

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

REQUEST FOR PROPOSAL (RFP) FOR CCIP TRANSFORMATION Vendor

THIRD Addendum

RELEASE DATE – 07-29-2016

The SIM PMO's official responses to questions submitted as of noon, July 29, 2016 are as follows:

1. **Question:** If a CCIP Participating Entity was to work with the CCIP Transformation Vendor to provide consultative support on the CCIP project, focused on integrated dental and behavioral health and telehealth, would the CCIP Participating Entity be ineligible to participate in the CCIP project, stage 2, and ineligible to apply for the innovations grants (500k)?

Response: Participants in CCIP, whether Track 1 or Track 2, are not eligible to serve as the CCIP Vendor, whether as the lead contractor or a subcontractor. All CCIP participants in both tracks will eventually be required to meet the CCIP standards. The CCIP Vendor will be the lead in assessing whether an entity has met those standards and, accordingly, cannot partner with an entity that is subject to the standards. This prohibition applies whether the partner entity is assisting with core or elective standards.

2. **Question:** On page 12 of the CCIP Transformation Vendor RFP it references that the vendor must coordinate with the "SIM Health Information Technology Investments". Is there an entity that is charged with the task of creating a menu of technology tools that could serve as enablers to participating entities? Can the CCIP vendor subcontract to a technology solution entity?

Response: The CCIP vendor is expected to provide resources and tools that will enable CCIP Participating Entities to meet the CCIP standards. These resources may (but are not required to) include health IT tools, which should tie to achievement of CCIP standards, meet the needs of Participating Entities, and have high potential for sustainability and continued use by the entity. The CCIP vendor is also expected to work with the State in its efforts to deploy health information technologies and coordinate their use, as appropriate, in its technical assistance strategy. The State, through the SIM grant, has funding separate from CCIP to enhance the health IT infrastructure in the state. The menu of health IT investments has not been finalized but does include the following technology capabilities: alert notification; utilization of direct secure messaging; analytic tools for predictive modeling; 'edge processing' of data for quality measure production; and deployment and use of a consent registry, disease registries, EHR Software as a Service, and mobile medical applications. The PMO anticipates that the State will have additional, separate technical assistance resources for many of these technologies under the direction of the new Health Information Technology Officer and/or DSS.

3. **Question:** Section 2.4.2 – "Technical Assistance" of the RFP (p.15) indicates the following: "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." If one or more Participating Entities receives an extension for technical assistance, how

will this affect the timeline for the Evaluation Period as well as for the contract overall?

Response: If one or more Participating Entities from the second wave are granted a six month extension, the contractor will be expected to perform the post-assessment process during the latter portion of the six month period. Additionally, the contractor will be expected to conduct the Final Evaluation of the program as a whole concurrently. We do not anticipate that the contract end date of 9/30/2019 will change if a Participating Entity is granted an extension. However, the PMO will consider alternatives to the above during the contract negotiation or during contract implementation. The PMO may consider adjustments to the timing of post-assessment and Final Evaluation activities and the contract end date if such adjustments can be accommodated within available resources.

4. **Question: Should the assessment strategy be unique to each Participating Entity, or should it be standardized across all Participating Entities in each wave?**

Response: We are looking for the Respondent to propose the most effective assessment strategy. The RFP does not prescribe whether the assessment strategy is unique to each entity or standardized.

5. **Question: Please confirm the target start and end dates for Wave 2 of the Community Health Collaborative scan and planning. The timetable on p. 22 of the RFP and in the Second Addendum of the RFP both indicate the dates as 9/1/16—11/30/16 for Wave 2. Is this correct, or should this take place in 2017?**

Response: We would like to clarify that we are requiring that Community Health Collaboratives occur in each of the two waves of MQISSP, with three to four Collaboratives in each Wave. Also, as noted by the questioner, the timetable on p.22 for the Community Health Collaborative scan and planning in Wave 2 is incorrect. The correct date span for Wave 2 Community Health Collaborative scan and planning should be 9/1/17—11/30/17.

6. **Question: In reference to Section 4.1.5 - “Format Requirements” of the RFP (p.27), is Landscape orientation permitted for displaying charts and tables?**

Response: Landscape may be used for displaying charts and tables.

7. **Question: Section 1.b of the Organizational Qualifications and Project Management section of the proposal response requests that Respondents identify all other state or federal agencies, and commercial vendors, with which the organization has had a contract in the past five years. Our list of previous contracts is very extensive. Does this list count towards the 8-page (double spaced) limit for the Organizational Qualifications and Project Management section? Are Respondents permitted to include the list as an Appendix to the proposal instead (i.e. exempt from the page limit)?**

Response: Respondents are permitted to include the list as an appendix. If included as an appendix, the list will not count towards the page limit.

8. **Question: Page 40 of the RFP states that “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.” Are consulting services organizations exempt from the salary cap?**

Response: We have received preliminary guidance from CMS that the salaries of professionals who are working for a consulting services organization and providing consulting services, typically based on hourly rates, are exempt from salary level limits. It is important that the respondent meet the definition of a consulting services organization, which should be evident from the organization's articles of incorporation. However, it may also depend on the structure of the Contract. We are seeking further guidance from CMS. We are receptive to considering a contractual arrangement that would enable such exemptions, but cannot guarantee an exemption at this time.

9. Question: What are the expectations for the Participating Entities to be involved in the optional elective standards?

Response: The Participating Entities must identify which, if any, of the three elective standards they will be pursuing as part of their application for the MQISSP RFP. Once these are identified, the Participating Entity will be expected to work with the Transformation Vendor to achieve the elective standards just as they would the core standards. However, achievement of the elective standards will not be a condition for continued participation in MQISSP.

10. Question: Page 27, Section 4.1.5, Format Requirements - The RFP requires us to use a font size no smaller than 12-point with an average character density of no greater than 14 characters per inch (CPI), inclusive of all charts and tables. CPI is typically referenced for monotype fonts like Courier. Would the State agree that Times New Roman size 12 font would fit this requirement?

Response: Yes, Times New Roman or Calibri font size 12 would fit this requirement.

11. Question: Page 38, Section 5.2, Qualifications and Experience - The RFP requires us to 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 on this project. Because of the breadth of our experience, listing all of our contracts within the past five years will take up several pages of our response. Due to the page limitations, would the State allow us to include this documentation as an appendix item?

Response: Yes, the Respondent is permitted to include the list as an Appendix, and it will not count towards the page limit.

12. Question: The RFP notes that there could be as many as four Community Health Collaboratives (pg 14), that monthly meetings of each Collaborative may be required (pg 20), and that the vendor will be required to facilitate and manage these Collaboratives for a period of at least one year (pg 20). In addition, the time allotted for these activities is approximately 27 months (from January, 2017 to March, 2019). Given these conditions, we'd like to ask if the start dates for the Collaboratives can be staggered or if they all must start in January 2017?

Response: We would like to clarify that we are requiring that Community Health Collaboratives occur in each of the two waves of MQISSP, with three to four Collaboratives in each Wave. The Respondent may propose an approach in which the start dates for Collaboratives are staggered. It is not required that all Collaboratives start in January 2017.

13. Question: Does the Project Plan and Timeline (p.39 of the RFP) count towards the 8-double spaced page limit of the Organizational Qualifications and Project Management section of the proposal response?

Response: The Project Plan and Timeline does count towards the 8-page page limit. However, the Project Plan and Timeline may be single-spaced.