

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

**REQUEST FOR PROPOSAL (RFP) FOR PREVENTION SERVICE INITIATIVE - CBO
LINKAGE MODEL
TECHNICAL ASSISTANCE VENDOR**

SECOND Addendum

RELEASE DATE – 09-7-2017

The SIM PMO's official responses to questions submitted as of 5pm, September 8, 2017 are as follows:

1. **Question:** Can respondents submit a flowchart, diagram or logic model to better illustrate our approach to the project as an additional attachment to the proposal (not included in the page limit)?

Response: This can be submitted but will be included in the page limit.

2. **Question:** Can respondents submit examples of the curriculum that would be used (not included in the page limit)?

Response: Yes. Please place these in the "7. Work Samples" section, after the "6. Project Plan and Timeline." These do not count towards the page limit.

3. **Question:** With regard to the CBOs and AN/FQHCs, can you provide a perspective list of respondents or examples of the sorts of organizations that you expect might apply for this assistance? For example, do you expect TA will be focused on organizations just beginning these types of partnerships or do you expect it will be focused on helping organizations "get across the finish line" with partners?

Response: At a minimum, we expect to engage ANs and FQHCs that are participating in the Medicaid PCMH+ Shared Savings Program. Current ANs and FQHCs that are participating in PCMH+ can be found here:

http://www.ct.gov/dss/lib/dss/pdfs/ratesetting/pcmhplus/pcmhplus_participationdetail_june_2017.pdf

With regard to CBOs, we are focusing on those that currently provide evidence-based prevention services including diabetes self-management and asthma home visiting. There may be a wide variety of organizations that offer these services. Examples include organizations like local health departments and area agencies on aging.

After engaging both CBOs and ANs/FQHCs in focus groups and one-on-one interviews, we have learned that these types of formal partnerships largely do not exist. For this reason, both CBOs and ANs/FQHCs in the state will likely be in the beginning phases of exploring these types of partnerships. On the other hand, in this initial phase, we are targeting ANs/FQHCs that are heavily participating in accountable care. Therefore, they do have experience in tracking and referring patients, quality improvement initiatives, and patient centered care. We are also targeting CBOs that have demonstrated experience in effectively implementing an evidence based service. Our hope is that this targeting approach increases the chances that partnerships will be formalized.

4. **Question: Do you expect CBOs to contract with more than one AN/FQHC?**

Response: We will be encouraging CBOs to contract with more than one AN/FQHC.

5. **Question: Is the project plan included in 4-page section page limit?**

Response: Yes

6. **Question: Do you expect the “joint activities held between CBOs and healthcare providers” to include individual meetings of organizations looking to partner with each other or do you expect they will also include learning opportunities that bring together the full CBO project cohort with the full provider project cohort?**

Response: We are open to approaches and will rely on the expertise of Respondents to recommend the most effective approaches in their responses.

7. **Question: Is the percentage of dollars that can be spent on travel restricted to a certain percentage of the total budget?**

Response: A limit will be negotiated and established in the resulting Contract.