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

REQUEST FOR PROPOSAL (RFP)

ADVANCED MEDICAL HOME PRACTICE TRANSFORMATION SERVICES

The State Innovation Model (SIM) Program Management Office (PMO) is seeking practice transformation services to support the Advanced Medical Home (AMH) Program. The goal of the AMH Program is to improve practice and patient experience and to provide for a more whole-person centered and effective care process. The AMH Program is part of SIM's strategy to support primary care practices in achieving these goals by facilitating the advancement of primary care offices to achieve practice standards, including National Committee for Quality Assurance standards for patient centered medical home.

The PMO seeks to implement this contract on or before November 1, 2016 with a contract end date of March 31, 2018. This is a competitive procurement. The anticipated maximum award is $1,800,000 for this initial contract. The resulting contract will include an option to extend for a second wave of practices, potentially at a comparable amount of funding. The Request for Proposals is available in electronic format on the PMO website at: www.healthreformct.gov

This is a competitive procurement. The anticipated maximum award is **$1.8 million**.

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

Applicable Dates:

RFP Release Date	**8/12/16**
Letter of Intent to Apply Due Date:	**8/31/16**
Application Due Date:	**9/26/16, 3 p.m. Eastern Time**
Anticipated Issuance of Notice of Award:	**10/03/16**
Anticipated Period of Performance:	**11/01/16 - 3/31/18**

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EXECUTIVE SUMMARY

Connecticut's SIM initiative emphasizes the importance of investing in primary care transformation in order to reduce health disparities, improve care experience, and to provide for a more whole-person centered and effective care process. Our SIM initiative launched an Advanced Medical Home (AMH) Glide Path Program in September 2015 as part of our strategy to support primary care practices in achieving these goals.

The standards employed for the AMH Program are the NCQA 2014 PCMH standards. Optional elements and factors have been established as mandatory standards for the AMH designation. The transformation process also prioritizes a subset of "core" areas of emphasis for inclusion in the core curriculum as well as "elective" areas of emphasis.

The PMO seeks a transformation vendor to provide technical assistance and support to practices to enable them to achieve AMH recognition over a period of up to 12 months. The vendor will also conduct a Learning Collaborative with AMH participating primary care providers, staff, and practice administrators to facilitate peer-to-peer learning and interdisciplinary networking for primary care transformation.

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

Shiu-Yu Schiller, Health Program Associate, Connecticut State Innovation Model:
shiu-yu.schiller@ct.gov

Applications must be submitted electronically on or before September 29, 2016 at 3pm to
shiu-yu.schiller@ct.gov

RFP Name	Request for proposal (RFP) for practice transformation services
RFP Release Date	August 12, 2016
Electronic Location of Request for Proposals	http://das.ct.gov/cr1.aspx?page=12
Letter of Intent Due Date	August 31, 2016
Request for Proposals Application Due Date	September 26, 2016
Anticipated Notice of Award	October 3, 2016
Anticipated Period of Award	November 1, 2016 – March 31, 2018
Anticipated Total Available Funding	Up to $1.8 million
Anticipated Number of Awards	One award is anticipated; however, the PMO reserves the right to split the award and contract with two respondents
Eligible Respondents	Organizations that have expertise in health care delivery transformation, technical assistance, change management, and quality improvement

BACKGROUND INFORMATION

A. 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

B. 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 the AMH Program.

EXHIBIT 1: State Innovation Model Driver Diagram

Aim	Primary Driver	Secondary Driver
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**	Promote policy, systems, & environmental changes, while addressing socioeconomic factors that impact health	Engage local and state health, government, and community stakeholders to produce a population health plan
		Identify reliable & valid measures of community health improvement
		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
		Build community structures and capabilities to improve health
	Engage consumers in healthy lifestyles, preventive care, chronic illness self-management, and healthcare decisions	Incentivize healthy choices by engaging employers to spread use of Value-Based Insurance Designs
		Provide transparency on cost and quality by creating a public common scorecard to report provider performance
		Hold public meetings, focus groups, listening tours, and other outreach strategies for healthcare consumers
	Promote payment models that reward improved quality, care experience, health equity and lower cost	All payers in CT use financial incentives to reward improved quality and reduced cost: launch Medicaid Quality Improvement & Shared Savings Program (MQISSP)
		Engage payers to increase proportion of CT population with a primary care provider responsible for quality and total cost of care
		Create a statewide multi-payer core quality measure set for use in value-based payment models
		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
	Strengthen capabilities of Advanced Networks and FHQCs to delivery higher quality, better coordinated, community integrated and more efficient care	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
		Promote use of Community Health Workers through developing policy framework, outreach, and toolkit
		Networks receive timely alerts for hospital related care events even when the hospital is not in their network
		Enhance analytics and efficient health information sharing across the health neighborhood
		Advanced Medical Home (AMH) Program: Provide support to primary care practices, within MQISSP Participating Entities, that are not medical homes to become AMHs

C. ADVANCED MEDICAL HOME PROGRAM

Connecticut's SIM initiative emphasizes the importance of investing in primary care transformation in order to reduce health disparities, improve care experience, and to provide for a more whole-person centered and effective care process. Our SIM initiative launched an Advanced Medical Home (AMH) Glide Path Program in September 2015 as part of our strategy to support primary care practices in achieving these goals. To date, approximately 80 practices have been enrolled in a pilot of the AMH Glide Path Program.

In recent years, there has been increasing attention to the level of satisfaction of members of the primary care team. This is important for several reasons: 1) the future of the primary care workforce depends on primary care being a rewarding setting within which to work, 2) a satisfied and high functioning clinical team is likely to lead to higher quality performance, improved care coordination and better patient care experience, and 3) we will only be successful at accelerating primary care advancement if primary care practitioners are willing to invest the time, effort, and resources. Accordingly, our approach to enabling practice advancement must be efficient, provide a more meaningful clinician experience, and lessen or ease administrative burden, while supporting the implementation of standards that protect consumers and medically vulnerable populations.

a) Standards

The standards employed for the AMH Program are those recommended by the Practice Transformation Taskforce (PTTF) and approved by the Healthcare Innovation Steering Committee (HISC). The program standards for the AMH Program are the NCQA 2014 PCMH standards. A few optional elements and factors have been established as mandatory standards for the AMH designation. The AMH transformation process also prioritizes a subset of "core" areas of emphasis that will be included in the core curriculum as well as "elective" areas of emphasis. Please refer to **Attachment E** and **Attachment F** for additional information on the AMH standards.

b) Qualifications for Participating Practices

Individual practice qualifications may include the following:

1. Engaged leadership, as evidenced in part by an identified lead physician or APRN,
2. Office of the National Coordinator-certified EHR,
3. Not currently recognized under an existing national medical home standard including NCQA 2011 or 2014,
4. Commitment to apply for NCQA 2014 medical home recognition and obtaining NCQA recognition as a condition for participating in and completing the pilot, and
5. Commitment to participate in the Learning Collaborative.

c) Recruitment

In October 2016, the SIM PMO and DSS will notify all of Connecticut's Advanced Networks[1] of the opportunity for their practices to participate in the AMH Program through an RFA (Request for Applications process). This notification will coincide with an AMH conference or symposium to be held jointly with the Department of Social Services (DSS, Connecticut's Medicaid authority). The conference will include Connecticut provider champions of medical home and invited guests from NCQA and the Center for Medicare and Medicaid Innovation. The conference will emphasize the many benefits of medical home recognition.

The list of Advanced Networks will be based on those organizations that have been identified as participating in the Medicare SSP or have an SSP arrangement with one or more of Connecticut's commercial health plans. We propose to select Advanced Networks and their affiliated practices (approximately 150 total) to participate in the program. We may permit Federally Qualified Health Centers (FQHCs) and independent practices to participate, resources permitting.

D. ABBREVIATIONS/ ACRONYMS

AMH	Advanced Medical Home
BFO	Best and Final Offer
CMMI	Center for Medicare and Medicaid Innovation
CMS	Centers for Medicare and Medicaid Services
CT	Connecticut
DAS	Department of Administrative Services (CT)
DMHAS	Department of Mental Health and Addiction Services (CT)
DPH	Department of Public Health (CT)
DSS	Department of Social Services (CT)
EEO	Equal Employment Opportunity
EST	Eastern Standard Time
FOIA	Freedom of Information Act (CT)
HIE	Health Information Exchange
HIT	Health Information Technology
HIX	Health Insurance Marketplaces

[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.

NCQA	National Committee for Quality Assurance
NQF	National Quality Forum
PMO	Program Management Office
RFP	Request for Proposals
SIM	State Innovation Model

REQUIRED SERVICE COMPONENTS

The PMO seeks a practice transformation services provider with the expertise and experience to serve as the State's provider of AMH practice transformation support services. We are receptive to applications from local, regional, or national organizations, but prefer Respondents who have or intend to establish a local service center or transformation center of operations.

A. PRACTICE TRANSFORMATION SUPPORT

The Successful Respondent will be expected to conduct all aspects of the AMH Program including the following:

1. development of promotional materials,
2. provider outreach and recruitment,
3. assessment of current practice capabilities and gaps,
4. change facilitation and management,
5. monitoring and tracking the progress of each practice against accountability milestones, and
6. the conduct of an on-site validation survey.

Components 1 and 2 above will be undertaken in conjunction with the PMO. Practices will be required to apply for and obtain NCQA recognition according to the 2014 standards. The Contractor will be expected to provide support to the practice to ensure the most efficient process for meeting the administrative requirements of the application process.

The Contractor will also be required to provide documentation for each practice as to whether the NCQA recognition achieved by the practice included each of the AMH specific must pass elements and critical factors as set forth in **Attachment E** for the purpose of establishing whether the practice qualifies for the AMH designation.

Note well: The PMO will be conducting an evaluation of the current AMH Vanguard program pilot in September 2016. The information gained through this evaluation may result in changes to the AMH specific requirements outlined in **Attachments E and F**.

Any necessary changes to the AMH specific requirements will be addressed in the negotiation of the Contract resulting from this RFP.

Note well: The state intends to conclude recruitment by January 2017, however, if recruitment continues beyond March 31, 2017, or if the contract is extended for an additional wave, the Successful Respondent will be expected to update their methods to conform to the NCQA 2017 standards at no additional cost.

B. LEARNING COLLABORATIVE

The participants in the AMH Program will be required to participate in a Learning Collaborative organized and conducted by the Respondents. The Learning Collaborative must foster continuous peer-to-peer learning through webinars, workshops, an online collaboration site, and phone support. The approach should maximize the sharing among practices of resources, tools, and strategies for practice transformation. The Respondents must track progress or milestones associated with participation in the Learning Collaborative. The methods for the conduct of the Learning Collaborative will based on those proposed by Respondents as part of the procurement.

C. EVALUATION

The Respondent will be expected to undertake methods for assessing the impact of the practice transformation on a) PCP and primary care team satisfaction with practice and b) patient experience at baseline and 2-months post NCQA recognition.

D. TIMETABLE

The PMO is seeking to ensure that participating practices receive NCQA PCMH Level 2 or 3 recognition (with AMH required elements and factors) no later than December 2017. This means that practices will be expected to submit for NCQA recognition prior to December 2017. The PMO anticipates that the transformation process will require no more than 12 months. We believe that this is achievable because the practices recruited are typically using an established ONC certified EHR and have the support of a parent organization.

The Respondent is permitted to propose technical assistance activities that require engagement of the participating entities beyond the proposed 12 month target, provided such activities are consistent with our overall aims as set forth in this RFP and do not jeopardize a practice's ability achieve NCQA recognition by December 2017.

OVERVIEW OF THE PROCUREMENT PROCESS

A. ISSUING OFFICE AND CONTRACT ADMINISTRATION

The 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:	Shiu-Yu Schiller
Address:	P.O. Box 1543 Hartford, CT 06144
E-Mail:	shiu-yu.schiller@ct.gov

B. CONTRACT TERM

The PMO seeks to implement this consultation contract on or before November 1, 2016 for a contract period ending March 31, 2018, with the option to extend.

C. RESPONDENTS' QUESTIONS

The 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 Administration (DAS) website.

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 September 23, 2016. Questions must be submitted to the PMO by e-mail (shiu-yu.schiller@ct.gov). The PMO may 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.

D. LETTER OF INTENT

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 AMH Vendor Letter of Intent by email to:

Shiu-Yu Schiller, Health Program Associate, shiu-yu.schiller@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.

Submission of a letter of intent is not required in order to submit a Response.

E. EVALUATION AND SELECTION

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.

F. CONTRACT EXECUTION

The contract developed as a result of this RFP is subject to State contracting procedures for executing a contract which include 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.

G. 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.

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.

H. 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 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.

I. 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 Demian Fontanella (demian.fontanella@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.

J. CONTEST OF SOLICITATION OR 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**.

K. 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.

L. QUALIFICATION PREPARATION EXPENSES

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

M. 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 Procurement Schedule 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 PMO.

N. 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.

O. INCURRING COSTS

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

P. 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.

6. 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.

Q. 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.

R. OTHER

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

RESPONSE FORMAT AND SUBMISSION REQUIREMENTS

A. GENERAL FORMAT REQUIREMENTS

Responses must follow the requirements of this RFP including the requirements of form and format that have been established in order to facilitate the PMO's evaluation process. Content requirements are listed in Section VI of this RFP. Responses are required for each content requirement that begins with "THE RESPONDENT SHALL" and those responses must reference the RFP request citation.

1. DELIVERY CONDITION

The Response must be submitted in electronic-format to shiu-yu.schiller@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.

2. RESPONSE Construction 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, 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 – 12 pages, double spaced
    - Organizational Qualifications and Project Management – 3 pages, double spaced, resumes do not count towards the page limit
    - Budget Narrative – 5 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.

APPLICATION DETAILS

A. 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. If the respondent intends to use

subcontractors, 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 enabling achievement of the AMH standards. Required contents of the narrative can be found in **Section VI.B.**

V. **Organizational Qualifications and Project Management:** Organizational background, staffing structure, and project plan and timeline for completion of the proposed activities. Required contents can be found in **Section VI.C.**

VI. **Budget Narrative.** Budget Narrative guidance is found in Attachment C and **Section VI.D**. 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)

B. PROJECT NARRATIVE

THE RESPONDENT SHALL describe its overall proposed approach to the provision of practice transformation support services including change facilitation and management. The description should include a discussion of the extent to which the Respondents will rely on electronic (webinars, video-conferencing) versus on-site methods. The Respondent should also discuss the number and size of the practices that it proposes to include and the anticipated duration of involvement, including projected average and range.

THE RESPONDENT SHALL describe its approach to practice outreach, recruitment and engagement, noting any implications for the state's proposed criteria for practice participation.

THE RESPONDENT SHALL describe its approach to a) assessment of current practice capabilities and gaps and b) accountability milestones that the Respondent would recommend as a means to monitor practice progress including any gates that should present a contingency for continued participation in the practice transformation process.

THE RESPONDENT SHALL describe how its overall approach, methods and areas of emphasis will achieve the following benefits to the practice and the primary care team:

- reduced PCP and primary care team "burn out,"
- a more efficient and meaningful clinical practice experience, and
- a lessening of the administrative burden on primary care providers.

The response should also speak to how the proposed transformation model and methods will provide assistance and tools to make participation in the NCQA recognition process less challenging and resource intensive.

THE RESPONDENT SHALL describe how its overall approach, methods and areas of emphasis will contribute to improvements in

- patient care experience, engagement and shared decision making,
- health equity, and
- integrated behavioral health.

We recognize that the above are included in NCQA's standards, elements and factors. However, we are especially interested in any information that you can provide about how your approach extends beyond the formal criteria or otherwise helps practices achieve the spirit of these aims.

THE RESPONDENT SHALL describe how it would conduct formative and summative evaluation activities and how it would propose to assess the following:

- impact on PCP and primary care team satisfaction with practice including at baseline and 2-months post NCQA recognition.
- impact on patient experience associated with practice transformation support.

THE RESPONDENT SHALL describe its plan to conduct an on-site validation survey prior to a practice's completion of its participation in the AMH Program. The State will require an on-site validation survey for each practice as a condition for receiving recognition as a Connecticut AMH. Validation of practice transformation is viewed as an essential feature of our program in response to concerns that practices can meet the documentation standards of a nationally accrediting body without demonstrating the meaningful changes in practice that the standards are intended to bring about.

THE RESPONDENT SHALL describe its approach and methods related to the conduct of a Learning Collaborative to facilitate peer-to-peer learning and interdisciplinary networking for primary care transformation.

C. ORGANIZATIONAL QUALIFICATIONS AND PROJECT MANAGEMENT

THE RESPONDENT SHALL describe its background including details regarding its experience providing practice transformation that are similar and relevant to the scope of services described in this RFP.

THE RESPONDENT SHALL explain the staffing and management model of your organization as well as for the specific team who would be working with the PMO in order to fulfill the

responsibilities outlined in Section II of this RFP; the roles, functions and time commitment of key staff and subcontractors; and their relevant expertise. The description should identify any and all subcontractors. The Respondents shall describe the extent to which it intends to establish a local service center or transformation center of operations.

<u>THE RESPONDENT SHALL</u> 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.

<u>THE RESPONDENT SHALL</u> provide resumes of the executive or management personnel proposed to complete the tasks identified in this RFP, whether those of the Respondent or its subcontractor(s). Resumes are limited to two (2) pages per resume. Resumes must include:

a. Relevant education and training;

b. Project management experience for project(s) of a similar nature; and

c. For each project referenced above, identification of the customer and a brief description of the responsibility of the individual to the project.

The resultant contractor must receive the 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.

<u>THE RESPONDENT SHALL</u> include *at least* three references for the lead organization and additional references for subcontractors that it proposes for substantial involvement in the provision of practice transformation services. References should be individuals able to comment on a 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 should be able to comment on the following issues:

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

The PMO expects to use these references in its selection process therefore Respondents are strongly encouraged to contact their planned references to ensure the accuracy of their contact information and their willingness and ability to serve as references.

The PMO will disqualify any Respondent from competing in the RFP process if the PMO discovers that the Respondent had any influence on the references in completing the evaluation.

THE RESPONDENT SHALL provide the following information about each proposed subcontractor:

a. Legal Name of Agency, Address, FEIN

b. Contact Person, Title, Phone, Fax, E-mail

c. Services To Be Provided Under Subcontract

d. Resumes and Qualifications (Section B 4); and

D. BUDGET NARRATIVE

THE RESPONDENT SHALL provide a proposed budget 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 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.

The PMO anticipates that payment will be based on a cost per Participating Practice not to exceed the Contract maximum for each budget category, and for the Contract overall.

A "Participating Practice" is a practice that enters into a fully executed Transformation Services Agreement (TSA) with the PMO for the receipt of transformations services that result from this procurement.

The per Participating Practice cost may be adjusted based on the extent to which a Participating Practice remains in good standing during the period of performance.

THE RESPONDENT SHALL describe whether and to what extent the number of Participating Practices successfully recruited impacts the proposed per Participating Practice cost.

THE RESPONDENT SHALL acknowledge and agree to a withhold of 15% of the total contract value subject to the following terms:

a. The PMO shall withhold 15% of the total contract value to be paid to the Contractor that shall only be paid to the Contractor based on the number of practices that meet the "Completion Criteria."

b. Completion Criteria for the purpose of determining final withhold payment to the Contractor shall be defined as a practice achieving CT AMH Designation, which includes achieving 2014 Level II or Level III NCQA PCMH Recognition and achieving the additional must pass elements and critical factors under the AMH Pilot Program ("Completion Criteria") by December 2017.

c. Payment of the full withhold shall be made to the Contractor if all of the Participating Practices meet the Completion Criteria.

d. For each practice that does not meet the Completion Criteria, an amount equal to "total withhold amount / number of Participating Practices" will be decremented from the withhold amount returned to the Contractor.

THE RESPONDENT SHALL acknowledge and agree to a payment formula and timetable as follows:

	Calculation of Maximum Number of Participating Practices	
	Due Date	**Formula**
A	Go live	50%* per practice cost * Participating Practices, less withhold
B	3 months	16.6% * per practice cost * Participating Practices in good standing
C	6 months	16.7% * per practice cost * Participating Practices in good standing
D	9 months	16.7% * per practice cost * Participating Practices in good standing
E	Completion	(withhold / Participating Practices) * completers

Go-live date = first of the month within which the Contractor conducts the introductory meeting.

Completion = December 31, 2017

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.

EVALUATION

A. EVALUATION OF OBJECTIVES

The PMO will conduct a comprehensive, fair and impartial evaluation of responses received in response to this competitive procurement effort.

B. EVALUATION OF ORGANIZATION

An Evaluation Team will be established to assist the PMO in selection of a Contractor. The PMO reserves the right to alter the composition of this Team. The Evaluation Team will be responsible for the review and scoring of all Responses. This group will be responsible for the recommendation to the Program Director. The Program Director will notify the selected Respondent(s) that the organization(s) has been awarded the right to negotiate a contract with the PMO for this project. The State reserves the right to reject any and all Responses.

For all proposals that meet the minimum requirements, the following selection criteria will be used to judge the merits of the proposals:

PROPOSAL CRITERIA AND SCORING	Value (out of 100)
Project Narrative	**35**
Overall proposed approach	5
Approach to practice outreach, recruitment and engagement	2
Capability assessment and accountability milestones	3
Program administration and methods	3
Benefits to the primary care team	5
Methods for improving care experience, health equity and integrated behavioral health	5
Assessing impact on practice and patient	4
On-site validation survey	3
Learning collaborative	5
Organizational Qualifications and Project Management	**35**
Experience and expertise in providing transformation services	10

Staffing and management model	8
Project plan and timetable	7
Resumes of executive and management personnel of Respondent and subcontractors	10
<u>Cost</u>	**30**

After the Evaluation Team has scored each response, the points awarded will be totaled to determine the ranking. Recommendations, along with pertinent supporting materials, will then be conveyed to the PMO Director.

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.

ATTACHMENT A: PROPOSAL FACE SHEET

SIM PROGRAM MANAGEMENT OFFICE

REQUEST FOR PROPOSALS (RFP)

CT SIM ADVANCED MEDICAL HOME

PRACTICE TRANSFORMATION SERVICES

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 Advanced Medical Home Practice Transformation Services Request for Proposals.

____

Signature Date

____

Title

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. <u>**Personnel**</u>

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.

<u>Job Description</u>: 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. <u>Fringe Benefits</u>

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. <u>Travel</u>

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	=	*<u>$2,025</u>*

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. **Total Direct Costs** **$__________**

Show total direct costs by listing totals of each category.

G. **Indirect Costs** **$__________**

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:

AMH Practice Transformation Services 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)

ATTACHMENT E: AMH MUST PASS ELEMENTS AND CRITICAL FACTORS

Additional Must-Pass elements necessary for CT AMH designation are underlined below:

- **Standard 1: Patient-Centered Access**
  - Element A: Patient-centered Appointment Access
  - Element B: 24/7 Access to Clinical Advice
  - Element C: Electronic Access
- **Standard 2: Team-based Care**
  - Element A: Continuity
  - Element B: Medical Home Responsibilities
  - <u>Element C: Cultural and Linguistic Appropriate Services</u>
  - Element D: The Practice Team
- **Standard 3: Population Health Management**
  - Element A: Patient Information
  - Element B: Clinical Data
  - Element C: Comprehensive Health Assessment
  - Element D: Use Data for Population Health Management
  - Element E: Implement Evidence-Based Decision Support
- **Standard 4: Care Management and Support**
  - Element A: Identify Patients for Care Management
  - Element B: Care Planning and Self-Care Support
  - Element C: Medication Management
  - Element D: Use Electronic Prescribing
  - Element E: Support Self-Care and Shared Decision Making
- **Standard 5: Care Coordination and Care Transitions**
  - Element A: Test Tracking and Follow-Up
  - Element B: Referral Tracking and Follow Up
  - Element C: Coordinate Care Transitions
- **Standard 6: Performance Measurement and Quality Improvement**
  - Element A: Measure Clinical Quality Performance
  - Element B: Measure Resource Use and Care Coordination

- Element C: Measure Patient/Family Experience
- Element D: Implement Continuous Quality Improvement
- Element E: Demonstrate Continuous Quality Improvement
- Element F: Report Performance
- Element G: Use Certified EHR Technology

NCQA factors that have been deemed **critical factors** necessary for CT AMH designation are identified below:

- **Standard 1: Patient-Centered Access**
  - No AMH Critical Factors
- **Standard 2: Team-Based Care**
  - Element A: Continuity
    4. Collaborating with the patient/family to develop/implement a written care plan for transitioning from pediatric care to adult care. (NEW CRITICAL)
- **Standard 3: Population Health Management**
  - Element C: Comprehensive Health Assessment
    7. Mental health/substance use history of patient and family. (NEW CRITICAL)
    8. Developmental screening using a standardized tool (NA for practices with no pediatric patients). (NEW CRITICAL)
    9. Depression screening for adults and adolescents using a standardized tool. (NEW CRITICAL)
- **Standard 4: Care Management and Support**
  - Element A: Identify Patients for Care Management
    1. Behavioral health conditions. (NEW CRITICAL)
  - Element B: Care Planning and Self-Care Support (MUST-PASS)
    1. Incorporates patient preferences and functional/lifestyle goals. (NEW CRITICAL)
  - Element C: Medication Management
    5. Assesses response to medications and barriers to adherence for more than 50 percent of patients, and dates the assessment. (NEW CRITICAL)
- **Standard 5: Care Coordination and Care Transitions**
  - No AMH Critical Factors
- **Standard 6: Performance Measurement and Quality Improvement**
  - Element A: Measure Clinical Quality Performance

   4. Performance data stratified for vulnerable populations (to assess disparities in care). (NEW CRITICAL)

- Element C: Measure Patient/Family Experience (NEW MUST-PASS)

   3. The practice obtains feedback on experiences of vulnerable patient groups. (NEW CRITICAL)

ATTACHMENT F: AMH AREAS OF EMPHASIS

1) **The following "core" areas of emphasis are required elements of the CT AMH transformation curriculum:**

- **Standard 2: Element C**
  - The practice should be knowledgeable about culturally appropriate services in the practice's catchment area and health disparities among patient populations served by the practice
- **Standard 3: Element C: Factor 2, 6 & 10**
  - Provide practices with training and support for evaluation and assessment of family/social/cultural characteristics, behavioral health risk factors, and health literacy. Train practices to use this information to identify patients for care management and provide more individualized care incorporating a patients cultural norms, needs, and beliefs.
- **Standard 3: Element C**
  - Instruct practices in the provision of age appropriate oral health risk and disease screening. The practice should be advised how to implement age appropriate oral health risk and disease assessment, including assessments for caries, periodontal disease and oral cancer.
  - Instruct practices how to better understand the health risks and information needs of patients/families and train practices to perform an accurate, patient-centered, culturally and linguistically appropriate comprehensive health assessment.
- **Standard 4: Element A-E**
  - Focus on empathetic care and communication between practitioners and patient/families. Provide training for techniques and best practices to support patients and improve care experience.
- **Standard 4: Element A**
  - Criteria for identifying patients for care management are developed from a profile of patient assessments and may include a combination of the following: A diagnosis of an oral health issue (e.g. oral health risk and disease assessment to include caries, periodontal disease and cancer detection); A positive diagnosis by a dentist of an oral disease condition or risk of the disease.
- **Standard 4: Element E**
  - Focus on shared decision making communications between patient and practitioner (taking into account patient preferences) giving the patient the support they need to make the best individualized care decisions.
- **Standard 5: Element C**

- Proactively identifies patients with unplanned hospital admissions and emergency department visits.
- Shares clinical information with admitting hospitals and emergency departments.

- **Standard 6: Element D**
  - Set goals and address at least one identified disparity in care/service for identified vulnerable population.

2) The following "elective" areas of emphasis are optional elements of the CT AMH transformation curriculum:

- **Standard 2: Element D and Standard 6: Element C**
  - Implementation of Patient-Family Advisory Panels at the practice for quarterly feedback and continuous quality improvement. Patient-Family Advisory Panels will help to inform the practice team on how to provide better patient-centered care and improve patient satisfaction.
- **Standard 4: Element A**
  - Identify patients for care management that include 95% empanelment, with 75% risk stratification, and 80% of care management for high risk patients
- **Standard 4: Element E**
  - Improve educational materials and resources available to patients.
  - Identify two target health conditions for self-care and shared decision-making for the practice's population
- **Standard 5: Element B**
  - Focus on the development of collaborative agreements with at least 2 groups of high-volume specialties to improve care transitions
  - Focus on enabling the practice to track the percentage of patients with ED visits who receive follow-up
- **Standard 5: Element C**
  - Practice responsible to contact 75% of patients who were hospitalized within 72 hours
  - Obtains proper consent for release of information and has a process for secure exchange of information and for coordination of care with community partners with guardian or custodial relationship
- **CT AMH Specific (not in NCQA 2014)**
  - Track primary care team satisfaction pre- and post- AMH program