



**Solicitation Information**

**February 10, 2012**

**Addendum #1**

**RFP # 7449412**

**TITLE: Request for Proposals – EOHHS PMO and IV&V Services for MMIS System Transition and Health Information Exchange/Eligibility System Implementation**

**Submission Deadline: February 22, 2012 @ 11:30 AM (ET)**

**ATTACHED ARE VENDOR QUESTIONS WITH STATE RESPONSES.**

**Daniel W. Majcher, Esq.**  
**Assistant Director, Special Projects**

## Addendum #1

- **The bid submission deadline for RFP # 7449412 is hereby extended to February 22, 2012 at 11:30AM.**
- **The State amends the RFP to allow vendors up to 50 pages of content, not including resumes and project plans, if the vendor is bidding both PMO and IV&V.**
- **Contrary to what is stated on the coversheet of the original RFP, there is no bond requirement for RFP # 7449412. However, please note the following insurance requirement:**

31d. A Technology Errors and Omissions Policy or Professional Liability Policy in the amount of at least \$1,000,000 each occurrence and \$1,000,000 annual aggregate arising out of or resulting from the performance of Services under this Contract covering: Errors and Omissions, Product Failure, Security Failure, Professional Liability and Personal Injury. Insured will include any individual who is an agent or independent contractor while acting within the scope of his or her contract with the named insured under the Contract.

### **Responses to Questions for Rhode Island RFP 7449412**

**February 10, 2012**

**State answers to questions appear in bold text.**

1. General Section. Is the State able to provide an estimated start date for the project?

**Yes, approximately April 2012 or shortly thereafter.**

2. Section 5.2.4 (p. 37) and Appendix B (p. 43). Will the State consider excluding the Appendix B – Technical Proposal: Level of Effort forms from the 30 page limit (similar to resumes)?

**Section 5.2.4 reads: “Level of Effort. This section will indicate the amount of time the vendor anticipates dedicating to each task. Please list staff and subcontractors, 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.”**

**Yes, bidders may exclude the Level of Effort forms from the 30 page limit.**

3. Cover Page. Can the State please clarify what bond / amount is required per the cover page of the RFP?

**There is no bond requirement for RFP # 7449412 per amendment above. However, please note the following insurance requirement:**

**31d. A Technology Errors and Omissions Policy or Professional Liability Policy in the amount of at least \$1,000,000 each occurrence and \$1,000,000 annual aggregate arising out of or resulting from the performance of Services under this Contract**

**covering: Errors and Omissions, Product Failure, Security Failure, Professional Liability and Personal Injury. Insured will include any individual who is an agent or independent contractor while acting within the scope of his or her contract with the named insured under the Contract.**

4. Would you consider a proposal that focuses exclusively on Section 3.3.1 (Task 1: Establish a Project Management Office), but does not address 3.3.2 through 3.3.6?

**The five tasks for the project are:**

**3.3.1 - Task 1: Establish a Project Management Office (PMO vendors),**

**3.3.2 - Task 2: Provide PMO Services for the Medicaid MMIS project (PMO vendors)**

**3.3.3 - Task 3: Provide PMO Services for EOHHS/Medicaid Portions of HIX/IES Project (PMO vendors)**

**3.3.4 - Task 4: Provide IV&V Services for Medicaid MMIS project (IV&V vendors)**

**3.3.5 - Task 5: Optional Task 5: Optional tasks (potentially for PMO and IV&V vendors)**

**Please see section 3.1, p. 12 which reads:**

**The State seeks vendors who will bid on both the PMO and IV&V sections of the RFP, as well as vendors who wish to bid separately on the PMO or IV&V sections of work delineated in the RFP. Vendors who bid separately on the PMO and IV&V work must specify a strategy to coordinate their work with the PMO or IV&V vendor selected by the State. Vendors submitting a combined bid for both PMO and IV&V work must also specify their strategy to coordinate the PMO and IV&V work.**

**Summarizing Section 3.1, p. 12, the answer is no.**

5. Two Part Question

#5a. In reviewing your RFP, we do not see any reference to an existing software solution for your PMO business and technology objectives and thus wanted to ask and confirm, do you have an existing software product already in place for this need?

**The State's existing software assets for PMO business and technology objectives are Microsoft Office, Microsoft Project, and SharePoint.**

#5b. Or, will respondents be able to present both professional services and software to meet your objectives?

**Vendors are free to propose professional services and software to meet the objectives of the RFP.**

6. If we propose a software solution for your new PMO, are there any reasons that you would not want to consider a software solution that would be delivered as a Software As A Service (SaaS) offering that would reduce the cost and provide for a more rapid implementation vs. an on-premise implementation?

**Please see the response to Question 5b.**

7. Approximately how many users would you anticipate would utilize a new PMO system?

**For this project alone, anticipate 20 users.**

8. Page 7 (Section 2.1):

#8a. What is the expected timeline for the MMIS?

**Originally, it was scheduled to begin on July 1, 2012 but will now most likely begin in Q3 or possibly Q4 of 2012. PMO and IV&V work is expected to start shortly before the start of the MMIS takeover work.**

#8b. When do you expect the IV&V work to commence in relationship to the MMIS work?

**Please see the answer to Question #8a.**

#8c. Similarly, what are the expected timelines for the Eligibility and HIX projects?

**The PMO work for the HIX/IES project is expected to start immediately after the signing of the contract, which will be in the April to June 2012 timeframe. The IV&V project work is expected to begin shortly before the start of work by the successful HIX/IES implementation vendor. It is anticipated that work will begin in the June to September 2012 timeframe and continue to December 31, 2015.**

9. Page 9 (Section 2.2): How far into the HIX/IES procurement process is Rhode Island and is the effort on schedule?

**An RFP is due out soon. There is a Phase 1 rollout deadline of Oct. 1, 2013.**

10. Page 12, Section 3.1

#10a. Page 12, Section 3.1 states that EOHHS is seeking IV&V services for the MMIS Project and *potentially* for the EOHHS components of the HIX/IES technology program; page 23, Section 3.3.4 states that IV&V services *will* include the HIX/IES project for the EOHHS components of the HIX/IES development and implementation. (*emphasis added*) Please clarify whether IV&V services for the HIX/IES project are to be budgeted as part of Task 4 or this is considered an optional service under Task 5.

**The word “potentially,” on p. 12 of the RFP should be stricken. The operable statement is the one you quoted from Section 3.3.4.**

#10b. If the services are to be provided, would you please provide more information on what the HIX/IES IV&V work entails?

**The IV&V vendor will assist the state in EOHHS-led projects, including IES Eligibility Verification, IES MAGI Eligibility, Account/Case Management, Notifications, Navigator Management, and Reporting. EOHHS also has strong interest in several Exchange-led projects such as Pre-screen and General Information; Application, Registration, & Intake; Plan Presentation & Selection; User Administration; and Plan Management. EOHHS will work with DHS to migrate the legacy InRhodes eligibility system to the new IES functionality. All will require some degree of IV&V assistance.**

11. Page 14 (Activity 3.3.1.3): In the first sentence of the first paragraph, the bidder is instructed to provide monthly status reports. PMO activity #6 in Appendix D indicates

that status reports are to be provided on a bi-weekly basis. Please clarify the desired frequency of status reports.

**Monthly status reports are fine, though the State reserves the right to request more frequent status reports if conditions warrant.**

12. Page 23, Section 3.3.4: The RFP states that EOHHS will provide space for one IV&V project manager. Can an additional space be made available at EOHHS offices for other IV&V team member(s) as needed?

**Temporary space is available when additional team members visit Cranston. If one vendor is selected for both PMO and IV&V, there would be a total of 3 spaces provided.**

13. Page 23, Section 3.3.4:

#13a. Does EOHHS have available conference room space to conduct meetings related to this project?

**The State has conference rooms available to meet. Peak meeting periods may occur when space is not available, but there are conference rooms in other buildings on the Cranston Pastore Campus.**

#13b. Does the IV&V project team have any responsibility to provide meeting space?

**No.**

14. Page 23 (second and third bullet down from the top of the page) and page 48, Appendix E (verification activities #8 and #9):

#14a. Who has primary responsibility for User Acceptance Testing and for automated testing?

**The implementation vendor has primary responsibility. The State expects the contractor to perform the activities stated on page 23.**

#14b. Is the IV&V contractor augmenting the vendor/State testing effort or is the State looking for the IV&V contractor to conduct independent testing?

**The contractor is augmenting the vendor/State testing effort.**

15. Page 23 (fourth bullet down from the top of the page) and page 49, Appendix F, #4 lists two deliverables: Training Plan and Training Materials. Please confirm that the IV&V contractor is *validating* these deliverables, not producing these documents for submission to the State.

**The IV&V contractor is validating the deliverables of the implementation vendor, not producing the documents for submission to the State.**

16. Page 24, Activity 3.3.4.1. Please clarify whether there are specific tasks and deliverables required for this activity. It is not clear where this fits in or if all the previous IV&V work requirements are considered to be "Quality Assurance/Oversight" (e.g., Section 4.3 lists an "IV&V QA Project Manager").

**The RFP states "The vendor shall provide quality assurance monitoring and contractor oversight for the systems build and implementation." From an IV&V**

**perspective, the State expects written reports assessing the plans and performance of the implementation vendor in the system build and implementation. Note this covers the planned work and an assessment of the work in progress, to allow the State to make mid-course IV&V corrections.**

17. Page 31, Section 4.5.2: What is EOHHS' anticipated start date for the IV&V and PMO services?

**Please see the answer to Question #8a for the answers applying to the MMIS project. Similarly, please see the answer to Question #8c for answers on the HIX/IES project.**

18. Page 44, Appendix C: Costs for Task 4 are not broken out by months. How many months should we plan for IV&V services?

**For the MMIS project, please provide two costs for 13 months and 24 months for both the PMO and IV&V. For the HIX/IES project, please provide costs for starts delineated in Question #8c and running to December 31, 2015, which is the end of Phase 2.**

19. Page 47, Appendix E, #4 references "an agreed incident management procedure and tool." Who is responsible for providing this tool?

**The State expects the vendor to recommend and provide the tool, with the State approving the proposed tool beforehand.**

20. Page 49, Appendix F, #6: Does EOHHS have an agreement with CMS to conduct the certification review prior to the six-month timeline required for new Medicaid Management Information Systems to be in production?

**EOHHS does not now have a certification review arrangement with CMS. When the time approaches, the State will work with CMS to set up an on-site certification visit.**

21. Appendix E and Appendix F: Are there any deliverables associated with the HIX/IES IV&V tasks?

**Vendors should insert the phrase "Fiscal Agent & HIX/IES implementation vendor" where "Fiscal Agent" or "FA" now appears in Appendices E and F, except if the wording makes it crystal clear that the functionality only applies to MMIS. The same IV&V deliverables are expected for both the MMIS and the HIX/IES projects.**

22. General Question: What is the status of other initiatives that impact the MMIS, IES, and HIX systems, such as the ICD-10 implementation? How will these separate initiatives impact this project?

**Please see the MMIS RFP supplied in the Bidders Library for ongoing MMIS projects such as the ICD-10. The HIX/IES is a new application and thus does not face the same continuous changes as the MMIS. However, there will be HIX/IES system integration challenges due to the need for data exchanges between a variety of data sources and data destinations. It should be noted the HIX/IES project also covers a broad range of stakeholders.**

23. General Question: If additional RFP(s) are issued to provide IV&V for the State's Health Insurance Exchange, will the selected contractor(s) for this project be eligible to propose?

**Yes. The vendor and the State will take needed precautions to allow a future bid by the selected contractor. However, the State will conduct its normal open RFP bidding process to encourage participation by all qualified vendors.**

24. General Question: Are Rhode Island-specific IT infrastructure guidelines available?

**Please see the MMIS RFP supplied in the Bidders Library for MMIS IT infrastructure. The HIX/IES will be a new system, so no IT infrastructure guidelines are available.**

25. General Questions.

#25a. Are federal funds being used to fund this RFP?

**Yes.**

#25b. Or is this a Rhode Island state budgeted project?

**Generally speaking, Phase 1 implementation is funded 100% by the federal government. Phase 2 implementation is funded 90% by the federal government and 10% by the State.**

#25c. Are certain Tasks federally funded but not others?

**Please see the answer to Question #25b.**

26. Can PMO vendors submit to specific Project Tasks, such as just Project Task 1, but not the other PMO vendor related items (i.e. Project Task 2 and 3).

**Please see the answer to Question #4.**

27. Will preference be given to those vendors who submit proposals for all listed Project Tasks?

**Based on the proposals submitted and whether a vendor presents compelling logic supporting or against the integration of PMO and IV&V task work, the review team will determine whether to give preference to a single vendor or multiple vendors for these two categories in the best interests of the State.**

28. Two Questions.

#28a. In the Staffing Requirements section the Project Director/Manager is required to be on-site for a preponderance of EOHHS work days, is the expectation 5 days a week for the contract term?

**If the Project Director/Manager can demonstrate he/she is able to fulfill the RFP work requirements at less than 5 on-site days per week, it will be acceptable assuming the State approves in advance.**

#28b. If the Project Director/Manager was a group of personnel would they be expected to be on-site as well?

**Please see the answer to Question #28a.**

29. Was an RFI issued for any aspect of this work in the past? And if so can that information be made available?

**Yes. An RFI was issued for eligibility systems on August 18, 2011. Please see attached RFI # 7448975 included in the posting with this question/answer document.**

30. Is there a particular reason why the PMO, Medicaid MMIS, HIX/IES, and IV&V portions of this RFP are not their own separate RFPs?

**The combined RFP was constructed to take advantage of the roughly parallel schedules of the MMIS and the HIX/IES projects that both required the services of a PMO and IV&V vendor(s).**

31. Are vendors currently engaged in work on the state's HIX/IES project eligible to bid on both the PMO and IV&V portions of this solicitation?

**Yes.**

32. Section 1. The document indicates that there is a bond required for this bid but there is no reference in the remainder of the document to the size of the bond. Is there a bond required for this bid and if so, what is the required percentage of the bid total? Should the percentage be calculated against the 13 month or the 24 month price? Will the state require that the bond amount be increased if it is calculated against the 13 month price and the project duration is decided to be 24 months? Conversely, if calculated against the 24 month price and the project is decided to be 13 months, will the state allow the vendor to withdraw the submitted bond and submit one with a lower bond amount?

**Please see the answer to Question #3.**

33. Cover Page. Please elaborate on the Bond requirement?

**Please see the answer to Question #3.**

34. Cover Page. The proposal due date falls on Washington's Birthday, a holiday observed by most public and private sector entities. Will the State amend the due date to Tuesday February 21, 2012 at 4pm?

**The submission date is extended to February 22, 2012 at 11:30AM.**

35. Section 3.3.1.1, p. 13. This section references the contractor submitting an initial work breakdown structure and schedule in Microsoft Project, is this due upon contract signing and kickoff or as part of this response?

**The State expects the initial work breakdown structure and schedule in Microsoft Project to be due after contract signing and kickoff. However this does not preclude the vendor from submitting high-level work plans with their proposals.**

36. Section 3.3.1.2, p. 14. This section states that "the bidder's proposed key staff must be available and located with the RI project staff during the project on a full-time basis." Later in section 5.2.2 a request is made for "resumes and references for all proposed full-time and key staff". Is there a difference between full-time staff and key staff? Please define the term "key staff".

**For IV&V, the IV&V QA Project Manager is the key staff person. For PMO, the key staff people shall be the Project Director/Manager and a full-time combination of a Senior Systems Analyst and Senior Business Analyst.**

37. Section 3.3.2.4, p. 17. Please confirm whether the minimum 15 months to maximum 24 months duration listed for MMIS PMO services includes support for CMS certification of enhancements or a new FA MMIS system.

**Please see Item #3 on page 8 of the RFP for an answer, stating “The core transition MMIS system will require CMS re-certification if a new vendor becomes the Fiscal Agent.”**

38. Section 3.3.3.4, p. 20. Can the State please provide further detail on the role the PMO contractor will play with DHS and the Ford Foundation Grant effort to support change management activities resulting from the HIX/IES project, and how that relationship will be facilitated by EOHHS?

**The HIX/IES project will intersect with the functionality required during the migration of functionality from the legacy InRhodes eligibility system to the new IES. The Ford Foundation grant is planned to leverage the eligibility migration to the IES. Initial planning is now underway, but there are no firm details now available to fully answer the question. EOHHS is committed to working collaboratively with DHS to accomplish the needs of the agency and the Secretariat.**

39. Section 3.3.4, p. 23. Task 4 middle of page states “IV&V services will include the HIX/IES project for the EOHHS components of the HIX/IES development and implementation.” The section is silent on a similar requirement for MMIS. Is that an oversight?

**Please see Appendices E & F for explicit items addressing IV&V for the MMIS, as well as references throughout the project. The RFP requires IV&V for the MMIS.**

40. Section 3.3.6, Appendix C, p. 24, 44. Does the statement in the RFP and on the cost bid “The total dollar amount of optional tasks will not exceed 10% of the total contracted costs” refer to only IV&V or both IV&V and PMO costs?

**If one vendor does both the IV&V and the PMO, it refers to 10% of the total contract. If one vendor does IV&V and another vendor does PMO, each vendor may conceivably garner an additional 10% of monies of their respective contracts.**

41. Section 4.2, p. 27. The second bullet of this paragraph states that the Project Director/Manager “must be on-site in the EOHHS facility in Cranston, Rhode Island for a preponderance of EOHHS business working days.” Please confirm that the Project Director/Manager is required to be on-site full time in Cranston, Rhode Island.

**Please see the answer to Question #28a.**

42. Section 5.1, p. 33. Are one original and 8 copies, plus 2 electronic copies, required for both the technical and cost proposals?

**Yes.**

43. Section 5.1, p. 34. Is the signed RIVIP form to be submitted with both the technical and cost proposals, or only the technical proposal?

**Only one RIVIP form is required with the proposal submission for this RFP.**

44. Section 5.2, p. 35. Section 5.2 Technical Proposal states “the sum total of pages in the Technical Proposal shall not exceed 30 pages, with the exception of resumes and project plans.” P.4 Section 1 Introduction 3rd paragraph states “(t) he State seeks vendors who will bid on both the PMO and IV&V sections of the RFP, as well as vendors who wish to bid separately on the PMO or IV&V sections of work delineated in this RFP”. These two sections taken together create an uneven playing field between vendors who choose to bid on both PMO and IV&V functions and those vendors who chose to bid only one function. That is because a vendor has 30 pages to describe its PMO offering if that is all they bid but a vendor bidding both functions has only 15 pages or some number less than 30 pages to describe its PMO, in order to accommodate its description of its IV&V offering. We are requesting the State amend the RFP to allow vendors up to 60 pages of content, not including resumes and project plans, if the vendor is bidding both PMO and IV&V. Alternatively, we are requesting the State limit vendors bidding one or the other function to a maximum of 15 pages.

**The State amends the RFP to allow vendors up to 50 pages of content, not including resumes and project plans, if the vendor is bidding both PMO and IV&V.**

45. Section 5.2.3, p. 36. This section states “resumes and references for all proposed full-time and key staff should be included.”

#45a. Are you asking that each personnel should include a reference in addition to the three corporate references?

**Yes.**

#45b. If so, how many references are you looking for per person?

**At least three would be preferred.**

46. Section 5.2.3, p. 36. This section states that the vendor should include a project organization chart. Additionally, Section 5.2.4 states that a vendor should include a description of how vendor staff or subcontracts will be organized and supervised including an organizational chart. Could you please confirm that indeed the organizational chart should be presented into these two sections? Are you looking for an organizational chart specific to each task in section 5.2.3 and the overall chart in 5.2.4?

**One project organization chart from the vendor is required. The wording of Section 5.2.3 is more descriptive, so vendors should utilize its logic to fulfill the RFP’s need.**

47. Appendix B, p. 43. This section states that if a vendor partners with a subcontractor, then their qualifications and resumes are required in this section.

#47a. Please confirm that a vendor shouldn’t include the subcontractor qualifications in the Relevant Experience and Expertise section?

**Please see Section 5.2.3, Bullet #4 for the RFP’s request for subcontractor qualifications. The Subcontractor qualifications should be placed in Section 5.2.2, Relevant Experience and Expertise.**

#47b. Could you confirm that the subcontractor resumes are to be included in this section of the technical proposal, or as an attachment?

**Subcontractor resumes may be provided as an attachment. The resume page count does not figure in the maximum number of pages to be provided by the vendor.**

48. Appendix B, p. 44.

#48a. Please confirm that for the proposed vendor you are asking for percentage of FTEs and that for the subcontractor you are asking for number of hours?

**Yes. Appendix B, Table 1 (for Proposed Staff for Tasks 1-4) is based on full-time equivalent employees, so the % in effect yields the hours per year. Appendix B Table 2 (for Proposed Subcontractors for Tasks 1-4) does not assume an FTE and asks for hours instead of percentages. However, if the vendor proposes part-time, non-full time equivalent personnel, the State expects the vendor to note those facts in the proposal.**

#48b. So for the proposed vendor you're asking, by person, for percentage of the person's hours for the year that they will be assigned to this project?

**Yes. Please see the answer to Question #48a.**

#48c. And for subcontractors you are only asking for the number of specific hours?

**Yes.**

49. Appendix C, p. 44. There are two columns for Task 2 (which is understandable) but one total column. May we add a column showing a total with 15 months and a total with 24 months?

**Yes.**

50. Appendix C, p. 44. Can you please clarify what should fall under "Tasks" and what should fall under "Other Direct Costs"?

**Other Direct Costs may include software purchases and licenses. This would include any costs not attributable to Tasks #1-4.**

51. No Section. What software would the State like used for UAT testing and for Change Management?

**The State has no standard at this time and is open to suggestions by the vendor. However, the State will approve the software proposed. For guidance, the State is interested in software that can be utilized with the existing State software infrastructure without requiring additional purchase and licensing fees, though the State will consider proposals by the vendor(s). The State now uses standard software such as Microsoft Office, Microsoft Project, and Visio.**

52. No Section. Will the requirements matrix be supplied by IBM Rational Requisite Pro?

**Please see the answer to Question #51.**

53. No Section. When does Rhode Island anticipate awarding a contract resulting from this RFP? What other estimations can be made regarding a potential contract start date?

**Please see the answers to Questions #8a and #8c.**

54. Cover Page. The first page indicates that a bond is required but there is no further language in the body of the RFP. Please verify what type of bond is required and the value of the bond.

**Please see the answer to Question #3.**

55. No Section. For shipping requirement purposes only, could the State provide a contact name and phone number?

**If there are any technical issues, please call the Division of Purchases Help Desk at (401) 574-8100.**

56. P. 1. The RFP requires that questions be submitted by February 3, 2012.

#56a. Could the State provide a date as to when responses would be provided to those questions?

**We expect to have the answers posted by 2/10/2012 or before.**

#56b. If questions are not answered by February 7, 2012, will the State consider extending the submission due date until two weeks after the State has responded to all questions? This would provide vendors adequate time to incorporate responses into the proposals given the number of contradictions found in the RFP?

**The submission date is extended to February 22, 2012 at 11:30AM.**

57. Page 6, Section 1, #14 and pp. 38-39, Section 6.2.4. Item 14 of the RFP states, “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.” Please clarify if it is a State requirement that all contracts include participation by MBE and the level of participation must be 10% or greater or whether it is a goal (desirable) for which inclusion of MBE may be awarded points during evaluation?

**In Section 5.2.2 Relevant Experience and Expertise, MBE participation will be considered by the review team and receive an appropriate weighting of allocated points under this section. Upon a tentative award, the selected vendor[s] will be required to submit an MBE plan to the State’s MBE office for approval. If you have any further questions about the State’s MBE requirements, please contact the MBE Administrator at (401) 574-8253 or visit the website [www.mbe.ri.gov](http://www.mbe.ri.gov) or contact [dorinda.keene@doa.ri.gov](mailto:dorinda.keene@doa.ri.gov)**

58. Page 8, Section 2.1, last paragraph and p. 11, Section 2.2, last paragraph.

#58a. Our understanding from RFP is the scope the State is seeking within this RFP for PMO services includes both the MMIS Project and Medicaid/EOHHS portions of the HIX/IES efforts for Phase 1 and 2.

**That is correct.**

#58b. It is unclear for IV&V services.

**The logic of the answer to Question #58a applies to this question. The State seeks IV&V services for both the MMIS Project and Medicaid/EOHHS portions of the HIX/IES efforts for Phase 1 and 2.**

#58c. Page 8, section 2.1, states IV&V services for MMIS project; page 11, section 2.2 states may decide to seek IV&V services for the Medicaid/EOHHS portions of HIX/IES project; page 12, section 3.1, states for MMIS project and potentially EOHHS components of HIX/IES; page 13, Task 4 states provide IV&V services for MMIS; page 22, section 3.3.4 title is IV&V for MMIS and HIX/IES; page 23, section 3.3.4 states IV&V services will include HIX/IES project for EOHHS components.

**Please see the answer to Question #10a.**

#58d. Please clarify if Task 4 is seeking IV&V services for the MMIS implementation only. Any IV&V services provided for the Medicaid/EOHHS portions of the HIX/IES would be optional as defined for Task 5. If this understanding is not correct, please clarify.

**Please see the answer to Question #10a.**

59. Page 14, Section 3.3.1.2, 2nd bullet and Page 23, Section 3.3.4, 2nd bullet after last paragraph on page. Please clarify if it is the State's intention that the PMO services and IV&V services vendor(s) would provide testing software for use in testing the proposed solutions. If not, please clarify what is required in the form of "test tools".

**The implementation vendors will supply the testing software. In conjunction with the implementation vendors, the PMO and IV&V vendors may have specialized software useful for the guidance and oversight of the testing process.**

60. Page 14, Section 3.3.1.2, 3rd paragraph. The RFP reads, "EOHHS will provide space for one project manager and one technical staff to be co-located with State and other contractor staff." For times where more than two persons must be on-site to support work activities, will the EOHHS provide additional temporary space (for example, conference room)?

**Please see the answer to Question #12.**

61. Page 14, Section 3.3.1.2, 3rd paragraph, 7th bullet and Page 23, Section 3.3.4, 3rd paragraph on page, 7th bullet.

#61a. In the list of materials to be provided by the bidder, physical storage facilities is listed. Please clarify.

**The State does not anticipate any significant physical storage facility burden on the PMO & IV&V vendors. If unforeseen additional physical storage is required and the State cannot supply the space, the vendor will need to provide storage space.**

#61b. Does EOHHS not intend to provide file cabinets as office equipment?

**Please see the answer to Question #61a. Dependent on the available office, furniture, and desks, there may be filing space available in the desks or in bookcases.**

#61c. Is this to be an off-site storage facility or filing cabinets to be used on-site?

**Please see the answer to Question #61a.**

#61d. What project artifacts do you anticipate will need storage?

**The State encourages usage of electronic artifacts that would be stored on a vendor computer. Paper-based test results could potentially be voluminous.**

62. Page 14, Section 3.3.1.2, 3rd paragraph, 9th bullet and Page 24, Section 3.3.4, 3rd paragraph on page, 9th bullet. In the list of materials to be provided by the bidder, shredding of confidential documents is listed. Would use of State-owned shredders or bins located on-site be available or does the State intend for the vendor(s) to contract with a shredding company or vendor to provide a shredding machine installed on-site?

**The vendor can utilize on-site State shredding capabilities.**

63. Page 14, Section 3.3.1.3; Page 22, Section 3.3.4, 4th paragraph. For a listing of deliverables, the RFP identifies Appendix D for PMO services and Appendices E and F for IV&V. Please clarify the State's expectation for PMO and IV&V review of Fiscal Agent prepared deliverables.

**Please see the MMIS RFP found in the Bidders Library.**

64. Page 16, Section 3.3.2.2.

#64a. Under section 3.3.2.2, PMO Services, the RFP states "The successful bidder will be responsible for providing requirements-based independent integration testing services....." It appears Appendix D; page 47 does not include any activities or deliverables for this testing responsibility. Please clarify if the PMO services include this requirement.

**Please utilize the following revised sentence with the following phrase "project management oversight over the vendors" inserted. "The successful bidder will be responsible for project management oversight over the vendors providing requirements-based independent integration testing services covering all application systems under test including interfaces to other RI systems."**

#64b. If it is included as a PMO service requirement, please clarify how it differs from IV&V Verification activities, page 48, Appendix F, #8 and #9.

**Please see the answer to Question #64a.**

65. Page 17, Section 3.3.2.3, 6th bullet and Page 45/46, Appendix D. The RFP states "The PMO vendor shall perform technical assessments to identify vendor solutions to hardware and software system problems." Please clarify which deliverable in Appendix D corresponds to this requirement.

**Appendix D, Items # 5 and #9.**

66. Page 17, Section 3.3.2.4 and Page 21, Section 3.3.3.7. Please verify the following understanding is correct. The duration of the PMO services for the MMIS Project could be 15 or 24 months. The duration of the PMO services for the Medicaid/EOHHS portion of the HIX/IES project would continue from contract start through December 31, 2015. If this understanding is not correct, please provide a specific timeline for PMO and IV&V services.

**Please see the answer to Question #8c.**

67. Page 18, Section 3.3.2.4, last paragraph of section. The RFP reads, “Certification of the core MMIS will depend on whether or not the incumbent is the successful bidder. The State anticipates the certification will occur as close as possible to the production go-live deployment time, but PMO work after the go-live production date may be necessary.” Please provide guidance for how the costs for any additional work after the go-live production date should be reflected in the cost proposal. Typically, CMS requires a six-month operational period before a certification visit.

**All vendors must plan for time extending beyond the rollout date in order to support the State’s certification efforts, should a new Fiscal Agent vendor be the successful vendor.**

68. Page 20, Section 3.3.3.4, last paragraph. The RFP reads, “Participation in the Department of Human Services’ Ford Foundation Grant effort will also be required under this task.” Please describe what this Ford Foundation Grant is for and what specific responsibilities the PMO vendor will undertake.

**Please see the document filename “Ford Foundation Work Support Strategies Grant.pdf” posted in conjunction with the answers to these questions.**

69. Page 21, Section 3.3.3.5, first paragraph, second sentence. Please describe what Rite Share reports are.

**A brief description of Rite Share’s purpose sheds light on the nature of reports needed. Rite Share is Rhode Island’s Premium Assistance Program that helps families obtain or maintain health insurance through their employer. Rite Share will pay for some or all of the employee’s share of their health premium, if it’s cost effective for the state.**

70. Page 21, Section 3.3.3.7; Page 31, Section 4.5.4.3. Please verify the start and end dates for the project that should be assumed in preparation of the proposals. The RFP in 3.3.3.7 states “Any configurations to the HIX/IES system for Medicaid-specific functionality, including MAGI and non-MAGI eligibility must be completed by December 31, 2015, and it is expected that project management for this Task will be completed by this date. However, text in 4.5.4.3 states “The bidder shall propose a deliverable schedule and dollar amount in their response to the RFP. Due to the variability of the MMIS project duration ranging from 18 to 24 months (Task 2) and up to 3 years 9 months (Task 3)...”

**Please see the answer to Question #8c.**

71. Page 22, Section 3.3.1.3; Page 22, Section 3.3.4, 4th paragraph. For a listing of deliverables, the RFP identifies Appendix D for PMO services and Appendices E and F for IV&V. Appendix D, Page 46 for PMO identifies the deliverable for Activity #8 as “Review key FA Project Management Deliverables”. There does not appear to be a deliverable in Appendix D, E, or F related to review of the remaining FA deliverables that are not project management related. Please clarify the State’s expectation for PMO services and IV&V services as it relates to review of Fiscal Agent prepared deliverables.

**Please see Appendix D, Items 2, 7, and 8 for specific mention of the FA/implementation vendor. Review of the FA/implementation vendor’s work is strongly implied in Appendix D, Item 5.**

See Appendix E, Items 3, 8, and 14 for specific mention of the FA/implementation vendor. Review of the FA/implementation vendor's work is strongly implied in Appendix E, Items 5, 6, 9, 11, 12, and 13.

**Review of the FA/implementation vendor's work is strongly implied in Appendix F, Items 2, 4, and 6.**

72. Page 22, Section 3.3.4

#72a. Please verify the following understanding is correct. The duration of the IV&V services for the MMIS Project could be 15 or 24 months.

**The enhancement duration range is 13-15 months, so the duration could be 13, 15, or 24 months. Use the 15 month duration for the Cost Proposal as shown in Appendix C.**

#72b. Please clarify whether IV&V services for the Medicaid/EOHHS portion of the HIX/IES project are included in Task 4 and if so, the associated timeline or are they all optional and considered Task 5.

**Please see the answer to Question #8c.**

73. Page 23, Section 3.3.4, 2nd and 3rd bullets on page. For IV&V validation services, the RFP states "Development of a User Acceptance Test (UAT) validation strategy to define and support the validation efforts and directing development and execution of UAT test artifacts by business personnel". Please clarify which activity/deliverable on Page 49, Appendix F relates to these requirements.

**Appendix E, Item 7 and Appendix F, Item 3.**

74. Page 23, Section 3.3.4, 4th bullet on page. The RFP states the IV&V services include, "Support for the development and implementation of training in the use of the new system, as well as attendant policies, processes and procedures."

#74a. Please clarify if this is a requirement of the IV&V vendor or whether the FA vendor is responsible for developing and delivering training in use of the new system.

**The Fiscal Agent is responsible for the development and implementation of training for the new system.**

#74b. If it's the FA vendor's responsibility, clarify if IV&V responsibilities related to training materials and training are for review of deliverables and training execution.

**Yes, the IV&V responsibilities are for the review of deliverables and training.**

75. Page 24, Section 3.3.4.1. The RFP states the IV&V services include "The vendor shall provide quality assurance monitoring and contractor oversight for the systems build and implementation." Please clarify which systems build this requirement is referring to: MMIS and/or HIX/IES (and which Phases 1 and/or 2 and/or 3)?

**The IV&V "Quality assurance monitoring and contractor oversight for the systems build and implementation" is for the MMIS project and for HIX/IES project Phases 1 and 2. The IV&V work will not include HIX/IES Phase 3 work.**

76. Page 25, Section 3.3.6, #2. The RFP reads, “The total dollar amount of optional tasks will not exceed 10% in aggregate of the total contract costs for the IV&V Services section of this RFP.” Please verify if the following understanding is correct.

**The optional tasks cannot exceed 10% of the total contract cost whether its for PMO only, IV&V only, or combined PMO and IV&V.**

Total costs for the optional tasks could not exceed 10% of the total value of IV&V services for the 15- or 24-month timeframe of the MMIS Project. If the State chose to implement IV&V services for the Medicaid/EOHHS portion of the HIX/IES, it could continue from the start of those services through December 2015. The cost of those services could not exceed 10% of the total value of the IV&V services for the MMIS Project. If this understanding is not correct, please clarify. It appears the State is significantly limiting the level of IV&V services that would be provided for HIX/IES work based on this limitation.

**Please see the answer to Question #8c for timing. The cost of Optional Services cannot exceed 10% of the total value of the IV&V contract.**

77. Page 27, Section 4.2. The RFP reads, “Systems Analyst(s) – Requires a technologist familiar with hardware, network infrastructure, legacy systems, and software with a minimum of eight (8) years’ experience in large-scale government system implementations and at least three (3) years’ experience in another area specific to the contract tasks, such as QA/IV&V, EOHHS PMO & IV&V for MMIS Project Management, MMIS, or Human Service Eligibility Systems, for a total of six (6) years’ experience overall.” Please clarify. Is the experience requirement for a total of 11 (8+3), 6 years, or other?

**To clarify the Systems Analyst text, break the numbers into two sections with rewording in the second section: 1.) a technologist familiar with hardware, network infrastructure, legacy systems, and software with a minimum of eight (8) years’ experience in large-scale government system implementations and 2.) a technologist with at least (6) years’ experience in areas specific to the contract tasks specified in the RFP.**

78. Page 31, Section 4.5.4.3. What are the timeframes for deliverable approvals from the EOHHS Project Manager? Typical timeframes are a 10-day review period and, if not approved, a five-day turnaround to correct defects followed by a three-day approval period.

**Rhode Island will utilize the deliverable approval timeframes suggested: a 10-day review period and, if not approved, a five-day turnaround to correct defects followed by a three-day approval period.**

79. Page 32, Section 4.5.4.4. The RFP states “Any payment due under the terms of the contract resulting from this RFP may be withheld until all applicable deliverables and invoices have been accepted and approved by EOHHS.” Please clarify the intent of this statement and what it means. Please define “applicable deliverables”.

**The applicable deliverables are documented in Appendices D, E, and F. They are intended to accompany the requirements appearing elsewhere in the RFP.**

80. Page 35, Section 5.2. The State has requested an extraordinary amount of information and limited bidder's to only 30 pages. Would the State consider increasing the page limitation?

**Please see the answer to Question 44.**

81. Page 35, Section 5.2. Are the following included in the page limitation: transmittal letter, RIVIP certification form, table of contents, list of exhibits, graphics, and exhibits?

**Graphics and exhibits accompanying the text are included in the page limit, but the transmittal letter, RIVIP certification form and Table of Contents are excluded.**

82. Page 35/36, Section 5.5.2, 4th bullet.

#82a. The required references appear to be corporate references and not for specific individuals that have been proposed. Is this interpretation correct?

**No, please see the answers to Questions 36 and 45.**

#82b. If not, how many references are required for each proposed staff member?

**Please see the answer to Question #45.**

83. Page 36/37, Sections 5.2.3 and 5.2.4.

Both sections require an organizational chart. Is there a difference between the two requirements?

**Please see the answer to Question #46.**

Would it be acceptable, given the page limitation, to provide the chart in response to 5.2.3 and reference it in response to 5.2.4?

**Please see the answer to Question #46.**

84. Page 36/37, Section 5.2.4, 1st paragraph. RFP states, "Attachment A should be completed in support of this section." There is no Attachment A. Appendix A provides a list of information in the procurement library. Should this reference be Appendix B?

**Yes.**

85. Page 37, Section 5.3, 1st bullet. The RFP indicates that the table from Attachment B should be included. There is no Attachment B. Should this be tables from Appendix C?

**Yes.**

86. Page 37, Section 5.3, last 1st level bullet. The RFP indicates the vendor should provide variable prices for a 13- to 24-month timeframe for Tasks 1 and 2. Appendix C, Page has columns for variable costs for Task 2 only. Please clarify.

**Please also see the answer to Question #49.**

87. Page 37, Section 5.3, cost proposal, 4th bullet.

#87a. Typically, CMS requires a six-month operational period prior to a certification visit. Do the 15- and 24- months include this six-month period?

**No.**

#87b. If not, should it be included?

**Please see the answer to Question #20.**

88. Page 38, Section 6.

#88a. While the RFP provides the option for vendors to bid PMO and IV&V services OR just PMO services OR just IV&V services, the evaluation and award process described does not address the process for completing evaluation and award if the State receives all three variations of proposals. Please describe the technical evaluation process, points on PMO services only, points on IV&V services only for each of the evaluation categories.

**The State will group the bids in three categories: PMO solo, IV&V solo, and PMO + IV&V combination. The first two groups will be scored on their respective proposals for PMO and IV&V. The combination PMO + IV&V will receive two scores – one for PMO and one for IV&V with the two scores averaged. All vendors will be scored as shown in the technical criteria of Section 6.2. From the combination vendor’s proposal, the State will also assess if there is significant added value provided by a combination vendor vs. two solo vendors. Similarly, the State will assess the logic put forth by the PMO-solo and the IV&V-solo vendors, to assess if the State is better served by two vendors instead of one.**

#88b. In addition, please describe how cost is evaluated and points distributed on each option and how final award is determined.

**Please see the answer to Question #88a.**

89. Page 43, Appendix C, Cost Proposal. On page 37, the timeframes for Task 2 are 13- or 24-months; on page 31 (4.5.4.3) the timeframes are 18- or 24-months; yet in the cost proposal form, the timeframes are for 15- or 24-months. Which is correct?

**13 months is the minimum amount of time allotted to the enhancement work. Page 31 should be changed to read 13 to 24 months. Appendix C will use the 15 month timeframe as shown on the page.**

90. Page 43, Appendix C, Cost Proposal. Please clarify why Task 4 would not require calculation of costs based on the variable 15- or 24-months (or other timeframe). Based on the RFP, it would appear that IV&V services for the MMIS would be dependent on the same two variable timeframes that would apply to the PMO services for MMIS.

**You are correct. For all vendors, please use the 15/24 month timeframe for Task 4 in the Cost Proposal.**

91. Page 48, Appendix E, #8 and #9. Section 3.3.4, IV&V services does not address these activities as requirements, yet Activity 3.3.2.2 Page 16 PMO Services does. Please clarify if this is a PMO service and/or an IV&V service.

**Appendix E, #8 and #9 are correct. Please see the answer to Question #64.**

92. Page 48, Appendix E, #11. The description for #11 addresses IV&V submittal of deliverables yet the activity is titled “Deliverable Review” and the deliverable is “Review Comments”. Please clarify what the deliverable is based on, what is being reviewed, and what the detailed description should be.

**Appendix E, Item #11 Detailed Description is revised to say “Review implementation vendor and IV&V vendor project deliverables and participate in deliverable review meetings for the project.” The Deliverable is revised to say “Provide written feedback on implementation vendor and IV&V vendor deliverables.”**

93. Page 49, Appendix F, #4. The deliverables indicated are Training Plan and Training Materials. Please clarify if this is a review and comment on the FA vendor developed plan and materials or whether it is required that the IV&V vendor develop the plan and materials.

**Appendix F, Item #4 Detailed Description is revised to say “Provide EOHHS with a review of the training plan and actual progress in preparation for the use and operation of the MMIS system and the enhancements. The Deliverable is revised to say “Training Plan Review” and “Training Materials Review.”**

94. Cover Page. The RFP states: “Bond Requirement – Yes.”

#94a. What are the details of the bond requirement?

**Please see the response to Question 3.**

#94b. (i.e., When is it due?)

**Please see the response to Question 3.**

#94c. What is the amount?)

**Please see the response to Question 3.**

95. Section 5.1 The Required Proposal, p. 34. The RFP states “Please submit all paper copies of the technical proposal double sided.” Does the 30-page limit refer to physical or sequential pages? (i.e., 30 physical double-sided pages = 60 sequential pages; or 30 sequential pages = 15 double-sided physical pages)

**It refers to the number of printed pages, so it’s 15 double-sided physical pages or 30 single sided physical pages. Please also see the answer to Question #44.**

96. 3.1 Procurement Objective pg. 12 5.2 Technical Proposal, p. 35. The RFP states: “The State seeks vendors who will bid on both the PMO and IV&V sections of the RFP, as well as vendors who wish to bid separately on the PMO or IV&V sections of work delineated in the RFP.” Is the 30-page technical proposal limit applicable to both the PMO and IV&V services combined or for each service separately?

**Please see the answer to Question #44.**

97. General. Monday, February 20 is President’s day. Is this a holiday for the State? If so, will delivery instructions be affected?

**The submission date is extended to February 22, 2012 at 11:30AM.**



**Solicitation Information**  
*August 18, 2011*

**RFI # 7448975**

**TITLE: UPGRADE ELIGIBILITY SYSTEM – DHS**

**Submission Deadline: Thursday, September 15, 2011 at 11:00 AM (ET)**

Questions concerning this solicitation must be received by the Division of Purchases at [questions@purchasing.ri.gov](mailto:questions@purchasing.ri.gov) no later than **September 1, 2011 @ 12:00 Noon**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFI # 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**

**Jerome D. Moynihan, C.P.M., CPPO**  
**Administrator of Purchasing Systems**

Vendors must register on-line at the State Purchasing Website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov)

**THIS PAGE IS NOT A BIDDER CERTIFICATION FORM**

The State of Rhode Island, Department of Administration/Division of Purchases on behalf of the Rhode Island Department of Human Services is soliciting responses from qualified entities to explore the implementation of a new eligibility system.

**This is a Request for Information (RFI). No award will be made as a result of this solicitation.**

**INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:**

- Potential respondents 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.
- Alternative approaches and/or methodologies to accomplish the desired or intended results of this request are solicited.
- 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 offeror. The State assumes no responsibility for these costs.
- Responses 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.
- All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
- Responses 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 may not be considered. The “Official” time clock is in the reception area of the Division of Purchases.
- In accordance with Title 7, Chapter 1.1 of the General Laws of Rhode Island, no foreign corporation 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 will not be a requirement of the successful bidder, as no award will be made as a result of this RFI.
- As no award will be made from this Request for Information, responses WILL NOT be in the public domain.

- The State of Rhode Island has a goal of **ten percent (10%)** participation by MBE's in all State procurements. For further information, visit the web site [www.mbe.ri.gov](http://www.mbe.ri.gov). To speak with an M.B.E. Officer, call (401) 574-8253.
- Interested parties are instructed to peruse the Division of Purchases web site on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFI.
- **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 in all areas where the state dollar is spent, in employment, public service, grants and financial assistance, and in state licensing and regulation. For further information, contact the Rhode Island Equal Employment Opportunity Office, at 222-3090

## **Request for Information**

### REQUIREMENTS AND DEADLINES FOR QUESTIONS AND RESPONSES

This RFI outlines the type of information being solicited from potential respondents and includes guidelines for content and format of responses.

All questions regarding this RFI must be in written form, pursuant to the terms & conditions expressed on page one of this solicitation.

Respondents desiring to reply to this RFI must do so, in writing, providing one (1) original and **ten (10)** complete copies by the date & time indicated on page one of this solicitation. Submit responses to this RFI, marked **“RFI # 7448975, UPGRADE ELIGIBILITY SYSTEM - DHS”** to:

RI Department of Administration  
 Division of Purchases, 2<sup>nd</sup> Floor  
 One Capitol Hill  
 Providence, RI 02908-5855

Note:

*Responses received after the above-referenced due date and time may not be considered. Responses misdirected to other State locations or which otherwise not presented in the Division of Purchases by the scheduled due date and time will be determined to be late and may not be considered. Responses faxed or emailed, to the Division of Purchases will not be considered. The “official” time clock for this solicitation is located in the Reception Area of the Department of Administration/Division of Purchases, One Capitol Hill, Providence, RI.*

## **Introduction**

The Patient Protection and Affordable Care Act of 2010 (hereinafter, the ACA) provides for the creation of a state-based Health Insurance Exchange (Exchange) that will allow consumers to access and evaluate health insurance coverage options from commercial insurers, determine eligibility for federal subsidies, and enroll in health insurance coverage of their choice. State-based health insurance Exchanges must be certified by the federal government in January 2013 and able to determine eligibility and enroll individuals in coverage by October 2013. To plan for and implement an Exchange in Rhode Island, the state (1) received a \$1 million planning grant in September 2010 to develop a business plan for the Exchange, (2) received Level One Exchange Establishment funding in May 2011 to begin implementing a state-based Exchange; and (3) submitted an Implementation Advanced Planning Document (IAPD) to obtain the Centers for Medicare and Medicaid Services' (CMS) approval and enhanced federal financial participation (FFP) to replace its existing eligibility system. The new eligibility system will support the needs of Rhode Island to implement the ACA and realize its vision of making health coverage and health insurance easily accessible to all Rhode Islanders.

This new eligibility system is a significant component of Rhode Island's overall information technology (IT) strategy to meet the requirements of the ACA. By October 2013, the eligibility system will provide the new Modified Adjusted Gross Income (MAGI) rules for determining an applicant's eligibility for Medicaid, CHIP, the Basic Health Plan (BHP) should the state determine to establish one, and premium subsidies available through the Exchange. The rest of Medicaid eligibility determination will be incorporated by December 2015, with determination for other State human service programs incorporated soon thereafter, ultimately leading Rhode Island to have a single comprehensive and robust eligibility system.

## **Purpose of this Request for Information**

This Request for Information (RFI) is being issued to solicit specific information from interested vendors with respect to Medicaid eligibility systems. The Rhode Island Executive Office of Health and Human Services (EOHHS) will use findings generated by this RFI in conjunction with other available information to determine the solution that best serves the interests of Rhode Island. Additionally, the State intends to use this RFI as a basis for selecting vendors to present and demonstrate their eligibility systems to key State stakeholders.

This RFI is specifically seeking to discover technical/architectural information about how an eligibility system would be implemented and how it would function. Rhode Island EOHHS is further interested in information relating to deployed and soon-to-be-deployed Medicaid technologies and systems that have been or will be used by other states. DHS is specifically interested in vendor solutions that advance the MITA maturity and CMS compliance of eligibility systems, especially with regard to real-time eligibility determination using service oriented architecture (SOA).

The intended audience for this RFI is companies that plan to implement and/or operate Medicaid eligibility systems on behalf of states. Rhode Island DHS is seeking information primarily from vendors that are or have been the prime contractor in implementing a state Medicaid or CHIP eligibility system, either as a separate application or as a component of the State's social

programs eligibility systems, within the last five years (at least one system going live no earlier than September 1, 2006). Although other responses may be reviewed, Rhode Island anticipates that only those prime contractors that have provided a total solution will be able to effectively provide the necessary information.

## **Background**

In Rhode Island, the Medicaid program is administered by the Department of Human Services (DHS) under EOHHS. Through its technology planning efforts, DHS has concluded that it cannot rely on its current eligibility system, known as InRhodes, to create a ‘no wrong door’ approach (i.e., allowing individuals to access health coverage in a variety of ways, and through multiple entry points). InRhodes is an aging system based on outdated technology that is inflexible, costly to maintain, and difficult to modify. Faced with this challenge in combination with the requirement to implement an Exchange by January 2014, Rhode Island has decided to implement a new eligibility system for all publicly-subsidized health coverage programs with an external rules engine that will support Medicaid, CHIP, BHP (if the state decides to implement one), exchange-based subsidies, and other public programs.

Rhode Island’s goal in implementing this IT strategy is to support a first-class, 21<sup>st</sup> century customer and partner experience, as well as seamless coordination between Medicaid, CHIP, and the Exchange. Rhode Island’s IT vision is to implement a solution that is consumer-focused, cost-effective, and reusable. Based upon national standards, the new system will:

- Support real-time eligibility determination, routing and enrollment whenever feasible, and for all individuals, a timely and responsive resolution process;
- Enable additions and changes to be made more quickly to the eligibility system via a flexible administrative system, with the ability to cleanly incorporate potential significant new functionalities over time;
- Enable data exchange with eligibility-associated functionalities such as beneficiary notices and IVR’s;
- Create a knowledge-base that serves as a single “point of truth” for business rules and is complemented with a high level of integration to avoid duplication of costs, processes, data and effort on the part of the State and beneficiaries;
- Leverage IT components that will become available through the New England States Collaborative Insurance Exchange Systems (NESCIES also known as the Innovator Grant) project;
- Leverage connections to the federal data hub to access and verify data from federal agencies such as the Internal Revenue Service, Department of Health and Human Services, and Department of Homeland Security to eliminate the independent establishment of those interfaces and connections at the State level;

- Achieve the necessary degree of interoperability between technology components to provide health insurance coverage through the Exchange, Medicaid or CHIP programs;
- Build a solution that will meet the seven CMS conditions and standards that were developed to ensure that states are making efficient investments and improve the likelihood of successful implementation and operation;
- Support MITA initiatives that provide a common framework to focus on opportunities to build common services by decoupling legacy systems and processes, liberating data previously stored and contained in inaccessible silos, and increasing the State's ability to keep up with the rate of change demanded by the changing business landscape of health care delivery and administration;
- Move the design and development of the State's Medicaid systems away from siloed systems and move to a service oriented architecture (SOA) framework;
- Build a solution that provides the flexibility of open interfaces and exposed application program interfaces (APIs);
- Ensure alignment with, and incorporation of, industry standards: the Health Insurance Portability and Accountability Act of 1996 (HIPAA) security, privacy and transaction standards; accessibility standards established under section 508 of the Rehabilitation Act, or standards that provide greater accessibility for individuals with disabilities, and compliance with federal civil rights laws; standards adopted by the Secretary under section 1104 of the Affordable Care Act; and standards and protocols adopted by the Secretary under section 1561 of the Affordable Care Act;
- Reduce both time to deliver and overall costs by separating the business rules from the rest of the application logic; and
- Be scalable to allow for the incorporation of shared eligibility determination rules to support the State's phased approach.

## **Project Overview**

It is expected that the new eligibility system will:

1. Provide the same customer experience to all individuals seeking coverage, regardless of source or amount of subsidy for which they may qualify, or the 'door' through which they enter;
2. Provide seamless coordination between Medicaid, CHIP and the Exchange;
3. Permit real-time eligibility determination (within 15 – 20 minutes), routing and enrollment whenever feasible, and for all individuals, a timely and responsive resolution process

4. Provide shared eligibility functions, including but not limited to noticing, reporting, account and workflow management;
5. Integrate and share data between other Rhode Island systems, including but not limited to the Medicaid Management Information System (MMIS); and
6. Provide coordinated, shared eligibility determination rules that will be accessible to any system used by a Medicaid or CHIP applicant, state employee, Navigator, or individual shopping for health coverage.

To accomplish the above goals and implement this system, Rhode Island has decided on a phased approach:

*Phase I*

Implement an eligibility rules engine that offers the new Modified Adjusted Gross Income (MAGI) rules for determining an applicant's eligibility for premium subsidies, Medicaid, CHIP, and potentially the BHP. In this phase, the eligibility rules for the Medicaid eligibility based on characteristics other than income will remain in InRhodes. This phase must be implemented such that individuals can be determined eligible in October 2013 for coverage effective January 2014.

*Phase II*

Incorporate the eligibility determination rules and services for Medicaid eligibility based on characteristics other than income into the eligibility rules engine. This phase would be implemented by December 2015.

*Phase III*

Incorporate the eligibility determination rules and services for the other five human service programs administered by EOHHS (e.g., Supplemental Nutrition and Assistance Program [SNAP]; General Public Assistance [GPA]; RI Works, formerly known as Temporary Assistance for Needy Families [TANF]; Child Care; and Child Support) into the eligibility rules engine, which would lead to the replacement of InRhodes.

Vendors should be aware that implementing the eligibility rules engine may involve either developing and building a new tool or leveraging the technology of an already built tool and integrating that solution into Rhode Island's framework. An approach has not yet been finalized.

**Content of Response**

The following outline (and suggested page counts) is intended to minimize the effort of the respondent and structure the response for ease of analysis. The listed questions can be used to guide responses, but it is not required that each be answered. All responses will be equally valued, regardless of page length. **Concise responses** are appreciated.

*Section 1 Vendor Profile (1 page)*

Please provide a brief description of your organization.

*Section 2 Past Experience (2-3 pages)*

Please explain your qualifications for building Rhode Island's new eligibility system:

- Have you implemented a system for a Medicaid agency of a similar size? If so, when, where, and for whom?
- Have you implemented a system of similar scope for any state agency? If so, when, where, and for whom?
- Would you be able to leverage or reuse any existing systems (or subsystems) that have already been deployed in other states? If so, please describe.

*Section 3 System Architecture (no page limit)*

Please provide diagrams of how your eligibility system is architected.

*Section 4 Interoperability and External Services (2 pages)*

Please describe how your eligibility system provides tools, adapters, APIs, and/or web services to support seamless integration with various other systems and services:

- How many data sources can be accessed simultaneously?
- What types of data sources are supported?
- Describe what other modules (non-rules processing) of eligibility functionality your system provides (reporting, noticing, case management, etc.)
- Does your system allow for external calls on exposed methods (SOA principles)?

*Section 5 Infrastructure Requirements (2 pages)*

Please describe any requirements and/or features of your eligibility system:

- What are the minimum, recommended, and future scaling infrastructure requirements?
- How does your system support scaling, both vertically and horizontally, and long-term use?
- What security protocols are implemented for the system, both from an encryption and authentication/authorization perspective? How do you meet HIPAA and other applicable regulatory standards?
- What hosting and operations models do you offer and support, including but not limited to, State hosted and maintained or vendor hosted and maintained?

*Section 6 Client Requirements and Capabilities (2 pages)*

Please explain any requirements and/or capabilities of your system, as related to a typical client or end user:

- With what browsers does your system have known compatibility?
- How does your system produce transaction data, reports, and performance information that contribute to program evaluation, continuous improvement in business operations, and transparency and accountability?
- What self-service capabilities does the system have?

*Section 7 Methodology (2 pages)*

Please describe your proposed approach:

- What is your system development life cycle and implementation methodology?
- What documentation is provided with the system and in what format?
- Do you have any third party alliances, relationships, or dependencies?
- How would you transition Rhode Island from its current eligibility system to this new solution?
- How would you ensure data integrity between systems during the migration period following the phased approach?

*Section 8 Organization Change Readiness (2 pages)*

Please describe the training, communication, and implementation strategies and resources you can provide to all stakeholders and users in support of the new system. Please also describe any support service offered.

*Section 9 Feasibility and Cost Assessment (2-3 pages)*

Please comment on the feasibility and costs of implementing such a system, including estimates of the amount of time, money, and resources needed to achieve it:

- What is included and what is not included in the estimates?
- What are your annual maintenance costs?
- What is your expected product life cycle?
- What is your licensing model and prices, if applicable?
- What are your hosting costs, if applicable?
- Is anything that would require an additional or third party purchase to meet the requirements outlined in this RFI?

*Section 10    References (1 page)*

Please indicate the reference documents, if any, used in responding to this RFI. Please also suggest references that would be of use to the State in developing a subsequent RFP.

**Response Protocols**

Submit one (1) original and **ten (10) complete** copies of responses by the date and time stated on page one of this RFI. Submissions should be single spaced on 8 ½” by 11” pages with 1” margins using Times Roman 12 font.

Based on the responses, Rhode Island will invite a select group of vendors to present their approach and demonstrate their technical solution.

**Disclaimer**

This Request for Information is solely for information and planning purposes and does not constitute a Request for Proposal. All information received in response to the RFI and marked as “Proprietary” will be handled accordingly. Responses to the RFI cannot be accepted by the Government to form a binding contract. Responses to the RFI will not be returned. Respondents are solely responsible for all expenses associated with replying to this RFI.

**END**

# WORK SUPPORT STRATEGIES

STREAMLINING ACCESS,  
STRENGTHENING FAMILIES



CALL  
FOR  
PROPOSALS



FORD FOUNDATION



URBAN  
INSTITUTE

Center on  
Budget  
and Policy  
Priorities

# WORK SUPPORT STRATEGIES

STREAMLINING ACCESS,  
STRENGTHENING FAMILIES

## CALL FOR PROPOSALS

AN INITIATIVE OF THE FORD FOUNDATION AND PARTNERS



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## Call for Proposals Overview

*Work Support Strategies: Streamlining Access, Strengthening Families* will provide a select group of states with the opportunity to design, test, and implement more effective, streamlined, and integrated approaches to delivering key work support benefits to low-income families, including health coverage, nutrition benefits, and child care subsidies. The initiative aims to build on recent state and federal innovations by providing states with expert technical assistance, peer support, and financial backing to take their efforts to the next level.

The initiative has three goals:

- First and foremost is to improve the health and well-being of low-income families, stabilize their family and work lives, and enable them to progress in the workforce by increasing the share of eligible families (and, in those states that choose to include them, individuals outside families) that receive and keep the package of work supports and benefits for which they qualify.
- Second is to deliver benefits more effectively and efficiently, reducing state administrative burdens as well as the burden on clients, through technologically innovative and customer-driven methods of eligibility determination, enrollment, and retention.
- Third is to glean lessons from the experience of the demonstration states to inform broader state and federal policies through a rigorous evaluation component.

The initiative consists of two phases: a one-year planning phase and a three-year implementation phase. During the planning phase, participating states will receive up to \$250,000 in grant funding, expert technical assistance, and peer support from other grantees as they perform an intensive diagnostic assessment and develop an action plan addressing both policy and practice changes. States that successfully demonstrate the capacity and commitment to execute their plans will have the opportunity to be selected for the implementation phase. Those selected will receive additional grant funding in the range of \$400,000 to \$500,000 per year for three years, continued technical assistance, and further opportunities for peer convening to execute the strategies they have developed to create a more integrated, responsive, and flexible work support system.

This call for proposals seeks states interested in participating in the first phase of this initiative.

### **Eligible States**

- Eligible applicants are state agencies, including those in the District of Columbia. A lead agency must be designated by the governor's office; only one application will be accepted from each state.

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- Applicants must
    - Demonstrate commitment from state executive leadership to streamlining access and retention in a core set of work support and public-benefit programs, expected to include Medicaid and the Children’s Health Insurance Program (CHIP), the Supplemental Nutrition Assistance Program (SNAP), and child care subsidies (funded through the Child Care and Development Fund [CCDF] and any state funds). The state may propose additional or, with a strong argument, alternative programs for inclusion in the initiative;
    - Demonstrate involvement (at a minimum, through a letter of support) from leadership of each state agency responsible for policy or administration of one or more of the programs included in the state’s proposed package;
    - Commit to participate in the activities of the planning year, including a self-directed diagnostic assessment and design of an action plan; technical assistance conferences, site visits, and peer-to-peer activities; and an external evaluation;
    - Commit to sharing both aggregate and case-level administrative data consistent with federal privacy standards for the purpose of evaluation; and
    - Commit to using a portion of the project funds to support a clear leadership structure for the program, including involvement of sufficiently senior officials to guide a cross-agency initiative, where applicable.

### ***Selection Criteria***

Because this is an application to plan an ambitious and innovative demonstration, the selection committee will not expect applicants to have already demonstrated success in all the categories below. Rather, the committee seeks applicants that have gained experience through earlier efforts in some categories, have honestly assessed their capacities, and can articulate their prior challenges, lessons learned, and goals for improvement. The committee also seeks applicants that can clearly articulate their goals and objectives for the demonstration, and how their future plans build on the lessons learned.

Among proposals that the selection committee identifies as likely to succeed, additional factors, such as geographic area and state size, may be considered to ensure diversity among state grantees.

With this framework in mind, the criteria on which state proposals will be judged include

- Commitment, leadership, and stakeholder involvement;
- Coordinated and simplified enrollment and retention policies;

- 
- Operational systems that support enhanced access, stability, and program coordination;
  - Collection and use of data to assess and fine-tune performance;
  - Continuity and sustainability; and
  - Additional financial support.

#### **Total Awards**

- Up to eight states will receive awards in the planning phase (phase 1). Planning grants will be up to \$250,000 for one year, in addition to technical assistance and individualized assessment reports.
- If this call for proposals does not result in the selection of a sufficient number of grantees for the planning phase, the call for proposals may be reissued in early 2011, after new governors take office. We currently anticipate (but do not guarantee) such a second round, given the large number of states about to experience a transition in gubernatorial leadership.
- Successful planning grant states will have the opportunity to be selected for the implementation phase (phase 2) after the first year, as determined by the project team and national advisory committee, based on states' capacity to execute their plans and available resources. Each state selected to continue on to the implementation phase will receive an additional \$1 to 1.5 million over three years, in addition to technical assistance.

#### **Key Dates and Deadlines**

- **Letter of intent due:** Friday, October 1, 2010, by 5:00 p.m. (EST)
- **Optional Q&A conference call:** Wednesday, October 6, 2010, from 12:00 to 1:30 p.m. (EST). All questions due by Friday, October 1, 2010, by 5:00 p.m. (EST).
- **Deadline for receipt of proposals:** Monday, November 1, 2010, by 5:00 p.m. (EST).
- **Identification of finalists and scheduling of site visits:** end of November or early December, 2010, with site visits to occur in December.
- **Target date for start of grants:** January 2011

#### **How to Apply**

All applications must be submitted as a single PDF document to the following e-mail address: [worksupport@urban.org](mailto:worksupport@urban.org). Please see <http://www.urban.org/worksupport> for more information.

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# WORK SUPPORT STRATEGIES STREAMLINING ACCESS, STRENGTHENING FAMILIES

## CALL FOR PROPOSALS

### Goals and Background

*Work Support Strategies: Streamlining Access, Strengthening Families* will provide a select group of states with the opportunity to design, test, and implement more effective, streamlined, and integrated approaches to delivering key benefits that support work for low-income families and individuals, including health coverage, nutrition benefits, and child care subsidies. The initiative aims to build on recent state and federal innovation by providing states with expert technical assistance, peer support, and financial backing to take their efforts to the next level.

The initiative has three goals:

- to improve the health and well-being of low-income families, stabilize their family and work lives, and enable them to progress in the workforce by increasing the share of eligible families (and, in those states that choose to include them, individuals outside families) that receive and keep the package of work supports and benefits for which they qualify;
- to deliver benefits more effectively and efficiently, reducing state administrative burdens as well as the burden on clients, through technologically innovative and customer-driven methods of eligibility determination, enrollment, and retention; and
- to glean lessons from the experience of the demonstration states to inform broader state and federal policies through a rigorous evaluation component.

To achieve these goals, the initiative is organized into two phases. This call for proposals seeks states to participate in phase 1 of the demonstration, which will last approximately one year. During the planning year, state agencies will have the opportunity to collaborate on fine-tuning their individual goals and objectives for the project, diagnose their systems' strengths and weaknesses through good data analysis, design a targeted action plan, and put in place the data systems required to track the plan's progress. States will receive grant funding as well as extensive technical assistance and peer-to-peer support to carry out these diagnostic and planning activities. In phase 2, some or all of the phase 1 states will each receive additional financial support and continued technical assistance to implement their action plans.

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By the end of phase 2, the Ford Foundation and its partners expect a number of results from the initiative. These results include

1. increased enrollment and retention rates and reduced churning and enrollment instability among households who qualify for critical public work support and benefit programs;
2. more effective, integrated, streamlined, and customer-friendly systems for eligibility determination and benefit delivery (which may, depending on the state's starting point and goals, lead to administrative savings and/or the ability to enroll more families without additional burden on staff);
3. improved state capacity to measure and monitor the impact of system, policy, and procedural changes, and to use the information collected to continuously improve the program operations;
4. changes in state programs that are likely to endure beyond the conclusion of the initiative, such as administrative improvements; and
5. an increased understanding of successful enrollment and retention strategies as well as needed federal policy changes. We also expect that grantees will identify and work to achieve their own unique goals that address needs in their particular states.

#### ***Why Reform the Delivery of Work Support and Public Benefits?***

Core work support and public benefit programs, including Medicaid and CHIP, SNAP (previously known as Food Stamps), and child care subsidies, help families receive essential goods and services, avoid hardships and improve health, stabilize employment and child well-being, and support local and state economies. Long-term evidence from the New Hope demonstration project, for example, indicates benefits to children and adolescents eight years later in families that received a package of work supports (supplementing private-sector work or community jobs) (Miller et al. 2008). Other studies have suggested that receipt of such supports as child care subsidies, SNAP, and health insurance may increase families' work hours, improve work stability, and reduce the likelihood that a worker will return to welfare (Acs, Loprest, and Ratcliffe 2010; Golden and Compton forthcoming; Lee 2007). And of course, programs like SNAP and Medicaid have, as their core objectives, meeting specific needs—nutrition and access to essential health care, respectively.

Yet despite these gains from receiving assistance, many low-income working families do not receive or keep the full package of benefits for which they qualify while working in low-wage jobs. Although there are many reasons for this, research shows that complex, burdensome, and sometimes overlapping or contradictory eligibility and redetermination systems are one important cause. Furthermore, duplicative eligibility systems or processes within systems can hamper states as well as families who seek multiple benefits, creating unnecessary work for caseworkers, increasing administrative costs, introducing errors, and straining the agencies and staff that are struggling to cope with state budget cuts. As a result, the current approach to client

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eligibility determination and monitoring across benefit programs is undercutting important state goals for low-income families.

During the deep recession and economic slowdown of the past two years, enrollment in some key programs, such as SNAP and children's health coverage through Medicaid and CHIP, has increased, but gaps in participation remain.<sup>1</sup> According to USDA (2010a) data, only about half of eligible working families receive SNAP. Additionally, a recent health report stated that, on an average day in 2008, an estimated 7.3 million children in the United States were uninsured, 65 percent of whom were eligible for Medicaid or CHIP but not enrolled (Kenney et al. 2010). Enrollment in other work support programs, in particular child care subsidies with capped federal funding, has likely declined due to budget cuts, though findings are mixed (Shulman and Blank 2009; National Conference of State Legislatures 2010). Furthermore, churning rates are high in many of these programs, showing the challenges that families face in retaining these critical benefits even if they obtain them, potentially adding to their instability. At the same time, the recession has increased the urgency of change from the state perspective, as pressure on state budgets and public agency staff reductions collide with increasing family need and rising caseloads.

The need for more efficient processing of applications and renewals has become even more pressing with the enactment of the Patient Protection and Affordable Care Act (ACA or the Affordable Care Act), which promises an enormous expansion of Medicaid eligibility and a corresponding increased demand for eligibility determinations from social service agencies. ACA creates an urgent need for states to develop more efficient methods of determining eligibility for multiple programs, because millions of people newly eligible for health coverage will already be enrolled in SNAP or other human services programs. Similarly, many individuals seeking health coverage will be eligible for other benefits. This initiative will provide selected states with the resources needed for planning and implementing streamlined methods that could help create a pathway towards the achievement of the transformed eligibility determination system envisioned by ACA and the federal officials, who are responsible for turning statutory language into operational guidance. In turn, participating states will lead the way in creating models for a coordinated, streamlined eligibility determination process.

In recent years, states have experimented and, in some cases, made great progress with modernization strategies intended to enhance the participation of families or children in one or more work support and benefit programs (most commonly SNAP<sup>2</sup> and children's health insurance,<sup>3</sup> but also broader

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1. For more information on participation in SNAP and Medicaid, see Leftin and Wolkwitz (2009) and Dorn (2009). For information on SNAP participation trends, see USDA (2010a).

2. For example, see USDA (2010b) for a survey of state modernization activities in SNAP.

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Medicaid initiatives<sup>4</sup> and child care<sup>5</sup>) and to reduce the burden of eligibility determination on state and local caseworkers and budgets. This initiative aims to take these strategies several steps further, build on what has already been learned, and support further innovation at the state level to encourage change that takes into account the effects of policy development on multiple benefit programs.<sup>6</sup>

As a result, we envision that far more low- and moderate-income working families will be able to secure a wide range of public work supports and benefits for which they are eligible, keep those benefits for as long as they qualify, connect smoothly to different benefits as their circumstances change, and as a result, be more likely to meet their basic needs, stabilize their situations, and succeed in the workforce. At the same time, the initiative will support states seeking to achieve other closely related goals, including enhancing system efficiency and effectiveness, improving accuracy of eligibility determination and customer service, eliminating unnecessary paperwork for both families and caseworkers, and serving more families with fewer burdens on caseworkers. Finally, this initiative is designed to help support these efforts nationwide by working with states to identify key lessons learned, challenges, and opportunities, and taking this information to other state and federal policymakers interested in these efforts.

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3. The Robert Wood Johnson Foundation's Maximizing Enrollment for Kids initiative has catalyzed state innovation in children's health coverage. For information, see <http://www.maxenroll.org/>.

4. See the Kaiser Family Foundation Commission on Medicaid and the Uninsured for more information on Medicaid outreach and enrollment initiatives at <http://www.kff.org/medicaid/index.cfm>.

5. See, for example, Adams et al. (2008).

6. For a brief summary of promising practices and gaps in state programs today, see Dean and Rosenbaum (forthcoming).

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## The Initiative

The initiative seeks states interested in proposing an integrated strategy to improve the effectiveness of work support and benefit systems to increase the share of eligible families that receive and retain the package of work supports and benefits for which they qualify. States are encouraged to propose strategies that build on current efforts and move them further toward this goal but may also propose completely new strategies. Unless a state provides a strong rationale for a different package of programs in its proposal, we are expecting every proposal to include at least three core work support and public benefit programs: **SNAP, Medicaid and CHIP, and subsidized child care** (funded by CCDF and any state funds). Including a program in the project does not mean that the same integration strategies will be undertaken for every program but that opportunities for improved integration that involve the program will be considered.

In many cases, we expect that the strategy for child care will differ from the strategy for the other programs because of the capped nature of child care funding. For example, a state might wish to propose that caseworkers will use income and relevant household information maintained and verified by the SNAP and Medicaid programs to help determine eligibility for child care subsidies, thus reducing the burden of eligibility determination on families and state staff, but without increasing the number of families receiving benefits. Or a state might propose that, when a family is found eligible for subsidized child care, it automatically receives information about, and a streamlined opportunity to have eligibility determined for, Medicaid, SNAP, and other available benefits. Of course, strategies that ensure expanded access to child care programs would be welcome.

States may propose to include additional programs in their integrated package to meet their particular needs and interests. For example, a state might choose to include the Temporary Assistance for Needy Families (TANF) program, because its intake and renewal processes may already be highly integrated with SNAP and Medicaid. Another state might want to include Low-income Home Energy Assistance Program (LiHEAP) eligibility, because it serves many of the same households, it has a large enrollment base, and maintaining a separate eligibility structure may be a strain on both clients and staff.

While low-income working families are the core population of interest in all the demonstration states, individual states may propose to include additional populations. For example, states could choose to include in the project childless adults who will be newly eligible for Medicaid in 2014 to help plan a streamlined and integrated approach to Medicaid and SNAP eligibility for this group.

Although many strategies ultimately implemented through this project will involve links among multiple programs, such links are not the ultimate goal. Rather, these links are a means to the goals described earlier, to enhance the

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enrollment and retention of eligible individuals into a package of work supports and public benefit programs, and to reduce administrative burdens on states and families. Therefore, specific enhancements proposed for each program in the initiative could be different, depending on what approach will best achieve the goal. A state's planning should take into account that even people who qualify for only some services at a particular point in time might benefit from others when their circumstances change. For example, the vast majority of children who receive SNAP qualify for Medicaid rather than CHIP, but if their families transition off SNAP because of increased earnings, these children may then be seamlessly enrolled in CHIP.

Since the current call for proposals is for a detailed planning process during phase 1 of the initiative, we do not anticipate that the state strategies proposed will be in their final form. However, we anticipate that successful states will be committed to multifaceted approaches, incorporating the following:

- **Policy and regulatory changes**, such as eliminating technical differences between SNAP and Medicaid eligibility definitions to the extent allowed by federal law; automatically incorporating SNAP income findings into eligibility determinations for child health coverage under the Express Lane Eligibility option; or reducing the frequency of child care subsidy adjustments between redetermination dates to simplify child care retention and align with SNAP eligibility;
- **Changes in administrative practices and processes**, such as changes in practices for handling renewals to avoid administrative closures that may result in new applications thereafter;
- **Changes in client service strategies**, such as reducing in-person visits or improving communication mechanisms with caseworkers; and
- **Changes in technology and information systems**, such as enhanced ability to interact with and use external data relevant to household eligibility.

To achieve the initiative's goals, we also anticipate that successful strategies will need to address both initial enrollment in benefits and retention over time, because churning among eligible families and short periods of ineligibility are commonly generators of unproductive administrative costs. Unnecessary and repeated work is frustrating for staff, which in turn negatively affects customer service. It is also costly for families when they skip a month or more of benefits and miss work to reapply, or (in the case of child care) have to go back on a waiting list. Some families fall through the cracks because they do not realize they can reapply, or get disheartened with the process and choose to go without. Given the volatility of low-income parents' lives, it is critical to develop strategies that help stabilize access to work supports—to strengthen family well-being and children's development as well as parental employment (Adams et al. forthcoming). Stabilizing access and retention are also likely to reduce administrative costs associated with the needless closing and reopening of cases.

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In addition, an important part of the initiative's design is that successful strategies will be **data-driven**. During phase 1, states will analyze their current program performance data to assess the strengths and weaknesses of their current eligibility systems and business processes, identify areas in need of improvement, and fine-tune their strategies for change, in preparation for implementation. Thus, applicants for the planning grant are not expected to describe the full design of their proposed initiative but to demonstrate the interest, capacity, vision, and experience that together provide a solid base for successful reform.

### ***What the Initiative Offers to Selected States***

**Planning Grant.** States selected for phase 1 of the initiative will receive a planning grant of approximately \$250,000 for one year. Through the application process, states are asked to propose how specifically they would use the resources during the planning year to support an intensive diagnostic and planning process, and the development of an action plan addressing both policy and practice changes. The exact grant amount may vary depending on a state's specific request and the scale of its project.

As part of the application, we expect every state to ensure that one or more staff members will dedicate a substantial portion of their time to provide leadership to the project. Other types of expenditures that states might choose to include for the planning year include special data collection or analysis, consultants to support the work, meetings and travel, or training and technical assistance beyond what is available from the initiative (for example, if a state chooses to purchase very targeted consulting services to solve a unique problem).

Given the modest scale of foundation resources available, we anticipate that hardware and software expenditures to build or change eligibility systems will not generally be appropriate uses of funds, although expenditures on special data collection or analysis that is part of the diagnostic effort could be appropriate. In addition, modest expenditures that could serve as a catalyst for broader system changes may be considered. For example, systems changes that support policy simplification might be appropriate as long as they were proportional to the budget for planning activities.

**Technical Assistance and Peer-to-Peer Support.** During both phase 1 and 2, states will receive technical assistance from national experts in policy, operations, program evaluation, and project management based on their unique needs, including on-site visits and telephone support. States that receive planning grants will also receive expert support in developing their own diagnostic assessment and action plans during the planning year.

States will also build a close connection to a community of peers in other states with whom they may share experiences and problem-solve collaboratively. States will participate in one or two in-person conferences and structured opportunities for web-based interaction each year, which will

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focus on participants' specific needs and bringing state staff together with key experts.

**External System Assessment and Tailored Reports.** Each state will receive information from the external project evaluation, led by the Urban Institute, provided through a state-specific briefing or report. The evaluation report will include an assessment of the baseline characteristics of the state's systems and lessons learned about the barriers and solutions that emerged during the design process.

**Information-Sharing with Federal Officials.** In addition, the initiative will provide a structure for offering input to federal policymakers around state ideas for policy guidance and clarifications. The Foundation and its partners are committed to sharing information, lessons, questions, and concerns surfaced by the experiences of the demonstration states with the relevant federal agencies.

**Implementation Grants (for States Participating in Phase 2).** States will have the opportunity to continue from the planning phase into the implementation phase of the initiative depending on available resources and state readiness. States that continue into the implementation phase will receive multiyear grants of approximately \$1 to \$1.5 million over three years.

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## Eligible States

Only one proposal will be accepted from each state. Eligible applicants must be a state agency or office, designated as the lead on this project by the governor's office. Because of the interagency nature of the work, all other agencies that are substantially involved in enrollment and retention of clients in the programs on which the state is proposing to focus must indicate their support for the project. Other partnerships and commitments of support, such as with local agencies, public employee unions, consumer groups, or nongovernmental service providers, are encouraged but not required.

Specifically, applicants must

- Demonstrate commitment from state executive leadership to streamlining access and retention in a core set of work support and public benefit programs, expected to include Medicaid/CHIP, SNAP, and child care subsidies funded through CCDF (and any state funds). The state may propose additional or, with a strong argument, alternative programs for inclusion in the initiative;
- Demonstrate involvement (at a minimum, through a letter of support) from leadership of each state agency responsible for policy or administration of one or more of the programs included in the state's proposed package;
- Commit to participate in the activities of the planning year, including a self-directed diagnostic assessment and design of an action plan; technical assistance conferences, site visits, and peer-to-peer activities; and an external evaluation;
- Commit to sharing both aggregate and case-level administrative data consistent with federal privacy standards for the purpose of evaluation; and
- Commit to using a portion of the project funds to support a clear leadership structure for the program, including involvement of sufficiently senior officials to guide a cross-agency initiative, where applicable.

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## Evaluation and Monitoring

### *Evaluation*

There are three primary goals for the evaluation of the initiative:

- To design and implement an independent evaluation that documents the results of this initiative;
- To support states with timely feedback on their systems' baseline characteristics to help them with the final design of their action plans; and
- To identify and distribute lessons learned from the state demonstrations that can inform other states that might take on similar initiatives and the broader national policy debate.

To achieve these goals, states applying for funds must agree to participate fully in the evaluation, which will be led by the Urban Institute. Participation will include providing relevant documents; facilitating access to key staff for interviews; facilitating access to caseworkers for observations and/or focus groups, where appropriate; and providing relevant data and reports for review.

Information from the evaluation will be released publicly to a wide range of stakeholders. However, well before such public dissemination, evaluators will provide tailored, interim feedback to individual states to supplement their own data monitoring and assessment and to help states refine their strategies and practices to better accomplish the initiative's objectives.

Because the demonstration will be implemented in two phases, the evaluation will also have two distinct phases. In phase 1, when states are collecting data to diagnose their current systems and design their implementation plans, the evaluation will include two components: an assessment of state systems at baseline, and an assessment of the process states undertake in carrying out this diagnosis and design, including the challenges they face and the solutions they identify.

In phase 2, as states put their action plans into effect, the evaluation will also have two components. First is an implementation assessment, designed to illuminate the change process from the perspectives of many stakeholders, to furnish a roadmap for other implementers about pitfalls and possible solutions, and to provide guidance and context for the impact assessment. Second is an impact assessment, designed to measure the effect of state system changes on critical outcomes for individuals, families, and system administration. The specific evaluation design for phase 2 cannot be developed until states have been chosen and their plans specified, but the evaluation team has identified possible data, methods, and evaluation design elements, all of which will be refined early in phase 2.

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## **Monitoring**

The management team for the initiative, also based at the Urban Institute, will be in regular contact with states to ensure progress and appropriate stewardship of grant funds. Project directors will be required to participate in periodic meetings and provide regular financial and progress reports on their grant activities.

## **How to Apply**

Interested states are asked to submit a letter of intent to the Urban Institute by **Friday, October 1, 2010, by 5:00 p.m. (EST)**. The letter of intent should identify a state contact (e-mail and telephone) for further communication about the proposal.

All proposals for this initiative must be submitted by **Monday, November 1, 2010, by 5:00 p.m. (EST)**. Both the letter of intent and proposal should be sent electronically to the following address: [worksupport@urban.org](mailto:worksupport@urban.org).

The Urban Institute will hold an optional conference call for potential applicants on **Wednesday, October 6, 2010, from 12:00 to 1:30 p.m. (EST)**. This call will provide information on the initiative goals and application procedures. Questions may be submitted prior to the call for discussion. The deadline for submission of questions is **Friday, October 1, 2010, by 5:00 p.m. (EST)**. An archived recording of the call will be available after the call on the initiative web site. Participation in the call is not mandatory but strongly encouraged. Call-in information will be provided on the web site prior to the call.

## **Key Dates and Deadlines**

- **Letter of intent due:** Friday, October 1, 2010, by 5:00 p.m. (EST)
- **Optional Q&A conference call:** Wednesday, October 6, 2010, from 12:00 to 1:30 p.m. (EST). All questions due by Friday, October 1, 2010, by 5:00 p.m. (EST).
- **Deadline for receipt of proposals:** Monday, November 1, 2010, by 5:00 p.m. (EST)
- **Identification of finalists and scheduling of site visits:** end of November or early December, 2010, with site visits to occur in December
- **Target date for start of grants:** January 2011

For more information on the program and application requirements, please contact: Jessica Compton at [worksupport@urban.org](mailto:worksupport@urban.org).

The Urban Institute does not provide individual critiques of proposals submitted. This initiative has a national advisory committee that makes recommendations about grants to the program staff in alignment with the goals of the Ford Foundation. The Urban Institute will make all final grant decisions.

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### ***Proposal Narrative Requirements***

All proposal submissions must be in the following format:

- Times New Roman, 12-point font, double-spaced (excluding tables and charts);
- 1-inch margins on all sides and page numbers in the upper right-hand corner;
- Maximum 25 pages of text. Proposed budget, budget narrative, and letters of support will not count toward the 25-page limit and may be placed in an appendix at the end of the proposal; and
- Submitted as a single PDF document to [worksupport@urban.org](mailto:worksupport@urban.org).

Applicants are expected to follow the outline below to complete the proposal narrative. Questions intended to guide applicants' thinking are included below each section, but applicants are not required to answer each question in the narrative as long as they have addressed the intent of each section. Suggested, but not mandatory, page lengths are provided after each narrative section.

### ***Proposal Outline***

#### **Overview (1 page)**

- Briefly summarize your state's proposal and why it should be selected.

#### **Section 1: Project Goals and Objectives (2 pages)**

- What are your state's goals for this initiative?
- What are your objectives for the planning grant year, and how will that contribute to your overall goals?
- What problem or problems in your current state policies and systems do you hope to address?

#### **Section 2: State Human Services Environment and Leadership Commitment (4 pages)**

This section will assist the selection committee in assessing selection criterion 1: commitment, leadership, and stakeholder involvement.

- How would you describe the current level of commitment of key state leaders and stakeholders to streamlined eligibility determination, enrollment, and retention for working families and an integrated approach across programs? How will the planning period build on strengths in commitment, leadership, and stakeholder support and address weaknesses?
- What are the strengths and weaknesses of your leadership team's capacity to develop and carry out an effective plan based on your goals and objectives? What are the lessons learned related to leadership capacity from past initiatives? How will the state's proposed use of the planning grant enhance this capacity?

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- Which stakeholders will play important roles during the planning period, and how do you propose to enhance their level of engagement? How would you describe the current level of commitment to your vision, the lessons learned from past experience, and your future plans for such stakeholders as:
    - State elected officials, including key legislators;
    - State appointed officials, including health and human services leadership, IT, and budget officials;
    - Regional, local, or county directors;
    - Front line supervisors and staff;
    - Public employee unions;
    - Service providers and other nongovernmental organizations;
    - Consumer groups and policy advocates; and
    - Other key partners specific to your state.
  - What institutions or structures exist in your state to promote cross-agency and cross-stakeholder planning? How would you assess the current effectiveness of these institutions and lessons learned?

(Examples might include a subcabinet that regularly brings together agency heads to discuss work support programs, or a health reform implementation task force that includes the key human services and IT leaders, and is exploring the potential relationships between health coverage and other benefits.)
  - Beyond formal institutions and structures, what recent cross-systems collaborations or relationships will this project be able to build on? How would you assess the strengths, weaknesses, and lessons learned from these collaborations?
  - How does the leadership team see the relationship between planning for health care reform and planning for this initiative? What overlap in membership (or other approaches to connection) do you anticipate between the two teams?

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### Section 3: Past Experience with Streamlining Access and Retention (6 pages)

This section will assist the selection committee in assessing criteria 1–5. It will be particularly important for criteria 2 and 3, which are not fully addressed elsewhere.

- How are your state’s policies and processes related to eligibility determination, enrollment, and retention in work support and public benefit programs currently structured?
  - What do you see as the most important strengths and weaknesses of the current structure?
  - How streamlined is eligibility determination, enrollment, and retention within individual programs?
  - How streamlined and integrated is your state’s package of work support benefits, taken as a whole?
- What past or current initiatives have you implemented to streamline, integrate, or otherwise improve these policies and processes? In what ways does your proposal build on the lessons learned from these past experiences?
- **Policies.** How would you assess your state’s experience with developing, promulgating, and implementing policy changes supportive of streamlined and integrated eligibility determination, enrollment, and retention? What are the strengths, weaknesses, and lessons learned?
- **Operational Systems.** How would you assess your state’s experience with developing and implementing administrative practices and policies, technology, staff training, and other tools that enhance family access and stability, reduce burden on staff, and coordinate across programs? What are the strengths, weaknesses, and lessons learned?
- How would you assess any other important aspects of your state’s experience rolling out related projects (such as past initiatives involving similar challenges)? What are your strengths, weaknesses, and lessons learned?

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#### **Section 4: Planning Grant Project Description (6 pages)**

This section will assist the selection committee in assessing all the criteria, 1–6. The committee will be seeking applicants whose plans for the project thoughtfully draw on past experience, including an honest assessment of strengths and weaknesses. It will also seek applicants who can articulate how the planning grant activities will contribute to the stated goals and objectives.

- Overall, how do you plan to use the planning grant funding and what do you hope to accomplish during the planning year?
- What programs do you propose to include in the project and what revisions to policy or procedures do you anticipate being central to your success?
- Understanding that you may change the specifics of your initiative as a result of the planning year, how do you now see the role or importance of policy and regulatory changes? Changes in administrative practices and processes? Changes in client service strategies? Changes in technology and information systems? Other types of changes?
- If you do not propose to include one or more of the core set of programs we have identified (Medicaid/CHIP, SNAP, and child care), why have you excluded it?
- What project management structure are you proposing to use during the planning grant year? How will you ensure that the planned structure will overcome typical challenges to cross-cutting, multisystem efforts—for example, that key leaders are consumed by challenges within their agency and are unable to pay sufficient attention to cross-cutting initiatives?
- Who are the key individuals who will be involved on the project team and what are their areas of expertise and proposed roles? How will you ensure the availability of these individuals, what challenges do you anticipate (e.g., hiring freezes or reassignments), and how will you overcome these challenges?
- What technical assistance and peer-to-peer support would be most useful to your state during the planning grant year?
- If you have secured or are in the process of securing additional funding from an external funder, such as a regional foundation, please provide details and explain how that funding will enhance your plans.
- What do you ultimately plan to achieve during project implementation if your state continues into Phase 2?

**Section 5: Plans for Collection and Use of Data (4 pages)**

This section will assist the selection committee in assessing selection criterion 4, collection and use of data.

- To what degree do you currently collect the types of data in the table below, or other information related to eligibility determination, enrollment, retention, and streamlined processes?

(Describe examples of current data reports or memos that demonstrate the state’s collection of these data and/or the state’s use of data to understand issues of family access and retention, if possible.)

	Program(s)	Currently reported (Y/N)	Most recent data	Audience for report
Caseloads (by office or region, by specific subgroups)				
Application volume (by source, such as online or in person, and by reason, initial or renewal)				
Application outcomes (i.e., approvals and denials, including reasons for unsuccessful or incomplete applications)				
Application timeliness (i.e., processing time from date of application to eligibility decision)				
Caseload overlap (i.e., receipt of multiple program benefits by total caseload, by subgroup)				
Retention rates (share of renewals that successfully renew)				
Caseload churn (what share of case closures return within 30 or 60 days)				
Other client contact data (for example, number of phone calls to a call center or online inquiries)				
Other information about client experiences or outcomes (i.e., interviews or focus groups)				

- How would you assess your state’s experience using these or similar data to monitor program successes and challenges, and then fine-tune policy or operations? What have been good examples and what have been stumbling blocks or lessons learned?

(Describe any example reports or study briefs demonstrating use of data to understand or monitor program successes or challenges.)

- What are your goals for enhancing these capacities during the planning phase?
- How would you assess your state’s ability to use these or other data in a cross-agency setting? What are your goals for enhancing these capacities during the planning phase?

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## **Section 6: Continuity and Sustainability (2 pages)**

This section will assist the selection committee in assessing criterion 5: continuity and sustainability.

- If your state has a gubernatorial election in 2010 or 2011, what are the reasons for anticipating continued support from political leadership for the duration of the planning period (including after a new administration begins)?
- What has been the past experience of your state in terms of support for the proposed vision from elected officials? What other stakeholders (for example, mayors, state legislators, philanthropic partners, public employee unions, the business community, consumer groups, and service providers) are likely to contribute to ongoing support for the initiative?
- What strategies are in place as part of the planning period to maximize long-term support for the initiative?
- What are the strategies envisioned to maximize the likelihood that the changes made will be sustainable over the long-term? What factors might jeopardize sustainability, and how do you plan to address those factors?

## **Appendix 1: Proposed Budget and Budget Narrative**

- Include a proposed budget that shows the breakdown of total costs by, at a minimum, personnel, consultants, travel, and other costs, which may include fringe benefits and indirect costs as applicable.
  - States are expected to budget costs for their internal diagnostic assessment and data analyses, as well as the preparation of administrative data for the project evaluation, but not the evaluation itself nor evaluation reports.
  - Grantee conferences and other technical assistance activities will be supported from the overall project budget; states will not have to fund travel or participation through their individual grants for these activities.
- Include a budget narrative that briefly describes each budget line item. For personnel, provide staff names and titles (or title and salary grade, if a new position), and the percentage of staff time each individual is committing to the project. For consultants, describe consultant tasks or purpose, estimated hourly fees, and estimated number of hours. Describe purpose of travel and estimated travel costs. Other costs should be described in sufficient detail to justify spending.
- Identify any additional opportunities for funding for the project that will add to the scope of the project (for example, funding from other foundations or the amount of project funds, if any, that will be used to draw down a federal match.)

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- Project funds used for Medicaid and SNAP administration and planning should be able to draw down federal matching funds. Please indicate whether you currently expect to use this opportunity to add to the scope of the project. (Whether or not a state plans to draw down federal funds is not a factor in selection but will help us understand the proposed plan accurately.)

#### **Appendix 2: Letters of Support**

- Submit letters of support from: (1) governor's office stating commitment to initiative goals and identifying the lead state agency or office on the project; (2) each state agency responsible for policy or administration of one or more programs included in the state's proposed package; and (3) other (optional) partnerships, such as with local agencies, public employee unions, consumer groups, policy advocates, or nongovernmental service providers, as applicable.
- If your state is receiving additional financial support from an external funder, include evidence of funding, such as an agreement letter describing the amount of funding and duration, the purpose of the funding, how it fits into the goals of the initiative, and contact information for the funder.

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## Selection Criteria

The following criteria will be considered in reviewing the proposals submitted. Because this is an application to plan an ambitious and innovative demonstration, the selection committee will not expect applicants to already have demonstrated success in all the categories below. Rather, the committee will be looking for applicants who have gained experience through earlier efforts in many categories, have honestly assessed their capacities, and can articulate their challenges, lessons learned, and goals for improvement. We also will be looking for applicants who can clearly articulate their goals and objectives for phase 2 of the project, and how their future plans will build on prior lessons learned.

Among proposals that the selection committee identifies as likely to succeed, such additional factors as geographic area and state size may be considered to ensure diversity among state grantees. The selection committee will recommend a group of finalists based on state proposals. We expect that project staff and selection committee members will conduct site visits to the finalists before making the final selection. Applicants must be willing to host a site visit during the selection process in late November or early December.

With this framework in mind, the criteria on which state proposals for phase 1 of this initiative will be judged include the following:

- 1. Commitment, leadership, and stakeholder involvement:** A commitment to streamlined eligibility determination, enrollment, and retention for working families and an integrated approach across programs, as well as the leadership capacity to deliver cross-program change.
  - Is the commitment clearly articulated by state leaders? Reflected in mechanisms such as subcabinets that regularly bring multiple agencies together to encourage cross-agency or division coordination? Shared by important stakeholders, such as unions, county or local government, consumer groups or policy advocates, and nonprofit partners? To what degree does the vision reach from the highest levels of the agencies to regional, local, or county offices and local eligibility workers?
  - How strong is the capacity of key state leaders to implement complex policy and practice change?
  - How realistic is the proposal's assessment of the strengths and weaknesses of the current level of commitment, leadership capacity, and stakeholder involvement? How effectively does the proposal build on strengths and bolster weaknesses?
  - Within this context of state leadership and commitment, do the proposed project team and the project management structure have the capacity to achieve the goals of the planning period?

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**2. Coordinated and simplified enrollment and retention policies:** Demonstration of lessons learned from past experiences with changing eligibility rules and enrollment and retention policies, so that they enhance access and stability, and are coordinated across programs to minimize duplication and burdens on both participants and public employees.

- What is the state's policy development process, and how much attention is paid to simplification and cross-agency policy coordination?
- How much have policies been simplified within programs?
- What is the level of policy coordination across programs?
- How realistic is the proposal's assessment of the strengths and weaknesses in the state's current policies? Of the strengths and weaknesses in the state's policy development processes? How well does the proposal take into account lessons learned and likely challenges, build on strengths, and bolster weaknesses?

**3. Operational systems that support enhanced access, stability, and program coordination:** Experience or commitment to developing and implementing administrative practices and processes, technology, staff training, and other tools that enhance family access and stability, reduce the burden on staff and families, coordinate across programs, and otherwise support the broader vision.

- For example, has the state already begun to simplify and streamline application, verification, or renewal processes? Improve worker access to case files and other information? Enhance field staff training and support? Target support to particular populations that experience significant gaps in participation or retention?
- How realistic is the proposal's assessment of strengths and weaknesses in the state's current systems? Of strengths and weaknesses in the state's ability to implement needed system changes? How well does the proposal take into account lessons learned and likely challenges, build on strengths, and bolster weaknesses?

**4. Collection and use of data to assess and fine-tune performance:** Commitment to and/or experience with regular use of data and targets to understand how programs are succeeding and where they need to improve, and a history of adapting strategies and operations in response to the data.

- What types of data related to eligibility determination, enrollment, and retention does the state currently collect?
- How have data been used to monitor and improve program policy and operations?
- What is the state's level of experience and commitment to using data across agencies?

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- How realistic is the proposal's assessment of strengths and weaknesses in the state's current collection and use of data? How well does the proposal take into account lessons learned and likely challenges, build on strengths, and bolster weaknesses?

**5. Continuity and sustainability:** Initiatives are very likely to stay on course through the planning period with continued support from political leadership, and reasonably likely to stay in place over the full implementation period and beyond, building sustainable structures and policies to improve service delivery to families.

- What are the obstacles to sustaining this initiative through the planning phase? Through the implementation phase?
- How would the state address those obstacles to keep the initiative moving forward?

**6. Additional financial support:** Use of additional financial support (for example, from philanthropic funders serving a particular state or geographic region) is encouraged and evidence of such will be a positive factor in the assessment of a state's application. However, to succeed, states are not required to identify additional financial support for their projects.

Funders could choose to partially support or supplement the planning grant during phase 1, or provide the full amount of the planning grant. If a funder proposes to support the full amount of the planning grant (\$250,000), an applicant could still request additional direct grant funding commensurate with an expanded scope of work proposed in phase 1. No matter what the amount of external funding, a successful applicant would also receive access to technical assistance and peer support as a full member of the initiative. If successful, the applicant would also be eligible to receive an implementation grant in phase 2.

## Use of Grant Funds

Grant funds may be used for project staff salaries and fringe benefits, consultant fees, data collection and analysis, meetings, supplies, project-related travel, and other direct project expenses, including a limited amount of equipment essential to the project. Grant funds may not be used to subsidize individuals for the cost of their health care coverage or other public benefits, to construct or renovate facilities, for lobbying, for program advertising or other outreach efforts, or as a substitute for funds currently being used to support similar activities.

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## Key Program Contacts

For general inquiries, please contact Jessica Compton, project assistant, by e-mail at [worksupport@urban.org](mailto:worksupport@urban.org).

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