



**Solicitation Information
September 9, 2015**

RFP# 7549877

TITLE: State Innovation Model (SIM) Model Test Grant: Project Management and Plan Development

Submission Deadline: October 14, 2015 at 10:00 AM (Eastern Time)

PRE-BID/ PROPOSAL CONFERENCE: Yes

MANDATORY: No

If YES, any Contractor who intends to submit a bid proposal in response to this solicitation must have its designated representative attend the mandatory Pre-Bid/ Proposal Conference. The representative must register at the Pre-Bid/ Proposal Conference and disclose the identity of the contractor whom he/she represents. A contractor's failure to attend and register at the mandatory Pre-Bid/ Proposal Conference shall result in disqualification of the contractor's bid proposals as non-responsive to the solicitation.

DATE: September 18, 2015 at 10:00 AM

LOCATION: RI DOA One Capitol Hill, 2nd floor-Conference Room A, Providence, RI 02908

Questions concerning this solicitation must be received by the Division of Purchases at david.francis@purchasing.ri.gov no later than **September 23, 2015 at 10:00 AM (ET)**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP# on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

SURETY REQUIRED: No

BOND REQUIRED: No

**David J. Francis
Interdepartmental Project Manager**

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

Note to Applicants:

Offers received without the entire completed three-page RIVIP Generated Bidder Certification Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

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SECTION 1: INTRODUCTION

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Rhode Island Executive Office of Health and Human Services (EOHHS), is soliciting proposals from qualified contractors to provide planning, consultation and project management services to facilitate the implementation of Rhode Island's State Innovation Model Test grant as described elsewhere herein, in accordance with the terms of this Request for Proposals and the State's General Conditions of Purchase, which may be obtained at the Rhode Island Division of Purchases Home Page by Internet at www.purchasing.ri.gov .

The initial contract period will begin approximately November 2015 for two years. Contracts may be renewed for up to two additional 12-month periods based on contractor performance and the availability of funds.

This is a Request for Proposals, not an Invitation for Bid. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to price; there will be no public opening and reading of responses received by the Division of Purchases pursuant to this Request, other than to name those offerors who have submitted proposals.

The objective of this Request for Proposals (RFP) is to competitively procure the services of qualified contractor with extensive experience in federal and state health care planning, policy analysis and program implementation as well as project management. **Contractors are strongly encouraged to consider bidding on all four components as part of a single contract, including proposing to partner with subcontractors with particularized expertise in specific project components in order to present a strong comprehensive proposal in response to all project components.**

1.1 INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:

1. Potential vendors are advised to review all sections of this RFP carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP will be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this RFP, or to provide oral or written clarification of its content shall be borne by the vendor. The State assumes no responsibility for these costs.
4. Proposals are considered to be irrevocable for a period of not less than 120 days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.

5. All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
6. Proposals misdirected to other state locations, or which are otherwise not present in the Division at the time of opening for any cause will be determined to be late and will not be considered. For the purposes of this requirement, the official time and date shall be that of the time clock in the reception area of the Division.
7. It is intended that an award pursuant to this RFP will be made to a prime vendor, or prime vendors in the various categories, who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will not be considered. Subcontracts are permitted, provided that their use is clearly indicated in the vendor's proposal and the sub-vendor(s) to be used is identified in the proposal.
8. All proposals should include the vendor's FEIN or Social Security number as evidenced by a W9, downloadable from the Division's website at www.purchasing.ri.gov.
9. The purchase of services under an award made pursuant to this RFP will be contingent on the availability of funds.
10. Vendors are advised that all materials submitted to the State for consideration in response to this RFP will be considered to be Public Records as defined in Title 38, Chapter 2 of the General Laws of Rhode Island, without exception, and will be released for inspection immediately upon request once an award has been made.
11. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.
12. Equal Employment Opportunity (G.L. 1956 § 28-5.1-1, et seq.) – § 28-5.1-1 Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies to all areas where State dollars are spent, in employment, public services, grants and financial assistance, and in state licensing and regulation.
13. In accordance with Title 7, Chapter 1.2 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). This is a requirement only of the successful vendor(s).
14. The vendor should be aware of the State's Minority Business Enterprise (MBE) requirements, which address the State's goal of ten percent (10%) participation by

MBE's in all State procurements. For further information visit the website www.mbe.ri.gov.

15. Under HIPAA, a “business associate” is a person or entity, other than a member of the workforce of a HIPAA covered entity, who performs functions or activities on behalf of, or provides certain services to, a HIPAA covered entity that involves access by the business associate to HIPAA protected health information. A “business associate” also is a sub-vendor that creates, receives, maintains, or transmits HIPAA protected health information on behalf of another business associate. The HIPAA rules generally require that HIPAA covered entities and business associates enter into contracts with their business associates to ensure that the business associates will appropriately safeguard HIPAA protected health information. Therefore, if a vendor qualifies as a business associate, it will be required to sign a HIPAA business associate agreement.

SECTION 2: BACKGROUND

In the early part of 2015, Rhode Island was awarded a State Innovation Model (SIM) Model Test award from the Centers for Medicare and Medicaid Services (CMS). Rhode Island's SIM Model Test Proposal positively responds to the premise on which the SIM effort is based, “that state innovation with broad stakeholder input and engagement, including multi-payer models, will accelerate delivery system transformation to provide better care at lower costs.”¹ Rhode Island state government is committed to fulfilling our potential to be an essential and effective partner to the federal government and other health care payers to improve population health, to transform the health care delivery system; and to decrease per capita health care costs in Rhode Island.

Rhode Island's SIM proposal promotes a vision of a new system of care – one that supports lifelong health and has as its primary focus and goal, the health of the population of the state. This system is constructed on a foundation of blending public health and healthcare delivery, integration of care across all providers, supported by a shift away from traditional fee-for-service payment models.

The SIM development team recognizes that the goals of the SIM Grant go well beyond publicly-funded services and that success in achieving improvements in population health requires not only internal cross-agency and Departmental alignment but explicit partnership with the community, including payers, providers, community-based agencies, and consumers. The successful contractor will need to be able to understand, navigate and communicate with these systems to successfully accomplish the tri-fold work being requested under this RFP.

Specifically, the successful applicant, heretofore referred to as “Contractor” will need to assist the SIM implementation team in:

¹ State Innovation Models: Round Two of Funding for Design and Test Assistance Cooperative Agreement Initial Announcement Funding Opportunity Number: CMS-1G1-14-001 page 2

- Managing all SIM related activities (project management functions) including staffing of all committees and workgroups, providing subject matter expertise as needed, preparing federal quarterly progress reports, and other required federal deliverables including drafting the SIM operational plan.
- Developing a Population Health Plan, including, as an integral portion of the overall Population Health Plan, a plan to transform behavioral health which will help define which health care transformational activities will be developed and implemented.
- Facilitating and staffing a process for developing and implementing an aligned set of health care quality measures for use in Rhode Island.
- Recommending investment of discretionary SIM grant funds to achieve improvements in Population Health and lower overall healthcare delivery cost.

As stated above, in addition to systems change in service delivery, there will also be a change in funding mechanisms. Rhode Island’s SIM Model Test seeks to test the ability of aligning regulatory and state purchasing authority, coupled with provider assistance and community-based services to enable care transformation, to shift its health care system to the RI Value-Based Care Paradigm as described in the State Healthcare Innovation Plan.²

Details of the scope of this work follow in Section 4.

SECTION 3: SCOPE OF WORK

Contractors are strongly encouraged to consider bidding on all four components as part of a single contract, including proposing to partner with subcontractors with particularized expertise in specific project components in order to present a strong comprehensive proposal in response to all project components.

Task 1. Manage All SIM Related Activities

Change Leadership and Project Management:

The State seeks a contractor (s) with expertise in change leadership and project management. The State’s intent is to procure the services of a team with the expertise and experience to support the continued development of the state’s vision and to design processes with sufficient detail to serve as a roadmap for the State and its stakeholder partners (SIM Steering Committee) in the years ahead. The Contractor must provide a Project Manager who is the single point of contact with strong technical skills who can manage a multi-faceted team, including potentially members who may be either employees of the Contractor, or sub-contractors, or even separate Contractor’s chosen because of particularized expertise in one or more of the SIM Tasks. The Project manager must demonstrate expertise in multiple skill sets including but not limited to health care systems design, facilitation, collaboration, data analysis and problem solving, synthesizing information, and knowledge in relevant content areas including population health, behavioral health and payment reform methods. The contractor team must understand systems change and have experience aligning priorities and initiatives across multiple public (e.g.

² The complete state plan can be found at <http://www.healthcare.ri.gov/healthyri/ship.php>

different state agencies) and private entities and initiatives. The Contractor must have the ability to navigate a highly-charged, and at times, polarized environment and build consensus.

A guiding principle in planning and implementation is the use of deliberative, transparent and inclusive processes and the meaningful participation of diverse stakeholders in the design and implementation of every phase of RI's plan. The Contractor will undertake processes in accordance with this principle while promoting communication and collaboration between the different state agencies, all work groups (including the internal state SIM leadership group, measurement alignment workgroups and other workgroups that may be formed), the SIM Steering Committee (which serves as the SIM grant governing body), and other stakeholder committees/boards as appropriate. The Contractor will have regular interactions with the SIM Steering Committee to ensure coordination of efforts. Furthermore, the Contractor will work with key stakeholders and staff members to ensure that target areas of focus are being addressed.

Meeting facilitation and support

The Contractor will be expected to support the SIM Steering Committee and all other SIM-related work groups as required. To date this includes the internal state SIM leadership working group and the measure alignment workgroup. It is anticipated that other workgroups will be formed.

Specific Meeting Facilitation and Support Activities / Tasks

- 1) Work under the leadership of the SIM Project Director and in partnership with the internal state SIM leadership and the SIM Steering Committee to provide project management
 - a) Facilitate regular weekly meetings with the internal state SIM leadership to achieve consensus on project direction and major strategic decisions. Related tasks include: development and tracking of a project work plan, developing meeting agendas; drafting memos and emails for state staff to distribute to stakeholders and interested parties;;developing discussion documents, creating presentations to agency commissioners, and budget tracking and reporting related to this contract.
 - b) Attend, report out at, and synthesize feedback from monthly SIM Steering Committee meetings on progress made on contracted activities,
 - c) Support and adhere to all open meeting requirements including posting meeting agendas and meeting minutes, etc.
- 2) Provide ongoing supervision to any subcontracted vendors. Related tasks include: management of vendor timelines and deliverables; reviewing and editing all communications drafted by vendors; and facilitating weekly check-in meetings.
- 3) Assist with stakeholder management. The Contractor shall develop and manage a process to publically communicate and obtain feedback on the SIM Population Health Plan (to include the integrated Behavioral Health Transformation component), and ensure/facilitate ongoing communication with the State's SIM Population Health Plan partners such as the Department of Health, Medicaid, commercial payers, Hospital Association and others.

The successful bidder must demonstrate the ability to perform the following functions to support the oversight and management of SIM workgroup/committee meetings:

Plan Work Groups Meeting

1. Prepare charters and definition of scope;
2. Communicate with work group members to engage them in the process and prepare them for preliminary and ongoing meetings;
3. Engage in preparatory meetings with the leadership/committee chairs of each workgroup (phone or in person) to plan meeting content and process;
4. Provide or contract for necessary subject matter expertise;
5. Prepare roadmap of meetings for each phase of work that clearly illustrates topics and key decisions that will be the focus of meetings.

Prepare needed materials

1. Research and develop the meeting content
 - a. Gather and synthesize content-specific information (e.g., creating a matrix of quality metrics currently in use nationally in order to facilitate deliberations about a core metrics set with SIM Steering Committee; providing an outline and assessment of discrete options RI could consider in the implementation of the model, evaluated based on compatibility with RI's goals and feasibility). This requires an appropriate level of content-specific knowledge and experience concerning the potential topics of the workgroups.
 - b. Identify peer-reviewed research, web-based sources (e.g., Kaiser) and grey literature.
 - c. Specify focus areas, questions to be answered, options to be considered, etc.
2. Prepare relevant materials needed by work groups for deliberation and consideration such as:
 - a. Slide decks, background information, agendas, objectives, plans for meetings, etc.
 - b. Information needed to lead work group towards desired goals and objectives of their charter.

Staff and support regular meetings with committees/work groups (This minimally includes monthly meetings of the SIM Steering Committee and the measurement alignment workgroup and weekly meetings of the state SIM leadership team).

1. Provide logistics, facilitation and event planning for regular meetings. Coordinate meeting schedules and ensure optimal location.
2. Ensure that any audio-visual needs are met (sound system/microphones, handouts, copies, use of a laptop and projector to enable presentations, webinar, teleconferencing, and other).
3. Provide facilitation support to keep meetings on schedule and on topic.
4. Engage key stakeholders as needed.

5. Coordinate across work groups to ensure cohesion as options are selected.
6. Distribute materials in advance of work group meetings to make full use of meeting time and prepare members for discussion.
7. Prepare assignments or homework for work group members as needed to ensure members are prepared for meetings.
8. Communicate with work group members in between meetings to promote engagement.

Complete meeting summaries and reporting

1. Prepare written meeting summaries/minutes (requires note taking and/or audiotaping at the meetings) and post as required by open meetings law.
2. Have materials posted to the EOHHS website.
3. Maintain a record of work group decisions.
4. Maintain a work process that includes necessary tasks to meet the objectives of the councils and taskforces, as well as identifying potential areas of focus.
5. Prepare written meeting summaries (requiring note-taking at the meetings).
6. Track and compile concerns and deliberations, including those via email in between sessions.
7. Identify and resolve cross-work stream issues.
8. Provide a final report of task force/council engagement, meetings, and input.

Communications and stakeholder engagement

The Contractor will develop and implement communications and public relations strategies and methods (e.g., presentations, website, learning collaborative portals, blogs, articles, branding/messaging, speaking events, conferences and media) to educate and inform the public, policymakers, and stakeholders regarding SIM activities and outcomes. The Contractor will support the inclusion of consumer perspectives, empowerment strategies and ensure consumer-centric communications. The Contractor may participate with state staff in larger stakeholder engagement and informational forums.

Program organization and management

The Contractor will provide miscellaneous organizational and management support as the SIM Steering Committee develops its organizational structure and recruits personnel. Such support may include, but is not limited to, assistance with:

- Setting program goals and objectives.
- Developing SIM Steering Committee business processes.
- Facilitating the development of driver diagrams
- Developing, tracking and updating the project plan.
- Defining, initiating, planning, executing, and monitoring subprojects.

- Identifying, tracking and resolving issues.
- Facilitating coordination among and between other state agencies and key stakeholders.
- Preparing reports on planning and progress of subprojects.
- Analyzing, evaluating and interpreting data.
- Developing and managing grant related operational protocols and quarterly reporting.

Developing Rhode Island's Operational Plan:

As a SIM model test state, RI is required to submit to the Center for Medicare and Medicaid Innovation (CMMI) an Operational Plan, along with a noncompeting continuation award application in order to demonstrate readiness for the first year of the Model Testing Phase. The operational plan needs to describe: how broad-based accountability for outcomes, including total cost of care for Medicare, Medicaid, and CHIP beneficiaries, is created, as well as specific milestones with a quarterly schedule that will document how new payment and service delivery models will move from models that reward service volume to clinical and financial models that reward better health, better care, and lower cost through improvement for the majority of the state's population. Driver diagrams plus an HIT plan are additional components of the overall operational plan.

Specific Tasks and Activities to be included;

- a) Based on the Population Health Plan, including the integrated behavioral health transformation component of the overall Population Health Plan, identify strategies and transformation activities to be included in the operational plan;
- b) Provide the expected outcomes associated with each recommended transformation activity including the expense, policy or regulatory changes required, source of funding (SIM or other) and the expected return on investment in terms of improved population health and cost of care;
- c) Facilitate consensus building among Steering committee members to finalize what transformation activities will be included in the operational plan;
- d) Work with staff and community agencies, as appropriate, to develop implementation plans for the recommended transformation activities;
- e) Work with staff and the Steering committee to develop all subcomponents of the operational plan such as driver diagrams, an HIT plan, a measure harmonization process/plan, etc.
- f) Draft the operational plan based on input from the State SIM leadership, the Steering committee and other relevant stakeholders;
- g) Develop a process to finalize and submit the plan and any other required annual reports as required by CMMI.

As SIM staff are hired during the course of SFY16, consultant services may be reduced, as appropriate, to avoid duplication.

The contractor will produce a description of the services that will be provided including: direct consultation and management services, and subcontracts for specific aspects of this project with other entities.

Task 2. Population Health Plan

The Contractor shall provide ongoing project management services and subject matter expertise for the continued development, and implementation of Rhode Island’s Population Health Plan, including the fully integrated Behavioral Health Transformation component of the overall Population Health Plan. While the fully integrated Behavioral Health Transformation component of the overall Population Health Plan will, ideally, be developed by the same Contractor that develops the Population Health Plan and conducts the project management, this will only be appropriate if that Contractor has the appropriate specific content subject matter expertise in behavioral health transformation, behavioral health delivery and payment systems and the special challenges associated with integrating behavioral health in overall population health improvement strategies and systems. If the Contractor does not have that particularized behavioral health transformation expertise, it is strongly recommended that the Contractor subcontract with an entity that does. The Contractor must complete the activities described below for Task 2.

The development of RI’s Population Health Plan will be jointly directed by a Public Health leader, from the Department of Health (DOH), the OHIC Health Policy Analyst, and a Chief of Transformation from BHDDH. They will oversee the work of the contractor hired through this RFP in collaboration with the state’s SIM Project Director. This contractor will work with the internal SIM leadership and the SIM Steering Committee to finalize the Population Health Plan and the Transformation Activities to be implemented. The Plan must be integrated with HEALTH’s current statewide health planning efforts and will draw upon studies already concluded and under way by the Rhode Island Health Care Planning and Accountability Advisory Council.³

1) Specific Activities / Tasks to be provided

- a) Research Population Health as it pertains to Rhode Island’s particular needs and resources.
 - i) Review HEALTH’s current statewide health planning efforts and draw upon studies already concluded and under way by the Rhode Island Health Care Planning and Accountability Advisory Council.
 - ii) Coordinate efforts of the Population Health Plan to align with the state’s Healthy People 2020 plan, the National Prevention Strategy, and the National Quality Strategy
 - iii) Identify available data sources (Department of Health, BHDDH, APCD, the statewide HIE, etc.) and any data needed from stakeholders, develop plans for accessing data in aggregate or at client level, as needed, including the use of Data Use and Confidentiality Agreements.
 - iv) Conduct benchmarking and regional comparisons for measures of the aforementioned nine population health focus areas.

³ Previous planning studies are available on HEALTH’s website: www.health.ri.gov.

- b) Research other state's Population Health Plans to provide insight into successful strategies as well as commonly encountered risks and successful mitigation strategies.
- c) Provide technical assistance and subject matter expertise by utilizing staff with specific expertise in the development/implementation of a Population Health Plan including integration of the behavioral health transformation component of the comprehensive Population Health Plan.
- d) Draft a process for sharing the Population Health Plan publically, providing a public comment period and assuring data access transparency, including venues or tools for sharing information.
- e) Draft the Population Health Plan meeting all SIM grant requirements.

The Plan should have, at minimum, the following components:

1. Executive Summary (endorsed by state Director of Health and other appropriate parties)
2. Overall health, including behavioral health, burden in the State
 - 2.1. Current population health status
 - 2.2. Summary of Hospital community Needs Assessment/relevant state surveillance and epi reports
 - 2.3. Health inequities/ disparities discussion at the community and population level
 - 2.4. Hot spots for disproportionate percentage of health care costs
 - 2.5. <http://www.health.ri.gov/publications/healthassessments/RI2014.pdf>
3. Current State
 - 3.1. Major activities currently ongoing in state to improve health outcomes and risk factor-related behavior
 - 3.2. State capacity and infrastructure
4. Stakeholders
 - 4.1. Internal and external involved in development of the plan
 - 4.2. Stakeholders role in plan development and implementation
5. Goals and Objectives and recommended Transformation Activities for:
 - 5.1. Tobacco
 - 5.2. Obesity, diabetes, heart disease and stroke.
 - 5.3. Smoking prevalence.
 - 5.4. Cancer morbidity and mortality.
 - 5.5. Preventable emergency department visits, hospitalizations, and readmissions.
 - 5.6. Behavioral health morbidity and mortality.
 - 5.7. Prevention of infectious disease.
 - 5.8. Child health: immunizations, developmental screening and referral, and asthma control.
 - 5.9. Infant mortality (Cesarean section rate and premature delivery).

- 5.10. End of life care and palliative care.
- 5.11. Delivery System Transformation to improve outcomes and lower costs

These goals, objectives and interventions must:

- 5.12. Be spread across policy, systems and environmental changes
- 5.13. Support and reinforce healthy behaviors (evidence-based practice and environmental approaches)
- 5.14. Include health systems interventions; and clinic-community linkages.
- 5.15. have a strong prevention population or group focus;
- 5.16. Have a foundation in the evidence base and justified by local data; and
- 5.17. Be sustainable over time.
- 5.18. Include interventions to address health disparities and achieve health equity in terms of both risk factors and health outcomes

6. Plan for implementation and governance

- 6.1. Policy, regulatory and legislative framework
- 6.2. Sustainability plan
- 6.3. Plan to leverage and implement interoperable health IT
- 6.4. Community capacity development to conduct needs assessment, certification and monitoring for community-based services
- 6.5. Integrate community-service providers, including public health as integral part of the coordinated care delivery
- 6.6. Improved care coordination using health IT across all entities to include community-based services through referral management, transitions of care, and referral feedback on patient outcomes
- 6.7. In consultation with the SIM Evaluator the Plan will also include sections on:
 - 6.7.1. Alignment of quality measures
 - 6.7.2. Quality monitoring and reporting infrastructure
 - 6.7.3. Development of new population level data sets through health IT

Task 3. Behavioral Component of the Comprehensive Population Health Plan referenced in Task 2

The Contractor will be responsible for ensuring that Rhode Island’s Population Health Plan explicitly recognizes the behavioral health needs of our residents and the need to integrate behavioral health with the overall healthcare delivery system. This Contractor will also assist in the implementation of the transformation of our behavioral health system, in concert with our overall healthcare delivery transformation. Rhode Island’s vision is to ensure that all Rhode Islanders have the opportunity to achieve the best possible behavioral health and well-being within healthy local communities that promote empowerment, inclusion, and shared responsibility. To meet this goal, Rhode Island envisions a population health model that:

- Is based on the need and demand for behavioral health services across the continuum of age groups from infancy through older adults.

- Embraces decision-making based on evidence-based practices for each age cohort to create effective prevention, treatment and recovery support delivery.
- Ensures effective action through collaborations with state agencies, private partners and community participants.
- Utilizes data, information, reports, and studies by the State of Rhode Island to make informed policy decisions regarding behavioral health transformation.
- Ensures integration of behavioral health into the overall healthcare delivery system, particularly at the primary care level.

The lifespan approach acknowledges the evidentiary links of mental and substance use disorders across an individual's life, beginning in infancy and childhood, having the greatest impact among young adults, and continuing through to late adulthood for many individuals. Age appropriate interventions and treatment can help to curb the impact of behavioral health disorders, providing that the best treatment practices are available within local communities.

2) Specific Activities / Tasks to be provided:

- f) Research Population Health as it pertains to Rhode Island's particular behavioral healthcare needs and resources.
 - i) Review the Truven Health Analytics study of Behavioral Healthcare Supply, Demand and Costs in Rhode Island and draw upon studies already concluded and under way by the Rhode Island Health Care Planning and Accountability Advisory Council or other relevant stakeholders, especially BHDDH.
 - ii) Identify available data sources (Department of Health, BHDDH, APCD, the statewide HIE, etc.) As well as is needed from stakeholders, develop plans for accessing data in aggregate or at client level, as needed, including the use of Data Use and Confidentiality Agreements.
- g) Research other state's plans to integrate Behavioral Healthcare into the healthcare delivery system to provide insight into successful strategies as well as commonly encountered risks and successful mitigation strategies.
- h) Provide technical assistance and subject matter expertise by utilizing staff with specific expertise in behavioral health for the development/operations of a Population Health Plan.
- i) Draft a plan for SIM Population Health Plan for Behavioral Healthcare public data access/transparency, including venues or tools for sharing information.
- j) Draft the Behavioral Healthcare component of the Population Health Plan.
- k) Develop strategies and Transformational Activities to integrate Behavioral Health Plan into the restructured healthcare delivery system.

The fully integrated Behavioral Health Transformation component of the overall Population Health Plan will ideally be developed by the same Contractor that develops the Population Health Plan and conducts the project management; however, this will require appropriate specific content subject matter expertise in behavioral health transformation, behavioral health delivery and payment systems and the special challenges associated with integrating behavioral health in overall population health improvement strategies and systems. If the Contractor does not have that particularized behavioral health

transformation expertise, it is strongly recommended that the Contractor subcontract with an entity that does.

Task 4. Developing a Set of Aligned Health Measures

In consultation with a multi-stakeholder work group, the Contractor shall be responsible for facilitating the development of an aligned set of health measures for use in Rhode Island. While the measure alignment will, ideally, be developed by the same Contractor that conducts the project management and is responsible for developing the Plans in Tasks 2 and 3, this will only be appropriate if that Contractor has the appropriate content expertise. If the Contractor does not have that expertise, it is strongly recommended that the Contractor subcontract with an entity that does, however it is not required.

The SIM Round 2 Funding Opportunity Announcement (at p. 9) describes the measure alignment requirement as follows:

“(7) Quality Measure Alignment. The state must provide plans to develop a state-wide plan to align quality measures across all payers in the state. If the state and key stakeholders have not yet reached consensus on such a plan at the time of submission, the proposal must describe in detail any progress to date on quality measure alignment, including the successes and challenges faced, and must articulate a path for developing a realizable plan by the conclusion of the up to 12 month pre-implementation period. The plan should also demonstrate the payers’ commitment to reducing the administrative and/or non-clinical burden to providers in the state.”

Additionally the SIM Program Terms and Conditions for this cooperative agreement specifically state RI is to:

“Achieve alignment in quality measures across payers for the proposed model and leverage health IT capacity including certified EHRs, HIE capacity and data intermediaries to ensure valid measures are reported to payers and timely feedback is shared with providers to drive improvement.”

Goals of Quality Measure Alignment

The goals related to task #4 include the following:

- To improve quality of care and health care outcomes;
- To facilitate and advance payment reform;
- To reduce the cost of health care delivery;
- To increase transparency through public reporting.

Specific Tasks and Activities to be included:

- a) Facilitate and Staff the measures alignment work group
- b) Develop criteria for measures selection after review of the literature and the work completed in other states/nationally
- c) Summarize measure sets currently in use in the commercial health insurance industry and by the Federal government health insurance market and by public payers (including Medicaid and Medicare).
- d) Track and monitor measure harmonization efforts at HHS and CMS in order to advise how best to align state measures with the federal government
- e) Prioritize the measures identified
- f) Present proposed measures with justification to the SIM Steering Committee
- g) Develop a public process for review/comment on the proposed measure set
- h) Establish a process for the ongoing governance of measure harmonization including an annual review of defined measures set a process for adding and retiring measures as needed on new research, evolving standards of care etc.
- i) Assist the State in the implementation of an aligned measures set, based on the SIM grant work.

TASK 5 : Special Enhancement Activities as Needed

In addition to Tasks 1 through 4 should additional funding become available, the State reserves the option to direct the State Innovation Model (SIM) Model Test Grant: Project Management and Plan Development Vendor to conduct additional tasks to support the overall scope of this project. It is critical that the state have the flexibility to bring on additional technical assistance and expertise in a timely manner in order to perform activities which require similar expertise and work functions as those in Section 3: Scope of Work- Tasks 1-4.

The decision to utilize services under Task 5 will be solely at the State's request, and will be for specific enhancement activities not already included under Tasks 1 through 4. These optional activities will be defined and agreed to in writing, by both the State and the vendor, before any enhancement work begins. There is no commitment on the part of the State to utilize any or all special projects/enhancement activities. All bidders must bid on Task 5 using the hourly rates established in the award. Task should be bid and paid on a fully loaded time and materials basis for all personnel and subcontractors to be utilized in completing the optional task(s). This work must support but not duplicate the work described in the technical proposal's scope of work. This work cannot exceed 10% of the initial award. Should new funding become available the Purchasing Agent would need to authorize payments in excess of 10% of the contract for special enhancements. The awarded vendor shall not perform any special enhancement activities without receipt of a formal change order issued by the Division of Purchases.

The state reserves the right to award a contract for Task 3 *Behavioral Component of the Comprehensive Population Health Plan referenced in Task 2 separately if it is in the best interests of the state to do so in order to meet the goals and requirements of the SIM grant.*

SECTION 4: DELIVERABLES

Deliverables are described in the table below with suggested due dates consistent with the terms of the Grant. Due dates are suggested below however a Contractor may propose or identify alternative dates that assure that all work will be completed within the overall deadlines required by the terms of the SIM Grant documents. It is the responsibility of the Contractor to propose and develop an overall work plan that ensures that all deliverables, as required by the terms of the SIM Grant, are fulfilled in a timely manner:

Reporting Requirement/Deliverable	Due Date
Task 1: Project Management	
Kickoff meeting with internal state SIM leadership team	Week contract signed
Monthly meetings with SIM Steering Committee	First month when contract signed and monthly thereafter
Quarterly Reports are to be sent to the Project Director that will include: accomplishments, challenges and risks, risk mitigation plan/strategies, updated work plan	Quarterly
Develop draft of Operational Plan	2 months after contract signed
Task 2: Develop Population health Plan	
Initial research on Population Health Plan completed	2 months after contract signed
Population Health Plan, including fully integrated behavioral health transformation component of the overall Population Health Plan, outline drafted and shared with internal state SIM leadership team	10 weeks after contract signed
Quality, actionable Population Health Plan, including a Behavioral Health component, are finalized	February 2016
As part of the Population Health Plan, recommend Transformational Activities including type of activity, cost, source of funding and expected improvement in outcomes and lowering healthcare cost.	March 2016
Task 3: Develop Behavioral Health Plan	
Initial research on the fully integrated Behavioral Healthcare Transformation Component of overall Population Health Plan completed	2 months after contract signed
Fully integrated Behavioral Healthcare Transformation Component of overall Population Health Plan outline drafted and shared with internal state SIM leadership team	10 weeks after contract signed
Task 4: Measure Alignment	
Facilitate measurement harmonization with Steering Committee and SIM Leadership	4 bi-weekly meetings after contract signed

Summarize measure sets currently in use	2 months after contract signed
Assist the State in the implementation of an aligned measures set	Ongoing

SECTION 5: TECHNICAL PROPOSAL

Narrative and format: The technical proposal must address specifically each of the required elements.

Section
A. Capability, Capacity and Qualifications of Proposed Contractor and Subcontractors
<ul style="list-style-type: none"> a. For the applicant agency and each possible subcontracting agency, a brief paragraph describing similar projects undertaken including key lessons learned. b. A description of the business background of the applicant (and all proposed subcontractors). c. Applicant's experience networking with multiple stakeholders including government agencies. d. Description of relevant qualifications of the applicant or agency including: <ul style="list-style-type: none"> 1. project management approaches and experience, facilitation and consensus building approaches and experience. 2. understanding and experience with driving health care transformation, an understanding of and experience with analyzing population health data and developing population health strategies, plans and projects. 3. understanding and experience with driving health care transformation, an understanding of and experience with analyzing population health data and developing population health strategies, plans and projects. 4. understanding and experience with facilitating the development of a measurement alignment plan with diverse stakeholders.
B. Staffing Plan and Qualifications of Staff
<p>Please propose a staffing pattern that will be sufficient to insure that the scope of work you are proposing will be completed on time and within budget. Please explicitly identify the following for each project component included in your proposal:</p> <ul style="list-style-type: none"> a. All contractor staff as well as all subcontractor staff distinguishing between the two, their specific roles and responsibilities, the percentage of time each staff person is dedicated to this scope of work, and reporting relationships. b. Please include a Curriculum Vitae/resume or biographical statement of the proposed project Director and or manager, all professional staff, and any consultants/ subcontractor staff identified in the staffing plan.
C. Work Plan
<p>For each Task your approach for implementing the scope of work associated with that Task as well as a detailed work plan with a work breakdown structure. Please outline your approach for:</p>

<ul style="list-style-type: none"> a. Managing all SIM project work (Project management) including facilitating and consensus building across stakeholder groups. b. Developing a Population Health Plan. c. Developing an integrated Behavioral Health Transformation component of the Population Health Plan. d. Developing an aligned health measures set for Rhode Island’s SIM program. e. Developing an operational plan for the SIM Grant activities.
<p>D. Ability to Implement Multiple Components Individually or through Collaboration with Qualified Partners</p>
<ul style="list-style-type: none"> a. Applicants will describe how they will collaborate with or subcontract with other entities to complete the work described in this RFP. b. Applicants will describe the qualifications of the partners that they collaborate with or with whom they subcontract.

SECTION 6: COST PROPOSAL

Detailed Budget and Budget Narrative:

The applicant must submit a **separate** annualized line item budget using Appendix A: Budget Form, reflecting costs to be charged to any resulting contract **for each Task (Tasks 1 through 4 of Section 3: Scope of Work) of the project that the applicant is proposing to accomplish.** The cost proposal must be accompanied by a budget narrative describing calculations and justification for expenditures. The budget narrative should also describe any anticipated program income, in-kind contributions, or complementary funding resources. Administrative funds should not be equal to more than 10% of the total value of the budget. If administrative funds are greater than 10%, please provide separate written justification. Indirect costs must not exceed 10% as required under the CMS terms and the conditions for the cooperative agreement which is solely funding this contract

SECTION 7: EVALUATION AND SELECTION

Proposals will be reviewed by a Technical Review Committee comprised of staff from state agencies. To advance to the Cost Evaluation phase, the Technical Proposal must receive a minimum of 50 (71%) out of a maximum of 70 technical points.. Any technical proposals scoring less than 50 points will be considered non responsive and not have the cost component opened and evaluated. The proposal will be dropped from further consideration.

Proposals scoring 50 technical points or higher will be evaluated for cost and assigned up to a maximum of 30 points in cost category, bringing the potential maximum score to 100 points.

The State reserves the exclusive right to select the individual(s) or firm (contractor) that it deems to be in its best interest to accomplish the project as specified herein; and conversely, reserves the right not to fund any proposal(s).

Proposals will be reviewed and scored based upon the following criteria:

Criteria	Possible Points
1. Capability, Capacity and Qualifications of the Offeror	15 Points
2. Staffing Plan and Qualifications of Staff	20 Points
3. Quality of Work Plan and Approach	25 Points
4. Demonstrated Ability to Complete All Tasks	10 Points
Total Possible Technical Points	70 Points
Cost calculated as lowest responsive cost proposal divided by the respondent's cost proposal, times 30 points *	30 Points
Total Possible Points	100 Points

*The Low bidder will receive one hundred percent (100%) of the available points for cost. All other bidders will be awarded cost points based upon the following formula:

$$(\text{Low bid} / \text{contractors bid}) * \text{Available points}$$

For example: If the low bidder (Contractor A) bids \$65,000 and Contractor B bids \$100,000 for monthly cost and service fee and the total points available are thirty (30), contractor B's cost points are calculated as follows:

$$\$65,000 / \$100,000 * 30 = 19.5$$

Points will be assigned based on the offeror's clear demonstration of his/her abilities to complete the work, apply appropriate methods to complete the work, create innovative solutions and quality of past performance in Similar projects.

Applicants may be required to submit additional written information or be asked to make an oral presentation before the technical review committee to clarify statements made in their proposal.

SECTION 8: PROPOSAL SUBMISSION

Questions concerning this solicitation may be e-mailed to the Division of Purchases at david.francis@purchasing.ri.gov no later than the date and time indicated on page one of this solicitation. Please reference **RFP # 7549877** on all correspondence. Questions should be submitted in a Microsoft Word attachment. Answers to 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. If technical assistance is required to download, call the Help Desk at (401) 574-9709.

Offerors are encouraged to submit written questions to the Division of Purchases. **No other contact with State parties will be permitted.** Interested offerors may submit proposals to provide the services covered by this Request on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases will not be considered.

Responses (**an original plus five (5) copies**) should be mailed or hand-delivered in a sealed envelope marked “**RFP# 7549877 State Innovation Model (SIM) Model Test Grant: Project Management and Plan Development**” to:

**Rhode Island Department of Administration
Division of Purchases, 2nd floor
One Capitol Hill
Providence, RI 02908-5855**

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

SECTION 9: RESPONSE CONTENTS

Responses shall include the following:

1. One completed and signed three-page R.I.V.I.P generated bidder certification cover sheet (included in the original only) downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov.
2. One completed and signed W-9 (included in the original only) downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov.
3. **A separate Technical Proposal** describing the qualifications and background of the applicant and experience with and for Similar projects, and all information described earlier in this solicitation. The Technical Proposal is limited to twenty (20) pages (This excludes any appendices and, as appropriate, resumes of key staff who will provide services covered by this request).
4. **A separate, signed and sealed Cost Proposal** using **Appendix A: Budget Form** reflecting the hourly rate, or other fee structure described in Section 5: Cost Proposal, proposed to complete all of the requirements of this project.
5. In addition to the multiple hard copies of proposals required, Respondents are requested to provide their proposal in **electronic format (flash drive)**. Microsoft Word / Excel OR PDF format is preferable. Only 1 electronic copy is requested and it should be placed in

the proposal marked “original.”

SECTION 10: CONCLUDING STATEMENTS

Notwithstanding the above, the State reserves the right not to award this contract or to award on the basis of cost alone, to accept or reject any or all proposals, and to award in its best interest. Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

The State may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for award.

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

<https://www.purchasing.ri.gov/RIVIP/publicdocuments/ATTA.pdf>

APPENDIX A
BUDGET FORM 1 of 4
TERM: 12 Months

PROJECT COSTS

COST CATEGORY	EOHHS FUNDING ALLOCATED TO EACH COST
DIRECT PROGRAM COSTS:	
PERSONNEL	\$
FRINGE BENEFITS	\$
SUBCONTRACTORS	\$
IN-STATE TRAVEL	\$
OUT-OF-STATE	\$
PRINTING	\$
SUPPLIES	\$
EQUIPMENT	\$
EDUCATION MATERIALS	\$
OTHER	\$
TOTAL DIRECT CHARGES:	\$
INDIRECT (NOT EXCEED 10%) Based on the Terms and Conditions of the CMS SIM Cooperative Agreement Funding this RFP, recipients cannot be reimbursed for indirect costs at a rate in excess of 10%.	Indirect rate: \$
TOTAL PROJECT COSTS: *	

* The Total Project Cost, as well as all resources being applied to the total Project Cost, must be disclosed in this budget.

BUDGET FORM 2 of 4

BUDGET JUSTIFICATION

DIRECT PROGRAM COSTS - DETAIL OF APPLICANT PERSONNEL

NAME POSITION TITLE DESCRIPTION OF GRANT DUTIES	Fully Loaded Hourly Rate	TOTAL ANNUAL SALARY	TOTAL ANNUAL FRINGE	TIME DEVOTED TO PROJECT	TOTAL AMOUNT (\$) CHARGEABLE TO EOHHS GRANT AWARD
Task 1					
Task 2					
Task 3					
Task 4					
TOTAL REQUEST FROM EOHHS FOR APPLICANT'S PERSONNEL					\$

BUDGET FORM 3 of 4

DIRECT PROGRAM COSTS - DETAIL OF SUBCONTRACTORS

	NAME OF SUBCONTRACTOR; INCLUDE BRIEF DESCRIPTION OF STAFFING, STAFFING COSTS AND STAFF TIME TO BE DEVOTED TO PROJECT; AND OTHER GENERAL ESTIMATED COSTS	TOTAL AMOUNT (\$) CHARGEABLE TO EOHHS GRANT AWARD
Task 1		
Task 2		
Task 3		
Task 4		
	TOTAL REQUEST FROM EOHHS	

BUDGET FORM 4 of 4

EXPLANATION OF OTHER DIRECT EXPENSES

EXPENSE CATEGORY		DESCRIPTION	TOTAL COST \$	TOTAL AMOUNT (\$) CHARGEABLE TO EOHHS GRANT AWARD
Task 1				
Task 2				
Task 3				
Task 4				
TOTAL REQUEST FROM EOHHS				

EXPLANATION OF INDIRECT EXPENSES (Not to Exceed 10%)

EXPENSE CATEGORY		DESCRIPTION	TOTAL COST \$	TOTAL AMOUNT (\$) CHARGEABLE TO EOHHS GRANT AWARD
Task 1				
Task 2				
Task 3				
Task 4				
TOTAL REQUEST FROM EOHHS				

EXPLANATION OF OTHER RESOURCES APPLIED TO TOTAL PROJECT COST

DESCRIPTION		AMOUNT
Task 1		
Task 2		
Task 3		
Task 4		