



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

REQUEST FOR PROPOSALS (RFP)

HEALTH ENHANCEMENT COMMUNITY CONSULTATION

The State Innovation Model (SIM) Program Management Office seeks consultation services to support the State in planning for a new Health Enhancement Community initiative as part of Connecticut's broader SIM strategy. The consultant(s) selected through this Request for Proposals (RFP) will provide subject matter expertise, strategic planning, design development, actuarial analysis, and stakeholder facilitation to support the creation of the HEC model and implementation approach. The Health Enhancement Community model will foster community-wide multi-sector collaboration and accountability to promote healthier people, better care, smarter spending, and health equity.

This is a competitive procurement for one or more contracts of approximately seven months duration. Preference is given to proposals with a single point of accountability. However, the state welcomes proposals from either a) a single bidder demonstrating the capacity to undertake all five objectives b) a partnership between a principal bidder and subcontracted consultants, or c) multiple bidders responding to a subset of the objectives. The anticipated combined maximum award is \$1.2 million. The resulting contract may contain an option to renew at the State's discretion to support additional planning, financial analysis or technical assistance.

http://www.biznet.ct.gov/SCP_Search/BidResults.aspx

Applicable Dates:

| | |
|---|----------------------------------|
| RFP Release Date | 10/20/17 |
| Letter of Intent to Apply (optional) Due Date: | 11/3/17 |
| Application Due Date: | 12/01/17 1pm Eastern Time |
| Anticipated Issuance of Notice of Award: | 12/15/17 |
| Anticipated Period of Performance: | 1/1/18 – 7/31/18 |

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1 EXECUTIVE SUMMARY

The Health Enhancement Community (HEC) initiative is part of Connecticut’s comprehensive SIM strategy to promote healthier people, better care, smarter spending, and health equity. The consultant selected through this Request for Proposals (RFP) will provide subject matter expertise, strategic planning, design development, actuarial analysis, and stakeholder facilitation to support the creation of the HEC model and implementation approach.

For the purpose of this RFP, the state has established the following provisional definition:

A Health Enhancement Community is accountable for health, health equity, and related costs for all residents in a geographic area; uses data, community engagement and cross sector activities to identify and address root causes; and operates in an economic environment that sustainably funds and rewards such activities by capturing the economic value of improved health.

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

Faina Dookh:
Faina.dookh@ct.gov

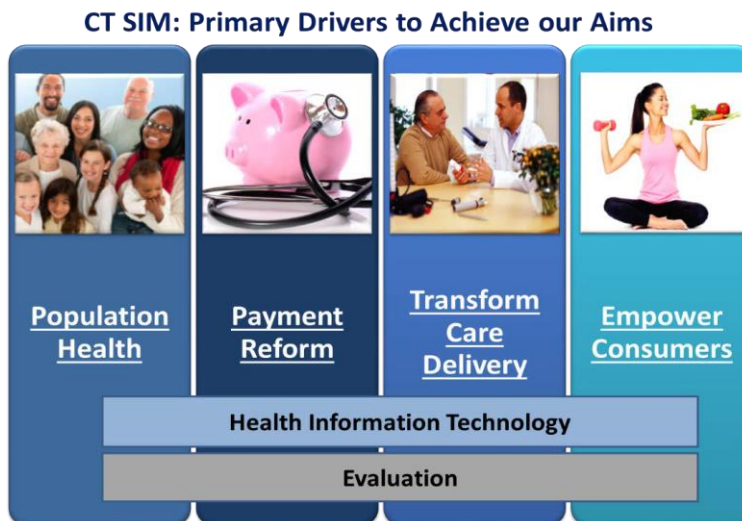
Applications must be submitted electronically on or before the date indicated below to:
Faina.dookh@ct.gov

| | |
|---|--|
| RFP Name | Health Enhancement Community Consultation |
| RFP Release Date | October 20, 2017 |
| Electronic Location of Request for Proposals | http://www.biznet.ct.gov/SCP_Search/BidResults.aspx |
| Letter of Intent (optional) Due Date | November 3, 2017 |
| Request for Proposals Application Due Date | December 1, 2017 at 1pm |
| Anticipated Notice of Award | December 15, 2017 |
| Period of Award | January 1, 2018 – July 31, 2018 |
| Anticipated Total Available Funding | \$1.2 million |
| Anticipated Number of Awards | One or two awards |
| Eligible Applicants | Consultants with expertise in operational and strategic planning, facilitation, cross-sector community health improvement, stakeholder engagement, actuarial and health economic modeling, and payment reform. |

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 health system for the majority of residents.



We are investing in a transition away from paying for a 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, use data to track and improve their performance, and more. 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.

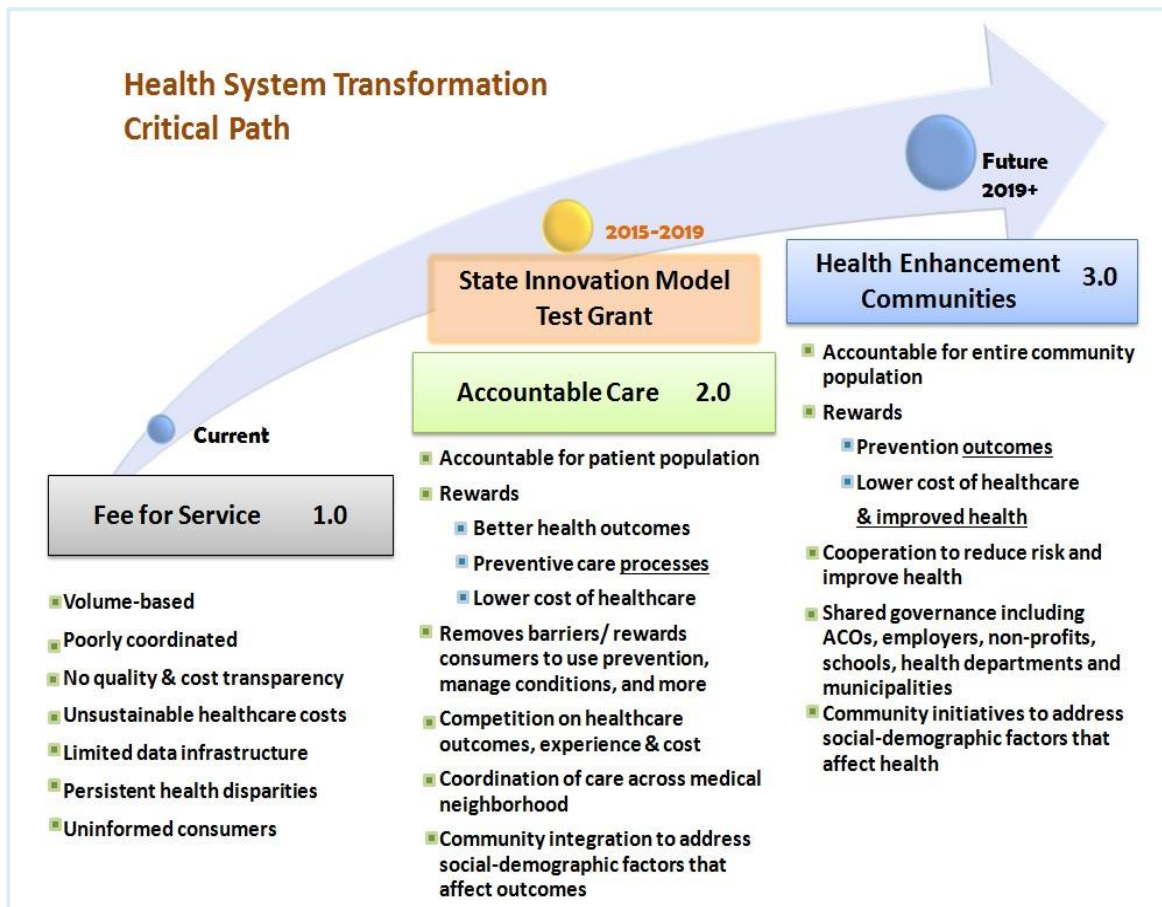
Lastly, we are developing and testing components of a Population Health Plan, which is to be completed and implemented before the end of the SIM test grant period. This longer-term strategy will combine innovations in clinical healthcare delivery, payment reform, and population health strategies to improve health as a community approach, rather than one focused solely on patient panels.

Over the last year, the population health planning efforts have focused on designing and launching the [Prevention Service Initiative \(PSI\)](#). This initiative aims to increase the number of contracts between CBOs and ACOs for diabetes and asthma self-management programs by providing technical assistance.

The State is now turning its attention to developing and implementing the **Health Enhancement Community Initiative**. This initiative is our most ambitious project under this population health effort.

Connecticut’s SIM moves Connecticut’s health care system along a path of transformation. The HEC model is intended to build on and extend many of the current SIM investments and aims. See the diagram below, which aligns with Neal Halfon’s Transformation Framework,¹ particularly the highlighted sections which articulate much of what we are seeking to solve for in the HEC planning process. The next section provides the context for the HEC initiative.

Please also note the following regarding Connecticut-specific public health and community related information: [Community Health Collaborative scan 2017](#), [Population Health Council Environmental Scan](#), [CT Prevention Programs](#), [NCD Policy Scan](#), [CT Community Health Needs Assessments](#).



¹ See highlighted sections of Halfon (2014) report

2.2 HEALTH ENHANCEMENT COMMUNITY INITIATIVE

Connecticut's State Innovation Model is implementing a range of care delivery and payment reforms to improve health care and slow the growth of healthcare spending. However, taken alone, these are not enough to make Connecticut a place where preventable deaths, diseases, and health disparities are eliminated and every person enjoys the best health possible. To achieve these ambitious goals, Connecticut's SIM will partner with communities to design a Health Enhancement Community initiative that moves beyond treating illness, to address root causes, behavior, and social determinants of health.

Connecticut is proposing to create the conditions that promote and sustain cross-sector community-led strategies focused on prevention. A *provisional* definition to begin the planning process was developed:

A Health Enhancement Community is accountable for health, health equity, and related costs for all residents in a geographic area; uses data, community engagement and cross sector activities to identify and address root causes; and operates in an economic environment that sustainably funds and rewards such activities by capturing the economic value of improved health.

Many components of the HEC definition are intentionally undefined in order to accommodate a thoughtful, community-driven planning process.

More Needs to be Done to Shift the Focus to Prevention

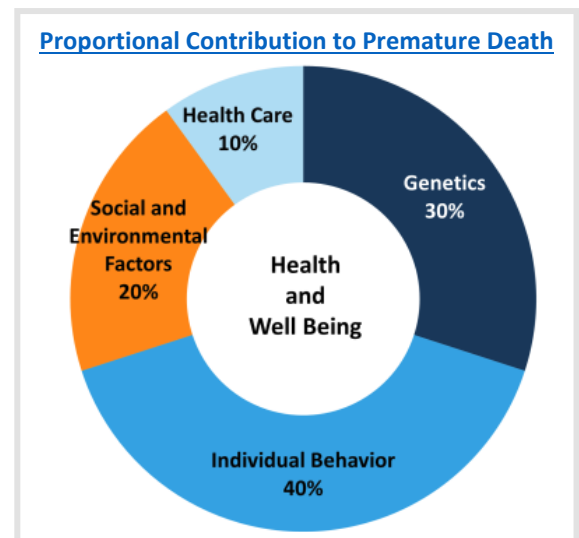
[More than half of all Americans](#) suffer from one or more chronic diseases, and [obesity, a precursor to many chronic diseases, is contributing to lower life expectancy](#). Health disparities around chronic conditions also persist—people of color face [higher rates](#) of diabetes, obesity, stroke, heart disease, and cancer. [A study](#) by the Milken Institute calculated that seven chronic conditions are costing the U.S. economy more than \$1 trillion per year. In fact, chronic conditions drive [96% of Medicare costs and 83% of Medicaid costs](#) and are responsible for two thirds of the rise in overall healthcare costs since 1980.

Despite the fact that 40% of cancer, 80% of heart disease, and 80% of type 2 diabetes [are preventable](#), the rates and costs of chronic conditions are predicted to [continue to rise](#) significantly over the coming years.

Bringing Everyone to the Table

Preventing chronic disease is beyond the reach of any one sector of the community. Inadequate healthcare, for example, contributes about [10%](#) to a person's chances of dying prematurely. Moreover, prevention in healthcare is difficult in the current "[sick care](#)" system. Even in the most advanced [alternative payment models](#), preventing chronic disease is not rewarded.

Health behaviors, such as smoking and diet and exercise, [are the most important determinants](#), contributing 40% to the risk of



premature death. Improving health also depends heavily on addressing the non-behavioral determinants of health— the conditions in which people are born, grow, work, live and age.

Working together, the business, municipal, educational, social service, public health, and healthcare sectors can influence both behavior and the social determinants of health. Local organizations and community members themselves know best what the challenges are of their communities and how to approach them.

[Research](#) validates that preventable deaths have been reduced when comprehensive multi-sector networks undertake health improvement initiatives. National efforts have also emphasized cross-sector initiatives. For example, Accountable Communities for Health (ACH) (e.g., [CHCS report](#), [NASHP report](#)) are coming to the forefront in many states. National efforts such as [REACH](#) have been shown to make an impact on health equity. In Connecticut, important local collective efforts are occurring that are forming the foundation for planning HECs including multi-sector collaboratives to identify and prioritize the most pressing health needs in a community.²

Why Setting the Table is Not Enough

Despite increased awareness of health disparities and a broad range of societal efforts to improve the health of populations, little progress has been made in reducing social gaps in health.³ In fact, current Accountable Communities for Health (ACH) models often do not focus on upstream prevention that can lead to broad improvements in health and health equity. Several of the [biggest challenges](#) to ACH models around the country include data and measurement infrastructure, clear governance schemes, and the lack of long term financial sustainability.

The State can play a critical role in supporting communities and facilitating solutions to these challenges. Bringing stakeholders together without addressing such barriers that prevent communities from fully enacting and sustaining a prevention strategy is not likely to curb the rising rates of chronic disease. For example, the State can 1) assist communities to establish a framework for measurement and accountability, 2) support the development of local multi-stakeholder alignments and locally tailored governance structures and 3) solve for financial sustainability by defining, demonstrating and capturing the value of improved health due to prevention and create conditions that attract investments and innovations in prevention.⁴ Financial sustainability solutions may include but are not limited to market-oriented-solutions, public-private partnerships in financing or development of wellness trusts.

² Community Solutions initiative in N. Hartford, The Vita Health and Wellness District in Stamford, Healthier Greater New Haven Partnership, Primary Care Action Group in Bridgeport, coalitions to complete Community Health Needs Assessments, and others

³ Williams, D.R., Costa, M.V., Odunlami, A.O., and Mohammed, S.A. Moving Upstream: How Interventions that Address the Social Determinants of Health can Improve Health and Reduce Disparities. *J Public Health Manag Pract.* 2008; 14(Suppl):S8-17

⁴ See Appendix 1, page 51, <https://www.surgeongeneral.gov/priorities/prevention/strategy/report.pdf>

SIM Governance

The planning and execution of the HEC initiative will be done through extensive engagement with a broad array of people and sectors, inside and outside of government, and in communities. The Lieutenant Governor provides overall leadership and oversight for SIM. The SIM initiative is executed in collaboration with multiple agencies and organizations including the Department of Public Health, the Department of Social Services, the Office of the State Comptroller, Access Health CT, UConn Health, and others. The SIM PMO, within the Office of the Healthcare Advocate, is leading the implementation of SIM. The PMO coordinates activities across work streams, engages stakeholders, manages vendors, executes care delivery reform initiatives, and communicates progress to the public.

The PMO engages more than 150 stakeholders through a number of advisory councils that focus on particular components of SIM such as quality measurement, practice transformation, value-based insurance design, and population health. These councils are comprised of consumers, employers, healthcare providers, community organizations, and subject matter experts. The [Population Health Council](#) will play a key advisory role for the HEC initiative, and will be engaged throughout the planning and implementation process. Over the past year, the Population Health Council has advised on the development of the Prevention Service Initiative. It will now change its focus to advise primarily on the HEC initiative. Councils make their recommendations to the [Healthcare Innovation Steering Committee](#) (HISC), which provides key guidance on the direction of SIM. The HISC will also be actively engaged as part of the HEC initiative.

The HEC initiative and planning efforts are being jointly administered by both the PMO and DPH. The two parties will also jointly direct the contract(s) resulting from this procurement.

3 REQUIRED SCOPE OF WORK AND QUALIFICATIONS

3.1 SCOPE OF WORK

Below we outline five high-level objectives of the HEC initiative. We also inventory the activities that the resultant consultant will undertake to support the State in meeting these objectives. These activities are not meant to be comprehensive and may evolve as the planning work unfolds. The State welcomes the incorporation of the Respondent's ideas in their response.

We recognize that this scope of work requires a wide range of capabilities. While the State prefers a single contract and point of accountability, the state welcomes proposals from a) a single bidder demonstrating the capacity to undertake all five objectives b) a partnership between a principal bidder and subcontracted consultants, or c) multiple bidders responding to a subset of the objectives.

OBJECTIVE 1: There is an innovative, logical, clear, and actionable strategy to support and enable HECs in Connecticut's communities.

1. Synthesize the Connecticut-specific problems the initiative addresses and what success looks like.
2. Recommend the role of key sectors in enabling HECs to succeed, including potential governance structures, sources of infrastructure support, management resources, fiduciary functions and coordinating activities. This includes identifying the respective role and functions of the State and participating communities.
3. Recommend community-wide process and outcome measures and methods for producing such measures as a means to monitor HEC performance; such measures must be sufficiently reliable and valid to serve as the basis for accountability agreements and the distribution of financial rewards. The recommendation should include a solution for community-wide attribution (i.e., the population with regard to which the HEC performance will be measured).
4. Recommend one or more financial models and a plan for implementing such models that would provide financial resources up-front to plan and implement cross-sector activities and sustain such activities ongoing. Such models should, at a minimum:
 - a. Enable near term investments in infrastructure and cross-sector activities;
 - b. Rely primarily on public and private sector investments and contributions, rather than grants;
 - c. Provide rewards to HECs and other contributors/investors:
 - proportionate to the economic value of health improved considering the tangible and intangible value produced in the healthcare sector as well as other sectors such as private

and public sector employers, municipalities, and state agencies such as corrections and child welfare;

- taking into consideration the extended return on investment timeframes characteristic of root cause preventive interventions;
5. In support of #4 above, consider promising options for financing root cause solutions such as those identified in the [RWJF report](#) and [CDC report](#). The examination shall, at a minimum, include but not limited to the following:
- Capture and reinvest
 - Blending and braiding federal, state and local funds
 - Community benefit financial institutions
 - Hospital Community Benefit
 - Prevention escrow account
 - Low-income housing tax credits
 - New Markets Tax Credit
 - Pay for Success/Social Impact Bonds
 - Wellness Trust
 - Captive insurance
6. Identify and review the range of existing value-based payment models, with special attention to existing Connecticut models, and recommend adjustments to such models that would promote investments in prevention.
7. Recommend statutory and regulatory levers and various federal authorities (e.g., Medicare or Medicaid waivers) that would be required to implement the solutions recommended in #4, 5, and 6 above.
8. Recommend health information technology enablers that would enable the success of HECs and federal opportunities to finance such enablers, in consultation with the State's Health Information Technology Officer (HITO).
9. Recommend levers regarding workforce.

OBJECTIVE 2: The HEC strategy is designed using a community-driven process that is relevant to and has strong buy-in from a diverse set of stakeholders.

1. Implement an ongoing stakeholder engagement and communication strategy. This strategy should, at a minimum:
- a. Allow for community members, existing collaboratives, healthcare providers, employers, community organizations, municipal government representatives, and others to be active participants and co-creators of the ultimate HEC approach.
 - b. Special emphasis should be placed on garnering the input and engagement of individuals and organizations that represent or serve populations with demonstrated health disparities.
 - c. Engage state experts in insurance and health economics and private and public universities.
 - d. Engage federal officials such as at CMS, CMMI, and HRSA as needed.
 - e. Communicate progress on a periodic basis, translating complex ideas into simple, clear messages for broad dissemination.
 - f. Propose a feedback process where HEC components and recommendations are continuously vetted and adjusted as part of the stakeholder input process.

2. Support the State in engaging state agencies and statewide organizations (e.g., foundations) in the planning process. This may include preparing background materials, organizing meetings, preparing summaries, and serving as subject matter experts.
3. Work with a cohort of no less than three reference community health collaboratives that meet a minimum state of readiness in order to engage in a problem-solving partnership for designing the HEC strategy and to illustrate how the recommendations from Objective 1 might be realized in a Connecticut-specific community. Jointly, with the reference communities as planning partners, the planning should examine barriers and opportunities related to governance, management, infrastructure, data, measurement and financing with respect to cross-sector health and prevention activities. The planning partners should examine existing sources of funds that are currently used to subsidize such activities or that could be leveraged as part of a braided or blended funding solution. The planning partners should also examine potential sources of investment capital that may be accessible to members of these communities.

OBJECTIVE 3: The State can quantify the magnitude of the economic opportunity associated with health improvements that may be undertaken by HECs.

1. Propose and conduct financial modeling using Medicare data contained in the Connecticut All Payer Claims Database to project the potential savings associated with various health improvement scenarios over a 2, 5, 10, 15 and 20-year timeframe. The analysis should focus primarily on the economic benefits of health problems avoided (i.e., a reduction in the incidence and prevalence of acute and chronic illness and injury) as a result of primary and upstream secondary prevention. The analysis should examine non-disease specific approaches to quantifying value creation such as impact on population risk trend as reflected in HCC risk scoring. The analysis should not focus on savings that accrue from improvements in clinical management, as is typical of most value-based payment models.
2. Produce a flexible financial modeling tool using Medicare data that enables state planners to modify assumptions and assess associated economic impact.
3. Recommend companion analyses that may be undertaken by the State and its private partner payers with respect to Medicaid, state employees, and commercially insured populations in order to produce a complete, statewide view of the potential economic value of health improved.
4. Propose and conduct analyses with respect to other state agency service expenditures to which health improvement benefits would likely accrue in corrections, juvenile justice, education, housing, and child welfare.
5. Work with 2-3 employers to model the potential value of prevention efforts as it relates to productivity (e.g., presenteeism & absenteeism).

OBJECTIVE 4: Input from the Population Health Council and the Health Care Innovation Steering Committee (HISC) is incorporated into the HEC initiative, and there is adequate buy-in from members.

1. Engage the HISC and Population Health Council in the formulation of an HEC vision and associated Population Health Council charter, which will serve as a frame for the advisory process.

2. Facilitate in-person, monthly Population Health Council meetings including the following:
 - a. Preparing meeting agendas, presentation materials, and background materials; facilitating the discussion; conducting presentations; creating a structured and logically sequenced timetable.
 - b. Arranging for presentations and/or illustrating local experiences that feature related work in Connecticut and in other states.
3. Provide periodic presentations to and solicit input from the HISC.

Note well: The consultant(s) should plan to facilitate 7-10 meetings of the Population Health Council, which is expected to meet no less than monthly during this intensive planning process. The consultant(s) should plan to address the HISC on three to four occasions through the conclusion of the planning process. The HISC usually requires two meetings to review and approve a final plan including a period of public comment.

OBJECTIVE 5: Summary Report and Plan.

1. Produce a concise and clear report including, at a minimum, background, key findings, and recommended HEC initiative strategy consistent with the advice of the Population Health Council and HISC.
2. The report should contain a summary of the community engagement status including an illustration of a hypothetical future state. The future state should provide an *applied view* of the proposed strategy if it were implemented and fully realized in these reference communities.
3. Propose a detailed plan with timelines, milestones, etc. that operationalize key components of the HEC initiative.

3.2 QUALIFICATIONS

We seek a consultant with extensive experience with and expertise in:

1. Stakeholder and community engagement;
2. Committee facilitation, including turning complex ideas into clear and accessible presentation materials; driving towards decision-making; and fostering input;
3. Strategic and creative thinking, model design and development;
4. Effective communication and writing;
5. Healthcare transformation initiatives, especially alternative payment models, including: attribution, cost benchmarks, clinical quality measurement
6. Operational plans and executing complex initiatives;
7. Financing models that promote prevention or cross-sector networks, including wellness funds, braided or blended funding, other;
8. Actuarial and health economic modeling;
9. Public health concepts and interventions; social determinants of health; cross-sector partnerships;
10. Health information technology;
11. ACH concepts and current trends in ACH development and deployment;
12. State and local governments;
13. Community-level quality measurement and joint accountability measures.

3.3 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.

EXHIBIT 1: KEY OUTPUTS AND TIMELINE GRID

| Key Outputs | Timeline |
|---|-----------------------------------|
| Guidance and subject matter expertise regarding HEC design and operational strategy provided | Ongoing |
| Population Health Council meeting facilitation | Monthly through contract end date |
| Periodic presentations to the Healthcare Innovation Steering Committee provided | Bi-monthly |
| Description of communication and stakeholder Engagement Strategy complete | First 30 days |
| Multi-sector stakeholders engaged | Contract start - ongoing |
| Synthesize the Connecticut-specific problems being solved and what success looks like | By 2/31/18 |
| Recommend the role of key sectors in enabling HECs to succeed | By 2/31/18 |
| Recommend community-wide measures and methods | By 2/31/18 |
| Recommend financial models | By 3/28/18 |
| Review existing value-based payment models and recommend adjustments | By 3/28/18 |
| Recommend statutory and regulatory levers | By 4/31/18 |
| Recommend health information technology enablers | By 4/31/18 |
| Recommend levers regarding workforce | By 4/31/18 |
| Partial Draft 1 of report detailing the HEC initiative strategy | By 5/1/18 |
| Conduct financial modeling using Medicare data | By 5/1/18 |
| Produce a flexible financial modeling tool using Medicare data | By 5/1/18 |
| Conduct analyses with respect to other state agency service expenditures to which health improvement benefits would likely accrue | By 5/1/18 |
| Work with 2-3 employers to model the potential value of prevention efforts | By 5/1/18 |
| Final draft of report detailing the HEC initiative strategy | By 5/15/18 |
| Final Draft of report disseminated to Healthcare Innovation Steering Committee | By 5/15/18 |
| Presentation to Healthcare Innovation Steering Committee – Review and discussion | By 6/14/18 |
| Release HEC Report and Recommendations for public comment | By 6/15/18 |
| Presentation to Healthcare Innovation Steering Committee – Final Review and Approval | By 7/12/18 |

4 AWARD INFORMATION

4.1 AWARD AMOUNT

The SIM PMO expects to award one or two respondents the right to negotiate a contract in response to this RFP. The award amount, if one is specified, and duration are listed in the **Executive Summary** of this document. The resulting contract will be subject to availability of funds.

4.2 ELIGIBILITY INFORMATION

The PMO seeks a consultant(s) with the experience and expertise to serve as the State's partner in designing the Health Enhancement Community model and operational strategy. The PMO is receptive to applications from individuals and teams, and from local, regional, or national organizations.

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 3.4. Key Outputs and Timeline**. The PMO will evaluate the contractor'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.

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: Faina Dookh
Address: P.O. Box 1543
Hartford, CT 06144
E-Mail: faina.dookh@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 Department of Public Health (DPH) in designing and implementing the Health Enhancement Community Initiative. The resulting contractor will have substantial interaction with both the PMO and DPH.

4.6 OFFICIAL CONTACT

For the purposes of this RFP, the PMO has designated that all communication must be in writing and submitted to faina.dookh@ct.gov.

Respondents, Prospective Respondents, and other interested parties are advised that any communication with the following about this RFP is strictly prohibited:

1. Any PMO employee(s),
2. Personnel of our state agency partners (including SIM/DPH) directly engaged in SIM related activities, and
3. Personnel under contract with the PMO or our state agency partners

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 faina.dookh@ct.gov.

5 APPLICATION DETAILS

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, optional, 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:

Faina Dookh, Faina.dookh@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 faina.dookh@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://www.biznet.ct.gov/SCP_Search/BidResults.aspx).

5.1.3 Submission Requirements

The proposal must be submitted to faina.dookh@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.
- 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. 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.

III. PROJECT ABSTRACT (1 page, single-spaced)

A succinct description of the proposal, how the funds will be used, and the projected impact.

IV. PROJECT NARRATIVE (5 pages, single-spaced)

The Project Narrative should address how the Respondent will carry out the required service components. The Respondent should organize the narrative in the following sections:

1. Overall Approach

Describe the Respondent's approach to the work envisioned in this RFP. What is the Respondent's overall model for engaging with the state and its stakeholders in a project of this breadth and magnitude?

2. Proposed Strategy to the Scope of Work

Describe the Respondent's strategy for delivering on each of the objectives and associated activities outlined in **Section 3.1 Scope of Work**. Note well: Please organize this section with headers corresponding each of the Objectives 1-5.

Respondents are encouraged to demonstrate their expertise by providing their perspective on the opportunities and challenges associated with various aspects of the scope; for example, as it pertains to community engagement and health improvement, federal authority, regulatory levers, community measurement, and financial modeling and benchmarking.

V. QUALIFICATIONS AND PROJECT MANAGEMENT (5 pages, single-spaced)

(Resumes do not count towards the page limit)

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 sections:

1. Qualifications and Experience

- a. Describe the Respondent's background to carry out a project of this nature and scope.
- b. Describe how the Respondent meets the qualifications as detailed in **Section 3.2 Qualifications**.
- c. Describe contracts held within the past five years with a scope similar to this one. What did you learn from your successes and failures that you would apply here?

2. References

Provide information for at least three references for the contractor and three references for each proposed subcontractor. References must include a brief description of work done, the organization's name, specific contact person name, address, phone number, and e-mail.

3. Project Management

- a. Provide an organizational structure of the company indicating lines of authority and detail how this proposed project structure fits within the larger structure of the organization.
- b. Explain the staffing and management model of its organization as well as for the specific team who would be working with the PMO.
- c. Detail the names of key personnel, their proposed role, expertise, functions and time commitments.
- d. How much time will be spent on-site?
- e. Include the name of a Project Manager who will serve as a single point of contact for the implementation of the project and who will be available to provide status updates and attend all project meetings at the request of the PMO.
- f. Identify and describe the role of any and all subcontractors and subject matter experts. Provide the following for each proposed subcontractor:

- Legal Name of Agency, Address, FEIN
- Contact Person, Title, Phone, Fax, E-mail
- Services To Be Provided Under Subcontract

Note: The resultant contractor must receive written approval from the PMO for staff changes. These changes must adversely affect the ability of the Contractor to meet any requirement or deliverable set forth in this RFP and/or the resultant contract.

4. Project Plan and Timeline

Provide a project plan with the key activities that the Respondent will undertake and the timeline for completing proposed deliverables. Provide key activities and outputs, beginning and end dates for each, and the accountable person.

5. Resumes (limit 2 pages per resume, not counted towards page limit)

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

6. Work Samples (limit 4 pages per sample, not counted towards page limit)

The Respondent may, but is not required to, provide two work samples related to this project.

VI. BUDGET NARRATIVE (2 pages, single-spaced)

The Respondent's submission must include a cost proposal in one of the following formats:

1. Presentation of Hourly Rates

If this method is chosen by the bidder, the contract between the resultant contractor and the PMO shall include payment provisions wherein the contractor shall be compensated at an all-inclusive hourly rate for actual services performed by level of employee. Travel costs may be billed separately.

THE RESPONDENT SHALL identify all proposed personnel or personnel categories with a corresponding all-inclusive hourly rate of compensation and an estimate of hours to be expended by each individual in support of the project and an estimated total for the entire project.

AND

2. Total Fixed Cost:

If this method is chosen by the bidder, the contract between the resultant contractor and the PMO shall include payment provisions wherein the contractor will be compensated a fixed all-inclusive cost per deliverable for the contract period for the services of the consultation team, wherein each member of the team will be dedicated in full or in part, to support the scope described in section II.

THE RESPONDENT SHALL specify the proposed fix cost per deliverable and total for the entire project. The Respondent shall also identify all proposed personnel or personnel categories and the projected % effort associated with each team member. Finally, the Respondent shall provide a projected range of hours and average rates per deliverable to enable the State and the federal government to assess the reasonableness of the cost per deliverable.

3. Withhold

The PMO shall withhold a percentage of the total contract value to be paid to the Contractor that shall only be paid to the Contractor upon the Contractor’s completion and submission of all deliverables to the PMO and the PMO’s acceptance of the same. The amount of the withhold shall be 10% of the total contract value. The contingencies for payment of the withhold shall be agreed to during contract negotiations.

THE RESPONDENT SHALL acknowledge and agree to a withhold of 10% of the total contract value and to negotiate, in good faith, the terms of the contract including but not limited to the contingencies for release of the withhold.

VII. STANDARD FORMS

The Respondent shall submit the following standard forms:

- o [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)
- o [Consulting Agreement Affidavit](#) (with proposal, OPM Ethics Form 5, see section 6.3.11)
- o [Affirmation of Receipt of State Ethics Laws Summary](#) (with proposal, OPM Ethics Form 6)
- o [Iran Certification](#) (with proposal, OPM Ethics Form 7)
- o [Gift and Campaign Contributions](#) (prior to contract, OPM Ethics Form 1, see section 6.3.11)
- o [Nondiscrimination Certification Form](#) (prior to contract, see section 6.3.11)

6 EVALUATION AND SELECTION

This section describes the evaluation criteria and process for this RFP.

6.1 EVALUATION CRITERIA

The evaluation criteria are based on a total of 100 points allocated across the Project Narrative (50 points), Qualifications and Project Management (30 points), and the Budget Narrative (20 points).

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

| | |
|---|-----------------|
| V. Organizational Qualifications and Project Management | 35 |
| VI. Budget Narrative | 30 |
| VII. Standard Forms | Required |
| <u>GRAND TOTAL</u> | 100 |

6.2 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 that the PMO deems 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.

6.3 PROCUREMENT PROCESS

6.3.1 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.

6.3.2 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.

6.3.3 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.

6.3.4 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.

6.3.5 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.

6.3.6 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.

6.3.7 Qualification Preparation Expenses

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

6.3.8 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.

6.3.9 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.

6.3.10 Incurring Costs

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

6.3.11 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
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
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.

6.3.12 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.

6.3.13 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

DEFINITIONS

Advanced Network: An independent practice association, large medical group, clinically integrated network, or integrated delivery system organization that has entered into a shared savings program (SSP) arrangement with at least one payer.

Health Enhancement Community Initiative Consultant: The organization that provides, among other services, subject matter expertise, facilitation, and other services to the State as part of the Health Enhancement Community Initiative.

Contract: The contract awarded to the successful Respondents pursuant to this RFP.

Contractor: See “Health Enhancement Community Initiative Consultant.”

Federally Qualified Health Center: An entity that meets the definition of an FQHC in section 1905(l)(2)(B) of the Social Security Act and meets all requirements of the HRSA Health Center Program, including both organizations receiving grants under Section 330 of the Public Health Service Act and also FQHC Look-Alikes, which are organizations that meet all of the requirements of an FQHC but do not receive funding from the HRSA Health Center Program.

Respondent: An organization that has submitted a proposal to the SIM PMO in response to this RFP.

Subcontractor: An individual (other than an employee of the Contractor) or business entity hired by a Contractor to provide a specific service as part of a Contract with the SIM PMO as a result of this RFP.

ACRONYMS

CMMI Center for Medicare & Medicaid Innovations

DPH Department of Public Health (CT)

FQHC Federally Qualified Health Center

HEC Health Enhancement Community

OPM Office of Policy and Management

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)
HEC CONSULTANT
PROPOSAL FACE SHEET**

| | |
|---|---|
| 1 | <p>RESPONDING AGENCY (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>DIRECTOR/CEO</p> <p>Name: _____ Title: _____</p> <p>Telephone: _____ FAX: _____</p> <p>Email: _____</p> |

| | |
|---|-----------------------------|
| 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 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 Health Enhancement Community Consultant Request for Proposals.

Signature

Title

Date