



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

**REQUEST FOR PROPOSALS (RFP)  
CONSUMER ENGAGEMENT MEDIA VENDOR**

The State Innovation Model Program (SIM) Management Office (PMO) seeks a media production vendor to develop videos that help consumers understand their role in a person-centered care process. The SIM PMO has launched care delivery reform initiatives such as the Advanced Medical Home Program and the Community and Clinical Integration Program that offer assistance to healthcare providers to provide person-centered care. The selected vendor will develop tools that will help consumers understand their role and responsibilities in the new person-centered care process so that they can make the most of their healthcare. The tools will build upon the experiences of 3 consumer groups that have faced challenges in navigating the healthcare delivery system. These groups may have faced health literacy, cultural, and socioeconomic challenges in using the healthcare system.

A competitive solicitation process to recruit the consumer groups will run concurrently with this RFP. The selected vendor shall develop 5-6 video shorts of 1-5 minutes duration targeting consumers from each of the consumer groups, for a total of 15-18 videos. The vendor shall:

1. Participate with the Consumer Engagement Coordinator in interviews with selected participants of 3 consumer groups to assist with the identification of key messages.
2. Based on messages gathered from these interviews, create 5-6 videos for each consumer group that communicate the messages to consumers.
3. Produce a summary of the process and lessons learned, including applicability of using the process with other consumer populations or other SIM initiatives.

This is a competitive procurement and is expected to result in a six month contract with maximum award of up to \$40,000. The State may include an option to renew and extend the contract to additional populations based on the success of this demonstration.

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

Applicable Dates:

<b>RFP Release Date</b>	<b>9/8/17</b>
<b>Optional Letter of Intent to Apply:</b>	<b>9/22/17</b>
<b>Application Due Date:</b>	<b>10/20/17 3 p.m. Eastern Time</b>
<b>Anticipated Issuance of Notice of Award:</b>	<b>10/27/17</b>
<b>Anticipated Period of Performance:</b>	<b>11/13/17 – 4/20/18</b>

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# 1 EXECUTIVE SUMMARY

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## **Helping Providers Put Patients at the Center of the Care Process**

The SIM initiative works extensively with healthcare providers to promote person-centered care. This work re-orientes providers to place greater emphasis on patients' goals, values and decisions at the center of the care process.

SIM encourages providers to seek to understand patients beyond their presenting symptoms and health conditions. This means asking about attitudes, values and beliefs, which are necessary to effectively engage patients and to help ensure that the care process is tailored to them. Providers also learn the importance of understanding other aspects of a patient's life that may contribute to symptoms, present barriers to effective treatment, or present a risk for future problems. This might, for example, include understanding food stability issues, transportation barriers, domestic violence or other safety issues, unsafe or unstable housing, social isolation, history of trauma, and language, culture or health literacy barriers.

Providers also learn that when a patient has a diagnosis, it is important to work with the patient to determine their treatment goals. Doing so helps to ensure patient engagement in the treatment process and treatment choices that align with patient goals, expectations, and values. Care decision-making should be a shared process with patients, and that means making sure that patients are aware of all available treatment options and are fully informed of the advantages and disadvantages of each.

## **Helping Patients Put Themselves at the Center of the Care Process**

The SIM initiative has, until now, focused entirely on technical assistance and tools to help providers provide patient centered care. With this solicitation, we are seeking media production partners to help develop tools for consumers. It isn't enough for providers to change the way that they do business; consumers need to understand their role and responsibilities in the new patient-centered care process if they are going to get the full benefits of care.

Every consumer has her own expectations for healthcare and the care process. Those expectations may be based on early experiences with the healthcare system, for themselves or a love one. They may be based on traditional notions from the media (think Marcus Welby MD). They may be shared expectations based on commonly held beliefs among certain cultural groups. Or beliefs about how one should interact with anyone with a "Dr" in front of their name or even anyone in a white coat.

For example, in listening to consumers we have learned that some consumers do not feel it is their role to ask questions of the doctor, or they are afraid to do so for fear that it is a sign of disrespect. Some may not understand that for many conditions there are different treatment options that differ in terms of their risks and benefits. Or they may not understand the most basic things about their disease or what they need to do to effectively treat the disease, and yet are afraid to ask. Others may be mistrustful of the healthcare system, which may not include representatives of their own community. Still others may

not feel it is necessary or even appropriate to share aspects of their personal life, such as a long past history of trauma. In all of these example, the patient’s attitudes and beliefs may be a barrier to care.

This project focuses on identifying the key messages around which we will produce a range of video products intended to engender awareness about the care process, knowledge about how best to interact with the health care system, and the confidence to put that awareness and knowledge into action. This project will be undertaken with three distinct consumer groups that help us to define the key messages that best fit the needs and characteristics of their respective communities.

We envision a combination of video products that feature members of the community. These might include a message from a community champion that highlights the important things to know when using healthcare, testimonials from members of the community who have had an empowering experience in using healthcare to meet their own needs or those of a love one, and potentially a dramatized or real life walk through of a member of the community using the healthcare system to meet a healthcare need.

If we are successful, we will produce tools that empower consumers to be the person at the center of person-centered care. They will share information about themselves, ask for the information or assistance they need, make fully informed choices about their care, and understand how to effectively promote their health and manage their healthcare outcomes. Any questions related to this initiative should be directed to:

**Shiu-Yu Schiller, Health Program Associate, Healthcare Innovation, Connecticut State Innovation Model:**  
[Shiu-Yu.Schiller@ct.gov](mailto:Shiu-Yu.Schiller@ct.gov)

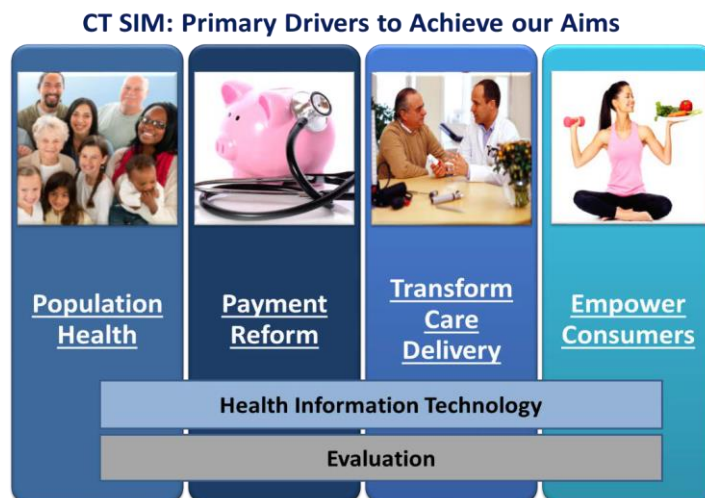
**Applications must be submitted electronically on or before October 20, 2017 at 3pm to Shiu-Yu.Schiller@ct.gov**

<b>RFP Name</b>	Consumer Engagement Media Specialist
<b>RFP Release Date</b>	September 8, 2017
<b>Electronic Location of Request for Proposals</b>	<a href="http://das.ct.gov/cr1.aspx?page=12">http://das.ct.gov/cr1.aspx?page=12</a>
<b>Optional Letter of Intent to Apply Due Date</b>	September 22, 2017
<b>Request for Proposals Application Due Date</b>	October 20, 2017 at 3pm
<b>Anticipated Notice of Award</b>	October 27, 2017
<b>Period of Award</b>	November 13, 2017 – April 20, 2018
<b>Anticipated Total Available Funding</b>	Up to \$40,000
<b>Anticipated Number of Awards</b>	One award
<b>Eligible Applicants</b>	Vendors that have expertise in videography, marketing, and engaging diverse populations and communities.

## 2 BACKGROUND INFORMATION

### 2.1 CONNECTICUT'S STATE INNOVATION MODEL

The State Innovation Model (SIM) initiative is a Center for Medicare & Medicaid Innovation (CMMI) effort to support the development and implementation of state-led, multi-payer healthcare payment and service delivery model reforms that will promote healthier people, better care, and smarter spending in participating states. In 2014 Connecticut received a \$45 million State Innovation Model (SIM) grant from CMMI to implement a multi-faceted strategy to improve the health outcomes and healthcare spending trajectory of the state, as well as to improve the sizeable health disparities that continue to persist. Over a four year period (2015-2019) Connecticut's SIM proposes to improve Connecticut's healthcare system for the majority of residents.



We are investing in a transition away from paying for volume of healthcare services towards paying based on whether people receive high quality care with lower growth in costs. This includes funding the design and launch of the state's first Medicaid Shared Savings Program ("PCMH+"), which rewards healthcare providers for improved quality outcomes and better cost trends.

We are providing technical assistance and supports to healthcare providers that want to succeed in these new payment models, so that they can connect individuals to community and behavioral supports, deploy community health workers, and use data to track and improve their performance. Providers access these resources through our Advanced Medical Home and Community & Clinical Integration Programs.

Simultaneously, we engage consumers by promoting insurance plans that remove financial barriers to, or introduce rewards for preventive care, medication adherence, chronic disease management, and high-quality provider selection. We promote these "Value-Based Insurance Designs" by convening employers and creating easily adoptable templates and disseminating best-practices.

Lastly, we are developing and testing components of a Population Health Plan. This longer-term strategy will combine innovations in clinical healthcare delivery, payment reform, and population health strategies to support investments in prevention and community health improvement.

## 2.2 CONSUMER ENGAGEMENT STRATEGY

### Background

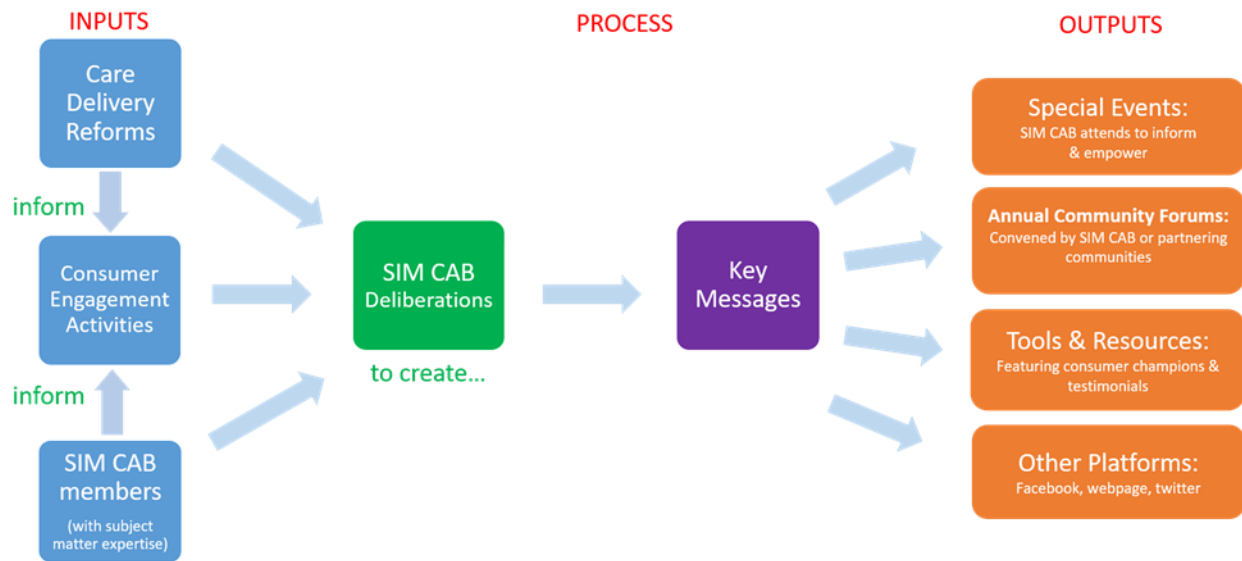
SIM healthcare reforms must address the needs of the populations they aim to serve. Statewide SIM reforms are intended to impact the entire CT population. Targeted initiatives also shift healthcare models for broad populations such as many individuals eligible for Medicaid. Consumer input and engagement is needed to understand and address the barriers and challenges that consumers experience as providers transform. The input of community organizations is critical because of their understanding of local needs and opportunities and because they may serve as partners with healthcare practices for many SIM initiatives. Formal and consistent solicitation of community and consumer input will create effective strategies of reform implementation and enhanced community confidence in SIM initiatives.

The Consumer Advisory Board (CAB) is the main vehicle in the SIM governance structure to ensure community and consumer stakeholder engagement. The CAB has established consumer representation on each of the SIM taskforces and councils, as well as the Steering Committee, the SIM's oversight body. The CAB facilitates consumer participation at these meetings, provides the necessary guidance and support, and discusses issues brought back from the meetings with the larger group. The CAB and its consumer engagement coordinator have created a [Consumer Engagement and Communication Plan](#).

The CAB has identified three areas of focus that members plan to explore using this comprehensive approach. The focus areas are:

- 1) **INFLUENCE SYSTEMS CHANGE:** ORGANIZE DIVERSE CONSUMERS TO INFLUENCE THE DESIGN AND IMPLEMENTATION OF PERSON-CENTERED, CULTURALLY APPROPRIATE HEALTH CARE REFORM INITIATIVES AND PUBLIC POLICY.
- 2) **PROMOTE PROVIDER-CONSUMER PARTNERSHIPS:** ENGAGE HEALTHCARE PROVIDERS IN WHAT THEY NEED TO DEVELOP CULTURALLY COMPETENT AND RELEVANT KNOWLEDGE ABOUT DIVERSE CONSUMER NEEDS. PROMOTE COMMUNICATION AND PARTNERSHIP BETWEEN PROVIDERS, CONSUMERS, AND CAREGIVERS TO SUPPORT BETTER HEALTHCARE AND BETTER OUTCOMES.
- 3) **ENGAGE AND EMPOWER CONSUMERS:** IDENTIFY COMMUNITY-SPECIFIC ISSUES AND SHARE CULTURALLY-RELEVANT INFORMATION TO FACILITATE DIVERSE CONSUMER INTERACTION WITH THE HEALTHCARE SYSTEM, PARTICULARLY FOR COMMUNITIES FACING BARRIERS TO EFFECTIVE CARE.

This RFP targets the third of these focus areas: Engage and Empower Consumers, as illustrated below.



The third focus involves organizing **consumer engagement activities around language accessibility and culturally-relevant information and tools that consumers and caregivers can use to maximize their health outcomes and get what they need from the health system.** Person-centered care is at the heart of our SIM CAB activities yet little information is available to consumers and caregivers about their health, their choices, or how to play an active role in the coordination of their care.

While we want to improve the whole healthcare system and thus positively impact everyone’s health outcomes, due to our focus on health equity and language accessibility, SIM CAB prioritizes the communities most disenfranchised by the healthcare system. These communities face health literacy issues and socioeconomic challenges, and struggle with coverage costs and inclusion. Provider behaviors may unknowingly create barriers for open and honest two-way communication. Therefore, CAB aims to empower consumers to communicate more effectively with providers, and achieve partnership or joint decision-making.

The CAB has proposed a range of activities intended to support consumer engagement and empowerment. **This RFP is focused on activities intended to help consumers understand how to be an empowered consumer at the center of person-centered care.** The CAB intends to work with three consumer groups to help identify the messages and methods that will help members of their groups participate actively in their healthcare; convey their attitudes, values, and beliefs; set personal health care goals; ask questions and solicit information to support shared-decision making; and participating in the development of a personal care plan. Some of the messages and methods apply to all consumer populations, while others are specific to the unique history and characteristics of particular socio-demographic, race, ethnic, language, disability, and gender identity/sexual orientation groups as well as populations that share a common health condition.



# 3 REQUIRED SERVICE COMPONENTS AND SCOPE OF WORK

The State has a contract with a Consumer Engagement Coordinator that will support this project. The Consumer Engagement Coordinator lead shall arrange interviews, develop interview questions, obtain media releases, secure shooting locations, coordinate travel, develop storyboards, transcribe video footage, request specific edits and sequencing of video footage, and review rough cuts. The State would prefer a vendor that can assist with the above elements in addition to conducting the following scope of work:

1. Participate in 3-5 interviews with consumer groups for the purpose of identifying key messages specific to each group that align with person-centered concepts or barriers to person-centered care
2. Participate in determining key messages that will serve as the focus of the videos
3. Produce 5-6 videos of 1-5 minutes duration for each consumer group, including pre and post production and filming.

Note: Depending on the agreed upon production requirements of the videos, the State will consider negotiating adjustments in the number of videos required under the resulting contract in order to remain within budget.

4. Participate in regular Check-In Meetings with the PMO, CAB and Consumer Engagement Coordinator: Meet (in-person or remotely) weekly or semi-weekly with the PMO, CAB and Consumer Engagement Coordinator to track initiative progress, discuss needed adjustments to the scope to achieve the goal, and share findings to date.
5. Produce a summary of the process and lessons learned, including applicability of using the process with other consumer populations or other SIM initiatives.

6. Key Outputs and Timeline

The following table lists high-level outputs associated with the required scope of work. The applicant will also be responsible for the milestones and timelines they submit as part of their proposal. The applicant should assess the below timeline and propose modifications based on their own subject-matter expertise.

Phase	Key Milestones	Timeline
Interview Participants	Schedule and conduct interviews with Consumer Engagement Coordinator	Months 1 and 2
Frame Messages	Assist the Consumer Engagement Coordinator to frame key messages	Months 1 and 2
Create videos/ work products	Videos and work products completed and submitted to PMO	Months 3, 4, and 5
Summary Report	Final report submitted to PMO	Month 6

# 4 AWARD INFORMATION

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## 4.1 AWARD AMOUNT

The SIM PMO expects to award one respondent the right to negotiate a contract in response to this RFP. The award amount and duration are listed in the **Executive Summary** of this document. The resulting contract will be subject to: approval of the proposed budget and approval of a release of funds request by CMMI, the federal agency that funds the SIM grant.

The contract may allow for an adjustment of the contract value based on a number of factors such as the number of consumer groups selected to participate.

## 4.2 ELIGIBILITY AND QUALIFICATIONS

The PMO seeks a vendor who has demonstrated experience in developing high-quality videos that effectively inform the public. The vendor's portfolio will be judged on artistic quality and the effectiveness of messaging. The vendor is expected to be involved as a partner in pre-production efforts and take full responsibility for filming and post-production. The vendor should have a minimum of 3 years of filming and professional video production experience, and is expected to own and use up-to-date video and technologically-relevant equipment.

The PMO prefers a vendor experienced with diverse populations and/or health care consumers. Examples of those encouraged to apply include those with expertise in working with hard to reach consumers, experience working with diverse populations, ability to gather and synthesize key messages from participants from health-related forums, ability to capture this information to produce a video that can be used as a tool to inform providers of consumer needs as well as help consumers advocate for their own healthcare.

The PMO is receptive to applications from individuals and teams, and from local, regional, or national organizations. A strong local knowledge of Connecticut and our communities is preferred because the videographer will be asked to film at numerous Connecticut-based locations.

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

## 4.3 PERIOD OF PERFORMANCE

The anticipated Period of Performance is listed in the **Executive Summary** and in **Section 3. Key Outputs and Timeline**. The PMO will evaluate the vendor's success in achieving the objectives and milestones

contained in the resulting contract. The contractor may have future opportunities for expanded scope and duration of the contract to additional organizations.

## **4.4 TERMINATION OF AWARD**

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

## **4.5 ISSUING OFFICE AND CONTRACT ADMINISTRATION**

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

Name: Shiu-Yu Schiller  
Address: P.O. Box 1543  
Hartford, CT 06144  
E-Mail: [Shiu-Yu.Schiller@ct.gov](mailto:Shiu-Yu.Schiller@ct.gov)

The 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 works with the CAB in implementing the Consumer Engagement and Communication Plan. The resulting contractor will have substantial interaction with both the PMO and CAB.

## **4.6 OFFICIAL CONTACT**

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

The Official Contact is the only authorized contact for this procurement and, as such, handles all related communications on behalf of the PMO. Respondents, Prospective Respondents, and other interested parties are advised that any communication with the following about this RFP is strictly prohibited:

1. any other PMO employee(s),
2. personnel of our state agency partners (including UConn/UConn Health) directly engaged in SIM related activities,
3. personnel under contract with the PMO or our state agency partners who are participants in the SIM CORE team, and
4. members of the Consumer Advisory Board.

Respondents or Prospective Respondents who violate this instruction risk disqualification from further consideration. If you are uncertain as to whether communication is permitted with an individual or entity, please submit your question to the Official Contact.

Name: Shiu-Yu Schiller  
Address: P.O. Box 1543  
Hartford, CT 06144  
E-Mail: [Shiu-Yu.Schiller@ct.gov](mailto:Shiu-Yu.Schiller@ct.gov)

## 5 APPLICATION DETAILS

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### 5.1 SUBMISSION INSTRUCTIONS

This Request for Proposals serves as the application package and contains all the instructions to enable a potential applicant to apply.

#### 5.1.1 Letter of Intent to Apply

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

**Please submit your Letter of Intent by email to:**

Shiu-Yu Schiller, [Shiu-Yu.Schiller@ct.gov](mailto: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.

#### 5.1.2 Respondents' Questions

The SIM PMO encourages Respondents to submit questions by email (to [Shiu-Yu.Schiller@ct.gov](mailto:Shiu-Yu.Schiller@ct.gov)) seeking clarification of the RFP requirements. Questions will be reviewed on an ongoing basis and responses will be posted within 5 business days of receipt. The PMO will respond to all questions in one or more official addenda that will be posted to the Department of Administrative Services (DAS) website (<http://das.ct.gov/cr1.aspx?page=12>).

#### 5.1.3 Submission Requirements

The proposal must be submitted to [shiu-yu.schiller@ct.gov](mailto:shiu-yu.schiller@ct.gov) no later than the established deadline 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.

#### 5.1.4 Format Requirements

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

- Use 8.5" x 11" letter-size pages with 1" margins (top, bottom, and sides).
- All pages of the Response must be paginated in a single sequence.
- Font size must be no smaller than 12-point
- Follow the page limits as detailed in the next section.

## 5.2 APPLICATION CONTENT

The application should be written primarily as a narrative with detailed specific actions highlighted to emphasize the proposed activity of the applicant. The applicant should organize their response based on the sections detailed below.

### I. PROPOSAL FACE SHEET

See **Attachment A**

### II. TRANSMITTAL LETTER

(No more than 2 pages)

Written statement that addresses:

- That the Respondent accepts without qualification:
  - Assurances and Acceptance (RFP Section 6.2.9);
  - 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;
- 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.

### III. PROPOSED APPROACH

(1 page limit, excluding work samples)

The Proposed Approach should address how the Respondent will carry out the required service components outlined in **Section 3**.

### IV. QUALIFICATIONS

(1 page limit, excluding resumes and work samples)

This section should describe the background and experience of the Respondent necessary to carry out this project. The Respondent should organize the narrative in the following bolded sections:

#### **1. Qualifications and Experience**

Describe the Respondent's overall qualifications and background to carry out a project of this nature and scope. The Respondent should include experience with diverse populations and/or health care consumers.

#### **2. References**

Provide information for at least three references including brief description of work done, the organization's name, specific contact person name, address, phone number, and e-mail.

**3. Resumes (limit 2 pages per resume)**

Provide resumes for each proposed personnel and subcontractor. The resume shall include contract-related experience, credentials, education, training, and work experience.

**4. Work Samples**

The Respondent is required to provide two work samples related to this project. Work samples do not count towards the page limit.

**V. BUDGET NARRATIVE (1 page)**

The Respondent must propose a fixed cost bid per consumer group for up to 3 groups at a rate of up to \$12,000 per group. The Respondent shall provide information regarding time and material assumptions that are the basis for the fixed cost bid.

The Respondent shall also propose a pricing schedule (e.g., hourly rates) for additional activities beyond the deliverable based scope of work.

There is an option to extend the scope of work to other consumer groups.

**VI. STANDARD FORMS**

The Respondent shall submit the following standard forms:

- [Procurement Agreement Signatory Acceptance](#): Proposal 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 (with proposal, see Attachment B)
- [Iran Certification](#) (with proposal, OPM Ethics Form 7)
- [Nondiscrimination Certification Form](#) (prior to contract, see section 6.2.11)

## 6 EVALUATION AND SELECTION

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

APPLICATION PACKAGE	Points
I. Proposal Face Sheet	Required
II. Transmittal Letter	Required
III. Project Narrative	35

IV. Organizational Qualifications	<b>35</b>
V. Budget Narrative	<b>30</b>
VI. Standard Forms	<b>Required</b>
<b><u>GRAND TOTAL</u></b>	<b>100</b>

## 6.1 REVIEW AND SELECTION PROCESS

It is the intent of the PMO to conduct a comprehensive, fair and impartial evaluation of the Responses received to this competitive procurement. Only those submissions found to be responsive to the RFP requirements will be evaluated and scored.

A team consisting of qualified experts will review the applications to assess the degree of responsiveness, and clarity in their plan to meet the project goals and milestones. The review process will include the following:

- To be considered for review, applications will first be screened for completeness and adherence to eligibility.
- The review panel will assess each application to determine the merits of the proposal. The PMO reserves the right to request that Respondents revise or otherwise modify their proposals and budget based on PMO recommendations.
- The PMO may elect to conduct interviews with the finalists prior to awarding the right to negotiate a contract. Any expenses incurred by the Respondent to participate in such interview shall be the responsibility of the Respondent.
- The results of the review of the applications will be used to advise the PMO approving official. Final award decisions will be made by the designated approving official. In making these decisions, the approving official will take into consideration: recommendations of the review panel; the readiness of the applicant to complete the scope of work and objectives; and the reasonableness of the estimated cost to the government and anticipated results.
- The SIM PMO reserves the right to conduct negotiations with applicants upon receipt of their proposals.

## 6.2 PROCUREMENT PROCESS

### 6.2.1 Contract Execution

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

of the Attorney General reviews the contract only after the Program Director and the Contractor have agreed to the provisions.

## **6.2.2 Acceptance of Content**

If acquisition action ensues, the contents of this RFP and the Response of the successful Respondent will form the basis of contractual obligations in the final contract. The resulting contract will be a Personal Service Agreement (PSA) contract between the successful Respondent and the PMO. The PMO is solely responsible for rendering decisions in matters of interpretation on all terms and conditions.

## **6.2.3 Debriefing**

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

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

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

## **6.2.4 Appeal Process**

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



## 6.2.5 Contest of Solicitation of Award

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

## 6.2.6 Disposition of Responses- Rights Reserved

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

1. **Cancellation:** Cancel this procurement at any time prior to contract award.
2. **Amend procurement:** Amend this procurement at any time prior to contract award.
3. **Refuse to accept:** Refuse to accept, or return accepted Responses that do not comply with procurement requirements.
4. **Incomplete Business Section:** Reject any Response in which the Business Section is incomplete or in which there are significant inconsistencies or inaccuracies. The State reserves the right to reject all Responses.
5. **Prior contract default:** Reject the submission of any Respondent in default of any prior contract or for misrepresentation of material presented.
6. **Received after due date:** Reject any Response that is received after the deadline.
7. **Written clarification:** Require Respondents, at their own expense, to submit written clarification of their Response in a manner or format that the PMO may require.
8. **Oral clarification:** Require Respondents, at their own expense, to make oral presentations at a time selected and in a place provided by the PMO. Invite Respondents, but not necessarily all, to make an oral presentation to assist the PMO in their determination of award. The PMO further reserves the right to limit the number of Respondents invited to make such a presentation. The oral presentation shall only be permitted for clarification purposes and not to allow changes to be made to the submission.
9. **No changes:** Allow no additions or changes to the original Response after the due date specified herein, except as may be authorized by the PMO.
10. **Property of the State:** Own all Responses submitted in response to this procurement upon receipt by the PMO.
11. **Separate service negotiation:** Negotiate separately any service in any manner necessary to serve the best interest of the State.
12. **All or any portion:** Contract for all or any portion of the scope of work or tasks contained within this RFP.
13. **Most advantageous Response:** Consider cost and all factors in determining the most advantageous Response for the PMO when awarding the right to negotiate a contract.
14. **Technical defects:** Waive technical defects, irregularities and omissions, if in its judgment the best interests of the PMO will be served.

15. **Privileged and confidential communication:** Share the contents of any Response with any of its designees for purposes of evaluating the Response to make an award. The contents of all meetings, including the first, second and any subsequent meetings and all communications in the course of negotiating and arriving at the terms of the Contract shall be privileged and confidential.
16. **Best and Final Offers:** Seek Best and Final Offers (BFO) on price from Respondents upon review of the scored criteria. In addition, the PMO reserves the right to set parameters on any BFOs it receives.
17. **Unacceptable Responses:** Reopen the bidding process if the PMO determines that all Responses are unacceptable.

### **6.2.7 Qualification Preparation Expenses**

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

### **6.2.8 Response Date and Time**

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

### **6.2.9 Assurances and Acceptances**

1. **Independent Price Determination:** By submission of a Response and through assurances given in its Transmittal Letter, the Respondent certifies that in connection with this procurement the following requirements have been met.
  - a. **Costs:** The costs proposed have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such process with any other organization or with any competitor;
  - b. **Disclosure:** Unless otherwise required by law, the costs quoted have not been knowingly disclosed by the Respondent on a prior basis directly or indirectly to any other organization or to any competitor;
  - c. **Competition:** No attempt has been made or will be made by the Respondent to induce any other person or firm to submit or not to submit a Response for the purpose of restricting competition;
  - d. **Prior Knowledge:** The Respondent had no prior knowledge of the RFP contents prior to actual receipt of the RFP and had no part in the RFP development; and
  - e. **Offer of Gratuities:** The Respondent certifies that no elected or appointed official or employee of the State of Connecticut has or will benefit financially or materially from this procurement. Any contract arising from this procurement may be terminated by the State if it is determined that gratuities of any kind were either offered to or received by any of the aforementioned officials or employees from the contractor, the contractor's agent or the contractor's employee(s).

2. **Valid and Binding Offer:** Each Response represents a valid and binding offer to the PMO to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto.
3. **Press Releases:** The Respondent agrees to obtain prior written consent and approval from the PMO for press releases that relate in any manner to this RFP or any resulting contract.
4. **Restrictions on Communications with PMO Staff:** The Respondent agrees that from the date of release of this RFP until the PMO makes an award that it shall not communicate with PMO staff on matters relating to this RFP except as provided herein through the PMO. Any other communication concerning this RFP with any of the PMO's staff may, at the discretion of the PMO, result in the disqualification of that Respondent's Submission.
5. **Acceptance of the PMO's Rights Reserved:** The Respondent accepts the rights reserved by the PMO.
6. **Experience:** The Respondent has sufficient project design and management experience to perform the tasks identified in this RFP. The Respondent also acknowledges and allows the PMO to examine the Respondent's claim with regard to experience by allowing the PMO to review the related contracts or to interview contracting entities for the related contracts.

### **6.2.10 Incurring Costs**

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

### **6.2.11 Statutory and Regulatory Compliance**

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

1. Freedom of Information, C.G.S. § 1-210(b). This Contract is subject to C.G.S. § 1-1210(b). The Freedom of Information Act (FOIA) requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-1210(b). The proposer shall indicate if it believes that certain documents or a portion(s) of documents, as required by this RFP is confidential, proprietary or trade secret by clearly marking such in its response to this RFP. The State will make an independent determination as to the validity under FOIA of the proposer's marking of documents or portions of documents it believes should be exempt from disclosure. While a proposer may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The proposer has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.
2. Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive. CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to insure that State agencies do

not enter into contracts with organizations or businesses that discriminate against protected class persons.

3. Consulting Agreements, C.G.S. § 4a-81. Proposals for State contracts with a value of \$50,000 or more in a calendar or fiscal year, excluding leases and licensing agreements of any value, shall include a consulting agreement affidavit attesting to whether any consulting agreement has been entered into in connection with the proposal. As used herein "consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (a) Providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (b) Contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information or (c) Any other similar activity related to such contract. Consulting agreement does not include any agreements entered into with a consultant who is registered under the provisions of C.G.S. Chapter 10 as of the date such affidavit is submitted in accordance with the provisions of C.G.S. § 4a-81. The Consulting Agreement Affidavit (OPM Ethics Form 5) is available on OPM's website at [http://www.ct.gov/opm/fin/ethics\\_forms](http://www.ct.gov/opm/fin/ethics_forms)
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](http://www.ct.gov/opm/fin/ethics_forms)
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](http://www.ct.gov/opm/fin/nondiscrim_forms).

## **6.2.12 Key Personnel**

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

## **6.2.13 Other**

Bidding on and/or being awarded this contract shall not automatically preclude the Respondent from bidding on any future contracts related to the SIM. Continued funding is contingent upon the ongoing availability of funds, satisfactory program performance, and demonstrated need for these services.

# 7 DEFINITIONS AND ACRONYMS

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## **DEFINITIONS**

**A Community Conversation** is a group of individuals invited to help identify and prioritize community needs. Normally done in small group sessions, (i.e., 6 to 15 participants), it can be conducted with small subgroups in a larger, community setting.

[www.unitedwaywi.org/sites/.../Community%20Conversations%20Guide.pdf](http://www.unitedwaywi.org/sites/.../Community%20Conversations%20Guide.pdf)

**Behavioral health** refers to both mental health and substance use conditions.

**Care experience** is the actual experience a consumer has with the services that are provided. This can include the timeliness of scheduling an appointment, the courteousness of administrative staff, and the perceived willingness of the doctor to answer questions in a way that is understandable to the consumer.

**CAB:** Consumer Advisory Board

**CEC:** Consumer Engagement Coordinator – currently the North Central Regional Mental Health Board (NCRMHB) is contracted to support SIM CAB in its work

**Comprehensive multichannel engagement and communication plan** is an approach to sharing and receiving information through a variety of strategies that is tailored to the target audience.

**Consumers:** Community members with healthcare needs; includes caregivers

**Health disparities** can be understood as inequalities that exist when members of certain population groups do not benefit from the same health status as other groups ([www.fccc.edu](http://www.fccc.edu))

**Health equity** is when all people have "the opportunity to 'attain their full health potential' and no one is 'disadvantaged from achieving this potential because of their social position or other socially determined circumstance'" <http://www.cdc.gov/socialdeterminants/Definitions.html>

**Linguistically and culturally relevant services** means effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

**PMO:** Program Management Office

**Primary care** is the care provided by a personal physician that is trained in health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings. This person is typically the first contact with a consumer of health services.

<http://www.aafp.org/about/policies/all/primary-care.html>

**SIM:** State Innovation Model

**Social determinants of health** are the conditions in which people are born, grow, work, live, and age. Social determinants of health also include the wider set of forces and systems shaping the conditions of daily life. Examples of social determinants of health are access to health services, safe housing, food, education and employment.

[http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/)

## **ACRONYMS**

**CMMI** Center for Medicare & Medicaid Innovations

**CAB** Consumer Advisory Board

**PMO** Program Management Office (SIM)

**RFP** Request for Proposals

**SIM** State Innovation Model

# ATTACHMENT A: PROPOSAL FACE SHEET

**SIM PROGRAM MANAGEMENT OFFICE  
REQUEST FOR PROPOSALS (RFP)  
Consumer Engagement Media Specialist RFP  
PROPOSAL FACE SHEET**

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

# ATTACHMENT B: PROCUREMENT AND CONTRACTUAL AGREEMENTS SIGNATORY ACCEPTANCE

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## Statement of Acceptance

The terms and conditions contained in this Request for Proposals 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.

On behalf of \_\_\_\_\_

I, \_\_\_\_\_ agree to accept the Mandatory Terms and Conditions and all other terms and conditions as set forth in the Consumer Engagement Media Specialist Request for Proposals.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



# ATTACHMENT D: BUDGET

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

[TBD](#)

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 spreadsheet 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)