

Request for Qualifications
Legal Services
Eastern Connecticut Health and Medical Cooperative
August 12, 2016

A. Purpose

The Eastern Connecticut Health and Medical Cooperative (“ECHM”) is requesting proposals from qualified attorneys to serve as ECHM Attorney. This is a solicitation specifically for an individual or law firm to serve as the ECHM Attorney.

B. Background

ECHM is a health cooperative formed pursuant to Connecticut General Statutes 10-174. The Coop’s purpose is to provide health and medical benefits to its municipal and school board members. It serves the southeast region of Connecticut and currently has five members: the North Stonington Board of Education, the Old Saybrook Board of Education, the Clinton Board of Education, the Town of Clinton and the regional educational service center LEARN. Other school boards and communities in the region have expressed interest in becoming members of the ECHM.

The ECHM is entering its fourth year of operations. At the current time, the ECHM has no employees. Operational support and services are provided by the ECHM’s fiscal agent, which is the regional educational service center LEARN. Decisions regarding the ECHM’s activities are made by its Board of Directors, which consists of ten (10) representatives from its constituent members.

C. Scope of Service

The ECHM Attorney will be required to provide legal advice and counsel to the ECHM on a variety of matters pertaining to its operations and governance. The delivery of legal services will be coordinated through the ECHM Board of Directors.

The legal services to be provided include:

- Review of ECHM contracts
- Counsel and advice on matters of health insurance law and policy
- Counsel and advice on matters of public sector entity governance
- Creation and/or review of ECHM policies, bylaw changes, and other legal documents
- Review and interpretation of local, state and federal laws, regulations and ordinances
- Representation in claims against and by the ECHM
- Other matters typically associated with the operations of a health care cooperative
- Other services as may be directed by the Board of Directors

D. Required Submissions

Please organize and present your responses in the order listed below, and thoroughly address each issue:

1. A letter of transmittal indicating the firm's interest in providing the services and any other information that would assist the ECHM in making a selection. This letter must be signed by a person legally authorized to bind the firm to a contract.
2. Name, telephone number and email address of person(s) to be contacted for further information or clarification.
3. A background and qualifications statement stating the name and address(es) of the firm or individual attorney, and describing your capabilities and the history of your firm and the servicing office. If the respondent is a law firm, identify the proposed ECHM Attorney.
4. List of attorneys to be assigned to this representation, including the proposed ECHM Attorney and others who are expected to perform material services, identifying their areas of expertise. Please provide resumes for each of these attorneys, their roles in representing other health cooperatives. Please describe the anticipated chain of command. If an individual attorney, please provide a list of attorneys who would provide coverage for the individual attorney in the attorney's absent or incapacity, identifying their areas of expertise. For such covering attorneys, provide resumes for each of these attorneys, their roles in representing other health cooperatives.
5. Information that explains your firm's ability to perform, implement and administer these services, emphasizing experience with other similar entities. Summarize all areas of relevant expertise and experience, including the types of services supplied to past and present clients.
6. A list of not less than three client references for which services similar to those outlined herein have been provided within the past five (5) years or are currently being provided. This list shall include the following information:
 - i. Name of the client
 - ii. Timeframe of legal services
 - iii. Legal services provided by the firm and, most particularly, by the proposed ECHM Attorney and other attorneys who would be assigned to the ECHM
 - iv. Name, address, and telephone number of the principal contact of the client

Please note: the ECHM reserves the right to contact these organizations regarding the services performed by the firm.

7. A listing and description of any potential conflicts of interest you foresee with this representation—*i.e.*, any matters or entities regarding which a legal issue with the ECHM exists or might arise that could create a conflict for you.
8. A description of your proposed general approach to serving as ECHM Attorney, including availability and responsiveness.
9. A description of any grievances or claims of ethical misconduct or malpractice asserted against the law firm or individual attorneys that resulted in adverse administrative or judicial findings within the past five (5) years.

10. A description of the firm's professional liability insurance per-claim and annual aggregate limits. A copy of the malpractice policy declaration page.
11. A detailed proposal regarding the fees, costs and expenses that may be incurred by the ECHM in this representation. Please indicate the available billing methodologies (e.g., bill at hourly rates, blended rates, annual retainer for defined services, etc.). In all events indicate hourly billing rates of personnel providing these services, available discounts, invoiced expenses and other costs involved, including any administrative costs that the firm/individual will bill the ECHM (for example, copier, computer research, postage, messenger, long distance phone calls).
12. A sample of the form of the firm's engagement letter.
13. A concluding statement as to why the respondent is best qualified to meet the needs of the ECHM, including any other information you deem relevant to your proposal.

E. Submission of Proposals

1. **All proposals must be received no later than 1:00 p.m. on Friday, September 2, 2016.**
2. Please provide one (1) original and two (2) copies of the RFQ. Please include in the package, a PDF copy of the submission. RFQ's should be mailed or delivered to:

Eastern Connecticut Health and Medical Cooperative
c/o LEARN
Dr. Eileen Howley, Executive Director
44 Hatchetts Hill Rd.
Old Lyme, Ct. 06371

3. All RFQ's should be presented in a sealed envelope and be clearly marked:

'RFQ ECHM Legal Counsel'

4. Any questions regarding this Request for Qualifications should be directed to Nat Brown, by email, at natbrown.llc@icloud.com by 5:00 PM on Monday, August 22, 2016.
5. Answers to questions received will be posted, to <http://www.learn.k12.ct.us/requestforproposals> by 5:00 PM on Wednesday, August 24, 2016.

The ECHM reserves the right to: accept or reject any and/or all proposals, for any reason or no reason; waive any and all informalities, defects, or irregularities; request further information or clarification; and negotiate with any, all or none of the respondents to this Invitation.