order to fulfill the responsibilities outlined in Section 2.4 of this RFP.
b. Describe the roles, functions and time commitment of key staff, the names of bidder personnel proposed for this project where such have been identified, and their relevant expertise.
c. Include the name of a Project Manager who will be responsible for the implementation and management of the project, for monitoring and ensuring the performance of duties and obligations under a contract, the day to day oversight of the project and who will be available to attend all project meetings at the request of the PMO. The Project Manager will respond to requests by the PMO for status updates and ad hoc and interim reports.
d. Justify proposed staffing resources to successfully meet its RFP response requirements. Identify any other current or planned contractual obligations that might have an influence on the bidder's capability to perform the work under this contract.
e. Describe the extent to which the Respondent will need to develop new management or staffing beyond its current capacity in order to meet the obligations of the resultant Contract. Comment on the feasibility of building such capacity and associated risks.
f. Describe the methods by which the Respondent would propose that the management team communicate and coordinate with the SIM PMO throughout the term of the contract.
g. Identify and describe the role of any and all subcontractors and subject matter experts. Provide the following for each proposed subcontractor:
    - Legal Name of Agency, Address, FEIN

- Contact Person, Title, Phone, Fax, E-mail
- Services To Be Provided Under Subcontract

Note well: The resultant contractor must receive written approval from the PMO for changes in management staff. These changes must not negatively impact the PMO, or adversely affect the ability of the Contractor to meet any requirement or deliverable set forth in this RFP and/or the resultant contract.

4. Provide a Project Plan and Timeline

Provide a project plan and timeline for completing proposed deliverables. Provide clear, measurable milestones that address commitments made in the application and clearly outlines the task timetable for implementation of services from beginning to end. The chart should include key dates and events relevant to the project and the position and title of the responsible party.

5. **Resumes**

The bidder shall include proposed personnel job descriptions and resumes for key personnel and subcontractors indicating contract-related experience, credentials, education, training, and work experience. Resumes of personnel are limited to two (2) pages per resume. Resumes need only be included for personnel who have been identified at the time of this proposal. Resumes do not count towards the page limit.

6. References

Provide contact information for at least three references for the lead organization and additional references for subcontractors that it proposes for substantial involvement in the provision of services. References should be individuals able to comment on the project(s) referenced in the resume. The reference must be an individual familiar with the Respondent and should be familiar with the proposed personnel. References must include the organization's name, address, current telephone number, e-mail address and name of a specific contact person. References do not count towards the page limit. References should be able to comment on the following issues:

- Capability to deliver required services;
- Reputation/ethics/integrity;
- Organizational approach;
- Interpersonal skills; and
- Ability to problem-solve.

BUDGET NARRATIVE (TOTAL: 20 POINTS)

The proposed budget should be consistent with the requirements laid out in this application. Costs must be reasonable and consistent with the proposed scope. **The Respondent must provide a budget narrative according to the instructions in Attachment C. In addition, the Respondent must complete the budget template in the Excel spreadsheet provided in Attachment D.**

The budget is organized as follows:

A. Personnel

B. Fringe
C. Travel
D. Supplies
E. Contractual
F. Total Direct Charges (sum A-E)
G. Indirect
H. Totals (sum F-G)

The staffing schedule and budget should be based on the enrollment projections of the two waves as set forth in **Section 2.3.4 Projected Participants.** The Respondent is expected to accommodate fluctuations in the number of Participating Entities within the contract maximum and to re-allocate resources as necessary if the balance of participation between the first and second waves is other than projected in **Section 2.3.4**.

The resultant Contract shall include a maximum cost for the contract period for the services of the Contractor team. It is anticipated that the Contractor's team will be dedicated in full or in part, to support the contracted scope, and that the Contract will specify the expected percent effort associated with each team member. Payment shall be based on actual costs incurred not to exceed the Contract maximum for each budget category, and for the Contract overall.

The PMO shall withhold a percentage of the total contract value to be paid to the Contractor that shall only be paid to the Contractor upon the Contractor's completion and submission of all deliverables to the PMO and the PMO's acceptance of the same. The amount of the withhold shall be 10% of the total contract value. The contingencies for payment of the withhold shall be agreed to during contract negotiations.

THE RESPONDENT SHALL acknowledge and agree to a withhold of 10% of the total contract value and to negotiate, in good faith, the terms of the contract including but not limited to the contingencies for release of the withhold.

Note well: The "direct salary and institutional base salary" for contracted staff are limited to the Executive Level II of the Federal Executive Pay scale. FY16 Appropriations law increased the Executive Level II salary to $185,100.

5.3 REVIEW AND SELECTION PROCESS

It is the intent of the PMO to conduct a comprehensive, fair and impartial evaluation of the Responses received to this competitive procurement. Only those submissions found to be responsive to the RFP requirements will be evaluated and scored. A responsive submission must comply with all instructions listed in this RFP, including the general consideration requirements.

A team consisting of qualified experts will review the applications to assess the degree of responsiveness, creativity and clarity in their plan to meet the CCIP goals, milestones, and implement an effective strategy to help CCIP Participating Entities achieve CCIP standards and to facilitate Community Health Collaboratives. The review process will include the following:

- Applications will be screened for completeness and adherence to eligibility. Applications received late or that fail to meet the eligibility requirements detailed in this solicitation or do not include the required forms will not be reviewed.
- The objective review panel will assess each application to determine the merits of the proposal and the extent to which the proposed response furthers the purposes of CCIP. The SIM PMO reserves the right to request that applicants revise or otherwise modify their proposals and budget based on SIM PMO recommendations.
- The PMO may elect to conduct interviews with the finalists prior to awarding the right to negotiate a contract. Any expenses incurred by the Respondent to participate in such interview shall be the responsibility of the Respondent.
- The results of the objective review of the applications by qualified experts will be used to advise the SIM PMO approving official. Final award decisions will be made by the designated approving official. In making these decisions, the SIM PMO approving official will take into consideration: recommendations of the review panel; the readiness of the CCIP Transformation Vendor applicant to develop and implement a transformation curriculum; the value of the proposal in meeting the needs of the government; reviews for programmatic and grants management compliance; the reasonableness of the estimated cost to the government and anticipated results; geographic proximity of applicants; and the likelihood that the proposed actions will result in reaching CCIP aims, and associated milestones, and the achievement of consensus standards.
- The SIM PMO reserves the right to conduct negotiations with applicants upon receipt of their proposals.

6 DEFINITIONS AND ACRONYMS

DEFINITIONS

Advanced Network: An independent practice association, large medical group, clinically integrated network, or integrated delivery system organization that has entered into a shared savings program (SSP) arrangement with at least one payer.

CCIP Transformation Vendor: The organization that provides, among other services, technical assistance, learning collaborative and community health collaborative support to CCIP Participating Entities so that they achieve CCIP standards.

Contract: The contract awarded to the successful Respondents pursuant to this RFP.

Contractor: See "CCIP Transformation Vendor."

Federally Qualified Health Center: An entity that meets the definition of an FQHC in section 1905(l)(2)(B) of the Social Security Act and meets all requirements of the HRSA Health Center Program, including both organizations receiving grants under Section 330 of the Public Health Service Act and also FQHC Look-Alikes, which are organizations that meet all of the requirements of an FQHC but do not receive funding from the HRSA Health Center Program.

Medicaid Quality Improvement & Shared Savings Program (MQISSP): An upside-only shared savings initiative established under the Department of Social Services. The goal of this program is to build on successful Intensive Care Management and PCMH initiatives to improve health and satisfaction outcomes for individuals currently served by FQHCs and Advanced Networks.

Participating Entity: An Advanced Network or Federally Qualified Health Center that is participating in the Community & Clinical Integration Program.

Respondent: An organization that has submitted a proposal to the SIM PMO in response to this RFP.

Subcontractor: An individual (other than an employee of the Contractor) or business entity hired by a Contractor to provide a specific service as part of a Contract with the SIM PMO as a result of this RFP.

Transforming Clinical Practices Initiative (TCPI): The Centers for Medicare and Medicaid Services (CMS) recently launched TCPI to help clinicians achieve health transformation. TCPI funds Practice Transformation Networks (PTNs) to lead practice transformation and peer learning activities across primary care and specialty practices.

ACRONYMS

AMH Advanced Medical Home

AN Advanced Network

CCIP Clinical & Community Integration Program

CMMI Center for Medicare & Medicaid Innovations

CMS Centers for Medicare and Medicaid Services

DPH Department of Public Health (CT)

DSS Department of Social Services

EHR Electronic Health Record

FQHC Federally Qualified Health Center

HIT Health Information Technology

ICM Intensive Care Management

MQISSP Medicaid Quality Improvement and Shared Savings Program

NCQA National Committee for Quality Assurance

PCMH Patient Centered Medical Home

PMO Program Management Office (SIM)

RFP Request for Proposals

SIM State Innovation Model

SSP Shared Savings Program

TA Technical Assistance

TCPI Transforming Clinical Practices Initiative

VBP Value-based payment

ATTACHMENT A: PROPOSAL FACE SHEET

SIM PROGRAM MANAGEMENT OFFICE
REQUEST FOR PROPOSALS (RFP)
CCIP TRANSFORMATION VENDOR
PROPOSAL FACE SHEET

1	**RESPONDING AGENCY** (Legal name and address of organization as filed with the Secretary of State): Legal Name: ______________________________ Street Address: ______________________________ Town/City/State/Zip: ______________________________ FEIN: ______________________________
2	**DIRECTOR/CEO** Name: ____________________ Title: ____________________ Telephone: ____________________ FAX: ____________________ Email: ____________________
3	**CONTACT PERSON** Name: ____________________ Title: ____________________ Telephone: ____________________ FAX: ____________________ Email: ____________________

ATTACHMENT B: PROCUREMENT AND CONTRACTUAL AGREEMENTS SIGNATORY ACCEPTANCE

Statement of Acceptance

The terms and conditions contained in this Request for Applications constitute a basis for this procurement. These terms and conditions, as well as others so labeled elsewhere in this document are mandatory for the resultant contract. The Office of the Healthcare Advocate is solely responsible for rendering decisions in matters of interpretation on all terms and conditions.

Acceptance Statement

On behalf of____

I, ____agree to accept the Mandatory Terms and Conditions and all other terms and conditions as set forth in the CCIP Transformation Vendor Request for Proposals.

____

Signature

____ ____________________

Title Date

ATTACHMENT C: BUDGET NARRATIVE GUIDANCE

This guidance is offered for the preparation of a budget request. Following this guidance will facilitate the review and approval of a requested budget by ensuring that the required or needed information is provided. In the budget request, awardees should distinguish between activities that will be funded under this agreement and activities funded with other sources.

1. Please include the following summary table on the first page of your document:

Budget Category	10/1/16-9/30/17 Performance Year 1	10/1/17-9/30/18 Performance Year 2	10/1/18-9/30/19 Performance Year 3	*Total*
A. Personnel				
B. Fringe				
C. Travel				
D. Supplies				
E. Contractual				
F. Total Direct Charges (sum A-E)				
G. Indirect				
H. ***Total (sum F-G)***				

2. Please include cost break down tables and a narrative justification for the following categories, A- I.

A. **Personnel**

For each requested position, provide the following information: name of staff member occupying the position, if available; annual salary; percentage of time budgeted for this program; total months of salary budgeted; and total salary requested. Also, provide a justification and describe the scope of responsibility for each position, relating it to the accomplishment of program objectives.

Position Title and Name	***Annual***	***Time***	***Months***	***Amount Requested***
Project Coordinator Susan Taylor	*$45,000*	*100%*	*12 months*	*$45,000*
Finance Administrator John Johnson	*$28,500*	*50%*	*12 months*	*$14,250*
Outreach Supervisor (Vacant)*	*$27,000*	*100%*	*12 months*	*$27,000*

Sample Justification

The format may vary, but the description of responsibilities should be directly related to specific program objectives.

Job Description: Project Coordinator - (Name)

This position directs the overall operation of the project; responsible for overseeing the implementation of project activities; coordination with other agencies; development of materials, provisions of in service and training; conducting meetings; designs and directs the gathering, tabulating and interpreting of required data; responsible for overall program evaluation and for staff performance evaluation; and is the responsible authority for ensuring necessary reports/documentation are submitted to HHS. This position relates to all program objectives.

B. Fringe Benefits

Fringe benefits are usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation. If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed. This can be done for all FTE in one table instead of itemizing per employee.

Sample

Example: Project Coordinator — Salary $45,000

Retirement 5% of $45,000	=	*$2,250*
FICA 7.65% of $45,000	=	*3,443*
Insurance	=	*2,000*
Workers' Compensation	=	______
	Total:	

C. Travel

Dollars requested in the travel category should be for staff travel only. Travel for consultants should be shown in the contractual category. Provide a narrative justification describing the travel staff members will perform and justification. List where travel will be undertaken, number of trips planned, who will be making the trip, and approximate dates. If mileage is to be paid, provide the number of miles and the cost per mile. If travel is by air, provide the estimated cost of airfare. If per diem/lodging is to be paid, indicate the number of days and the amount of daily per diem as well as the number of nights and estimated cost of lodging. Include the cost of ground transportation when applicable.

Sample

In-State Travel:

1 trip x 2 people x 500 miles r/t x .27/mile	=	*$270*
2 days per diem x $37/day x 2 people	=	*$148*
1 nights lodging x $67/night x 2 people	=	*$134*
25 trips x 1 person x 300 miles avg. x .27/mile	=	*$2,025*
Total	=	*$2,577*

Sample Justification

The format may vary, but the description of responsibilities should be directly related to specific program objectives.

The Project Coordinator and the Outreach Supervisor will travel to (location) to attend an eligibility conference. The Project Coordinator will make an estimated 25 trips to local outreach sites to monitor program implementation.

D. <u>Supplies</u>

Individually list each item requested. Show the unit cost of each item, number needed, and total amount. Provide justification for each item and relate it to specific program objectives. If appropriate, General Office Supplies may be shown by an estimated amount per month times the number of months in the budget category.

Sample Budget

General office supplies (pens, pencils, paper, etc.)

12 months x $240/year x 10 staff	=	*$2,400*
Educational Pamphlets (3,000 copies @) $1 each)	=	*$3,000*
Educational Videos (10 copies @ $150 each)	=	*$1,500*
Word Processing Software (@ $400—specify type)	=	*$ 400*

Sample Justification

General office supplies will be used by staff members to carry out daily activities of the program. The education pamphlets and videos will be purchased from XXX and used to illustrate and promote safe and healthy activities. Word Processing Software will be used to document program activities, process progress reports, etc.

E. <u>Contractual Costs</u>

This category is appropriate when hiring an individual to give professional advice or services (e.g., training, expert consultant, etc.) for a fee but not as an employee of the awardee organization. Hiring a consultant requires submission of the following information:

1. Name of Consultant;
2. Organizational Affiliation (if applicable);
3. Nature of Services to be Rendered;
4. Relevance of Service to the Project;
5. The Number of Days of Consultation (basis for fee); and
6. The Expected Rate of Compensation (travel, per diem, other related expenses)—list a subtotal for each consultant in this category.

If the above information is unknown for any consultant at the time the application is submitted, the information may be submitted at a later date as a revision to the budget. In the body of the budget request, a summary should be provided of the proposed consultants and amounts for each.

F. <u>Total Direct Costs</u> <u>$__________</u>

Show total direct costs by listing totals of each category.

G. <u>Indirect Costs</u> <u>$__________</u>

To claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement established with the Cognizant Federal agency. A copy of the most recent indirect cost rate agreement must be provided with the application.

Sample

The rate is ___% and is computed on the following direct cost base of $______.

Personnel	:	*$*
Fringe	:	*$*
Travel	:	*$*
Supplies	:	*$*
Other $___________		
Total $ x ____% = Total Indirect Costs		

If the applicant organization does not have an approved indirect cost rate agreement, costs normally identified as indirect costs (overhead costs) can be budgeted and identified as direct costs.

ATTACHMENT D: BUDGET

The Respondent should complete the spreadsheet accessible through the following link:

CCIP Transformation Vendor RFP Budget Spreadsheet

The budget spreadsheet should be submitted as a separate Excel file to accompany the budget narrative materials. The budget spreadsheet will not be included in the Budget Narrative page count.

The budget is organized as follows:

A. Personnel
B. Fringe
C. Travel
D. Supplies
E. Contractual
F. Total Direct Charges (sum A-E)
G. Indirect
H. Totals (sum F-G)