



**Solicitation Information
10/26/2021**

RFP # 7659817

TITLE: Statewide Assister Network Services

Submission Deadline: Tuesday, November 30, 2021 at 2:00 PM (Eastern Time)

**PRE-BID/ PROPOSAL CONFERENCE: No
MANDATORY: No**

If YES, any Vendor 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 vendor whom he/she represents. A vendor's failure to attend and register at the mandatory Pre-Bid/ Proposal Conference shall result in disqualification of the vendor's bid proposals as non-responsive to the solicitation.

DATE:

LOCATION:

Questions concerning this solicitation must be received by the Division of Purchases at doa.purquestions1@purchasing.ri.gov no later than, **November 05, 2021 at 1:00 PM (Eastern Time)**. 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 Division of Purchases' website as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

BID SURETY BOND REQUIRED: No

PAYMENT AND PERFORMANCE BOND REQUIRED: No

Nina M. Lennon, Interdepartmental Project Manager

Note to Applicants:

1. Vendors must register in RIVIP at the Division of Purchases' website at <https://www.purchasing.ri.gov/RIVIP/VendorRegistration.aspx>.
2. Proposals received without a completed RIVIP Vendor Certification Cover Form attached may result in disqualification.

THIS PAGE IS NOT A RIVIP VENDOR CERTIFICATION COVER FORM

COVID-19 EMERGENCY PROTOCOL FOR BID OPENINGS

Vendors and the public are advised that due to Covid-19 emergency social distancing requirements bid openings at the Division of Purchases shall be conducted via live streaming on the ZOOM website/application. Vendors and the public shall not be permitted to enter the Division of Purchases to attend bid openings. Vendors and the public who attend bid openings via live streaming shall be required to identify themselves and a record of all such attendees shall be maintained by the Division of Purchases. Vendor bid proposals shall be opened and read aloud at the date and time listed herein. The results of bid solicitations requiring a public copy for public works projects shall be posted on the Division of Purchases website as soon as possible after the bid opening. For RFP solicitations only vendor names shall be read aloud at the opening.

Vendors and the public are further advised that visitor access to the Powers Building at One Capitol Hill, Providence, RI requires pre-screening at the entrance to the building. In accordance with the Governor's Executive Order(s) and Department of Health emergency regulations all visitors to the Powers Building must wear a cloth mask which covers the nose and mouth. Vendors delivering bid proposals to the Division of Purchases should allow sufficient time for the pre-screening process. The Division of Purchases assumes no responsibility for delays caused by the screening process or any other reason. Vendors are solely responsible for on time delivery of bid proposals. The Division of Purchases shall not accept late bids for any reason.

BID OPENING ZOOM INFORMATION

Division of Purchases is inviting you to a scheduled Zoom meeting for the bid opening.

Topic: RFP# 7659817 Statewide Assister Network Services

Time: Nov 30, 2021 02:00 PM Eastern Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/81947048036?pwd=VDJJZG9rNmFBWE4bW9OR24zb2ZKUT09>

Meeting ID: 819 4704 8036

Passcode: 362530

One tap mobile

+13126266799,,81947048036#,,, *362530# US (Chicago)

+16465588656,,81947048036#,,, *362530# US (New York)

Dial by your location

+1 312 626 6799 US (Chicago)

+1 646 558 8656 US (New York)

+1 301 715 8592 US (Washington DC)

+1 346 248 7799 US (Houston)

+1 669 900 9128 US (San Jose)

+1 253 215 8782 US (Tacoma)

833 548 0276 US Toll-free

888 788 0099 US Toll-free

Meeting ID: 819 4704 8036

Passcode: 362530

Find your local number: <https://us02web.zoom.us/j/81947048036?pwd=VDJJZG9rNmFBWE4bW9OR24zb2ZKUT09>

Table of Contents

SECTION 1: INTRODUCTION	4
Instructions and Notifications to Vendors	4
SECTION 2: BACKGROUND	8
SECTION 3: SCOPE OF WORK AND REQUIREMENTS	12
SECTION 4: PROPOSAL	20
A. Technical Proposal	20
B. Cost Proposal	24
C. ISBE Proposal	25
SECTION 5: EVALUATION AND SELECTION	25
SECTION 6: QUESTIONS	27
SECTION 7: PROPOSAL CONTENTS	27
SECTION 8: PROPOSAL SUBMISSION	28
SECTION 9: CONCLUDING STATEMENTS	29
APPENDIX A. PROPOSER ISBE RESPONSIBILITIES AND MBE, WBE, AND/OR DISABILITY BUSINESS ENTERPRISE PARTICIPATION FORM	30

SECTION 1: INTRODUCTION

The Rhode Island Department of Administration (DOA), on behalf of the HealthSourceRI (HSRI) is soliciting proposals from qualified firms to develop, select, train and manage a statewide network of assisters to support Rhode Islanders needing help to obtain or maintain health care coverage as provided by the Patient Protection and Affordable Care Act (ACA) [Provide a brief description of the service(s) your agency is looking to acquire], in accordance with the terms of this Request for Proposals (“RFP”) and the State’s General Conditions of Purchase, which may be obtained at the Division of Purchases’ website at www.ridop.ri.gov.

The initial contract period will begin approximately May 1, 2022 for two years. Contracts may be renewed for up to five (4) additional years, in either twelve (12) or twenty-four (24) month periods based on vendor performance and the availability of funds.

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

Instructions and Notifications to Vendors

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 RFP are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP may be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this RFP or for providing oral or written clarification of its content, shall be borne by the vendor. The State assumes no responsibility for these costs even if the RFP is cancelled or continued.
4. Proposals are considered to be irrevocable for a period of not less than 180 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 in the proposal.
6. 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. Subcontracts are permitted, provided that their use is clearly indicated in the vendor’s proposal and the subcontractor(s) to be used is identified in the proposal.
7. The purchase of goods and/or services under an award made pursuant to this RFP will be contingent on the availability of appropriated funds.

8. Vendors are advised that all materials submitted to the Division of Purchases for consideration in response to this RFP may be considered to be public records as defined in R. I. Gen. Laws § 38-2-1, et seq. and may be released for inspection upon request once an award has been made.

Any information submitted in response to this RFP that a vendor believes are trade secrets or commercial or financial information which is of a privileged or confidential nature should be clearly marked as such. The vendor should provide a brief explanation as to why each portion of information that is marked should be withheld from public disclosure. Vendors are advised that the Division of Purchases may release records marked confidential by a vendor upon a public records request if the State determines the marked information does not fall within the category of trade secrets or commercial or financial information which is of a privileged or confidential nature.

9. 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.
10. By submission of proposals in response to this RFP vendors agree to comply with R. I. General Laws § 28-5.1-10 which mandates that vendors/subcontractors doing business with the State of Rhode Island exercise the same commitment to equal opportunity as prevails under Federal contracts controlled by Federal Executive Orders 11246, 11625 and 11375.

Vendors are required to ensure that they, and any subcontractors awarded a subcontract under this RFP, undertake or continue programs to ensure that minority group members, women, and persons with disabilities are afforded equal employment opportunities without discrimination on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, national origin, or disability.

Vendors and subcontractors who do more than \$10,000 in government business in one year are prohibited from engaging in employment discrimination on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, national origin, or disability, and are required to submit an “Affirmative Action Policy Statement.”

Vendors with 50 or more employees and \$50,000 or more in government contracts must prepare a written “Affirmative Action Plan” prior to issuance of a purchase order.

- a. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation.
- b. Vendors further agree, where applicable, to complete the “Contract Compliance Report” (<http://odeo.ri.gov/documents/odeo-eeo-contract-compliancereport.pdf>), as well as the “Certificate of Compliance” (<http://odeo.ri.gov/documents/odeo-eeo-certificate-of-compliance.pdf>), and submit both documents, along with their Affirmative Action Plan or an Affirmative Action Policy Statement, prior to issuance of a purchase order.

For further information, contact the Rhode Island Equal Employment Opportunity Office via e-mail at odeo.eoo@doa.ri.gov.

11. In accordance with R. I. Gen. Laws § 7-1.2-1401 no foreign corporation has the right to transact business in Rhode Island until it has procured a certificate of authority so to do from the Secretary of State. This is a requirement only of the successful vendor(s). For further information, contact the Secretary of State at (401-222-3040).

12. In accordance with R. I. Gen. Laws §§ 37-14.1-1 and 37-2.2-1 it is the policy of the State to support the fullest possible participation of firms owned and controlled by minorities (MBEs) and women (WBEs) and to support the fullest possible participation of small disadvantaged businesses owned and controlled by persons with disabilities (Disability Business Enterprises a/k/a “DisBE”)(collectively, MBEs, WBEs, and DisBEs are referred to herein as ISBEs) in the performance of State procurements and projects. As part of the evaluation process, vendors will be scored and receive points based upon their proposed ISBE utilization rate in accordance with 150-RICR-90-10-1, “Regulations Governing Participation by Small Business Enterprises in State Purchases of Goods and Services and Public Works Projects”. As a condition of contract award vendors shall agree to meet or exceed their proposed ISBE utilization rate and that the rate shall apply to the total contract price, inclusive of all modifications and amendments. Vendors shall submit their ISBE participation rate on the enclosed form entitled “MBE, WBE and/or DisBE Plan Form”, which shall be submitted in a separate, sealed envelope as part of the proposal. ISBE participation credit will only be granted for ISBEs that are duly certified as MBEs or WBEs by the State of Rhode Island, Department of Administration, Office of Diversity, Equity and Opportunity or firms certified as DisBEs by the Governor’s Commission on Disabilities. The current directory of firms certified as MBEs or WBEs may be accessed at <http://odeo.ri.gov/offices/mbeco/mbe-wbe.php>. Information regarding DisBEs may be accessed at www.gcd.ri.gov. For further information, visit the Office of Diversity, Equity & Opportunity’s website, at <http://odeo.ri.gov/> and see R.I. Gen. Laws Ch. 37-14.1, R.I. Gen. Laws Ch. 37-2.2, and 150-RICR-90-10-1. The Office of Diversity, Equity & Opportunity may be contacted at, (401) 574-8670 or via email Dorinda.Keene@doa.ri.gov

13. In the RIVIP Vendor Certification Cover Form, Section 4, Question 11, bidders shall certify agreement to the State’s contract terms. However, in accordance with Section 220-RICR-30-00-13.3(C)(3) of the General Conditions, the Vendor may submit in their bid or proposal, “[q]ualified or conditional offers which impose limitations of the Vendor’s liability or modify the requirements of the solicitation, offers for alternate specifications, or offers which are made subject to different terms and conditions, including form contracts, other than those specified by the State.” However, qualified or conditional offers “may be, at the sole discretion of the State Purchasing Agent:
 - a. Rejected as being non-responsive; or,
 - b. Set aside in favor of the requirements set forth in the solicitation (with the consent of the Vendor); or,
 - c. Accepted, if the State Purchasing Agent determines in writing that such acceptance is in the best interest of the State.”

By submitting a conditional or qualified offer, the Vendor bears the risk of their bid or proposal being considered non-responsive. In the event the State receives a conditional or qualified offer, the State reserves the right to adjust evaluation points in an RFP procurement, conduct a best and final offer process offering the same terms to all vendors, and/or reject a qualified/conditional proposal as being non-responsive at any time during the review process. The Vendor should not assume that any further negotiation will occur upon selection.

14. **Insurance Requirements** – In accordance with this solicitation, or as outlined in Section 13.19 of the General Conditions of Purchase, found at

<https://rules.sos.ri.gov/regulations/part/220-30-00-13> and General Conditions - Addendum A found at <https://www.ridop.ri.gov/documents/general-conditions-addendum-a.pdf>, the following insurance coverage shall be required of the awarded vendor(s):

General Requirements:

- 14a) Liability - combined single limit of \$1,000,000 per occurrence, \$1,000,000 general aggregate and \$1,000,000 products/completed operations aggregate.
- 14b) Workers compensation - \$100,000 each accident, \$100,000 disease or policy limit and \$100,000 each employee.
- 14c) Automobile liability - \$1,000,000 each occurrence combined single limit.
- 14d) Crime - \$500,000 per occurrence or 50% of contract amount, whichever is greater.

Professional Services:

- 14e) Professional liability (“errors and omissions”) - \$2,000,000 per occurrence, \$2,000,000 annual aggregate.
- 14f) Environmental/Pollution Liability when past, present or future hazard is possible - \$1,000,000 per occurrence and \$2,000,000 aggregate.
- 14g) Working with Children, Elderly or Disabled Persons – Physical Abuse and Molestation Liability Insurance - \$1 Million per occurrence.

Information Technology and/or Cyber/Privacy:

- 14h) Technology Errors and Omissions - Combined single limit per occurrence shall not be less than \$5,000,000. Annual aggregate limit shall not be less than \$5,000,000.
- 14i) Information Technology Cyber/Privacy – minimum limits of \$5,000,000 per occurrence and \$5,000,000 annual aggregate. If Contract Party provides:
 - a) key back office services Contract Party shall have a minimum limit of \$10,000,000 per occurrence and \$10,000,000 annual aggregate;
 - b) if Contract Party has access to Protected Health Information as defined in HIPAA and its implementing regulations, Personal Information as defined in in R.I. Gen. Laws § 11-49.3-1, et seq., or as otherwise defined in the Contract (together Confidential Information”), Contract Party shall have as a minimum the per occurrence, per annual aggregate, the total rounded product of projected number of persons data multiplied by \$25 per person breach response expense per occurrence; but no less than \$5,000,000 per occurrence, per annual aggregate; or,

- c) if the Contract Party provides or has access to mission critical services, network architecture and/or the totality of confidential data \$20,000,000 per occurrence and in the annual aggregate.

15. **HIPAA** - 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 subcontractor 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
16. **Eligible Entity** - In order to perform the contemplated services related to the Rhode Island Health Benefits Exchange (HealthSource RI), the vendor hereby certifies that it is an “eligible entity,” as defined by 45 C.F.R. § 155.110, in order to carry out one or more of the responsibilities of a health insurance exchange. The vendor agrees to indemnify and hold the State of Rhode Island harmless for all expenses that are deemed to be unallowable by the Federal government because it is determined that the vendor is not an “eligible entity,” as defined by 45 C.F.R. § 155.110. |

SECTION 2: BACKGROUND

Since January 1, 2014, HSRI has served as Rhode Island’s state-based marketplace in accordance with the Patient Protection and Affordable Care Act (ACA) for the purpose of providing individuals, families and small businesses with high quality, affordable Qualified Health Plans (QHPs). On November 1, 2021, HSRI will begin its ninth open enrollment period, offering coverage that begins or renews on January 1, 2022.

HSRI serves as a robust marketplace for all Rhode Islanders to compare health insurance coverage options and, for those eligible, to purchase or enroll in coverage. The ACA requires state-based exchanges to establish a navigator program to assist prospective enrollees with understanding their coverage options through the Exchange; the availability of advance premium tax credits and cost-sharing subsidies; and eligibility for such programs as Medicaid and CHIP. Rhode Island’s Assister Network will fulfill all requirements of the navigator program and include both navigators and certified application counselors (CACs).

The Exchange is required by the ACA to provide a “no wrong door” policy for individuals and families who might qualify for commercial coverage through the Exchange or who may qualify for Medicaid and CHIP. This means that assisters must be available to support the education, application enrollment and post enrollment needs of individuals and families applying for the spectrum of health coverage options envisioned under the ACA, regardless of the program(s) for which each individual or family member qualifies.

While the ACA provides the foundational blueprint for the exchanges, the American Rescue Plan Act of 2021, or ARPA, provides significantly enhanced financial support to customers in 2021 and 2022. This or other similar forms of support may be extended beyond 2022 or become permanent. Respondents are urged to consider the ACA, ARPA and the potential for other extended forms of

support in preparing their response to this request. Where required, the terms “navigator” and “certified application counselors” (“CACs”) are used to confer a particular meaning pursuant to 45 CFR §§ 155.210 and 225.

Throughout this document, navigators and CACs will be jointly referred to as “assisters.” As compared to navigators, CACs perform similar but more limited functions. The two roles can be differentiated as follows:

The ACA (and subsequent policy making) names six functions for navigators:

- Conduct public education activities to raise awareness of the Exchange;
- Provide fair, accurate and impartial information to consumers about health insurance, the Exchange, QHPs and insurance affordability programs, including premium tax credits, cost-sharing reductions, Medicaid and CHIP;
- Facilitate enrollment in QHPs;
- Provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman or any other appropriate state agency or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or determination under such plan or coverage; and
- Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange, including to persons with limited English proficiency
- Provide consumers with post-enrollment assistance, including assistance with understanding eligibility appeals (though not representing the consumer in the appeal), filing for shared responsibility exemptions, providing basic information regarding the reconciliation of premium tax credits, understanding basic concepts and rights related to using health coverage, and providing appropriate tax-related referrals.

Regarding, the role of CACs, the ACA states that certified application counselors:

- Are not required to (but may) do outreach
- Are not subject to the same stringent conflict of interest standards as navigators but must disclose potential conflicts of interests
- Do not have to meet cultural and linguistically appropriate standards (CLAS) beyond other obligations they already have but should refer people with limited English proficiency to assisters and other sources of assistance
- May provide reasonable accommodations for people with disabilities directly or refer them to other assistance resources
- Do not have to refer consumers to ombudsman or other consumer assistance programs
- Are not required (but may) support post-enrollment activities identified for navigators

Both navigators and CACs must provide unbiased application assistance and maintain the confidentiality of Protected Health Information (PHI) as required by all applicable state and

federal laws. Neither type of assister may charge for their assistance. HSRI provides navigators with limited, permissioned access to the RI Bridges system used for eligibility determination, enrollment, and account maintenance.

The Assister Network will support the needs of Rhode Islanders on both an in-reach basis and at monthly community outreach events scheduled within targeted communities across the state. The term in-reach is generally used to convey consumer assistance conveniently provided within an organization's physical boundaries. For example, a patient seeking medical services in a community health center may be able to meet in the same building with an assister to enroll/change or inquire about health care coverage.

A calendar of monthly community outreach events is required to provide vulnerable and "hard-to-reach" Rhode Islanders with the opportunity to meet with assisters on a face-to-face basis, close to where they live or work. Currently, HSRI offers a minimum of 2-3 events per month during non-Open Enrollment months and a significantly higher number of events (7-8) during Open Enrollment months.

Open Enrollment represents the annual opportunity for people to newly enroll or change enrollment in current health plans. For the 2022 plan year, Open Enrollment will run from November 1, 2021 – January 31, 2022. In future years, Open Enrollment is expected to similarly run from November – January (enrollments completed by December 31st will have a January 1st effective date and enrollments completed in January will have a February 1st effective date). Additional Open Enrollment periods during the year may be approved by the Exchange due to extenuating circumstances. For example, in 2021, passage of the American Rescue Plan Act (ARPA) and the ongoing global COVID-19 pandemic necessitated an extended Open Enrollment period for several months to allow Rhode Islanders to benefit from key provisions in the act. When extenuating circumstances mandate additional or supplemental Open Enrollment periods, the calendar of monthly outreach events must be adjusted as needed.

Assister in-reach and community outreach events must be available throughout Rhode Island. Both forms of support should be strategically located to accommodate residents most in need of in person assistance. For example, in-reach locations and the calendar of community events must reflect an understanding of the communities within Rhode Island's 39 cities and towns where there are pockets of high uninsured rates, disproportionately high numbers of residents lacking proficiency with English as a primary language, and/or residents who do not have easy access to technology to facilitate self-service enrollment and account maintenance.

Target population, demographics, and locations

To assist bidders in understanding the needed scale and reach of Rhode Island's Assister Network, bidders are strongly encouraged to visit <https://healthsourceri.com/surveys-and-reports/> for multiple surveys and reports on the uninsured (and underinsured) population in Rhode Island. In the Rhode Island Health Insurance Survey (HIS) report for 2020, detailed information is presented on the estimated 42,305 Rhode Islanders who were uninsured in 2020.

While assisters must be willing and able to help any Rhode Island resident requesting assistance, the primary target audience for assister services are the uninsured and hard to reach populations, such as low-income individuals and families, Black, Indigenous and People of Color (BIPOC), the "young invincible" demographic (particularly males), and people lacking proficiency in English as a primary language.

Importantly, bidders must ensure that the following cities and towns (list updated annually), which all present with particularly high rates of uninsured, are specifically targeted in the development of the Assister Network.

Top Uninsured Zip Codes in 2020	
Central Falls	02863
Charlestown	02813
Coventry	02816
Cranston	02910, 02920
East Providence	02914
N Scituate	02857
Newport	02840
Pawtucket	02860
Providence	02907, 02909, 02905
Rumford	02916
Saunderstown	02874
Warwick	02889
Woonsocket	02895

Bidders should note that assisters are only one source of help for enrollees in need of the services described in this Request. Applicants may also enroll with assistance from the HSRI Contact Center (via phone, chat or in-person), DHS, or via the HSRI website. While the State strives to make “self-service” as easy as possible for Rhode Islanders, HSRI has found in person assistance of great value to many of our customers. As a result, the State is interested in continuing to offer a customer service model that offers in person assistance in alignment with other customer service channels in a cost effective and streamlined way.

The State provides dedicated Call Center phone support for the assister staff, and a web portal with a dashboard for navigators to track their customer interactions (CACs do not have access to this dashboard). Assisters may also be supported by the DHS Call Center.

Program Goals

The State recognizes the importance of seamless customer service across health and human service programs. HSRI, EOHHS and the Department of Human Services (DHS) are working closely together to continuously improve the experience for all RI residents applying for these benefits. Our goal is to strengthen our health coverage program support for Medicaid and QHP customers, with the short-term goal of ensuring that customers who are applying for health coverage programs are either directly assisted to apply for the human services programs for which they are eligible or are seamlessly connected to other resources that can help them complete the application for these programs.

HSRI, EOHHS and DHS are committed to eliminating race and ethnicity-based health disparities, and promoting diversity, equity, and inclusion in the Assister Network. The successful Network Manager will provide a thoughtful plan for how these goals should be understood by assisters, and how they can best be addressed within the context of the navigator program for Rhode Islanders.

Organizational Structure of RFP

This RFP seeks a vendor to develop, select, train, and manage a statewide network of assisters. When formulating the cost structure of their response, vendors should separate total costs into one of two tasks. Task 1 should reflect the costs of funding the navigator entities; all Task 1 budget will be utilized to pay the selected navigator entities who provide assistance in the community. The Task 1 budget must differentiate between base entity funding, and any optional funding that

may be paid to agencies. Bidders should propose and define the metrics or opportunities that agencies will have to earn any optional funding.

The Task 2 budget should reflect all other costs of the vendor to develop, select, train, and manage the network. Task 2 costs should show costs by the following components: personnel (salary and benefits), training, equipment and digital tools, travel, translation, and community events.

SECTION 3: SCOPE OF WORK AND REQUIREMENTS

The State is seeking a Network Manager to develop, select, train and manage assisters and assister entities who will provide in-reach, community outreach events, education and application, enrollment and post enrollment assistance to individuals and families interested in applying for and retaining coverage through the Exchange. The Network Manager will be responsible for vendor agency selection, overall network development, oversight, operational support, performance management, reporting, compensation, and training.

The Rhode Island Health Benefit Exchange, HSRI, seeks to contract with an organization that can effectively manage community-based organizations or other similar entities that will provide face-to-face application and enrollment assistance to Rhode Island individuals and families, as well as proactive and ongoing event-based outreach to prospective enrollees. As a result of its popularity and usefulness during COVID 19, accommodation for secure digital or virtual assistance is also required and must be available on both a one-to-one customer/assister basis, as well as for community events. The successful Network Manager must also propose how and when assisters (and any applicable staff) can or should work from home. The proposed approach must address how security needs will be addressed when work from home is permitted or required to ensure adequate network strength in any scenario.

Health coverage may be obtained through a Qualified Health Plan (QHP), MAGI Medicaid, and/or the Children's Health Insurance Program (CHIP) (applicants eligible for Complex Medicaid may generally be referred to DHS for assistance). The Assister Network will provide education, application, enrollment and post enrollment support, and event-based outreach to customers primarily for health coverage programs.

One (or more) vendor(s) will be selected among the bidders to select, train, coordinate, manage, and serve as a fiscal conduit for qualified individuals and entities in an integrated network that is uniquely responsive to the cultural, linguistic, and demographic characteristics of Rhode Island residents. The State strongly prefers to contract with one vendor with statewide reach for traditional support services; however, the State reserves the right to contract with more than one vendor if in the best interest of the State and would best support the needs of all prospective enrollees.

Additionally, the State may supplement the traditional assister network with less conventional outreach methods such as "street teams" or community health workers who work on behalf of HSRI to deploy enhanced marketing, outreach, referral support and communication tools and share HSRI materials at events throughout the State.

The Network Manager will be responsible for day-to-day management and oversight of the Assister Network and will report to a single Contract Manager jointly designated by the Directors of HSRI and Medicaid. The Network Manager may be expected to regularly meet and collaborate with a Consumer Advisory Group organized by HSRI and EOHHS to ensure that the health coverage and related service needs of Rhode Islanders continue to be met by the Network Manager.

The State encourages any organization located in Rhode Island with appropriate experience, expertise, interest, and an aligned mission to respond to this RFP. Organizations located outside of Rhode Island may respond but preference will be given to qualified in-state organizations.

Bidders should propose their approach to the overall development and administration of the Assister Network including their specific approach to three core functions:

1. Development of a statewide Assister Network capable of meeting the diverse needs of all Rhode Islanders in need of the services described in this Request
2. Assister training and certification
3. Program administration, quality assurance, oversight, and collaborative leadership style with Contract Manager

Function 1: Assister Network Development

Prospective Network Managers should propose their approach to developing a diverse, statewide network of assister agencies that can meet the in-reach, outreach, and enrollment support needs for customers throughout Rhode Island.

Federal regulations require that the State's Assister Network include entities that have existing relationships or could readily establish relationships with consumers (including uninsured and underinsured consumers), and self-employed individuals likely to be eligible to enroll in a qualified health plan. Such entities may include: community and consumer-focused groups, non-profit groups, trade, industry, and professional associations; commercial fishing industry organizations, ranching and farming organizations; chambers of commerce; unions; resource partners for the Small Business Administration; Indian tribes, tribal organizations, urban Indian organizations, state or local human service agencies; and other public or private entities or individuals that meet the requirements of Section 1311 (i) of the ACA. Prospective bidders must demonstrate how their proposed network will meet these requirements in their proposal response.

The size, scope and recommended participants for the assister network will be proposed by the Network Manager based on information provided in this RFP (and any subsequent meetings with representatives of the State), as well as the Network Manager's expertise.

As an informational convenience only, the assister entities in the current network are listed here; bidders should not assume that the State is suggesting or requiring the participation of any entity or limiting new network entities to current participants. Assister entities now include Amos House, Blackstone Valley Community Health Center, Community Care Alliance, CCAP/Family Health Service, Care New England, Center for Southeast Asians, East Bay Community Action, Narragansett Indian Health Center, Providence Community Health Center, Rhode Island Parent Information Network, Tri County Community Action Agency, Thundermist, United Way of Rhode Island, Well One Primary Medical and Dental, and Wood River Health Services.

Additionally, the State encourages responders to consider how to achieve potential harmonies with assister entities already in place for Human Service program benefits such as SNAP, TANF, and Cash Assistance, etc. As of August 1, 2021, the following community partners are in place to support SNAP recipients: Center for Southeast Asians, Foster Forward, Genesis Center, Martin Luther King Community Center, ONE/Neighborhood Builder.

As part of their response, candidates for the Network Manager contract must submit their recommended selection criteria for assister entities, as well as the proposed entities under consideration. Respondents are encouraged to consider both current and new assister entities to maximize the potential for new and innovative ways to attract the "hard to reach" to health care

coverage. The State must approve the final selection of assister entities. The State offers the following additional guidance to Network Managers in selecting assister entities:

- **Leverage existing community-based entities with natural in-reach capabilities**
Consider the capacity of community-based entities which are already working with target populations to access coverage or obtain free care, and which already provide a place for individuals to “walk in.” Supplementing existing capacity at community-based entities should require less incremental funding and should help coordinate access to multiple coverage programs in Rhode Island. As the Exchange offers “no wrong door” access to coverage, assisters should provide “no wrong door” assistance to applicants, by either providing direct assistance or providing an accurate and timely referral to an appropriate agency when needed. The Network Manager should also work to build on and strengthen the existing partnerships the Exchange has with community-based entities.
- **Outreach and Field Enrollment Work**
Assister entities should be experienced and appropriately staffed to provide support for the annual calendar of both Open Enrollment and monthly community support meetings. The number of assisters needed will depend upon size of event. The Network Manager will proactively develop a calendar of events and submit it to the Contract Manager for input.
- **Entities vs. Individuals**
While individuals are eligible to be Assister Network vendors, the State strongly prefers that the network largely be composed of entities that can more efficiently provide the required support. Individual contributors with a compelling ability to support hard to reach Rhode Islanders may be included in the Network with the State’s approval.
- **Network Manager as Direct Assister Network providers**
It is acceptable for the Network Manager to provide direct services, but respondent must clearly identify the services as being their own. Such services cannot exceed 20% of the expected network strength.
- **Statewide Coverage to Meet Diverse, Representative Community Needs**
Assister entities must support all Rhode Islanders – demographically and geographically. The Network Manager should have proven ability to provide accessible, diverse, well-informed assisters for consumers throughout the calendar year. In the proposal response, the Network Manager must show that the proposed network of assisters have the capacity to serve people with disabilities and people who do not speak English or have limited proficiency with the English language. For example, Network Manager should demonstrate that they have bi-lingual staff, or access to interpreters/a language line. Network Manager must also show how they will serve customers who are hearing or vision impaired.
- **Network Strength in Targeted Areas**
Assister Network must be statewide, with a strong ability to conveniently serve people living in cities and towns identified as experiencing higher than average rates of uninsured.
- **Providers as Assistors to Meet Federal Guidance**
Consumer assistance must be available at all federally qualified community health centers (FQCHCs) and DHS hospitals as specified by Medicaid out-station eligibility requirements. (Medicaid requires states to provide pregnant women and children

opportunities to apply for Medicaid at locations other than welfare offices. For more information, see 42 CFR 435.904.)

The Network Manager will be expected to manage the assister selection process and to make recommendations to the state's Contract Manager on the composition of the network, including the specific entities to be selected, the geographical coverage of each, their ability to serve a specified hard to reach demographic, and the customer volumes supported by each. The Network Manager should propose their approach to distributing payments to participating entities, including the optimal way to tie payments to performance and productivity, with the goal of fair compensation for services provided across multiple, diverse agencies. The successful vendor will propose a payment approach that encourages entities to proactively serve the needs of Rhode Islanders requiring assistance throughout the year. An optional funding component is not required if the vendor believes a fixed payment model can sufficiently produce desired results.

The Network Manager must explain how (and how often) selected entities will be held accountable for meeting productivity and performance standards.

Prospective Network Managers should outline a fair and competitive selection process that demonstrates the organization's abilities to identify the assister entities best suited to providing assister services in Rhode Island. Important: the selection process must address the ACA requirement that each navigator (1) has demonstrated existing relationships, or the ability to establish relationships, with potential health coverage enrollees and (2) does not pose any conflict of interest. The prospective Network Manager's recommended selection process should minimally assess whether any entity might present a conflict of interest (financial or otherwise) due to its relationship with a health care carrier/insurer and/or any providers of care.

Travelling assisters or field staff will be expected to be equipped with a laptop computer, internet access and a mobile phone. Assisters must have reasonable access to printing and scanning capabilities (to scan identification and validation documentation, as well as print completed application and proof of enrollment).

Function 2: Assister Training and Certification

While the State will provide content necessary to develop the core curriculum required for assister training, the Network Manager will be expected to update and refine the curriculum, which will focus on assister duties and responsibilities, RI Bridges system for eligibility and enrollment and account maintenance, HSRI business process and policy, understanding and appreciating cultural and linguistic differences, customer service/soft skills training, and reporting. The Network Manager will need to work in partnership with the State to have training materials and updates approved prior to delivery in a classroom style training forum for assisters. A "Train the Trainer" approach will be used for curriculum and content that is passed on from other State vendors or the health plan carriers to the Network Manager, who will be expected to participate with sufficient staff to subsequently train all assisters.

The Network Manager's responsibilities will include training and certification programs for new navigators and CACs. Additionally, the Network Manager will be responsible for continuing education to ensure that assisters are up to date on annual changes, such as at Open Enrollment, as well as periodic updates to policy, system and business process received from HSRI and EOHHS. Potential Network Managers should propose solutions to ensure that all assisters are provided with timely updates in state policy, process, or other critical information, including ad hoc trainings, regular communications through newsletters or other methods of achieving this goal.

The Network Manager will be responsible for administering a pass/fail written exam following training (training and exam will differ for navigator and CACs as appropriate). An assister must pass the appropriate exam to achieve certification. Certification requirements include submission of an application, conflict of interest restrictions and security standards. Training and certification records will be maintained and updated as needed by the Network Manager and shared with the State when requested. The State expects that continuing education requirements will be imposed, and the Network Manager will work with HSRI and EOHHS to develop and deliver continuing education requirements at least on an annual basis.

Function 3: Program Administration and Oversight

The Network Manager will be responsible for operating the Assister Network. Bidder's proposals should include, but are not limited to, the following:

Management Team

The State will look for the Network Manager to provide a strong and engaged management team who they can partner with in a collaborative relationship. Expectations of the Network Manager include that it will:

1. Propose the key management position(s) and responsibilities necessary for the Network Manager to administer the program effectively, including but not limited to oversight, training, data collection and analysis, reporting, operations, event planning/coordination, certification, and communications.
2. Describe the selection process for hiring a Program Administrator and a Training Coordinator (combined or separate roles as applicable). Program Administrator will have day to day responsibility for oversight of the Network and be available to Contract Manager and assister entities for any daily interactions as needed. Contract Manager will regularly communicate program changes, operational requirements, training needs, system developments, and event scheduling needs to the Program Administrator. Program Administrator will regularly communicate any operational, system or training questions or concerns to the Contract Manager. Program Administrator will submit agreed upon monthly report on Assister Network to Contract Manager. Bidders may propose other or additional roles, but a Program Administrator and Training Coordinator function must be present. Bidders must describe the staffing plan in their response and provide monthly salary budgets for each individual role. The State retains final approval authority on the selection of the Program Administrator and Training Coordinator (or equivalents),
3. Work daily as the link between the network of assisters, and HSRI Contract Manager to assess and continuously improve the customer experience and access.
4. Compile, identify, and report out key trends and issues to the HSRI Contract Manager on behalf of customers and assisters in a productive and timely manner
5. Take ownership and accountability for the successful and efficient operations of the Assister Network, readily identify problems along with solutions, and track and report them to HSRI Contract Manager with productive and results oriented suggestions

Customer Satisfaction Surveys

The Network Manager must propose and develop a method for measuring customer satisfaction with assister services. Network Manager will be expected to develop, execute, and report on customer satisfaction results monthly. The Network Manager should develop and submit the preferred survey instrument as part of their response to this solicitation. It is preferable to have a survey solution that will measure satisfaction at point of service. The Network Manager should also include how and how often service deficiencies will be addressed.

Fiscal Agent

The Network Manager will serve as the fiscal conduit to the network of assisters. As such, the Network Manager must have the expertise and capacity to receive grant or other funds from the State and distribute such funds to assisters and assister agencies. The Network Manager must have appropriate fiscal controls in place and be prepared to ensure compliance with grant and contract terms and conditions. Prospective Network Managers should highlight any experience or capacity managing similar funding sources.

Bidders should propose their approach to distributing funds to participating entities. The State desires that payment to agencies be commensurate with scope and volume of services provided to Rhode Islanders served through the program.

The Network Manager is asked to recommend metrics for assister entities. To guide proposals, the State encourages Bidders to develop metrics and a compensation model that recognizes assister entities for their level of contribution to the program goals. For example, entities that have a unique ability to reach a targeted demographic of the hard to reach and uninsured population might be recognized, as could agencies that have the ability to support a high volume of community events, or who are serving the highest number of Spanish speaking customers. The State expects that recommended metrics can be utilized to measure a given entity's ability to sufficiently contribute to the overarching goal of reducing the number of uninsured individuals in Rhode Island.

The Network Manager must structure the program to differentiate between navigators and Certified Application Counselors (CACs), as Certified Application Counselors are not responsible for the full range of services provided by navigators and in-person assisters. Additionally, CACs are not to be compensated under this program. Except as expressly stated herein, the Network Manager will ensure that the program meets all applicable requirements for navigators and CACs specified in 45 C.F.R. §§ 155.210 and 225.

Service Level Agreements

The State expects the Network Manager to agree to a set of 5 (five) Service Level Agreements (SLAs) to ensure the Network Manager meets monthly service levels and overall customer service expectations. Three specific SLAs are required and 2 (two) will be proposed by the bidder. The three required SLAs include the following:

- (1) Scheduling and staffing monthly community events: Network Manager will schedule and staff a minimum of 2-3 events during non-Open Enrollment months and 7-8 events during Open Enrollment months. Events must be staffed for a minimum of five (5) hours each, with no fewer than 6 (six) assisters for non-Open Enrollment events and 8 (eight) assisters for Open Enrollment events.
- (2) Bi-lingual support: Network Manager will ensure a minimum of one bi-lingual assister for non-Open Enrollment events and two bi-lingual assisters for Open Enrollment events. The Network Manager will provide all assisters with access

to a language line to assist Rhode Islanders with any required interpreter service.

- (3) Timely and accurate reporting: Monthly operational report will be submitted to the State no later than the 15th of the following month

Prospective Network Managers must propose a minimum of two additional SLAs, of which at least one must be related to quality assurance activities. Additional SLAs might include such standards as: assister satisfaction surveys, training effectiveness, monthly number of active assisters (by type), number of individuals helped with applications and/or renewals, demographics of customers assisted, etc.

Quality Assurance

The Network Manager will be responsible for ensuring the quality of advice and education provided by network assisters. Prospective Network Managers are required to propose a quality assurance plan. This plan may include, among other things, informal educational sessions, formal annual continuing education, performance reviews, site visits, etc.

Data Reporting

Data reporting, performance measures and standards are key to measuring success and accomplishments of the Network Manager. Key metrics must minimally include numbers of assisters (by type) active during each month, number of individuals helped, numbers of assisters newly trained (and certified), and the number and type of outreach events/efforts. Metrics should be reportable at assister entity levels. The Network Manager may also propose additional data points that they deem helpful and important in managing the network and providing relevant data to HSRI and EOHHS in creating an understanding of customer satisfaction with the assister program.

The Network Manager will be expected to report out to the State on the above metrics monthly no later than the 15th of the following month. The Network Manager will conduct no fewer than six (6) meetings with the State annually to review the results of the data, reflecting on trends, agency productivity and any issues that may require adjustment to meet program goals.

The Network Manager must also propose a means of timely reporting of top customer trends and issues on a weekly basis during Open Enrollment Period and otherwise, on a bi-weekly basis.

Customer Service

The Network Manager will be responsible for working with assister entities to provide quality customer service. Assister entities and assisters representing HSRI should be trained in and responsible for quality customer service, including such customer service tenets as:

- Maintaining a skilled and well-trained workforce with members who are: computer literate, proactive, excel at problem solving, treat customers with dignity, and respect privacy and confidentiality of personal information
- Collaborative approach with other vendors and the State to resolve customer issues, using policies and procedures set up to triage issues requiring research or technical support
- Commitment to representing HSRI and the State's health coverage programs in an unbiased, positive, and professional manner
- Providing additional support for customers who are visually or hearing

impaired, have a physical or learning disability, low literacy level, speak a primary language other than English, or varying cultural backgrounds

Conflict of Interest, Privacy and Security Requirements

All assisters and assister entities must be free of any conflicts of interest with health care carriers/insurers and/or health care providers that could directly or indirectly influence the health plan selection process of an enrollee. Additionally, program participants must be able to meet privacy and security standards established by the Exchange to protect enrollees (and prospective enrollees). All conflict of interest and security requirements also apply to the Network Manager. The Network Manager will be responsible for monitoring assisters for compliance with these policies and requirements and reporting same to Contract Manager.

Confidentiality and Protection of Public Health Information (PHI) and Related Data

As Protected Health Information or other confidential data may be shared with the successful Network Manager (or any of its subcontracted individuals or entities) by Medicaid or the Exchange, the Network Manager will be required to execute a Business Associate Agreement Data Use Agreement. Among other requirements, such agreement shall require the Network Manager to comply with 45 C.F.R 164.502(e), 164.504(e), 164.410, governing Protected Health Information (“PHI”) and Business Associates under the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191), 42 U.S.C. Section 1320d, et seq., and regulations promulgated there under, and as amended from time to time, the Health Information Technology for Economic and Clinical Health Act (HITECH) and its implementing regulations, and regulations promulgated thereunder, and as amended from time to time, 45 C.F.R. 155.260 as it may be amended from time to time, and the Rhode Island Confidentiality of Health Care Information Act, R.I. General Laws, Section 5-37.3 et seq. Applicable requirements are further defined in GC Addendum F – Supplemental Terms and Conditions.

The Network Manager will be required to ensure, in writing, that any agent, including a subcontractor to whom it provides Protected Health Information received from or created or received by and/or through this contract, agrees to the same restrictions and conditions that apply through the above- described requirements with respect to such information. Any information provided by the Exchange, OHIC, Medicaid or EOHHS to the Network Manager shall, under no circumstances, be given or otherwise shared with outside parties.

The Vendor shall comply with all relevant Federal and State laws, regulations, and policies and comply with best practices surrounding information transfer and patient confidentiality.

IRS Publication 1075

The successful Network Manager(s) must comply with: Tax Information and Security Guidelines for Federal, State and local agencies and entities OMB No. 1545-0962

The Internal Revenue Service (IRS) asks for the information in the Safeguard Procedures Report and the Safeguard Activity Report to carry out the requirements of the Internal Revenue Code (IRC) Section 6103(p).

The information is used by the IRS to ensure that agencies, bodies, and commissions are maintaining appropriate safeguards to protect the confidentiality of Federal Tax Information (FTI). Those agencies or agents that receive FTI directly from either the IRS or from secondary sources (e.g., Health and Human Services, Federal entitlement, and lending agencies) must have adequate programs in place to protect the data received. Furthermore, as agencies look more to “contracting

out” certain services, it becomes equally important that those with whom contracts exist protect that information from unauthorized use, access, and disclosure. IRS Publication 1075 provides guidance, controls, and safeguards employed by recipient agencies or agents and contractors adequately protect the confidentiality of the information they receive from the IRS.

Voter Registration

The Network Manager will be required to conduct voter registration activity and reporting work currently required of all state-based Exchanges under the National Voter Registration Act. This includes offering customers the ability to register to vote, the provision of a registration form, explaining where customers may obtain help or offering direct help with the form, filling out reports related to this activity and ensuring that agencies are complying with these requirements. The Network Manager must collect reports from agencies monthly and provide them to the state for submission to the Board of Elections. Facilitation of voter registration will need to be included in training and the administration of the program.

Key Deliverables for Network Manager

Upon selection as the Network Manager, the successful vendor must be immediately ready to engage with the Contract Manager on the following key deliverables:

- Finalize selection process and funding approach for assister entities, release RFP
- Provide draft of proposed assister contract with Network Manager (to include quality standards)
- Meet with Contract Manager to coordinate implementation plan and training
- Propose key positions and hire management team (Program Administrator and Training Manager position(s) subject to approval by Contract Manager)
- Select assister entities
- Obtain all system access and equipment
- Knowledge transfer from prior Network Manager, including training materials, policies, procedures, audit information and reports
- Develop and get approval on monthly operational report format from Contract Manager

SECTION 4: PROPOSAL

A. Technical Proposal

Narrative and format: The proposal should address specifically each of the following elements:

1. **Staff and Organization Qualifications** – Provide staff resumes/CV and describe qualifications and experience of key staff who will be involved in this project, including their experience in selecting, training, supporting and managing a network of professionals skilled in assisting individuals and families in obtaining and retaining health care coverage. The expected roles of key staff to be assigned to this project should be clearly explained/identified. Indicate if key staff will be full time, dedicated resources on this project, and if not, provide the percentage of their time that will be allocated. Clearly describe how this engagement will fit into the organizational structure and capacity of the vendor organization. Include an organizational chart showing reporting relationships and span of control.

Preface the staff qualification section of your response with the following organizational information:

- Legal name of entity, any DBAs, and full address of primary office and any satellite locations and include the current number of employees housed in (or assigned to if working remotely) each location.
- Describe how entity is organized (non-profit; corporation; subsidiary).
- Provide name and title of all officers and top-level managers. If any officer or top level manager is employed by a health care entity, serves on its board of directors, has an immediate relative employed by such an entity, or otherwise volunteers his/her time to such an entity, provide name and title of individual, name of organization and a brief description of the relationship to the health care entity (health care entities include any insurers, provider organizations, social service agencies, and any other organization that is in any way related to health care).

2. **Capability, Capacity, and Qualifications of the Vendor** - Please provide a detailed description of the Vendor's experience as a manager of a network of professionals skilled in assisting individuals and families in obtaining and retaining health care coverage. This section is intended to describe why the vendor is well-suited for developing and managing the Assister Network. Rationale should include relevant experience and expertise in the three core functional areas (network development, training & certification, and administration & oversight); current working relationships with prospective assister entities, understanding of the needs of those individuals most likely requiring assistance, and any other expertise that helps establish the organization's credentials for development and management of the statewide network.

Within your response, please include the following:

- **Executive Summary** highlighting the vendor's broad understanding of and commitment to meeting the key requirements of this RFP. This summary should include:
 - Commitment to serving the interests of HSRI and its constituent base of Rhode Islanders who may be eligible for and/or enrolled in health care coverage available through the ACA
 - Proven ability to work statewide to provide "no wrong door" accessible, diverse, well-informed assistance for consumers year-round, as well as ability to staff up for high volume period (such as Open Enrollment)
 - Clear understanding of the project and the State's needs, including any insight into anything unique to the State of RI as it relates to health coverage, demographics, and the challenges of finding and enrolling the remaining uninsured
 - Willingness to support Service Level Agreements (SLAs) with monetary penalties associated with each SLA proposed
 - Recommended innovations related to the Assister Network and any suggestions for different approaches to the navigator and CAC roles; training, quality assurance and/or program efficacy
- Description of how managing a health care assister network aligns with current organizational scope and mission
- Description of current resources (i.e., staffing, experience, resources, technologies) for:
 - Providing leadership and technical assistance to assister entities

- Developing curriculum and delivering training to assister entities
- Supporting assister entities, as needed, to deliver services that meet the cultural and/or language needs of consumers, ensure access for people with disabilities, and reach underserved/vulnerable populations
- Description of any experience working with state or governmental agencies (e.g., Medicaid, DBR, OHIC, etc.)
- Description of current relationship(s) with community-based organizations in RI that provide assister-like services today
- Description of the role and capability for any proposed sub-contractors
- Description of organization's plan for addressing the State's goals with respect to racial and ethnic disparities, diversity, equity and inclusion
- The State expects that a key differentiator among proposals will be the service levels, references, and quality of comparable services provided to other clients. To this end, provide a minimum of three (3) relevant client references, to include client names, addresses, contact names with emails and phone numbers, dates of service and type(s) of service(s) provided.

3. **Work Plan** - Please describe in detail, the framework within which requested Assister Network services will be performed. This section shall describe the vendor's understanding of the State's requirements described in this RFP, including the result(s) intended and desired. Vendors should respond to each section of the Scope of Work in their technical proposal response and provide examples of prior work as applicable.

Vendors should be sure to address the following:

- Description of proposed network, including estimated number of assister entities, navigators and CACs, geographical reach, bi-lingual assisters (number and language), and overall ability to successfully connect with the uninsured and hardest to reach populations
- Description of funding approach that will be used to compensate assister entities, including metrics or productivity criteria.
- Descriptive snapshot of each segment of the hard to reach, uninsured population that would be targeted, and explain means of connecting with this segment(s); also, identify any segments that are unreachable and explain why
- Description (including number of assisters or assister hours, and frequency) of outreach and educational services to be delivered at monthly community events, during both Open Enrollment and non-Open Enrollment months (description to include selection of a digital tool for making appointments)
- Description of organization's liability insurance for accidental or wrongful acts
- Description of organization's experience in and capacity to act as a fiscal agent
- Description of organization's experience implementing and overseeing privacy and security ~~tools~~
- Description of organization's willingness to support Service Level Agreements (SLAs) with monetary penalties associated with each SLA proposed
- Description of organization's plan for ongoing and clear communication, recruitment, and data ~~management~~

- Description of organization’s plan for providing secure virtual or digital support when face to face support is not feasible; include both one to one support and community event support
- Description of Network Manager’s current technological capabilities that will support the management of the navigator network.
- If applicable, Network Manager should clearly outline here any required or desirable ~~and~~ support from HSRI.
- Identify a potential conflict of interest that could arise within an assister entity or by an individual assister and how you would resolve it.
- Does vendor intend to manage the Assister Network only or will organization also provide assister services to enrollees? If organization intends to provide assister services, describe scope of such services and available resources to provide same. Provide current data demonstrating in person assistance provided by your organization, including volumes and time spent with customers. Describe the percentage of the overall assister network that the vendor proposes to fulfill using its own assisters.
- Provide a detailed work plan for accomplishing the scope of work and include dates for all key deliverables

4. **Approach/Methodology** – Define the approach and/or methodologies expected to be utilized for building, training, supporting, measuring and managing the proposed assister network

- Description of how Network Manager proposes to oversee and manage assister entities. Key elements should include mentoring assisters, routine oversight of assisters and assister entities; means of measuring assister activities; routine reporting to State management; feedback regarding systems and policy issues that require resolution; and providing feedback to assisters and assister entities.
- Description of how Network Manager proposes to compensate navigator entities (including individual navigators if proposed). Description should clearly explain if assister funding is based on a fixed monthly payment approach or if variable payments for meeting performance criteria will be offered. Include any specifics for earning fixed or variable payments, for example: number of customers assisted; number of hours of assistance provided, number and frequency of community events supported, enrollment of ‘hard to reach’ populations, bi-lingual assistance, etc.
- Description of how the Network Manager will provide year-round enrollment and support activities, provide day-to- day management of assister entities, and provide training for all community-based enrollment assistance
- Description of how the Network Manager will ensure adherence to the State’s needs regarding privacy and security, conflicts of interest, and preventing bias in plan selection
- Description of how and when the Network Manager will allow and/or

require assisters to securely work from home, including when/why work from home activity will be monitored. The successful Network Manager must be able to both define and assure network adequacy if work from home is needed for any period of time exceeding 30 days for either an entity or the Network as a whole.

- Description of how HSRI will be promoted to all Rhode Islanders, regardless of financial means or any cultural considerations

5. **Presentation** - For those Vendors advancing to Phase Two of the proposal review, the Presentation Phase, those Vendors will be contacted by the Program in coordination with the RI Division of Purchases to set up an on-site vendor presentation of the technical proposal. An agenda will be provided prior to the presentation. The identified lead staff member(s) in the Staffing Plan should present the technical proposal, at a minimum. The vendor should present each component of the technical proposal but plan to focus most of the time on the Work Plan (and timeline) and Approach/Methodology sections.

B. Cost Proposal

Bidding vendors MUST fill out the entire Attachment A (Cost Form 1 and 2) and submit their cost proposal in a separate sealed document from the technical proposal response.

Using Attachment, A – Cost Form, Worksheets 1 and 2, provide a sealed and separate cost proposal for fees charged for the two tasks outlined in this proposal. Please refer to Worksheet 1 and 2 in Attachment A for instructions and additional information relevant to this RFP.

The cost proposal must include all the vendor’s costs to develop, select, train and manage a statewide network of assisters. When formulating the cost structure of their response, vendors should separate total costs into one of two tasks. Task 1 should reflect the costs of funding the navigator entities (and individual navigators if proposed); the Task 1 budget will be utilized to pay the selected navigators for providing assistance. The Task 1 budget must show the proposed payment structure for agencies. Bidders are reminded that the law prohibits payments to Certified Application Counselors (CACs). As such, Task 1 expenses will reflect payments to navigators only.

The Task 2 budget should reflect all other costs of the vendor to develop, select, train and manage the network. Task 2 costs should show costs by the following components: personnel (salary and benefits), training, equipment and digital tools, travel, translation, and community events. Descriptions of each of these components are provided below. If the vendor plans to provide direct navigator assistance in addition to their role as network manager, the vendor must clearly identify any expected payment to themselves for such direct assistance in Task 1.

Description of Budget Components Under Task 2

- 1 **Personnel:** Salaries, wages, cost of any fringe benefits provided
- 2 **Training:** Office supplies and other costs related to providing training (i.e., room rentals, special equipment, cost of mailing materials)
- 3 **Equipment and Digital Tools:** Cost of Zoom/Teams or other type of digital conferencing tool; online appointment tool/software, equipment maintenance/repair, cost of any computing equipment needed for travelling assisters (such as laptops, phones, printers, scanners, Wi-Fi service, etc.)
- 4 **Travel:** Mileage, tolls, parking

- 5 **Translation:** Verbal translator service to provide non-English speaking customers with ability to communicate with assisters in their preferred language
- 6 **Community Events:** Facility charges and equipment rentals

C. ISBE Proposal

See Appendix A for information and the MBE, WBE and/or Disability Business Enterprise Participation Plan form(s). Vendors are required to complete, sign and submit these form(s) with their overall proposal in a sealed envelope. Please complete separate form(s) for each MBE, WBE and/or Disability Business Enterprise subcontractor to be utilized on the solicitation.

SECTION 5: EVALUATION AND SELECTION

Proposals shall be reviewed by a technical evaluation committee (“TEC”) comprised of staff from State agencies. The TEC first shall consider technical proposals.

Technical Proposals must receive a minimum of 47 (72.3%) out of a maximum of 65 technical points to advance to the Presentation Phase stage. Technical Proposals scoring less than 47 points shall not advance to the Presentation Phase stage and shall not have the accompanying cost or ISBE participation proposals opened or evaluated; such proposals shall not receive further consideration.

Successful vendors must receive a minimum score of 7 (70%) out of a maximum of 10 points to advance to Phase 3, the Cost Proposal evaluation stage. Presentations scoring less than 7 points shall not advance to Phase 3, the cost proposal review, shall not have the accompanying cost or ISBE participation proposals opened or evaluated; such proposals shall not receive further consideration.

Technical Proposal and Presentations scoring enough points or higher to be qualified for Phase 3, cost proposal review, shall be evaluated for cost and assigned up to a maximum of 25 points in the cost category, bringing the potential maximum score to 100 points. As total possible evaluation points are determined, vendor ISBE proposals shall be evaluated and assigned up to 6 bonus points for ISBE participation.

The Division of Purchases reserves the right to select the vendor(s) or firm(s) (“vendor”) that it deems to be most qualified to provide the goods and/or services as specified herein; and, conversely, reserves the right to cancel the solicitation in its entirety in its sole discretion.

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

Criteria	Possible Points
Staff and Organization Qualifications	10 Points
Capability, Capacity, and Qualifications of the Vendor	15 Points
Work Plan	20 Points
Approach/Methodology	20 Points

Total Possible Technical Points	65 Points
Phase 2 – Presentation Phase	10 Points
Total Possible Technical & Demonstration/Interview Points	75 Points
Cost Proposal *	25 Points
Total Possible Evaluation Points	100 Points
ISBE Participation**	6 Points
Total Possible Points	106 Points

***Cost Proposal Evaluation:**

The vendor with the lowest cost proposal shall receive one hundred percent (100%) of the available points for cost. All other vendors shall be awarded cost points based upon the following formula:

$$(\text{lowest cost proposal} / \text{vendor's cost proposal}) \times \text{available points}$$

For example: If the vendor with the lowest cost proposal (Vendor A) bids \$65,000 and Vendor B bids \$100,000 for monthly costs and service fees and the total points available are thirty (30), Vendor B's cost points are calculated as follows:

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

****ISBE Participation Evaluation:**

A. Calculation of ISBE Participation Rate

1. ISBE Participation Rate for Non-ISBE Vendors. The ISBE participation rate for non-ISBE vendors shall be expressed as a percentage and shall be calculated by dividing the amount of non-ISBE vendor's total contract price that will be subcontracted to ISBEs by the non-ISBE vendor's total contract price. For example, if the non-ISBE's total contract price is \$100,000.00 and it subcontracts a total of \$12,000.00 to ISBEs, the non-ISBE's ISBE participation rate would be 12%.
2. ISBE Participation Rate for ISBE Vendors. The ISBE participation rate for ISBE vendors shall be expressed as a percentage and shall be calculated by dividing the amount of the ISBE vendor's total contract price that will be subcontracted to ISBEs and the amount that will be self-performed by the ISBE vendor by the ISBE vendor's total contract price. For example, if the ISBE vendor's total contract price is \$100,000.00 and it subcontracts a total of \$12,000.00 to ISBEs and will perform a total of \$8,000.00 of the work itself, the ISBE vendor's ISBE participation rate would be 20%.

B. Points for ISBE Participation Rate:

The vendor with the highest ISBE participation rate shall receive the maximum ISBE participation points. All other vendors shall receive ISBE participation points by applying the following formula:

(Vendor's ISBE participation rate ÷ Highest ISBE participation rate

X Maximum ISBE participation points)

For example, assuming the weight given by the RFP to ISBE participation is 6 points, if Vendor A has the highest ISBE participation rate at 20% and Vendor B's ISBE participation rate is 12%, Vendor A will receive the maximum 6 points and Vendor B will receive $(12\% \div 20\%) \times 6$ which equals 3.6 points.

General Evaluation: Points shall be assigned based on the vendor's clear demonstration of the ability to provide the requested goods and/or services. Vendors may be required to submit additional written information and will be asked to make an oral presentation before the TEC to clarify statements made in the proposal.

SECTION 6: QUESTIONS

Questions concerning this solicitation must be e-mailed to the Division of Purchases at doa.purquestions1@purchasing.ri.gov no later than the date and time indicated on page one of this solicitation. No other contact with State parties is permitted. Please reference **RFP # 7659817** on all correspondence. Questions should be submitted in writing in a Microsoft Word attachment in a narrative format with no tables. Answers to questions received, if any, shall be posted on the Division of Purchases' website as an addendum to this solicitation. It is the responsibility of all interested parties to monitor the Division of Purchases website for any procurement related postings such as addenda. If technical assistance is required, call the Help Desk at (401) 574-8100.

SECTION 7: PROPOSAL CONTENTS

A. Proposals shall include the following:

1. One completed and signed RIVIP Vendor Certification Cover Form (included in the original copy only) downloaded from the Division of Purchases website at www.ridop.ri.gov. *Do not include any copies in the Technical or Cost proposals.*
2. Two (2) completed original and copy versions, signed and sealed Appendix A. MBE, WBE, and/or Disability Business Enterprise Participation Plan. Please complete separate forms for each MBE, WBE or Disability Business Enterprise subcontractor/vendor to be utilized on the solicitation. *Do not include any copies in the Technical or Cost proposals.*
3. 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 six (6) pages (this excludes any appendices and as appropriate, resumes of key staff that will provide services covered by this request).
 - a. One (1) Electronic copy on a CD-R, marked "Technical Proposal - Original".
 - b. One (1) printed paper copy, marked "Technical Proposal -Original" and signed.
 - c. Four (4) printed paper copies
4. Cost Proposal - A separate, signed, and sealed cost proposal reflecting the hourly rate, or other fee structure, proposed to complete all of the requirements of this project.
 - a. One (1) Electronic copy on a CD-R, marked "Cost Proposal -Original".

- b. One (1) printed paper copy, marked “Cost Proposal -Original” and signed.
- c. Four (4) printed paper copies

B. Formatting of proposal response contents should consist of the following:

1. Formatting of CD-Rs – Separate CD-Rs are required for the technical proposal and cost proposal. All CD-Rs submitted must be labeled with:
 - a. Vendor’s name
 - b. RFP #
 - c. RFP Title
 - d. Proposal type (e.g., technical proposal or cost proposal)
 - e. If file sizes require more than one CD-R, multiple CD-Rs are acceptable. Each CD-R must include the above labeling and additional labeling of how many CD-Rs should be accounted for (e.g., 3 CD-Rs are submitted for a technical proposal and each CD-R should have additional label of ‘1 of 3’ on first CD-R, ‘2 of 3’ on second CD-R, ‘3 of 3’ on third CD-R).

Vendors are responsible for testing their CD-Rs before submission as the Division of Purchase’s inability to open or read a CD-R may be grounds for rejection of a Vendor’s proposal. All files should be readable and readily accessible on the CD-Rs submitted with no instructions to download files from any external resource(s). If a file is partial, corrupt or unreadable, the Division of Purchases may consider it “non-responsive”. USB Drives or any other electronic media shall not be accepted. Please note that CD-Rs submitted, shall not be returned.

2. Formatting of written documents and printed copies:
 - a. For clarity, the technical proposal shall be typed. These documents shall be single-spaced with 1” margins on white 8.5”x 11” paper using a font of 12-point Calibri or 12-point Times New Roman.
 - b. All pages on the technical proposal are to be sequentially numbered in the footer, starting with number 1 on the first page of the narrative (this does not include the cover page or table of contents) through to the end, including all forms and attachments. The Vendor’s name should appear on every page, including attachments. Each attachment should be referenced appropriately within the proposal section and the attachment title should reference the proposal section it is applicable to.
 - c. If the solicitation includes a proposal template for vendor use, it shall be typed using the formatting provided in the template.
 - d. Printed copies are to be only bound with removable binder clips.

SECTION 8: PROPOSAL SUBMISSION

Interested vendors must submit proposals to provide the goods and/or services covered by this RFP 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, shall not be accepted.

Proposals should be mailed or hand-delivered in a sealed envelope marked “RFP# 7659817” to:

RI Dept. 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 shall not be accepted. Proposals misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time shall be determined to be late and shall not be accepted. Proposals faxed, or emailed, to the Division of Purchases shall not be accepted. The official time clock is in the reception area of the Division of Purchases.

SECTION 9: CONCLUDING STATEMENTS

Notwithstanding the above, the Division of Purchases reserves the right to award on the basis of cost alone, to accept or reject any or all proposals, and to award in the State's 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.

If a Vendor is selected for an award, no work is to commence until a purchase order is issued by the Division of Purchases.

The State's General Conditions of Purchase shall be the contractual terms and conditions between the parties upon issuance of a Purchase Order by the Division of Purchases. The State's General Conditions of Purchase can be found at <https://rules.sos.ri.gov/regulations/part/220-30-00-13> and addenda can be found at <https://ridop.ri.gov/rules-regulations/>.

APPENDIX A. PROPOSER ISBE RESPONSIBILITIES AND MBE, WBE, AND/OR DISABILITY BUSINESS ENTERPRISE PARTICIPATION FORM

A. Proposer's ISBE Responsibilities (from 150-RICR-90-10-1.7.E)

1. Proposal of ISBE Participation Rate. Unless otherwise indicated in the RFP, a Proposer must submit its proposed ISBE Participation Rate in a sealed envelope or via sealed electronic submission at the time it submits its proposed total contract price. The Proposer shall be responsible for completing and submitting all standard forms adopted pursuant to 105-RICR-90-10-1.9 and submitting all substantiating documentation as reasonably requested by either the Using Agency's MBE/WBE Coordinator, Division, ODEO, or Governor's Commission on Disabilities including but not limited to the names and contact information of all proposed subcontractors and the dollar amounts that correspond with each proposed subcontract.
2. Failure to Submit ISBE Participation Rate. Any Proposer that fails to submit a proposed ISBE Participation Rate or any requested substantiating documentation in a timely manner shall receive zero (0) ISBE participation points.
3. Execution of Proposed ISBE Participation Rate. Proposers shall be evaluated and scored based on the amounts and rates submitted in their proposals. If awarded the contract, Proposers shall be required to achieve their proposed ISBE Participation Rates. During the life of the contract, the Proposer shall be responsible for submitting all substantiating documentation as reasonably requested by the Using Agency's MBE/WBE Coordinator, Division, ODEO, or Governor's Commission on Disabilities including but not limited to copies of purchase orders, subcontracts, and cancelled checks.
4. Change Orders. If during the life of the contract, a change order is issued by the Division, the Proposer shall notify the ODEO of the change as soon as reasonably possible. Proposers are required to achieve their proposed ISBE Participation Rates on any change order amounts.
5. Notice of Change to Proposed ISBE Participation Rate. If during the life of the contract, the Proposer becomes aware that it will be unable to achieve its proposed ISBE Participation Rate, it must notify the Division and ODEO as soon as reasonably possible. The Division, in consultation with ODEO and Governor's Commission on Disabilities, and the Proposer may agree to a modified ISBE Participation Rate provided that the change in circumstances was beyond the control of the Proposer or the direct result of an unanticipated reduction in the overall total project cost.

B. MBE, WBE, AND/OR Disability Business Enterprise Participation Plan Form:

Attached is the MBE, WBE, and/or Disability Business Enterprise Participation Plan form. Vendors are required to complete, sign and submit with their overall proposal in a sealed envelope. Please complete separate forms for each MBE, WBE and/or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.



**STATE OF RHODE ISLAND
DEPARTMENT OF ADMINISTRATION
ONE CAPITOL HILL
PROVIDENCE, RHODE ISLAND 02908**

MBE, WBE, and/or DISABILITY BUSINESS ENTERPRISE PARTICIPATION PLAN

Vendor's Name:

Vendor's Address:

Point of Contact:

Telephone:

Email:

Solicitation No.:

Project Name:

This form is intended to capture commitments between the prime contractor/vendor and MBE/WBE and/or Disability Business Enterprise subcontractors and suppliers, including a description of the work to be performed and the percentage of the work as submitted to the prime contractor/vendor. Please note that all MBE/WBE subcontractors/suppliers must be certified by the Office of Diversity, Equity and Opportunity MBE Compliance Office and all Disability Business Enterprises must be certified by the Governor's Commission on Disabilities at time of bid, and that MBE/WBE and Disability Business Enterprise subcontractors must self-perform 100% of the work or subcontract to another RI certified MBE in order to receive participation credit. Vendors may count 60% of expenditures for materials and supplies obtained from an MBE certified as a regular dealer/supplier, and 100% of such expenditures obtained from an MBE certified as a manufacturer. This form must be completed in its entirety and submitted at time of bid. **Please complete separate forms for each MBE/WBE or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.**

Name of Subcontractor/Supplier:				
Type of RI Certification:		<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Disability Business Enterprise		
Address:				
Point of Contact:				
Telephone:				
Email:				
Detailed Description of Work To Be Performed by Subcontractor or Materials to be Supplied by Supplier:				
Total Contract Value (\$):		Subcontract Value (\$):	ISBE Participation Rate (%):	
Anticipated Date of Performance:				

I certify under penalty of perjury that the forgoing statements are true and correct.

Prime Contractor/Vendor Signature	Title	Date
Subcontractor/Supplier Signature	Title	Date

Contract Terms and Conditions

Table of Contents

Terms and Conditions.....	II
BID STANDARD TERMS AND CONDITIONS	II
TERMS AND CONDITIONS FOR THIS BID	II
PURCHASE AGREEMENT AWARD	II
INSURANCE REQUIREMENTS (ADDITIONAL)	II
PURCHASE AGREEMENT BID	II
RIVIP INFO - BID SUBMISSION REQUIREMENTS	III
TERMS AND CONDITIONS OF PRICING AGREEMENT	III
PAYMENT AFTER FULL VENDOR PERFORMANCE	IV

Terms and Conditions

BID STANDARD TERMS AND CONDITIONS

TERMS AND CONDITIONS FOR THIS BID

PURCHASE AGREEMENT AWARD

THIS IS A NOTICE OF AWARD, NOT AN ORDER. Any quantity reference in the agreement or in the bid preceding it are estimates only and do not represent a commitment on the part of the state to any level of billing activity, other than for quantities or volumes specifically released during the term. No action is to be taken except as specifically authorized, as described herein under AUTHORIZATION AND RELEASE. ENTIRE AGREEMENT - This NOTICE OF AWARD, with all attachments, and any release(s) against it shall be subject to: (1) the specifications, terms and conditions set forth in the Request/Bid Number cited herein, (2) the General Terms and Conditions of Contracts for the State of Rhode Island and (3) all provisions of, and the Rules and Regulations promulgated pursuant to, Title 37, Chapter 2 of the General Laws of the State of Rhode Island. This NOTICE shall constitute the entire agreement between the State of Rhode Island and the Vendor. No assignment of rights or responsibility will be permitted except with the express written permission of the State Purchasing Agent or his designee. CANCELLATION, TERMINATION and EXTENSION - This Price Agreement shall automatically terminate as of the date(s) described under CONTRACT PERIOD unless this Price Agreement is altered by formal amendment by the State Purchasing Agent or his designee upon mutual agreement between the State and the Vendor.

INSURANCE REQUIREMENTS (ADDITIONAL)

ANNUAL RENEWAL INSURANCE CERTIFICATES FOR WORKERS' COMPENSATION, PUBLIC LIABILITY, PROPERTY DAMAGE INSURANCE, AUTO INSURANCE, PROFESSIONAL LIABILITY INSURANCE (AKA ERRORS & OMISSIONS), BUILDER'S RISK INSURANCE, SCHOOL BUSING AUTO LIABILITY, ENVIRONMENTAL IMPAIRMENT (AKA POLLUTION CONTROL), VESSEL OPERATION (MARINE OR AIRCRAFT) PROTECTION & INDEMNITY, ETC., MUST BE SUBMITTED TO THE SPECIFIC AGENCY IDENTIFIED IN THE "SHIP TO" SECTION OF THE PURCHASE ORDER. CERTIFICATES ARE ANNUALLY DUE PRIOR TO THE BEGINNING OF ANY CONTRACT PERIOD BEYOND THE INITIAL TWELVE-MONTH PERIOD OF A CONTRACT. FAILURE TO PROVIDE ANNUAL INSURANCE CERTIFICATION MAY BE GROUNDS FOR CANCELLATION.

PURCHASE AGREEMENT BID

BIDDING (a) A single price shall be quoted for each item against which a proposal is submitted. This price will be the maximum in effect during the agreement period. Any price decline at the manufacturer's level shall be reflected in a reduction of the agreement price to the State. (b) Quantities, if any, are estimated only. The agreement shall cover the actual quantities ordered during the period. Deliveries will be billed at the single, firm, awarded unit price quoted regardless of the quantities ordered. (c) Bid price is net F.O.B. destination and shall include inside delivery at no extra cost. (d) Bids for single items and/or a small percentage of total items listed, may, at the State's sole option, be rejected as being non-responsive to the intent of this request. ORDERING (a) The User Agency(s) will submit individual orders for the various items and various quantities as may be required during the agreement period. (b) Exception - Regardless of any agreement resulting from this bid, the State reserves the right to solicit prices separately for any extra large requirements for delivery to specific destinations.

Mailing Address for Bid Proposals issued by the State of Rhode Island, Division of Purchases:

All Bid Proposals must be submitted to the following address:

State of Rhode Island

Department of Administration
Division of Purchases, 2nd Floor
One Capitol Hill
Providence, RI 02908

RIVIP INFO - BID SUBMISSION REQUIREMENTS

It is the vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form should be attached to the front of the offer. Each bid proposal must be submitted in a separate sealed envelope with the bidder's name and address and the specific "Solicitation Number," "Solicitation Title," and the "Bid Proposal Submission Deadline" marked in the upper left-hand corner of the envelope.

The bid proposal must be delivered (via mail, messenger service, or personal delivery) to the Division of Purchases and date-stamped/receipted by the date and time specified for the bid proposal submission deadline. Bidders should mail bid proposals sufficiently in advance of the bid proposal submission deadline to ensure timely delivery to the Division of Purchases or, when delivering a bid proposal in person or by messenger, should allow additional time for parking and clearance through security checkpoints. Bid proposals must be addressed to:

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

Bid proposals that are not received by the Division of Purchases by the bid proposal submission deadline for whatever reason will be deemed late and will not be considered. The submission time will be determined by the time clock in the Division of Purchases. Postmarks will not be considered proof of timely submission.

Bid proposals in electronic format are not accepted at this time.

At the bid proposal submission deadline, bid proposals will be opened and read aloud in public.

DIVESTITURE OF INVESTMENTS IN IRAN REQUIREMENT:

No vendor engaged in investment activities in Iran as described in R.I. Gen. Laws §37-2.5-2(b) may submit a bid proposal to, or renew a contract with, the Division of Purchases. Each vendor submitting a bid proposal or entering into a renewal of a contract is required to certify that the vendor does not appear on the list maintained by the General Treasurer pursuant to R.I. Gen. Laws §37-2.5-3.

TERMS AND CONDITIONS OF PRICING AGREEMENT

SCOPE AND LIMITATIONS - This Agreement covers requirements as described herein, ordered by State agencies during the Agreement Period. No additional or alternative requirements are covered, unless added to the Agreement by formal amendment by the State Purchasing Agent or his designee.

Under State Purchasing Law, 37-2-54, no purchase or contract shall be binding on the state or any agency thereof unless approved by the department [of administration] or made under general regulations which the chief purchasing officer may prescribe. Under State Purchasing Regulation 8.2.1.1.2, any alleged oral agreement or arrangements made by a bidder or contractor with any agency or an employee of the Office of Purchases may be disregarded and shall not be binding on the state.

PRODUCT ACCEPTANCE - All merchandise offered or otherwise provided shall be new, of prime manufacture, and of first quality unless otherwise specified by the State. The State reserves the right to reject all nonconforming goods, and to cause their return for credit or replacement, at the State's option.

- a) Failure by the state to discover latent defect(s) or concealed damage or non-conformance shall not foreclose the State's right to subsequently reject the goods in question.
- b) Formal or informal acceptance by the State of non-conforming goods shall not constitute a

precedent for successive receipts or procurements.

Where the vendor fails to cure the defect promptly or replace the goods, the State reserves the right to cancel the Release, contract with a different vendor, and to invoice the original vendor for any differential in price over the original contract price.

ORDER AUTHORIZATION AND RELEASE AGAINST PRICING AGREEMENT

In no event shall the Vendor deliver goods or provide service until such time as a duly authorized release document is certified by the ordering Agency.

State Agencies shall request release as follows: All releases shall reference the Price Agreement number, the Contract Issue number, the item(s) covered, and the unit pricing in the same format as described herein.

A Department Purchase Order (DPO) listing the items ordered shall be created by the agency. The agency may mail or fax a copy of the order to the Vendor. In some cases the agency may request delivery by telephone, but must provide the Vendor with a DPO Order Number reference for billing purposes. Vendors are encouraged to require written orders to assure payments are processed accurately and promptly.

DELIVERY - If this is an MPA, Vendor will obtain "ship to" information from each participating agency. This information will be contained in the DPO. APA delivery information will be contained in the Notice of Award.

PRICING - All pricing shall be as described herein, and is considered to be fixed and firm for the term of the Agreement, unless specifically noted to the contrary herein. All prices include prepaid freight. Freight, taxes, surcharges, or other additional charges will not be honored unless reflected herein.

INVOICING - All invoices shall reference the DPO Order Number(s), Price Agreement number, the Contract Issue number, the item(s) covered, and the unit pricing in the same format as described herein. If this is an MPA, Vendor will obtain "bill to" information from each participating agency. This information will be contained in the DPO. APA billing information will be contained in the Notice of Award.

PAYMENT - Invoices for items not received, not priced according to contract or for work not yet performed will not be honored. No payment will be processed to any vendor for whom there is no IRS W-9 on file with the State Controller.

PAYMENT AFTER FULL VENDOR PERFORMANCE

PAYMENT SHALL NOT BE MADE UNTIL DELIVERY HAS BEEN MADE, OR SERVICES PERFORMED, IN FULL, AND ACCEPTED, UNLESS EXPRESSLY PROVIDED FOR HEREIN UPON THE RENDERING OF A PROPERLY SUBMITTED INVOICE.