



Solicitation Information

13 Dec 11

Request for Proposals # 7449315

Title: Coordinated Health Planning Project

Submission Deadline: 20 January 2012 @ 11:00 AM (Eastern Time)

Questions concerning this solicitation must be received by the Division of Purchases at questions@purchasing.ri.gov no later than **3 Jan 11 @ 12:00 Noon (ET)**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP # on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

SURETY REQUIRED: No

BOND REQUIRED: No

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Assistant Director for Special Projects**

**Vendors must register on-line at the State Purchasing Website at
www.purchasing.ri.gov**

Note to Vendors:

Offers received without the entire completed three-page Rhode Island Vendor Information Program (RIVIP) Generated Bidder Certification Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

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SECTION I INTRODUCTION

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Rhode Island Executive Office of Health & Human Services (EOHHS) and in collaboration with the Rhode Island Department of Health (DOH), is soliciting proposals from qualified vendors to participate in its coordinated health planning efforts by producing at least one (1) analytical “gap analysis” related to the health care components listed herein, and in accordance with the terms and of the Request of the State’s General Conditions of Purchase available at www.purchasing.ri.gov.

This is a request for Request for Proposals; responses will be evaluated on the basis of the relative merits of the proposals received in addition to price. There will be no public opening and reading of the responses received by the Division of Purchases pursuant to this request, other than to name those vendors who have submitted requests for proposals.

INSTRUCTIONS AND NOTIFICATIONS TO VENDORS:

1. Potential vendors are advised to review all sections of this Request carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this Request will be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this Request, or to provide oral or written clarification of its content shall be borne by the vendor. The State assumes no responsibility for these costs.
4. Proposals are considered to be irrevocable for a period of not less than sixty (60) days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
5. All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
6. Proposals misdirected to other state locations, or which are otherwise not present in the Division of Purchases at the time of opening for any cause will be determined to be late and will not be considered. For the purposes of this

requirement, the official time and date shall be that of the time clock in the reception area of the Division of Purchases.

7. It is intended that an award pursuant to this Request will be made to a prime vendor, who will assume responsibility for all aspects of work. *Joint venture and cooperative proposals will not be considered. Subcontracts are permitted, provided that their use is clearly indicated in the vendor's proposal and the subcontractor(s) to be used is identified in the proposal.*
8. All proposals must include the vendor's FEIN or Social Security number as evidenced by a W9, downloadable from the Division of Purchases website at www.purchasing.ri.gov
9. The purchase of services under an award made pursuant to this Request will be contingent on the availability of funds.
10. Vendors are advised that all materials submitted to the State for consideration in response to this Request for Proposals will be considered to be Public Records as defined in Title 38 Chapter 2 of the Rhode Island General Laws, as amended, without exception, and will be released for inspection immediately upon request once an award has been made.
11. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.
12. Equal Employment Opportunity (RIGL 28-5.1) - 28-5.1-1 Declaration of policy -
(a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies to all areas where State dollars are spent, in employment, public services, grants and financial assistance, and in state licensing and regulation. For further information, contact the Rhode Island Equal Opportunity Office at (401) 222-3090.
13. In accordance with Title 7, Chapter 1.1 of the General Laws of Rhode Island, as amended, no foreign corporation, a corporation without a Rhode Island business

address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). *This is a requirement only of the successful vendor.*

14. The vendor should be aware of the State's Minority Business Enterprise (MBE) requirements, which address the State's goal of ten percent (10%) participation by MBE's in all State procurements. For further information, contact the MBE Administrator at (401) 574-8253 or visit the website www.mbe.ri.gov or contact cnewton@gw.doa.state.ri.us

SECTION II BACKGROUND

Department of Health's Mission

The DOH is the state agency whose primary mission is to prevent disease and to protect and promote the health and safety of Rhode Island's population.

The DOH is a diverse and interactive state agency with broad-ranging public health responsibilities. As Rhode Island has no local health departments, the DOH coordinates public health activities throughout the state.

Vision for Rhode Island's Health Care System¹

Every Rhode Islander should have access to high quality, affordable health care, delivered at the most appropriate time and place.

State Statutory Authority for Health Planning

In 2006, the Rhode Island General Assembly enacted the "Rhode Island Coordinated Health Planning Act of 2006" (see Public Law 06-354²). In its findings, the General Assembly stated:

¹ As stated in the: *Coordinated Health Planning in Rhode Island*, A Report Submitted to the Rhode Island General Assembly, Joint Legislative Committee on Health Care Oversight, the House Finance Committee, and the Senate Finance Committee. Rhode Island Department of Health, March 2007, p. 6. Available online: <http://www.health.ri.gov/publications/generalassemblyreports/CoordinatedHealthPlanningInRhodeIsland.pdf>

² The Coordinated Health Planning Act of 2006 is available online: <http://www.rilin.state.ri.us/Statutes/TITLE23/23-81/INDEX.HTM> Public Law 06-354 is available online: <http://www.rilin.state.ri.us/PublicLaws/law06/law06354.htm>

...that the people of this state have a fundamental interest in the establishment of a comprehensive strategic health care planning process and the preparation, maintenance, and implementation of plans to improve the quality, accessibility, portability, and affordability of health care in Rhode Island; that the continued growth, viability and development of the health care infrastructure by the private and public sectors requires effective planning by the state; and that state and local plans and programs must be properly coordinated with the planning requirements and programs of the federal government.

This statute charged the Director of Health with the creation of a Health Care Planning and Accountability Advisory Council that would make recommendations related to statewide health planning. Before this Council was appointed, a Coordinated Health Planning Advisory Committee was convened, met six (6) times between October 2006 and March 2007, and issued a final report.³

Among its recommendations, the 2006 Advisory Committee defined the following health planning objectives:

1. Conduct ongoing assessments of the state's health care needs and health care system capacity. These assessments should be used to determine the most efficient and affordable capacity and allocation of providers, services, and equipment that will best serve the health of Rhode Islanders;
2. Review and recommend innovative models of health care delivery that should be encouraged in Rhode Island;
3. Review and recommend health care payment that rewards improved health outcomes;
4. Evaluate the impact of the health planning process through measurements of quality and appropriate use of health care services;
5. Promote the adoption of technology that improves the availability of health information across the health care system; and
6. Recommend legislation and other actions that achieve accountability and adherence in the health care community to health planning directives⁴.

³ See *Coordinated Health Planning in Rhode Island*, A Report Submitted to the Rhode Island General Assembly, Joint Legislative Committee on Health Care Oversight, the House Finance Committee, and the Senate Finance Committee. Rhode Island Department of Health, March 2007. Available online:

<http://www.health.ri.gov/publications/generalassemblyreports/CoordinatedHealthPlanningInRhodeIsland.pdf>

⁴ See *Coordinated Health Planning in Rhode Island*, A Report Submitted to the Rhode Island General Assembly, Joint Legislative Committee on Health Care Oversight, the House Finance Committee, and the Senate Finance Committee. Rhode Island Department of Health, March 2007, p. 3.

Additional enabling state statutes related to health planning include the following:

State Agency with Jurisdiction	RIGL Section	Provisions
DOH	23-1-1.1 Health planning findings. -	It is found and determined that health planning is essential to promote appropriate access to high quality health services at a reasonable cost and is a precondition to effective public health practice by the Department of Health; and that health planning is a prerequisite to the effective discharge of the Department of Health's certificate of need responsibilities.
DOH	23-1-1.2 Health planning process. -	The Department of Health is authorized to conduct health planning studies and to develop health plan documents to assist the Department of Health, the Director of Health, and the Health Services Council in the conduct of their public health responsibilities. The Director of Health, with the approval of the Governor, may appoint various committees and task forces as appropriate to assist and advise the Department of Health in the conduct of its health planning responsibilities, provided that the Director of Health may appoint ad hoc short-term committees or task forces to advise and assist the Director on technical issues.
DOH	23-15-4(e) Review and approval of new health care equipment and new institutional health services. -	The Health Services Council shall consider, but shall not be limited to, the following in conducting reviews and determining need: (1) The relationship of the proposal to state health plans that may be formulated by the state agency;
EOHHS	42-7.2-5 Duties of the secretary. -	(8) Utilize objective data to evaluate health and human services policy goals, resource use and outcome evaluation and to perform short and long-term policy planning and development. (9) Establishment of an integrated approach to interdepartmental information and data management that complements and furthers the goals of the CHOICES initiative and that will facilitate the transition to consumer-centered system of state administered health and human services.
OHIC	42-14.5-2-Purpose.-	With respect to health insurance as defined in § 42-14-5, the Health Insurance Commissioner shall discharge the powers and duties of office to: (1) Guard the solvency of health insurers; (2) Protect the interests of consumers; (3) Encourage fair treatment of health care providers; (4) Encourage policies and developments that improve the quality and efficiency of health care service delivery and outcomes; and (5) View the health care system as a comprehensive entity and encourage and direct insurers towards policies that advance the welfare of the public through overall efficiency, improved health care quality, and appropriate access.

History of Health Planning in Rhode Island

Prior to the 2006 Advisory Committee report, the last comprehensive health plan was prepared by the DOH in 1986⁵ and submitted to then-Governor Edward D. DiPrete. Governor DiPrete approved the plan on 8 October 1986.

The 2006 Advisory Committee report (previously cited) contained a summary of health planning activities up through the date of publication. This summary appears in Attachment "C" herein.

Currently, DOH's health planning activities include three (3) components:

1. *Preventive Health Services Block Grant*: DOH received \$475,182 in FY2011 from the federal Centers for Disease Prevention and Control for community assessment and planning activities as well as health improvement planning programs.
2. *Healthy Rhode Island 2010/2020 Planning Process*: This process produces 10-year targeted objectives related to health promotion and disease prevention activities.⁶ The *Healthy Rhode Island 2020* report will represent the fourth generation of this work.
3. *Certificate of Need (CoN)*⁷: Chapter 23-15 of the Rhode Island General Laws, as amended,⁸ requires DOH to have a regulatory process to review the development of new health care services and equipment and large capital investments. The purpose of CoN is to prevent the unnecessary duplication of expensive medical equipment and services.⁹ As noted above, the Director of Health is empowered by statute to consider the relationship of CoN proposals to a statewide health plan. As noted in Attachment "C", the CoN Program has commissioned categorical studies on specialty health care services and equipment over the years related to specific CoN applications.

⁵ See: *Rhode Island Health Plan 1987- 1992*, Rhode Island Department of Health, Statewide Health Coordinating Council, Joseph E. Caruolo, MD, Chairperson, October 1986. Copies available upon request.

⁶ See: *A Healthier Rhode Island by 2010: Mid-course Review*, Rhode Island Department of Health, May 2006. Available online: <http://www.health.ri.gov/publications/progressreports/HealthyPeople2010MidCourseReview.pdf>

⁷ CoN may be generally defined as: "A certificate issued by a governmental body to an individual or organization proposing to construct or modify a health facility, acquire major new medical equipment, modify a health facility, or offer a new or different health service. Such issuance recognizes that a facility or service, when available, will meet the needs of those for whom it is intended." Taken from *Glossary of Terms Commonly Used in Health Care* of footnote #11 below.

⁸ CoN enabling statute available online: <http://www.rilin.state.ri.us/Statutes/TITLE23/23-15/INDEX.HTM>

⁹ See: Rhode Island Department of Health *Certificate of Need 2011 Annual Report*. Available online: <http://www.health.ri.gov/applications/submitted/healthsystems/2011.xls>

Why Health Planning Now?

The FY 2012 state budget enacted in June 2011 authorized the appropriation of \$150,000 to be used towards the development of a state health plan to guide CON decision making.

SECTION III SCOPE OF WORK

OBJECTIVE

The EOHHS, in collaboration with the DOH, seeks technical assistance and health planning expertise to begin a more comprehensive statewide health planning process.

The objective of this Request for Proposals (RFP) is to competitively procure the services of qualified vendors with extensive experience in federal and state health care planning and policy analysis. Such qualified vendors are asked to competitively bid on the production of no less than one (1) analytical “gap analysis”¹⁰, as described herein. Vendors may also bid on the production of additional gap analyses related to the health care components listed below.

The vendor must produce at least one (1) gap analysis, selecting from the topics listed in section 3.1 below. The components required in the analysis are listed in section 3.2 herein. As part of its response, the vendor should describe the methodology for analyzing a content area(s) as it will appear in the final analysis. Vendors are encouraged to consider the completion of Task 3, but this is not required as part of this competitive bidding process.

EOHHS and DOH will utilize these analyses in its creation of a statewide health plan. The gap analyses will begin to establish key elements of such a statewide plan.

The EOHHS and DOH are seeking to accomplish coordinated health planning activities in two (2) phases:

1. Phase I: EOHHS and DOH recruit vendor(s) to complete no less than one (1) analytical report, as described below. The Phase I award will not exceed a total of \$150,000.
2. Phase II: As additional funding becomes available in SFY 2013 and beyond, funds will be utilized for the creation of a comprehensive state health plan. Phase II will build upon the results accomplished during Phase I. It is the intent of EOHHS and DOH to utilize any additional resources for health planning activities in response to the state’s changing health/social service needs, as funding permits, and within

¹⁰ “Gap analysis” is loosely defined as: an analytical tool(s) that DOH may use to move itself from its current health care planning activities to the creation and implementation of a comprehensive statewide health plan.

a dynamic health care marketplace. Phase II tasks will be bid and reimbursed on a fully loaded time and materials basis in a subsequent RFP.

The vendor(s) must demonstrate significant expertise in its approaches to health policy, health planning methodologies, and technical writing. The vendor(s) must also meet the minimum requirements described in Section 4.1 of this RFP.

The completion of the gap analyses will be under the direct supervision of the DOH; however, the vendor may also be requested to work collaboratively with EOHHS and other state agency staff on this project.

3.1 TASK 1 - SELECT AT LEAST ONE (1) TOPIC FROM THE LIST BELOW (MULTIPLE ANALYSES MAY BE BID ON, SELECTING FROM THIS LIST OF TOPICS):

1. ***Primary care services:*** general, comprehensive health care focused upon the overall coordination of a patient's health issues, including biological, behavioral, and social factors
 - Consider the role of primary care within a system characterized by high utilization of specialty services and technology/equipment. Also consider determinants of health that are personal, social, economic, and environmental.
 - Consider workforce, primary care practice architecture, and geographic distribution of primary care practices, drilled down to the census tract level, and consider how changes in primary care supply, architecture, and other practice design features (e.g., open access, extended hours, patient-centered medical home certification) may influence cost and outcome when applied to the population base as a whole.
 - Consider that DOH's goal is to substantially minimize health disparities in order to achieve health equality. Consider factors that create disparities and ways in which state government may impact such factors. Also consider nontraditional partners in this work.
 - Consider any existing regional transportation plans and studies as they relate to the provision of transportation services to link patients to needed services. Consider transportation barriers that limit access to health services. Also consider transportation-sensitive delivery options.

2. ***Hospital inpatient services (including specialty care services):*** acute care facility services that focus upon medical treatment for health problems that are short-term or of an episodic nature

- ☒ Consider specific areas of need, accessibility, impact of new health care facilities and beds on expenditures, and population based health outcomes. Consider the geographic distribution of hospital services, and the impact of regional variations in care on the need for hospital services.
- ☒ Develop a model that would enable the state to predict the need for, and geographic distribution of, inpatient beds, and how those needs might be predicted to change over time, reflecting on demographic trends; and discuss how the number and distribution of beds and services might be expected to impact cost and outcomes for the state as a whole.
- ☒ Consider that DOH's goal is to substantially minimize health disparities in order to achieve health equality. Consider factors that create disparities and ways in which state government may impact such factors. Also consider nontraditional partners in this work.
- ☒ Consider any existing regional transportation plans and studies as they relate to the provision of transportation services to link patients to needed services. Consider transportation barriers that limit access to health services. Also consider transportation-sensitive delivery options.

3. ***Hospital outpatient services:*** organized health services provided in a setting to which a patient must travel to receive care that does not require an overnight stay

- ☒ Consider specific areas of need, quality concerns, and the effects on the uninsured and underinsured.
- ☒ Consider that DOH's goal is to substantially minimize health disparities in order to achieve health equality. Consider factors that create disparities and ways in which state government may impact such factors. Also consider nontraditional partners in this work.
- ☒ Consider any existing regional transportation plans and studies as they relate to the provision of transportation services to link patients to needed services. Consider

transportation barriers that limit access to health services. Also consider transportation-sensitive delivery options.

4. ***Emergency department services:*** services provided in response to a perceived need for immediate treatment for medical or psychological illness or injury

Consider potential for less costly alternative treatment sites.

Consider that DOH's goal is to substantially minimize health disparities in order to achieve health equality. Consider factors that create disparities and ways in which state government may impact such factors. Also consider nontraditional partners in this work.

Consider any existing regional transportation plans and studies as they relate to the provision of transportation services to link patients to needed services. Consider transportation barriers that limit access to health services. Also consider transportation-sensitive delivery options.

5. ***Acute technology services (such as robotic surgery and imaging scanners):*** the use of highly specialized equipment that often results in diagnostic and therapeutic advancements

Consider total expenditures, including government funds allocated to increasing costs, risk(s) for inappropriate utilization, and the impact upon the health care system.

Consider that DOH's goal is to substantially minimize health disparities in order to achieve health equality. Consider factors that create disparities and ways in which state government may impact such factors. Also consider nontraditional partners in this work.

Consider any existing regional transportation plans and studies as they relate to the provision of transportation services to link patients to needed services. Consider transportation barriers that limit access to health services. Also consider transportation-sensitive delivery options.

6. ***Surgi-center services:*** facilities where surgery is done on an outpatient basis for patients who need surgical treatment that cannot be performed in a physician's office, yet do not require hospitalization

- ☒ Consider the effect of supply on utilization, the impact of new facilities on government (and total) health care expenditures, and accessibility issues for the uninsured.
 - ☒ Consider that DOH's goal is to substantially minimize health disparities in order to achieve health equality. Consider factors that create disparities and ways in which state government may impact such factors. Also consider nontraditional partners in this work.
 - ☒ Consider any existing regional transportation plans and studies as they relate to the provision of transportation services to link patients to needed services. Consider transportation barriers that limit access to health services. Also consider transportation-sensitive delivery options.
7. ***Nursing facilities:*** includes institutions that provide personal and nursing care to residents who are unable to care for themselves at home
- ☒ Consider specific areas of bed need, quality outcome measures, alternatives to institutional care, and state expenditures.
 - ☒ Consider that DOH's goal is to substantially minimize health disparities in order to achieve health equality. Consider factors that create disparities and ways in which state government may impact such factors. Also consider nontraditional partners in this work.
 - ☒ Consider any existing regional transportation plans and studies as they relate to the provision of transportation services to link patients to needed services. Consider transportation barriers that limit access to health services. Also consider transportation-sensitive delivery options.
8. ***Assisted living residences:*** a setting that is not licensed as a health care facility that provides housing, health / supportive services and coordinates personal care and recreational activities for its residents
- ☒ Consider specialty-level facilities, including risk assessment (life-safety code), quality outcome measures, accessibility, bed need, and level-of-care issues.
 - ☒ Consider that DOH's goal is to substantially minimize health disparities in order to achieve health equality. Consider factors that create disparities and ways in which

state government may impact such factors. Also consider nontraditional partners in this work.

- ☒ Consider any existing regional transportation plans and studies as they relate to the provision of transportation services to link patients to needed services. Consider transportation barriers that limit access to health services. Also consider transportation-sensitive delivery options.

9. ***Home and hospice care services:*** health care services provided at home or in nursing facilities or hospitals that may include nursing services, rehabilitation therapy, and end-of-life care (hospice)

- ☒ Consider quality issues, specific areas of need, and issues related to inappropriate utilization.

- ☒ Consider that DOH's goal is to substantially minimize health disparities in order to achieve health equality. Consider factors that create disparities and ways in which state government may impact such factors. Also consider nontraditional partners in this work.

- ☒ Consider any existing regional transportation plans and studies as they relate to the provision of transportation services to link patients to needed services. Consider transportation barriers that limit access to health services. Also consider transportation-sensitive delivery options.

10. ***Behavioral health care services (both inpatient and outpatient), including substance abuse treatment services:*** comprehensive care for psychological, emotional, and behavioral issues, including specialized programs for the prevention, treatment, and rehabilitation of persons affected

- ☒ Consider methods for removing barriers to effective treatment programs for patients, their families, and communities. Also consider systems that integrate physical and mental health care modalities.

- ☒ Consider that DOH's goal is to substantially minimize health disparities in order to achieve health equality. Consider factors that create disparities and ways in which state government may impact such factors. Also consider nontraditional partners in this work.

- ☒ Consider any existing regional transportation plans and studies as they relate to the provision of transportation services to link patients to needed services. Consider transportation barriers that limit access to health services. Also consider transportation-sensitive delivery options.

The following factors affect the care provided in health care facilities (such as listed above) and also affect the general health status of the population.

11. ***Health care workforce development:*** A well-educated and trained health care professional workforce is an integral component of an effective health care delivery system.

- ☒ Consider the needs of the population to access primary health care services in their community. Also consider the needs of health care facilities for competent health care professionals.

12. ***Impact of environmental issues upon health status:*** All Rhode Islanders deserve to live in a healthy environment.

- ☒ Consider the impact of clean water, air, and a safe food supply on population health status. Also consider factors such as the impact on population health if the quality/availability of housing and the capacity of neighborhoods to respond to the needs of residents are improved.

3.2 TASK 2 – COMPLETE GAP ANALYSIS AND PRODUCE REPORT (TECHNICAL WRITING) FOR THE TOPIC(S) SELECTED FROM SECTION 3.1 (ABOVE):

Components of Gap Analysis

The gap analysis, or analytic evaluation, for the content area(s) selected from section 3.1 should include, but may not be limited to, the following components:

- ✓ Describe the current status of service delivery for each setting;
- ✓ Identify gaps and redundancies in service delivery patterns;
- ✓ Evaluate and discuss alternative service delivery patterns or options;
- ✓ Determine factors that may influence change(s) in the volume and utilization level of health care services;

- ✓ Review national and state standards and frameworks for evaluating health services;
- ✓ Inventory health services and equipment that support the health status of the community;
- ✓ Describe service delivery strategies that DOH should target (“best practices”);
- ✓ Provide recommendations for improving the effective and efficient delivery of health care services in Rhode Island within the context of health care reform;
- ✓ Identify economic trends that affect health care delivery in Rhode Island;
- ✓ Forecast future trends for health care funding and services, with a focus on those services that may see a reduction in funding;
- ✓ Provide substantiated findings, interpretations, conclusions, and recommendations for use by the DOH in revising any necessary policies, principles, and priorities;
- ✓ Support findings and recommendations with data such as: utilization trends, service volume data, practice patterns, geographical differences in treatment rates, regional trend data, quality outcome measures, baseline health indicators, demographic data, financial projections, cost-benefit analyses, environmental scans, literature reviews;
- ✓ Provide qualitative information, as may have been obtained from focus groups or patient satisfaction surveys;
- ✓ Perform statewide analyses, with any county sub-analyses that may be relevant.



3.3 TASK 3 - PROVIDE SPECIAL PROJECTS / ENHANCEMENT ACTIVITIES AS NEEDED

In addition to the activities described under Tasks 1-2, the State reserves the option to direct the vendor(s) to conduct additional task(s) to support coordinated health planning activities in Rhode Island. It is critical that the State has the flexibility to bring on additional technical assistance and expertise in a timely manner to implement, evaluate, and make mid-course corrections to components of the State's comprehensive state health planning activities. In addition, the State may have the need for technical assistance in the planning, development, and implementation of new health programs, initiatives, business methods, and analyses in response to changes in federal law and regulation, state legislation, and best practice advances in health policy and health planning methodologies.

The Vendor(s) must be able to demonstrate the capacity, capability, flexibility and responsiveness in response to the State's need for additional technical assistance resources to perform additional tasks that require similar expertise and work functions as required for Tasks 1-2. The State will specify a contractual allowance, if any, to be included in the contract for this purpose, and to be used at the state's option.

It is the State's intent to utilize these additional resources/enhanced activities as needed in response to the State's changing needs and requirements and as funding allows. This may include the use of new project funding through federal or foundation grants or other sources.

The decision to utilize contract services under Task 3 will be at the State's request for specific enhancement activities, not already included under Tasks 1-2, to be defined and agreed to in writing, by both EOHHS and the vendor, before the enhancement work begins. There is no commitment on the part of the State to specifically utilize any or all of the special projects/enhancement activities.

This task will be bid and paid on a fully loaded time and materials basis.

SECTION IV MINIMUM CONTRACT REQUIREMENTS

4.1 VENDOR REQUIREMENTS

The vendor(s) must have at least ten (10) years of state health policy and health care industry experience.

The vendor(s) selected as a result of this RFP will be required to have the following minimum credentials:

- Successful track record at managing complex projects.

- Deep knowledge of health care delivery, health insurance, and social service delivery systems.
- General knowledge of the health information technology required to support health delivery operations.
- General understanding of the PPACA and any associated federal guidance/regulations, as well as any other significant federal provisions related to health care planning and service delivery.

The selected vendor(s) will demonstrate sufficient experience and capacity necessary to successfully complete all tasks.

4.2 VENDOR(S) RESPONSIBILITIES

4.2.1 Award - Multiple contracts may be awarded for this work.

4.2.2 Conditions Governing Subcontracting - If the Vendor(s) intends to use any subcontractors, the vendor(s) must clearly identify the subcontractor in the response to the RFP. The vendor(s) retains responsibility for the completion and quality of any work assigned to sub-contractors. The vendor(s) is expected to supervise the activities of sub-contractors and employees in order to ensure quality.

4.2.3 Compliance with Statutory, Regulatory and Other Standards - The vendor(s) must comply with all applicable state and federal regulations and statutes.

4.2.4 Confidentiality and Protection of Public Health Information and Related Data - EOHHS does not anticipate providing any protected health information to the successful vendor(s). However, in the event that protected health information or other confidential data must be shared by EOHHS with the vendor(s), the vendor(s) shall be required to execute a Business Associate Agreement Data Use Agreement, among other requirements, shall require the successful vendor(s) to comply with 45 C.F.R 164.502(e), 164.504(e), 164.410, governing Protected Health Information (“PHI”) and Business Associates under the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191), 42 U.S.C. Section 1320d, et seq., and regulations promulgated there under, and as amended from time to time, the Health Information Technology for Economic and Clinical Health Act (HITECH) and its implementing regulations, and regulations promulgated there under, and as amended from time to time, and the Rhode Island Confidentiality of Health Care Information Act, R.I. General Laws, Section 5-37.3 *et seq.* The successful vendor(s) shall be required to ensure, in writing, that any agent, including a sub-contractor to

whom it provides Protected Health Information received from or created or received by and/or through this contract, agrees to the same restrictions and conditions that apply through the above-described Agreements with respect to such information. Any information provided by DOH and/or EOHHS to the vendor(s) for the completion of the project may not be sold, given or otherwise shared with outside parties.

4.2.5 Computers - Computer hardware, software, and other such technology required to complete the work of the contract are the sole responsibility of the vendor(s).

4.2.6 Data and Reports - Data, information, and reports collected or prepared by the vendor(s) as well as equipment purchased by the vendor(s) in the course of performing its duties and obligations and paid by the State under this contract shall be deemed to be owned by the State of Rhode Island. This provision is made in consideration of the vendor(s) use of public funds in collecting and preparing such data, information, and reports, and in purchasing equipment.

4.2.7 Office Space and Equipment - Office space and equipment required to complete the work of the contract are the sole responsibility of the vendor(s).

4.2.8 Travel - All travel costs for Vendor(s) staff, including in-state and out of state travel necessary to carry out the tasks within the contract, shall be included in the fully loaded price point.

4.3 CONTRACT TERM

Services under the contract are subject to approval of the State's Chief Purchasing Officer and the Secretary of the Executive Office of Health and Human Services or his designee. Services shall commence upon completion of the award, contract, and the issuance of a state Purchase Order, and will run through one year. The contract shall include the possibility of three (3) one-year extensions, to be exercised at the option of the State.

SECTION V PROPOSAL SUBMISSION

The Rhode Island Executive Office of Health and Human Services (EOHHS) is issuing this Request for Proposals. **The Division of Purchases within the Department of Administration shall be the primary point of contact for all vendors from the date of release of the RFP until the contract is fully executed and signed.** Any attempt by a vendor to contact any state employees regarding this procurement, other than those named above, may cause rejection of a bid submitted by that party.

Questions concerning this Request for Proposals may be emailed to the Division of Purchases at questions@purchasing.ri.gov no later than the date and time indicated on

page one of this solicitation. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP number of all correspondence. Questions received, if any, will be posted on the Division of Purchases website as an addendum to this Request for Proposals. It is the responsibility of all interested parties to download this information. For computer technical assistance, call the Help Desk at (401) 574-8100.

Vendors should recognize that the only official answers to any questions are those made in writing and issued by the Division of Purchases to prospective vendors. This information will be posted as an addendum to the solicitation.

Interested vendors may submit proposals to provide the services covered by this Request on or before the date and time indicated on page one of this solicitation. Proposals received after this time and date will not be considered.

Responses (**an original plus 5 copies**) and two electronic copies on CDs or flash drives should be mailed or hand-delivered in a sealed envelope marked **"RFP #xxxxxxx: Coordinated Health Planning Project"** to:

RHODE ISLAND DEPARTMENT OF ADMINISTRATION

Division of Purchases, 2nd Floor
One Capitol Hill
Providence, RI 02908-5855

NOTE: Proposals received after the above-referenced due date and time will not be considered. Proposals misdirected to other state locations or which are otherwise not presented in the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed, or emailed to the Division of Purchases will not be considered. The official time clock is located in the reception area of the Division of Purchases.

Proposals should include the following:

- A signed and completed three-page RIVIP Vendor Certification Form with a letter of transmittal signed by an owner, officer or authorized agent of the firm or organization, acknowledging and accepting the terms and conditions of this Request, and tendering an offer to the Director of the Rhode Island Department of Health. The signature of the official with legal authority to bind an organization into a contractual agreement should also be included. This form is downloadable at www.purchasing.ri.gov
- A technical proposal describing the vendor's relevant experience and expertise, subcontracts, and experience with similar programs, as well as the work plan or approach proposed, including completion of Attachment A. The technical proposal should include preliminary project timeline, including a description of the schedule,

tasks, deliverables, and milestones of the work associated with this contract. The technical proposal shall be limited to 15 pages using a Times New Roman font not smaller than 12 point, **not** including attachments.

- A separate cost proposal reflecting the hourly rates and other fee structures proposed for this scope of services, including completion of Attachment B enclosed. The cost proposal shall be limited to four (4) pages using a Times New Roman font not smaller than 12 point, **not** including attachments.
- In addition to the original and five (5) hard copies of the proposals required, vendors are requested to provide their proposal in electronic format (CD ROM, flash drive). Microsoft Word, Excel, or PDF format is preferable. Two (2) electronic copies are requested. The CDs or flash drives shall be included in the proposal marked "original."

The technical proposal and cost proposal shall be separately sealed and clearly marked. There shall be no reference to price(s) in the technical proposal.

5.1 TECHNICAL PROPOSAL

The technical proposal must contain the following sections:

5.1.1 *Executive Summary*

The Executive Summary is intended to highlight the contents of the technical proposal and to provide the state evaluators with a broad understanding of the vendor's technical approach and ability. The executive summary should include the following:

- A clear and concise summary of the vendor's understanding of the project and the state's needs.
- A clear and concise summary of the proposed approach.
- A brief summary of the vendor's experience and ability to perform this project.
- A general description of the capabilities and role of any sub-contractors.

5.1.2 *Relevant Experience and Expertise*

This section shall include the following information:

- *Qualifications*: Provide a summary within the technical proposal. In an attachment to the technical proposal (not included in the fifteen (15) page limit), please include resume(s) for the vendor and any subcontractors.
- *Relevant experience*: Describe experience with prior or current projects related to the scope of work in this RFP.

- A brief description of the vendor's *financial position* and solvency
- The vendor's status as a *Minority Business Enterprise (MBE)*, certified by the Rhode Island Department of Economic Development, and or a sub-contracting plan which addresses the state's goal of ten percent participation by MBE's in all State procurements. Further questions may be directed to the State's MBE officer at (401) 574-8253 or www.mbe.ri.gov
- The vendor shall provide at least *three (3) references* for projects that are of comparable size and complexity. For each reference the vendor should include the following information:
 - Name of the organization
 - Relevance to this proposal
 - Brief summary of project
 - Timeframe for the project
 - Original contract amount

5.1.3 Work Plan/Proposed Approach

This section shall describe:

1. The vendor's understanding of the state's requirements, including the result(s) intended and desired the approach and/or methodology to be employed within the scope of work, and
2. A work plan for accomplishing each task, and the results proposed. The work plan description shall include a list of activities and/or milestones that will be employed to successfully administer the project. Within the 15 page limit, the vendor should include a high-level timeline/work plan for achieving key milestones associated with the analyses. A detailed timeline/work plan may be included as an attachment that will NOT be included in the 15-page limit for the technical proposal.

5.1.4 Capacity to Accomplish Tasks

This section should include:

- ***Level of Effort***
This section will indicate the amount of time the vendor anticipates dedicating to each task. Please list staff as well as any sub-contractors, indicating level of effort as well as duties and responsibilities in relation to the scope of work. Attachment A should be completed in support of this section.

- **Organization**

This section should include a description of how any vendor staff or sub-contractors will be organized and supervised. Please include an organizational chart.

5.2 COST PROPOSAL

The vendor must prepare a cost proposal reflecting the proposed cost for each task required, using the Cost Proposal Form in Attachment B. Tasks 1-2 will be scored on value (balance of price and quality), and the resulting contract will be capped at amount mutually agreed to by the Executive Office of Health and Human Services and the vendor, not to exceed \$150,000. Vendors who submit bids for analyses related to items #1 and/or #2 (from the list in section 3.1 herein) will be scored higher in the “value” evaluation criteria set forth herein.

Task 3 will be paid on a time and materials basis in accordance with the annual and/or hourly rates provided in Attachment B, if/when the State elects to commission special projects. The vendor should provide a list of positions, fully loaded hourly rates and staff qualifications for staff/contractors that could be brought on for special projects/enhanced program improvement activities.

The contract will specify a contractual allowance for special projects for each year of the contract, including each option year.

The state expects to issue an initial Purchase Order that reflects funding only for Year 1, and only for Tasks 1-2. The vendor(s) should be aware that special projects and utilization of additional option years are not being committed to by the state, and will be at the state’s option, depending on the state’s need and funding.

SECTION VI EVALUATION AND AWARD

The state will commission a review committee to evaluate and score all proposals that are complete and minimally responsive using the criteria described below. The evaluation of any item may incorporate input from sources other than the vendor’s response and supplementary materials submitted by the vendor. Those other sources could include assessments made by evaluators based on findings recorded from reference checks (including but not limited to those supplied by the vendor), prior experience with or knowledge of vendor’s work, responses to follow-up questions posed by the state and/or oral presentations by the vendors if requested by the state. The state may elect to use any or all of these evaluation tools. NOTE: Vendors who submit bids for analyses related to items #1 and/or #2 (from the list in section 3.1 herein) will be scored higher in the “value” evaluation criteria set forth herein.

EVALUATION CRITERIA

1. *Relevant Experience and Expertise*

30 Points

The vendor must have at least ten (10) years of state health policy and health care industry experience. Evaluators will consider prior experience and expertise in the tasks described and the extent to which the vendor meets the minimum criteria defined in Section 4.1 of this RFP. Level of expertise, experience and qualifications of proposed positions, proposed key staff, and proposed sub-contractors will be considered significantly. Evaluators will strongly consider recommendations from other clients utilizing the vendor for similar work to be performed under the contract. Negative feedback from other clients will be cause for significant point deductions. Vendor or subcontractor status as an MBE will also be considered.

2. *Technical Approach and Understanding of Work* 30 Points

The state will evaluate the vendor's written proposal describing how it intends to organize and accomplish the tasks and activities in the Scope of Work. The state will score vendors highly who demonstrate a clear, complete understanding of each task and activity and who present an effective work plan for accomplishing them.

3. *Capacity, Resources, and Level of Effort to Accomplish Tasks* 20 Points

The state will score highly those vendors who present a plan for resources and level of effort that, in the state's best judgment, will accomplish each task effectively and efficiently.

4. *Value* 20 Points

Cost proposals will be evaluated for each vendor, fully considering the value of proposed staff for the fully loaded price. The cost proposal will be scored by comparing across bids the fully loaded rates for each position/sub-contract to the qualifications and experience of staff/positions/subcontractors proposed. The value the state will receive in qualified experienced staff for the labor rates indicated will be considered and scored.

AWARD

The Review Committee will provide a written recommendation, including the results of all evaluations, to the Rhode Island Department of Administration, Division of Purchases who will award this RFP.

Because the cost evaluation will be conducted on the basis on value, not simply cost, the lowest price vendor may not necessarily be awarded the contract.

The State also reserves the right to accept or reject any or all options, bids, or proposals and to act in its own best interest.

Proposals found to be technically and substantively non-responsive at any point in the evaluation process may be rejected and not considered further.

STATE APPROVAL

Final contract approval is contingent upon state approvals. Every effort will be made by the state to facilitate rapid approval upon award.

SECTION VII GOVERNING TERMS AND CONDITIONS

The state's General Conditions of Purchase contain the specific contract terms, stipulations and affirmations to be utilized for the contract awarded to the RFP. The state's General Conditions of Purchases/General Terms and Conditions can be found at the following website:

www.purchasing.ri.gov

Click on Vendor Information (left column)

Click on General Information

Click on Rules and Regulations

Click on Attachment A – General Terms and Conditions

SECTION VIII PROCUREMENT LIBRARY

Rhode Island Department of Health: <http://www.health.ri.gov/>

Healthy People: www.healthypeople.gov

The Coordinated Health Planning Act of 2006 (Chapter 23-81 of the Rhode Island General Laws, as amended): <http://www.rilin.state.ri.us/Statutes/TITLE23/23-81/INDEX.HTM>

Coordinated Health Planning in Rhode Island, March 2007:

<http://www.health.ri.gov/publications/generalassemblyreports/CoordinatedHealthPlanningInRhodeIsland.pdf>

Chapter 23-15 of the Rhode Island General Laws, as amended (Certificate of Need enabling statute): <http://www.rilin.state.ri.us/Statutes/TITLE23/23-15/INDEX.HTM>

Patient Protection and Affordable Care Act:

<http://docs.house.gov/energycommerce/ppacacon.pdf>

Healthy Rhode Island Task Force Report, September 2010:

<http://www.ltgov.ri.gov/taskforce/Healthy%20RI%20Task%20Force%20Report%2009.23.10.pdf>

ATTACHMENT A - TECHNICAL PROPOSAL: LEVEL OF EFFORT

List Proposed Staff for Tasks 1 - 3

FTE= _____

Task	1	2	3	Total
Staff position titles (and names if applicable)				
Example Only John Doe, Data Analyst	10%	70%	20%	100%
Total FTEs proposed				

Task	1	2	3
Sub-contractors (Type of business or name of business)			
Example Only Jane Doe, Policy Specialist	0 hours	10 hours	0 hours
Total Sub-contractor level of effort proposed (in hours)			

ATTACHMENT B - COST PROPOSAL

Please provide a cost proposal for each task by the timeframe specified in left-hand column.

Tasks	Task 1	Task 2	Task 3	Total
Feb 2012 - April 2012				
May 2012 - July 2012				
August 2012 - Oct 2012				
Nov 2012 - Jan 2013				
Total \$\$\$				
Other Direct Costs				
Feb 2012 - April 2012				
May 2012 - July 2012				
August 2012 - Oct 2012				
Nov 2012 - Jan 2013				
Total \$\$\$				

Please provide a separate list of positions, fully loaded hourly rates and staff qualifications for positions (staff/contractors) that could be brought on for Task 3 (Special Projects) if requested by the State.

ATTACHMENT C -

CURRENT AND RECENT PAST HEALTH PLANNING ACTIVITIES IN THE STATE OF RHODE ISLAND¹¹

HEALTH PLANNING ACTIVITY	PURPOSE	LEAD AGENCY/ ORGANIZATION	STATUS
<i>Population Health</i>			
Healthy Rhode Island 2010	Identify current and target measures for risk reduction in the population (leading health indicators) & highlight priority areas for improvement	HEALTH	Funded by federal Preventive Block Grant. Completed mid-course review in 2006. Anticipate Healthy RI 2020 planning process.
Disease- or condition-specific state plans for improvement (e.g., asthma, diabetes, tobacco control, etc.)	Identify goals and intervention plans to improve disease prevention and control.	HEALTH	Funded by federal grants from CDC for specific programs. In various stages of development.
State partnership for minority health	Identify current and target measures of population health (leading health indicators) & highlight priority areas for improvement	HEALTH	State and federal funding.
State plan for improving health of persons with disabilities	Identify opportunities and strategies to improve health of persons with disabilities.	HEALTH	Federal funding.
<i>Health Care Professions</i>			
Designation of Health Professional Shortage Area (HPSAs) and Medically Underserved Areas (MUAs)	Identify shortage/ underserved areas and bring resources to those areas, e.g., state loan repayment program, National Health Service Corps, Medicare Incentive Program, etc.	HEALTH	Statewide surveys of all Rhode Island licensed primary care physicians, psychiatrists, and dentists conducted every 3 years. Funded through federal grant for specific program.
SHAPE studies – Nurse, Physician, Behavioral Health Workforce	Identify capacity health care professionals and project future capacity	BCBSRI	Last study published in 2005.
<i>Health Care Equipment and Technology</i>			
Ad hoc studies on equipment / technology reviewable by Certificate of Need (CON): cardiac catheterization, PET, linear accelerators.	Statewide surveys on current supply and capacity of equipment and technology conducted for Health Services Council in the course of reviewing specific CON applications.	HEALTH	Studies are re-active, not pro-active, and limited to informing the review of current CON applications.

¹¹ Reproduced from: *Coordinated Health Planning in Rhode Island*, A Report Submitted to the Rhode Island General Assembly, Joint Legislative Committee on Health Care Oversight, the House Finance Committee, and the Senate Finance Committee. Rhode Island Department of Health, March 2007, p. 15.

HEALTH PLANNING ACTIVITY	PURPOSE	LEAD AGENCY/ ORGANIZATION	STATUS
<i>Health Care Services</i>			
Ad hoc studies on specialty care services reviewable by CON: open heart surgery, organ transplantation, neonatal intensive care.	Statewide surveys on current supply and capacity of specialty care services conducted for Health Services Council in the course of reviewing specific CON applications.	HEALTH	Studies are reactive, not proactive, and limited to informing the review of current CON applications.
Reports developed by the Tertiary Care Committee	Licensing regulations for health care facilities may set minimum volume standards for tertiary care services where a volume-quality relationship is indicated. Reports on volume for various services produced for Committee's consideration.	HEALTH	No specific funding source.
<i>Health Care Facilities</i>			
Ad hoc studies on health care facility capital investment reviewable by Certificate of Need (CON).	Statewide surveys on current supply and capacity of specific health care facilities conducted for Health Services Council in the course of reviewing specific CON applications.	HEALTH	Studies are reactive, not proactive, and limited to informing the review of current CON applications.
SHAPE studies - Health care facilities	Identify capacity of health care facilities and project future capacity	BCBSRI	Last study published in 2005.
<i>Health Care Delivery System</i>			
Plan for alternative financing and deliverables for chronic care in the ambulatory care setting	Identify innovative practices and payment mechanisms in primary care delivery system that improve chronic care conditions for patients in that system.	Office of Health Insurance Commissioner (OHIC)	2-year funding from private foundation.
Future of Medicaid study	Identify optimal expenditure and utilization of health care services in Medicaid.	EOHHS	No direct funding.
"Lively Experiment"	Identify universal health care mechanisms.	Health Care Organizing Project and Ocean State Action	Occurred November 2005.
RI Public Expenditure Council (RIPEC) Medicaid study	Identify optimal expenditure and utilization of health care services in Medicaid.	RIPEC and state agencies	No direct funding.
State Rehabilitation Plan	Plan for providing rehabilitation services	Department of Human Services - Office of Rehabilitation Services & Rehabilitation Services Council HEALTH	

HEALTH PLANNING ACTIVITY	PURPOSE	LEAD AGENCY/ ORGANIZATION	STATUS
State Independent Living Plan	Promote independent living through implementation of financing strategies, collaboration, and development of service providers.	Department of Human Services – Office of Rehabilitation Services & Independent Living Council	Federal funding.
Plan to implement transparency legislation (RIGL 42-14.5-3 (d)(iv))	Report to the legislature on proposed methods for HMOs and nonprofit hospital or medical service corporations to make facility-specific data and other medical service-specific data available in reasonably consistent formats to patients regarding quality and costs.	OHIC	Report due March 15, 2007
<i>Health Care Quality</i>			
Health plan performance reports	Report on the clinical care and customer satisfaction of health plan members.	HEALTH	No specific funding source.
Public reporting on hospital, nursing home, and home health agencies	Provide clinical and patient satisfaction measures of quality to the public.	HEALTH	Funding source is state revenue and in-kind contribution of data from providers.